

Healthcare, discrimination, and media use among underserved Utahns

Healthcare Access Survey results

March 2023



About this report

This report was produced by the Wyoming Survey & Analysis Center (WYSAC) at the University of Wyoming for the Utah Department of Health and Human Services Healthy Environments Active Living (HEAL) program.

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Executive summary

About the Healthcare Access Survey

In 2021, the Utah Department of Health and Human Services Healthy Environments Active Living (HEAL) program contracted with 4 community-based organizations (CBOs) to develop and administer a survey to identify the effects of discrimination in healthcare access among Black/African American and American Indian/Alaska Native populations in Utah. Organizations included [Best of Africa](#), [International Rescue Committee – Salt Lake City, Utah](#), [Muslim Civic League](#), and [Utah State University – Blanding](#). The survey asked about demographics, social determinants of health, healthcare access, discrimination, and chronic diseases.



Key findings

A total of 556 adults aged 18 and older responded to the survey. Most respondents were young (18-34 years old) and from underrepresented groups. About 1 in 4 respondents lived at or below the poverty level. In the past year, more than 1 in 3 respondents were unable to get medical care due to cost. Almost 1 in 3 respondents had at least one chronic disease, and about half were overweight or obese.

About 1 in 3 respondents reported experiencing discrimination in healthcare settings, and respondents who felt discriminated against in healthcare settings had lower levels of healthcare access and higher rates of chronic disease. In particular, people who felt discriminated against had lower rates of getting routine checkups or getting health information they understood than those not feeling discriminated against. Likewise, people who felt discriminated against reported higher rates of hypertension, high cholesterol, prediabetes, and diabetes.

When accessing media, respondents used Facebook and YouTube most often. Respondents preferred to get information about their health from their medical provider, friends/family, or community health workers. Preferences tended to be consistent across demographics.

Background

Discrimination is the unfair or prejudicial treatment of people and groups based on certain characteristics. Perceived discrimination has taken a large toll on people's well-being, particularly when it comes to health. Patients who felt discriminated against in healthcare settings had less trust in the healthcare system, believing that the system may not serve their medical needs in the best way possible.^{1,2} Patients were less likely to follow healthcare professionals' recommendations if they perceived disrespect.³ Feeling discriminated against also lowered patients' willingness to obtain healthcare services,^{3,4,5} such as delaying filling prescriptions and completing medical tests.⁶

Utah is home to several historically underrepresented or marginalized groups, and Utah has become more racially and ethnically diverse in recent years.⁷ Eight different tribal nations reside within Utah, each with their own customs and traditions. About [65,000 refugees live in Utah](#),⁸ mostly in the Salt Lake Valley. About 36,000 Utah residents are Black/African American.

People working to improve health for underrepresented communities in Utah have needed more information about these communities' experiences with discrimination, healthcare access, and chronic disease. The results from this survey will help partners work together to address systemic barriers to healthcare access and healthy lifestyles.

About the survey

In 2021, the Utah Department of Health and Human Services' (DHHS) Healthy Environments Active Living (HEAL) Program contracted with 4 community-based organizations (CBOs) to develop and administer a culturally appropriate survey. The survey's purpose was to identify the role of discrimination in healthcare access among Black/African American and American Indian/Alaska Native populations in Utah.

What organizations participated in the survey?

[Best of Africa](#) supports African families to honor their culture while promoting success and integration into American society.

The [International Rescue Committee - Salt Lake City](#) helps people affected by humanitarian crises to survive, recover, and rebuild their lives. They deliver lasting impact by providing healthcare, helping children learn, and empowering individuals and communities to become self-reliant.

The [Utah Muslim Civic League](#) empowers Muslims and helps them engage in civic activities.

[Utah State University - Blanding](#) is located in the southeast corner of Utah and provides higher education to American Indians from the Four-Corners region.

What does underrepresented mean?

An **underrepresented group** is a demographically defined group that is represented in data at a rate much lower than their numbers in the population.⁹

Organizations included Best of Africa, International Rescue Committee – Salt Lake City, Utah Muslim Civic League, and Utah State University – Blanding. A total of 556 adults (ages 18 and older) responded to the survey.

This report provides results for the survey and aims to answer the following questions:

- Who responded to the survey?
- How are respondents affected by discrimination?
- How does discrimination relate to respondents' health?
- How do respondents get information about their health?

Results can inform future efforts to provide health information, address discrimination, and promote equitable health outcomes.

Methods

This project was approved by the DHHS Institutional Review Board (IRB Number 631).

Survey design

HEAL and the CBOs worked together to develop the Healthcare Access Survey. Starting in the summer of 2019, HEAL produced a draft survey instrument and survey administration design. During 2020, the project was put on pause due to the COVID-19 pandemic and Black Lives Matter protests against racial injustice. In the winter and spring of 2021, HEAL worked with the CBOs to finalize the survey instrument and survey administration design. HEAL and CBOs pilot-tested the survey in August 2021. The survey was distributed and data were collected between September and November 2021.

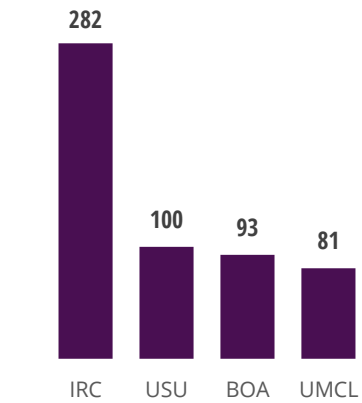
HEAL and the CBOs prioritized cultural appropriateness when designing the survey. This included making sure question wording and response options were acceptable and understandable to respondents. It also included making sure respondents were able to access and complete the survey by offering different modes for taking the survey, such as by computer (online), on paper (in-person), or with the support of an interviewer (over the phone or in-person).

The survey included questions on demographics, social determinants of health, healthcare access, diabetes, prediabetes, hypertension (high blood pressure), high blood cholesterol, and discrimination in Utah healthcare. Many questions came from existing surveys, such as the Behavioral Risk Factor Surveillance Survey (BRFSS),¹⁰ which is a national survey that collects data about health-related risk behaviors, chronic health conditions, and use of preventive services.

Sampling

CBOs used convenience sampling to collect responses, meaning they allowed any eligible and interested member of the community they serve to complete the survey. Only adults (ages 18 and older) living in Utah were eligible to participate in the survey. The populations of focus were Black/African American and Native American adults. These demographics are served by all four CBOs. CBOs recruited participants through various methods of communication, such as email newsletters and social media. Each CBO had a goal of collecting 100 responses, and the final number of valid responses per CBO ranged from 81 to 282 (Figure 1). Valid responses were those that met study criteria. For example, respondents indicating they lived outside of Utah or were younger than age 18 were removed.

Figure 1. Number of valid responses per CBO.



IRC: International Rescue Committee
 USU: Utah State University-Blanding
 BOA: Best of Africa
 UMCL: Utah Muslim Civic League

Analysis

For this report, analyses focused on the following approaches:

- **Summary measures:** The numbers and/or percentages of people selecting different responses for each question.
- **Crosstabs:** Summary measures broken out for specific groups (for example, breaking out question responses by women and men).

The body of this report presents key results from valid responses, which exclude skipped, missing, and “don’t know” responses unless otherwise noted. Full results of summary measures can be found in Appendix A.

In general, data are not shown when there were 10 or fewer respondents in a group. This practice protects the privacy and confidentiality of respondents.

Because the Healthcare Access Survey used a convenience sample, analysis does not include confidence intervals, any tests of statistical significance, or comparisons between this survey and what has been observed statewide through the BRFSS. However, statewide data is presented as a reference point in Appendix B because it may be useful for practical purposes.

Who responded to the survey?



- Most respondents were young and from underrepresented groups.
- Most respondents had education beyond high school and were employed. **Yet about 1 in 4 lived in poverty.**



- **35.8% of respondents were unable to get medical care due to cost in the past year.**
- 2 in 3 respondents had a primary care provider, and nearly 3 in 5 had gotten a routine checkup in the past year.
- Most respondents had health insurance, typically through Medicaid.



- **About 32.7% of respondents had at least 1 chronic disease**, with rates varying across prediabetes, diabetes, hypertension, and high cholesterol.
- About half of respondents were overweight or obese.
- People aged 50 and older, college graduates, and people not accessing healthcare due to cost had the highest rates of chronic disease.

Demographics

General characteristics

A total of 556 adults responded to the survey. Most respondents were younger individuals from underrepresented populations. About 2 in 3 were ages 18-34, and 3 in 4 identified as Black/African American or American Indian/Alaska Native (Figure 2). The racial makeup of respondents was in line with the population of focus (Black/African American and Native American adults).

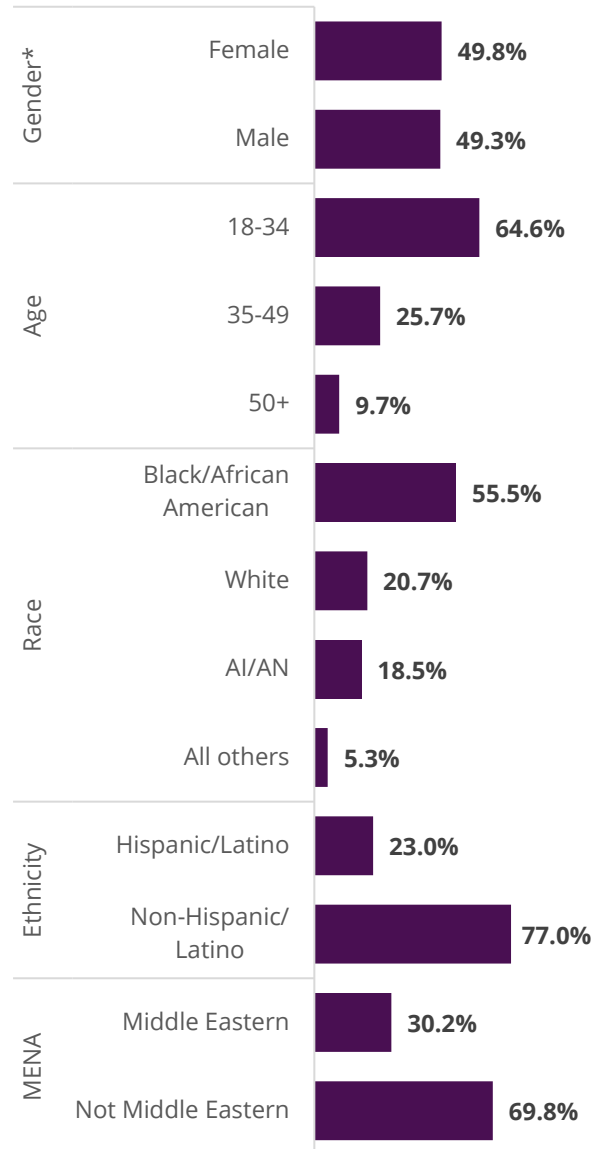
Education, income, and employment

Most respondents were well-educated and employed, although nearly 1 in 4 lived at or below the federal poverty level (Figure 3). Three in 4 respondents had some education beyond a high school diploma/GED, with almost 1 in 3 receiving a bachelor's degree or higher. A large majority of respondents were employed, and 2 in 3 respondents worked full-time.

Financial stability

Survey respondents commonly had financial concerns. When asked if they were worried about not having enough money to pay for specific items, they most often selected "yes" to (a) medical services like a doctor appointment, (b) housing such as rent or house payments, or (c) medicine/prescriptions (Figure 4).

Figure 2. Respondents tended to be younger and Black/African American or American Indian/Alaska Native.



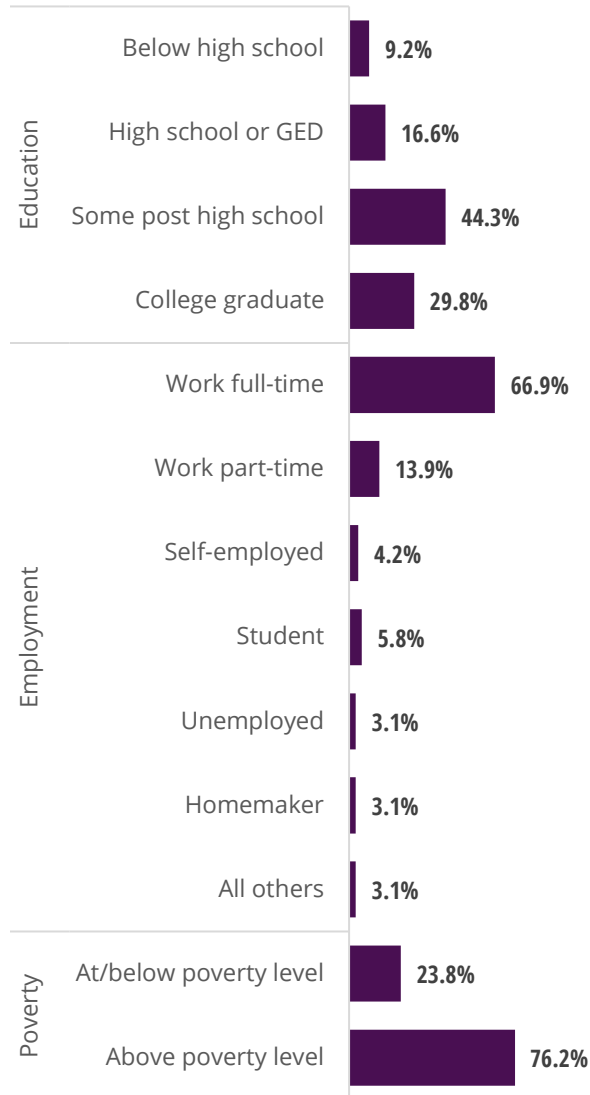
* <1% of respondents identified as genders other than female or male.

MENA: Middle Eastern/North African. Also includes people identifying as Southwest Asian.

AI/AN: American Indian/Alaska Native

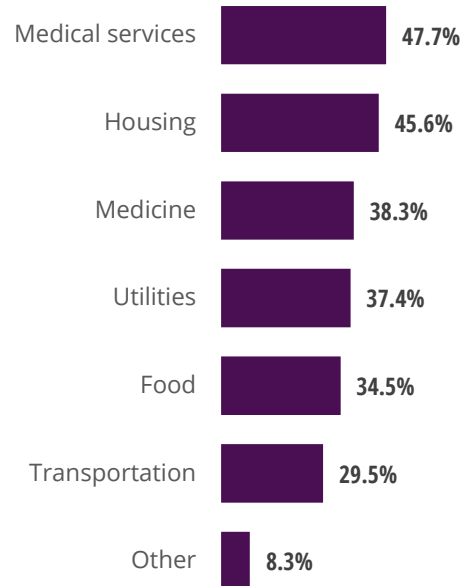
Note: Some totals may not add up to 100% due to rounding.

Figure 3. Most respondents had post-high school education and were employed. Yet about 1 in 4 lived in poverty.



Notes. College graduates include those receiving a bachelor's degree or higher. Under employment, "all others" includes retirees, people unable to work, and people choosing not to work. The Health and Human Services Poverty Guidelines can be found at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

Figure 4. Medical service expenses were the top financial worry of respondents.

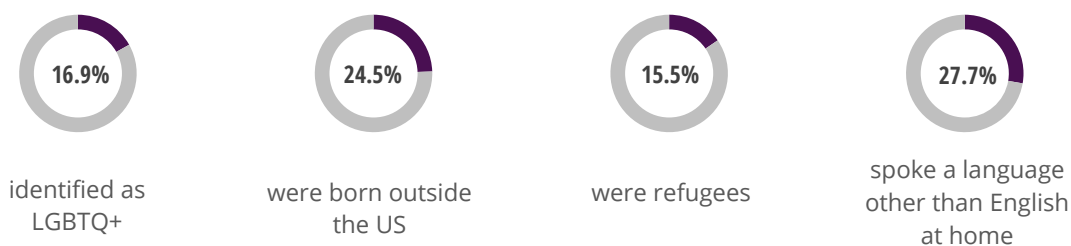


% of respondents marking "yes" to "Have you worried that you wouldn't have enough money to pay for any of these things in the past 12 months?" The denominator includes survey respondents that made any selection to this question (n = 553).

Other characteristics

Many respondents were from other underrepresented groups in Utah. About 1 in 6 identified as LGBTQ+, 1 in 4 were born outside the U.S., 1 in 6 were refugees, and more than 1 in 4 spoke a language other than English at home (Figure 5). Of those speaking a language other than English at home, Kinyarwanda (the national language of Rwanda), Arabic, Swahili, and Navajo were the most frequently spoken languages. About 37.0% of respondents resided in rural or frontier areas of Utah.

Figure 5. Other characteristics of respondents

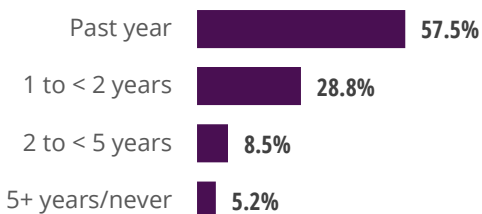


Questions used for calculations: "Which best describes your current sexual orientation?" "Were you born in the United States?" "Did you come to the United States as a refugee?" and "What language do you speak at home?"

Healthcare access



Figure 6. Most respondents had a routine checkup in the past year.



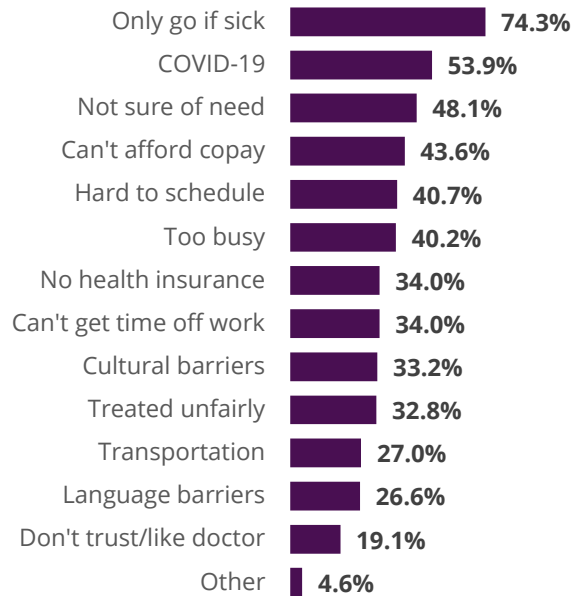
% of responses to "About how long has it been since you last visited a doctor or other healthcare provider for a routine checkup?"

Primary care

Among respondents, about 2 in 3 (65.0%) reported that they had a primary care doctor or healthcare provider.

A large majority had a checkup in the past 2 years (Figure 6). Respondents who had not received a physical in the past year were asked to provide reasons for not getting a checkup. Most respondents did not get a checkup because they only go to a doctor when they are sick. COVID-19 and not being sure if they need to see a doctor were other common reasons for not getting a regular checkup (Figure 7).

Figure 7. Respondents did not get checkups mostly because they only go to the doctor when they're sick.



% of respondents selecting options for "Were any of these the reasons you didn't get a checkup in the past 12 months?"

Only respondents indicating they had not seen a doctor in the past year and made any selection to this question were included in the denominator (n=241).

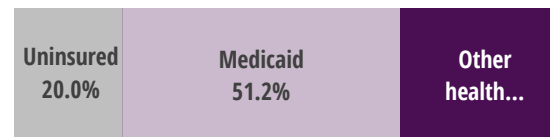
Note: Multiple selections were allowed so percentages will not add to 100%.

In addition, respondents were asked if there was a time in the past year where they needed to see a doctor but could not due to cost. A little more than 1 in 3 said yes (Figure 8).

Insurance coverage

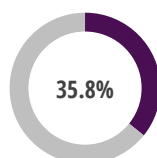
Most respondents had some form of insurance coverage (Figure 9). About half of respondents with health insurance were covered by Medicaid, and the rest were covered by other health insurance such as employer-provided coverage.

Figure 9. Most respondents had some form of healthcare coverage, primarily Medicaid.



A combination of responses to "Do you have health insurance right now?" and "Do you have Medicaid?" "Other health insurance" includes respondents that indicated they had health insurance, but said "don't know" or did not respond to "do you have Medicaid?" (n = 8)

Figure 8. Cost was a barrier to healthcare access.

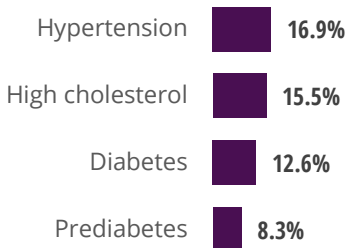


of respondents were unable to get medical care due to cost

% of respondents reporting "yes" to "In the past 12 months, did you need to see a healthcare provider but could not because of the cost?"

1 in 3

respondents had at least one chronic disease

Figure 10. Rates of chronic disease awareness varied among respondents.

% of respondents selecting “yes” to “Have you ever been told by a doctor or other healthcare provider that you have diabetes?” “Have you ever been told by a doctor or other healthcare provider that you have prediabetes or borderline diabetes?” “Have you ever been told by a doctor, nurse, or other healthcare provider that you have high blood pressure?” and “Have you ever been told by a doctor, nurse, or other healthcare provider that your blood cholesterol is high?”

Chronic diseases

Awareness

About 1 in 3 (32.7%) of respondents had at least one of the following: prediabetes, diabetes, hypertension, or high cholesterol.

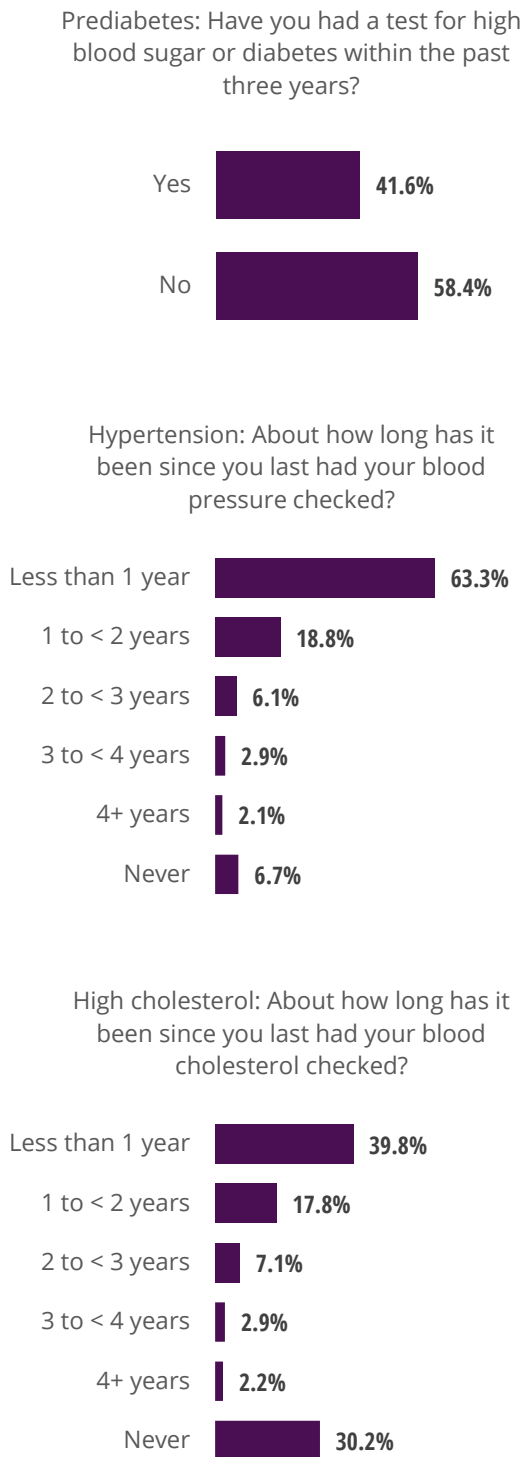
Rates of specific chronic diseases varied, ranging from 1 in 12 for prediabetes to 1 in 6 for hypertension (Figure 10). Chronic disease rates may be lower in this survey than in the population overall because chronic disease rates increase with age and many respondents were relatively young. These rates may also be underestimates because some respondents may have one of these conditions but have not been diagnosed, or they may not have been willing to disclose their status on this survey. Also, prediabetes is a diagnosis that shows risk for type 2 diabetes, so a respondent would not be diagnosed with both prediabetes and diabetes.

Screening

The percentages of people getting screened for specific chronic diseases also varied (Figure 11). For prediabetes/diabetes, 2 in 5 respondents had been tested for high blood sugar or diabetes in the past 3 years. For hypertension, about 2 in 3 had their blood pressure checked within the past year. About 2 in 5 had their cholesterol checked within the past year. In contrast, about one-third of respondents have never had their cholesterol checked.

It is important to remember that screening recommendations vary by the type of chronic disease. Not all of these screening schedules match the timeframes on the survey. For prediabetes and type 2 diabetes, the [American Diabetes Association](#) recommends screening all adults every 3 years starting at age 35, and at younger ages for people with other risk factors such as overweight or obesity.¹¹ For hypertension, the [United States Preventive Services Taskforce](#) recommends blood pressure screening every 3 to 5 years for adults aged 18-39. Screenings should occur annually for adults ages 40 and older or at increased risk for high blood pressure.¹² For high cholesterol, the [Centers for Disease Control and Prevention \(CDC\)](#) recommends cholesterol testing every five years for adults

Figure 11. Respondents reported being screened for hypertension most often.



aged 20 and older without cardiovascular disease risk factors, and more often for people with risk factors.¹³ Because of these nuances to screening recommendations, this survey was unable to assess more specifically how well respondents were meeting the recommendations.

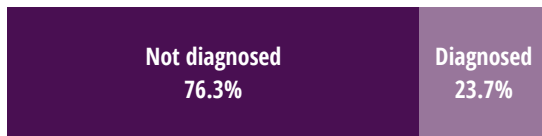
Other risk factors

Many respondents were at higher risk for prediabetes but had not been diagnosed. The Healthcare Access Survey asked questions that allowed for a calculation of [prediabetes risk](#)¹⁴ for each respondent. About 1 in 6 respondents were at high risk for type 2 diabetes according to the prediabetes risk test. Of those people at high risk, 3 in 4 had not been diagnosed with prediabetes or diabetes (Figure 12).

[Body mass index](#) (BMI) is a measure of body fat based on height and weight.¹⁵ A high BMI indicates conditions such as overweight and obesity and is closely linked with poorer health outcomes and chronic diseases such as type 2 diabetes, hypertension, and high cholesterol. Based on BMI, about 1 in 4 respondents were overweight and 2 in 5 were obese (Figure 13).

Figure 12. Most respondents at risk for prediabetes had not been diagnosed.

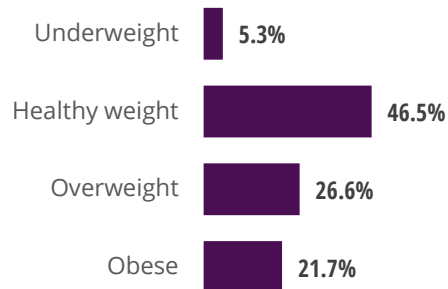
% of respondents with a high prediabetes risk score and whether or not they had a prediabetes diagnosis.



Calculated based on the CDC's [Prediabetes Risk Test](#).

Note: Not all survey categories had perfect matches to the prediabetes risk test. When there was uncertainty with scoring, the lowest of possible points was selected. This may result in an underestimate of prediabetes risk.

Figure 13. About half of respondents were overweight or obese.



Calculated based on "About how much do you weigh without shoes?" and "About how tall are you without shoes?"

Were certain respondents more affected by chronic diseases?

We compared several respondent characteristics to see if they were related to having at least one chronic disease.

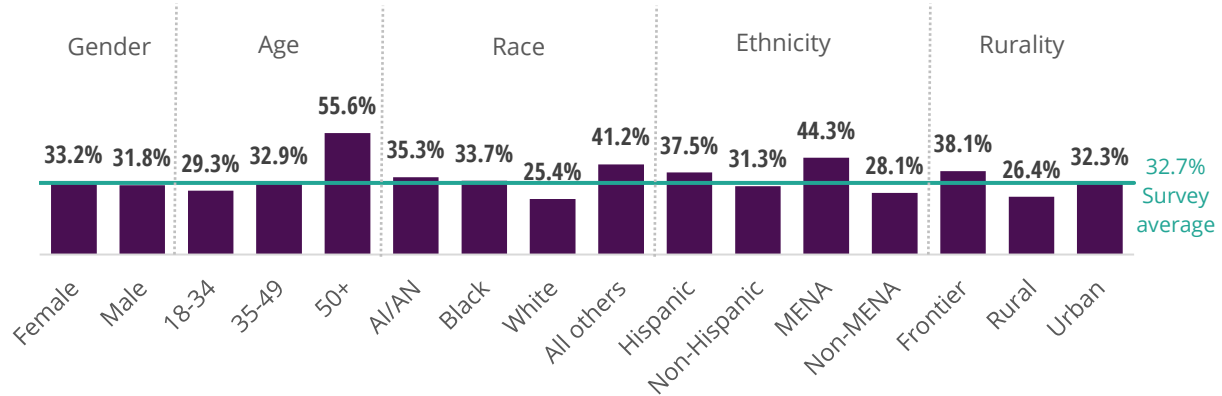
Respondents aged 50 or older had the highest rates of chronic diseases in the survey population. People identifying as Middle Eastern, North African, or Southwest Asian also had higher rates of chronic diseases compared to the survey population. Most other demographics had chronic disease rates similar to the survey average (Figure 14).

No differences in chronic disease rates were observed by employment or poverty level, but rates increased for respondents of a higher education level (Figure 15). There may be some relationship between a respondent's education level and access to care, which may partially explain this trend.

Chronic disease rates did vary for some factors of healthcare access. In particular, people that indicated they were unable to get medical care due to cost had higher rates of chronic diseases than the survey average (Figure 16).

Figure 14. Respondents aged 50 and older had the highest rates of chronic diseases.

% of respondents having one or more chronic disease, by demographic.

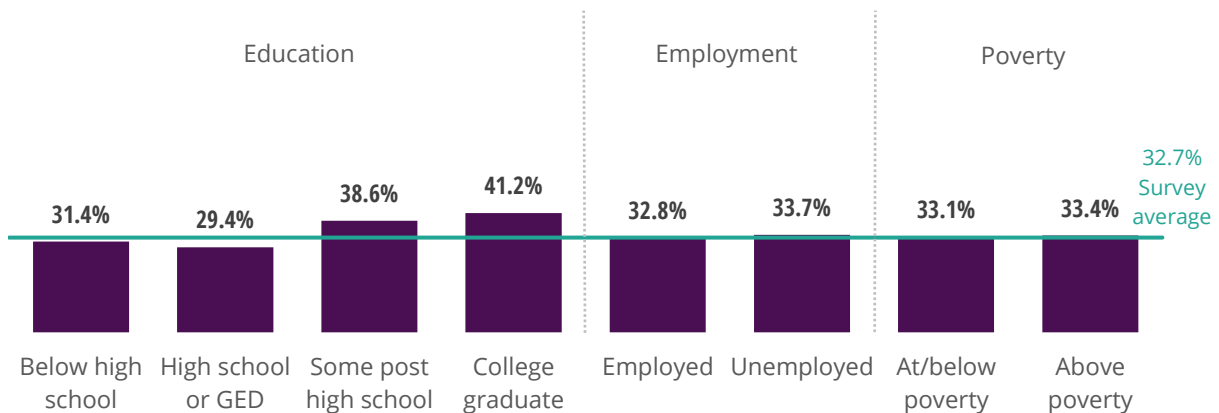


MENA: Middle Eastern/North African. Also includes people identifying as Southwest Asian.

Note: This is an aggregate of people responding “yes” to having diabetes, prediabetes, hypertension, or high cholesterol. People marking “don’t know” or not responding to one or more chronic disease questions were treated as a “no” for the purpose of this calculation.

Figure 15. Chronic disease rates increased slightly by education level, but didn’t change based on poverty or employment.

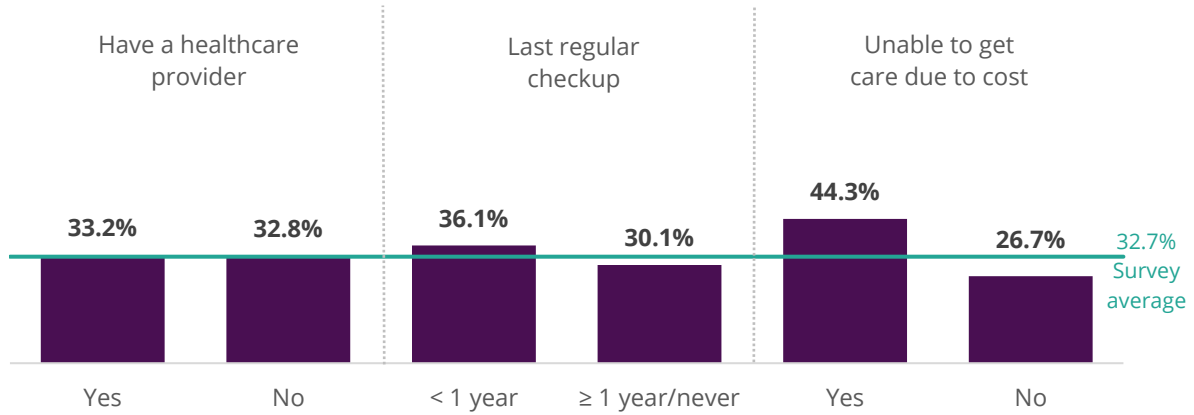
% of respondents having one or more chronic disease by education, employment, and poverty level.



Note: This is an aggregate of people responding “yes” to having diabetes, prediabetes, hypertension, or high cholesterol. People marking “don’t know” or not responding to one or more chronic disease questions were treated as a “no” for the purpose of this calculation.

Figure 16. Respondents unable to get care due to cost had higher rates of chronic diseases.

% of respondents having one or more chronic disease based on access to healthcare.



Note: This is an aggregate of people responding “yes” to having diabetes, prediabetes, hypertension, or high cholesterol. People marking “don’t know” or not responding to one or more chronic disease questions were treated as a “no” for the purpose of this calculation.

How were respondents affected by discrimination in healthcare?



- **1 in 3 respondents reported experiencing discrimination** when accessing healthcare in Utah.
- Respondents who were aged 35-49, Black/African American, or living in rural counties felt discriminated against in healthcare settings most often.
- Respondents experiencing discrimination felt it was most often because of their race.



- Nearly 1 in 3 respondents delayed routine medical care due to fears of discrimination
- Respondents who felt discriminated against were **less likely to access healthcare** or get health information they understood.
- Respondents who felt discriminated against had **higher chronic disease rates**.

Who experienced discrimination in healthcare settings?

1 in 3

respondents felt discriminated against when accessing medical care in Utah

Overall, 31.3% of respondents reported that they felt discriminated against or treated unfairly when accessing medical care in Utah.

Specific groups of respondents tended to feel discriminated against in healthcare settings at higher rates than other survey

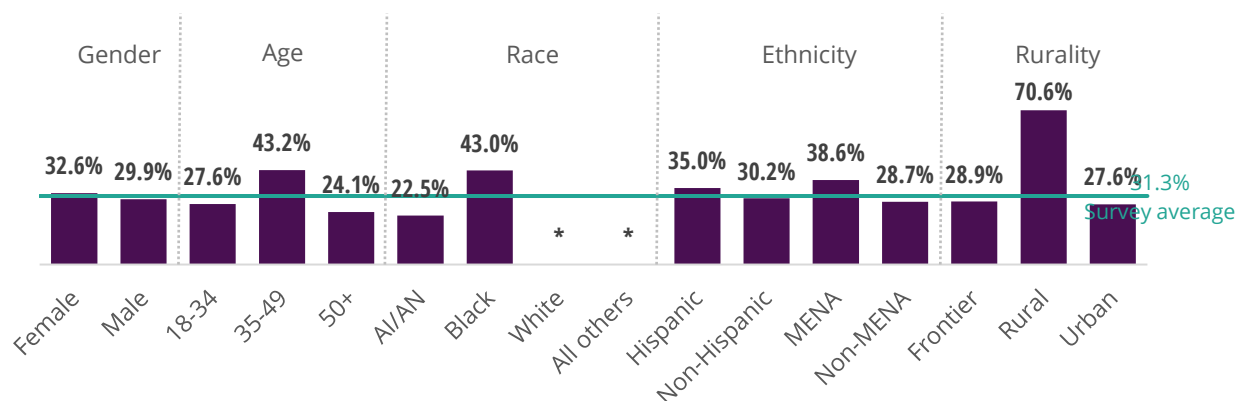
respondents. This included respondents aged 35-49, Black/African American respondents, and respondents living in rural counties (Figure 17). Among education levels, people with less than a high school education felt discriminated against most often (Figure 18).

Surprisingly, respondents who were unemployed and/or living at or below the poverty level reported feeling discriminated against less often. Respondents with some post-high school education (below a bachelor's degree) also felt discriminated against less often.

Those experiencing discrimination were asked about the potential reasons for discrimination. They most often chose race/ethnicity and their financial status (Figure 19).

Figure 17. Respondents who were aged 35-49, Black/African American, or living in rural counties felt discriminated against in healthcare settings most often.

% of respondents perceiving discrimination in healthcare settings by demographic.



* Data not shown due to small group sizes (n<10).

MENA: Middle Eastern/North African. Also includes people identifying as Southwest Asian.

Figure 18. Education, employment, and poverty level have minor relationships to feeling discriminated against in healthcare settings.

% of respondents perceiving discrimination in healthcare settings by education, employment, and poverty level.

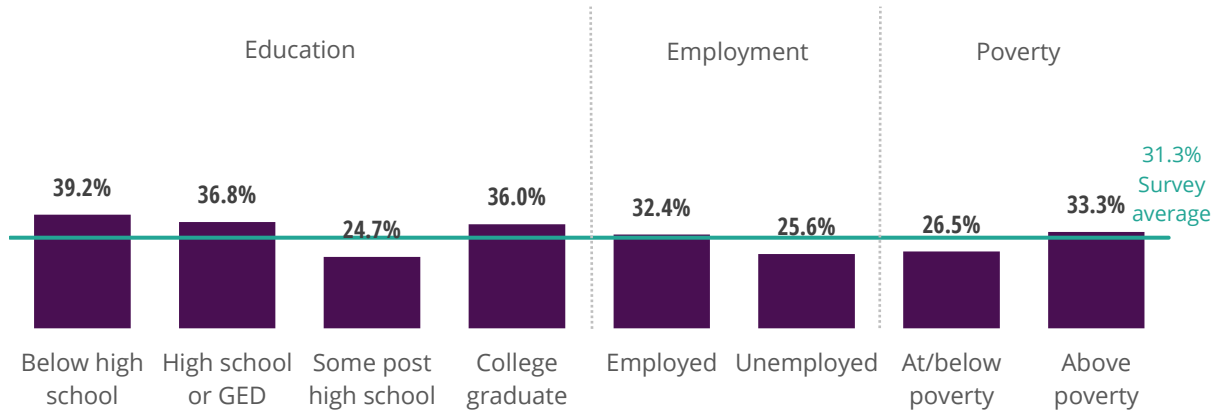
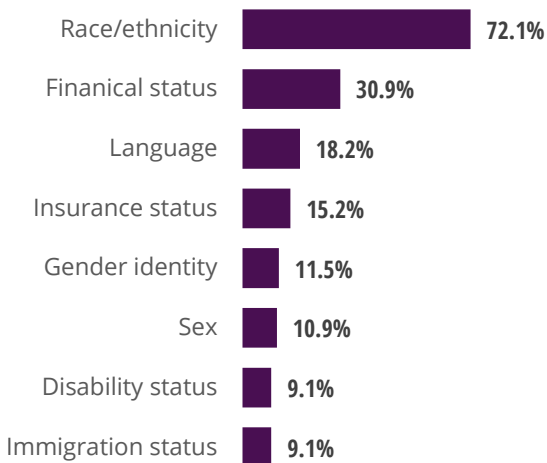


Figure 19. Respondents that felt discriminated against most often felt it was because of their race.



% of respondents selecting options for “In the past two years when you felt discriminated against or treated unfairly when accessing medical care in Utah, was it for any of the following reasons?”

Only respondents indicating they had felt discriminated against and made any selection to this question were included in the denominator (n=165).

Note: Multiple selections were allowed so percentages will not add to 100%.

How did discrimination relate to healthcare access?

Respondents who felt discriminated against tended to access healthcare in Utah less frequently and had more difficulty getting information about their health that they understood.

Nearly 1 in 3 respondents indicated that they had delayed accessing routine health checkups in Utah because of fear of discrimination or being treated unfairly (Figure 20).

Respondents who felt discriminated against were less likely to have a primary care provider or to have had a checkup within the past year. They also reported getting health information they understood much less often (Figure 21).

Figure 20. Nearly 1 in 3 respondents delayed routine medical care due to fears of discrimination.

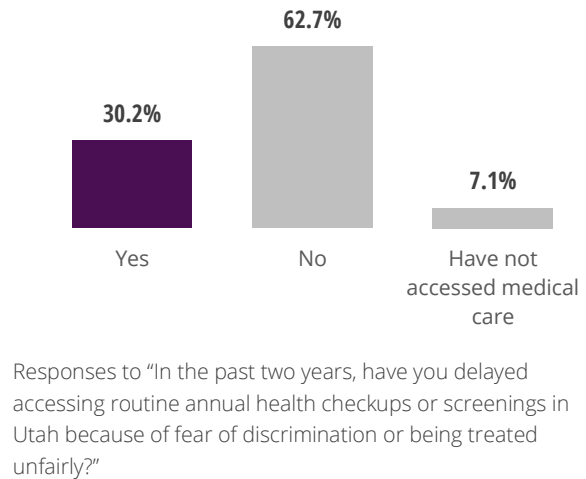
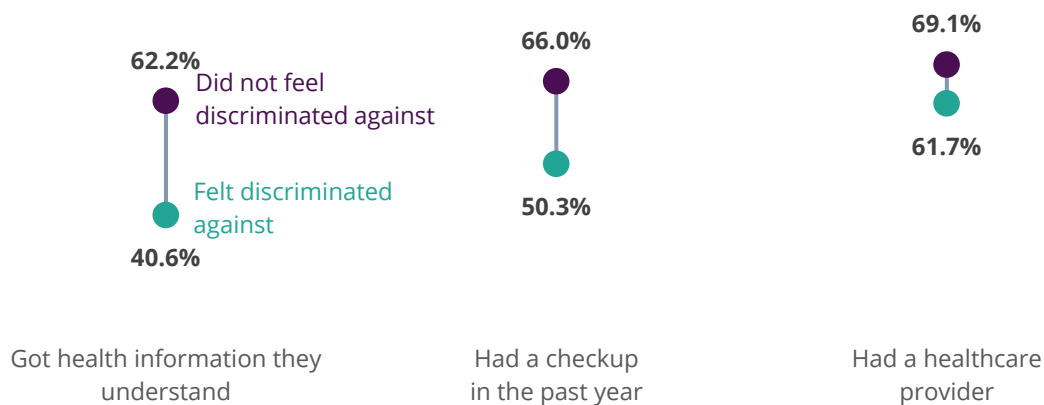


Figure 21. Respondents who felt discriminated against were less likely to access healthcare or get health information they understood.

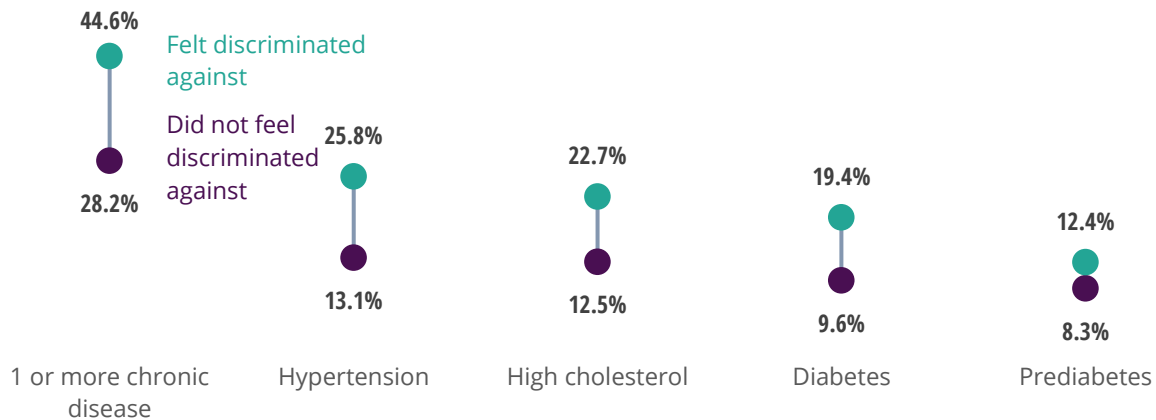


"Yes" responses to the following questions, broken out by those who had or had not felt discriminated against in medical settings: "Do you have a primary care doctor or healthcare provider?" "About how long has it been since you last visited a doctor or other healthcare provider for a routine checkup?" and "When you visit your doctor or other healthcare provider, do you usually get information about your health that you can understand?"

How did discrimination relate to health outcomes?

Respondents who felt discriminated against in medical settings tended to have higher rates of chronic disease than respondents not experiencing discrimination. Almost one-half of respondents that felt discriminated against had at least one chronic disease, while only about a quarter of respondents that did not feel discriminated against reported having at least one chronic disease. The difference is greatest for hypertension, where 1 in 4 respondents experiencing discrimination reported having hypertension, while 1 in 8 respondents not experiencing discrimination reported having hypertension (Figure 22).

Figure 22. Respondents who felt discriminated against had higher chronic disease rates.



"Yes" responses to the following questions, broken out by those who had or had not felt discriminated against in medical settings: "Have you ever been told by a doctor or other healthcare provider that you have diabetes?" "Have you ever been told by a doctor or other healthcare provider that you have prediabetes or borderline diabetes?" "Have you ever been told by a doctor, nurse, or other healthcare provider that you have high blood pressure?" and "Have you ever been told by a doctor, nurse, or other healthcare provider that your blood cholesterol is high?"

How did respondents get information about their health?



- Respondents most often use **Facebook and YouTube.**
- Top media choices were similar across demographics.

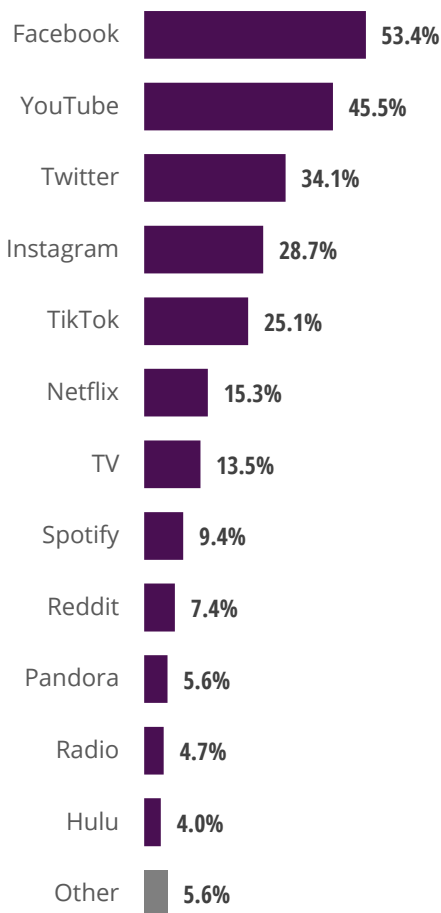


- Respondents wanted to get information about their health from their **medical provider, friends/family, and community health workers.**
- Preferences tended to stay consistent across demographics.

How were respondents accessing media?

Respondents most frequently selected Facebook and YouTube as the types of media they use most often, without regard for the content of the media (Figure 23). While there were some variations in preferences by demographic, the most frequently selected media choices tended to stay the same. As an example, the top 5 media choices by race are presented in Figure 24. Facebook and YouTube are in the top 3 most selected options across all groups.

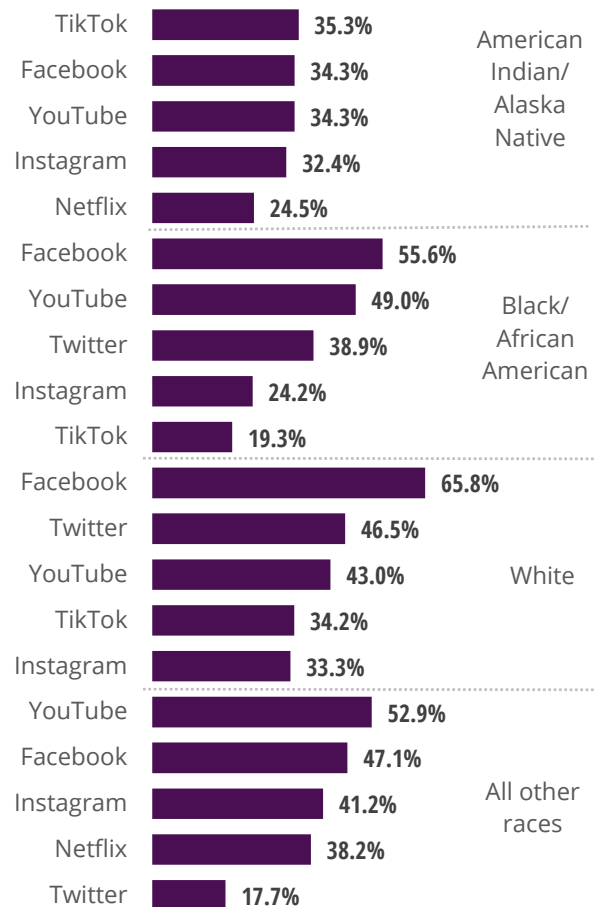
Figure 23. Most survey respondents accessed media through Facebook and YouTube.



% of respondents selecting options for "Which of the following types of media do you use most often?"

Note: Multiple selections were allowed so percentages will not add to 100%. Only respondents that made any selection to this question were included in the denominator (n=554).

Figure 24. Top media choices by race tended to be similar.



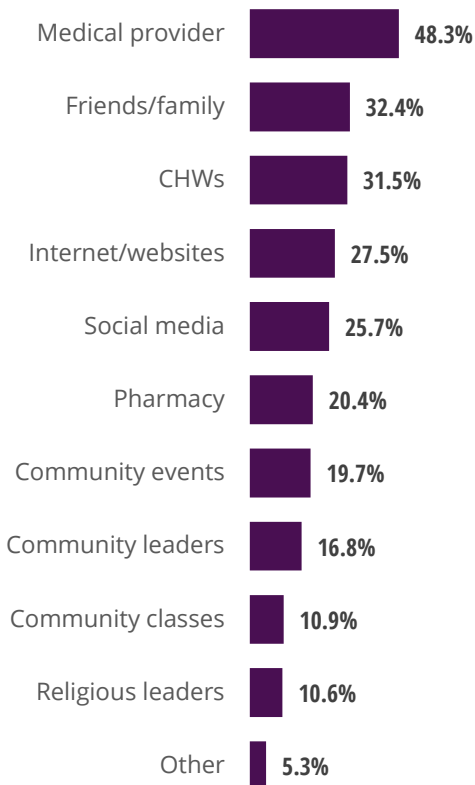
% of respondents selecting options for "Which of the following types of media do you use most often?"

Note: Multiple selections were allowed so percentages will not add to 100%. The denominator includes respondents that made any selection to this question.

How did respondents want to get information about their health?

When asked about how they prefer to get information and resources about their health, respondents most frequently selected their medical provider, friends/family, and community health workers (Figure 25). While there were some variations in preferences by demographic, the most frequently selected choices tended to stay the same. As an example, the top 5 health information choices by race are presented in Figure 26.

Figure 25. Most survey respondents wanted information about their health from their medical provider.

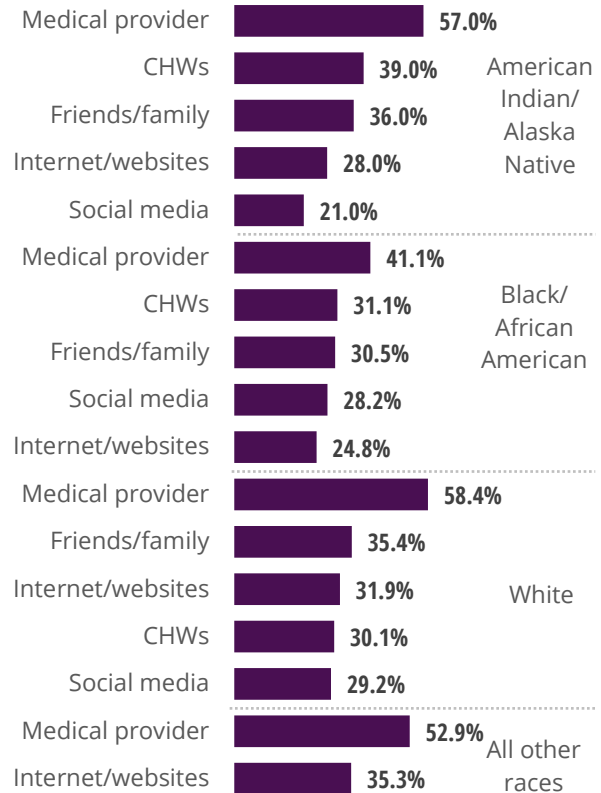


% of respondents selecting options for “How would you like to get information and resources about your health?”

CHW: Community health worker

Note: Multiple selections were allowed so percentages will not add to 100%. Only respondents that made any selection to this question were included in the denominator (n=549).

Figure 26. Top sources for health information by race tended to be similar.



% of respondents selecting options for “How would you like to get information and resources about your health?”

CHW: Community health worker

Note: Multiple selections were allowed so percentages will not add to 100%. The denominator includes respondents that made any selection to this question. Not enough respondents of other races selected options frequently enough to present a top 5.

Discussion

Overall, respondents appeared to reflect the racial makeup of the communities reached through the 4 CBOs by being African American/Black and/or American Indian/Alaska Native. Most respondents were aged 18-34.

Survey respondents indicated several potential areas of concern related to health and healthcare access. First, a sizable proportion of respondents had financial concerns related to healthcare, despite a large majority being covered by some form of insurance. Second, many had not made annual physicals a part of their healthcare routine and may not be getting screened for chronic disease at the recommended frequency. In particular, many people showing a high prediabetes risk based on survey responses had not been diagnosed with prediabetes. This could be due to respondents not getting annual physicals, or it could be due to other factors such as not being screened for prediabetes during a physical or provider reluctance to make a diagnosis. Third, being overweight or obese, which are major risk factors for chronic disease, were seen at high rates among respondents.

Responses related to discrimination were concerning. Nearly 1 in 3 reported feeling discriminated against when accessing medical care in Utah. This is much higher than seen in research on the overall population of Utah, where only 5% of people said they felt discriminated against in healthcare settings (BRFSS; Appendix B). People who reported feeling discriminated against were less likely to regularly access healthcare or get health information they understood. They also had higher rates of chronic disease diagnosis. For those who felt discriminated against, they most often cited race/ethnicity as a factor.

Media preferences and the sources people chose to get information about their health tended to be consistent among respondents. Respondents most often used Facebook and YouTube to consume media. They preferred to get information about their health from a medical provider, friends/family, and community health workers. This information is useful when planning how to communicate with community members regarding health.

Limitations

Limitations of this survey include challenges with generalizing findings and possible biases of the responses themselves.

Generalizing findings to all underrepresented populations is very difficult with a convenience sampling approach because respondents are not randomly selected. It's impossible to know whether the people who responded to the survey represent the

population of interest or not. Nonetheless, convenience sampling is useful to get valuable information about small audiences, such as those reached by this survey, when resources are limited.

During sampling, it's possible that a younger audience may have been more likely to see survey invitations on social media. This could explain the high number of respondents aged 18-34 and low number of respondents older than 50.

The younger age of survey respondents may provide results that are skewed in comparison to the population. For example, rates of chronic disease tend to increase with age, so survey results are likely to be an underestimate of overall chronic disease rates. Likewise, younger people may be less likely to get an annual physical, which may not be representative of the broader community. People using survey results should be careful not to make broad judgments when interpreting this data.

These results are specific to the CBOs involved in the survey. Because of this, applying results to other communities such as a youth or LGBTQ+-focused CBO would not be appropriate. In addition, due to the large number of International Rescue Committee respondents in comparison to other CBOs, overall results may be slightly skewed towards this group.

Given the sensitivity of some survey questions, there is also the possibility of social desirability bias. This is when a person responds to a question in a way that they believe is more socially acceptable. For example, they might say that they see a doctor more frequently than they do, or they may deny that they have been diagnosed with a particular chronic disease.

Similarly, this survey is limited by the answers respondents gave rather than providing objective data. For example, this report describes *how often people perceive to have been discriminated against*, which may or may not be the same as *how often discrimination actually occurs*. Likewise, this report can only show the percentage of people *aware of having a chronic disease*, which is likely to be lower than the percentage of people *with that chronic disease*, in part because many people are unaware that they have the disease. Because discrimination is a barrier to routine care, survey respondents might be especially likely to go undiagnosed.

Despite limitations, these results are considered a useful source when planning ways to address discrimination and engage with the selected communities.

Recommendations

For CBOs

CBOs play a critical role in supporting the health of their community. Based on survey results, CBOs can promote health and address discrimination in the following ways:

- Promote annual physical exams and other forms of preventive healthcare, such as chronic disease screenings.
- Promote healthy lifestyles that are inclusive of cultural norms and traditions.
- Make culturally-relevant health information available to community members.
- Consider sharing health information through social media channels where communities already get information.
- Support community members in finding healthcare providers they feel comfortable with. This could include providing hands-on support in helping people advocate for themselves in healthcare settings.

The specific needs and capacity of each CBO vary greatly; the CBO will likely know what is most needed to address healthcare access and discrimination for their community. These recommendations can be considered a starting point but should not replace the expert knowledge and lived experience of community members.

For local health departments and other agencies

Local health departments and other agencies are well-positioned to take action on many of the issues identified from this survey. They can do the following:

- Develop continuing education for healthcare providers to understand how discrimination occurs in healthcare settings and how to address it.
- Meet with CBOs directly to identify what health-related support systems they think are most needed. When possible, integrate these needs into work plans.
- Integrate chronic disease screenings into places where the groups reached by this survey already congregate. For example, they could work with a local church or mosque to hold a screening event or set up a self-measured blood-pressure loaner program.
- Develop health promotion materials that are culturally relevant and suitable for social media channels. Non-English speakers may benefit from translation of materials to their preferred language.

- Hold interviews and/or focus groups with community members and healthcare providers to further investigate the context of discrimination within healthcare settings. More information is needed to understand exactly how discrimination is occurring in healthcare settings and how to address it.

For state and federal health organizations

State and federal health organizations can work at a higher level to move towards systemic change. They can:

- Identify gaps in provider coverage where priority populations, such as American Indian/Alaska Native or Black/African American populations live. Attention should be made to make sure there is an adequate number of providers accepting adult Medicaid patients. Possibilities include:
 - Engaging in initiatives which encourage people from underrepresented demographics to pursue careers in healthcare.
 - Implementing or supporting strategies to address gaps in coverage. For example, mobile clinics may be able to support hard-to-reach communities.
- Implement an incentive program to encourage qualifying individuals to get screened for chronic disease. Qualifications may be based on factors such as income, age, race, etc.
- Develop model policies for healthcare systems to adopt that hold providers accountable for discriminatory practices. Develop a system to allow people affected by discrimination to make anonymous reports. The system should also develop a procedure to follow up on reports.
- Make sure that under-represented groups are adequately represented in population-based surveys and other data collection, such as the BRFSS. Correct labeling of this population can improve and better tailor the services provided to them. For example, Middle Eastern and North African people have been mislabeled as “White” which have resulted in their exclusion from many local and national programs.

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Appendix A: Healthcare Access Survey response frequency tables

These tables show the frequencies for all survey items and calculated variables. Variable names for survey items are in parentheses. If a variable was calculated from a survey item, this is noted in parentheses, and these variables are placed as close as possible to the relevant survey items.

In some cases, counts and percentages were not shown to protect respondent privacy. This generally occurred when an item had 10 or fewer responses. Whenever possible, groups were combined to be able to show data. When this was not possible, the counts for all of these groups were combined into one row called “suppressed.”

Table A.1: Number of respondents by community-based organization

	%	Count
Best of Africa	16.7%	93
International Rescue Committee	50.7%	282
Utah Muslim Civic League	14.6%	81
Utah State University - Blanding	18.0%	100
Total	100.0%	556

Table A.2: What is your age? (D1)

Asked of all respondents

	%	Count
18-34	64.6%	359
35-49	25.7%	143
50+	9.7%	54
Valid total	100.0%	556
Don't know/refused		0
System missing		0
Grand total		556

Note: Survey options 50-64 and 65+ were combined due to small group sizes.

Table A.3: What county do you live in? (D2)*Asked of all respondents*

	Percent	Count
Beaver County	6.8%	37
Box Elder County	*	*
Cache County	5.2%	28
Carbon County	*	*
Daggett County	*	*
Davis County	2.4%	13
Duchesne County	2.2%	12
Emery County	*	*
Garfield County	*	*
Grand County	*	*
Iron County	*	*
Juab County	*	*
Kane County	*	*
Millard County	0.0%	0
Morgan County	*	*
Piute County	*	*
Rich County	0.0%	0
Salt Lake County	36.8%	199
San Juan County	14.2%	77
Sanpete County	*	*
Sevier County	*	*
Summit County	*	*
Tooele County	*	*
Uintah County	*	*
Utah County	15.9%	86
Wasatch County	*	*
Washington County	3.9%	21
Wayne County	*	*
Weber County	2.4%	13
Suppressed	10.2%	55
Valid total	100.0%	541
Don't know/refused		15
System missing		0
Grand total		556

* Data not shown due to small group sizes (n<10). These numbers are combined in the suppressed row.

Table A.4: What county do you live in? Recoded to county rurality (D2_recode)*Asked of all respondents*

	Percent	Count
Frontier	27.2%	147
Rural	9.8%	53
Urban	63.0%	341
Valid total	100.0%	541
Don't know/refused		15
System missing		0
Grand total		556

Note: County classifications can be found at <https://ruralhealth.health.utah.gov/portal/county-classifications-map/>.**Table A.5: Were you born in the United States? (D4)***Asked of all respondents*

	Percent	Count
Yes	75.5%	420
No	24.5%	136
Valid total	100.0%	556
Don't know/refused		0
System missing		0
Grand total		556

Table A.6: Did you come to the United States as a refugee? (D4A)*Asked of respondents born outside of the United States*

	Percent	Count
Yes	63.7%	86
No	36.3%	49
Valid total	100.0%	135
Don't know/refused		1
System missing		420
Grand total		556

Table A.7: How long have you lived in Utah? Just your best guess. (D5)*Asked of all respondents*

	Percent	Count
Less than 1 year	2.5%	14
1-2 years	12.1%	67
2-5 years	20.5%	114
More than 5 years	64.9%	361
Valid total	100.0%	556
Don't know/refused		0
System missing		0
Grand total		556

Table A.8: Are you Hispanic, Latino/a, or of Spanish origin? (D6)*Asked of all respondents*

	Percent	Count
Yes	23.0%	128
No	77.0%	428
Valid total	100.0%	556
Don't know/refused		0
System missing		0
Grand total		556

Table A.9: What is your race? (A composite variable based on D7 and D7A)*Asked of all respondents*

	Percent	Count
American Indian/Alaska Native	18.5%	102
Black/African American	55.5%	306
White	20.7%	114
All others	5.3%	29
Valid total	100.0%	551
Don't know/refused		5
System missing		0
Grand total		556

Note: Survey options Asian, Pacific Islander or Native Hawaiian, and other were combined due to small group sizes.

Table A.10: Do you identify as Middle Eastern, Southwest Asian, and/or North African? (D7B)*Asked of all respondents*

	Percent	Count
Yes	30.2%	158
No	69.8%	366
Valid total	100.0%	524
Don't know/refused		32
System missing		0
Grand total		556

Table A.11: Which of the following categories do you identify as? You may choose more than one (D7B1)*Asked of respondents identifying as Middle Eastern, Southwest Asian, and/or North African*

	Percent	Count
Middle Eastern	30.1%	47
North African	55.8%	87
Southwest Asian	24.4%	38
Other	*	*
Number of respondents to this question	-	156
Don't know/refused		2
System missing		398
Grand total		556

* Data not shown due to small group sizes (n<10).

Note: Multiple selections were allowed so percentages will not add to 100%.

Table A.12: What language do you speak at home? (D8)*Asked of all respondents*

	Percent	Count
Arabic	3.1%	17
English	72.3%	402
Farsi	0.0%	0
Goshute	0.0%	0
Kinyarwanda	10.1%	56
Navajo	2.3%	13
Nepali	0.0%	0
Nyanja	0.0%	0
Paiute	0.0%	0
Shoshone	0.0%	0
Swahili	2.9%	16
Ute	0.0%	0
Other	9.4%	52
Valid total	100.0%	556
Don't know/refused		0
System missing		0
Grand total		556

Note: Other includes responses of French, Hindi, Kirundi, Pashto, and Spanish due to small group sizes.

Table A.13: What language do you speak at home? Recoded to English and not English (D8_recode)*Asked of all respondents*

	Percent	Count
English	72.3%	402
Not English	27.7%	154
Valid total	100.0%	556
Don't know/refused		0
System missing		0
Grand total		556

Table A.14: Which best describes your current gender identity? Please choose one response (D9)*Asked of all respondents*

	Percent	Count
Female	49.8%	277
Male	49.3%	274
All other genders	0.9%	5
Prefer not to answer	0.0%	0
Valid total	100.0%	556
Don't know/refused		0
System missing		0
Grand total		556

Note: Responses of "Gender non-binary," "Transgender female," "Transgender male," and "A gender not listed here" were combined due to small group sizes.

Table A.15: Which best describes your current sexual orientation? Please choose one response (D10)*Asked of all respondents*

	Percent	Count
Asexual	5.2%	29
Bisexual	6.3%	35
Gay/lesbian	2.7%	15
Heterosexual/straight	76.3%	424
All other sexual orientations	1.3%	7
Prefer not to answer	8.3%	46
Valid total	100.0%	556
Don't know/refused		0
System missing		0
Grand total		556

Note: Responses of "Pansexual," "Queer," and "A sexual orientation not listed here" were combined due to small group sizes.

Table A.16: Which best describes your current sexual orientation? Please choose one response. Recoded to LGBT and non-LGBT (D10_recode)*Asked of all respondents*

	Percent	Count
LGBT	16.9%	86
Non-LGBT	83.1%	424
Valid total	100.0%	510
Don't know/refused		46
System missing		0
Grand total		556

LGBT: Lesbian, gay, bisexual, transgender.

Table A.17: Have you ever been pregnant? (D11)*Asked of all respondents*

	Percent	Count
Yes	33.2%	184
No	66.8%	371
Valid total	100.0%	555
Don't know/refused		1
System missing		0
Grand total		556

Table A.18: Which of the following types of media do you use most often? You can choose up to three. (D12)*Asked of all respondents*

	Percent	Count
Local cable/broadcast television	13.5%	75
Hulu	4.0%	22
Netflix	15.3%	85
YouTube	45.5%	252
Facebook	53.4%	296
Instagram	28.7%	159
Twitter	34.1%	189
Reddit	7.4%	41
Radio	4.7%	26
Spotify	9.4%	52
Pandora	5.6%	31
TikTok	25.1%	139
Other	5.6%	31
Number of respondents to this question	-	554
Don't know/refused		2
System missing		0
Grand total		556

Note: Multiple selections were allowed so percentages will not add to 100%.

Table A.19: What type of internet do you have at home? You can choose more than one. (SDOH1)*Asked of all respondents*

	Percent	Count
Internet through mobile data, including hot spots	52.2%	286
Internet through Wi-Fi or Ethernet	83.6%	458
Other	1.8%	10
I don't have any internet	2.3%	13
Number of respondents to this question	-	548
Don't know/refused		8
System missing		0
Grand total		556

Note: Multiple selections were allowed so percentages will not add to 100%.

Table A.20: What is the highest level of education you completed? (SDOH2)*Asked of all respondents*

	Percent	Count
Less than primary or elementary school	2.7%	15
Primary or elementary school	2.7%	15
Started secondary or high school but didn't finish	3.8%	21
Secondary or high school	16.6%	92
Some college	24.2%	134
Technical school	6.1%	34
Associate's degree	13.9%	77
Bachelor's degree	23.1%	128
Graduate degree	6.7%	37
Valid total	100.0%	553
Don't know/refused		3
System missing		0
Grand total		556

Note: Responses of "I've never been to school" and "Started primary or elementary school but didn't finish" were combined into "less than primary or elementary school" due to small group sizes.

Table A.21: What is the highest level of education you completed? Consolidated categories. (SDOH2_recode)*Asked of all respondents*

	Percent	Count
Below high school	9.2%	51
High school or GED	16.6%	92
Some post high school	44.3%	245
College graduate	29.8%	165
Valid total	100.0%	553
Don't know/refused		3
System missing		0
Grand total		556

Note: College graduates includes those with a bachelor's degree or higher.

Table A.22: How would you best describe your employment or work status right now? Please choose one response. (SDOH3)*Asked of all respondents*

	Percent	Count
Work full-time	66.9%	370
Work part-time	13.9%	77
Self-employed or work for myself	4.2%	23
Homemaker or stay at home parent	3.1%	17
Student	5.8%	32
I am not able to work	2.0%	11
Unemployed, choosing not to work, or retired	4.2%	23
Valid total	100.0%	553
Don't know/refused		3
System missing		0
Grand total		556

Note: Responses of “unemployed or out of work for less than a year,” “unemployed or out of work for a year or more,” “I choose not to work right now,” and “retired” were combined due to small group sizes.

Table A.23: How would you describe your employment or work status right now? Consolidated categories. (SDOH3_recode)*Asked of all respondents*

	Percent	Count
Employed for wages	80.8%	447
Self-employed	4.2%	23
Homemaker	3.1%	17
Student	5.8%	32
Retired, unable to work, choosing not to work	3.1%	17
Unemployed	3.1%	17
Valid total	100.0%	553
Don't know/refused		3
System missing		0
Grand total		556

Note: College graduates includes those with a bachelor's degree or higher.

Table A.24: How many total people live in your household, including yourself? (SDOH4)*Asked of all respondents*

	Percent	Count
1	6.5%	36
2	12.1%	67
3	25.9%	143
4	22.6%	125
5	16.1%	89
6 or more	16.8%	93
Valid total	100.0%	553
Don't know/refused		3
System missing		0
Grand total		556

Note: Survey options for household sizes of 6 or more were combined due to small group sizes.

Table A.25: What is the combined ANNUAL (in the past 12 months) income (before taxes and deductions) of ALL ADULTS in your household? (SDOH5)*Asked of all respondents*

	Percent	Count
Less than \$10,000	9.8%	51
\$10,000-\$24,999	13.4%	70
\$25,000-\$49,999	35.3%	184
\$50,000-\$74,999	22.6%	118
\$75,000 or more	19.0%	99
Valid total	100.0%	522
Don't know/refused		34
System missing		0
Grand total		556

Table A.26: Poverty level (a calculated variable based on SDOH4 and SDOH5)

	Percent	Count
At or below the poverty level	23.8%	124
Above the poverty level	76.2%	398
Valid total	100.0%	522
Don't know/refused		34
System missing		0
Grand total		556

Table A.27: Do you have health insurance right now? (SDOH6)*Asked of all respondents*

	Percent	Count
Yes	80.0%	433
No	20.0%	108
Valid total	100.0%	541
Don't know/refused		15
System missing		0
Grand total		556

Table A.28: Do you have Medicaid? (SDOH6A)*Asked of respondents who had health insurance*

	Percent	Count
Yes	65.2%	277
No	34.8%	148
Valid total	100.0%	425
Don't know/refused		8
System missing		123
Grand total		556

Table A.29: Have you worried that you wouldn't have enough money to pay for any of these things in the past 12 months? (SDOH7)*Asked of all respondents*

	Percent	Count
Food	34.5%	191
Rent or house payment	45.6%	252
Utilities (like electricity, water, internet access, or phone)	37.4%	207
Transportation (like a car or bus fare)	29.5%	163
Medicine or prescriptions	38.3%	212
Medical services (like a doctor or hospital)	47.7%	264
Other	8.3%	46
Number of respondents to this question	-	553
Don't know/refused		3
System missing		0
Grand total		556

Note: Multiple selections were allowed so percentages will not add to 100%.

Table A.30: Do you have a primary care doctor or healthcare provider? (ACC1)*Asked of all respondents*

	Percent	Count
Yes	65.0%	346
No	35.0%	186
Valid total	100.0%	532
Don't know/refused		24
System missing		0
Grand total		556

Table A.31: About how long has it been since you last visited a doctor or other healthcare provider for a routine checkup? (ACC2)*Asked of all respondents*

	Percent	Count
Within the past year (anytime less than 12 months ago)	57.5%	310
Within the past 2 years (1 year but less than 2 years ago)	28.8%	155
Within the past 5 years (2 years but less than 5 years ago)	8.5%	46
5 or more years ago	3.3%	18
Never	1.9%	10
Valid total	100.0%	539
Don't know/refused		17
System missing		0
Grand total		556

Table A.32: Was your last visit with a doctor for a routine checkup an in-person or a virtual visit? (ACC2A)*Asked of respondents who had a routine checkup within the past year*

	Percent	Count
In-person in the clinic	86.5%	268
Virtual, phone call, or other	13.5%	42
Valid total	100.0%	310
Don't know/refused		0
System missing		246
Grand total		556

Note: Responses of "virtual," "phone call," and "other" were combined due to small group sizes.

Table A.33: Were any of these the reasons you didn't get a checkup in the past 12 months? (ACC2B)*Asked of respondents who did not have a routine checkup within the past year*

	Percent	Count
I don't have health insurance	34.0%	82
I can't pay the copay, it is too expensive	43.6%	105
I only go to the doctor if I'm sick	74.3%	179
I am too busy	40.2%	97
I can't get time off from work	34.0%	82
I don't have a way to get to the doctor	27.0%	65
It is hard to schedule an appointment	40.7%	98
I don't understand what the doctor is saying because he or she doesn't speak my language	26.6%	64
I didn't want to go to the clinic during COVID-19	53.9%	130
I don't trust and/or like my doctor	19.1%	46
I don't feel like my doctor or the workers at the clinic understand me or my culture	33.2%	80
I feel like my doctor or the workers at the clinic treat me unfairly or differently than everyone else	32.8%	79
I am not sure if I need to see a doctor for routine checkups	48.1%	116
Other	4.6%	11
Number of respondents to this question	-	241
Don't know/refused		5
System missing		310
Grand total		556

Note: Multiple selections were allowed so percentages will not add to 100%.

Table A.34: In the past 12 months, did you need to see a healthcare provider but could not because of the cost? (ACC3)*Asked of all respondents*

	Percent	Count
Yes	35.8%	194
No	64.2%	348
Valid total	100.0%	542
Don't know/refused		14
System missing		0
Grand total		556

Table A.35: When you visit your doctor or other healthcare provider, do you usually get information about your health that you can understand? (ACC4)*Asked of all respondents*

	Percent	Count
Yes	52.9%	290
Sometimes	39.8%	218
No	5.5%	30
I do not go to the doctor	1.8%	10
Valid total	100.0%	548
Don't know/refused		8
System missing		0
Grand total		556

Table A.36: How familiar are you with the healthcare system in Utah? (ACC5)*Asked of all respondents*

	Percent	Count
Very familiar	28.4%	157
Somewhat familiar	47.5%	262
Not very familiar	20.3%	112
Not at all familiar	3.8%	21
Valid total	100.0%	552
Don't know/refused		4
System missing		0
Grand total		556

Table A.37: In the past two years, have you felt discriminated against or treated unfairly when accessing any medical care in Utah? (ACC6)*Asked of all respondents*

	Percent	Count
Yes, I have felt discriminated against or treated unfairly	31.3%	166
No, I have not felt discriminated against or treated unfairly	64.2%	340
No, I have not accessed medical care in Utah in the past two years	4.5%	24
Valid total	100.0%	530
Don't know/refused		26
System missing		0
Grand total		556

Table A.38: In the past two years when you felt discriminated against or treated unfairly when accessing medical care in Utah, was it for any of the following reasons? You can choose more than one. (ACC6A)*Asked of respondents who have felt discriminated against or treated unfairly*

	Percent	Count
Race, ethnicity, or skin color	72.1%	119
Ability to speak English	18.2%	30
Sex	10.9%	18
Sexual orientation	*	*
Gender identity or expression	11.5%	19
Financial or socio-economic status	30.9%	51
Insurance status	15.2%	25
Disability status	9.1%	15
Immigration status	9.1%	15
Other	*	*
Number of respondents to this question	-	165
Don't know/refused		1
System missing		390
Grand total		556

Note: Multiple selections were allowed so percentages will not add to 100%.

Table A.39: In the past two years, have you delayed accessing routine annual health checkups or screenings in Utah because of fear of discrimination or being treated unfairly? (ACC7)

Asked of all respondents

	Percent	Count
Yes	30.2%	163
No	62.7%	338
I have not accessed medical care in Utah in the past two years	7.1%	38
Valid total	100.0%	539
Don't know/refused		17
System missing		0
Grand total		556

Table A.40: How would you like to get information and resources about your health? You can choose more than one. (ACC8)

Asked of all respondents

	Percent	Count
My medical provider	48.3%	265
Community health workers/promotoras	31.5%	173
My community leaders	16.8%	92
My pharmacy	20.4%	112
My friends and/or family	32.4%	178
My religious leaders/church	10.6%	58
Internet/websites	27.5%	151
Social media (Facebook, Instagram, Twitter, etc.)	25.7%	141
Community events	19.7%	108
Community classes	10.9%	60
Other	5.3%	29
Number of respondents to this question	-	549
Don't know/refused		7
System missing		0
Grand total		556

Note: Multiple selections were allowed so percentages will not add to 100%.

Table A.41: Have you ever been told by a doctor or other healthcare provider that you have diabetes? (DIAB1)*Asked of all respondents*

	Percent	Count
Yes	12.6%	67
No	87.4%	466
Valid total	100.0%	533
Don't know/refused		23
System missing		0
Grand total		556

Table A.42: Have you ever been told by a doctor or other healthcare provider that you have or had gestational diabetes? (GDIAB1)*Asked of respondents that have ever been pregnant*

	Percent	Count
Yes	18.1%	32
No	81.9%	145
Valid total	100.0%	177
Don't know/refused		7
System missing		372
Grand total		556

Table A.43: About how many times in the past 12 months has a doctor, nurse, or other healthcare provider checked you A1c? (DIAB2)*Asked of respondents that have ever had diabetes or gestational diabetes*

	Percent	Count
0	15.5%	11
1	*	*
2	33.8%	24
3	25.4%	18
4 or more	14.1%	10
I have never heard of an A1c test	*	*
Suppressed	11.3%	8
Valid total	100.0%	71
Don't know/refused		9
System missing		476
Grand total		556

* Data not shown due to small group sizes (n<10). These numbers are combined in the suppressed row.

Table A.44: Have you ever taken a course or class in how to manage your diabetes yourself? (DIAB3)*Asked of respondents that have ever had diabetes or gestational diabetes*

	Percent	Count
Yes	52.6%	40
No	47.4%	36
Valid total	100.0%	76
Don't know/refused		4
System missing		476
Grand total		556

Table A.45: What made you want to attend a course or class on diabetes management? You can choose more than one. (DIAB3A1)*Asked of respondents that had taken a course in diabetes management*

	Percent	Count
Friends and/or family	32.5%	13
Doctor or other healthcare provider	55.0%	22
I don't want to have serious health problems or complications	50.0%	20
I wanted to learn more about diabetes	60.0%	24
Other	*	*
Number of respondents to this question	-	40
Don't know/refused		0
System missing		516
Grand total		556

* Data not shown due to small group sizes (n<10).

Note: Multiple selections were allowed so percentages will not add to 100%.

Table A.46: What made it hard for you to attend a course or class on diabetes management? You can choose more than one. (DIAB3A2)*Asked of respondents that had taken a course in diabetes management*

	Percent	Count
It wasn't difficult	30.8%	12
Location of classes were too far	28.2%	11
Times of classes	25.6%	10
Classes were not offered in the language I speak at home		*
It was too hard to get to the class		*
I didn't have childcare		*
Cost of class	30.8%	12
Other		*
Number of respondents to this question	-	39
Don't know/refused		1
System missing		516
Grand total		556

* Data not shown due to small group sizes (n<10).

Note: Multiple selections were allowed so percentages will not add to 100%.

Table A.47: What would make you want to attend a course or class on diabetes management? You can choose more than one. (DIAB3B1)*Asked of respondents that had not taken a course in diabetes management*

	Percent	Count
Online options	53.1%	17
Flexible times	71.9%	23
More physical locations	*	*
Cheaper prices	37.5%	12
Classes offered at my workplace	*	*
Other	*	*
Number of respondents to this question	-	32
Don't know/refused		4
System missing		520
Grand total		556

* Data not shown due to small group sizes (n<10).

Note: Multiple selections were allowed so percentages will not add to 100%.

Table A.48: Why have you not taken a course or class on diabetes management? You can choose more than one. (DIAB3B2)*Asked of respondents that had not taken a course in diabetes management*

	Percent	Count
I didn't know about the class	37.5%	12
My doctor already talked to me about my diabetes, so I didn't think I needed it	*	*
Location of classes are too far	*	*
Times of classes	*	*
Classes are not offered in the language I speak at home	*	*
It's too hard to get to the class	*	*
I don't have childcare	*	*
Cost of class	*	*
Other	*	*
Number of respondents to this question	-	32
Don't know/refused		4
System missing		520
Grand total		556

* Data not shown due to small group sizes (n<10).

Note: Multiple selections were allowed so percentages will not add to 100%.

Table A.49: Have you had a test for high blood sugar or diabetes within the past three years? (PRED1)*Asked of respondents that did not have diabetes*

	Percent	Count
Yes	41.6%	194
No	58.4%	272
Valid total	100.0%	466
Don't know/refused		23
System missing		67
Grand total		556

Table A.50: Have you ever been told by a doctor or healthcare provider that you have prediabetes or borderline diabetes? (PRED2)*Asked of respondents that did not have diabetes*

	Percent	Count
Yes	8.3%	44
No	79.1%	419
No, have diabetes	12.6%	67
Valid total	100.0%	530
Don't know/refused		26
System missing		0
Grand total		556

Note: Respondents indicating they had diabetes were included in the valid total for this question to obtain a more accurate proportion of prediabetes awareness among survey respondents.

Table A.51: Have you ever attended a class on diabetes prevention? (PRED3)*Asked of respondents that did not have diabetes*

	Percent	Count
Yes	24.6%	115
No	75.4%	353
Valid total	100.0%	468
Don't know/refused		21
System missing		67
Grand total		556

Table A.52: What made you want to attend a class on diabetes prevention? You can choose more than one. (PRED3A1)*Asked of respondents that had taken a class in diabetes prevention*

	Percent	Count
Friends and/or family	54.4%	62
Doctor or other healthcare provider	45.6%	52
I wanted to prevent diabetes	72.8%	83
Other	*	*
Number of respondents to this question	-	114
Don't know/refused		1
System missing		441
Grand total		556

* Data not shown due to small group sizes (n<10).

Note: Multiple selections were allowed so percentages will not add to 100%.

Table A.53: What made it hard for you to attend a class on diabetes prevention? You can choose more than one. (PRED3A2)*Asked of respondents that had taken a class in diabetes prevention*

	Percent	Count
It wasn't difficult	37.8%	42
Location of classes are too far	27.0%	30
Times of classes	24.3%	27
Classes were not offered in the language I speak at home	9.9%	11
It was too hard to get to the class	9.0%	10
I didn't have childcare	*	*
Cost of class	20.7%	23
Having to weigh myself at the beginning of each class	10.8%	12
Other	*	*
Number of respondents to this question	-	111
Don't know/refused		4
System missing		441
Grand total		556

* Data not shown due to small group sizes (n<10).

Note: Multiple selections were allowed so percentages will not add to 100%.

Table A.54: What would make you want to attend a class on diabetes prevention? You can choose more than one. (PRED3B1)*Asked of respondents that had not taken a class in diabetes prevention*

	Percent	Count
Online options	40.6%	127
Flexible times	37.1%	116
More physical locations	21.7%	68
Cheaper prices	32.3%	101
Classes offered at my workplace	25.2%	79
Other	5.1%	16
Number of respondents to this question	-	313
Don't know/refused		61
System missing		182
Grand total		556

Note: Multiple selections were allowed so percentages will not add to 100%.

Table A.55: Why have you not taken a class on diabetes prevention? You can choose more than one. (PRED3B2)*Asked of respondents that had not taken a class in diabetes prevention*

	Percent	Count
I didn't know about the class	38.8%	130
My doctor already talked to me about my prediabetes, so I didn't think I needed it	20.0%	67
Prediabetes isn't serious	7.2%	24
Location of classes are too far	11.6%	39
Times of classes	16.1%	54
Classes are not offered in the language I speak at home	7.2%	24
It's too hard to get to the class	11.6%	39
I don't have childcare	4.5%	15
Cost of class	20.6%	69
Other	6.9%	23
Number of respondents to this question	-	335
Don't know/refused		39
System missing		182
Grand total		556

Note: Multiple selections were allowed so percentages will not add to 100%.

Table A.56: Do you have a mother, father, sister or brother who has or had diabetes? (PRED4)*Asked of all respondents*

	Percent	Count
Yes	39.7%	207
No	60.3%	315
Valid total	100.0%	522
Don't know/refused		34
System missing		0
Grand total		556

Table A.57: Are you physically active? (PRED5)*Asked of all respondents*

	Percent	Count
Yes	85.3%	454
No	14.7%	78
Valid total	100.0%	532
Don't know/refused		13
System missing		11
Grand total		556

Table A.58: In an average week, how many days are you physically active for a total of 30 minutes per day? (PRED6)*Asked of all respondents*

	Percent	Count
0	3.7%	20
1	7.8%	42
2	12.1%	65
3	24.8%	133
4	14.7%	79
5	19.4%	104
6	8.2%	44
7	9.1%	49
Valid total	100.0%	536
Don't know/refused		9
System missing		11
Grand total		556

Table A.59: Prediabetes risk score (A calculated variable based on D1, D9, GDIAB1, PRED4, PRED5, PRED7, PRED8, and HTN2)

	Percent	Count
0-4	83.5%	464
5+	16.6%	92
Valid total	100.0%	556
Don't know/refused		0
System missing		0
Grand total		556

The prediabetes risk test can be found here: <https://www.cdc.gov/diabetes/prevention/pdf/Prediabetes-Risk-Test-Final.pdf>

Note: Not all survey categories had perfect matches to the prediabetes risk test. When there was uncertainty with scoring, the lowest of possible points was selected. This may result in an underestimate of prediabetes risk.

Table A.60: BMI categories (A calculated variable based on PRED7 and PRED8)

	Percent	Count
Underweight	5.3%	26
Normal weight	46.5%	229
Overweight	26.6%	131
Obese	21.7%	107
Valid total	100.0%	493
Don't know/refused		63
System missing		0
Grand total		556

Table A.61: About how long has it been since you last had your blood pressure checked? (HTN1)*Asked of all respondents*

	Percent	Count
I have never had my blood pressure checked	6.7%	35
Less than 1 year ago	63.3%	330
Between 1 and 2 years ago	18.8%	98
Between 2 and 3 years ago	6.1%	32
Between 3 and 4 years ago	2.9%	15
4 or more years ago	2.1%	11
Valid total	100.0%	521
Don't know/refused		21
System missing		14
Grand total		556

Note: Responses of "between 4 and 5 years ago" and "5 or more years ago" were combined due to small group sizes.

Table A.62: Have you ever been told by a doctor, nurse, or other healthcare provider that you have high blood pressure? (HTN2)*Asked of all respondents*

	Percent	Count
Yes	16.9%	87
No	76.9%	396
I was told my blood pressure was borderline high or pre-hypertensive	6.2%	32
Valid total	100.0%	515
Don't know/refused		41
System missing		0
Grand total		556

* Denotes group sizes too small to report (n<10). These numbers are combined in the suppressed row.

Table A.63: Did you only have high blood pressure when you were pregnant? (GHTN1)*Asked of respondents who had ever been pregnant and ever been told they had high blood pressure*

	Percent	Count
Yes	38.2%	13
No	61.8%	21
Valid total	100.0%	34
Don't know/refused		2
System missing		520
Grand total		556

Table A.64: Has your doctor, nurse, or other healthcare provider told you that you should take medicine for your high blood pressure? (HTN3)

Asked of respondents who had ever been told they had high blood pressure

	Percent	Count
Yes	72.1%	62
No	27.9%	24
Valid total	100.0%	86
Don't know/refused		1
System missing		469
Grand total		556

Table A.65: Are you currently taking this blood pressure medicine the way your healthcare provider or pharmacist told you to? (HTN3A)

Asked of respondents who had been told they should take medicine for their high blood pressure

	Percent	Count
Yes	75.8%	47
No	24.2%	15
Valid total	100.0%	62
Don't know/refused		0
System missing		494
Grand total		556

Table A.66: Why are you not taking this blood pressure medicine the way your healthcare provider or pharmacist told you to? You can choose more than one. (HTN3B)

Asked of respondents that had not been taking blood pressure medicine as directed

	Percent	Count
The medicine costs too much	*	*
I don't like the side effects or the way it makes me feel	*	*
I forgot to get the medicine from the pharmacy	*	*
It's too hard to get to the pharmacy	*	*
I don't think it works	*	*
I feel fine and don't think I need medicine	*	*
I forget to take the medicine	*	*
Other	*	*
Number of respondents to this question	-	15
Don't know/refused		0
System missing		541
Grand total		556

* Data not shown due to small group sizes (n<10).

Note: People selecting various options ranged from 0 to 8.

Table A.67: Has your doctor, nurse, or other healthcare provider told you to check your blood pressure outside of your healthcare provider's office or at home? (HTN4)

Asked of respondents who had ever been told they had high blood pressure

	Percent	Count
Yes	64.0%	55
No	36.0%	31
Valid total	100.0%	86
Don't know/refused		1
System missing		469
Grand total		556

Table A.68: Do you regularly check your blood pressure outside of your healthcare provider's office? (HTN4A)*Asked of respondents who had been told to check their blood pressure outside of their healthcare provider's office*

	Percent	Count
Yes	75.9%	41
No	24.1%	13
Valid total	100.0%	54
Don't know/refused		1
System missing		501
Grand total		556

Table A.69: Do you check your blood pressure mostly at home, at work, or on a machine at a pharmacy, grocery, or similar location? Please choose one response. (HTN4A1)*Asked of respondents who check their blood pressure outside of their healthcare provider's office*

	Percent	Count
At home	63.4%	26
At work or on a machine at a pharmacy, grocery, or similar location	36.6%	15
Valid total	100.0%	41
Don't know/refused		0
System missing		515
Grand total		556

Note: Responses of "at work" and "on a machine..." were combined due to small group sizes.

Table A.70: Why are you not regularly checking your blood pressure outside of your healthcare provider's office or at home? You can choose more than one. (HTN4A2)

Asked of respondents who do not check their blood pressure outside of their healthcare provider's office

	Percent	Count
I don't have a home blood pressure monitor to use	*	*
A home blood pressure monitor costs too much	*	*
My insurance won't cover a home blood pressure monitor	*	*
I don't know how to use a home blood pressure monitor	*	*
It's too hard to get to a machine at a pharmacy, grocery, or similar location	*	*
I don't have time to go to a machine at a pharmacy, grocery, or similar location	*	*
I don't know where to go to find a machine that I can use	*	*
I forget to check it	*	*
I don't think I need to check it	*	*
Other	*	*
Number of respondents to this question	-	15
Don't know/refused		0
System missing		541
Grand total		556

* Data not shown due to small group sizes (n<10).

Note: People selecting various options ranged from 0 to 6.

Table A.71: How do you let your healthcare provider know what your blood pressure numbers are? You can choose more than one. (HTN4A1_1)

Asked of respondents who check their blood pressure outside of their healthcare provider's office

	Percent	Count
By telephone	29.3%	12
Other methods such as email, internet portal, or fax	36.6%	15
In person	41.5%	17
I do not share my blood pressure numbers with my health professional	*	*
Number of respondents to this question	-	41
Don't know/refused		0
System missing		515
Grand total		556

* Data not shown due to small group sizes (n<10).

Note: Multiple selections were allowed so percentages will not add to 100%.

Table A.72: About how long has it been since you last had your blood cholesterol checked? (CHO1)*Asked of all respondents*

	Percent	Count
I have never had my blood cholesterol checked	30.2%	148
Less than 1 year ago	39.8%	195
Between 1 and 2 years ago	17.8%	87
Between 2 and 3 years ago	7.1%	35
Between 3 and 4 years ago	2.9%	14
4 or more years ago	2.2%	11
Valid Total	100.0%	490
Don't know/refused		66
System missing		0
Grand total		556

Note: Responses of "Between 4 and 5 years ago" and "5 or more years ago" were combined due to small group sizes.

Table A.73: Have you ever been told by a doctor, nurse, or other healthcare provider that your blood cholesterol is high? (CHO2)*Asked of all respondents*

	Percent	Count
Yes	15.5%	76
No	84.5%	415
Valid total	100.0%	491
Don't know/refused		65
System missing		0
Grand total		556

Table A.74: Has your doctor, nurse, or other healthcare provider told you that you should take medicine for your high blood cholesterol? (CHO2A)

Asked of respondents who had been told they had high blood cholesterol

	Percent	Count
Yes	58.7%	44
No	41.3%	31
Valid total	100.0%	75
Don't know/refused		1
System missing		480
Grand total		556

Table A.75: Are you currently taking this cholesterol medicine the way your healthcare provider or pharmacist told you to? (CHO3)

Asked of respondents who had been told they should take medicine for their high blood cholesterol

	Percent	Count
Yes	74.4%	32
No	25.6%	11
Valid total	100.0%	43
Don't know/refused		0
System missing		513
Grand total		556

Table A.76: Why are you not taking this cholesterol medicine the way your healthcare provider or pharmacist told you to? You can choose more than one. (CHO3A)

Asked of respondents that had not been taking cholesterol medicine as directed

	Percent	Count
The medicine costs too much	*	*
I don't like the side effects or the way it makes me feel	*	*
I forgot to get the medicine from the pharmacy	*	*
It's too hard to get to the pharmacy	*	*
I don't have time to go to the pharmacy	*	*
I don't think it works	*	*
I feel fine and don't think I need medicine	*	*
I forget to take the medicine	*	*
Other	*	*
Number of respondents to this question	-	11
Don't know/refused		0
System missing		545
Grand total		556

* Data not shown due to small group sizes (n<10).

Note: People selecting various options ranged from 0 to 5.

Table A.77: How are you taking this survey? (MODE1)

Asked of all respondents

	Percent	Count
On my own on the internet	80.5%	433
On my own on paper	3.2%	17
By phone with an interviewer	10.2%	55
In-person with an interviewer	6.1%	33
Valid total	100.0%	538
Don't know/refused		0
System missing		17
Grand total		556

Table A.78: One or more chronic diseases (calculated)*% of people responding yes to one or more of DIAB1, PRED2, HTN2, and CHO2*

	Percent	Count
Reported having one or more chronic diseases	32.7%	182
No report of chronic diseases	67.3%	374
Valid total	100.0%	556
Don't know/refused		0
System missing		0
Grand total		556

Appendix B: BRFSS reference tables

Note: BRFSS estimates for questions used in the Healthcare Access Survey are presented below and should be used for reference only. To compare based on other demographics or learn more, go to ibis.health.utah.gov.

Table B.1: Healthcare coverage

% of respondents answering yes to “Do you have any kind of healthcare coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?”

	Percent	Lower CI	Upper CI
Age-adjusted prevalence	91.3%	90.5%	92.0%
Crude prevalence	91.2%	90.4%	91.9%
18-34 years	88.3%	86.6%	89.8%
35-49 years	88.6%	86.9%	90.0%
50-64 years	93.3%	91.8%	94.5%
65+ years	99.0%	98.4%	99.3%

Source: BRFSS, 2021.

Table B.2: Personal doctor or healthcare provider

% of respondents answering yes to “Do you have one person you think of as your personal doctor or healthcare provider?”

	Percent	Lower CI	Upper CI
Age-adjusted prevalence	80.8%	79.8%	81.8%
Crude prevalence	80.0%	78.9%	81.0%
18-34 years	68.3%	66.1%	70.5%
35-49 years	78.2%	76.2%	80.1%
50-64 years	90.8%	89.3%	92.1%
65+ years	95.4%	94.4%	96.3%

Source: BRFSS, 2021.

Table B.3: Routine medical checkup

% of respondents answering “within the past 12 months” to “About how long has it been since you last visited a doctor for a routine checkup?”

	Percent	Lower CI	Upper CI
Age-adjusted prevalence	69.9%	68.8%	71.0%
Crude prevalence	69.5%	68.3%	70.7%
18-34 years	60.0%	57.6%	62.3%
35-49 years	63.9%	61.6%	66.1%
50-64 years	77.6%	75.4%	79.5%
65+ years	89.1%	87.7%	90.5%

Source: BRFSS, 2021.

Table B.4: Unable to get needed care due to cost

% of respondents answering yes to “Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost?”

	Percent	Lower CI	Upper CI
Age-adjusted prevalence	10.3%	9.6%	11.1%
Crude prevalence	10.5%	9.7%	11.3%
18-34 years	15.1%	13.5%	16.8%
35-49 years	11.5%	10.1%	13.1%
50-64 years	7.4%	6.2%	8.8%
65+ years	2.7%	2.0%	3.7%

Source: BRFSS, 2021.

Table B.5: Discrimination in healthcare

% of respondents answering yes to “In the past two years, have you felt discriminated against or treated unfairly when accessing any medical care in Utah?”

	Percent	Lower CI	Upper CI
Age-adjusted prevalence	5.0%	4.4%	5.6%
Crude prevalence	5.0%	4.5%	5.6%
18-34 years	6.2%	5.1%	7.6%
35-49 years	5.7%	4.7%	7.0%
50-64 years	4.4%	3.5%	5.5%
65+ years	2.1%	1.6%	2.7%

Source: BRFSS, 2021.

Table B.6: Reasons for discrimination

% of respondents selecting options to “In the past two years when you felt discriminated against or treated unfairly when accessing medical care in Utah, was it for any of the following reasons?”

	Percent	Lower CI	Upper CI
Age-adjusted prevalence			
Race, ethnicity, or skin color	0.9%	0.7%	1.2%
Ability to speak English	0.2%	0.1%	0.3%
Sex	0.9%	0.7%	1.2%
Sexual orientation	0.4%	0.3%	0.6%
Gender identity or expression	0.4%	0.3%	0.6%
Financial or socio-economic status	1.5%	1.3%	1.9%
Insurance status	1.3%	1.0%	1.5%
Disability status	1.0%	0.7%	1.2%
Haven't accessed medical care in Utah in the past two years	2.3%	1.9%	2.7%
Don't know/not sure	1.0%	0.8%	1.2%
Crude prevalence			
Race, ethnicity, or skin color	0.9%	0.7%	1.2%
Ability to speak English	0.2%	0.1%	0.3%
Sex	1.0%	0.8%	1.3%
Sexual orientation	0.4%	0.3%	0.7%
Gender identity or expression	0.4%	0.3%	0.6%
Financial or socio-economic status	1.5%	1.3%	1.9%
Insurance status	1.3%	1.0%	1.5%
Disability status	1.0%	0.7%	1.2%
Haven't accessed medical care in Utah in the past two years	2.3%	1.9%	2.7%
Don't know/not sure	1.0%	0.8%	1.2%

Source: BRFSS, 2021.

Note: this question was only asked of respondents answering yes to “In the past two years, have you felt discriminated against or treated unfairly when accessing any medical care in Utah?”

Table B.7: Delaying healthcare due to discrimination

% of responses to “In the past two years, have you delayed accessing routine or emergency medical care in Utah because of fear of discrimination or being treated unfairly?”

	Percent	Lower CI	Upper CI
Age-adjusted prevalence			
Delayed accessing routine medical care only	2.0%	1.7%	2.4%
Delayed accessing emergency medical care only	1.2%	0.9%	1.5%
Delayed accessing both routine AND emergency medical care	1.9%	1.6%	2.3%
Did not delay accessing any medical care	91.7%	91.0%	92.4%
Crude prevalence			
Delayed accessing routine medical care only	2.1%	1.7%	2.5%
Delayed accessing emergency medical care only	1.2%	0.9%	1.6%
Delayed accessing both routine AND emergency medical care	1.9%	1.6%	2.3%
Did not delay accessing any medical care	91.6%	90.9%	92.3%

Source: BRFSS, 2021.

Table B.8: Diabetes

% of respondents answering yes to “Have you ever been told by a doctor that you have diabetes?”

	Percent	Lower CI	Upper CI
Age-adjusted prevalence	8.4%	7.8%	9.0%
Crude prevalence	8.0%	7.4%	8.6%
18-34 years	1.6%	1.1%	2.3%
35-49 years	5.4%	4.5%	6.5%
50-64 years	13.7%	12.1%	15.6%
65+ years	19.1%	17.4%	20.9%

Source: BRFSS, 2021.

Table B.9: Prediabetes

% of respondents answering yes to “Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?”

	Percent	Lower CI	Upper CI
Age-adjusted prevalence	11.1%	10.3%	11.8%
Crude prevalence	10.2%	9.5%	11.0%
18-34 years	3.4%	2.7%	4.4%
35-49 years	9.5%	8.1%	11.1%
50-64 years	17.5%	15.5%	19.7%
65+ years	19.4%	17.5%	21.5%

Source: BRFSS, 2020.

Table B.10: High blood pressure

% of respondents answering yes to “Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?”

	Percent	Lower CI	Upper CI
Age-adjusted prevalence	27.6%	26.6%	28.6%
Crude prevalence	26.7%	25.6%	27.7%
18-34 years	10.7%	9.3%	12.3%
35-49 years	22.9%	21.0%	24.9%
50-64 years	37.8%	35.5%	40.2%
65+ years	53.3%	51.1%	55.6%

Source: BRFSS, 2021.

Table B.11: High cholesterol

% of respondents answering yes to “Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?”

	Percent	Lower CI	Upper CI
Age-adjusted prevalence	25.4%	24.4%	26.3%
Crude prevalence	24.3%	23.3%	25.3%
18-34 years	7.3%	6.2%	8.7%
35-49 years	20.3%	18.5%	22.2%
50-64 years	39.5%	37.2%	41.9%
65+ years	49.1%	46.8%	51.4%

Source: BRFSS, 2021.

Table B.12: High cholesterol screening

% of respondents answering within the past 5 years to “How long has it been since you last had your blood cholesterol checked?”

	Percent	Lower CI	Upper CI
Age-adjusted prevalence	81.2%	80.2%	82.3%
Crude prevalence	81.2%	80.1%	82.3%
18-34 years	64.5%	61.9%	67.1%
35-49 years	82.3%	80.3%	84.1%
50-64 years	92.2%	90.7%	93.4%
65+ years	96.3%	95.2%	97.2%

Source: BRFSS, 2021.

Table B.13: Overweight and obesity

% of respondents answering within the past 5 years to “How long has it been since you last had your blood cholesterol checked?”

	Percent	Lower CI	Upper CI
Age-adjusted prevalence			
Normal weight	34.5%	33.3%	35.7%
Overweight	33.8%	32.6%	35.0%
Obese	31.8%	30.6%	32.9%
Crude prevalence			
Normal weight	35.8%	34.5%	37.1%
Overweight	33.3%	32.1%	34.5%
Obese	30.9%	29.8%	32.1%
18-34 years			
Normal weight	48.0%	45.5%	50.6%
Overweight	26.7%	24.6%	29.0%
Obese	25.2%	23.1%	27.5%
35-49 years			
Normal weight	27.7%	25.6%	29.9%
Overweight	36.3%	34.0%	38.7%
Obese	36.0%	33.7%	38.3%
50-64 years			
Normal weight	27.2%	25.0%	29.6%
Overweight	35.9%	33.5%	38.3%
Obese	36.9%	34.5%	39.4%
65+ years			
Normal weight	32.7%	30.5%	35.0%
Overweight	38.6%	36.3%	41.0%
Obese	28.7%	26.5%	30.9%

Note: Normal is defined as a BMI less than 25; Overweight, but not obese, is defined as a BMI 25-29; Obese is defined as a BMI of 30 or more.

Source: BRFSS, 2021.