



2021 Iowa Health, Wellbeing,
Use of Substances and Gambling Survey

Prepared for
Iowa Department of Public Health

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BACKGROUND AND METHODOLOGY

The 2021 Iowa Health, Wellbeing, Use of Substance, and Gambling Survey was conducted by the Center for Social and Behavioral Research (CSBR) at the University of Northern Iowa (UNI) and funded by the Iowa Department of Public Health (IDPH) Bureau of Substance Abuse.

The primary purpose of this survey was to collect data from adult Iowans who were 18 years or older to assess their health and wellbeing, substance use and gambling behaviors, mental health, and risk of suicide.

This is the first statewide survey of Iowa adults that combines substance use and gambling behaviors. Additionally, the study is part of a broader effort in the state that includes the Integrated Provider Network (IPN) evaluation. The findings from this study will be used to plan and implement services across the state to prevent and address the potential problems that arise from substance use and gambling.

Methodology

The 2021 Iowa Health, Wellbeing, Use of Substance, and Gambling Survey is a mixed-mode survey that combined a dual-frame (landline and cell) random digit dial (DF-RDD) probability telephone sample, a probability address-based sample (ABS), and a non-probability panel (NPP) online sample.¹

Data for the DF-RDD segment that had addresses appended were collected across three modes: a push-to-web (PTW) online questionnaire (links provided via invitation letter), a self-administered mail-back (SAM) paper questionnaire, and a computer-assisted telephone interview (CATI). For the DF-RDD sample that did not have addresses, a CATI telephone interview was the only mode used to collect responses. For the ABS sample, data were obtained via a PTW online questionnaire and SAM paper questionnaire. Finally, for the NPP sample, responses were collected using an online questionnaire (see Figure 1).

¹ In probability sampling, each member of the population has a known chance of being selected. In non-probability sampling, not all members of the population have an equal chance of participating in the study. Traditionally, probability samples are better able to represent the population of interest.

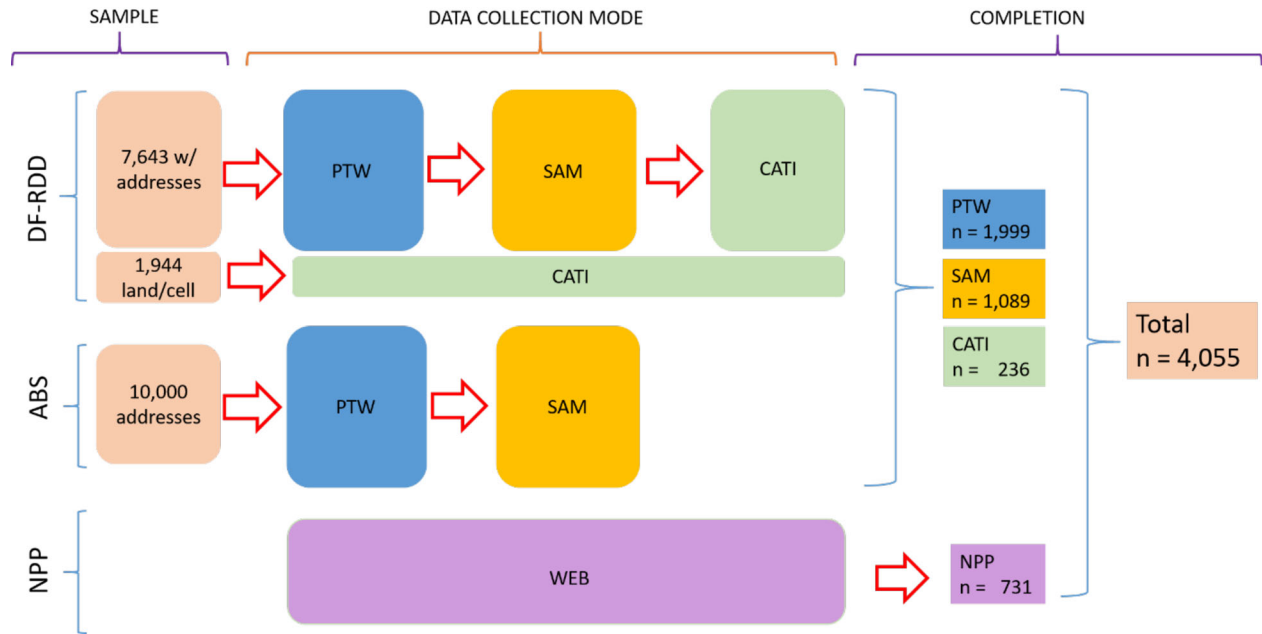


Figure 1 Sample, data collection mode, and completions

The data collection activities began on August 17th, 2021 with the first mailing that contained a personalized link to the online questionnaire (PTW). The letters used in the mailings² had a different heading depending on the sample type. For those in the DF-RDD cell phone sample with names, the letter and envelope were addressed to the intended recipient by name. For those in DF-RDD landline and ABS sample, the letter was directed to “Iowa Resident”. This letter requested that the questionnaire be filled out by the adult who had the most recent birthday if there was more than one adult 18 years or older in the household.

For those who did not complete the online questionnaire, a second mailing package was sent approximately two weeks later. This mailing package contained a letter (with a personalized link to the questionnaire), a paper questionnaire, and a postage-paid return envelope. A third mailing was sent to those who did not complete the questionnaire online or did not return the paper questionnaire, approximately 5 weeks from the second mailing. This mailing was similar to the first mailing with a letter including a personalized link. Letters in all mailings were in English and Spanish. After these three mailing attempts, non-respondents from the DF-RDD sample were called using CATI. These telephone interviews were conducted in both English and Spanish. All data collection ended on January 30th, 2022. A \$10 electronic gift card was sent to those who completed the survey and provided an email address.

A total of 3,324 surveys were completed by individuals from the probability samples (DF-RDD and ABS). Response rates were calculated using the American Association for Public Opinion Research (AAPOR) RR3 calculation. The overall response rate for the probability samples (AAPOR RR3) was 23% (LL-RR3: 30%, CELL-RR3: 31%, and ABS-RR3: 16%)³. In addition, 731 surveys were

² See Appendix B for letters used in mailings.

³ See Appendix C for response rates by sample type which follow the AAPOR Standard Definitions guidelines for response rate calculation.

completed by the NPP sample. Thus, a total of 4,055 Iowa adult participants (18 years of age or older) completed the survey.

Measures

The 2021 questionnaire was developed by CSBR in collaboration with IDPH. The following topics were covered on the questionnaire:

- General health status
- Quality of life (QoL)
- Awareness of state helplines Your Life Iowa (YLI) and 1-800-BETS-OFF
- Access to care
- Substance use
- Gambling behavior
- Mental health and risk of suicide

The complete survey instrument used for data collection can be found in Appendix A.

Weighting and population estimates

For analyses, the data were weighted to mirror the Iowa adult population on key characteristics including age, gender, race/ethnicity, education, marital status, and place of residence.⁴ The post-stratification weights were computed with SUDAAN (see www.rti.org/sudaan). These weighted data help adjust for any areas of over- or underrepresentation in the sample and are used to generalize the sample findings to those of the statewide population of adult Iowans. Descriptive statistics, including frequencies and distributions, were calculated for the total sample and for population subgroups including gender, age group, income, education, marital status, number of children in the household, and place of residence. Margin of sampling error (MOE), considering the design effect, is $\pm 0.5\%$ for the overall sample and as high as $\pm 9.6\%$ for the analyses using the smallest subgroups. IBM SPSS Statistics 24 was used for initial data management and descriptive analyses. SUDAAN v 11.0.3 was used to determine population estimates of responses. Analyses conducted in SUDAAN have been adjusted for the design effect⁵ due to differential probabilities of selection, clustering and weighting. Further explanation of SUDAAN procedures can be found at www.rti.org/sudaan. The significance level was set at 0.05 (or 5%) for all statistical tests.

Study limitations and unweighted demographics

Survey research, like all research, has limitations. Survey data collection may be subject to coverage error, sampling error, unit-level nonresponse, item-level nonresponse, measurement error, and survey mode effects (see Weisberg 2005, 2018). In addition, other types of error may be introduced during the analysis and interpretation stages by researchers using the data.

The unweighted demographic characteristics of the survey sample can be found in Table 1. Percentages were rounded to the nearest whole number; therefore, percentage totals may not sum to 100% for some of the participant characteristics. Unless otherwise noted, percentages reported in all charts and figures and all survey items described in the report are from cued responses (i.e.,

⁴ See Appendix D. Weighting Methodology Report.

⁵ The Design Effect (DEFF) is a measure of estimated ratio variances between cluster versus simple random sampling design in a weighted data analysis.

closed-ended questions). Percentages and n counts in the tables are labeled “Valid” to indicate that they are calculated from those who responded to the questions and not from the full sample if those denominators differ.

Table 1 Unweighted demographic characteristics of respondents in percent (n = 4,055)

	Valid %	Valid n
Sex		
Male	40%	1,600
Female	60%	2,436
Age group		
18-24 years	5%	213
25-34 years	13%	514
35-44 years	17%	668
45-54 years	15%	592
55-64 years	19%	752
65-74 years	20%	821
75+ years	11%	451
Hispanic or Latino		
Yes	3%	115
No	97%	3,900
Race		
White	94%	3,736
Black or African American	2%	89
Asian	1%	39
Native of Hawaiian or Pacific Islander	<1%	2
American Indian or Alaska Native	<1%	8
Other/ 2 or more/mixed race	3%	111
Employment status		
Employed	49%	1,969
Self-employed	8%	332
Out of work	3%	112
Homemaker or student	5%	216
Retired or unable to work	35%	1,386
Marital status		
Married or cohabitating	64%	2,588
Divorced or separated	13%	528
Widowed	8%	310
Never married	15%	589
With children under 18 years of age in the household		
No children living in the household	71%	2,830
One or more children living in the household	29%	1,182

	Valid %	Valid n
Education		
Less than high school graduate	3%	126
Grade 12 or GED	15%	605
College 1 year to 3 years	36%	1,427
College 4 years	29%	1,184
Graduate or professional school	17%	672
Household income		
Less than \$20,000	14%	548
\$20,000 to less than \$35,000	14%	533
\$35,000 to less than \$50,000	13%	517
\$50,000 to less than \$75,000	18%	716
\$75,000 to less than \$100,000	14%	564
\$100,000 to less than \$150,000	16%	611
\$150,000 or more	11%	435
Place of residence		
On a farm	8%	301
In a rural setting, not on a farm	10%	402
In a rural subdivision outside of city limits	5%	191
In a small town of less than 5,000 people	17%	673
In a larger town of 5,000 to less than 25,000 people	18%	713
In a city of 25,000 to less than 50,000 people	12%	487
In a city of 50,000 to less than 150,000 people	20%	794
In a larger city of 150,000 or more people	11%	439

SECTION A: DESCRIPTIVE ANALYSIS

A.1 HEALTH AND WELLBEING

Health and wellbeing included multiple measures such as self-reported overall health status, quality of life⁶, awareness of the state’s helplines, attitude toward the public health approaches, and health insurance status.

Overall Health Status

Three items assessed the respondent’s overall health status. The first two asked for respondents’ perceptions of their physical and mental health status, respectively, during the past 30 days. The third question asked about the last time respondents went to see a health care provider for a check-up.

About half of the respondents reported that their physical health (49%) was either “excellent” or “very good.” On the other hand, about one in seven respondents reported that their physical health (14%) was either “fair” or “poor.” Similarly, more than half of respondents reported that their mental health (53%) was either “excellent” or “very good.” In comparison, about one in five respondents reported that their mental health (19%) was either “fair” or “poor” (see Figure A-1).

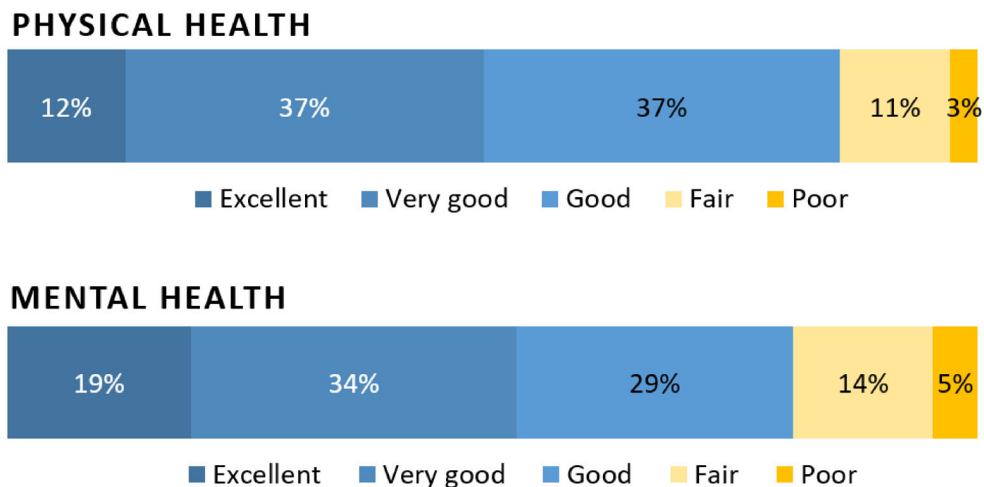


Figure A-1 Overall health status

The survey also asked “When was the last time, if ever, you saw a doctor, physician’s assistant (PA), or nurse practitioner (ARNP) for a check-up, also called a health physical?” Slightly more than 7 in 10 respondents (73%) reported that they had seen a health care professional for a check-up within the last 12 months. Additionally, about one in seven respondents reported that they had “never”

⁶ Schmidt, S., Muhlan, H., & Power, M. (2005). The EUROHIS-QOL 8-item index: psychometric results of a cross-cultural field study. *European Journal of Public Health*, 16(4), 420–428. doi:10.1093/eurpub/cki155

seen a health care professional for a check-up or their visit had been “more than 24 months ago” (see Figure A-2).



Figure A-2 Last visit to a doctor, PA, or ARNP for a check-up

Quality of Life

Quality of Life (QoL) was assessed with eight items. Response options for the first six items ranged from 1=Very dissatisfied to 5=Very Satisfied (see Figure A-3). Less than half of respondents stated that they are “very satisfied” with several measures of QoL such as their overall quality of life (43%), health (25%), ability to perform daily activities (43%), satisfied with themselves (35%), and personal relationships (41%). More than half of respondents stated that they are “very satisfied” with their living condition (54%). When asked about having enough energy and money, less than half of the participants stated that they strongly agree that they have enough energy for everyday life (30%) and enough money to meet their needs (42%).

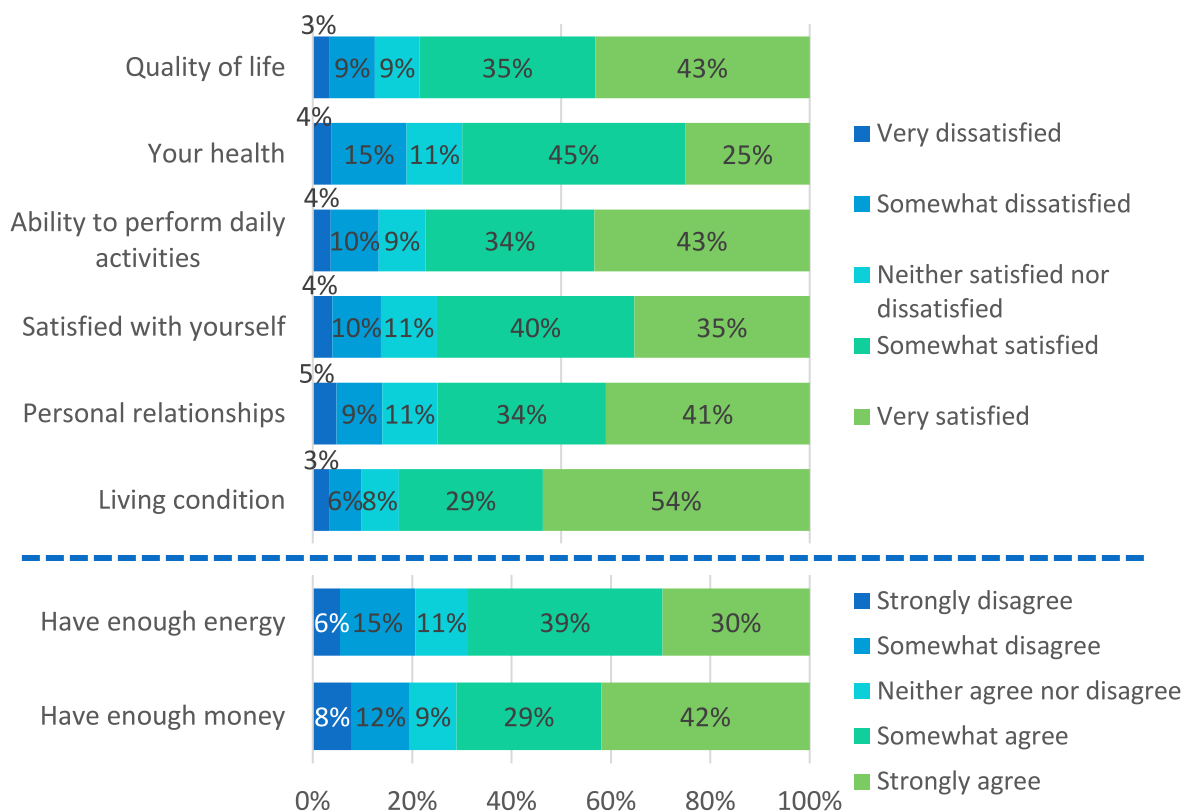


Figure A-3 Quality of Life (QoL) measures for adult Iowans

Access to Care and Health Insurance

Respondents were also asked if they had any sort of health insurance or health care plan. For those who had insurance, two follow-up questions asked if they knew whether their insurance covered treatment for substance use and treatment for gambling problems.

The vast majority of the respondents (95%) reported that they have health insurance or some other kind of health care plan. Among those who had insurance coverage, only 38% knew whether or not their insurance or health care plan covered treatment for substance use; 62% of respondents did not know whether or not their plan covered treatment for substance use. For the same group of respondents, only 17% knew whether or not their insurance or health care plan covered treatment for gambling problems; 83% of respondents did not know whether or not it covered treatment for gambling problems (see Figure A-4).

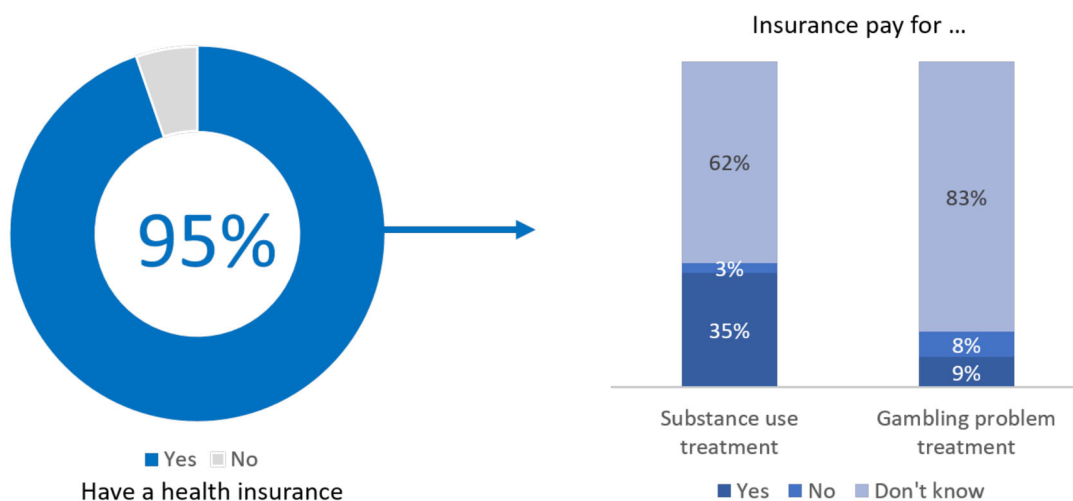


Figure A-4 Health insurance and knowledge of whether the plan covers treatment for substance use and gambling problems

A.2 AWARENESS AND ATTITUDES TOWARD STATE PROGRAMS

Awareness of State Program to Provide Treatment

One question asked whether or not respondents were aware that the IDPH “provides no-cost substance use and gambling treatment for individuals who seek it” for those who do not have private insurance, Medicare, Medicaid, or other resources. Slightly more than one third of respondents (37%) indicated that they were aware of this program (see Figure A-5).

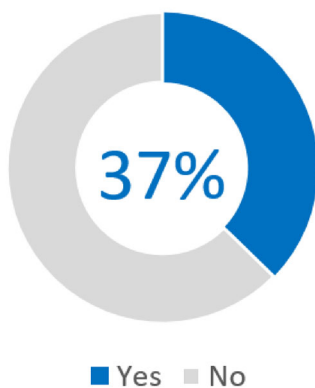


Figure A-5 Awareness of the IDPH funding for substance use and gambling treatment for those without insurance

Two more questions asked if the respondents knew how to access help for substance use and gambling if they or someone they know needed help. About two thirds of respondents reported that they knew how to access substance use treatment (62%) and about three fourths of respondents (74%) indicated they knew how to access treatment for gambling problems (see Figure A-6).

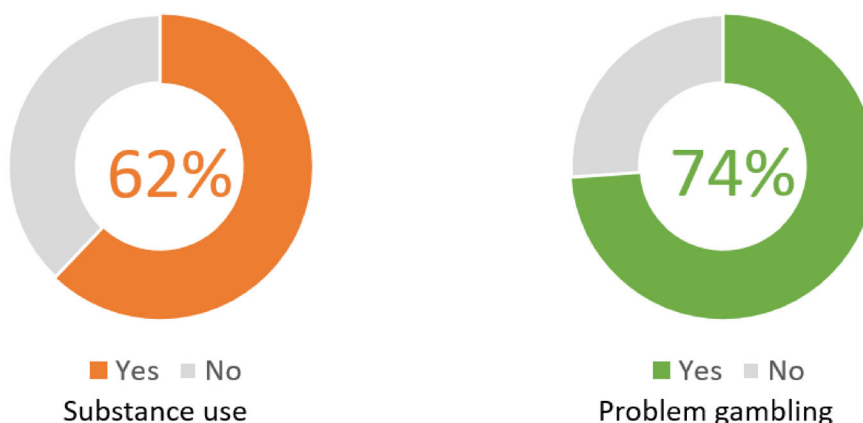


Figure A-6 Reported knowledge of how to access treatment for substance use and gambling problems

Awareness of State Helplines

Four questions assessed the public’s level of awareness of the state’s helplines: Your Life Iowa (YLI) and 1-800-BETS-OFF. The first question asked if they “have ever seen or heard of YLI or 1-800-BETS-OFF” and for those who had seen or heard about them, where did they “last see or hear about the helplines.” This follow-up question was an open-ended response (e.g. “on TV” or “on a radio program”); responses were later coded and grouped into common categories.

Only 4% of respondents reported that they have ever seen or heard of YLI. Among those who had seen or heard of YLI, the most common place where they had last seen or heard about the helpline was on TV (22%). Other locations included: on the radio (12%), in an ad in an unspecified

location or place (11%), on social media sites such as Facebook, Twitter, etc. (9%), on the internet or a website (7%), on billboards (4%), and YouTube (1%). The remainder of the respondents (35%) indicated that they had seen or heard about the helplines in “other” places than those already listed (see Figure A-7).

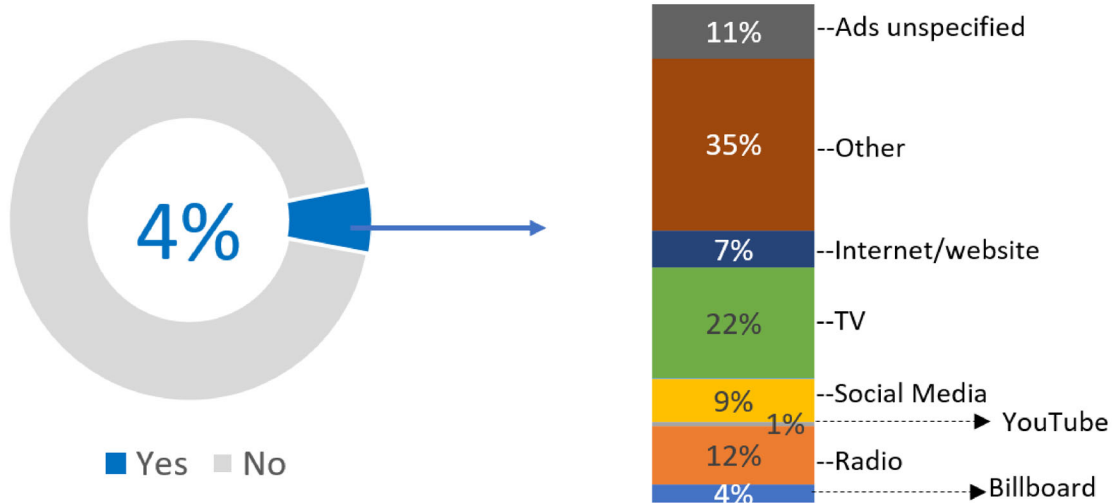


Figure A-7 Awareness of YLI and where they had last seen or heard about it

In contrast, more than 8 in 10 respondents reported they have ever seen or heard of 1-800-BETS-OFF (83%). Among those who have seen or heard of 1-800-BETS-OFF, the most common place where they had last seen or heard about the helpline was on TV (36%), followed by on the radio (25%), on billboards (12%), in casinos (8%), and on ads in an unspecified location or place (6%). Other categories included: on the internet or a website (2%), on the 1-800-BETS-OFF website (1%), and on social media sites such as Facebook, Twitter, etc. (1%). The remainder of the respondents (9%) indicated “other” places than those already listed (see Figure A-8).

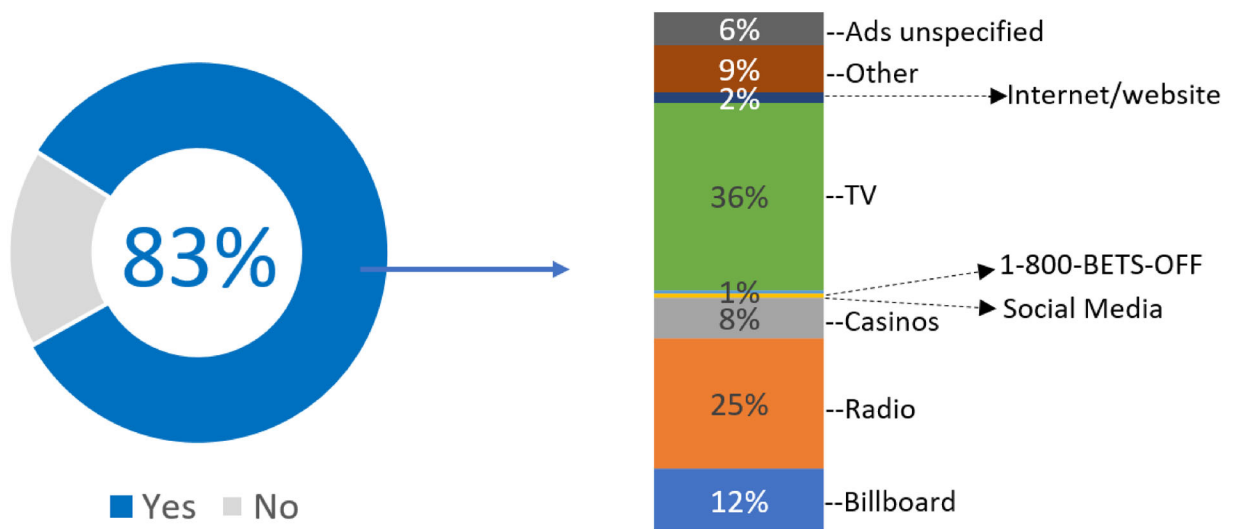


Figure A-8 Awareness of 1-800-BETS-OFF and where they had last seen or heard about it

Prevention, Treatment, and Harm Reduction

Six questions assessed respondents' opinions about prevention, treatment and harm reduction strategies applied to substance use and gambling problems. Respondents were asked for their opinions regarding the investments that the IDPH is making in these areas. Respondents' opinions on prevention, treatment, and harm reduction for substance use and gambling disorders followed similar patterns (see Figure A-9).

First, prevention of substance use and gambling includes "educational and other programs to reduce the number of people who use illegal or harmful drugs or gamble excessively." Respondents were split in their opinions with about the same percentages indicating that IDPH is investing just the right amount of resources in the prevention of substance abuse (47%) compared to 48% of respondents stating that the IDPH is not investing enough in this area. On the other hand, with regard to the prevention of gambling disorders, about two thirds of the respondents stated that the IDPH is investing just the right amount of resources (63%) compared to fewer than one in three respondents (29%) indicating that the IDPH is not investing enough in the prevention of gambling disorders.

Treatment of substance use and gambling includes various types of counseling and support to help people reduce their substance use and gambling and start recovery. Less than half of respondents stated that the IDPH is investing just the right amount of resources in the treatment of substance use (43%) compared to 53% of respondents who stated that the IDPH is not investing enough in this area. On the other hand, about two thirds of the respondents stated that the IDPH is investing just the right amount of resources in the treatment of gambling disorders (61%) compared to 31% of respondents stating that IDPH is not investing enough in this area.

Respondents were also asked about their views of harm reduction programs. Harm reduction of substance use and gambling includes programs that are designed to reduce risks and harms of substance use and gambling and connect people to healthcare without requiring people to stop using drugs or gambling entirely. Fewer than half of respondents stated that the IDPH is investing just the right amount of resources (44%) in the harm reduction of substance use compared to 49% of respondents stating that they are not investing enough in this area. For reducing the harm associated with gambling disorders, nearly six out of ten respondents indicated that the IDPH is investing just the right amount of resources in this area (58%) compared to 33% of respondents stating that they are not investing enough in this area.

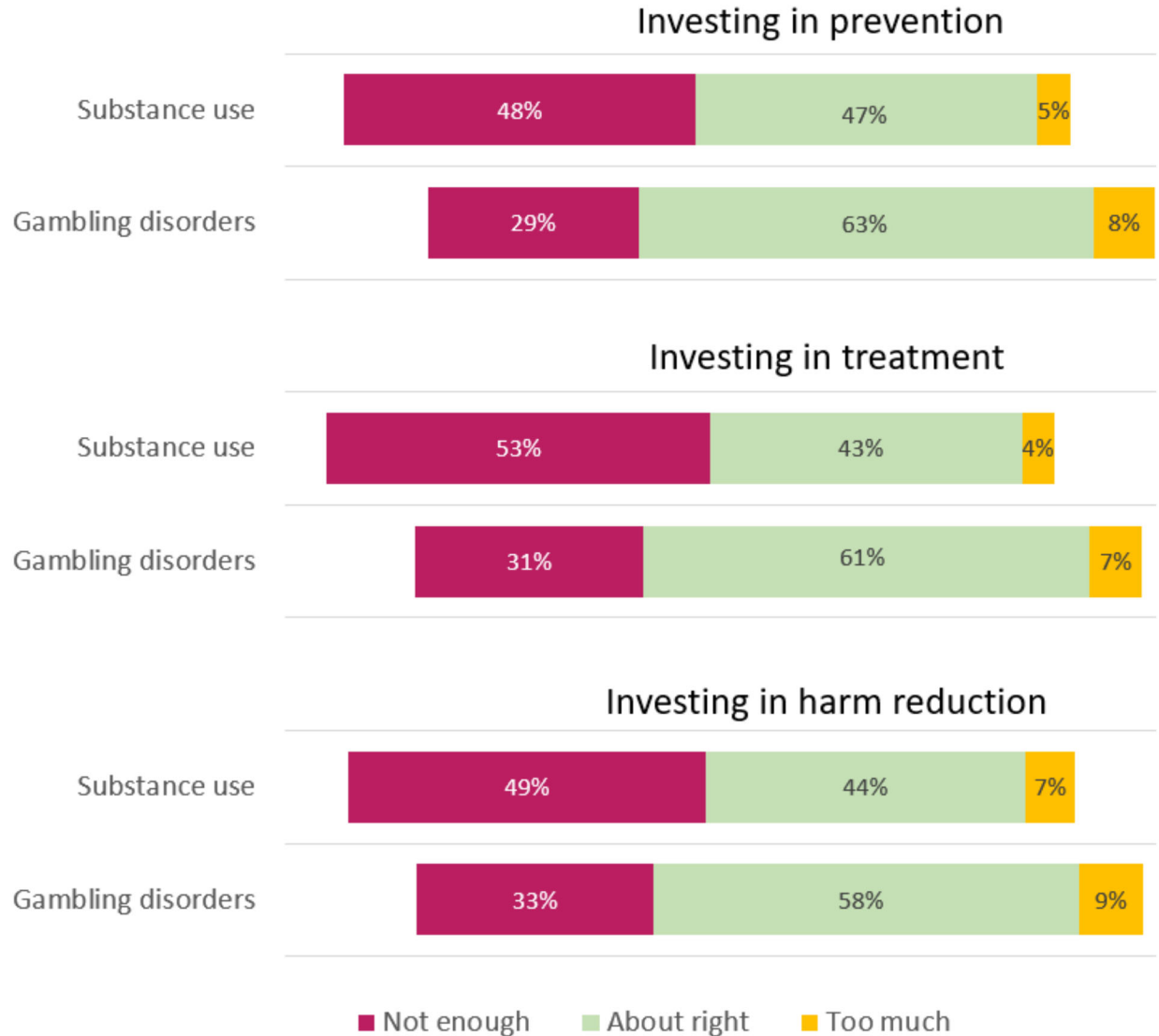


Figure A-9 Opinions toward prevention, treatment, and harm reduction effort in the state

A.3 SUBSTANCE USE AND GAMBLING

One of the aims of this study was to assess the prevalence of substance use and gambling behaviors in the state. Substance use behaviors were measured for the following substances: alcohol, marijuana, methamphetamine, opioids, any illegal substance, prescription drugs and over the counter medication. Four questions asked about gambling behaviors such as games in a casino, lottery games, sports wagering, and Fantasy Sports contests.

Alcohol Use

Almost two thirds of the respondents (63%) indicated that they consumed an alcoholic beverage at least one day in the past 30 days. For those who reported having at least one day of alcohol use, respondents were further asked about binge drinking defined as “5 or more drinks of alcohol for

men and 4 or more drinks for women on any occasion within a two-hour period”. One third of those who reported alcohol consumption in the past 30 days (33%) also reported binge drinking on at least one day during the previous 30 days (see Figure A-10). This translates to about one in five of all respondents indicating that they had at least one day of binge drinking (21%) in the past 30 days.

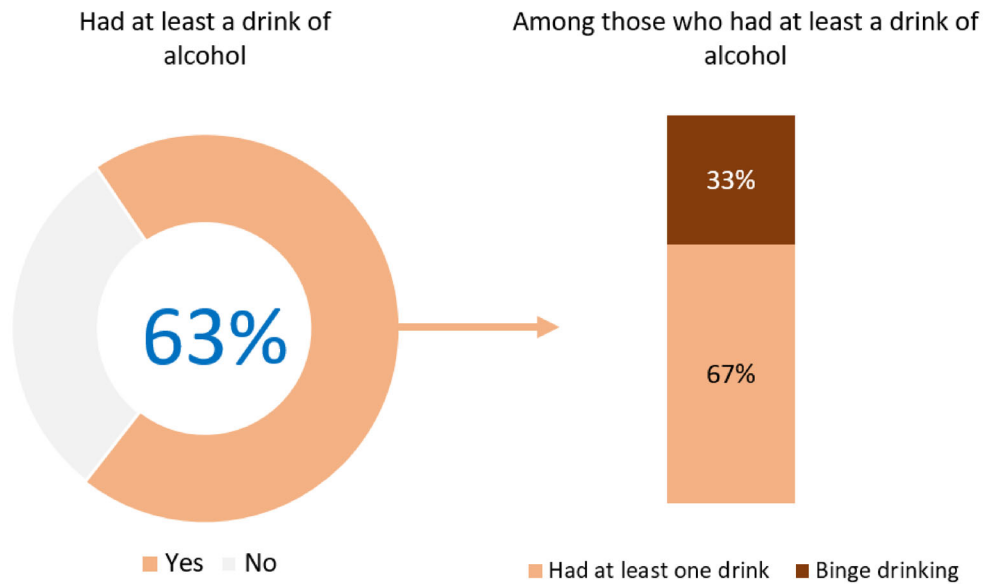


Figure A-10 Alcohol use and binge drinking in the past 30 days

Drugs Other than Alcohol

Use of substances other than alcohol was measured by asking “during the past 30 days, how many days, if any, did you use [substances].” About 1 in 10 respondents reported using marijuana (11%) at least one day during the past 30 days. Lower percentages of usage were seen for the other substances: methamphetamine (3%), opioids (3%), any other illegal substance (1%), any prescription drug, in ways other than directed (6%), and any over the counter (OTC) medication in ways other than directed (3%) (see Figure A-11).

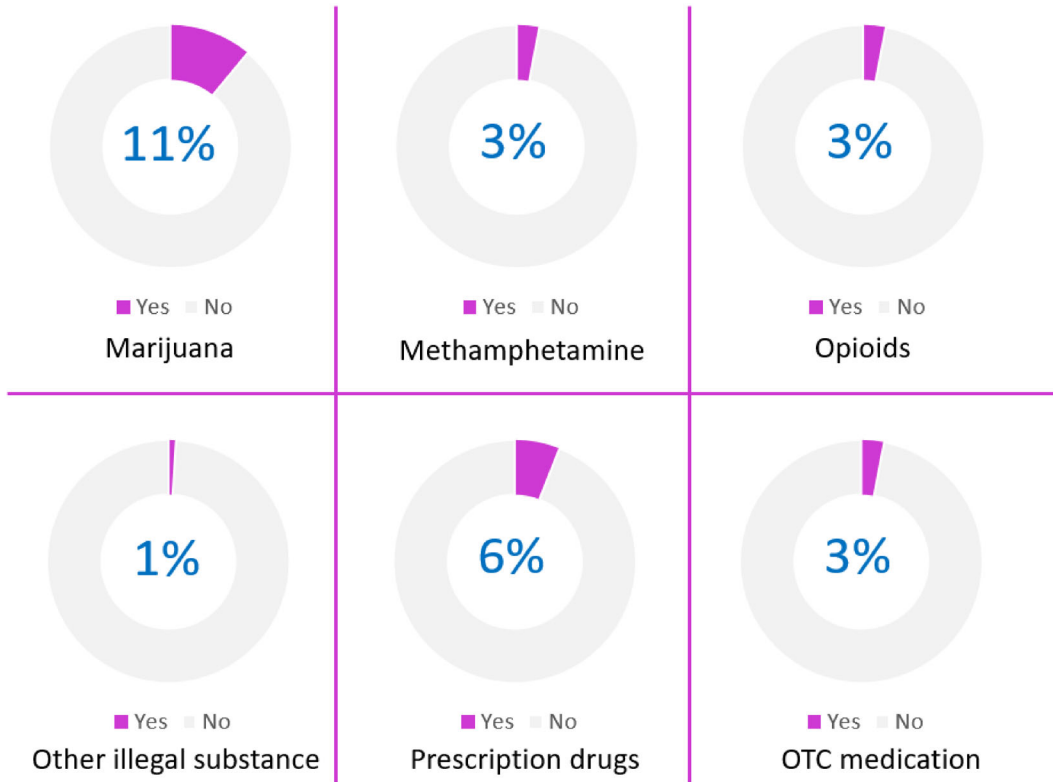


Figure A-11 Use of substance at least one day during the past 30 days

For those who had used any substance other than alcohol (18%) during the past 30 days, a follow-up question asked whether they had injected “a non-prescribed substance into [their] body.” About one in ten respondents (12%) reported injecting a non-prescribed substance into their body at least one day during the last 30 days (see Figure A-12). This corresponds to 2% of all respondents doing so.

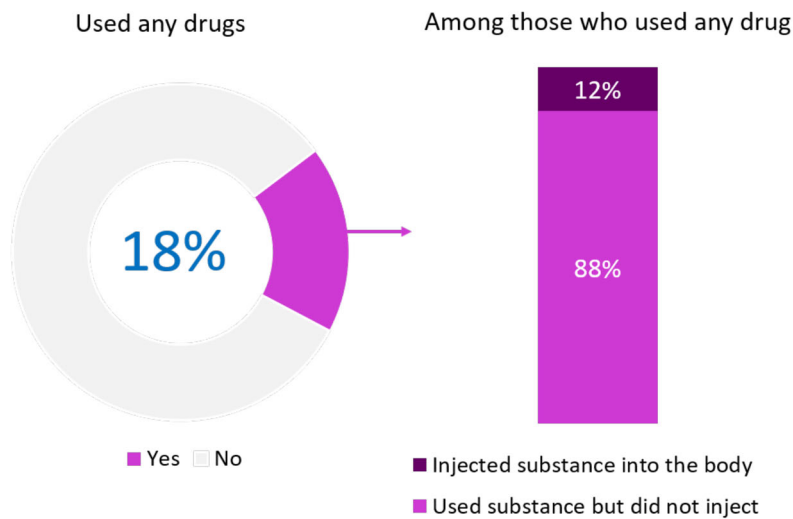


Figure A-12 Use of any substance other than alcohol during the past 30 days and injecting a substance into their body

Operate a Motorized Vehicle while Impaired⁷

For those who had reported use of alcohol or another substance, a follow-up question asked how many days, if any, they had operated “a motorized vehicle, such as a car/truck, farm equipment, boat, or an ATV while impaired.” About one in ten respondents (12%) reported that they had operated a motorized vehicle while impaired at least one day during the past 30 days (see Figure A-13).

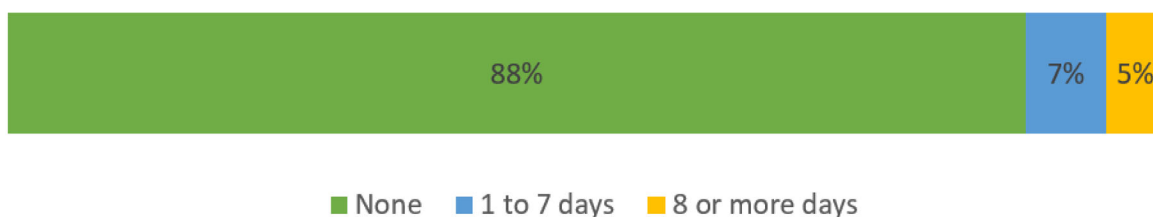


Figure A-13 Operated a motorized vehicle while impaired

Gambling Behavior

When participants were asked if they “have gone to casinos and played slots, or bet or wagered on table games such as blackjack, poker, or roulette” during the past 30 days, 11% of respondents indicated they had gone to a casino to play on at least one day. When asked if they have “purchased Lottery games such as Powerball, Mega Millions, Scratch tickets, Hot Lotto, etc.”, one in four respondents (25%) stated that they purchased these games during the past 30 days. About one in twenty respondents reported participating in sports wagering (6%) through Iowa casinos’ mobile apps, telephone lines, or in their sports books during the past 30 days. Similarly, one in twenty respondents reported they had bet or wagered money in Fantasy Sports (5%) contests through internet sites such as DraftKings or FanDuel during the past 30 days (see Figure A-14).

⁷ Due to programming issues, some of the web respondents who drank only alcohol were not asked if they operated a motorized vehicle while impaired. Thus, the result may be underestimating this behavior.

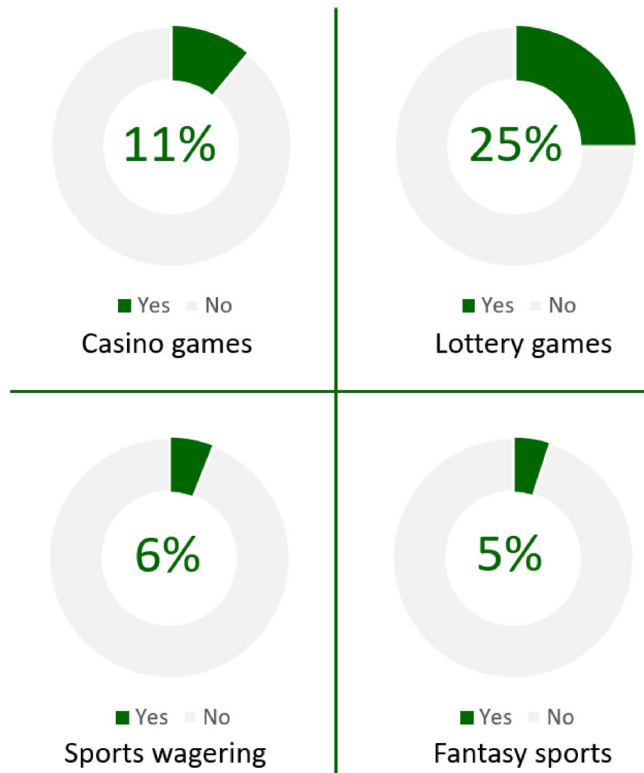


Figure A-14 Gambling behaviors during the past 30 days

Behavior Change during the COVID-19 Pandemic

Because the data were collected well into the second year of the COVID-19 pandemic, respondents were asked three questions related to possible behavior changes during the pandemic with regard to alcohol consumption, use of drugs other than alcohol, and gambling compared to before the pandemic. The question stated: Compared to the year before the pandemic, thinking about your [behavior] throughout the past 18 months, would you say that your [behavior] increased, remained the same, decreased, or you didn't [engage in the behavior] at all before or during the pandemic? About one in four respondents reported they did not drink alcohol at all (28%), about four in five respondents reported they did not use drugs at all (79%), and nearly two in three respondents reported they did not gamble at all (66%) before or during the pandemic (see Table A-1).

Table A-1 Self-reported behaviors before or during the COVID-19 pandemic

	Did not engage in behavior	Did engage in behavior
Didn't drink alcohol at all before or during the pandemic	28%	72%
Didn't use drugs at all before or during the pandemic	79%	21%
Didn't gamble at all before or during the pandemic	66%	34%

Behavior changes were assessed among those who used alcohol, drugs, or had gambled during the pandemic. More specifically, one in five reported that their alcohol consumption increased (19%) compared to 23% of respondents reporting their alcohol consumption decreased, and 57% of respondents reported their alcohol consumption remained the same. For gambling behaviors, about one in ten respondents reported they increased their gambling (12%) while one in four respondents reported they decreased their gambling (25%). When asked about drug use other than alcohol, there was a slightly higher percentage of respondents who indicated that they increased their drug consumption (21%) compared to about one in six respondents (16%) indicating they decreased their drug consumption (see Figure A-15).

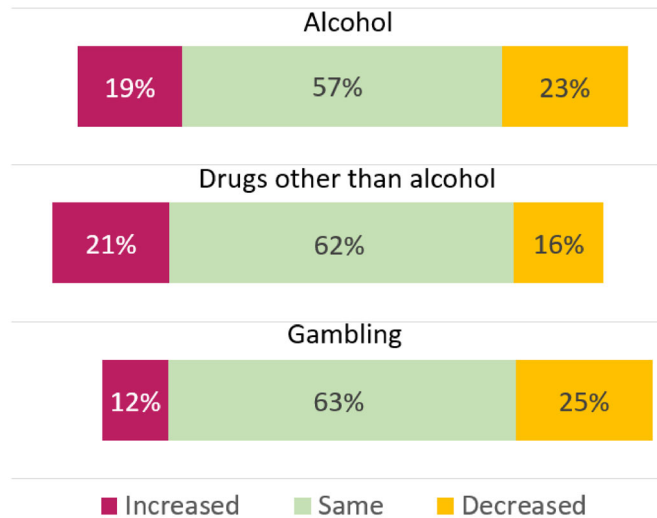


Figure A-15 Behavior changes during the COVID-19 pandemic among those reporting the behavior at all before or during the pandemic

A.4 MENTAL HEALTH AND RISK OF SUICIDE

About one in four respondents (23%) reported that they stopped doing some of their usual activities during the past 30 days because they felt so sad or hopeless. Additionally, 2% of the respondents reported that they had engaged in some form of non-suicidal self-injury or self-harm, such as cutting during the past 30 days (see Figure A-16).

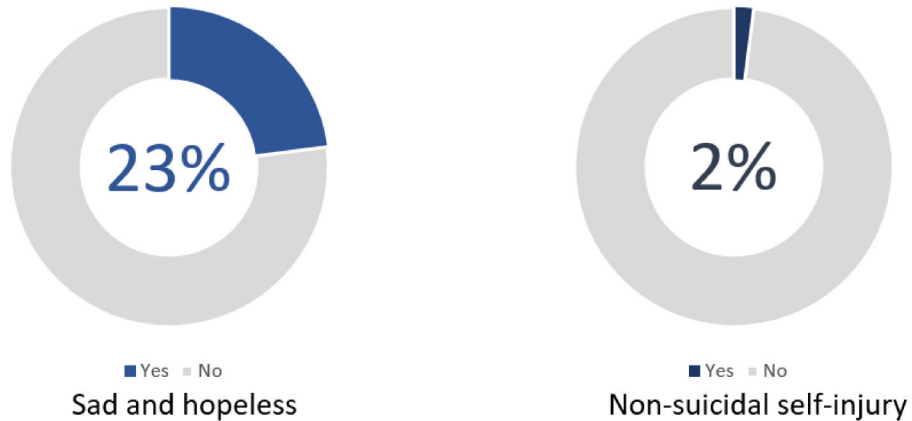


Figure A-16 Feeling sad and hopeless and inflicting non-suicidal self-injury in the past 30 days

Three questions assessed the risk of suicide. The first question was whether or not they had thought about killing themselves during the past 30 days. For those who responded that they have had suicidal thoughts during past 30 days, two more questions were asked whether they had made a plan, and if they attempted killing themselves. About one in fifteen respondents (7%) reported having thought about killing themselves in the past 30 days. Among those who had suicidal thoughts, about one in four (22%) made a plan to kill themselves. This equates to about 2% of all respondents making a suicide plan. Additionally, slightly more than one in seven (15%) of those who had suicidal thoughts also reported that they had attempted to kill themselves (see Figure A-17). This translates to about 1% of all respondents attempting suicide.

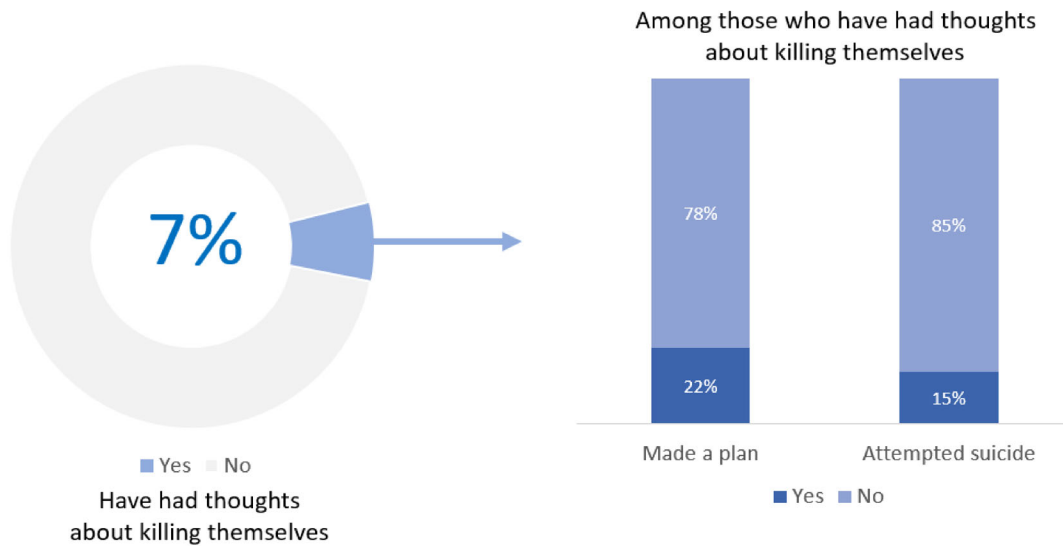


Figure A-17 Suicide ideation, plan, and attempt

A.5 POPULATION ESTIMATES OF MAIN FINDINGS

It is estimated that the number of adults in Iowa is 2,434,049 in 2021.⁸ Based on this total count and the percent of valid responses obtained from study participants, the estimated number of adult Iowans in the population having the various characteristics related to the health and wellbeing domains are shown in Table A-2. For example, 19% of respondents reported either “fair” or “poor” mental health in the past 30 days. This translates to about 462,000 adults in Iowa having fair or poor mental health in the past 30 days.

⁸ See Appendix D for weighting report and other population estimates.

Table A-2 Population estimates of main findings

		Population estimate n	Valid percent
Health and access to health care	Fair or poor physical health in the past 30 days	345,212	14%
	Fair or poor mental health in the past 30 days	462,537	19%
	Saw a health care provider for a check-up in the past 12 months	1,738,044	73%
	Have a health insurance/health care plan	2,261,925	95%
Awareness of state programs	Aware of no-cost substance use and gambling treatment	901,129	37%
	Have seen or heard of YLI	97,857	4%
	Have seen or heard of 1-800-BETS-OFF	2,005,986	83%
Substance use in the past 30 days	Used alcohol	1,526,431	63%
	Engaged in binge drinking	505,309	21%
	Used marijuana	270,525	11%
	Used methamphetamine	67,657	3%
	Used opioids	64,538	3%
	Used any other illegal substance	14,748	1%
	Misused any prescription drug	155,153	6%
	Misused any over the counter medication	83,737	3%
Gambling behavior in the past 30 days	Injected a non-prescribed substance into your body in the past 30 days	53,976	2%
	Played casino games	259,987	11%
	Purchased lottery games	604,734	25%
	Participated in sports wagering	150,315	6%
Mental health	Bet or wagered money in Fantasy Sports contests	120,966	5%
	Felt so sad or hopeless that stopped doing some of usual activities in the past 30 days	552,706	23%
	Had thoughts about killing themselves	169,430	7%

SECTION B: BIVARIATE ANALYSIS OF SELECTED TOPICS

This section provides bivariate analyses of select findings from section A, focusing on the differences by some of the demographic characteristics of the respondents such as sex and age. When differences by sex and age are shown or reported, they differ significantly at ≤ 0.05 which means that there is a 5% or lower probability that the difference occurred by chance alone unless noted otherwise in the text.

B.1 HEALTH AND WELLBEING BY SEX AND AGE

Overall Health Status by Sex and Age

Physical health status of respondents did not differ by sex (see Figure B-1). However, physical health status did differ by age groups. Compared to respondents who were 55 years or older, respondents in the younger age groups were less likely to report “very good” (18-34 years: 35%, 35-54 years: 35%, vs. 55+ years: 40%), and more likely to report “fair” (18-34 years: 15%, 35-54 years: 12%, vs. 55+ years: 9%; see Figure B-1).

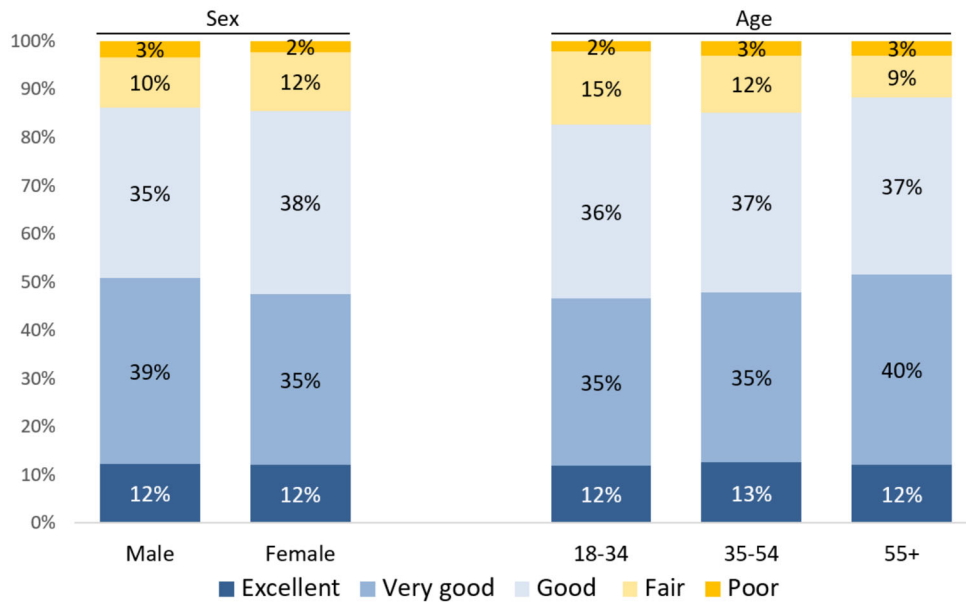


Figure B-1 Physical health status by sex and age

Mental health status, on the other hand, differed by both sex and age group (see Figure B-2). Females were less likely to report “excellent” (16%) or “very good” (31%) mental health compared to males (22% excellent and 36% very good). Additionally, respondents in the younger age groups were less likely to report “excellent” or “very good” mental health compared to respondents in the older age group. For example, about one in three respondents between 18 to 34 years of age reported that their mental health was “excellent” (11%) or “very good” (24%) compared to two in three respondents who were 55 years or older reporting that their mental health was “excellent” (27%) or “very good” (41%).

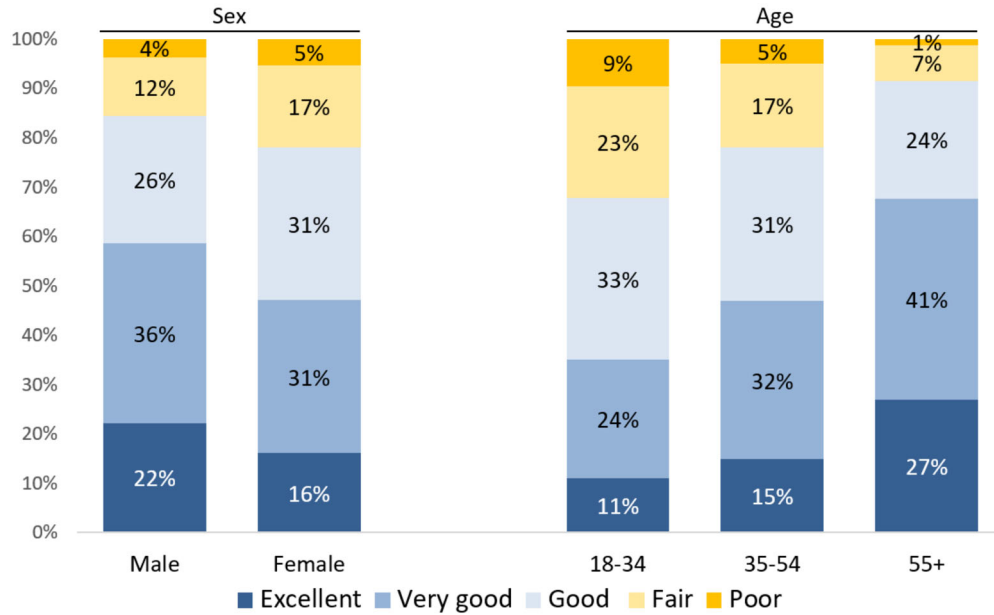


Figure B-2 Mental health status by sex and age

Access to Care and Health Insurance

When participants were asked “When was the last time, if ever, you saw a doctor, physician’s assistant (PA), or nurse practitioner (ARNP) for a check-up, also called a health physical?” more females (76%) than males (70%) reported that they went to see a health care professional for a check-up within the last 12 months. Similarly, more respondents who were 55 years or older (85%) went to see a health care professional for a check-up within the last 12 months compared to respondents from the younger age groups (18-34 years: 58%, and 34-54 years: 69%; see Figure B-3).

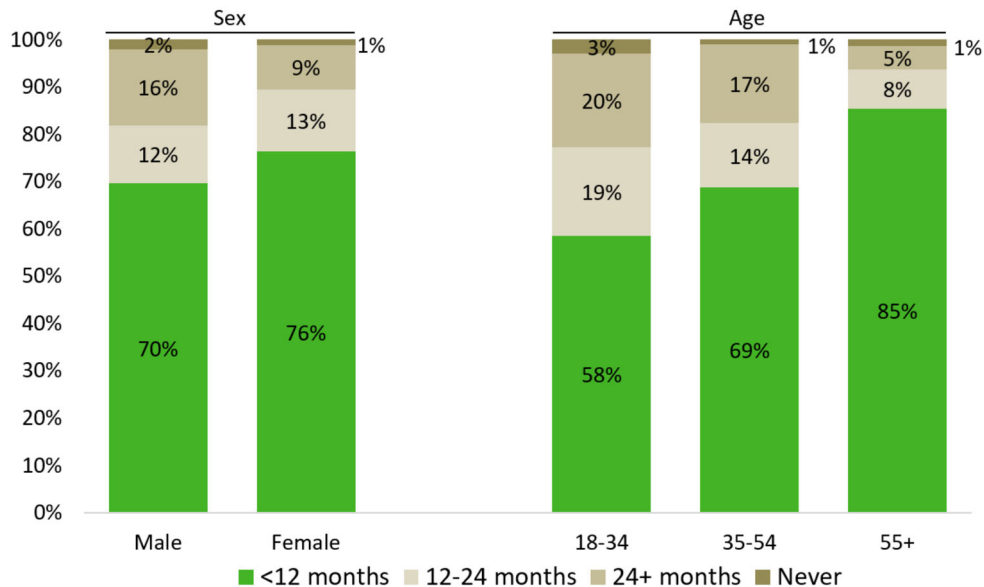


Figure B-3 Last visit to a doctor, PA, or ARNP for a check-up by sex and age

Respondents were also asked if they have an insurance or health care plan. Females (97%) were more likely than males (92%) to have health insurance or some other kind of health care plan. Respondents who were in the older age group were more likely to have a health care plan (98%) compared to those in the younger age groups (18-34 years: 89%, and 34-54 years: 95%; see Figure B-4).

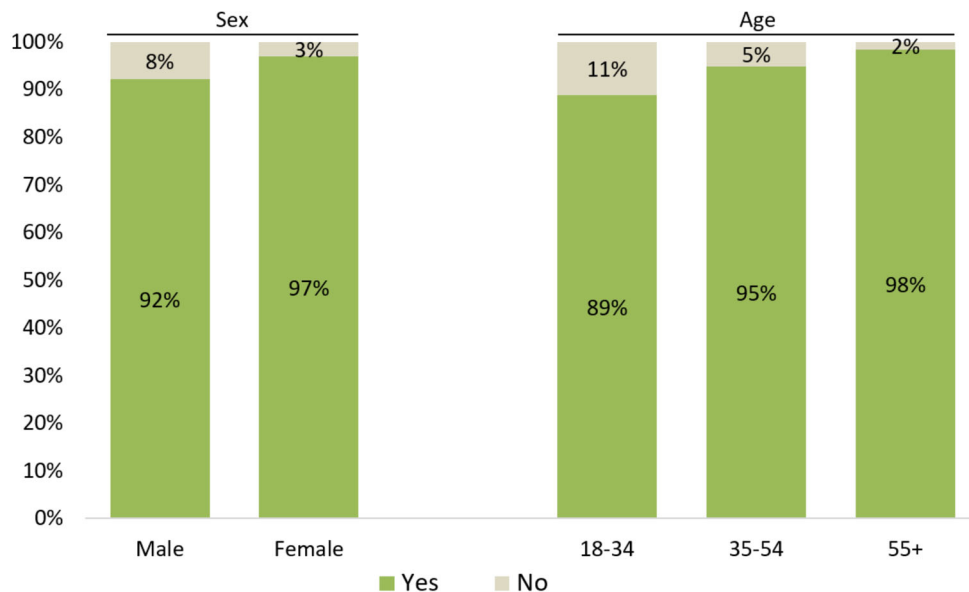


Figure B-4 Health insurance coverage by sex and age

For those respondents who reported having insurance, two follow-up questions asked – whether or not they knew if their insurance covered treatment for substance use and gambling problems. Females were less likely than males to know if their insurance covered treatment for substance use (67% vs. 56%) and gambling problems (87% vs. 79%; see Table B-1).

Table B-1 Health insurance coverage for substance use and gambling treatment by sex and age

		Sex		Age		
		Male	Female	18-34	35-54	55+
Health care plan covers treatment for substance use?	Yes	40%	31%	23%	44%	36%
	No	4%	2%	6%	2%	3%
	Don't Know	56%	67%	71%	55%	62%
		Male	Female	18-34	35-54	55+
Health care plan covers treatment for gambling problems?	Yes	12%	7%	9%	12%	8%
	No	9%	6%	10%	5%	8%
	Don't Know	79%	87%	81%	83%	84%

When this topic was examined by age, respondents who were 18 to 34 years old were the least likely to know if their insurance covered treatment for substance use (71%) as compared to those 35-54 years old (55%) and 55 years or older (62%). On the other hand, respondents who were 55 years or older were less likely to know if their insurance covered treatment for gambling problems (84%) than respondents who were 35-54 years old (83%) and 18-34 years old (81%).

B.2 AWARENESS OF AND ATTITUDE TOWARD STATE PROGRAMS BY SEX AND AGE

Awareness of State Program to Provide Treatment

One question asked whether or not respondents were aware of the IDPH program that “provides no-cost substance use and gambling treatment for individuals who seek it” for those who do not have private insurance, Medicare, Medicaid, or other resources. More males (38%) than females (36%) were aware of this program (see Figure B-5). Respondents who were in the older age groups were more likely to know about the program (35-54 years: 38%, and 55+ years: 39%) compared to those in the youngest age group (18-34 years: 33%).

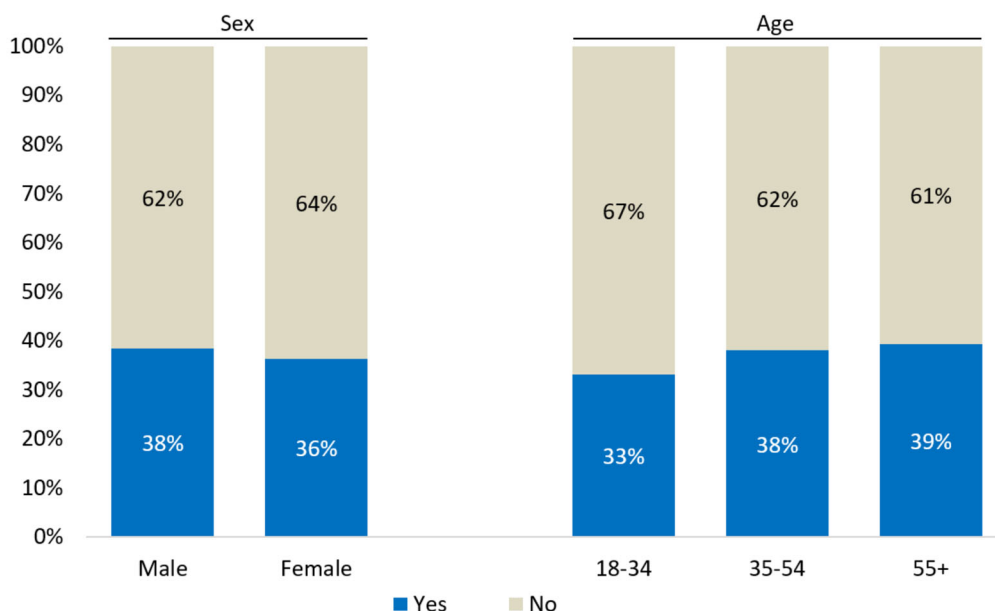


Figure B-5 Awareness of the IDPH funding for substance use and gambling treatment for those without insurance by sex and age

Awareness of State Helplines

Two questions inquired if respondents “have ever seen or heard of YLI or 1-800-BETS-OFF”. There was not a significant difference in awareness of YLI by sex. However, respondents who were 18 to 34 years old (6%) were more likely to have ever seen or heard of YLI than the other age groups (35-54 years: 4%, and 55+ years: 3%; see Figure B-6).

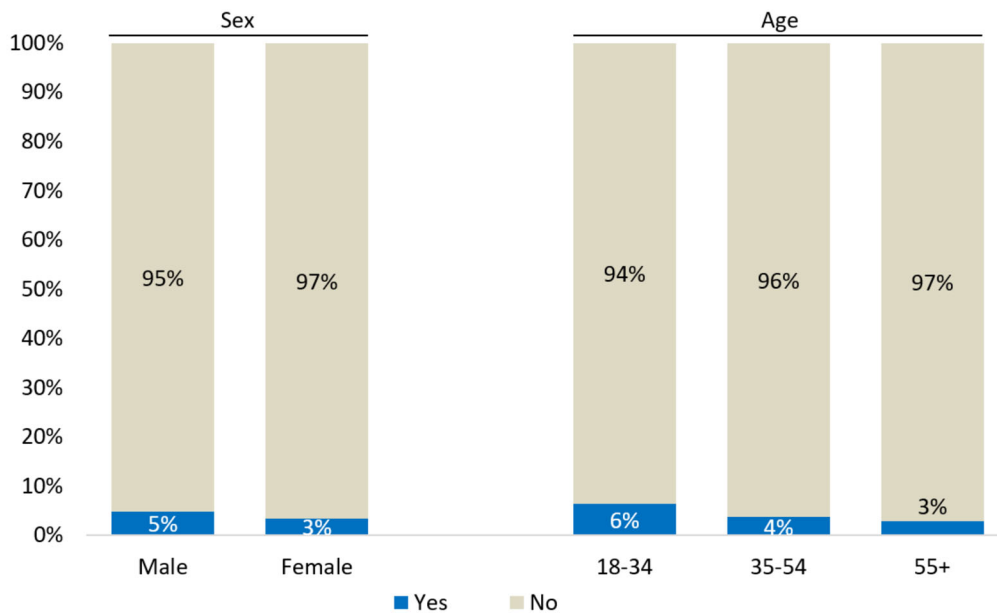


Figure B-6 Awareness of Your Life Iowa (YLI) by sex and age

For both males and females, more than eight in ten adults have seen or heard about the 1-800-BETSOFF helpline (see Figure B-7). However, younger adults who were 18 to 34 years were the least aware of the 1-800-BETSOFF helpline (70%) in comparison to those from the other age groups (35-54 years: 90%, and 55+ years: 86%).

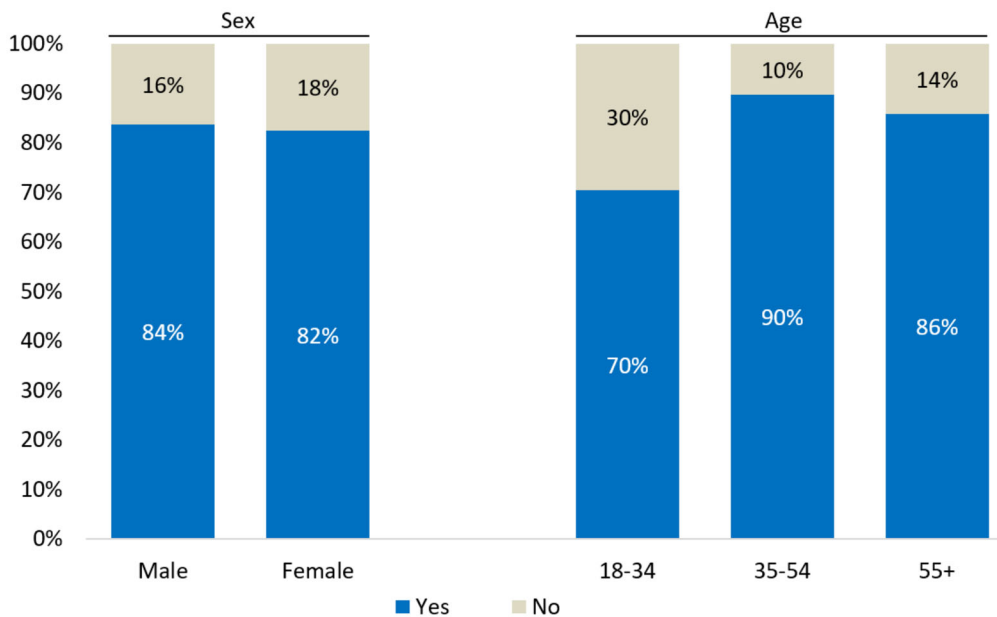


Figure B-7 Awareness of 1-800-BETSOFF helpline by sex and age

Prevention, Treatment, and Harm Reduction

There were more differences by sex than age group regarding respondents' opinions toward prevention, treatment and harm reduction strategies applied to substance use. A significantly higher percentage of female respondents than male respondents reported that IDPH is "not investing enough" in prevention, treatment and harm reduction programs for substance use in the state. For example, about six in ten females (55%) reported that IDPH is "not investing enough" in prevention of substance use disorders compared to only four in ten males (40%). There were no significant differences in these opinions by age (see Table B-2).

Table B-2 Opinions toward prevention, treatment, and harm reduction of substance use disorders in the state by sex and age

	Sex		Age			
	Male	Female	18-34	35-54	55+	
Prevention of substance use disorders	Not investing enough	40%	55%	49%	49%	47%
	Investing just the right amount	52%	42%	46%	45%	49%
	Investing too much	8%	3%	5%	6%	4%
Treatment to help people reduce their substance use	Not investing enough	44%	61%	54%	53%	51%
	Investing just the right amount	50%	37%	42%	41%	45%
	Investing too much	7%	2%	4%	5%	4%
Harm reduction to reduce risks and harms of substance use	Not investing enough	42%	56%	52%	50%	47%
	Investing just the right amount	49%	39%	41%	43%	46%
	Investing too much	8%	5%	7%	7%	7%

Similarly, respondents' opinions toward prevention, treatment and harm reduction strategies applied to gambling problems differed by sex. A significantly higher percentage of female respondents reported that IDPH is "not investing enough" in prevention, treatment and harm reduction programs for gambling problems in the state. For example, about one in three females (34%) reported that IDPH is "not investing enough" in the prevention of gambling disorders as compared to one in four males (24%) (see Table B-3). There were no significant differences in the opinions toward prevention and treatment by age group, but a lower percentage of respondents who were 35-54 years (30%) reported that the IDPH is not investing enough in harm reduction programs to reduce risks and harms of gambling compared to respondents in the other age groups (18-34 years: 33%, and 55+ years: 34%; see Table B-3).

Table B-3 Opinions toward prevention, treatment, and harm reduction of gambling disorders in the state by sex and age

	Sex		Age		
	Male	Female	18-34	35-54	55+
Prevention of gambling disorders	Not investing enough	34%	28%	26%	32%
	Investing just the right amount	64%	62%	65%	62%
	Investing too much	12%	5%	10%	9%
Treatment to help people reduce their gambling	Not investing enough	37%	32%	28%	33%
	Investing just the right amount	64%	58%	65%	61%
	Investing too much	11%	4%	10%	7%
Harm reduction to reduce risks and harms of gambling	Not investing enough	37%	33%	30%	34%
	Investing just the right amount	60%	57%	62%	57%
	Investing too much	12%	7%	10%	9%

B.3 SUBSTANCE USE AND GAMBLING BY SEX AND AGE

Substance use behaviors covered in this section are alcohol and marijuana use in the past 30 days. In addition, four gambling behaviors are shown by sex and age of the respondents. These gambling behaviors include: games in a casino, lottery games, sports wagering, and Fantasy Sport contests in the past 30 days.

Alcohol Use

Males (69%) were more likely than females (58%) to have had at least one day of alcohol use in the past 30 days (see Figure B-8). When comparing alcohol use by age, older adults who were 55 years or older were least likely to have had at least one day of alcohol use in the past 30 days (58%) in comparison to those from the younger age groups (18-34 years: 65%, and 35-54 years: 69%).

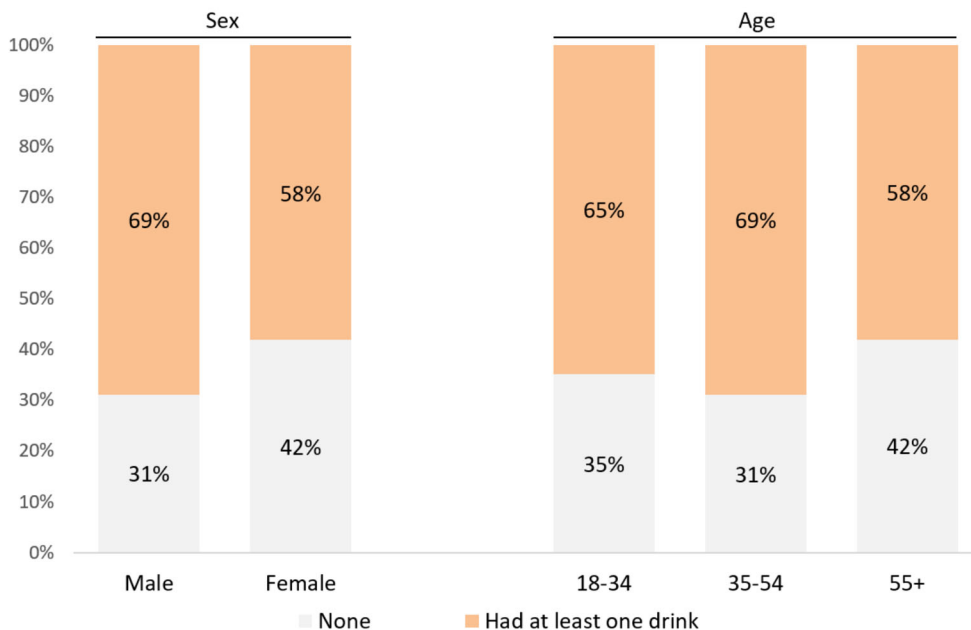


Figure B-8 Alcohol use in the past 30 days by sex and age

For those who reported having at least one day of alcohol consumption, respondents were additionally asked about binge drinking defined as “5 or more drinks for men and 4 or more drinks for women of alcohol on any occasion within a two-hour period.” Males were more likely to report binge drinking than were females. Specifically, more than one in three males who drank alcohol (39%) reported engaging in binge drinking in the past 30 days compared to one in four females who drank alcohol (27%) doing so. When comparing alcohol use by age group, younger respondents were more likely to binge drink than older respondents. Respondents who were 18 to 34 years old (53%) who drank in the past 30 days were more likely than older respondents to binge drink (35-54 years: 37%, and 55+ years: 16%; see Figure B-9).

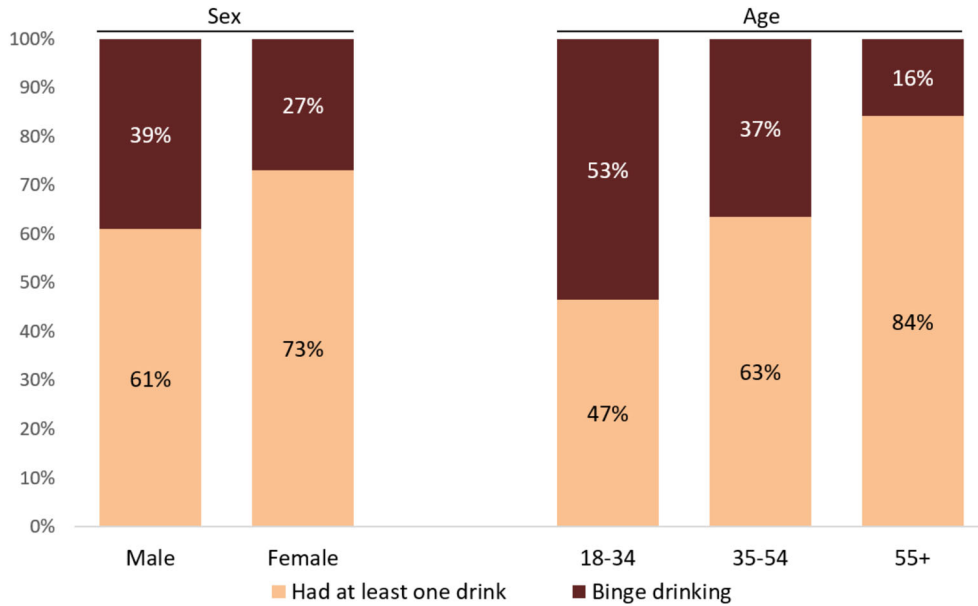


Figure B-9 Binge drinking in the past 30 days by sex and age

Marijuana Use

Males (15%) were more likely than females (8%) to have used marijuana in the past 30 days (see Figure B-10). When comparing marijuana use by age, younger respondents were more likely to use marijuana than older respondents. For example, about one in five respondents who were 18 to 34 years old (21%) used marijuana in the past 30 days compared to about one in ten respondents who were 35 to 54 years old (12%) and one in twenty respondents who were 55 or older (5%).

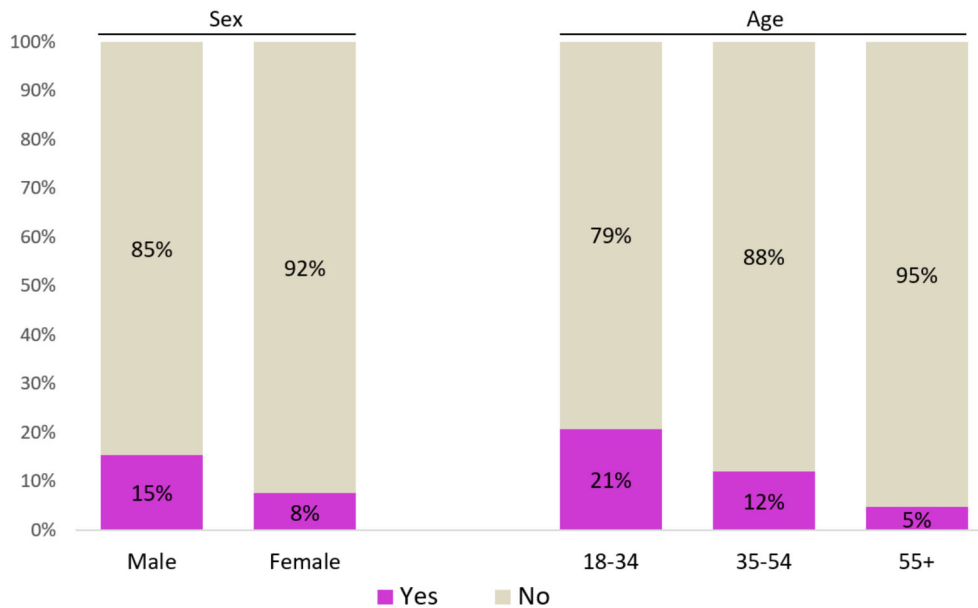


Figure B-10 Use of marijuana at least one day in the past 30 days by sex and age

Misused Prescription Drugs

About one in twenty adult respondents reported misusing prescription drugs at least one day during the past 30 days; the percentage ranged from 5% to 8% across the sex and age groups (see Figure B-11). The use of prescription drugs in ways other than directed did not differ by sex and age.

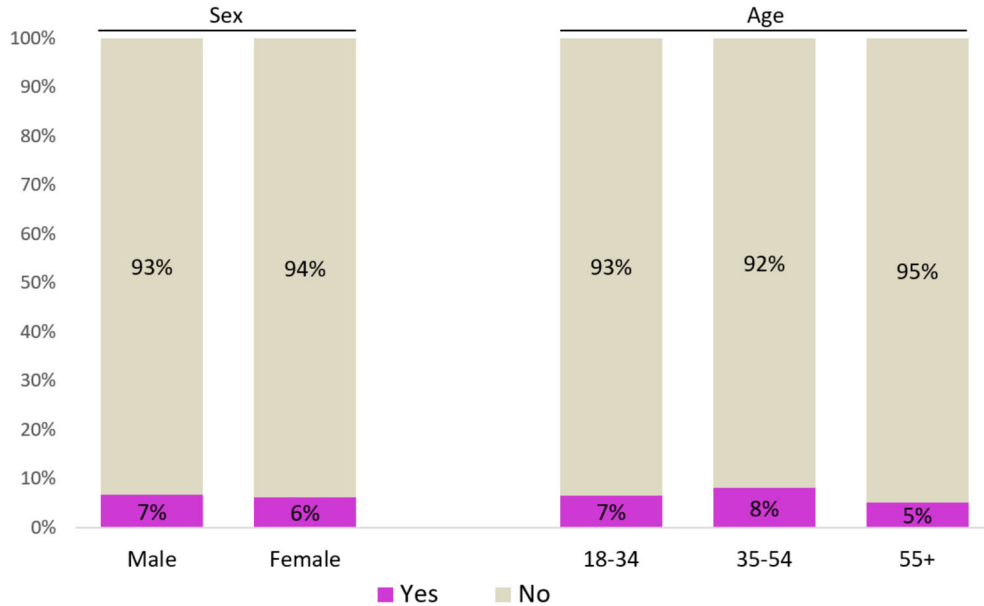


Figure B-11 Use of prescription drug use at least one day in the past 30 days by sex and age

Operate a Motorized Vehicle while Impaired

For those who used alcohol or any other substances, a follow-up question asked how many days, if any, they had operated “a motorized vehicle, such as a car/truck, farm equipment, boat, or an ATV while impaired.” More than one in six male respondents (17%) reported that they had operated a motorized vehicle while impaired during the past 30 days compared to one in fifteen females (7%) indicating they had done so. When comparing this topic by age, younger respondents were more likely to report operating a motorized vehicle while impaired than older respondents. For example, about one in five respondents who were 18 to 34 years old (20%) operated a motorized vehicle while impaired compared to one in twenty respondents who were 55 years or older (5%; see Figure B-12).

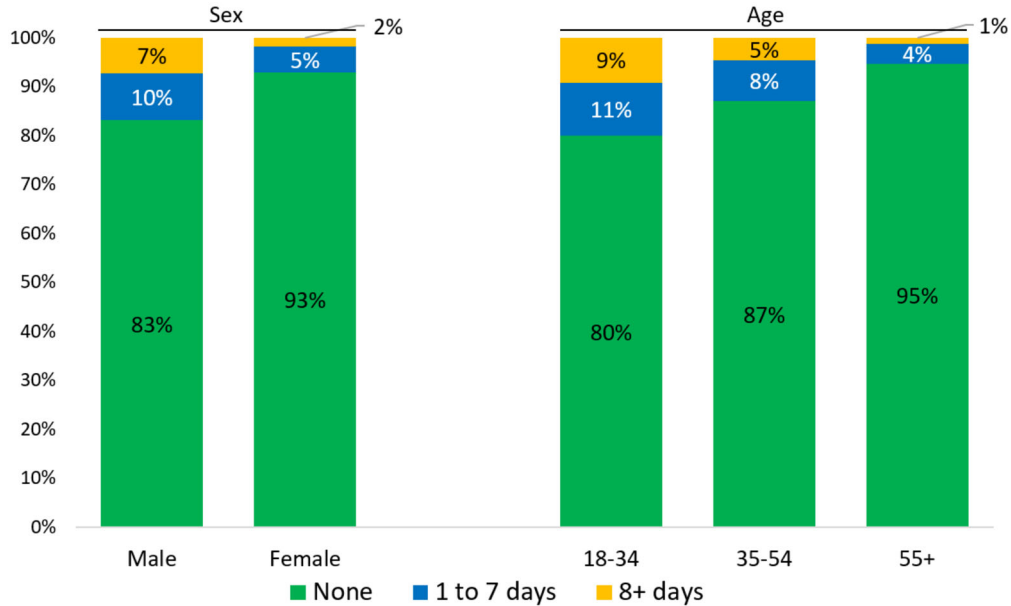


Figure B-12 Operated a motorized vehicle while impaired in the past 30 days by sex and age

Lottery Games

The most common gambling behavior among adult respondents was purchasing lottery games (25%) in the past 30 days. Male respondents (28%) were more likely to play lottery games than female respondents (22%). Also, respondents who were 35 to 54 years old (30%) were more likely to report that they played lottery games in the past 30 days than respondents in the other age groups (18-34 years: 21%, and 55+ years: 24%; see Figure B-13).

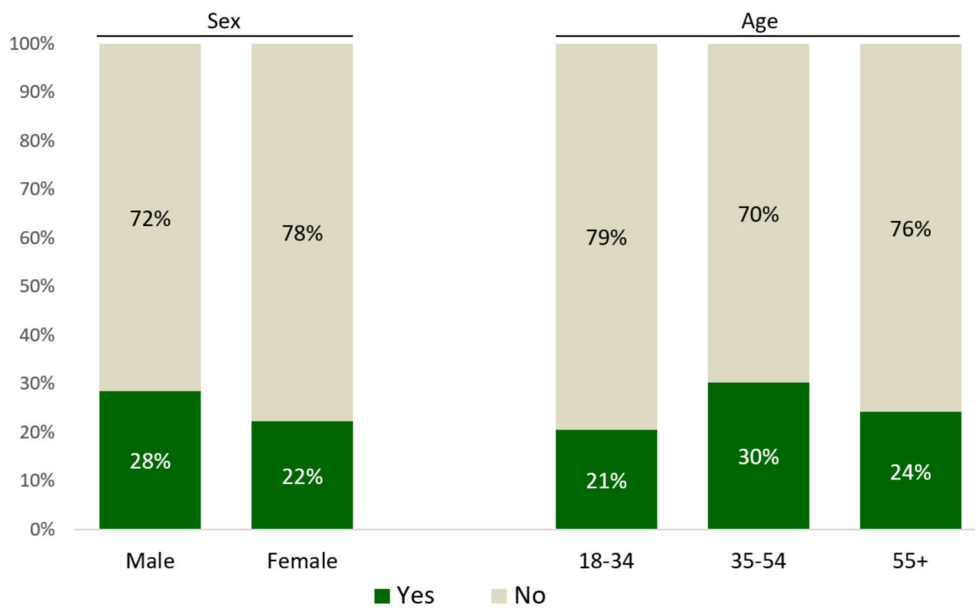


Figure B-13 Played lottery games during the past 30 days by sex and age

Casino Games

The second most common gambling behavior among adult respondents was engaging in casino games (11%) in the past 30 days. Male respondents (12%) were more likely to play casino games than female respondents (9%). Also, respondents who were 18 to 34 years old (14%) were more likely to report that they played casino games in the past 30 days than respondents in the other age groups (35-54 years: 12%, and 55+ years: 8%; see Figure B-14).

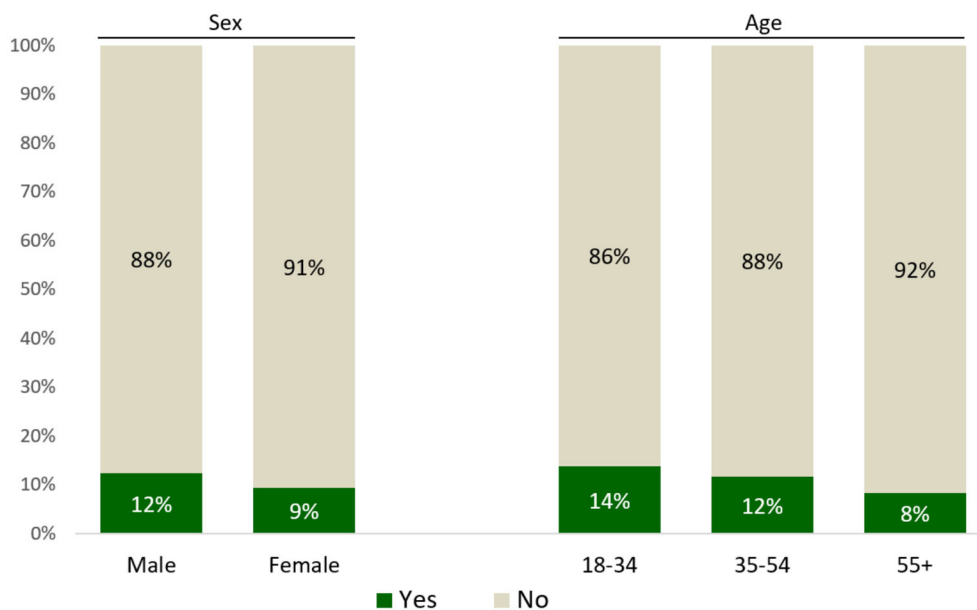


Figure B-14 Played casino games during the past 30 days by sex and age

Sports Wagering

Male respondents (11%) were more likely to participate in sports wagering than were female respondents (2%). Additionally, respondents who were 18 to 34 years old (13%) were more likely to report that they had participated in sports wagering in the past 30 days than were respondents in the other age groups (35-54 years: 6%, and 55+ years: 2%; see Figure B-15).

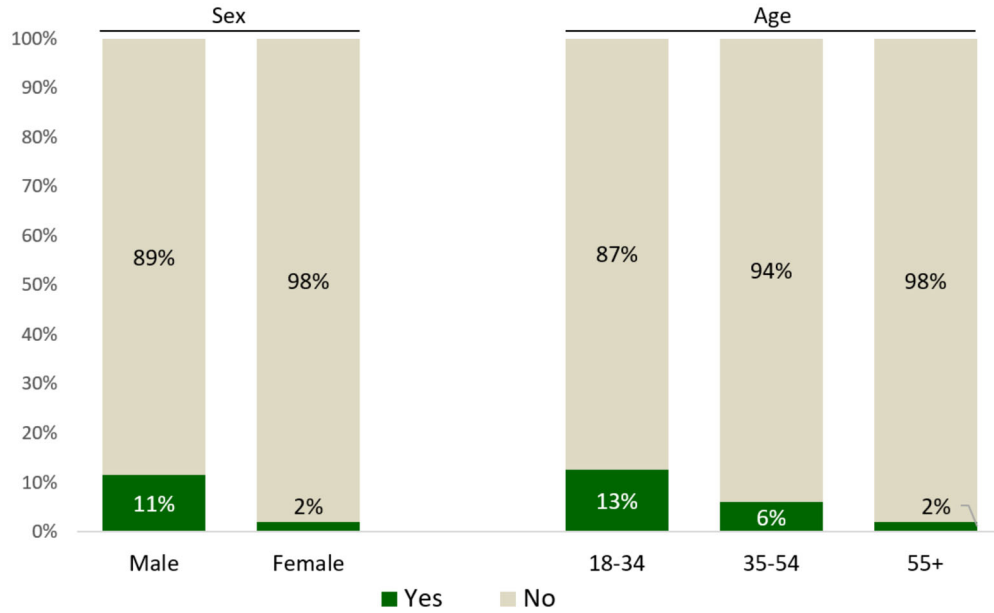


Figure B-15 Participated in sports wagering during the past 30 days by sex and age

Fantasy Sports

Similarly, male respondents (9%) were more likely to bet or wager in fantasy sports than were female respondents (2%). Also, respondents who were 18 to 34 years old (13%) were more likely to report that they had bet or wagered in fantasy sports in the past 30 days than were respondents in the other age groups (35-54 years: 4%, and 55+ years: 1%; see Figure B-16).

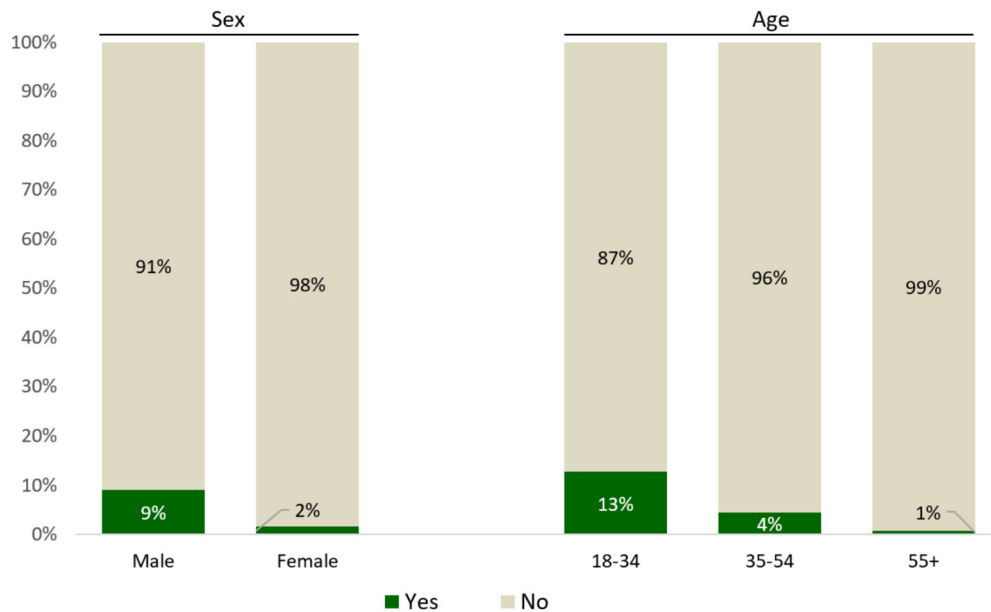


Figure B-16 Bet or wagered in fantasy sports in the past 30 days by sex and age

B.4 MENTAL HEALTH AND RISK OF SUICIDE

More females (26%) than males (19%) reported that they felt so sad or hopeless in the past 30 days that they stopped doing some of their usual activities (see Figure B-17). When mental health status was examined by age group, respondents who were 18 to 34 years old (39%) were more likely to report that they felt so sad or hopeless that they stopped doing some of their usual activities in the past 30 days compared to respondents in the other age groups (35-54 years: 25%, and 55+ years: 11%).

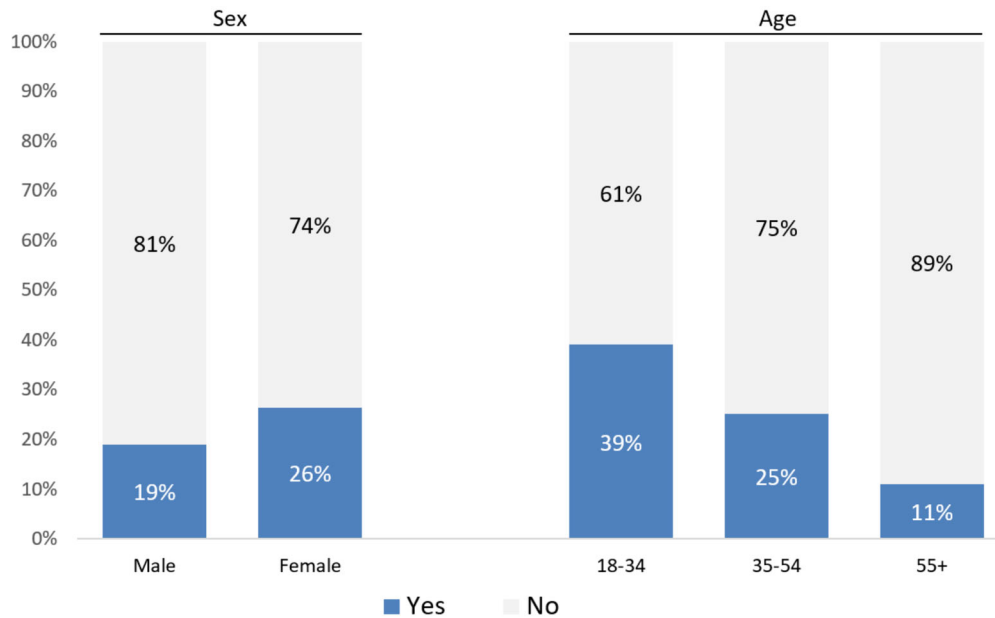


Figure B-17 Feeling sad and hopeless in the past 30 days by sex and age

When asked about suicidal ideation, more males (8%) than females (6%) had thought about killing themselves in the past 30 days (see Figure B-18). Also, respondents who were 18 to 34 years old (14%) were more likely to report that they have thought about killing themselves in the past 30 days than respondents in the other age groups (35-54 years: 8%, and 55+ years: 2%).

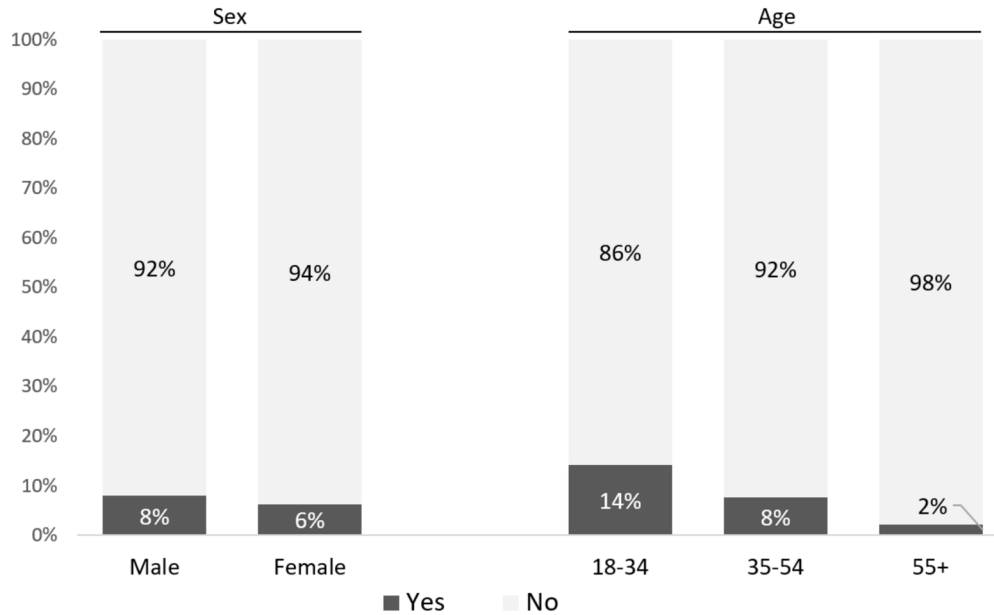


Figure B-18 Suicidal ideation in the past 30 days by sex and age

For those who responded that they had thoughts about killing themselves (7% of respondents), two follow-up questions asked if they had made a plan, or attempted to kill themselves. About one in four male respondents (25%) and one in five female respondents (19%) made plans to kill themselves, but this difference was not statistically significant. However, male respondents with suicidal ideation were more likely than female respondents to have attempted to kill themselves (male: 24% vs. female: 6%; see Table B-4). About one in five adults from the different age groups made a plan to kill themselves; percentages ranged from 20% to 23% across the age groups. On the other hand, 18 to 34 year old respondents (22%) with suicidal ideation were more likely to report that they had attempted to kill themselves in the past 30 days than respondents in the other age groups (35-54 years: 10%, and 55+ years: 4%; see Table B-4).

Table B-4 Made a plan and attempted suicide among those who had a suicide ideation in the past 30 days by sex and age

		Sex		Age		
		Male	Female	18-34	35-54	55+
Made a plan to kill themselves	Yes	25%	19%	22%	23%	20%
	No	75%	81%	78%	77%	80%
		Male	Female	18-34	35-54	55+
Attempted killing themselves	Yes	24%	6%	22%	10%	4%
	No	76%	94%	78%	90%	96%

SECTION C: SUMMARY AND CONCLUSION

C.1 SUMMARY OF FINDINGS

The 2021 Iowa Health, Wellbeing, Use of Substance, and Gambling Survey is a statewide survey that used a mixed-mode data collection (web, paper, and CATI) with probability (DF-RDD and ABS) and non-probability (NPP) samples. The survey aimed to provide information to the IDPH that may be used to plan and implement services across the state.

The analysis revealed that about one half of adult Iowans (49%) rated their physical health as either “excellent” or “very good.” In comparison, about one in seven adult Iowans (or 14%) rated their physical health as either “fair” or “poor”, with a higher percentage of adults aged 18-34 years (17%) and adults aged 35-54 years (15%) than adults aged 55 years and older (12%) doing so. Additionally, while an estimated 43% of adult Iowans were “very satisfied” with their quality of life, an estimated 12% reported they were “very dissatisfied” or “somewhat dissatisfied” with their quality of life.

With regard to mental health, an estimated 53% of adult Iowans rated their mental health as either “excellent” or “very good.” In comparison, about one in five adult Iowans (19%) rated their mental health as either “fair” or “poor.” Additionally, about one in four adult Iowans (23%) reported they have stopped doing some of their usual activities during the past 30 days because they felt so sad or hopeless. Moreover, an estimated 7% of adult Iowans had thoughts about killing themselves in the past 30 days with a higher percentage of younger adults aged 18-34 years (14%) having suicidal thoughts than older adults aged 35-54 years (8%) and 55 years and older (2%).

An estimated 63% of adult Iowans consumed an alcoholic beverage in the past 30 days. Moreover, one third (or 33%) of adult Iowans who had consumed alcohol in the past 30 days had at least one day of binge drinking during that period of time, where binge drinking was defined as “5 or more drinks of alcohol for men and 4 or more drinks for women on any occasion within a two-hour period.” A higher percentage of males (39%) than females (27%), and a higher percentage of younger adults aged 18-34 years (53%) than older adults aged 35-54 years (37%) and 55 years and older (16%), engaged in binge drinking in the past 30 days.

Nearly one in five (or 18%) adult Iowans were estimated to have used another substance other than alcohol in the past 30 days. The other substances asked about included: marijuana, methamphetamine, opioids, other illegal substances, prescription drugs in ways other than prescribed, and over the counter medications in ways other than prescribed. The most prevailing substance from among the other substances asked about was marijuana with an estimated 11% of adult Iowans having used marijuana for at least one day in the past 30 days. Marijuana usage was more prevalent among males (15%) than females (8%), and among younger adults aged 18-34 years (21%) than older adults aged 35-54 years (12%) and 55 years and older (5%). The prevalence of methamphetamine usage in the past 30 days among adult Iowans was 3%. Opioid usage was also estimated to be 3%, which translates to about 64,500 adult Iowans using opioids in the past 30 days.

Regarding gambling behaviors, one fourth of adult Iowans (25%) were estimated to have purchased lottery games in the past 30 days. Following this, an estimated 11% of adult Iowans have

gone to a casino to play on at least one day in the past 30 days, 6% participated in sports wagering, and 5% bet or wagered money in Fantasy Sports contests. A higher percentage of males than females reported participating in each of these gambling behaviors. The largest gender difference was associated with sports wagering (11% for males vs. 2% for females).

In terms of awareness of ways to access help for substance use, gambling or mental health concerns, more than one third of adult Iowans (38%) did not know how to access substance use treatment, and about one fourth (or 26%) did not know how to access treatment for gambling problems. Additionally, only an estimated 4% of adult Iowans have ever seen or heard of the state's helpline Your Life Iowa (YLI) – a service that provides confidential support on problems with substance use, gambling, suicidal thoughts or mental health. Low awareness for YLI (ranging from 3% to 6%) was consistently seen by gender and age groups. On the other hand, an estimated 83% of adult Iowans were aware of the state's helpline 1-800-BETS-OFF.

C.2 CONCLUSIONS

The 2021 Iowa Health, Wellbeing, Use of Substance, and Gambling Survey is the first statewide survey of Iowa adults that combined the substance use, gambling and mental health in a single survey. Although the study provides insights into the health and wellbeing of adult Iowans, it is important to note that there are several limitations noted in the methodology section. In addition, this survey was collected during the second year of the COVID-19 pandemic, and some of the attitudes and behaviors reported in this survey may be linked to experiences during these difficult years. Nevertheless, the findings of the study will provide valuable information for planning and implementation of prevention and treatment programs across the state in the coming years.

This report focused on an initial descriptive analysis of point estimates of attitudes and behaviors with bivariate analyses that examined the data by respondents' sex and age. The study revealed that certain attitudes and behaviors significantly differ by sex and age group. These findings suggest that more analysis of the study data is needed. Future reports may be focused on an expanded bivariate analysis with some respondents' demographics such as race, ethnicity, education, etc. These future analyses and reports may also focus on specific behaviors (e.g. use of alcohol) and examine each behavior in relation to multiple factors simultaneously that may be associated with the behavior.

REFERENCE

Weisberg, H. F. (2005). *The Total Survey Error Approach: A Guide to the New Science of Survey Research*. University of Chicago Press.

Weisberg, H. F. (2018). Total survey error. In Atkeson, L.R., and Alvarez, R.M. (Eds.), *The Oxford Handbook of Polling and Survey Methods*, 13-27.

APPENDICES

APPENDIX A. QUESTIONNAIRE

2021 IOWA HEALTH, WELLBEING, USE OF SUBSTANCES, AND GAMBLING SURVEY

Introductions

C:.....

Q: NUMB_adults Landline/CATI within the HH selection(?)

I need to randomly select one adult who lives in your household to be interviewed. Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

{ } # of adults

7. DON'T KNOW/NOT SURE

9. REFUSED

C:.....

Q: NUMB_adults CELL, paper, web

Excluding adults living away from home, such as students away at college, how many members of your household, including yourself, are 18 years of age or older?

{ } # of adults

77. DON'T KNOW/NOT SURE

97. REFUSED

C:.....

Q: C_sex

What sex were you assigned on your birth certificate?

1. Male

2. Female

7. DON'T KNOW/NOT SURE

9. REFUSED

Section A: Wellbeing and Quality of Life (QoL)

C:.....

Q: A1

During the past 30 days, how would you rate your physical health ? Would you say...

1. Excellent,
2. Very good,
3. Good,
4. Fair, or
5. Poor?
7. DON'T KNOW/NOT SURE
9. REFUSED

C:.....

Q: A2

During the past 30 days, how would you rate your mental health ? Would you say...

1. Excellent,
2. Very good,
3. Good,
4. Fair, or
5. Poor?
7. DON'T KNOW/NOT SURE
9. REFUSED

C:.....

Q: A3

When was the last time, if ever, you saw a doctor, physician's assistant (PA), or nurse practitioner (ARNP) for a check-up, also called a health physical?

1. Never
2. More than 24 months ago
3. 12-24 months ago, or
4. Within the last 12 months

7. DON'T KNOW/NOT SURE
9. REFUSED

C:.....

C: TRANSITION TO QoL

C: On a grid on paper and web –split table- (8-items)

Q: A4_a – A4_g

C: EUROHIS-QOL based on WHO-QOL

The next items are about your quality of life, health, or other areas of your life. If you are unsure about which response to give to a question, please choose one response option that appears most appropriate.

(NOTE: Do not randomize)

- a. How dissatisfied or satisfied with your quality of life? Would you say you are...**
- b. How dissatisfied or satisfied are you with your health? Would you say you are...**
- d. How dissatisfied or satisfied are you with your ability to perform your daily living activities? Would you say you are...**
- e. How dissatisfied or satisfied are you with yourself? Would you say you are...**
- f. How dissatisfied or satisfied are you with your personal relationships? Would you say you are...**
- h. How dissatisfied or satisfied are you with the conditions of your living place? Would you say you are...**

- 1. Very dissatisfied,
- 2. Somewhat dissatisfied,
- 3. Neither satisfied nor dissatisfied,
- 4. Somewhat satisfied, or
- 5. Very satisfied
- 7. DON'T KNOW
- 9. PREFER NOT TO ANSWER

How much do you disagree or agree with the following statements:

- c. I have enough energy for everyday life. Would you say you ...**
- g. I have enough money to meet my needs. Would you say you ...**

- 1. Strongly disagree
- 2. Somewhat disagree
- 3. Neither agree nor disagree
- 4. Somewhat agree, or
- 5. Strongly agree
- 7. DON'T KNOW
- 9. PREFER NOT TO ANSWER

Section B: Resource Awareness

C:.....

C: Your Life Iowa AWARENESS

Q: B1

Have you ever seen or heard of “Your Life Iowa”?

- 1. Yes
- 2. No
- 7. DON'T KNOW
- 9. PREFER NOT TO ANSWER

I: IF ANS GE 2 SKP B2

C:.....

C: Your Life Iowa AWARENESS -place

Q: B1a

Where did you last see or hear something about “Your Life Iowa”?

[Do NOT read]

- 11. Billboards
- 12. Radio
- 13. Casinos
- 14. Lottery tickets
- 15. Youtube
- 16. Social Media (Facebook, Twitter, Instagram, etc.)
- 17. Newspaper
- 18. TV
- 19. Internet/website
- 20. Other [SPECIFY]_____
- 21. yourlifeiowa.org
- 77. DON'T KNOW/DON'T REMEMBER
- 99. PREFER NOT TO ANSWER

C:.....

C: HELPLINE AWARENESS

Q: B2

Have you ever seen or heard of the gambling helpline 1-800-BETS-OFF?

- 1. Yes
- 2. No
- 7. DON'T KNOW
- 9. PREFER NOT TO ANSWER

I: IF ANS GE 2 SKP to B3

C:.....

C: HELPLINE AWARENESS –place

Q: B2a

Where did you last see or hear something about 1-800-BETS-OFF?

[Do NOT read]

- 11. Billboards
- 12. Radio
- 13. Casinos
- 14. Lottery tickets
- 15. Youtube
- 16. Social Media (Facebook, Twitter, Instagram, etc.)
- 17. Newspaper
- 18. TV
- 29. Internet
- 20. Other [SPECIFY]
- 21. 1-800-BETS-OFF website
- 77. DON'T KNOW/DON'T REMEMBER
- 99. PREFER NOT TO ANSWER

C:.....

C: IGTP AWARENESS

Q: B3

The Iowa Department of Public Health funds a statewide network that offers free or reduced fee for services for Iowans who do not have private insurance, Medicare, Medicaid, or other resources and are experiencing problems related to their or someone else’s gambling or substance use.

Before participating in this study, were you aware of this?

- 1. Yes
- 2. No
- 7. DON'T KNOW
- 9. PREFER NOT TO ANSWER

C:.....

C: SU treatment AWARENESS

Q: B4

If you or someone you know needed help for substance use, do you know how to access help?

- 1. Yes
- 2. No
- 7. DON'T KNOW
- 9. PREFER NOT TO ANSWER

C:.....

C: PG treatment AWARENESS

Q: B5

If you or someone you know needed help for gambling, do you know how to access help?

T:

1. Yes

2. No

7. DON'T KNOW

9. PREFER NOT TO ANSWER

C:.....

C: Attitude IDPH priority

C: From Canadian Harm Reduction study Carmeron et al. (2021)

Q: B6a-f

The next questions are about the Iowa Department of Public Health's work in prevention, treatment, and harm reduction related to substance use and gambling.

a. Prevention of substance use and gambling includes educational and other programs to reduce the number of people who use illegal or harmful drugs or gamble excessively. In your opinion, would you say that the Iowa Department of Public Health is...

1. Not investing enough in prevention of substance use disorders
2. Investing just the right amount in prevention of substance use disorders, or
3. Investing too much in prevention of substance use disorders
7. Don't know/no opinion
9. Prefer not to say

b. In your opinion, would you say that the Iowa Department of Public Health is...

1. Not investing enough in prevention of gambling disorders
2. Investing just the right amount in prevention of gambling disorders, or
3. Investing too much in prevention of gambling disorders
7. Don't know/no opinion
9. Prefer not to say

c. Treatment includes various types of counseling and support to help people reduce their substance use and gambling and start recovery. In your opinion, would you say that the Iowa Department of Public Health is...

1. Not investing enough in treatment of substance use disorders
2. Investing just the right amount in treatment of substance use disorders, or
3. Investing too much in treatment of substance use disorders
7. Don't know/no opinion
9. Prefer not to say

d. In your opinion, would you say that the Iowa Department of Public Health is...

1. Not investing enough in treatment of gambling disorders
2. Investing just the right amount in treatment of gambling disorders, or
3. Investing too much in treatment of gambling disorders
7. Don't know/no opinion
9. Prefer not to say

e. Harm reduction refers to programs that are designed to reduce risks and harms of substance use and gambling and connect people to healthcare without requiring people to stop using drugs or gambling entirely. In your opinion, would you say that the Iowa Department of Public Health is...

1. Not investing enough in harm reduction for substance use disorders
2. Investing just the right amount in harm reduction for substance use disorders, or
3. Investing too much in harm reduction for substance use disorders
7. Don't know/no opinion
8. Prefer not to say

f. In your opinion, would you say that the Iowa Department of Public Health is...

1. Not investing enough in harm reduction for gambling disorders
2. Investing just the right amount in harm reduction for gambling disorders, or
3. Investing too much in harm reduction for gambling disorders
7. Don't know/no opinion
9. Prefer not to say

Section C: Behaviors

C:.....

The next section focuses on specific behaviors related to health.

C:.....

Q: C1

One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

During the past 30 days, on how many days if any, have you had a drink of alcohol?

[] = # of Days alcohol use {0-30}

77. DON'T KNOW

99. PREFER NOT TO ANSWER

I: IF ANS =0 SKP C2

C:.....

C: Drink ALCOHOL

Q: C1a

During the past 30 days, how many times did you have X [X = 5 for men, X = 4 for women] or more drinks of alcohol on any occasion within a two-hour period ?

[] = # of Times {0-30}

77. DON'T KNOW

99. PREFER NOT TO ANSWER

C:.....

C: Drink ALCOHOL within 2 hours

Q: C1b

During the past 30 days, what is the largest number of drinks of alcohol you had on any occasion within a two-hour period?

[] = # of Drinks

77. DON'T KNOW

99. PREFER NOT TO ANSWER

C:.....

C: NOTE: SU in the past 30 days

Q: C2-C5

During the past 30 days, on how many days, if any, did you...

- C2. Use marijuana [do not read: hash, pot, joint, weed, blunts, chronic, Mary Jane]**
- C3. Use methamphetamine or meth [do not read: other amphetamines Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank , etc.]**
- C4. Use opioids, like heroin or oxycodone [do not read: Smack, H, Junk, Skag, etc]**
- C5. Use any other illegal substance [Specify:_____]**

[] = # of Days {0-30}

77. DON'T KNOW

99. PREFER NOT TO ANSWER

C:.....

C: CURRENT prescription DRUG USE

Q: C6

C: Interviewer: etc.

During the past 30 days, on how many days, if any, did you use any prescription drug, whether prescribed to you or not, in ways other than directed?

[] = # of Days misused prescription drugs {0-30}

77. DON'T KNOW

99. PREFER NOT TO ANSWER

C:.....

C: CURRENT over the counter DRUG USE

Q: C7

During the past 30 days, on how many days, if any, did you use any over the counter medication in ways other than directed?

[INTERVIEWER NOTE: Any medications that are available from drug stores or groceries without a prescription.]

[] = # of Days misused over the counter drugs {0-30}

77. DON'T KNOW

99. PREFER NOT TO ANSWER

I: IF C2-C5=0 and C6=0 and C7=0 SKP C9

C:.....

C: IV INJECTION DRUG USE current use

Q: C8

During the past 30 days, on how many days, if any, did you inject a non-prescribed substance into your body?

[] = # of Days injection of drugs {0-30}

77. DON'T KNOW

99. PREFER NOT TO ANSWER

C:.....

C Driving while impaired

I: IF C1=0 and C2-C5=0 and C6=0 and C7=0 SKP C10

Q: C9

During the past 30 days, on how many days, if any, did you operate a motorized vehicle, such as a car/truck, farm equipment, boat, or an ATV while impaired?

[] = # of Days {0-30}

77. DON'T KNOW

99. PREFER NOT TO ANSWER

C:.....

Q: C10

[Please read] The next questions are about gambling behaviors.

During the past 30 days, on how many days, if any, have you played slots, or bet or wagered on table games such as blackjack, poker, or roulette at a casino?

T:

[] = # of Days gone to casinos to play games {0-30}

77. DON'T KNOW

99. PREFER NOT TO ANSWER

C:.....

Q: C11

During the past 30 days, on how many days, if any, have you purchased Lottery games such as Powerball, Mega Millions, Scratch tickets, Hot Lotto, etc.?

[] = # of Days played lottery games {0-30}

77. DON'T KNOW

99. PREFER NOT TO ANSWER

C:.....

Q: C12

During the past 30 days, on how many days, if any, have you participated in sports wagering through Iowa casinos' mobile apps, telephone lines, or in their sports books?

[] = # of Days sport wagering {0-30}

77. DON'T KNOW

99. PREFER NOT TO ANSWER

C:.....

Q: C13

Internet & Fantasy Sports or Daily Fantasy Sport contests refer to a type of Fantasy Sports that occurs in a very short time period, usually in a single day of competition as opposed to a seasonal competition.

During the past 30 days, on how many days, if any, have you bet or wagered money in Fantasy Sports contests through internet sites such as DraftKings or FanDuel?

[] = # of Days DFS wagering {0-30}

77. DON'T KNOW

99. PREFER NOT TO ANSWER

Section D: COVID- behaviors

C:.....

C: COVID-19 and alcohol use

Q: D1

Thinking about your alcohol consumption throughout the past 18 months, compared to the year before the pandemic, would you say your alcohol use increased, remained the same, decreased, or you didn't drink alcohol at all.

- 1. Increased
- 2. Remained the same
- 3. Decreased, or
- 4. Didn't drink alcohol at all before or during the pandemic
- 7. DON'T KNOW
- 9. PREFER NOT TO ANSWER

C:.....

C: COVID-19 and Drugs other than alcohol

Q: D2

Thinking about your use of drugs other than alcohol throughout the past 18 months, compared to the year before the pandemic, would you say your drug use increased, remained the same, decreased, or you didn't use drugs at all.

- 1. Increased
- 2. Remained the same
- 3. Decreased, or
- 4. Didn't use drugs at all before or during the pandemic
- 7. DON'T KNOW
- 9. PREFER NOT TO ANSWER

C:.....

C: COVID-19 and gambling

Q: D3

Thinking about your gambling throughout the past 18 months, compared to the year before the pandemic, would you say your gambling increased, remained the same, decreased, or you didn't gamble at all.

- 1. Increased
- 2. Remained the same
- 3. Decreased, or
- 4. Didn't gamble at all before or during the pandemic
- 7. DON'T KNOW
- 9. PREFER NOT TO ANSWER

Section E: Mental Health

C:.....

The next items are about mental health, which includes suicide. If at any point you want to move ahead, skip an item, or stop – just let me know. To begin, my first question is...

C:.....

Q: E1

During the past 30 days, did you ever feel so sad or hopeless that you stopped doing some of your usual activities?

- 1. Yes
- 2. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C:.....

Q: E2

During the past 30 days, have you engaged in any form of non-suicidal self-injury or self-harm, such as cutting?

- 1. Yes
- 2. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C:.....

Q: E3

During the past 30 days, have you thought about killing yourself?

- 1. Yes
- 2. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C:.....

Q: E4

[IF YES TO E3] During the past 30 days, have you made a plan about how you would kill yourself?

- 1. Yes
- 2. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C:.....

Q: E5

[IF YES TO E3] Have you attempted to kill yourself during the past 30 days?

- 1. Yes
- 2. No
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Section F: ALL: Demographics

C:.....

The last few questions are general background questions that will be used to ensure survey participants are representative of Iowa.

C:.....

Q: F1

In a typical day, approximately how many minutes do you spend on social media (e.g. Facebook, Twitter, Instagram, TikTok)? Your best guess is fine. _____ minutes

7777. Don't Know

9999. Refused

C:.....

Q: F2

During the past 30 days, approximately how many surveys (including this one) have you taken for a reward, incentive, or other form of compensation? Your best guess is fine. _____ # of surveys

777. Don't Know

999. Refused

C:.....

Q: F3

Compared to other people you know (friends, family, co-workers), how early or late would you say you usually download and try/use newly released electronic or smartphone apps (or applications)?

- 1. Much earlier
- 2. Somewhat earlier
- 3. Neither earlier nor later
- 4. Somewhat later
- 5. Much later
- 6. I don't download apps to my smartphone or other electronic devices
- 7. Don't Know
- 9. Refused

C:.....

Q: F4

What is your current age?

[] = AGE {18-98}

99. REFUSED

C:.....

C: HISPANIC/LATINO

Q: F5

Are you Hispanic, Latino/a, or of Spanish origin?

- 1. Yes
- 2. No
- 7. DON'T KNOW
- 9. PREFER NOT TO ANSWER

C:.....

C: RACE CLASSIFICATIONS

Q: F6

**Which one or more of the following would you say is your race? Would you say...
(Select all that apply)**

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian or Alaska Native
- 6. Other [Specify]
- 7. DON'T KNOW
- 9. PREFER NOT TO ANSWER

I: IF ANS=7 or ANS=9 SKP F7

I: IF SUM(F6.1 to F6.6) LE 1 SKP F7

C:.....

C: RACE FOLLOW-UP IF SELECTED MORE THAN ONE RACE TO F2

Q: F6_BEST

Which one of these groups would you say BEST represents your race?

- 1. White
- 2. Black or African American
- 3. Asian
- 4. Native Hawaiian or Other Pacific Islander
- 5. American Indian or Alaska Native
- 6. Other [Specify]
- 7. DON'T KNOW
- 9. PREFER NOT TO ANSWER

C:.....

Q: F7

How would you describe your current gender identity? [SELECT ALL THAT APPLY]

- 1. Man
- 2. Woman
- 3. Non-binary/non-conforming
- 4. Genderqueer
- 5. Transgender man (female-to-male)
- 6. Transgender woman (male-to-female)
- 7. Another gender identity [SPECIFY]
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C:.....

Q: F8

Which of the following best represents how you think of your sexual orientation? Would you say...

- 1. Lesbian or Gay
- 2. Straight, that is, not gay
- 3. Bisexual/Pansexual, or
- 4. Something else **[SPECIFY]**
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

C:.....

C: MARITAL STATUS

Q: F9

Which of the following best describes you? Are you...

T:

- 1. Married,
- 2. Divorced,
- 3. Widowed,
- 4. Separated,
- 5. Never married, or
- 6. A member of an unmarried couple?
- 9. PREFER NOT TO ANSWER

C:.....

C: NUMBER OF CHILDREN IN HOUSEHOLD

Q: F10

How many children under 18 years of age live in your household at least half the time?

[] = Number of Children (0-11)

- 12. 12 or more
- 99. PREFER NOT TO ANSWER

C:.....

C: EDUCATION COMPLETED

Q: F11

What is the highest level of education you have completed or the highest degree you received?

- 1. Less than high school graduate
- 2. Grade 12 or GED (high school graduate)
- 3. Some education beyond high school, no degree
- 4. Trade certification or vocation training
- 5. Associates degree or 2 year degree
- 6. College graduate with a 4-year degree (e.g. B.A, B.S.)
- 7. Graduate or professional school (e.g. M.A., Ph.D., M.D., J.D.)
- 9. PREFER NOT TO ANSWER

C:.....

C: EMPLOYMENT STATUS

Q: F12

Are you currently...

- 11. Employed for wages,
- 12. Self-employed,
- 13. Out of work for more than 1 year,
- 14. Out of work for less than 1 year,
- 15. A homemaker,
- 16. A student,
- 17. Retired, or
- 18. Unable to work?
- 99. PREFER NOT TO ANSWER

C:.....

C: ANNUAL HOUSEHOLD INCOME

Q: F13

For calendar year 2021, where do you expect your annual gross household income before taxes, from all sources to be...

- 11. Less than \$10,000,
- 12. \$10,000 to less than \$15,000,
- 13. \$15,000 to less than \$20,000,
- 14. \$20,000 to less than \$25,000,
- 15. \$25,000 to less than \$35,000,
- 16. \$35,000 to less than \$50,000,
- 17. \$50,000 to less than \$75,000,
- 18. \$75,000 to less than \$100,000,
- 19. \$100,000 to less than \$150,000, or
- 20. \$150,000 or more
- 77. DON'T KNOW
- 99. PREFER NOT TO ANSWER

C:.....

C: INSURANCE

C: From 2021 NHIS

Q: F14

The next questions are about health insurance. Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid.

Are you covered by any kind of health insurance or some other kind of health care plan?

- 1. Yes
- 2. No
- 7. DON'T KNOW
- 9. PREFER NOT TO ANSWER

C:.....

C: INSURANCE coverage for SU PG

Q: F14a-b

[Display if F14==YES] Does your health insurance or health care plan cover treatment for ...

- a. Substance use?**
- b. Gambling problems?**

- 1. Yes
- 2. No
- 7. DON'T KNOW
- 9. PREFER NOT TO ANSWER

C:.....

C: Living location

Q: F15

Which of the following best describes where you live? Do you live...

- 11. On a farm,
- 12. In a rural setting, not on a farm,
- 13. In a rural subdivision outside of city limits,
- 14. In a small town of less than 5,000 people,
- 15. In a larger town of 5,000 to less than 25,000 people,
- 16. In a city of 25,000 to less than 50,000 people,
- 17. In a city of 50,000 to less than 150,000 people, or
- 18. In a larger city of 150,000 or more people?
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

C:.....

C: Region/County/Zip

Q: F16

What county do you live in?

_____ **County**

C:.....

C: HELPLINE INFORMATION

Q: INFO_help

To speak with someone about getting information and support about substance use or gambling treatment, or mental health or suicide, you can call the Your Life Iowa's toll-free helpline at (855) 581-8111. Or, if you prefer, a Live Chat, and a directory of treatment providers, locations, and telephone numbers is online at yourlifeiowa.ORG



C:.....

REMARKS

This completes the interview. Everyone's answers will be combined to give us information about the health and experiences of adult Iowans.

APPENDIX B. SAMPLE OF LETTERS USED IN MAILINGS

Letter’s template used for DF-RDD landline and ABS sample.

[DATE]
Address1
Address2

Dear Iowa Resident:

We need your help! Your household has been randomly selected to participate in a survey sponsored by the Iowa Department of Public Health. **The survey will take about 15 minutes** to complete and asks about your views on health, wellbeing, use of substances, and gambling.

We are interested in your participation, regardless of how much you might know about or have experience with these topics. To ensure that our data represent adults throughout Iowa, we need hundreds of responses from Iowans like you.

We know your time is valuable. In appreciation for your willingness to participate, if you provide your email address after completing the questionnaire, **we will email you a \$10 Amazon gift card.**

If there is more than one adult 18 years or older in the household, the questionnaire should be filled out by the adult who had the most recent birthday.

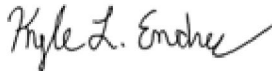
Scan this code to begin the online survey

[QR CODE HERE] [INSERT QR INSTRUCTION HERE]

OR type this link into your browser
[INSERT url HERE]

To ensure you have the mode that you prefer, if you have not completed the online questionnaire within the next 10 days, we will mail you a paper questionnaire. Over the next couple of weeks, student interviewers from the University of Northern Iowa Center for Social & Behavioral Research may attempt to reach you by phone if you do not wish to respond online or by mail.



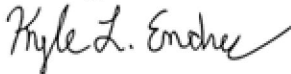
Thank you for your consideration. If you have questions, please contact us at csbr@uni.edu or 800-251-1466.

Sincerely,


Kyle Endres, PhD
Associate Director
Center for Social & Behavioral Research

[ID1]-[ID2]-[ID3]

Letter's template used for DF-RDD cellphone sample.

 
<p>[DATE]</p> <p>Address1 Address2</p> <p>Dear [Name]:</p> <p>We need your help! You have been randomly selected to participate in a survey sponsored by the Iowa Department of Public Health. The survey will take about 15 minutes to complete and asks about your views on health, wellbeing, use of substances, and gambling.</p> <p>We are interested in your participation, regardless of how much you might know about or have experience with these topics. To ensure that our data represent adults throughout Iowa, we need hundreds of responses from Iowans like you.</p> <p>We know your time is valuable. In appreciation for your willingness to participate, if you provide your email address after completing the questionnaire, we will email you a \$10 Amazon gift card.</p> <p style="text-align: center;">Scan this code to begin the online survey</p> <p style="text-align: center;">[QR CODE HERE] [INSERT QR INSTRUCTION HERE]</p> <p style="text-align: center;">OR type this link into your browser [INSERT <u>url</u> HERE]</p> <p>To ensure you have the mode that you prefer, if you have not completed the online questionnaire within the next 10 days, we will mail you a paper questionnaire. Over the next couple of weeks, student interviewers from the University of Northern Iowa Center for Social & Behavioral Research may attempt to reach you by phone if you do not wish to respond online or by mail.</p> <p>Thank you for your consideration. If you have questions, please contact us at csbr@uni.edu or 800-251-1466.</p> <p>Sincerely, </p> <p>Kyle Endres, PhD Associate Director Center for Social & Behavioral Research</p> <p style="text-align: right;">[ID1]-[ID2]-[ID3]</p>

APPENDIX C. AAPOR RESPONSE RATE

Version 4.0 May 2016

	Landline	Cell	ABS	Combined
Interview (Category 1)				
Complete	361	1,388	1,575	3,324
Eligible, non-interview (Category 2)				
Refusal and breakoff	3	13	0	16
Household-level refusal	5	0	0	5
Known-respondent refusal	16	19	0	35
Break off/ Implicit refusal (internet surveys)	0	3	0	3
Respondent never available	9	0	0	9
Telephone answering device (confirming HH)	23	1	0	24
Dead	0	6	0	6
Physically or mentally unable/incompetent	1	1	0	2
Household-level language problem	0	4	0	4
Unknown eligibility, non-interview (Category 3)				
Unknown if housing unit/unknown about address	598	2,985	8,403	11,986
Always busy	78	378	0	456
Hard refusal, unknown eligibility	1	7	17	25
No answer	269	261	0	530
Answering machine-don't know if household	386	1,436	0	1,822
Call Blocking	14	27	0	41
Housing unit, unknown if eligible respondent	3	16	0	19
Not eligible (Category 4)				
Out of sample - other strata than originally coded	2	140	5	147
Fax/data line	25	5	0	30
Non-working/disconnect	221	760	0	981
Non-residence	61	46	0	107
No eligible respondent	0	13	0	13
Other	0	2	0	2
Total sample used				
	2,076	7,511	10,000	19,587
I=Complete Interviews (1.1)	361	1,388	1,575	3,324
P=Partial Interviews (1.2)	0	0	0	0
R=Refusal and break off (2.1)	57	47	0	104
NC=Non-Contact (2.2)	0	0	0	0
O=Other (2.0, 2.3)	0	0	0	0
Calculating e:	0.575	0.598	0.997	0.728
e is the estimated proportion of cases of unknown eligibility that are eligible.				
UH=Unknown Household (3.1)	1,346	5,094	8,420	14,860
UO=Unknown other (3.2-3.9)	3	16	0	19
Response Rate 1				
$I/(I+P) + (R+NC+O) + (UH+UO)$	0.204	0.212	0.158	0.182
Response Rate 2				
$(I+P)/(I+P) + (R+NC+O) + (UH+UO)$	0.204	0.212	0.158	0.182
Response Rate 3				
$I/((I+P) + (R+NC+O) + e(UH+UO))$	0.302	0.309	0.158	0.233
Response Rate 4				
$(I+P)/((I+P) + (R+NC+O) + e(UH+UO))$	0.302	0.309	0.158	0.233



WEIGHTING METHODOLOGY REPORT

2021 Iowa HEALTH, WELLBEING, USE OF SUBSTANCES, AND GAMBLING SURVEY

Design Overview:

This survey has secured a total of 4,055 interviews with adults 18 or older residing in Iowa, using several sampling methodologies. The following table summarizes the number of completed surveys secured under each method.

Table 1. Distribution of respondents by sampling methodology

Sampling Methodology	Respondents	
DFRDD	1,749	43.1%
ABS	1,575	38.8%
Online Panel	731	18.0%
Total	4,055	100.0%

Weighting:

Survey data must be weighted before they can be used to produce reliable estimates of population parameters. While reflecting the selection probabilities of sampled units, weighting also attempts to compensate for practical limitations of sample surveys, such as differential nonresponse and undercoverage. The weighting process for this survey included three major steps, as detailed next:

1. In the first step, design weights were computed to reflect selection probabilities that included surveying only one adult per household.
2. In the second step, design weights were adjusted to the geodemographic distributions of the target population for which the needed benchmarks were obtained from the latest American Community Survey (ACS 2019). For this purpose, the *WgtAdjust* procedure of SUDAAN¹ was used to balance the distributions of survey respondents against the various benchmarks simultaneously. This procedure relies on a constrained logistic regression to predict the likelihood of responding vis-à-vis the explanatory variables used in the model (benchmark distributions). The resulting likelihood probabilities are then used to create adjustment weights that align respondents to the specified benchmark distributions.
3. In the third and final step, produced weights were examined to identify and ameliorate extreme values. Trimming extreme weights is a standard practice that is used to improve the efficiency of the weighting process, i.e., increasing the stability of survey estimates. This important gain in precision, however, is achieved at the expense of introducing some minor diversions between weighted distributions of respondents and their corresponding population benchmarks. Note that all weights were then rescaled to add up to their respective sample sizes.

¹RTI International (2012). *SUDAAN Language Manual, Release 11.0*. RTI International. www.rti.org/sudaan



It should be noted that five different sets of weights were generated for this survey, as follows:

- **Weight1:** DFRDD (n = 1,749)
- **Weight2:** ABS (n = 1,575)
- **Weight3:** NPP (n = 731)
- **Weight4:** DFRDD + ABS (n = 3,324)
- **Weight5:** DFRDD + ABS + NPP (n = 4,055)

Imputation of Missing Data:

Before any of the above procedures could begin, missing values for all variables needed for weighting had to be imputed. For this purpose, the *Survey Impute* procedure of SAS was used to select eligible donors based on a *hot-deck* algorithm². Briefly, this method begins by grouping survey respondents into homogeneous subgroups (cells) whereby homogeneity is determined based on relevant predictors that are free of missing values. Subsequently, records in each cell are examined and when a missing value is detected for the variable of interest it is replaced by a randomly selected donor to replace the identified missing value.

In order to improve the efficiency of the donor selection process, imputation of missing data was carried out in a hierarchical manner. In this process, variables with fewer number of missing values were first imputed so that they could then serve as predictors for imputation of variables with larger number of missing values. As such, respondent counts in the following tables are based on imputed variables, which are what should be used for all subsequent data analyses.

Table 2. Respondent and population distributions by gender, age, and sample type

Gender	Age	ABS		DFRDD		NPP		Total		Population	
Male	18-24	30	1.9%	23	1.3%	21	2.9%	74	1.8%	162,488	6.7%
	25-34	69	4.4%	90	5.1%	57	7.8%	216	5.3%	201,562	8.3%
	35-44	82	5.2%	117	6.7%	67	9.2%	266	6.6%	200,648	8.2%
	45-54	65	4.1%	115	6.6%	35	4.8%	215	5.3%	178,521	7.3%
	55-64	86	5.5%	136	7.8%	52	7.1%	274	6.8%	205,719	8.5%
	65-74	134	8.5%	153	8.7%	77	10.5%	364	9.0%	149,128	6.1%
	75+	80	5.1%	91	5.2%	27	3.7%	198	4.9%	97,722	4.0%
Female	18-24	71	4.5%	32	1.8%	38	5.2%	141	3.5%	151,124	6.2%
	25-34	152	9.7%	102	5.8%	49	6.7%	303	7.5%	195,524	8.0%
	35-44	165	10.5%	178	10.2%	66	9.0%	409	10.1%	192,981	7.9%
	45-54	158	10.0%	163	9.3%	58	7.9%	379	9.3%	178,304	7.3%
	55-64	173	11.0%	232	13.3%	85	11.6%	490	12.1%	213,512	8.8%
	65-74	191	12.1%	201	11.5%	73	10.0%	465	11.5%	162,090	6.7%
	75+	119	7.6%	116	6.6%	26	3.6%	261	6.4%	144,726	5.9%
Total		1,575	100.0%	1,749	100.0%	731	100.0%	4,055	100.0%	2,434,049	100.0%

² <https://support.sas.com/resources/papers/proceedings16/SAS3520-2016.pdf>



Table 3. Respondent and population distributions by gender, ethnicity, and sample type

Gender	Ethnicity	ABS		DFRDD		NPP		Total		Population	
		Count	%	Count	%	Count	%	Count	%	Count	%
Male	Hispanic	16	1.0%	18	1.0%	22	3.0%	56	1.4%	63,765	2.6%
	Other	530	33.7%	707	40.4%	314	43.0%	1,551	38.2%	1,132,023	46.5%
Female	Hispanic	23	1.5%	24	1.4%	13	1.8%	60	1.5%	59,408	2.4%
	Other	1,006	63.9%	1,000	57.2%	382	52.3%	2,388	58.9%	1,178,853	48.4%
Total		1,575	100.0%	1,749	100.0%	731	100.0%	4,055	100.0%	2,434,049	100.0%

Table 4. Respondent and population distributions by gender, race, and sample type

Gender	Race	ABS		DFRDD		NPP ³		Total		Population	
		Count	%	Count	%	Count	%	Count	%	Count	%
Male	White	515	32.7%	684	39.1%	315	43.1%	1,514	37.3%	1,092,831	44.9%
	Black	8	0.5%	17	1.0%	18	2.5%	43	1.1%	42,857	1.8%
	Asian	10	0.6%	8	0.5%	0	0.0%	18	0.4%	29,365	1.2%
	Other	13	0.8%	16	0.9%	3	0.4%	32	0.8%	30,735	1.3%
Female	White	984	62.5%	980	56.0%	383	52.4%	2,347	57.9%	1,131,096	46.5%
	Black	22	1.4%	20	1.1%	7	1.0%	49	1.2%	45,536	1.9%
	Asian	12	0.8%	8	0.5%	2	0.3%	22	0.5%	30,741	1.3%
	Other	11	0.7%	16	0.9%	3	0.4%	30	0.7%	30,888	1.3%
Total		1,575	100.0%	1,749	100.0%	731	100.0%	4,055	100.0%	2,434,049	100.0%

Table 5. Respondent and population distributions by gender, education, and sample type

Gender	Education	ABS		DFRDD		NPP		Total		Population	
		Count	%	Count	%	Count	%	Count	%	Count	%
Male	No High School	9	0.6%	20	1.1%	36	4.9%	65	1.6%	96,793	4.0%
	High School	60	3.8%	104	5.9%	81	11.1%	245	6.0%	390,369	16.0%
	Some College	130	8.3%	162	9.3%	68	9.3%	360	8.9%	280,087	11.5%
	Associate	63	4.0%	71	4.1%	31	4.2%	165	4.1%	124,423	5.1%
	Bachelors	182	11.6%	243	13.9%	73	10.0%	498	12.3%	209,883	8.6%
	Masters+	102	6.5%	125	7.1%	47	6.4%	274	6.8%	94,233	3.9%
Female	No High School	20	1.3%	31	1.8%	12	1.6%	63	1.6%	85,952	3.5%
	High School	112	7.1%	141	8.1%	114	15.6%	367	9.1%	347,588	14.3%
	Some College	238	15.1%	239	13.7%	98	13.4%	575	14.2%	294,043	12.1%
	Associate	142	9.0%	149	8.5%	45	6.2%	336	8.3%	154,507	6.3%
	Bachelors	329	20.9%	298	17.0%	73	10.0%	700	17.3%	243,991	10.0%
	Masters+	188	11.9%	166	9.5%	53	7.3%	407	10.0%	112,180	4.6%
Total		1,575	100.0%	1,749	100.0%	731	100.0%	4,055	100.0%	2,434,049	100.0%

³ Given the small number of NPP respondents, race was collapsed into White and non-White categories to avoid the risk of creating extreme weights.



Table 6. Respondent and population distributions by gender, income, and sample type

Gender	Income	ABS		DFRDD		NPP		Total		Population	
Male	\$0K <\$10K	24	1.5%	18	1.0%	26	3.6%	68	1.7%	83,947	3.4%
	\$10K <\$15K	25	1.6%	27	1.5%	17	2.3%	69	1.7%	27,060	1.1%
	\$15K <\$20K	14	0.9%	21	1.2%	22	3.0%	57	1.4%	28,315	1.2%
	\$20K <\$25K	32	2.0%	24	1.4%	21	2.9%	77	1.9%	29,048	1.2%
	\$25K <\$35K	43	2.7%	43	2.5%	32	4.4%	118	2.9%	72,614	3.0%
	\$35K <\$50K	62	3.9%	85	4.9%	47	6.4%	194	4.8%	145,874	6.0%
	\$50K <\$75K	100	6.3%	137	7.8%	62	8.5%	299	7.4%	233,015	9.6%
	\$75K <\$100K	76	4.8%	93	5.3%	32	4.4%	201	5.0%	196,689	8.1%
	\$100K <\$150K	95	6.0%	154	8.8%	50	6.8%	299	7.4%	222,088	9.1%
\$150K+	75	4.8%	123	7.0%	27	3.7%	225	5.5%	157,138	6.5%	
Female	\$0K <\$10K	52	3.3%	51	2.9%	44	6.0%	147	3.6%	98,729	4.1%
	\$10K <\$15K	44	2.8%	35	2.0%	29	4.0%	108	2.7%	42,660	1.8%
	\$15K <\$20K	39	2.5%	45	2.6%	32	4.4%	116	2.9%	40,774	1.7%
	\$20K <\$25K	60	3.8%	44	2.5%	23	3.1%	127	3.1%	44,746	1.8%
	\$25K <\$35K	79	5.0%	90	5.1%	55	7.5%	224	5.5%	90,744	3.7%
	\$35K <\$50K	146	9.3%	154	8.8%	42	5.7%	342	8.4%	153,813	6.3%
	\$50K <\$75K	194	12.3%	179	10.2%	70	9.6%	443	10.9%	225,787	9.3%
	\$75K <\$100K	159	10.1%	170	9.7%	48	6.6%	377	9.3%	189,027	7.8%
	\$100K <\$150K	154	9.8%	149	8.5%	35	4.8%	338	8.3%	204,801	8.4%
\$150K+	102	6.5%	107	6.1%	17	2.3%	226	5.6%	147,180	6.0%	
Total		1,575	100.0%	1,749	100.0%	731	100.0%	4,055	100.0%	2,434,049	100.0%

Table 7. Respondent and population distributions by gender, marital status, and sample type

Gender	Marital	ABS		DFRDD		NPP		Total		Population	
Male	Married	329	20.9%	501	28.6%	173	23.7%	1,003	24.7%	650,798	26.7%
	NotMarried	91	5.8%	107	6.1%	60	8.2%	258	6.4%	173,442	7.1%
	NeverMarried	126	8.0%	117	6.7%	103	14.1%	346	8.5%	371,548	15.3%
Female	Married	580	36.8%	628	35.9%	181	24.8%	1,389	34.3%	659,973	27.1%
	NotMarried	255	16.2%	227	13.0%	111	15.2%	593	14.6%	279,398	11.5%
	NeverMarried	194	12.3%	169	9.7%	103	14.1%	466	11.5%	298,890	12.3%
Total		1,575	100.0%	1,749	100.0%	731	100.0%	4,055	100.0%	2,434,049	100.0%

Table 8. Respondent and population distributions by gender, location type, and sample type

Gender	Location	ABS		DFRDD		NPP		Total		Population	
Male	Farm or Rural	108	6.9%	182	10.4%	75	10.3%	365	9.0%	248,858	10.2%
	Small Town	77	4.9%	115	6.6%	57	7.8%	249	6.1%	245,777	10.1%
	Large Town	100	6.3%	130	7.4%	67	9.2%	297	7.3%	236,426	9.7%
	Small City	70	4.4%	74	4.2%	41	5.6%	185	4.6%	87,836	3.6%
	Medium City	124	7.9%	147	8.4%	64	8.8%	335	8.3%	297,085	12.2%
	Large City	67	4.3%	77	4.4%	32	4.4%	176	4.3%	79,805	3.3%
Female	Farm or Rural	209	13.3%	254	14.5%	85	11.6%	548	13.5%	240,274	9.9%
	Small Town	163	10.3%	193	11.0%	74	10.1%	430	10.6%	257,198	10.6%
	Large Town	186	11.8%	160	9.1%	77	10.5%	423	10.4%	250,470	10.3%
	Small City	138	8.8%	120	6.9%	52	7.1%	310	7.6%	95,057	3.9%
	Medium City	217	13.8%	176	10.1%	75	10.3%	468	11.5%	310,729	12.8%
	Large City	116	7.4%	121	6.9%	32	4.4%	269	6.6%	84,534	3.5%
Total		1,575	100.0%	1,749	100.0%	731	100.0%	4,055	100.0%	2,434,049	100.0%



Calibration Adjustment for the Panel Respondents:

Respondents from nonprobability samples, particularly those from online panels, are subject to misalignments that are above and beyond basic geodemographic characteristics. Consequently, samples including such respondents require additional realignments that include attitudinal and behavioral calibrations. For this purpose, three calibration-specific questions were asked of all respondents regardless of their corresponding sampling methodology. These three questions were:

- **Social Media Usage:** In a typical day, how many minutes do you spend on social media?
- **Surveys for Reward:** During the past 30 days, how many surveys have you taken for a reward?
- **Early Adoption:** Compared to other people, how early do you usually try newly released apps?

Since the needed benchmarks for the above were not readily available from external sources, weighted data the combined DFRDD and ABS samples were used to generate the needed distributions. The resulting benchmarks, summarized in the following tables, were then used for additional adjustment of respondents from the NPP and DFRDD+ABS+NPP sample components.

Table 9. Respondent and population distributions for social media by sample type

Social Media Usage	NPP		DFRDD+ABS+NPP		Population ⁴	
	Count	Percentage	Count	Percentage	Count	Percentage
0 – 40 Minutes	357	48.8%	2,039	50.3%	1,573.01	47.3%
40+ Minutes	374	51.2%	2,016	49.7%	1,750.99	52.7%
Total	731	100.0%	4,055	100.0%	3,324.00	100.0%

Table 10. Respondent and population distributions for frequency of reward-based surveys by sample type⁵

Surveys for Reward	NPP		DFRDD+ABS+NPP		Population	
	Count	Percentage	Count	Percentage	Count	Percentage
0	64	8.8%	1,898	46.8%	1,793.29	53.9%
1+	667	91.2%	2,157	53.2%	1,530.71	46.1%
Total	731	100.0%	4,055	100.0%	3,324.00	100.0%

Table 9. Respondent and population distributions for early adoption by sample type

Early Adopter	NPP		DFRDD+ABS+NPP		Population	
	Count	Percentage	Count	Percentage	Count	Percentage
Top Two Box	108	14.8%	375	9.2%	296.23	8.9%
Other	623	85.2%	3,680	90.8%	3,027.77	91.1%
Total	731	100.0%	4,055	100.0%	3,324.00	100.0%

⁴Population estimates are generated from the weighted DFRDD+ABS survey data.

⁵Upon further examination this question was not used for calibration, as respondent and population distributions are highly divergent.



Variance Estimation for Weighted Data:

Survey estimates can only be interpreted properly in light of their associated sampling errors. Since weighting often increases variance of estimates, use of standard variance calculation formulae with weighted data can result in misleading statistical inferences. With weighted data, two general approaches for variance estimation can be distinguished. One method is *Taylor Series Linearization* and the second is *Replication*. Our recommended method is linearization, which is readily accessible from several statistical software packages, including SAS and SPSS. Among other advantages, this option does not burden data users with dozens of sets of replicate weights simply for variance estimation.

Approximation Method for Variance Estimation:

Researchers who do not have access to special software for design-proper estimation of standard errors can approximate the resulting variance inflation due to weighting and incorporate that in subsequent calculations of confidence intervals and tests of significance. With W_i representing the final weight of the i^{th} respondent, the inflation due to weighting, which is commonly referred to as *Unequal Weighting Effect (UWE)*, can be approximated by:

$$\delta = 1 + \frac{\sum_{i=1}^n \frac{(w_i - \bar{w})^2}{n-1}}{\bar{w}^2}$$

For calculation of a confidence interval for an estimated percentage, \hat{p} , one can obtain the conventional variance of the given percentage and multiply it by the approximated design effect, δ , and use the resulting quantity as adjusted variance. As such, the adjusted standard deviation for the percentage in question would be given by:

$$S(\hat{p}) \approx \sqrt{\frac{\hat{p}(1-\hat{p})}{n-1} \left(\frac{N-n}{N}\right) \times \delta}$$

Subsequently, the (100- α)% confidence interval for P would be given by:

$$\hat{p} - z_{\alpha/2} \sqrt{\frac{\hat{p}(1-\hat{p})}{n-1} \left(\frac{N-n}{N}\right) \times \delta} \leq P \leq \hat{p} + z_{\alpha/2} \sqrt{\frac{\hat{p}(1-\hat{p})}{n-1} \left(\frac{N-n}{N}\right) \times \delta}$$

APPENDIX E. FREQUENCY TABLES (ALL RESPONDENTS)

Table P.1: A1_IM. During the past 30 days, how would you rate your physical health ? Would you say...

	Unweighted Count	Weighted Count	Weighted Valid %
Excellent,	520	296,294	12.2%
Very good,	1,549	898,363	36.9%
Good,	1,433	894,180	36.7%
Fair, or	443	277,455	11.4%
Poor	110	67,756	2.8%
Total	4,055	2,434,049	100.0%

Table P.2: A2_IM. During the past 30 days, how would you rate your mental health ? Would you say...

	Unweighted Count	Weighted Count	Weighted Valid %
Excellent,	810	461,755	19.0%
Very good,	1,391	815,581	33.5%
Good,	1,139	694,175	28.5%
Fair, or	550	350,733	14.4%
Poor	165	111,804	4.6%
Total	4,055	2,434,049	100.0%

Table P.3: A3. When was the last time, if ever, you saw a doctor, physician's assistant (PA), or nurse practitioner (ARNP) for a check-up, also called a health physical?

	Unweighted Count	Weighted Count	Weighted Valid %
Never	49	38,688	1.6%
More than 24 months ago	405	296,858	12.5%
12-24 months ago, or	473	302,757	12.7%
Within the last 12 months	3,049	1,738,044	73.1%
Total	3,976	2,376,347	100.0%

Table P.4: A4a. How dissatisfied or satisfied with your quality of life?

	Unweighted Count	Weighted Count	Weighted Valid %
Very dissatisfied,	128	83,618	3.4%
Somewhat dissatisfied,	374	221,898	9.1%
Neither satisfied nor dissatisfied,	312	219,987	9.0%
Somewhat satisfied, or	1,407	858,770	35.3%
Very satisfied	1,827	1,047,393	43.1%
Total	4,048	2,431,666	100.0%

Table P.5: A4b. How dissatisfied or satisfied are you with your health?

	Unweighted Count	Weighted Count	Weighted Valid %
Very dissatisfied,	146	91,511	3.8%
Somewhat dissatisfied,	651	364,034	15.1%
Neither satisfied nor dissatisfied,	391	270,275	11.2%
Somewhat satisfied, or	1,803	1,086,451	44.9%
Very satisfied	1,036	604,847	25.0%
Total	4,027	2,417,117	100.0%

Table P.6: A4d. How dissatisfied or satisfied are you with your ability to perform your daily living activities?

	Unweighted Count	Weighted Count	Weighted Valid %
Very dissatisfied,	148	87,649	3.6%
Somewhat dissatisfied,	419	234,740	9.7%
Neither satisfied nor dissatisfied,	336	228,560	9.4%
Somewhat satisfied, or	1,366	826,125	34.0%
Very satisfied	1,776	1,051,176	43.3%
Total	4,045	2,428,250	100.0%

Table P.7: A4e. How dissatisfied or satisfied are you with yourself?

	Unweighted Count	Weighted Count	Weighted Valid %
Very dissatisfied,	144	94,921	3.9%
Somewhat dissatisfied,	387	236,236	9.8%
Neither satisfied nor dissatisfied,	437	274,828	11.3%
Somewhat satisfied, or	1,602	960,358	39.7%
Very satisfied	1,463	855,665	35.3%
Total	4,033	2,422,007	100.0%

Table P.8: A4f. How dissatisfied or satisfied are you with your personal relationships?

	Unweighted Count	Weighted Count	Weighted Valid %
Very dissatisfied,	173	115,751	4.8%
Somewhat dissatisfied,	368	223,746	9.2%
Neither satisfied nor dissatisfied,	397	269,311	11.1%
Somewhat satisfied, or	1,415	821,481	33.9%
Very satisfied	1,683	992,120	41.0%
Total	4,036	2,422,410	100.0%

Table P.9: A4h. How dissatisfied or satisfied are you with the conditions of your living place?

	Unweighted Count	Weighted Count	Weighted Valid %
Very dissatisfied,	141	83,376	3.4%
Somewhat dissatisfied,	280	153,216	6.3%
Neither satisfied nor dissatisfied,	268	184,899	7.6%
Somewhat satisfied, or	1,115	702,773	29.0%
Very satisfied	2,240	1,302,100	53.7%
Total	4,044	2,426,363	100.0%

Table P.10: A4c. I have enough energy for everyday life.

	Unweighted Count	Weighted Count	Weighted Valid %
Strongly disagree	217	134,471	5.5%
Somewhat disagree	593	366,710	15.1%
Neither agree nor disagree	356	257,845	10.6%
Somewhat agree, or	1,625	950,807	39.1%
Strongly agree	1,255	719,829	29.6%
Total	4,046	2,429,662	100.0%

Table P.11: A4g. I have enough money to meet my needs.

	Unweighted Count	Weighted Count	Weighted Valid %
Strongly disagree	322	190,601	7.8%
Somewhat disagree	448	282,718	11.6%
Neither agree nor disagree	354	228,721	9.4%
Somewhat agree, or	1,170	715,920	29.5%
Strongly agree	1,754	1,012,952	41.7%
Total	4,048	2,430,912	100.0%

Table P.12: B1. Have you ever seen or heard of Your Life Iowa?

	Unweighted Count	Weighted Count	Weighted Valid %
Yes	142	97,857	4.0%
No	3,892	2,326,303	96.0%
Total	4,034	2,424,159	100.0%

Table P.13: B1a. Where do you recall last seeing or hearing something about Your Life Iowa?

	Unweighted Count	Weighted Count	Weighted Valid %
Billboards	6	3,146	3.7%
Radio	13	9,989	11.8%
Casinos	0	0	0.0%
Lottery tickets	0	0	0.0%
Youtube	1	664	0.8%
Social Media (Facebook, Twitter, Instagram, etc.)	8	7,303	8.6%
Newspaper	1	108	0.1%
TV	25	18,834	22.2%
Internet/website	12	6,322	7.5%
Other	45	29,234	34.5%
yourlifeiowa.org	0	0	0.0%
Ads unspecified location/place	8	9,111	10.8%
Total	119	84,710	100.0%

Table P.14: B2. Have you ever seen or heard of the gambling helpline 1-800-BETS-OFF?

	Unweighted Count	Weighted Count	Weighted Valid %
Yes	3,423	2,005,986	83.0%
No	606	411,607	17.0%
Total	4,029	2,417,592	100.0%

Table P.15: B2a. Where did you last see or hear about 1-800-BETS-OFF?

	Unweighted Count	Weighted Count	Weighted Valid %
Billboards	389	220,160	12.2%
Radio	692	447,769	24.8%
Casinos	215	141,793	7.9%
Lottery tickets	17	13,253	0.7%
Youtube	3	3,792	0.2%
Social Media (Facebook, Twitter, Instagram, etc.)	16	10,995	0.6%
Newspaper	11	10,192	0.6%
TV	1,160	642,031	35.6%
Internet/website	59	34,761	1.9%
Other	285	145,844	8.1%
1-800-BETS-OFF website	27	18,554	1.0%
Ads unspecified location/place	165	113,993	6.3%
Total	3,039	1,803,136	100.0%

Table P.16: B3. For Iowans who do not have private insurance, Medicare, Medicaid, or other resources, the IDPH provides no-cost substance use and gambling treatment for individuals who seek it. Before participating in this study, were you aware of this?

	Unweighted Count	Weighted Count	Weighted Valid %
Yes	1,495	901,129	37.3%
No	2,520	1,517,045	62.7%
Total	4,015	2,418,174	100.0%

Table P.17: B4. If you or someone you know needs substance use treatment, do you know how to get access to treatment?

	Unweighted Count	Weighted Count	Weighted Valid %
Yes	2,564	1,503,801	62.1%
No	1,465	916,853	37.9%
Total	4,029	2,420,654	100.0%

Table P.18: B5. If you or someone you know needs problem gambling treatment, do you know how to get access to treatment?

	Unweighted Count	Weighted Count	Weighted Valid %
Yes	2,989	1,792,010	73.9%
No	1,046	632,876	26.1%
Total	4,035	2,424,887	100.0%

Table P.19: B6a. Prevention of substance use and gambling includes educational and other programs to reduce the number of people who use illegal or harmful drugs or gamble excessively. In your opinion, would you say that the IDPH is...

	Unweighted Count	Weighted Count	Weighted Valid %
Not investing enough in prevention of substance use disorders	1,971	1,109,625	48.2%
Investing just the right amount in prevention of substance use disorders, or	1,704	1,079,791	46.9%
Investing too much in prevention of substance use disorders	149	114,260	5.0%
Total	3,824	2,303,676	100.0%

Table P.20: B6b. In your opinion, would you say that the Iowa Department of Public Health is...

	Unweighted Count	Weighted Count	Weighted Valid %
Not investing enough in prevention of gambling disorders	1,199	665,871	29.0%
Investing just the right amount in prevention of gambling disorders, or	2,355	1,440,661	62.6%
Investing too much in prevention of gambling disorders	257	193,307	8.4%
Total	3,811	2,299,840	100.0%

Table P.21: B6c. Treatment includes various types of counseling and support to help people reduce their substance use and gambling and start recovery. In your opinion, would you say that the Iowa Department of Public Health is...

	Unweighted Count	Weighted Count	Weighted Valid %
Not investing enough in treatment of substance use disorders	2,148	1,219,203	52.7%
Investing just the right amount in treatment of substance use disorders, or	1,548	991,760	42.9%
Investing too much in treatment of substance use disorders	131	102,962	4.4%
Total	3,827	2,313,925	100.0%

Table P.22: B6d. In your opinion, would you say that the Iowa Department of Public Health is...

	Unweighted Count	Weighted Count	Weighted Valid %
Not investing enough in treatment of gambling disorders	1,274	719,579	31.3%
Investing just the right amount in treatment of gambling disorders, or	2,304	1,412,527	61.4%
Investing too much in treatment of gambling disorders	228	168,601	7.3%
Total	3,806	2,300,707	100.0%

Table P.23: B6e. Harm reduction includes programs that are designed to reduce risks and harms of SU and gambling and connect people to healthcare without requiring people to stop using drugs or gambling entirely. In your opinion, [...] the IDPH is...

	Unweighted Count	Weighted Count	Weighted Valid %
Not investing enough in harm reduction for substance use	1,974	1,129,765	49.3%
Investing just the right amount in harm reduction for substance use, or	1,595	1,007,861	44.0%
Investing too much in harm reduction for substance use	220	154,334	6.7%
Total	3,789	2,291,960	100.0%

Table P.24: B6f. In your opinion, would you say that the Iowa Department of Public Health is...

	Unweighted Count	Weighted Count	Weighted Valid %
Not investing enough in harm reduction for gambling disorders	1,339	745,307	32.6%
Investing just the right amount in harm reduction for gambling disorders, or	2,148	1,335,316	58.4%
Investing too much in harm reduction for gambling disorders	286	204,396	8.9%
Total	3,773	2,285,020	100.0%

Table P.25: C1. One drink of alcohol is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, how many days if any, have you had a drink of alcohol?

	Unweighted Count	Weighted Count	Weighted Valid %
0	1,495	887,163	36.8%
1	344	202,457	8.4%
2	363	214,414	8.9%
3	221	135,591	5.6%
4	173	101,816	4.2%
5	247	142,907	5.9%
6	105	68,521	2.8%
7	53	30,215	1.3%
8	105	77,939	3.2%
9	8	4,175	0.2%
10	177	109,246	4.5%
11	7	4,239	0.2%
12	58	37,991	1.6%
13	4	5,140	0.2%
14	7	4,602	0.2%
15	143	90,778	3.8%
16	7	4,530	0.2%
17	2	2,530	0.1%
18	12	6,577	0.3%
19	1	645	0.0%
20	168	102,650	4.3%
21	3	3,734	0.2%
22	5	3,560	0.1%
23	3	3,463	0.1%
24	13	8,927	0.4%
25	69	32,204	1.3%
26	4	3,737	0.2%
27	6	3,642	0.2%
28	39	15,606	0.6%
29	14	10,071	0.4%
30	168	94,525	3.9%
Total	4,024	2,413,594	100.0%

Table P.26: C1a. During the past 30 days, how many times did you have X [X = 5 for men, X = 4 for women] or more drinks of alcohol on any occasion within a two-hour period ?

	Unweighted Count	Weighted Count	Weighted Valid %
0	1,839	1,018,566	66.8%
1	195	139,744	9.2%
2	142	91,967	6.0%
3	66	47,128	3.1%
4	58	45,632	3.0%
5	51	44,856	2.9%
6	16	14,419	0.9%
7	4	5,027	0.3%
8	12	10,285	0.7%
9	3	628	0.0%
10	44	35,191	2.3%
11	4	3,826	0.3%
12	5	6,415	0.4%
13	3	3,114	0.2%
14	3	2,301	0.2%
15	25	16,568	1.1%
16	3	2,153	0.1%
17	1	492	0.0%
18	2	2,679	0.2%
19	1	486	0.0%
20	15	11,504	0.8%
25	8	5,424	0.4%
28	3	1,420	0.1%
30	19	14,052	0.9%
Total	2,522	1,523,876	100.0%

Table P.27: C1b. During the past 30 days, what is the largest number of drinks of alcohol you had on any occasion within a two-hour period?

	Unweighted Count	Weighted Count	Weighted Valid %
0	75	53,058	3.5%
1	682	345,002	22.7%
2	847	477,836	31.4%
3	353	226,098	14.9%
4	201	130,369	8.6%
5	135	93,647	6.2%
6	112	87,144	5.7%
7	23	21,548	1.4%
8	32	21,534	1.4%
9	3	1,788	0.1%
10	21	18,872	1.2%
11	2	2,839	0.2%
12	16	19,766	1.3%
13	2	1,188	0.1%
14	1	387	0.0%
15	6	9,649	0.6%
16	1	1,935	0.1%
20	4	6,324	0.4%
24	2	2,337	0.2%
25	1	108	0.0%
30	3	861	0.1%
Total	2,522	1,522,290	100.0%

Table P.28: C2. During the past 30 days, how many days, if any, did you Use marijuana

	Unweighted Count	Weighted Count	Weighted Valid %
0	3,599	2,122,184	88.7%
1	52	43,101	1.8%
2	35	27,104	1.1%
3	27	17,437	0.7%
4	10	7,617	0.3%
5	19	8,768	0.4%
6	8	6,316	0.3%
7	7	7,027	0.3%
8	3	3,846	0.2%
9	6	2,950	0.1%
10	20	11,838	0.5%
12	4	4,486	0.2%
13	1	2,145	0.1%
14	3	1,187	0.0%
15	25	20,251	0.8%
16	3	1,096	0.0%
17	2	762	0.0%
18	1	1,270	0.1%
20	20	10,988	0.5%
22	2	1,935	0.1%
23	1	995	0.0%
24	2	1,608	0.1%
25	8	4,226	0.2%
26	1	203	0.0%
27	1	554	0.0%
28	7	4,275	0.2%
29	2	3,477	0.1%
30	107	75,063	3.1%
Total	3,976	2,392,709	100.0%

Table P.29: C3. During the past 30 days, how many days, if any, did you Use methamphetamine or meth

	Unweighted Count	Weighted Count	Weighted Valid %
0	3,904	2,329,347	97.2%
1	4	6,444	0.3%
2	12	14,589	0.6%
3	2	820	0.0%
4	3	1,967	0.1%
5	1	108	0.0%
6	1	1,507	0.1%
7	4	2,942	0.1%
8	2	2,304	0.1%
9	1	1,193	0.0%
10	3	1,365	0.1%
11	1	678	0.0%
12	1	1,270	0.1%
14	3	2,164	0.1%
15	7	1,674	0.1%
17	1	2,145	0.1%
20	7	3,522	0.1%
25	4	862	0.0%
28	1	1,511	0.1%
30	23	20,590	0.9%
Total	3,985	2,397,004	100.0%

Table P.30: C4. During the past 30 days, how many days, if any, did you Use opioids, like heroin or oxycodone

	Unweighted Count	Weighted Count	Weighted Valid %
0	3,894	2,329,977	97.3%
1	14	15,541	0.6%
2	19	22,294	0.9%
3	4	3,125	0.1%
4	1	129	0.0%
5	4	3,413	0.1%
6	1	189	0.0%
7	1	329	0.0%
10	4	2,102	0.1%
11	1	1,193	0.0%
13	1	258	0.0%
14	1	108	0.0%
15	4	3,471	0.1%
19	1	723	0.0%
20	1	767	0.0%
24	1	258	0.0%
25	1	203	0.0%
26	1	203	0.0%
28	1	231	0.0%
30	24	10,004	0.4%
Total	3,979	2,394,516	100.0%

Table P.31: C5. During the past 30 days, how many days, if any, did you Use any other illegal substance

	Unweighted Count	Weighted Count	Weighted Valid %
0	3,730	2,210,701	99.3%
1	6	3,237	0.1%
4	2	1,712	0.1%
5	3	2,320	0.1%
7	1	2,161	0.1%
9	1	479	0.0%
10	2	573	0.0%
12	2	1,509	0.1%
30	2	2,758	0.1%
Total	3,749	2,225,450	100.0%

Table P.32: C6. During the past 30 days, how many days, if any, did you use any prescription drug, whether prescribed to you or not, in ways other than directed?

	Unweighted Count	Weighted Count	Weighted Valid %
0	3,767	2,243,861	93.5%
1	35	28,560	1.2%
2	14	11,876	0.5%
3	12	11,968	0.5%
4	8	5,343	0.2%
5	6	2,833	0.1%
6	2	314	0.0%
7	5	3,952	0.2%
8	1	108	0.0%
9	1	809	0.0%
10	6	5,117	0.2%
14	2	4,322	0.2%
15	2	1,888	0.1%
16	1	486	0.0%
17	1	1,511	0.1%
19	1	554	0.0%
20	2	972	0.0%
23	1	130	0.0%
26	1	505	0.0%
28	1	1,185	0.0%
30	119	72,721	3.0%
Total	3,988	2,399,014	100.0%

Table P.33: C7. During the past 30 days, how many days, if any, did you use any over the counter medication in ways other than directed?

	Unweighted Count	Weighted Count	Weighted Valid %
0	3,865	2,315,040	96.5%
1	26	21,925	0.9%
2	14	8,648	0.4%
3	9	5,332	0.2%
4	6	6,259	0.3%
5	12	6,627	0.3%
6	1	533	0.0%
7	7	8,851	0.4%
9	2	587	0.0%
10	11	6,111	0.3%
12	2	661	0.0%
14	1	176	0.0%
15	7	3,559	0.1%
20	3	3,246	0.1%
30	22	11,222	0.5%
Total	3,988	2,398,777	100.0%

Table P.34: C8. During the past 30 days, how many days, if any, did you inject a non-prescribed substance into your body?

	Unweighted Count	Weighted Count	Weighted Valid %
0	589	385,380	87.7%
1	5	2,030	0.5%
2	7	8,394	1.9%
3	2	4,322	1.0%
4	2	1,188	0.3%
5	5	7,938	1.8%
6	4	4,211	1.0%
10	4	5,965	1.4%
11	1	1,270	0.3%
12	5	8,820	2.0%
14	2	3,652	0.8%
15	4	2,142	0.5%
19	1	723	0.2%
25	2	312	0.1%
30	3	3,010	0.7%
Total	636	439,356	100.0%

Table P.35: C9. During the past 30 days, how many days, if any, did you operate a motorized vehicle, such as a car/truck, farm equipment, boat, or an ATV while impaired?

	Unweighted Count	Weighted Count	Weighted Valid %
0	2,245	1,325,150	87.9%
1	56	35,216	2.3%
2	32	19,589	1.3%
3	18	17,189	1.1%
4	15	11,321	0.8%
5	19	18,846	1.3%
6	7	8,151	0.5%
7	3	1,844	0.1%
8	7	6,794	0.5%
9	1	724	0.0%
10	10	10,717	0.7%
11	2	1,909	0.1%
12	3	4,483	0.3%
15	4	4,549	0.3%
16	3	4,119	0.3%
17	1	1,270	0.1%
20	3	2,835	0.2%
23	1	486	0.0%
25	7	3,000	0.2%
26	1	505	0.0%
28	2	1,553	0.1%
29	2	2,731	0.2%
30	26	24,183	1.6%
Total	2,468	1,507,161	100.0%

Table P.36: C10. During the past 30 days, how many days, if any, have you gone to casinos and played slots, or bet or wagered on table games such as blackjack, poker, or roulette?

	Unweighted Count	Weighted Count	Weighted Valid %
0	3,638	2,141,352	89.2%
1	166	102,769	4.3%
2	72	54,718	2.3%
3	30	23,439	1.0%
4	30	27,255	1.1%
5	18	17,079	0.7%
6	3	1,537	0.1%
7	5	3,393	0.1%
8	4	2,670	0.1%
9	4	3,777	0.2%
10	6	3,076	0.1%
11	1	721	0.0%
12	1	1,193	0.0%
14	1	108	0.0%
15	4	3,751	0.2%
16	1	1,270	0.1%
17	1	387	0.0%
18	1	678	0.0%
20	6	3,017	0.1%
26	1	1,307	0.1%
30	7	7,841	0.3%
Total	4,000	2,401,340	100.0%

Table P.37: C11. During the past 30 days, how many days, if any, have you purchased Lottery games such as Powerball, Mega Millions, Scratch tickets, Hot Lotto, etc.?

	Unweighted Count	Weighted Count	Weighted Valid %
0	3,025	1,799,200	74.8%
1	362	208,484	8.7%
2	200	110,915	4.6%
3	88	51,367	2.1%
4	91	61,920	2.6%
5	64	49,568	2.1%
6	21	13,977	0.6%
7	11	8,760	0.4%
8	26	15,353	0.6%
9	2	734	0.0%
10	42	30,428	1.3%
11	2	455	0.0%
12	10	4,822	0.2%
13	1	387	0.0%
14	2	2,699	0.1%
15	16	15,750	0.7%
16	2	1,377	0.1%
18	2	2,457	0.1%
20	10	6,242	0.3%
24	1	203	0.0%
25	6	4,601	0.2%
30	23	14,235	0.6%
Total	4,007	2,403,934	100.0%

Table P.38: C12. During the past 30 days, how many days, if any, have you participated in sports wagering through Iowa casinos' mobile apps, telephone lines, or in their sports books?

	Unweighted Count	Weighted Count	Weighted Valid %
Skipped-NPS	0	0	0.0%
0	3,812	2,248,868	93.7%
1	28	22,258	0.9%
2	33	25,382	1.1%
3	11	6,528	0.3%
4	16	15,929	0.7%
5	13	11,032	0.5%
6	8	9,599	0.4%
7	11	8,252	0.3%
8	1	450	0.0%
9	2	1,542	0.1%
10	23	21,471	0.9%
12	2	3,307	0.1%
14	2	1,067	0.0%
15	9	8,702	0.4%
16	1	1,307	0.1%
20	6	3,108	0.1%
25	7	4,118	0.2%
27	1	716	0.0%
30	7	5,547	0.2%
Total	3,993	2,399,183	100.0%

Table P.39: C13. During the past 30 days, how many days, if any, have you bet or wagered money in Fantasy Sports contests through internet sites such as DraftKings or FanDuel?

	Unweighted Count	Weighted Count	Weighted Valid %
0	3,805	2,251,287	94.9%
1	29	18,094	0.8%
2	24	18,724	0.8%
3	11	5,050	0.2%
4	9	12,183	0.5%
5	11	10,487	0.4%
6	6	7,904	0.3%
7	3	1,789	0.1%
8	2	1,384	0.1%
9	1	792	0.0%
10	14	15,563	0.7%
11	2	2,548	0.1%
12	6	8,196	0.3%
13	1	744	0.0%
14	2	3,015	0.1%
15	6	5,088	0.2%
16	2	3,452	0.1%
18	1	1,270	0.1%
20	1	1,479	0.1%
30	6	3,205	0.1%
Total	3,942	2,372,253	100.0%

Table P.40: D1. Compared to the year before the pandemic, thinking about your alcohol consumption throughout the past 18 months, would you say that your alcohol use increased, remained the same, decreased, or you didn't drink alcohol at all.

	Unweighted Count	Weighted Count	Weighted Valid %
Increased	549	334,208	19.1%
Remained the same or Decreased, or	1,692	1,008,068	57.5%
Total	2,896	1,754,095	100.0%

Table P.41: D2. Compared to the year before the pandemic, thinking about your use of drugs other than alcohol throughout the past 18 months, would you say that your drug use increased, remained the same, decreased, or you didn't use drugs at all.

	Unweighted Count	Weighted Count	Weighted Valid %
Increased	150	109,529	21.4%
Remained the same or Decreased, or	518	318,502	62.3%
Total	779	511,046	100.0%

Table P.42: D3. Compared to the year before the pandemic, thinking about your gambling throughout the past 18 months, would you say that your gambling increased, remained the same, decreased, or you didn't gamble at all.

	Unweighted Count	Weighted Count	Weighted Valid %
Increased	113	95,793	11.7%
Remained the same or Decreased, or	804	517,031	63.2%
Total	1,253	818,188	100.0%

Table P.43: E1. During the past 30 days, did you ever feel so sad or hopeless that you stopped doing some of your usual activities?

	Unweighted Count	Weighted Count	Weighted Valid %
Yes	869	552,706	22.9%
No	3,164	1,865,289	77.1%
Total	4,033	2,417,995	100.0%

Table P.44: E2. During the past 30 days, have you engaged in any form of non-suicidal self-injury or self-harm, such as cutting?

	Unweighted Count	Weighted Count	Weighted Valid %
Yes	52	47,938	2.0%
No	3,975	2,365,747	98.0%
Total	4,027	2,413,684	100.0%

Table P.45: E3. During the past 30 days, have you thought about killing yourself?

	Unweighted Count	Weighted Count	Weighted Valid %
Yes	254	169,430	7.0%
No	3,772	2,244,284	93.0%
Total	4,026	2,413,715	100.0%

Table P.46: E4. During the past 30 days, have you made a plan about how you would kill yourself?

	Unweighted Count	Weighted Count	Weighted Valid %
Yes	53	36,989	22.2%
No	197	129,365	77.8%
Total	250	166,355	100.0%

Table P.47: E5. Have you attempted to kill yourself during the past 30 days?

	Unweighted Count	Weighted Count	Weighted Valid %
Yes	20	25,858	15.5%
No	233	141,411	84.5%
Total	253	167,269	100.0%

Table P.48: F1_IM. IMPUTED_In a typical day, approximately how many minutes do you spend on social media (e.g. Facebook, Twitter, Instagram, TikTok)? Your best guess is fine.

	Unweighted Count	Weighted Count	Weighted Valid %
0 – 40 Minutes	2,039	1,161,717	47.7%
40+ minutes	2,016	1,272,332	52.3%
Skipped-NPS	0	0	0.0%
Skipped-Qualtrics	0	0	0.0%
Total	4,055	2,434,049	100.0%

Table P.49: F2_IM. IMPUTED_During the past 30 days, approximately how many surveys (including this one) have you taken for a reward, incentive, or other form of compensation? Your best guess is fine.

	Unweighted Count	Weighted Count	Weighted Valid %
0	1,898	1,114,801	45.8%
1+ surveys	2,157	1,319,248	54.2%
Skipped-NPS	0	0	0.0%
Skipped-Qualtrics	0	0	0.0%
Total	4,055	2,434,049	100.0%

Table P.50: F3_IM. IMPUTED_Compared to other people you know (friends, family, co-workers), how early or late would you say you usually download and try/use newly released electronic or smartphone apps (or applications)?

	Unweighted Count	Weighted Count	Weighted Valid %
Top two box: Much or somewhat earlier adopter	375	216,911	8.9%
Other: 3-5 later adopter	3,680	2,217,138	91.1%
Skipped-NPS	0	0	0.0%
Skipped-Qualtrics	0	0	0.0%
Total	4,055	2,434,049	100.0%

Table P.51: Age_IM. IMPUTED_Age group

	Unweighted Count	Weighted Count	Weighted Valid %
18-24 years	215	253,421	10.4%
25-34 years	519	386,235	15.9%
35-44 years	675	400,247	16.4%
45-54 years	594	369,913	15.2%
55-64 years	764	437,042	18.0%
65-74 years	829	333,276	13.7%
75+ years	459	253,916	10.4%
Total	4,055	2,434,049	100.0%

Table P.52: F5_IM. IMPUTED_Are you Hispanic, Latino/a, or of Spanish origin?

	Unweighted Count	Weighted Count	Weighted Valid %
Hispanic-Latino	116	110,731	4.5%
Unchecked	3,939	2,323,318	95.5%
Total	4,055	2,434,049	100.0%

Table P.53: Race_IM. IMPUTED_Race

	Unweighted Count	Weighted Count	Weighted Valid %
White	3,861	2,255,250	92.7%
Black	92	84,480	3.5%
Asian	40	43,229	1.8%
Other race	62	51,090	2.1%
Total	4,055	2,434,049	100.0%

Table P.54: C_sex_IM. IMPUTED_What sex were you assigned on your birth certificate

	Unweighted Count	Weighted Count	Weighted Valid %
Male	1,607	1,147,894	47.2%
Female	2,448	1,286,155	52.8%
Total	4,055	2,434,049	100.0%

Table P.55: Gender_ID. How would you describe your current gender identity?

	Unweighted Count	Weighted Count	Weighted Valid %
Man	1,578	1,126,822	46.9%
Women	2,401	1,255,891	52.3%
Non-binary/non-conforming	7	3,023	0.1%
Genderqueer	3	1,635	0.1%
Transgender man (female-to-male)	3	2,626	0.1%
Transgender woman (male-to-female)	4	1,839	0.1%
Another gender identity	0	0	0.0%
Two or more gender identity	13	10,778	0.4%
Total	4,009	2,402,615	100.0%

Table P.56: F8. Which of the following best represents how you think of your sexual orientation?

	Unweighted Count	Weighted Count	Weighted Valid %
Lesbian or Gay	71	43,147	1.8%
Straight, that is, not gay	3,754	2,214,979	93.0%
Bisexual/Pansexual, or	145	113,468	4.8%
Something else [SPECIFY]	17	10,453	0.4%
Total	3,987	2,382,047	100.0%

Table P.57: F9_IM. IMPUTED_Marital Which of the following best describes you?

	Unweighted Count	Weighted Count	Weighted Valid %
Married,	2,392	1,347,201	55.3%
Not married	851	465,620	19.1%
Never married	812	621,228	25.5%
Total	4,055	2,434,049	100.0%

Table P.58: F10_IM. IMPUTED_How many children under 18 years of age live in your household at least half the time?

	Unweighted Count	Weighted Count	Weighted Valid %
0	2,865	1,651,897	67.9%
1	463	313,662	12.9%
2	466	293,416	12.1%
3	173	111,715	4.6%
4	65	49,651	2.0%
5	12	5,796	0.2%
6	10	7,187	0.3%
12	1	725	0.0%
Total	4,055	2,434,049	100.0%

Table P.59: F10. How many children under 18 years of age live in your household at least half the time?

	Unweighted Count	Weighted Count	Weighted Valid %
0	2,830	1,631,841	67.8%
1	461	311,618	12.9%
2	463	291,106	12.1%
3	172	110,917	4.6%
4	63	47,689	2.0%
5	12	5,796	0.2%
6	10	7,187	0.3%
12 or more	1	725	0.0%
PREFER NOT TO ANSWER	0	0	0.0%
Skipped-NPS	0	0	0.0%
Total	4,012	2,406,879	100.0%

Table P.60: F11_IM. IMPUTED_ What is the highest level of school you completed or the highest degree you received?

	Unweighted Count	Weighted Count	Weighted Valid %
Less than high school graduate	128	157,425	6.5%
Grade 12 or GED (high school graduate)	612	669,600	27.5%
Some education beyond high school, no degree	935	596,177	24.5%
Trade certification or vocational training	0	0	0.0%
Associate's or 2-year degree	501	296,097	12.2%
College graduate with a 4 years degree (e.g. B.A, B.S.)	1,198	490,653	20.2%
Graduate or professional school (e.g. M.A., Ph.D., M.D., J.D.)	681	224,098	9.2%
Total	4,055	2,434,049	100.0%

Table P.61: F12. Are you currently... (Employment)

	Unweighted Count	Weighted Count	Weighted Valid %
Employed for wages,	1,969	1,268,314	52.7%
Self-employed,	332	209,964	8.7%
Out of work for more than 1 year,	66	42,759	1.8%
Out of work for less than 1 year,	46	29,925	1.2%
A homemaker,	122	82,251	3.4%
A student,	94	85,784	3.6%
Retired, or	1,208	571,276	23.7%
Unable to work?	178	117,965	4.9%
PREFER NOT TO ANSWER	0	0	0.0%
Skipped-NPS	0	0	0.0%
Total	4,015	2,408,237	100.0%

Table P.62: F13_IM. IMPUTED_For current or calendar year 2021, where do you expect your annual gross household income before taxes, from all sources to be...

	Unweighted Count	Weighted Count	Weighted Valid %
Less than \$10,000,	215	176,256	7.2%
\$10,000 to less than \$15,000,	177	76,006	3.1%
\$15,000 to less than \$20,000,	173	73,463	3.0%
\$20,000 to less than \$25,000,	204	79,584	3.3%
\$25,000 to less than \$35,000,	342	163,818	6.7%
\$35,000 to less than \$50,000,	536	308,218	12.7%
\$50,000 to less than \$75,000,	742	454,258	18.7%
\$75,000 to less than \$100,000,	578	384,878	15.8%
\$100,000 to less than \$150,000, or	637	426,740	17.5%
\$150,000 or more	451	290,829	11.9%
Total	4,055	2,434,049	100.0%

Table P.63: F14. Are you covered by any kind of health insurance or some other kind of health care plan?

	Unweighted Count	Weighted Count	Weighted Valid %
Yes	3,837	2,261,925	94.7%
No	157	127,488	5.3%
Total	3,994	2,389,413	100.0%

Table P.64: F14a. Does your health insurance or health care plan cover treatment for substance use?

	Unweighted Count	Weighted Count	Weighted Valid %
Yes	1,307	782,369	35.0%
No	110	71,640	3.2%
DON'T KNOW	2,372	1,382,873	61.8%
Total	3,789	2,236,883	100.0%

Table P.65: F14b. Does your health insurance or health care plan cover treatment for gambling problems?

	Unweighted Count	Weighted Count	Weighted Valid %
Yes	324	210,925	9.4%
No	267	169,674	7.6%
DON'T KNOW	3,211	1,865,013	83.1%
Total	3,802	2,245,613	100.0%

Table P.66: F15_IM. IMPUTED_Which of the following best describes where you live?

	Unweighted Count	Weighted Count	Weighted Valid %
1-3: On a farm, rural setting (not on a farm),rural subdivision outside of city limits	913	495,325	20.3%
In a small town of less than 5,000 people,	679	489,166	20.1%
In a larger town of 5,000 to less than 25,000 people,	720	484,515	19.9%
In a city of 25,000 to less than 50,000 people,	495	188,047	7.7%
In a city of 50,000 to less than 150,000 people, or	803	600,980	24.7%
In a larger city of 150,000 or more people?	445	176,016	7.2%
Total	4,055	2,434,049	100.0%