



DATA BRIEF | AUGUST 2023

Utah Residents Bear Health Care Affordability Burdens Unequally; Distrust of/Disrespect by Health Care Providers Leads Some to Delay/Go Without Needed Care

KEY FINDINGS

A survey of more than 1,300 Utah adults, conducted from May 18 to June 3, 2023, found that:

- Nearly seven out of ten (**69%**) Utah respondents have experienced one or more health care affordability burdens in the past 12 months. Four in five (**86%**) worry about affording some aspect of health care now or in the future.
- Respondents of color experienced greater affordability burdens than their white, non-Hispanic counterparts: **73%** of respondents of color have experienced one or more health care affordability burdens in the past 12 months, including **79%** of Hispanic/Latino respondents, compared to **68%** of white, non-Hispanic respondents.
- Respondents living in households with a person with a disability more frequently reported affordability burdens than respondents without a disabled household member, including: rationing medication due to cost (**49%** versus **28%**); delaying or going without care due to cost (**77%** versus **56%**); and going into medical debt, depleting savings or sacrificing basic needs due to medical bills (**60%** versus **37%**).
- Twenty-nine percent of respondents of color skipped needed medical care due to distrust of or feeling disrespected by health care providers, compared to **20%** of white, non-Hispanic respondents.
- Fifty-seven percent of all respondents think that people are treated unfairly based on their race or ethnic background somewhat or very often in the U.S. health care system.

DIFFERENCES IN AFFORDABILITY BURDENS & CONCERNS

RACE

The intersection of racial disparities in health care and affordability issues impact access to care and may contribute to financial burdens for communities of color, particularly Black and Hispanic/Latino communities.^{1,2} In Utah, respondents of color reported higher rates of some affordability burdens than white respondents, including incurring medical debt, depleting savings, or sacrificing basic needs (like food, heat and housing) due to medical bills (see Table 1).

Table 1

Percent Who Experienced Health Care Affordability Burdens, by Racial and Ethnicity Group

	White, alone non-Hispanic	Respondents of Color	Hispanic/Latino, all races
Any Health Care Affordability Burden	68%	73%	79%
Any Health Care Affordability Worry	85%	90%	91%
Rationed Medication Due to Cost	33%	39%	43%
Delayed/Went Without Care Due to Cost	62%	66%	70%
Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills	42%	54%	60%

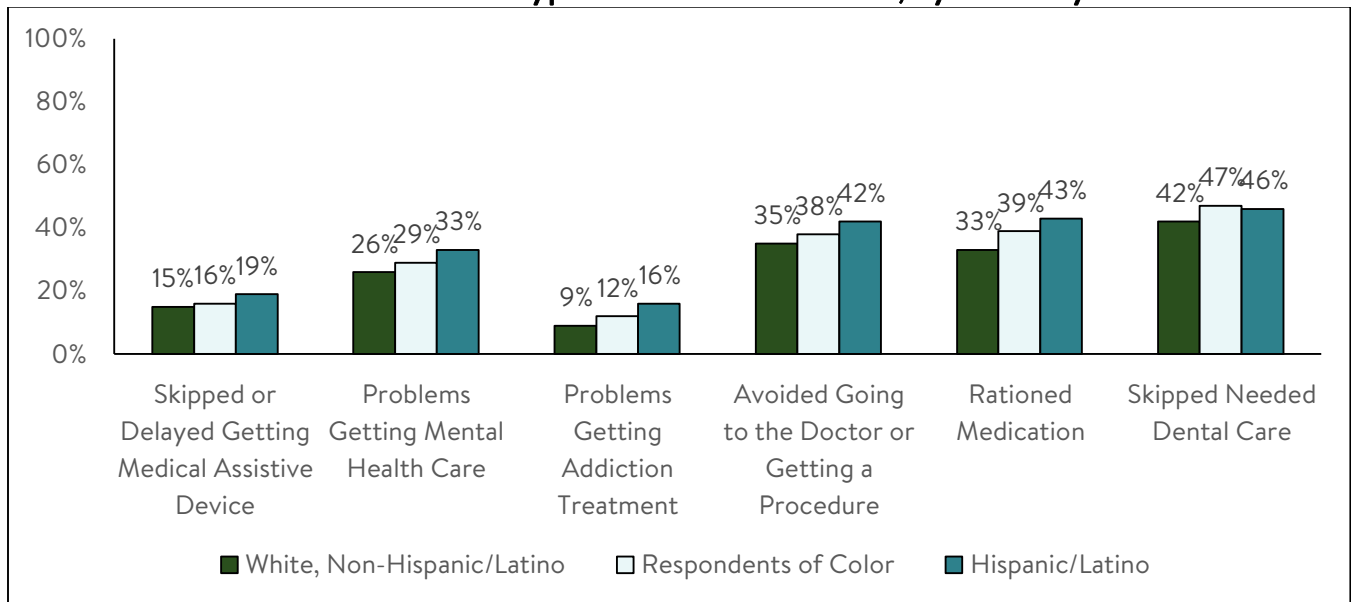
Source: 2023 Poll of Utah Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

* The Respondents of Color variable includes respondents who identify as Native American, Alaskan Native, Asian, Black/African American, Native Hawaiian or other Pacific Islander, Hispanic or Latino. We regret that we were not able to provide reliable estimates for each individual group to better represent the diverse communities of Utah but are unable to report specific figures for these populations due to insufficient sample sizes to produce a reliable result.

In addition to incurring medical debt, respondents of color slightly more frequently reported difficulty getting select types of care compared to white, non-Hispanic respondents. For example, Hispanic/Latino respondents also most frequently reported challenges accessing mental health care and addiction treatment, as well as avoiding going to the doctor or getting a procedure done to cost (see Figure 1).³

Figure 1

Percent Who Went Without Select Types of Care Due to Cost, by Ethnicity and Race



Source: 2023 Poll of Utah Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

Income

The survey also revealed differences in how Utah respondents experience health care affordability burdens by income. Unsurprisingly, respondents at the lowest end of the income spectrum most frequently reported affordability burdens, with over three-fourths (79%) of those with household incomes of less than \$50,000 per year struggling to afford health care in the past 12 months (see Table 2). Still, over half of respondents living in middle- and high-income households also reported struggling to afford some aspect of coverage or care, demonstrating that affordability burdens impact people all income groups. Likewise, at least 81% of respondents in each income group reported being worried about affording health care either now or in the future.

Additionally, greater than two fifths (42%) of respondents with household incomes of \$50,000 or less reported not filling a prescription, skipping doses of medicines, or cutting pills in half due to cost. Lower- and middle-income respondents also most frequently reported financial consequences after receiving health care services—54% of respondents who earned between \$50,000 and \$75,000 a year either went into medical debt, depleted their savings, or sacrificed other basic needs (like food, heat or housing) due to medical bills, compared to 36% of those earning over \$100,000.

Table 2
Percent Who Experienced Health Care Affordability Burdens, by Income Group

	Less than \$50k	\$50k-\$75k	\$75,001-\$99,999	More than \$100k
Any Health Care Affordability Burden	79%	76%	70%	58%
Any Health Care Affordability Worry	91%	91%	86%	81%
Rationed Medication Due to Cost	42%	36%	36%	28%
Delayed/Went Without Care Due to Cost	74%	69%	63%	50%
Incurred Medical Debt, Depleted Savings, and/or Sacrificed Basic Needs due to Medical Bills	50%	54%	46%	36%

Source: 2023 Poll of Utah Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

Disability Status

People with disabilities interact with the health care system more often than those without disabilities and, as a result, tend to face more out-of-pocket costs.⁴ Additionally, people who receive disability benefits face unique coverage challenges that impact their ability to afford needed care, such as the possibility of losing coverage if their household income or assets increase over a certain amount (for example, after getting married).⁵ Utah respondents who have or live with a person who has a disability more frequently reported a diverse array of affordability burdens compared to others (see Table 3). These respondents also more frequently reported worrying about future health care affordability in general (92% versus 84%) and losing health insurance specifically (46% versus 29%).

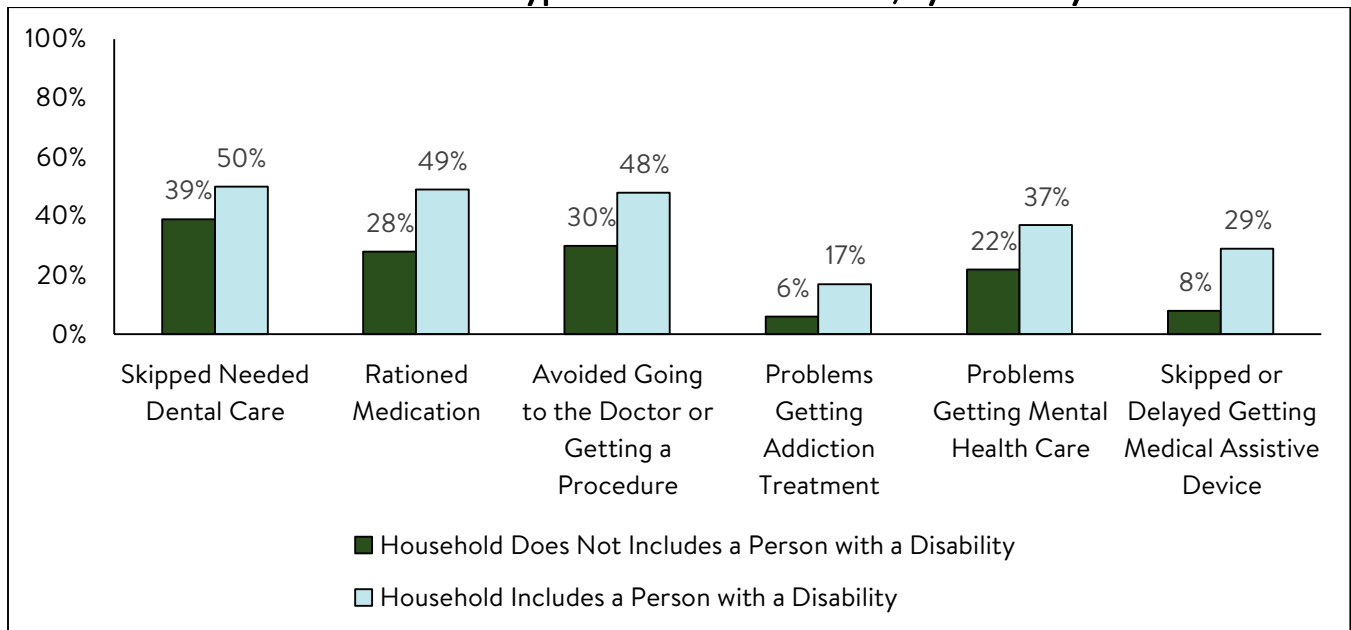
Table 3
Percent Who Experienced Health Care Affordability Burdens, by Disability Status

	Household Includes a Person with a Disability	Household Does Not Include a Person with a Disability
Any Health Care Affordability Burden	82%	63%
Any Health Care Affordability Worry	92%	84%
Rationed Medication Due to Cost	49%	28%
Delayed/Went Without Care Due to Cost	77%	56%
Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills	60%	37%

Source: 2023 Poll of Utah Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Those with disabilities also face health care affordability burdens unique to their disabilities—29% of respondents reporting a disability in their household delayed getting a medical assistive device such as a wheelchair, cane/walker, hearing aid or prosthetic limb due to cost. Just 8% of respondents without a disability (who may have needed such tools temporarily or may not identify as having a disability) reported this experience (see Figure 2). Similarly, 37% of respondents reporting a disability in their household reported problems getting mental health care compared to 22% of households without a person with a disability.

Figure 2
Percent who Went Without Select Types of Care Due to Cost, by Disability Status



Source: 2023 Poll of Utah Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Gender

The survey also surfaced differences in health care affordability burdens and worry by gender. Women who responded to the survey reported higher rates of experiencing at least one affordability burden in the past year than those identifying as men (72% versus 65%) (see Table 4). Women also more frequently reported delaying or going without care due to cost in general and reported higher rates of rationing their medications by not filling a prescription, skipping doses, or cutting pills in half. While many respondents regardless of gender reported being somewhat or very concerned about health care costs, a higher percentage of women reported worrying about affording some aspect of coverage or care than men (88% versus 84%).

Table 4
Percent Who Experienced Health Care Affordability Burdens, by Gender Identity

	Men	Women
Any Health Care Affordability Burden	65%	72%
Any Health Care Affordability Worry	84%	88%
Rationed Medication Due to Cost	35%	34%
Delayed/Went Without Care Due to Cost	57%	68%
Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills	45%	44%

Source: 2023 Poll of Utah Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

Note: Due to small sample sizes, we could not produce reliable statistics exclusively for individuals who identify as transgender or genderqueer/nonbinary. We regret that we were unable to supply additional information on healthcare affordability issues in these communities.

Due to the small sample size, this survey could not produce reliable estimates exclusively for transgender, genderqueer, or nonbinary respondents. However, it is important to note that these groups experience unique health care affordability burdens— 29 (<1% of) survey respondents reported that they or a family member had trouble affording the cost of gender-affirming care, such as hormone therapy or reconstructive surgery.

DISTRUST AND MISTRUST IN THE HEALTH SYSTEM

Whether a patient trusts and/or feels respected by their health care provider may impact whether they seek needed care. In Utah, just over 1 in 3 (29% of) respondents reported that their provider never, rarely, or only sometimes treats them with respect. When asked why they felt health care providers did not treat them with respect, over two fifths of these respondents cited their income or financial status (48%), followed by disability (25%), gender/gender identity (22%), ethnic background (18%), and race (16%). In lesser numbers, respondents cited experience with violence or abuse (12%) and sexual orientation (11%) as reasons for the disrespect.

Respondents of color and those with a person with a disability in their household more frequently reported distrust in and feeling disrespected by their health care providers compared to white respondents those without a disabled household member (see Table 5). They also more frequently went without medical care due to that distrust and/or disrespect.

Overall, **29%** of respondents of color reported going without needed medical care due to distrust of or feeling disrespected by health care providers, including **32%** of Hispanic/Latino respondents, compared to only **20%** of white, non-Hispanic respondents. Additionally, **39%** of respondents who have or are living with a person with a disability went without care due to distrust or disrespect, compared to **14%** of those without a household member with a disability.

Table 5
Percent who Distrusted/Felt Disrespected by a Health Care Provider in the Last Year, by Race and Disability Status

	Distrusted or Felt Disrespected by a Health Care Provider	Went without Needed Care Due to Distrust of/Disrespect by a Health Care Provider
All Respondents	43%	22%
Race/Ethnicity		
Respondents of Color*	56%	29%
Hispanic/Latino, Any Race	59%	32%
White, Non-Hispanic/Latino	39%	20%
Disability Status		
Household Includes a Person with at Least One Disability	57%	39%
Household Does Not Include a Person with at Least One Disability	36%	14%
Insurance Type		
Health Insurance Through My Employer or a Family Member's Employer	39%	19%
Health Insurance That I Buy on My Own (Not Through My Employer)	51%	32%
Medicare, coverage for seniors and those with serious disabilities	27%	10%
Healthy U Medicaid, coverage for low-income people	61%	38%
Income		
Less than \$50k	51%	25%
\$50k - \$75k	45%	19%
\$75,001 - \$99,999	40%	21%
More than \$100k	36%	22%

Source: 2023 Poll of Utah Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

* The Respondents of Color variable includes respondents who identify as American Indian or Native Alaskan, Asian, Black/African American, Native Hawaiian or Other Pacific Islander, and Hispanic or Latino. We regret that sample sizes were not large enough to report data for the independent categories of Black/African American, Native American or Alaskan Native, Asian, and Native Hawaiian or Other Pacific Islander.

Respondents covered through Healthy U Medicaid reported the highest rates of distrusting or feeling disrespected by a health care provider compared to other insurance types. In addition, respondents earning less than \$50,000 most frequently reported distrust/disrespect and going without care due to distrust/disrespect, although middle- and high-income earners also reported this issue.

INDIVIDUAL & SYSTEMIC RACISM

Respondents perceived that both individual *and systemic* racism exist in the U.S. health care system. Fifty-seven percent of respondents believe that people are treated unfairly based on their race or ethnic background, either somewhat or very often. When asked what they think causes healthcare systems to treat people unfairly based on their race or ethnic background:

- 1 in 5 (**18%**) cited policies and practices built into the health care system;
- 1 in 6 (**15%**) cited the actions and beliefs of individual health care providers; and
- Over 2 out of 5 (**44%**) believe it is an equal mixture of both.

DISATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

Given this information, it is not surprising that **73%** of Utah respondents agree or strongly agree that the U.S. health care system needs to change. Understanding how the health care system disproportionately harms some groups of people over others is key to creating a fairer and higher value system for all. Making health care affordable for all residents is an area ripe for policymaker intervention, with widespread support for government-led solutions across party lines. For more information on the types of strategies Utah residents want their policymakers to pursue, see: *Utah Residents Struggle to Afford High Healthcare Costs; Worry about Affording Healthcare in the Future; Support Government Action across Party Lines*, Healthcare Value Hub, Data Brief No. 155 (August 2023).

Notes

1. Fadeyi-Jones, Tomi, et al., *High Prescription Drug Prices Perpetuate Systemic Racism. We Can Change It*, Patients for Affordable Drugs Now (December 2020), <https://patientsforaffordabledrugsnow.org/2020/12/14/drug-pricing-systemic-racism/>
2. Kaplan, Alan and O'Neill, Daniel, "Hospital Price Discrimination Is Deepening Racial Health Inequity," *New England Journal of Medicine—Catalyst* (December 2020), <https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0593>
3. A small share of respondents also reported barriers to care that were unique to their ethnic or cultural backgrounds. Two percent reported not getting needed medical care because they couldn't find a doctor of the same race, ethnicity or cultural background as them and three percent because they couldn't find a doctor who spoke their language.
4. Miles, Angel L., *Challenges and Opportunities in Quality Affordable Health Care Coverage for People with Disabilities*, Protect Our Care Illinois (February 2021), <https://protectourcareil.org/index.php/2021/02/26/challenges-and-opportunities-in-quality-affordable-health-care-coverage-for-people-with-disabilities/>
5. A 2019 Commonwealth Fund report noted that people with disabilities risk losing their benefits if they make more than \$1,000 per month. According to the Center for American Progress, in most states, people who receive Supplemental Security are automatically eligible for Medicaid. Therefore, if they lose their disability benefits they may also lose their Medicaid coverage. Forbes has also reported on marriage penalties for people with disabilities, including fears about losing health insurance. See: Seervai, Shanoor, Shah, Arnav, and Shah, Tanya, "The Challenges of Living with a Disability in America, and How Serious Illness Can Add to Them," Commonwealth Fund (April 2019), <https://www.commonwealthfund.org/publications/fund-reports/2019/apr/challenges-living-disability->

[america-and-how-serious-illness-can](#); Fremstaf, Shawn and Valles, Rebecca, “The Facts on Social Security Disability Insurance and Supplemental Security Income for Workers with Disabilities,” Center for American Progress (May 2013), <https://www.americanprogress.org/article/the-facts-on-social-security-disability-insurance-and-supplemental-security-income-for-workers-with-disabilities/>; and Pulrang, Andrew, “A Simple Fix For One Of Disabled People’s Most Persistent, Pointless Injustices,” Forbes (April 2020), <https://www.forbes.com/sites/andrewpulrang/2020/08/31/a-simple-fix-for-one-of-disabled-peoples-most-persistent-pointless-injustices/?sh=6e159b946b71>

ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization with the mission of creating a better, more sustainable future for all Americans by applying research-based and field-tested solutions that transform our systems of health and healthcare.

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HEALTHCARE VALUE HUB

Methodology

Altarum’s Consumer Healthcare Experience State Survey (CHESS) is designed to elicit respondents’ unbiased views on a wide range of health system issues, including confidence using the health system, financial burden and possible policy solutions.

This survey, conducted from May 18 to June 3, 2023, used a web panel from online survey company Dynata with a demographically balanced sample of approximately 1,504 respondents who live in Utah. Information about Dynata’s recruitment and compensation methods can be found [here](#). The survey was conducted in English or Spanish and restricted to adults ages 18 and older. Respondents who finished the survey in less than half the median time were excluded from the final sample, leaving 1,368 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

Demographic Characteristic	Frequency	Percentage
Gender		
Woman	826	60%
Man	510	37%
Transwoman	6	<1%
Transman	2	<1%
Genderqueer/Nonbinary	19	1%
Insurance Type		
Health insurance through employer or family member’s employer	644	47%
Health insurance I buy on my own	155	11%
Medicare, coverage for seniors and those with serious disabilities	220	16%
Medicaid, coverage for low-income earners	187	14%
TRICARE/Military Health System coverage	11	1%
Department of Veterans Affairs (VA) Healthcare	14	1%
No coverage of any type	107	8%
I don’t know	30	2%
Race		
American Indian or Native Alaskan	35	3%
Asian	36	3%
Black or African American	47	3%
Native Hawaiian or Other Pacific Islander	20	1%
White	1029	76%
Prefer Not to Answer	20	1%
Two or More Races	37	3%
Ethnicity		
Hispanic or Latino	220	16%
Non-Hispanic or Latino	1148	84%
Age		
18-24	344	25%
25-34	331	24%
35-44	274	20%
45-54	146	11%
55-64	160	12%
65+	104	8%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	201	15%
\$20K-\$29K	120	9%
\$30K - \$39K	147	11%
\$40K - \$49K	131	10%
\$50K - \$59K	127	9%
\$60K - \$74K	139	10%
\$75K - \$99K	202	15%
\$100K - \$149K	188	14%
\$150+	113	8%
Self-Reported Health Status		
Excellent	159	12%
Very Good	481	35%
Good	451	33%
Fair	215	16%
Poor	62	5%
Disability		
Mobility: Serious difficulty walking or climbing stairs	232	17%
Cognition: Serious difficulty concentrating, remembering or making decisions	204	15%
Independent Living: Serious difficulty doing errands alone, such as visiting a doctor’s office	116	8%
Hearing: Deafness or serious difficulty hearing	113	8%
Vision: Blindness or serious difficulty seeing, even when wearing glasses	95	7%
Self-Care: Difficulty dressing or bathing	61	4%
No disability or long-term health condition	887	65%
Party Affiliation		
Republican	470	34%
Democrat	297	22%
Neither	601	44%

Source: 2023 Poll of Utah Adults, Ages 18+, Altarum Value Hub

Percentages in the body of the brief are based on weighted values, while the data presented in the demographic table is unweighted. An explanation of weighted versus unweighted variables is available [here](#). Altarum does not conduct statistical calculations on the significance of differences between groups in findings. Therefore, determinations that one group experienced a significantly different affordability burden than another should not be inferred. Rather, comparisons are for conversational purposes. The groups selected for this brief were selected by advocate partners in each state based on organizational/advocacy priorities. We do not report any estimates under N=100 and a co-efficient of variance more than 0.30.