

 Cicero® MGT

Perspectives Toward Utah's Healthcare System

Utah Resident Survey Insights

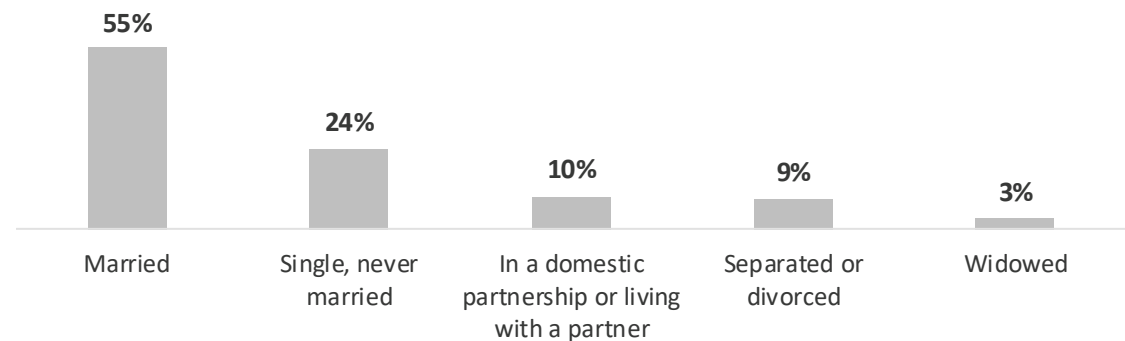
July 2025

Survey responses are demographically representative of Utah’s population and exhibit the following characteristics

Cicero gathered quantitative, statistically significant data from a total of **1,000 Utah residents**. The survey was distributed statewide and hosted by Cicero from late-May to July 2025. Survey questions were designed to focus on the following topics: Healthcare Experiences; Perceptions Toward Utah’s Healthcare System; Performance and Improvements Related Topics; Perceptions of Trust, Quality and Affordability within Utah’s Healthcare System; and Demographics.

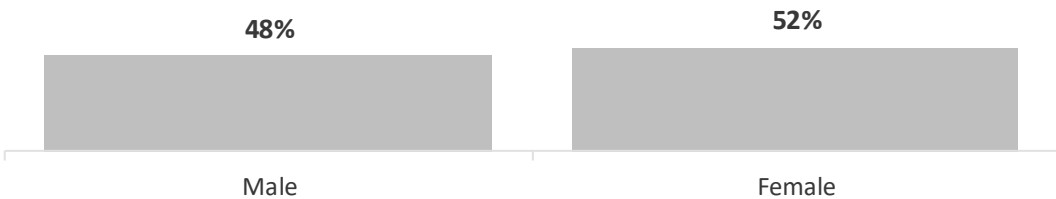
Marital Status

All respondents; n=1,000



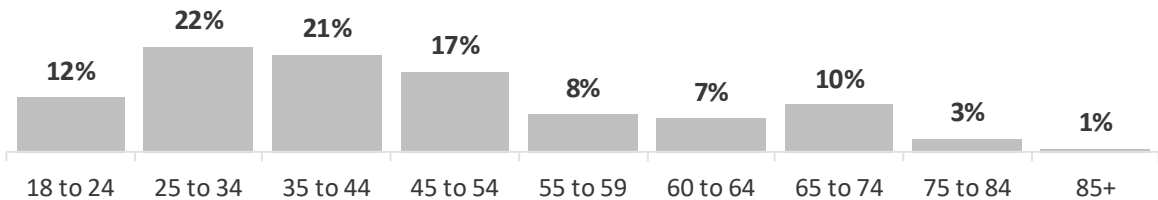
Gender

All respondents; n=1,000



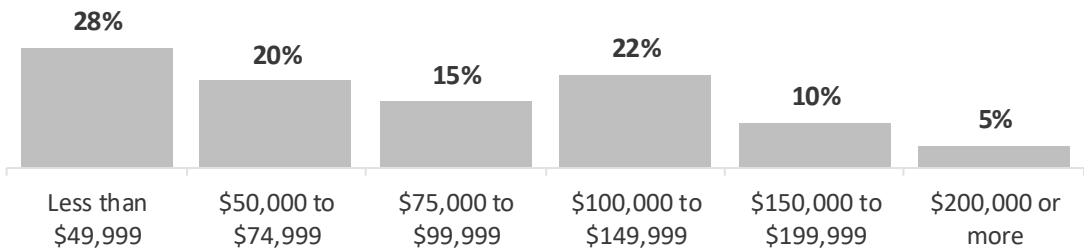
Age Category

All respondents; n=1,000



Income Level

All respondents; n=1,000



EXECUTIVE SUMMARY

Utahns actively use the state's healthcare system and trust those delivering care—but affordability pressures and uneven institutional trust strain confidence across all population segments.

Utah's Healthcare System Is Widely Used—But It's Straining Households

Engagement is high, but so is financial vulnerability. Even insured Utahns experience unreliable financial protection—suggesting an affordability gap that's systemic, not marginal.

- Nearly all Utahns interacted with the system in the past year—primarily for prescriptions and checkups.
- Most are covered through private or employer-sponsored insurance.
- Yet **over half paid fully out-of-pocket** for at least one service, and **cost is a consistent barrier**—especially for younger and lower-income residents.
- For many, **financial strain begins below \$1,000**, with skipped care, delayed treatments, and debt as common outcomes.

Trust Exists—but It's Narrow, Conditional, and Uneven

Utahns' confidence in the system is focused on individual care, not so much the system behind it. Utahns are essentially saying, "I trust my doctor, but I don't necessarily trust the system to work for me."

- Overall trust in the system is moderate (61% lean toward trust), but deep trust is rare—only 8% "completely trust" Utah's healthcare system.
- Trust is **highest in clinicians** (especially for communication and honesty), followed by hospitals; **insurers trail far behind**.
- Very few of the "trust attributes" tested earn broad consensus among Utahns. Fragmentation is consistent across segments—but trust skews higher for high-income, retired, and educated groups.

Utahns Sees a Path Forward—But Expects More from System Leaders

Utahns aren't rejecting the system—they're asking for more from it. Utahns want a system that works *with* their trusted care providers—not one that leaves them to navigate gaps on their own

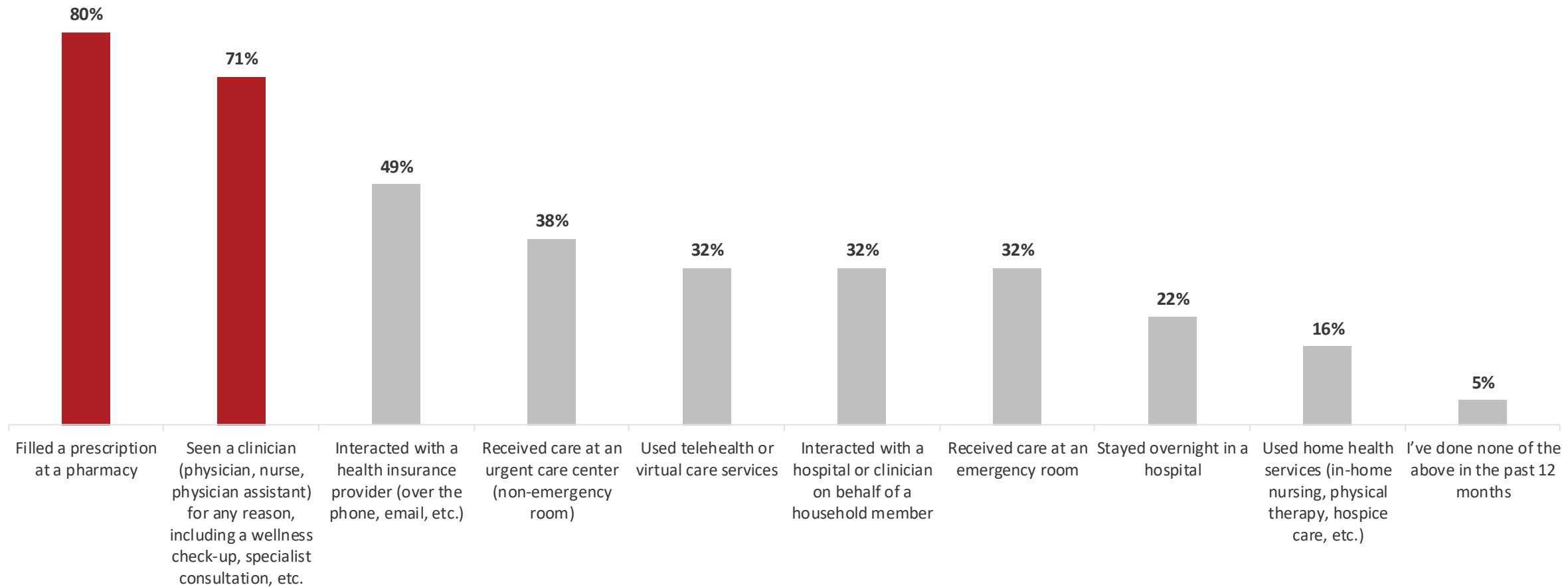
- 83% of Utahns believe the healthcare system needs adjustment or reform—though many say significant reforms are not required.
- Frontline actors (clinicians and hospitals) are seen as leading today's system improvements—but Utahns want to see **greater leadership and responsibility placed on the state and system institutions**.
- Residents see progress in quality and delivery, but **affordability and insurers remain stalled**.
- The public's ask is clear: preserve what works at the front line but **bring greater accountability and transparency to system-level actors**.

Insights & Learnings

Nearly all Utahns have interacted with the state’s healthcare system in the past year, most often to fill prescriptions or visit clinicians for check-ups and consultations

Reported Healthcare Activities by Utah Households (Past Year)

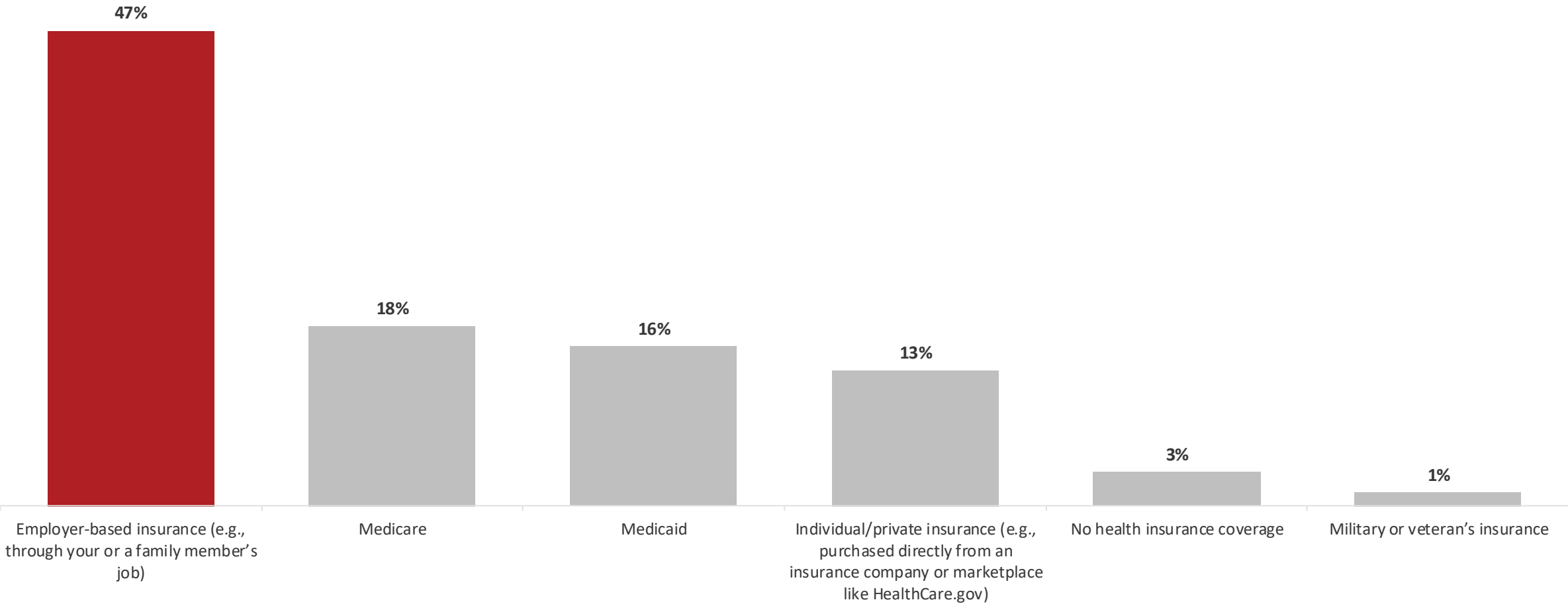
Multi-Select; n=1,000; Utah’s healthcare system refers to the full landscape of hospitals, clinics, doctors, nurses, pharmacies, insurance providers, and other related entities, professionals, and resources in Utah that work together to provide healthcare services.



Six out of ten Utahns engage with Utah’s healthcare system using employer-based or individual/private insurance

Self-Reported Primary Type of Health Insurance

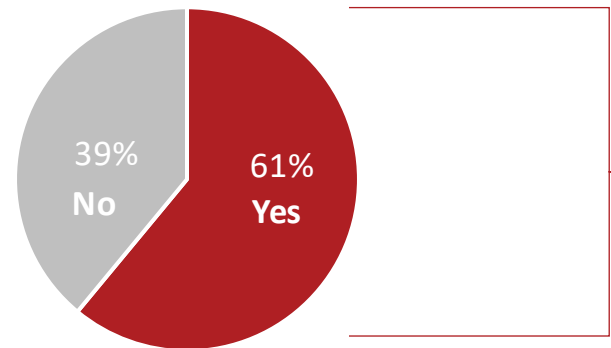
n=1,000



Excluding dental and vision, about half of Utahns paid fully out-of-pocket for at least one healthcare related expense in the past year

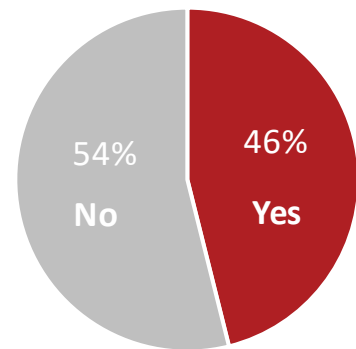
Percent of Utahns that Have Paid Fully Out-of-pocket Without Using Insurance (Past 12 Months)

n=967; only those with health insurance responded



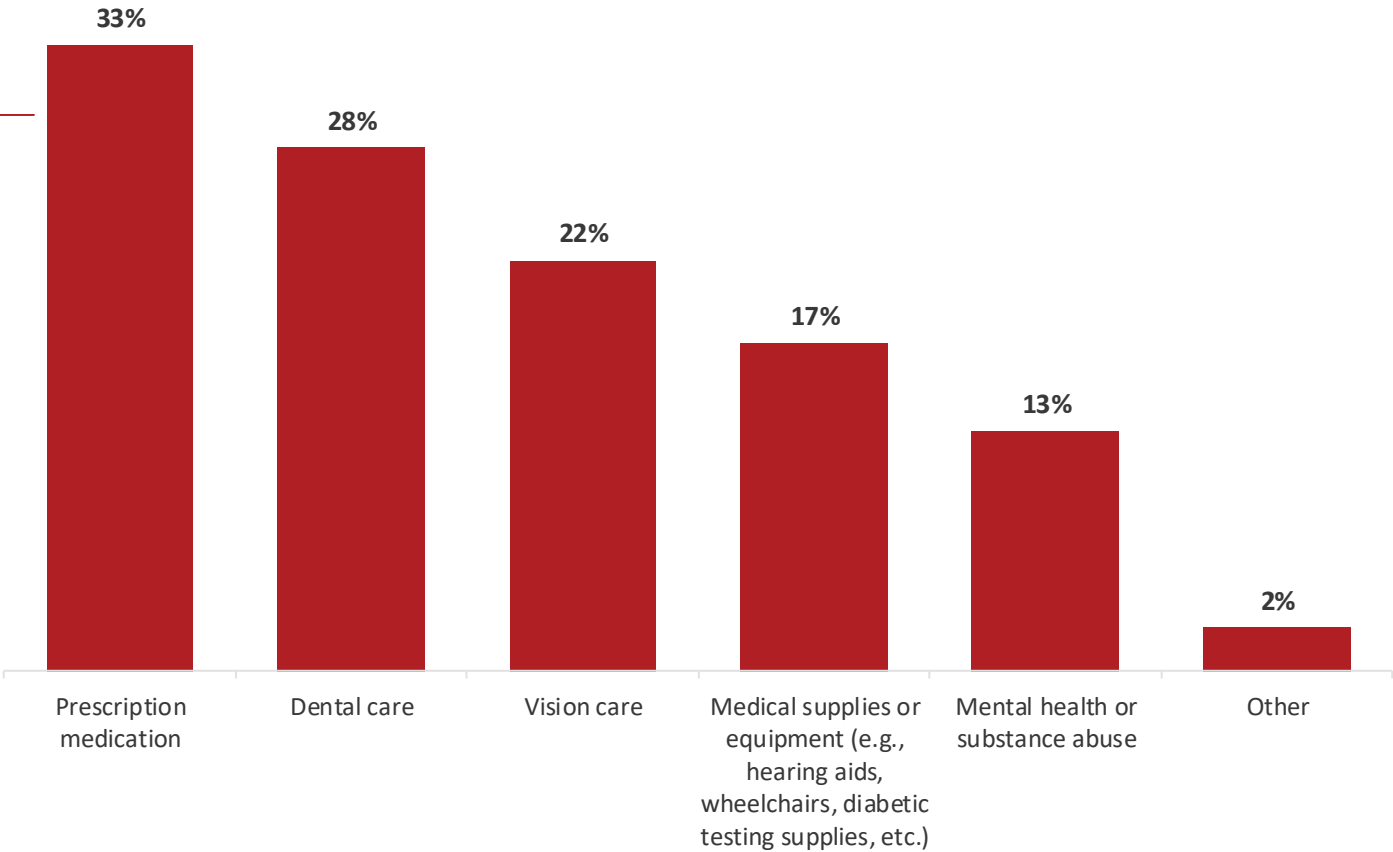
Percent of Utahns that Have Paid Fully Out-of-pocket Without Using Insurance (EXCLUDING DENTAL & VISION)

n=967; only those with health insurance responded



Specific Healthcare Related Expenses Paid For Fully Out-of-pocket

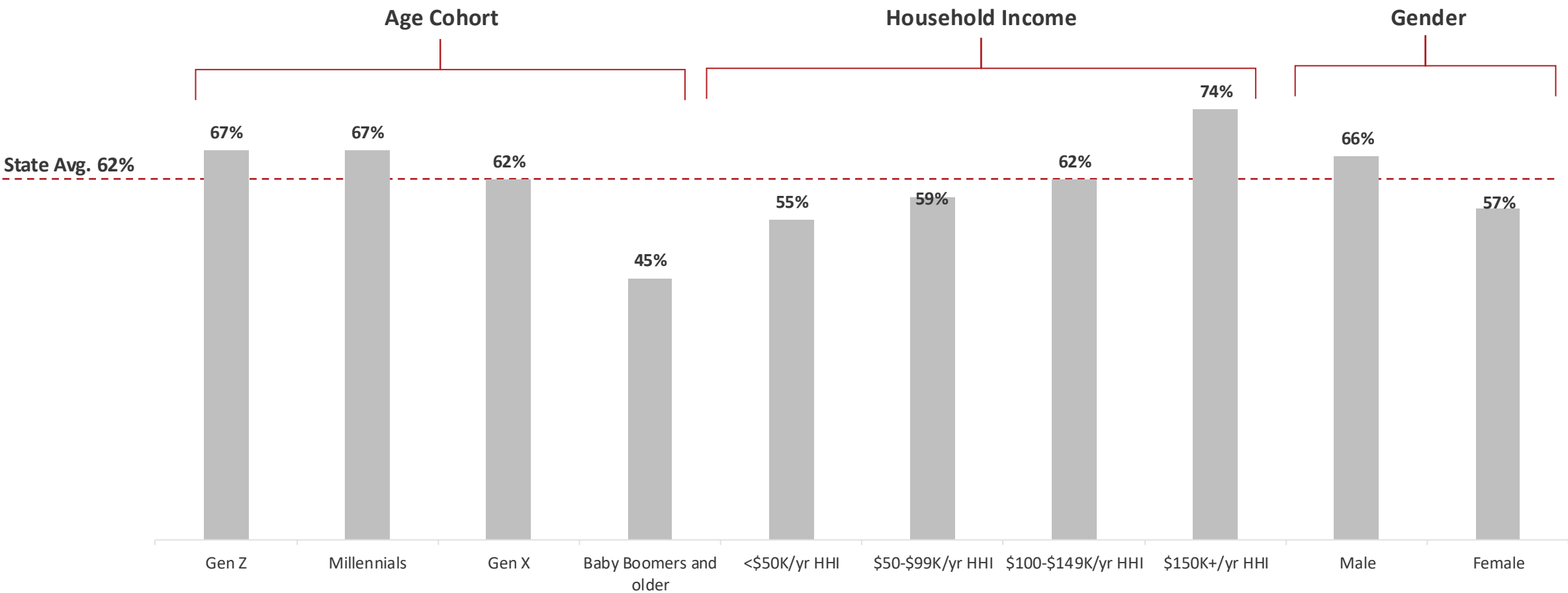
Multi-Select; n=967; figures representative of total insured population and not just those that have paid fully out-of-pocket.



Older and lower-income Utahns are least likely to pay fully out-of-pocket for care

Percent of Utahns that Have Paid Fully Out-of-pocket Without Using Insurance (Past 12 Months)

n=967; only those with health insurance responded



Many Utahns report cost-related barriers that may limit or delay necessary care—often resulting in skipped visits, medical debt, or financial strain

Self-Reported Healthcare Events Experienced in the Past 12 Months

Multi-Select; n=1,000; Inclusive of all immediate household members

1	Skipped or delayed a medical visit due to cost concerns	31%
2	Received a medical bill where the total costs significantly exceed what you felt were reasonable for the care and/or procedure provided	27%
3	Faced an unexpected medical bill that caused financial strain or concern	25%
4	Incurred debt to cover a medical cost, e.g., borrowing, credit card, payment plan, etc.	22%
5	Skipped a recommended medical test or treatment due to cost concerns	22%
6	Faced significant challenges getting an appointment or accessing a specialist due to availability	22%
7	Skipped filling a prescription or took less than the prescribed dosage to save on costs	21%
8	Felt anxious or stressed due to a clinician's lack of clear communication	20%
9	Received medical care that did not meet your expectations for quality	19%
10	Used up a significant amount of your savings to cover a medical cost	18%

11	Had an insurance claim denied, leading to unexpected out-of-pocket costs	18%
12	Had difficulty accessing financial assistance or payment plans for medical bills	16%
13	Was not informed by a clinician about the high cost of a treatment before receiving it	15%
14	Received medical advice or treatment recommendation that you felt wasn't based on your best interests	14%
15	Was recommended a test or procedure by a clinician that you believed was unnecessary	13%
16	Felt pressured to agree to a treatment you were uncomfortable with	12%
17	Felt that a clinician recommended a treatment or service due to profit motives rather than your health needs	11%
18	Had to forgo buying or paying for basic necessities like food, utilities, or housing due to medical costs	10%
19	Felt that a clinician knowingly recommended a treatment that didn't address your underlying health concern	9%
20	Experienced a medical error or misdiagnosis by a clinician that affected your health or treatment	9%

FILTERED TO ONLY INCLUDE UTAHNS WITH HEALTH INSURANCE

Self-Reported Healthcare Events Experienced in the Past 12 Months

Multi-Select; n=1,000; Inclusive of all immediate household members; Only those with health insurance included

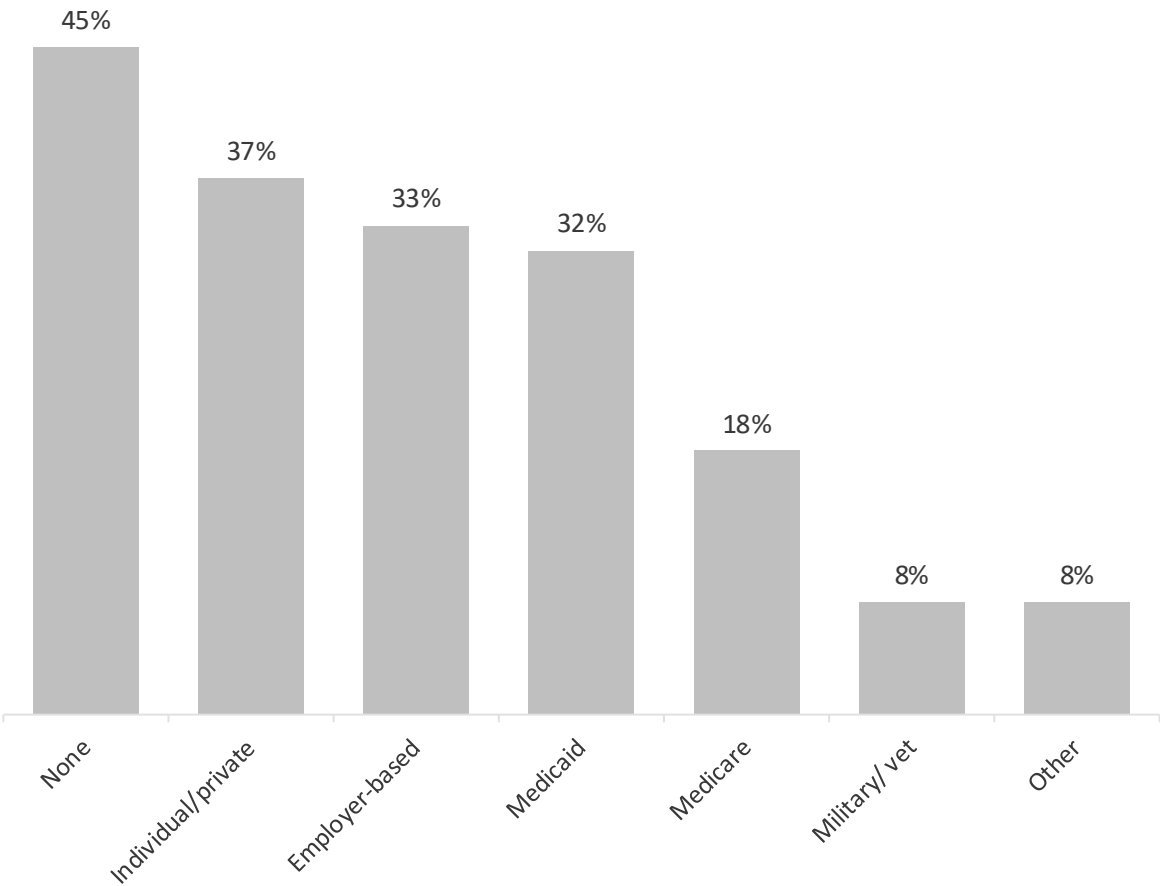
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Cost-related care delays hit hardest among the uninsured and privately insured—yet remain a persistent pressure even for those with employer or public coverage.

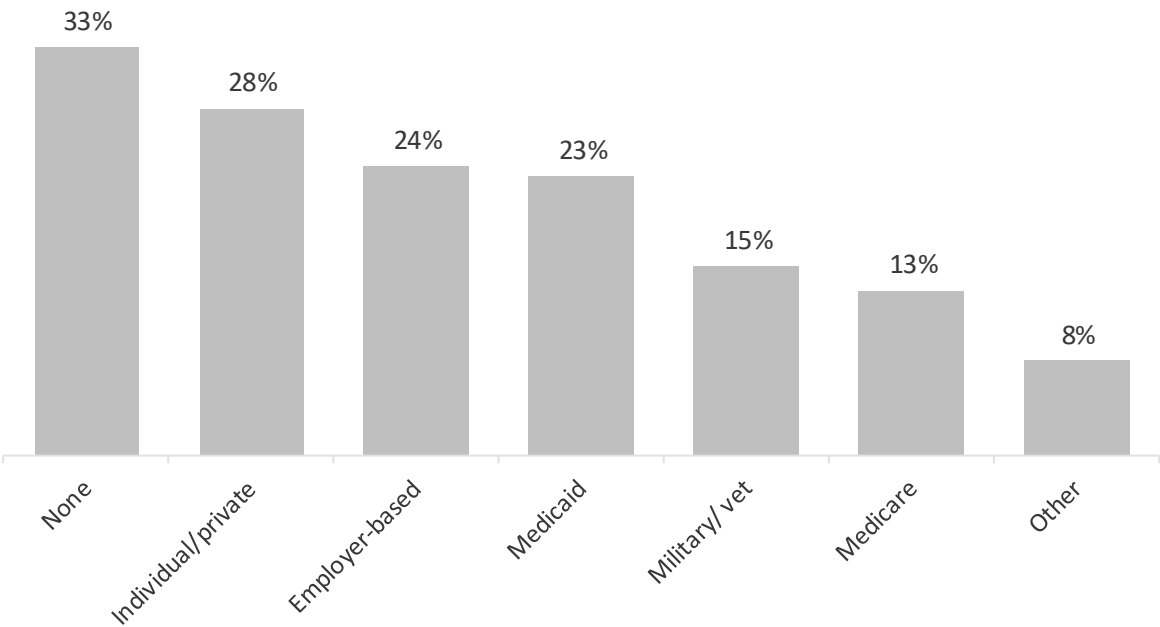
Percent Who Skipped or Delayed a Medical Visit Due to Cost Concerns:
(SEGMENTED BY INSURANCE TYPE)

Multi-Select; n=1,000; Based on past 12 months



Percent Who Skipped a Recommended Medical Test Or Treatment Due to Cost Concerns
(SEGMENTED BY INSURANCE TYPE)

Multi-Select; n=1,000; Based on past 12 months

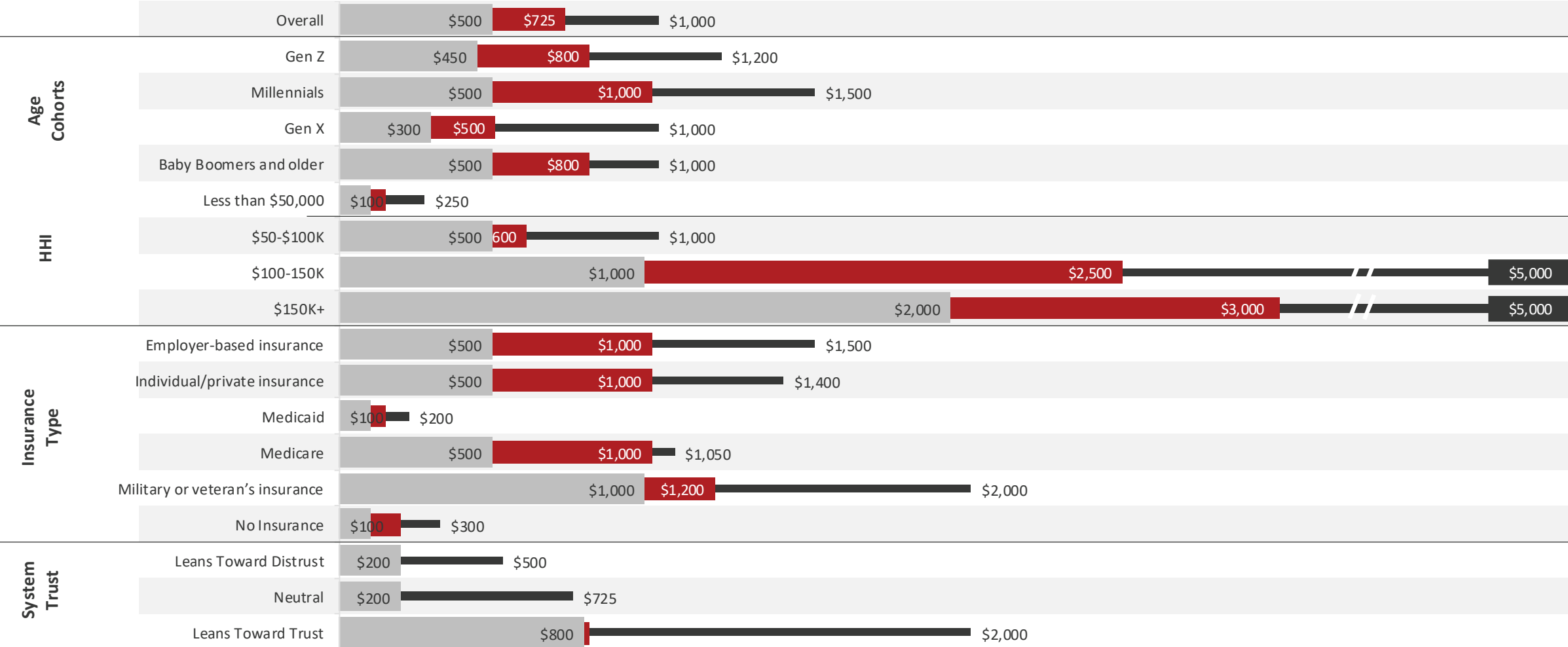


Most Utahns face financial vulnerability at low thresholds—many would reach critical strain from a \$1,000 medical bill or less

Tipping Points: When a Medical Bill Becomes a Financial Burden

Comfortable Limit – Max payment without financial worry or cutting essentials **Strain Threshold** – Point at which you'd need to borrow or incur medical debt

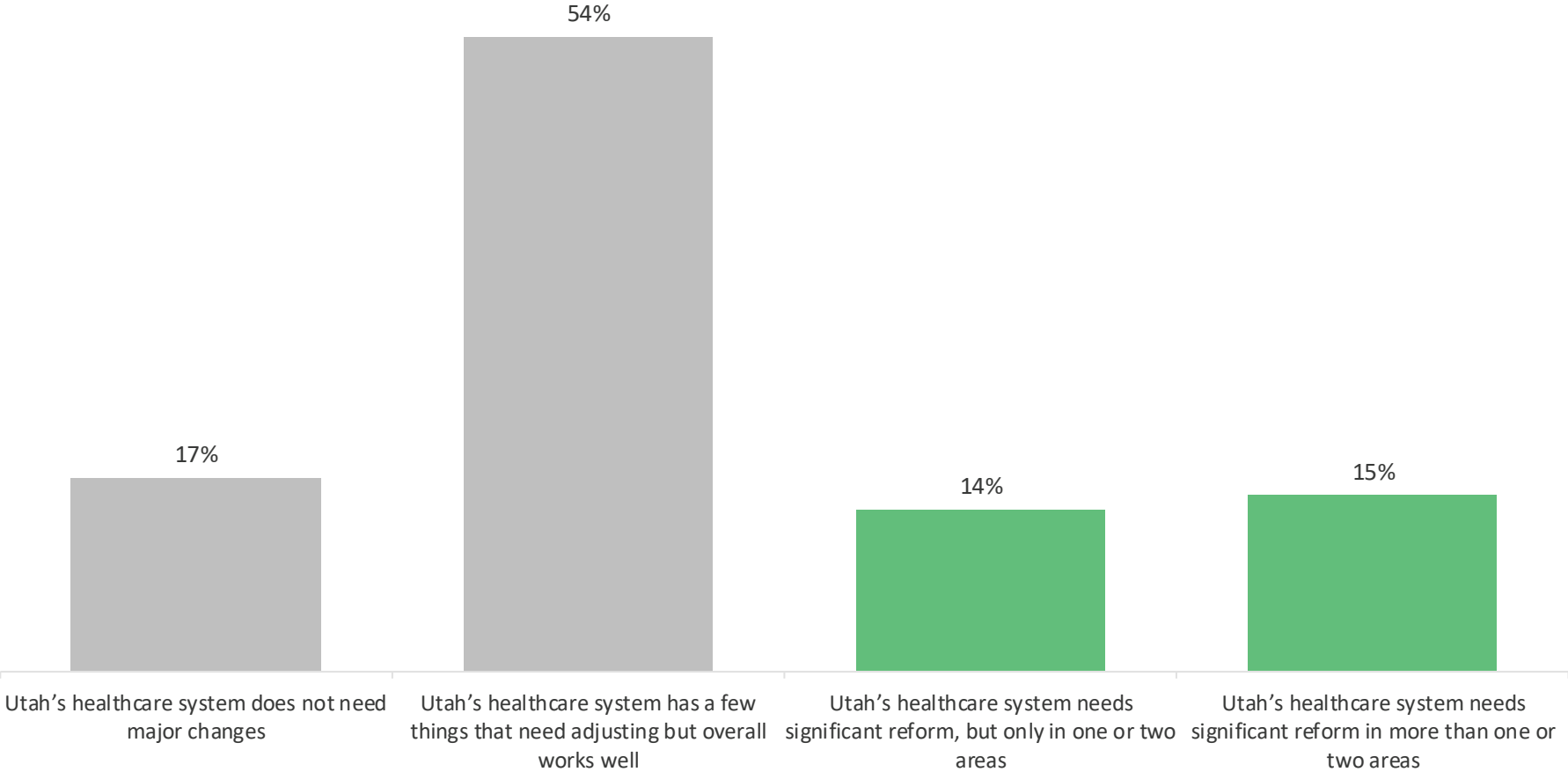
Stretch Limit – Maximum you can manage with trade-offs, before serious strain



Utahns see the healthcare system as functional but in need of improvement, with 54% calling for adjustments and another 29% supporting significant reform

Utahns' Views on the Need for Healthcare System Reform

n=1,000

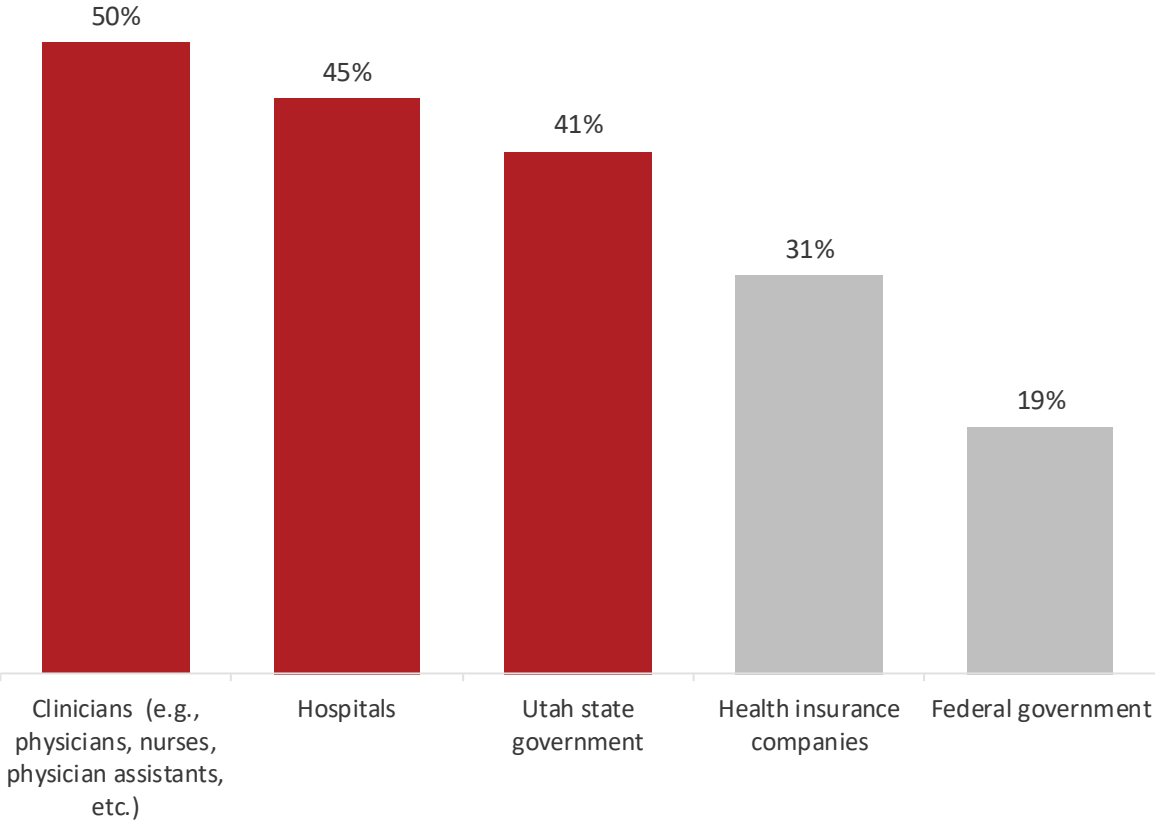


Secondary Insights

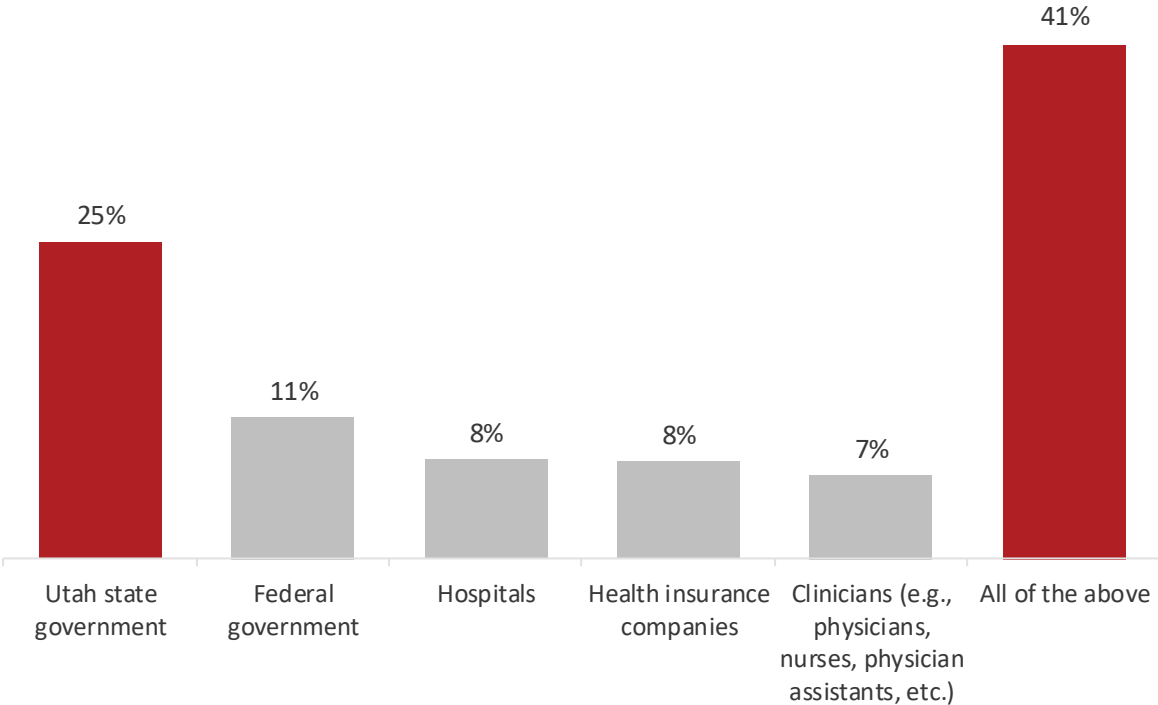
- **Male Respondents Skew Slightly More Satisfied with the Current System:** Male respondents showed higher levels of satisfaction with Utah's healthcare system compared to their female counterparts.
- **Satisfaction Increases With Income Level:** High-income groups saw greater satisfaction than low-income groups. Those lower-income respondents were more likely to voice the need for significant reforms in multiple areas.

Frontline actors are seen as leading today—but many believe ultimate responsibility goes to the system as a whole – with an outsized role expected of Utah state govt.

Public Belief on Who is CURRENTLY Working to Address/Improve Utah’s Healthcare System
Multi-Select; n=1,000



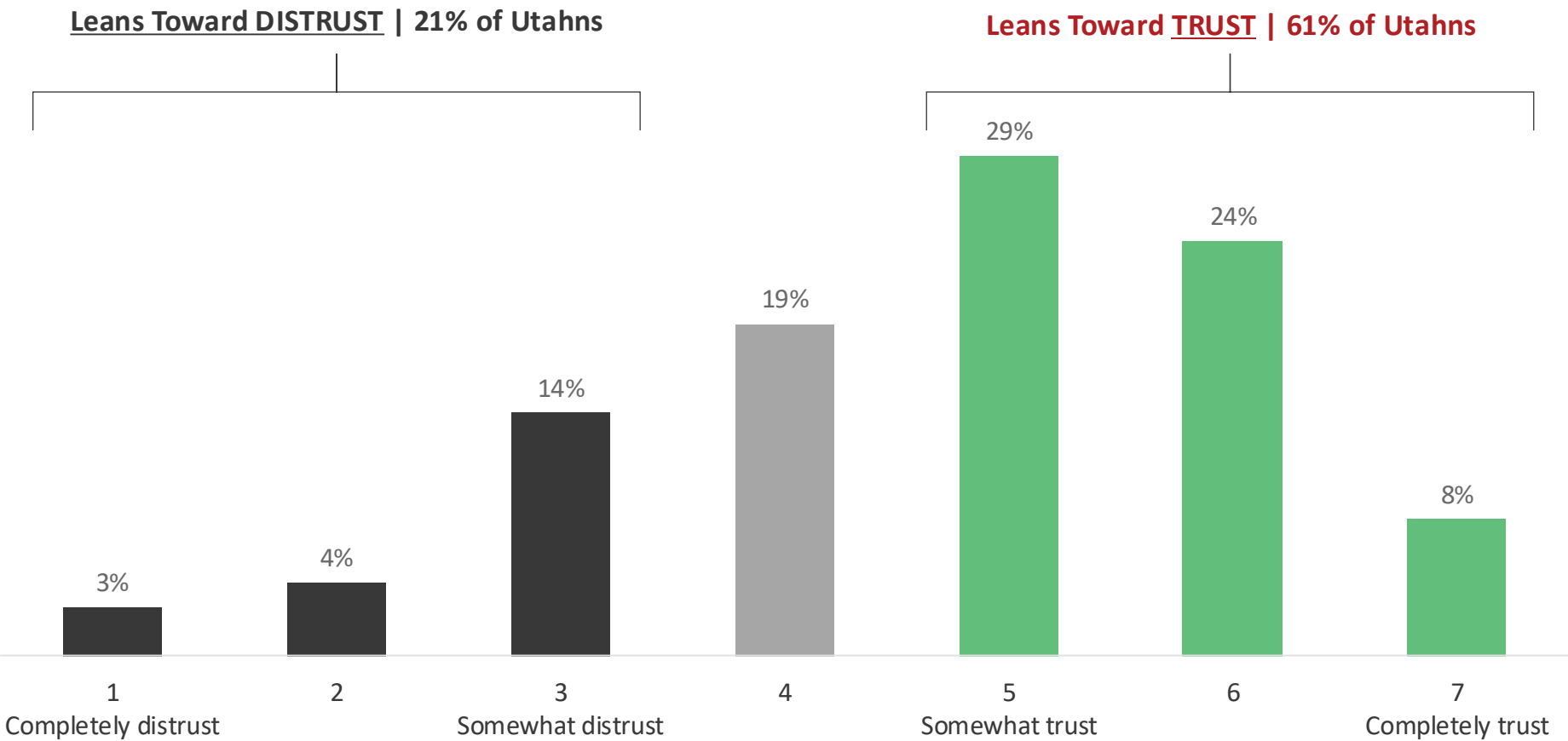
Public Belief on Who SHOULD BE Primarily Responsible for Improving Utah’s Healthcare System
n=1,000



Overall trust in Utah’s healthcare system is generally widespread—but not deep

Public’s Trust in Utah’s Healthcare System

Multi-Select; n=1,000; Percent Figures Are Top 3 (Out of 1-7 Ranking); Top Utah’s healthcare system refers to the full landscape of hospitals, clinics, doctors, nurses, pharmacies, insurance providers, and other related entities, professionals, and resources in Utah that work together to provide healthcare services.



Secondary Insights

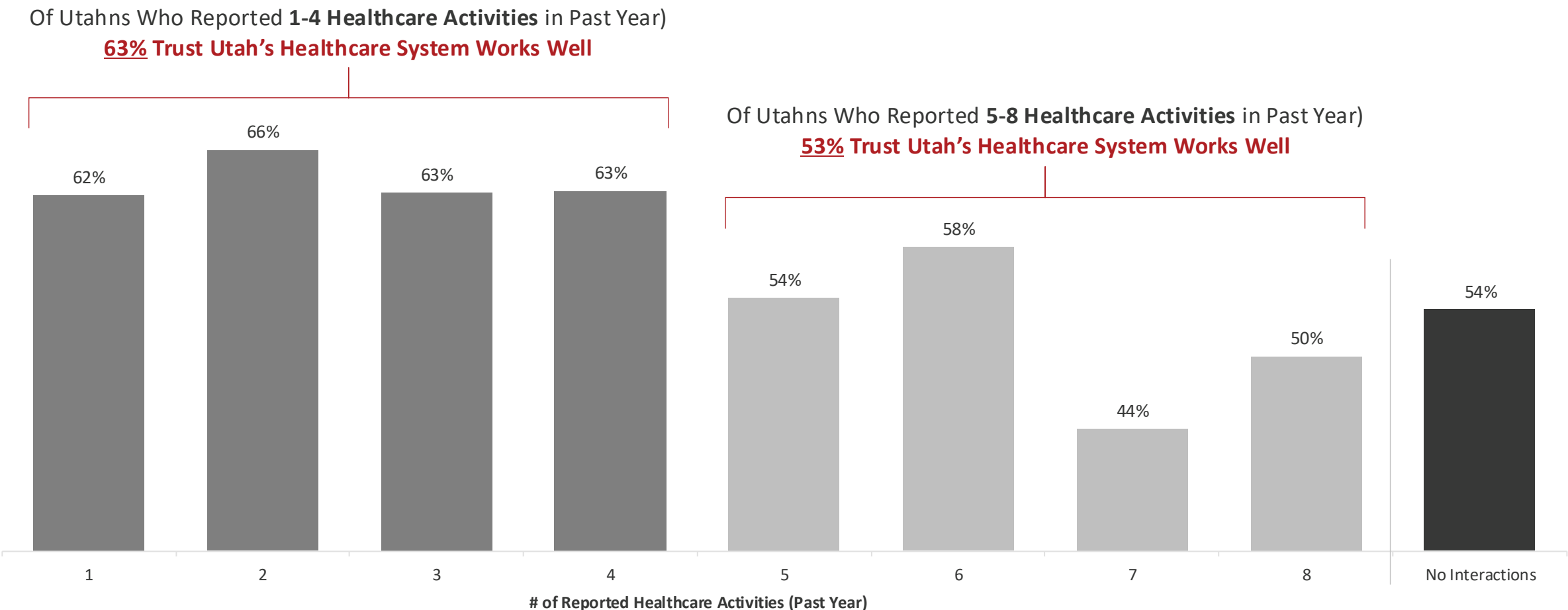
- Utahns with lower trust tend to engage Utah’s healthcare system more

High system use does not equate to high trust—in fact, Utahns who interact more frequently with the healthcare system are often *less* trusting of it, suggesting that repeated exposure may highlight system flaws and drive dissatisfaction.

Utahns with lower trust tend to engage Utah’s healthcare system more

Public’s Trust in Utah’s Healthcare System

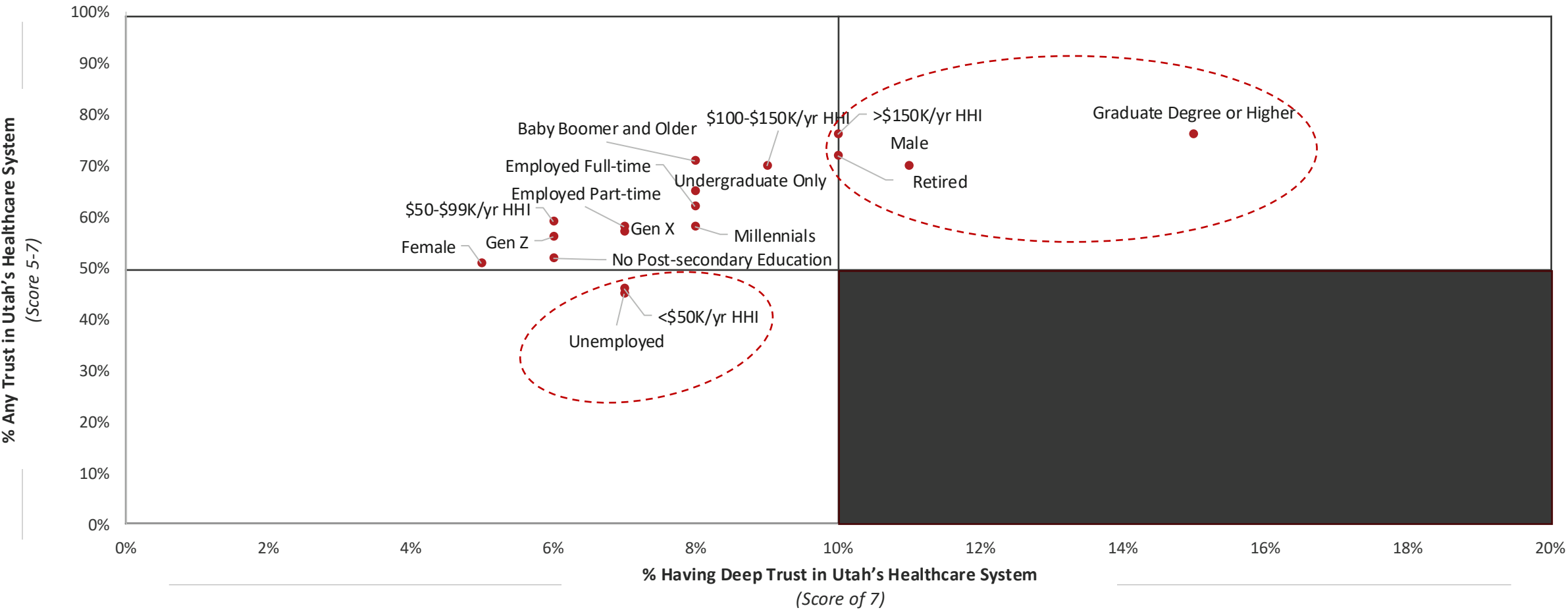
(SEGMENTED BY: Reported Number of Healthcare Activities (Past Year))



Trust is relatively consistent across groups, though deeper trust trends higher across some demographic lines—such as income, retired groups, and education

Public Trust in Utah’s Healthcare System by Segment

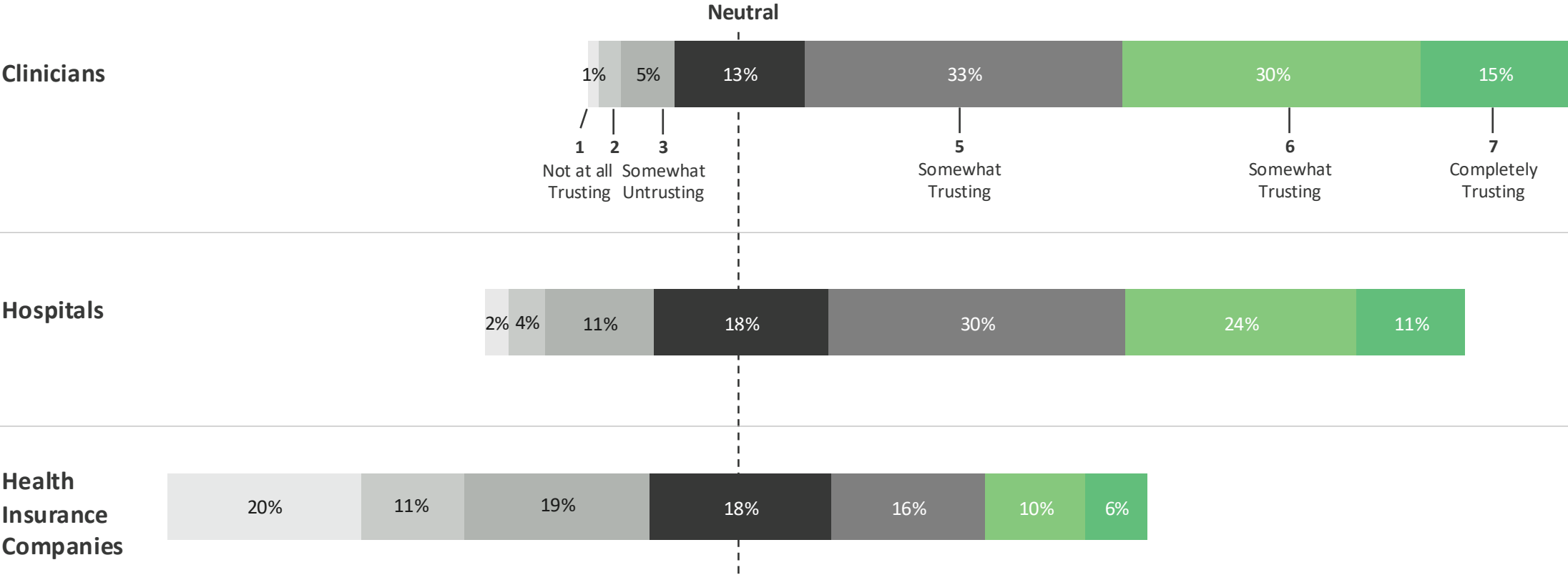
n=1,000; results are shown across different population segments



Within Utah’s healthcare systems, trust levels are highest toward clinicians, followed by hospitals, with health insurers trailing significantly

Public Trust Toward Specific Individuals and Organizations

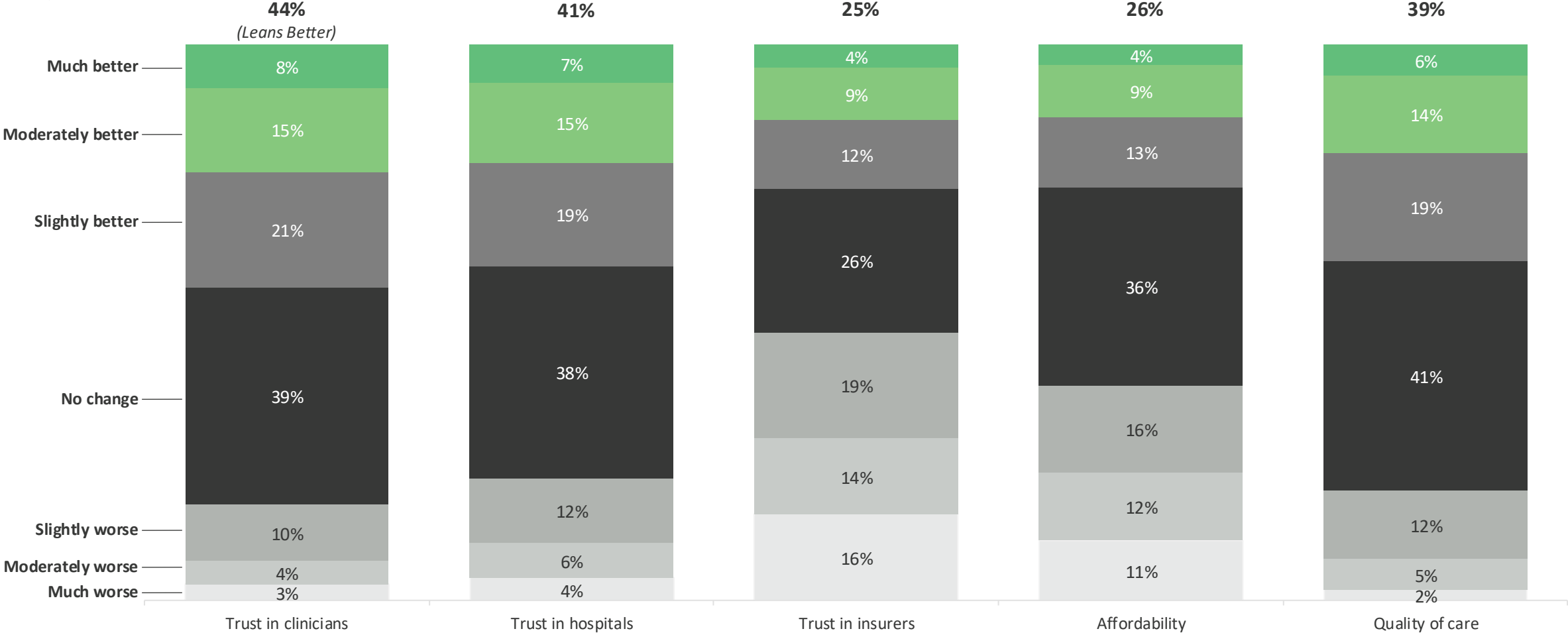
n=1,000



During the past year, Utahns view improvements as strongest in areas closest to care delivery—clinicians, hospitals, and quality—while affordability and insurers lag

Perceived Improvement in Utah’s Healthcare System Over the Past Year

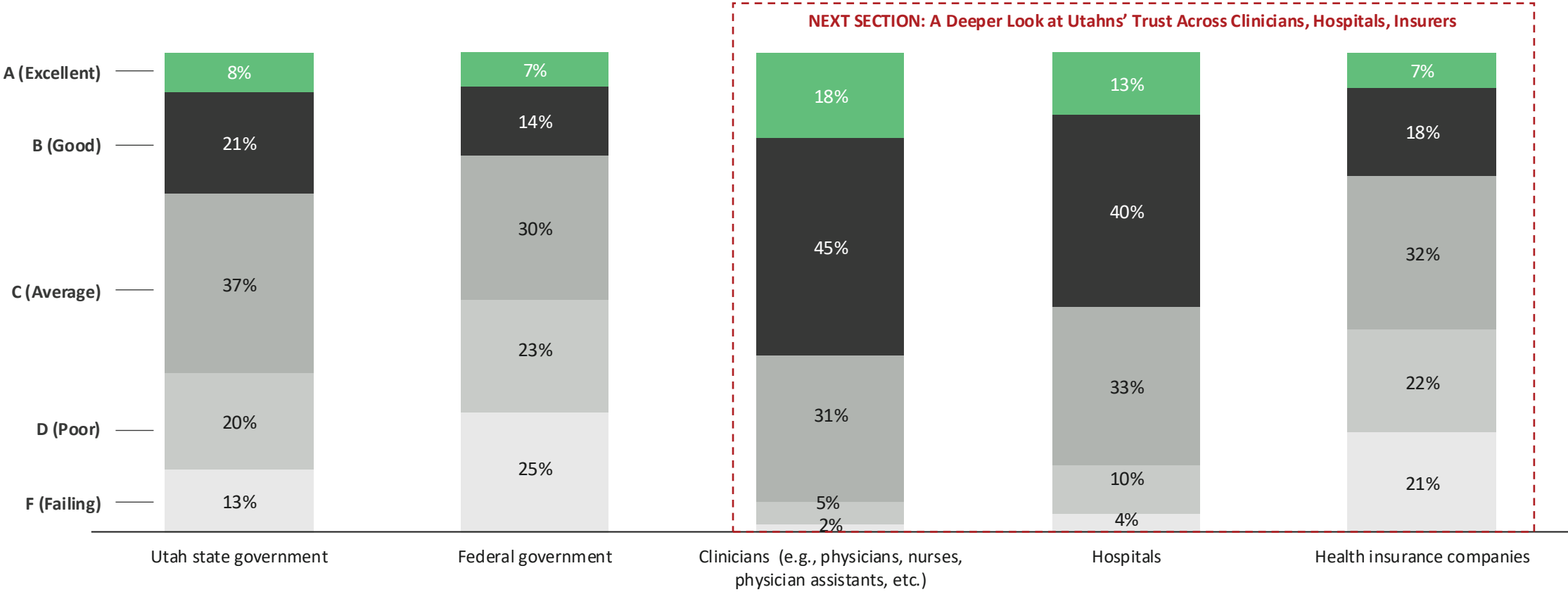
n=1,000



Similarly, frontline actors (clinicians and hospitals) are seen as having the greatest impact, while perceptions of system-level contributors fall short

How Utahns Grade the Impact of Key Players in Healthcare System Improvement

n=1,000






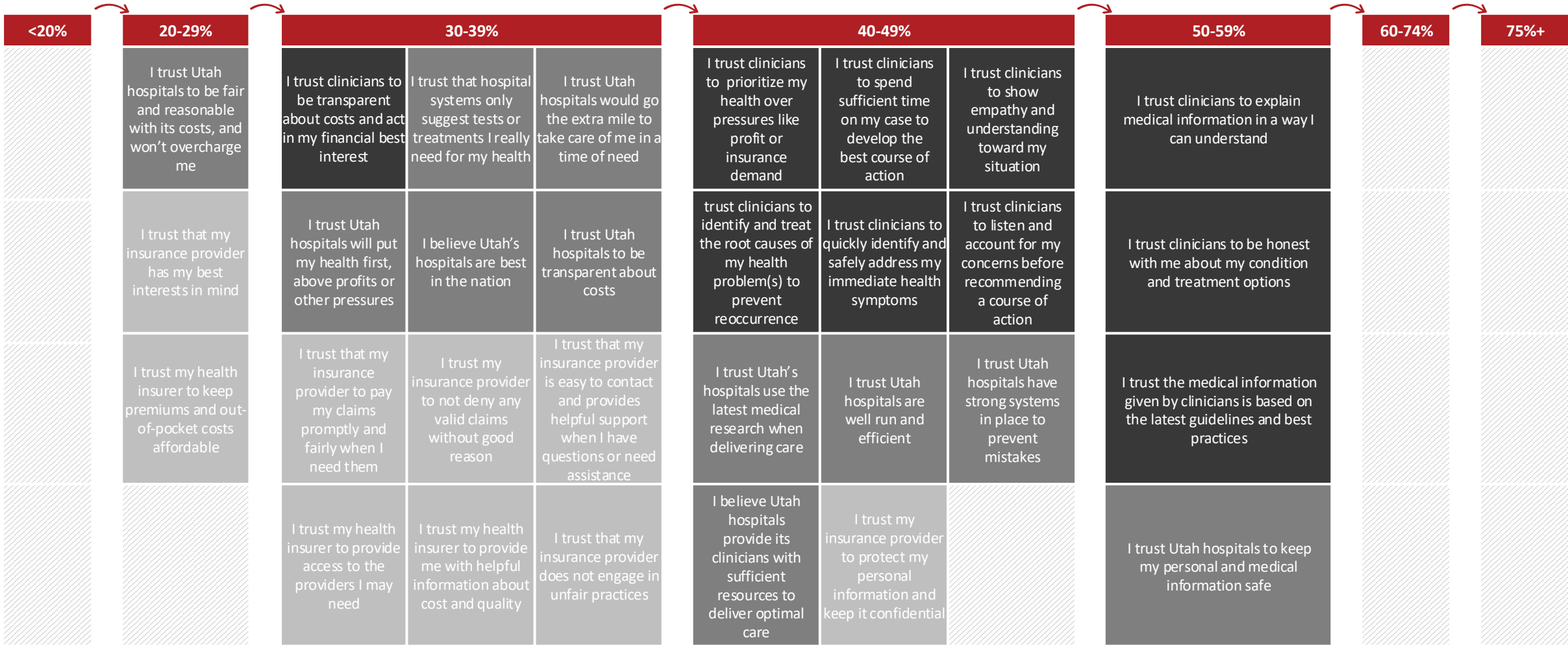
Trust remains fragmented—few “trust” attributes earn broad agreement, underscoring inconsistent confidence across Utah’s healthcare system

Clinicians > Hospitals > Health Insurers

Segmented View of Where Utahns Place Their Trust

Topics are categorized based on percent of Utahns that agree with each statement; agreement is derived from the top 2 selection (1-7 pt scale).

 = Clinician Area of Trust
 = Hospital Areas of Trust
 = Insurer Area of Trust

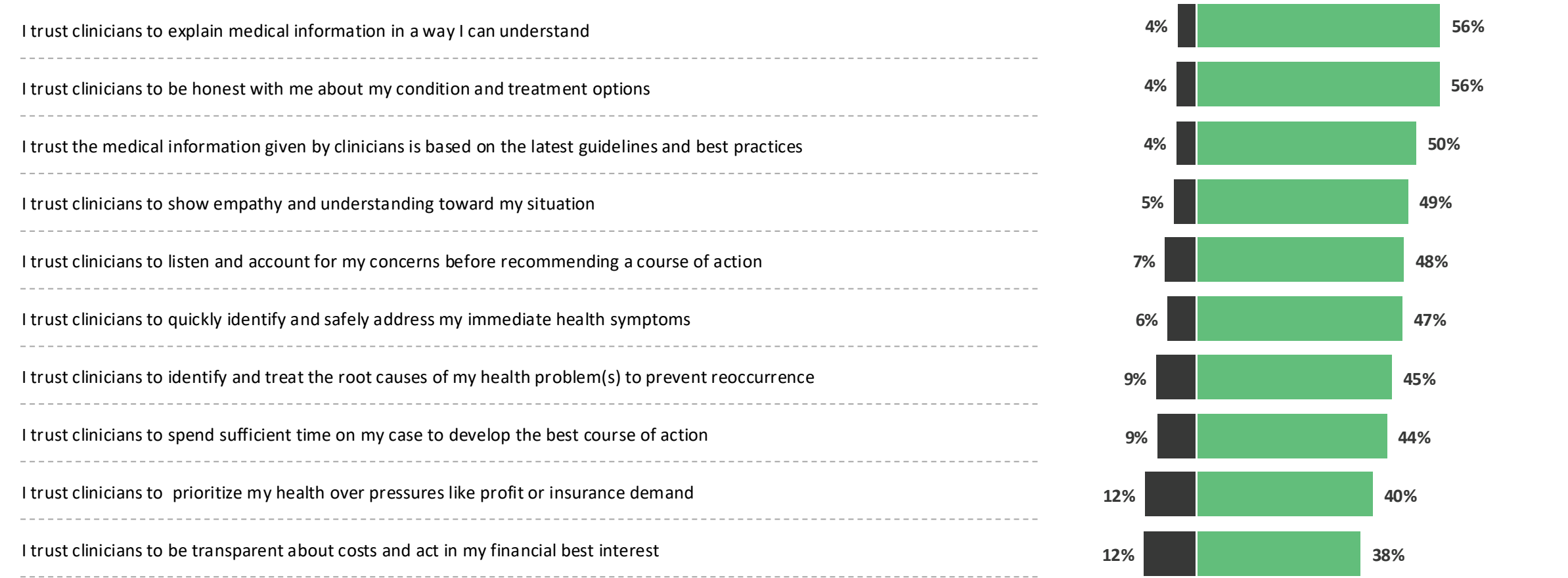


Trust in clinicians is strongest on communication and honesty—yet trails off when it comes to financial transparency and systemic pressures



Utahns’ Agreement Across Key Areas of Trust

n=1,000; Displayed figures are derived from the top 2 (options 6-7) and bottom 2 (options 1 and 2) on a 7-pt scale.

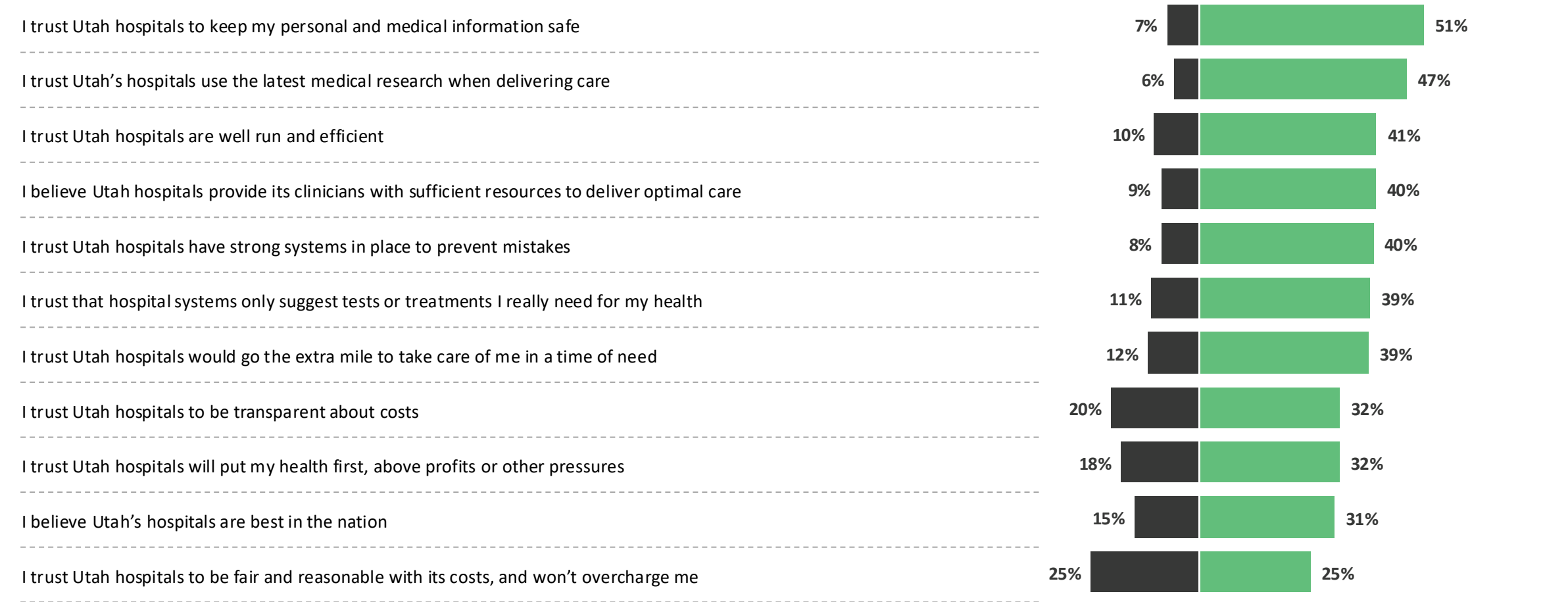


Trust in hospitals is anchored in clinical standards and safety—but weakens on cost and patient-first commitments



Utahns’ Agreement Across Key Areas of Trust

n=1,000; Displayed figures are derived from the top 2 (options 6-7) and bottom 2 (options 1 and 2) on a 7-pt scale.



Trust in insurers lags other actors—held back by doubts around fairness, affordability, and alignment with patient needs



Utahns’ Agreement Across Key Areas of Trust

n=1,000; Displayed figures are derived from the top 2 (options 6-7) and bottom 2 (options 1 and 2) on a 7-pt scale.

