



DATA BRIEF | AUGUST 2023

Utah Residents Struggle to Afford High Healthcare Costs; Worry about Affording Healthcare in the Future; Support Government Action across Party Lines

KEY FINDINGS

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

- Nearly 7 in 10 (**69%**) experienced at least one healthcare affordability burden in the past year;
- Over 4 in 5 (**86%**) worry about affording healthcare in the future;
- Lower-income respondents and respondents with disabilities reported higher rates of going without care and incur debt due to healthcare costs; and
- Across party lines, respondents express strong support for government-led solutions.

A RANGE OF HEALTHCARE AFFORDABILITY BURDENS

Like many Americans, Utah adults experience hardship due to high healthcare costs. All told, over two-thirds (**69%**) of respondents experienced one or more of the following healthcare affordability burdens in the prior 12 months:

1) BEING UNINSURED DUE TO HIGH COSTS

Roughly one-half (**51%**) of uninsured respondents cited “too expensive” as the major reason for not having coverage, far exceeding other reasons like “don’t need it” and “don’t know how to get it.”

2) DELAYING OR GOING WITHOUT HEALTHCARE DUE TO COST

Nearly half (**63%**) of all respondents reported delaying or going without healthcare during the prior 12 months due to cost:

- **42%**—Skipped needed dental care
- **42%**—Delayed going to the doctor or having a procedure done
- **37%**—Skipped a recommended medical test or treatment
- **37%**—Avoided going to the doctor or having a procedure done altogether
- **35%**—Cut pills in half, skipped doses of medicine or did not fill a prescription¹
- **29%**—Had problems getting mental healthcare or addiction treatment
- **29%**—Skipped needed vision services
- **17%**—Skipped needed hearing services
- **15%**—Skipped or delayed getting a medical assistive device

Moreover, of respondents who reported a delay or foregoing healthcare, the most cited reason for them or a family member not getting needed medical care in the past year was cost, exceeding a host of other barriers like getting an appointment, getting time off work, transportation and lack of childcare.

3) STRUGGLING TO PAY MEDICAL BILLS

Other times, respondents got the care they needed but struggled to pay the resulting bill. Over two in five (**45%**) experienced one or more of these struggles to pay their medical bills:

- **18%**—Were contacted by a collection agency
- **21%**—Used up all or most of their savings
- **15%**—Were unable to pay for basic necessities like food, heat or housing
- **15%**—Racked up large amounts of credit card debt
- **13%**—Borrowed money, got a loan or another mortgage on their home
- **12%**—Were placed on a long-term payment plan

Of the various types of medical bills, the ones most frequently associated with an affordability barrier were doctor bills, dental bills and prescription drugs. The high prevalence of affordability burdens for these services likely reflects the frequency with which Utah respondents seek these services. Trouble paying for dental bills likely reflects lower rates of coverage for these services.

HIGH LEVELS OF WORRY ABOUT AFFORDING HEALTHCARE IN THE FUTURE

Utah respondents also exhibit high levels of worry about affording healthcare in the future. Over four in five (**86%**) reported being “worried” or “very worried” about affording some aspect of healthcare in the future, including:

- **70%**—Medical costs when elderly
- **69%**—Cost of nursing home or home care services
- **68%**—Medical costs in the event of a serious illness or accident
- **67%**—Health insurance will become unaffordable
- **58%**—Cost of dental care
- **56%**—Prescription drugs will become unaffordable
- **50%**—Cost of vision services
- **49%**—Cost of hearing services

While two of the most common worries—affording the cost of nursing home or home care services and medical costs when elderly—are applicable predominantly to an older population, they were most frequently reported by respondents ages 25-54. This finding suggests that Utah respondents may be worried about affording the cost of care for both aging relatives and themselves.

Worry about affording healthcare was highest among respondents living in lower- and middle-income households and among those living in households with a person with a disability (see Table 1). More than 4 in 5 (**91%** of) respondents with household incomes of less than \$75,000 per year² reported worrying about affording some aspect of coverage or care in the past year. Still, most Utah respondents of all incomes, races, ethnicities, geographic setting and levels of ability are somewhat or very concerned.

Concern that health *insurance* will become unaffordable is also more prevalent among certain groups of Utah respondents. By insurance type, respondents with coverage that they have purchased on their own, not through their employer, most frequently reported worrying about affording coverage, followed by respondents with coverage through their employer and those with Utah Medicaid (see Figure 1).

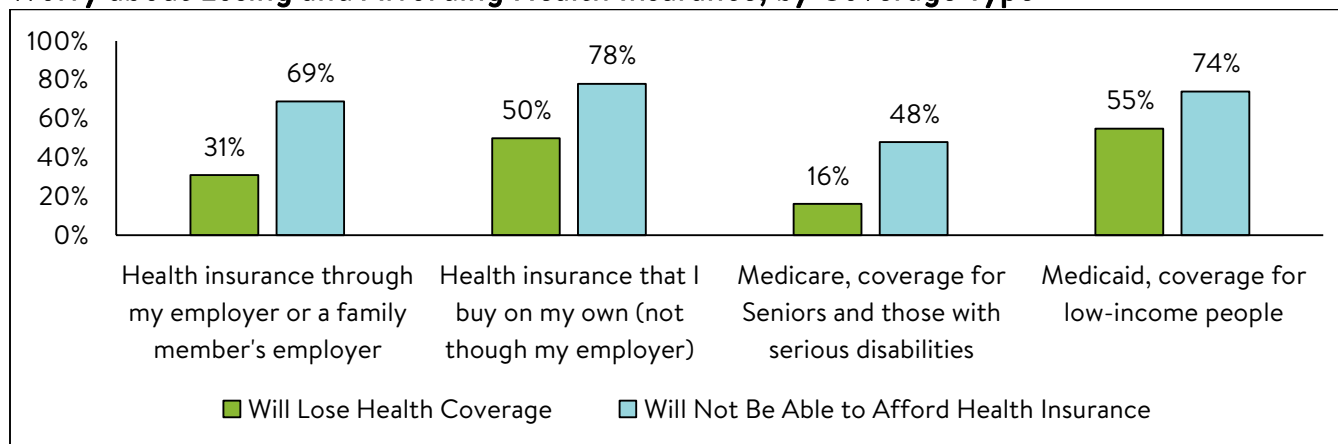
Table 1**Percent Worried or Very Worried, by Income Group, Geographic Setting, Race, Ethnicity and Disability Status**

	Any Healthcare Affordability Worry
Income	
Less Than \$50k	91%
\$50k - \$75k	91%
\$75,001 - \$99,999	86%
More Than \$100,000	81%
Geographic Setting	
Non-Rural	86%
Rural	88%
Race/Ethnicity	
Respondents of Color*	90%
Hispanic/Latino, Any Race	91%
White Alone, Non-Hispanic/Latino	85%
Disability**	
Household Does Not Include a Person with at Least One Disability	84%
Household Includes a Person with at Least One Disability	92%

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 were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision and self-care.

Figure 1**Worry about Losing and Affording Health Insurance, by Coverage Type**

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

Respondents with household incomes below \$50,000 per year reported the highest rates of worry about losing coverage, while those with household incomes below \$75k reported the highest rates of worry about affording coverage. Respondents of color and those living in households with a person with a

disability reported higher rates of both worrying about losing insurance and worry about health insurance becoming unaffordable in the future compared to white alone, non-Hispanic/Latino respondents and those not living with a disabled household member (see Table 2). Respondents with Medicaid and those purchasing health insurance on their own (such as through the health insurance marketplace) reported the highest rates of worrying about losing their insurance compared to those with employer-based insurance or Medicare. Concerns about affording coverage exceeded fears about losing coverage across all income groups, disability statuses, geographic settings, race, ethnicity and coverage types.

Table 2

Worry about Losing Health Insurance and Health Insurance Becoming Unaffordable, by Income, Geographic Setting, Race, Ethnicity, Insurance Type and Disability Status

	Worry about Losing Health Insurance	Worry about Health Insurance Becoming Unaffordable
Income		
Less Than \$50k	42%	74%
\$50k - \$75k	31%	71%
\$75,001 - \$99,999	34%	65%
More Than \$100,000	31%	61%
Geographic Setting		
Non-Rural	34%	67%
Rural	36%	68%
Race/Ethnicity		
Respondents of Color*	41%	72%
Hispanic/Latino, Any Race	47%	74%
White Alone, Non-Hispanic/Latino	32%	66%
Insurance Type		
Health insurance through my employer or a family member's employer	31%	69%
Health insurance that I buy on my own (not through my employer)	50%	78%
Medicare, coverage for seniors and those with serious disabilities	16%	48%
Utah Medicaid, coverage for low-income people	55%	74%
Disability		
Household Does Not Include a Person with at Least One Disability	29%	66%
Household Includes a Person with at Least One Disability	46%	70%

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.

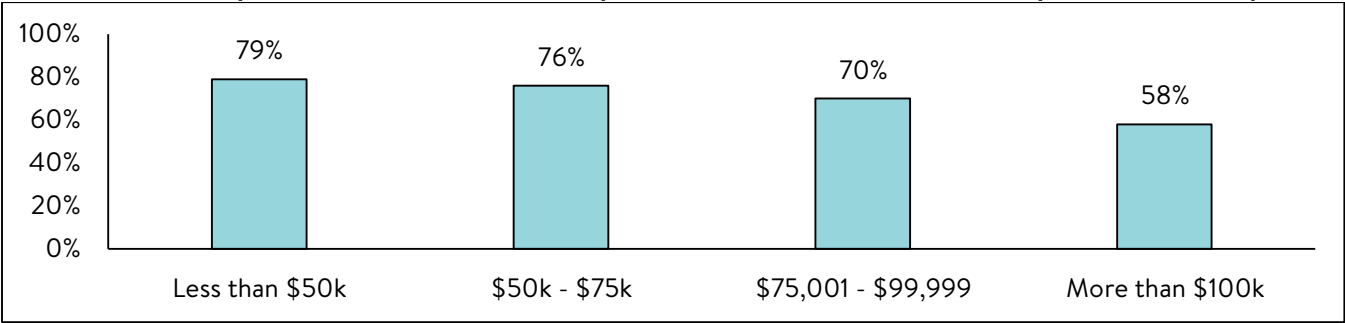
DIFFERENCES IN HEALTHCARE AFFORDABILITY BURDENS

The survey also revealed differences in how Utah respondents experience healthcare affordability burdens by income, age, geographic setting, race, ethnicity and disability status.

INCOME AND AGE

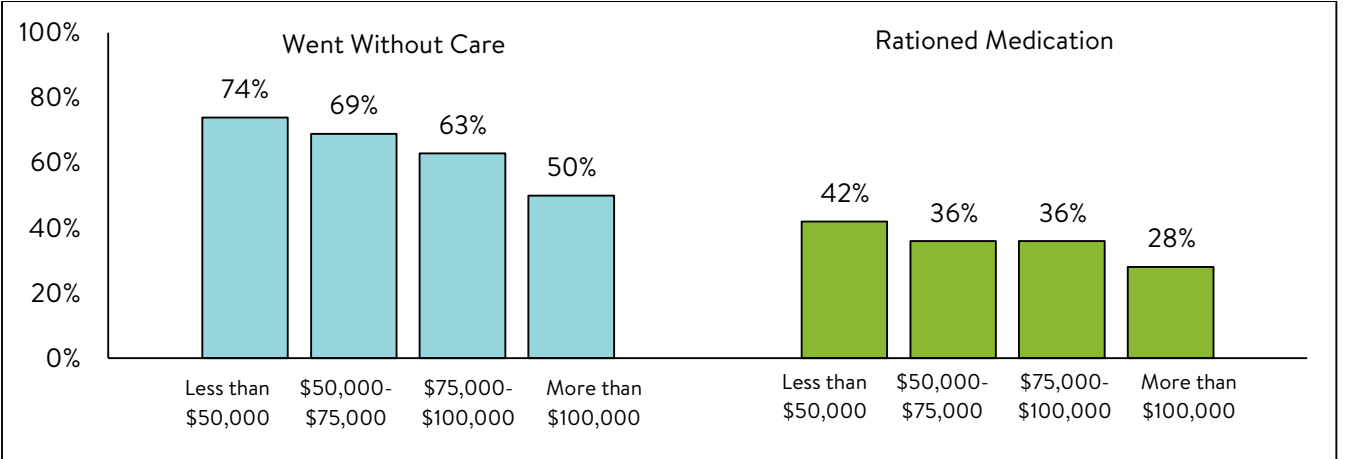
Unsurprisingly, respondents at the lowest end of the income spectrum most frequently reported experiencing one or more healthcare affordability burdens, with **79%** of those earning less than \$50,000 per year reporting struggling to afford some aspect of coverage or care in the past 12 months (see Figure 2). This may be due, in part, to respondents in this income group reporting higher rates of going without care and rationing their medication due to cost (see Figure 3). Still, **70%** of those earning \$75,001 to \$99,999 reported experiencing affordability burdens, demonstrating that people across the income spectrum experience these challenges.

Figure 2
Percent with Any Healthcare Affordability Burden in Prior 12 Months, by Income Group



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

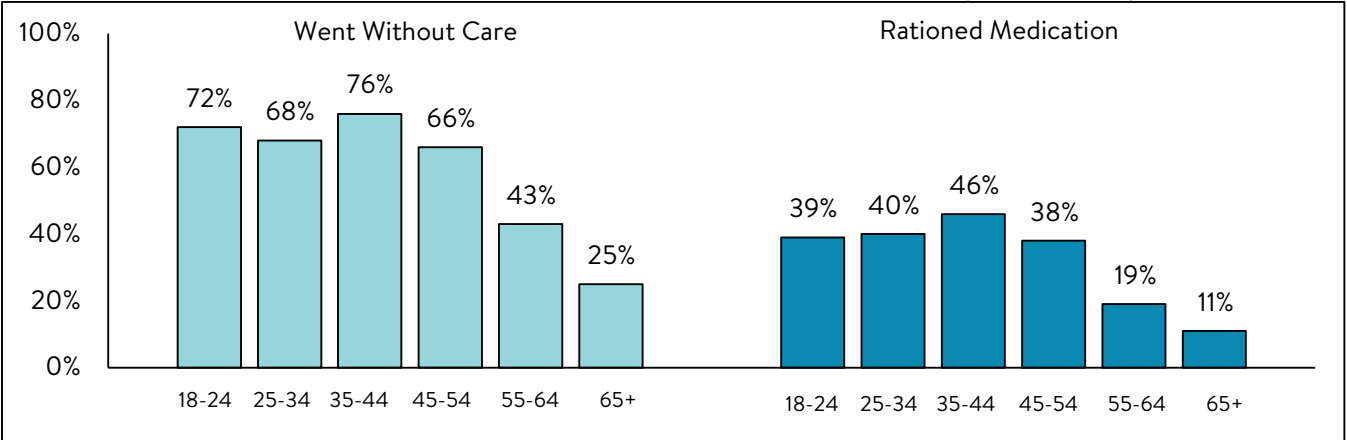
Figure 3
Percent who Went Without Care Due to Cost in Prior 12 Months, by Income Group



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

Further analysis found that Utah respondents ages 18-44 reported higher rates of going without care due to cost than respondents ages 45 and up (see Figure 4). In addition, respondents ages 18-54 also most frequently reported rationing medication due to cost compared to other age groups.

Figure 4
Percent who Went Without Care Due to Cost in Prior 12 Months, by Age Group



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

DISABILITY

Respondents living in households with a person with a disability reported the highest rates of going without care and rationing medication due to cost in the past 12 months. Over 3 in 4 (**77%** of) respondents in this group reported going without some form of care and **49%** reported rationing medication, compared to **56%** and **28%** of respondents living in households without a person with a disability, respectively (see Table 3). Respondents living in households with a person with a disability also more frequently reported delaying or skipping getting mental healthcare, addiction treatment and dental care, among other healthcare services, than those in households without a person with a disability due to cost concerns (see Table 3).

Table 3
Percent who Went Without Care Due to Cost, by Disability Status

	Household Does Not Include a Person with at Least One Disability	Household Includes a Person with at Least One Disability
Avoided going altogether to the doctor or having a procedure done	30%	48%
Problems getting mental healthcare	22%	37%
Problems getting addiction treatment	6%	17%
Skipped needed dental care	39%	50%
Skipped or delayed getting a medical assistive device	8%	29%

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

Those with disabilities may also face healthcare affordability burdens unique to their disabilities—**29%** of respondents reporting a disability in their household reported delaying 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 person with a disability (who may have needed such tools temporarily or may not identify as having a disability) reported having this experience.

INSURANCE TYPE

Respondents with Utah Medicaid coverage reported the highest rates of going without care due to cost and rationing medication, followed by respondents with health insurance they bought on their own and those with employer-sponsored insurance (see Table 4). Still, nearly two-fifths of respondents with Medicare went without care due to cost in the twelve months prior to taking the survey.

Table 4

Percent who Rationed Care in Prior 12 Months, by Geographic Setting, Race, Ethnicity, Disability Status and Insurance Type

	Went Without Care Due to Cost	Either Did Not Fill a Prescription, Cut Pills in Half or Skipped a Dose Due to Cost Concerns
Geographic Setting		
Non-Rural	63%	35%
Rural	63%	36%
Race/Ethnicity		
Respondents of Color*	66%	39%
Hispanic/Latino, Any Race	70%	43%
White Alone, Non-Hispanic/Latino	62%	33%
Disability Status		
Household Does Not Include a Person with at Least One Disability	56%	28%
Household Includes a Person with at Least One Disability	77%	49%
Insurance Type		
Health insurance through my employer or a family member's employer	62%	32%
Health insurance that I buy on my own (not through my employer)	71%	46%
Medicare, coverage for seniors and those with serious disabilities	39%	18%
Utah Medicaid, coverage for low-income people	86%	55%

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.

Survey respondents also had the opportunity to share their own stories about going without care due to cost in the past year. Notably, respondents with both private insurance and Medicaid reported challenges affording care (see Table 5).

Table 5

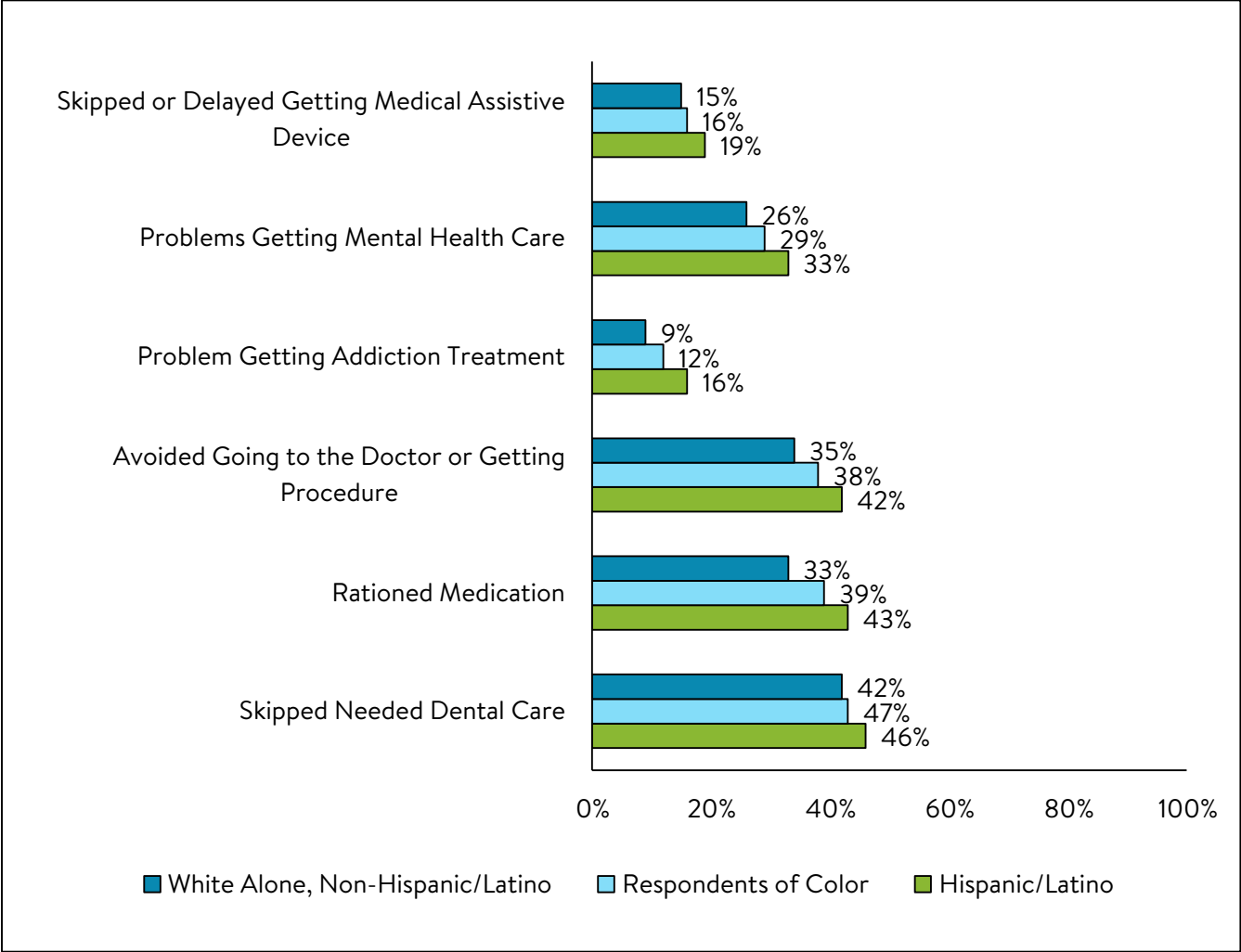
Select Responses to the Open-Text Question “Over the last 12 months, please describe a time that you did not get a healthcare service due to cost.”

RESPONDENTS ENROLLED IN MEDICAID	RESPONDENTS WITH PRIVATE INSURANCE
“Can’t get much needed dental care because my state Medicaid does not cover it. Also can’t get new glasses or contacts because my state Medicaid doesn’t pay for materials.” “Cost has been a barrier to entry at some drug treatment centers that I knew were too expensive.” “Dental is not covered by my insurance. Living with pain because of lack of coverage. And had tooth pulled instead of a cavity filled because of the expense.” “Ended up quitting my anxiety, PTSD and depression meds because unable to afford them.” “No mental health care covered by my insurance so I can’t afford to be seen.” “I got into a car accident, and I couldn’t afford the physical therapy so I just have not gone back to the doctor.” “I need teeth implants so I can eat. Dentures don’t fit right so I can chew. Because of my crooked jaw, underbite and small mouth I can’t open my mouth wide enough with dentures to put food in my mouth. But I can’t afford the ridiculously high cost of implants and dental insurance doesn’t cover implants.” “My Medicaid only covers health it doesn’t cover my vision or my dental.” “Prescriptions sometimes aren’t covered by Medicaid...and we have skipped some that are less urgent.”	“I have gallstones and was due to have surgery to remove my gallbladder. I have put off the surgery because we do not have enough money to pay for our part of the surgery. I am on a payment plan to pay off the Emergency room visit from the gallstones attack, and we could not afford to go further in debt.” “We can’t get my daughter the wheelchair she needs because our deductible is so high.” “I quit taking my bipolar medication because the cost is too high.” “I really need mental health therapy. I have PTSD, psychosis, and serious depression but I’ve gotten all the appointments that I can get covered by my insurance. Therapy that isn’t covered is way out of my budget out of pocket. It’s hard to get by without treatment.” “Both my husband and me have holes in our teeth- can’t afford root canals. CT scan for migraines cost too much, x-ray on neck and pelvic x-ray were all too much to pay...Migraine med not covered, asthma med too much. I can’t list them all because there are too many sadly.” “I haven’t had my regular screening for my BRCA2 mutation [a gene linked to breast and ovarian cancer].” “I haven’t seen a hearing specialist, because it costs much more than a regular doctor visit, and hearing aids will cost upwards of 5 grand.” “I need surgery on both of my feet...I’m a diabetic so sores on [my] feet are bad...I’m worried about the cost...because it’s always more than quoted and I haven’t met my deductible yet.”

RACE AND ETHNICITY

Utah respondents of color reported slightly higher rates of rationing medication and forgoing care than white alone, non-Hispanic/Latino respondents. Sixty-six percent (66%) of respondents of color went without care due to cost, including 70% of Hispanic/Latino respondents, compared to 62% of white, non-Hispanic respondents (see Table 3). Further analysis showed that Hispanic/Latino respondents reported higher rates of challenges receiving mental health care and avoiding going to the doctor or getting a procedure altogether (see Figure 5).

Figure 5
Percent who Went Without Select Types of Care Due to Cost, by Race and Ethnicity



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

ENCOUNTERING MEDICAL DEBT

The survey also showed differences in the prevalence of financial burdens due to medical bills, including going into medical debt, depleting savings and being unable to pay for basic necessities (like food, heat and housing) by income, race, ethnicity, disability status and geographic setting. Fifty-four percent of respondents of color reported going into debt, depleting savings or going without other needs due to medical bills, including 60% of Hispanic/Latino respondents, compared to 42% of white alone, non-Hispanic/Latino respondents (see Table 6).

Table 6

Percent who Incurred Debt, Depleted Savings or Sacrificed Basic Necessities Due to Medical Bills in Prior 12 Months, by Income, Geographic Setting, Race, Ethnicity, Disability Status, and Insurance Type

	Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills
Income	
Less Than \$50k	50%
\$50k - \$75k	54%
\$75,001 - \$99,999	46%
More Than \$100,000	36%
Geographic Setting	
Non-Rural	46%
Rural	43%
Race	
Respondents of Color*	54%
Hispanic/Latino, Any Race	60%
White Alone, Non-Hispanic/Latino	42%
Disability Status	
Household Does Not Include a Member with at Least One Disability	37%
Household Include a Member with at Least One Disability	60%
Insurance Type	
Health insurance through my employer or a family member's employer	45%
Health insurance that I buy on my own (not through my employer)	55%
Medicare, coverage for seniors and those with serious disabilities	21%
Utah Medicaid, coverage for low-income people	58%

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.

The rate of financial burden is even higher for respondents who have or live with a person with a disability, with nearly 3 in 5 (**60%**) reporting going into debt or going without other needs due to medical bills, compared to **37%** of respondents living in households without a disabled member. In addition, respondents with Utah Medicaid and those who purchased health insurance on their own reported the highest rate of the above financial burdens due to medical bills (**58%** and **55%**, respectively) compared to those with other insurance types.

IMPACT OF HOSPITAL CONSOLIDATION

In addition to the above healthcare affordability burdens, a small share of Utah respondents have been negatively impacted by health system consolidation. In 2019 and 2020, two hospitals in the state changed ownership through either a merger, acquisition, or change of ownership (CHOW).^{3,4} Relative to other states, Utah has few regulations surrounding hospital change of ownership, with no provisions requiring notice, review or approval of any health care acquisitions mergers or consolidations.⁵

In the past year, **9%** of all respondents reported that they or a family member were unable to access their preferred health care organization because of a merger that made their preferred organization out-of-network. Out of those who reported being unable to access their preferred healthcare provider due to a merger:

- **49%** delayed or avoided going to the doctor or having a procedure done because they could no longer access their preferred health care organization due to a merger,
- **48%** skipped recommended follow-up visits due to a merger, and
- **35%** skipped filling a prescription medication due to a merger.

Out of those who reported that the merger caused an additional burden for them or their families, when asked about the greatest burden hospital mergers had created for respondents and their families, the top three most frequently reported issues were:

- **32%**—Created an added financial burden,
- **19%**—Created an added wait time when searching for a new provider,
- **17%**—Created an added transportation burden.

DISSATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

In light of Utah respondents' healthcare affordability burdens and concerns, it is not surprising that they are dissatisfied with the health system:

- Just **28%** agreed or strongly agreed that *"we have a great healthcare system in the U.S.,"*
- While **73%** agreed or strongly agreed that *"the system needs to change."*

To investigate further, the survey asked about both personal and governmental actions to address health system problems.

PERSONAL ACTIONS

Utah respondents see a role for themselves in addressing healthcare affordability. When asked about specific actions they could take:

- **59%** of respondents reported researching the cost of a drug beforehand, and
- **82%** said they would be willing to switch from a brand name to an equivalent generic drug if given the chance.

When asked to select the **top three** personal actions they felt would be most effective in addressing healthcare affordability (out of ten options), the most common responses were:

- **68%**—Take better care of my personal health
- **41%**—Research treatments myself, before going to the doctor
- **34%**—Do more to compare doctors on cost and quality before getting services
- **29%**—There is not anything I can do personally to make our health system better

GOVERNMENT ACTIONS

But far and away, Utah respondents see government as the key stakeholder that needs to act to address health system problems. Moreover, addressing healthcare problems is one of the top priorities that respondents want their elected officials to work on.

At the beginning of the survey, respondents were asked what issues the government should address in the upcoming year. The top vote getters were:

- **45%**—Economy/Joblessness
- **44%**—Healthcare
- **44%**—Affordable Housing

When asked about the top three *healthcare* priorities the government should work on, the top vote getters were:

- **56%**—Address high healthcare costs, including prescription drugs
- **38%**—Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition
- **33%**—Get health insurance to those who cannot afford coverage
- **28%**—Improve Medicare, coverage for seniors and those with serious disabilities

Of more than 20 options, Utah respondents believe the reason for high healthcare costs is unfair prices charged by powerful industry stakeholders:

- **77%**—Drug companies charging too much money
- **72%**—Hospitals charging too much money
- **66%**—Insurance companies charging too much money

When it comes to tackling costs, respondents endorsed a number of strategies, including:

- **90%**—Make it easy to switch insurers if a health plan drops your doctor
- **93%**—Require insurers to provide up-front cost estimates to consumers
- **93%**—Show what a fair price would be for specific procedures
- **93%**—Cap out-of-pocket costs for life-saving medications, such as insulin
- **93%**—Require hospitals and doctors to provide up-front cost estimates to consumers
- **93%**—Require drug companies to provide advanced notice of price increases and information to justify those increases
- **90%**—Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription price hikes
- **90%**—Set standard prices for drugs to make them affordable
- **88%**—Expand health insurance options so that everyone can afford quality coverage

SUPPORT FOR ACTION ACROSS PARTY LINES

There is also remarkable support for change regardless of respondents' political affiliation (see Table 7). The high burden of healthcare affordability, along with high levels of support for change, suggest that elected leaders and other stakeholders need to make addressing this consumer burden a top priority. Moreover, the COVID crisis has led state residents to take a hard look at how well health and public health systems are working for them, with strong support for a wide variety of actions. Annual surveys can help assess whether progress is being made.

Table 7**Percent Who Agreed/Strongly Agreed, by Political Affiliation**

Selected Survey Statements/Questions	Total Percent of Respondents	Generally speaking, do you think of yourself as...		
		Republican	Democrat	Neither
<i>We have a great healthcare system in the U.S.</i>	28%	37%	29%	20%
<i>The U.S. healthcare system needs to change.</i>	73%	65%	81%	76%
The government should make it easy to switch insurers if a health plan drops your doctor.	90%	89%	90%	90%
The government should require insurers to provide up-front cost estimates to consumers.	93%	93%	93%	92%
The government should show what a fair price would be for a specific procedure.	93%	94%	90%	94%
The government should cap out-of-pocket costs for life-saving medications, such as insulin	93%	92%	93%	92%
The government should require hospitals and doctors to provide up-front cost estimates to consumers.	93%	95%	91%	93%
The government should expand health insurance options so that everyone can afford quality coverage.	88%	84%	92%	90%
The government should strengthen policies to drive more competition in healthcare markets to improve choice and access	86%	87%	85%	86%
The government should increase reimbursement rates to incentivize providers to see Medicaid beneficiaries at their practice	84%	82%	89%	83%
The government should set limits on health care spending growth and penalize payers or providers that fail to curb excessive spending growth	81%	81%	86%	79%
The government should require a minimum amount of spending that insurers and providers in the state must devote to services that keep people healthy, such as primary care	80%	76%	84%	82%

Selected Survey Statements/Questions	Total Percent of Respondents	Generally speaking, do you think of yourself as...		
		Republican	Democrat	Neither
The government should create a Prescription Drug Affordability Board to examine the evidence and establish acceptable costs for drugs	78%	76%	79%	79%
The government should set a minimum amount that nonprofit hospitals must spend on Community Benefit and require them to devote a portion of the funds to programs intended to reduce health disparities	79%	72%	86%	81%

Notes

1. Within the current 35% of Utah respondents who encountered one or more cost-related barriers to getting healthcare during the prior 12 months, 28% did not fill a prescription, while 25% cut pills in half or skipped doses of medicine due to cost.
2. Median household income in Utah was \$79,133 (2017-2021). U.S. Census, *Quick Facts*. Retrieved from: [U.S. Census Bureau QuickFacts](https://data.census.gov/quickfacts)
3. Centers for Medicare and Medicaid Services. (2023). Hospital Change of Ownership. Retrieved July 17, 2023, from <https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/hospital-change-of-ownership>
4. A CHOW typically occurs when a Medicare provider has been purchased (or leased) by another organization. The CHOW results in the transfer of the old owner's Medicare Identification Number and provider agreement (including any outstanding Medicare debt of the old owner) to the new owner. The regulatory citation for CHOWs can be found at 42 CFR § 489.18. If the purchaser (or lessee) elects not to accept a transfer of the provider agreement, then the old agreement should be terminated and the purchaser or lessee is considered a new applicant. Most changes of ownership fall into this category. (Centers for Medicare and Medicaid Services. (2023, September). Medicare Fee-For-Service Provider Enrollment – Hospital Change of Ownership: Data Guidance. Retrieved July 17, 2023, from https://data.cms.gov/sites/default/files/2023-01/Hospital_CHOW_Data_Guidance_2023.12.30.pdf)
5. National Conference of State Legislatures. (2023, February 22). Health System Consolidation. Retrieved July 17, 2023, from <https://www.ncsl.org/health/health-system-consolidation>

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.

Contact the Hub: 3520 Green Court, Suite 300, Ann Arbor, MI 48105
 (734) 302-4600 | www.HealthcareValueHub.org | @HealthValueHub
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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	Demographic Characteristic	Frequency	Percentage
Gender			Household Income		
Woman	826	60%	Under \$20K	201	15%
Man	510	37%	\$20K - \$29K	120	9%
Transwoman	6	<1%	\$30K - \$39K	147	11%
Transman	2	<1%	\$40K - \$49K	131	10%
Genderqueer/Nonbinary	19	1%	\$50K - \$59K	127	9%
Insurance Type			\$60K - \$74K	139	10%
Health insurance through employer or family member's employer	644	47%	\$75K - \$99K	202	15%
Health insurance I buy on my own	155	11%	\$100K - \$149K	188	14%
Medicare, coverage for seniors and those with serious disabilities	220	16%	\$150+	113	8%
Medicaid, coverage for low-income earners	187	14%	Self-Reported Health Status		
TRICARE/Military Health System coverage	11	1%	Excellent	159	12%
Department of Veterans Affairs (VA) Healthcare	14	1%	Very Good	481	35%
No coverage of any type	107	8%	Good	451	33%
I don't know	30	2%	Fair	215	16%
Race			Poor	62	5%
American Indian or Native Alaskan	35	3%	Disability		
Asian	36	3%	Mobility: Serious difficulty walking or climbing stairs	232	17%
Black or African American	47	3%	Cognition: Serious difficulty concentrating, remembering or making decisions	204	15%
Native Hawaiian or Other Pacific Islander	20	1%	Independent Living: Serious difficulty doing errands alone, such as visiting a doctor's office	116	8%
White	1029	76%	Hearing: Deafness or serious difficulty hearing	113	8%
Prefer Not to Answer	20	1%	Vision: Blindness or serious difficulty seeing, even when wearing glasses	95	7%
Two or More Races	37	3%	Self-Care: Difficulty dressing or bathing	61	4%
Ethnicity			No disability or long-term health condition	887	65%
Hispanic or Latino	220	16%	Party Affiliation		
Non-Hispanic or Latino	1148	84%	Republican	470	34%
Age			Democrat	297	22%
18-24	344	25%	Neither	601	44%
25-34	331	24%			
35-44	274	20%			
45-54	146	11%			
55-64	160	12%			
65+	104	8%			

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.