

Utah Health Status Update:

Health Care Access and Utilization in Utah

April 1999

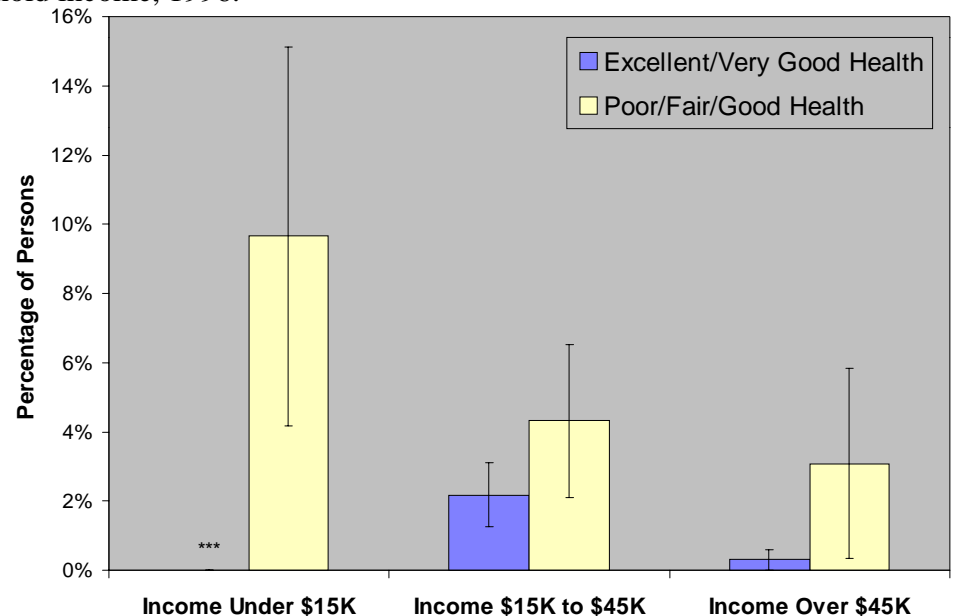
Utah Department of Health

Access to and utilization of health care services are important public policy issues. In the United States, expenditures for health care account for over 13% of gross domestic product. Despite that level of spending, access to the benefits of health care is very uneven. For example, the number of Americans without health insurance increased to 43 million (16%) in 1997. A recent UDOH report, *Health Care Access and Utilization*, used data from the 1996 Utah Health Status Survey to examine patterns of access and utilization in Utah. This Health Status Update reviews some of the highlights of that report.

- 2.4% of Utahns (48,400 people) reported that they had been unable to get needed health care in the past year.
 - For most (60%), the reason was financial/insurance related.
- Most Utahns (69%) had a doctor who was their primary care provider, but 18% (354,500 people) had no usual provider or place for medical care.
- Most Utahns went to a doctor's office as their usual source of care, but 12% of Utahns (243,000 people) used an emergency or urgent care facility as their usual source of care (3% used a hospital emergency department, and 9% an urgent care facility).
- Utahns who were young adults, without health insurance, or had low incomes were more likely to have been unable to get needed care, to not have a primary provider, and to go to an emergency/urgent care setting for usual care.
- On average, Utahns reported 3.4 visits to medical doctors in the past year. Males reported 2.9 and females 4.0 visits per year, on average. Utahns reporting more frequent visits included:
 - People age 65 or over - 6.0 visits per year
 - People living below the poverty level - 5.7 visits per year
 - People with a chronic medical condition - 6.3 visits per year
- Only about half (56%) of Utahns reported a routine preventive health care visit in the past year.
 - Preventive health visits were more common for older Utahns and those who had a primary care provider.
 - 78% of children age 4 and under had at least one preventive health visit. Clinical guidelines recommend annual visits for children age 2-5 and more often for younger children.
- 3.8% of Utahns reported an overnight hospital stay in the past year. Hospitalization was more common for people age 65 or over (19.2%), people with lower income (see figure on back of this sheet), and those with a chronic medical condition (13%).

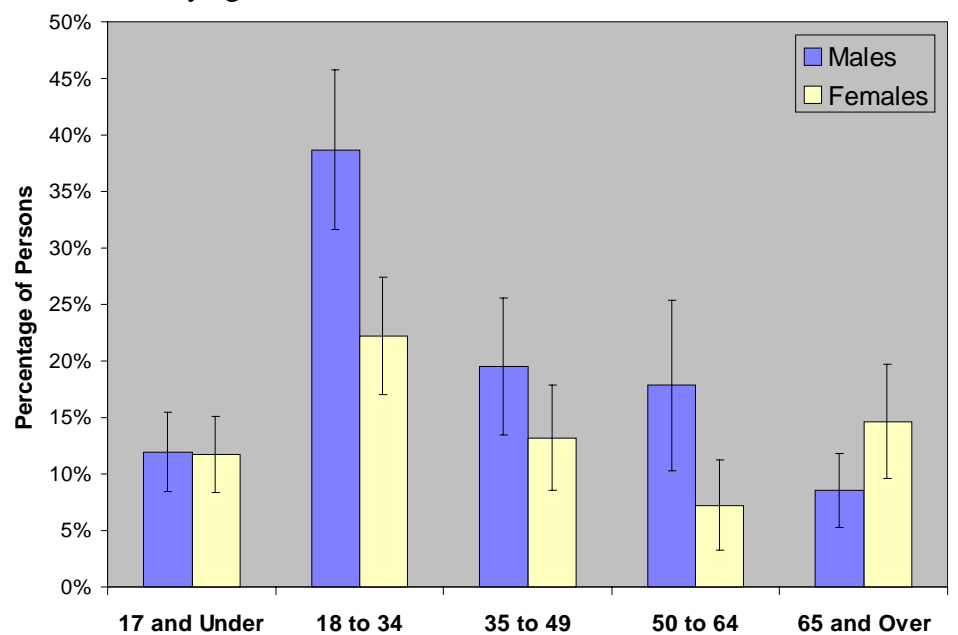
Unable to Get Needed Care by Income

Percentage of Utahns who were unable to get needed medical, dental, or mental health care in the past 12 months by health status and annual household income, 1996.



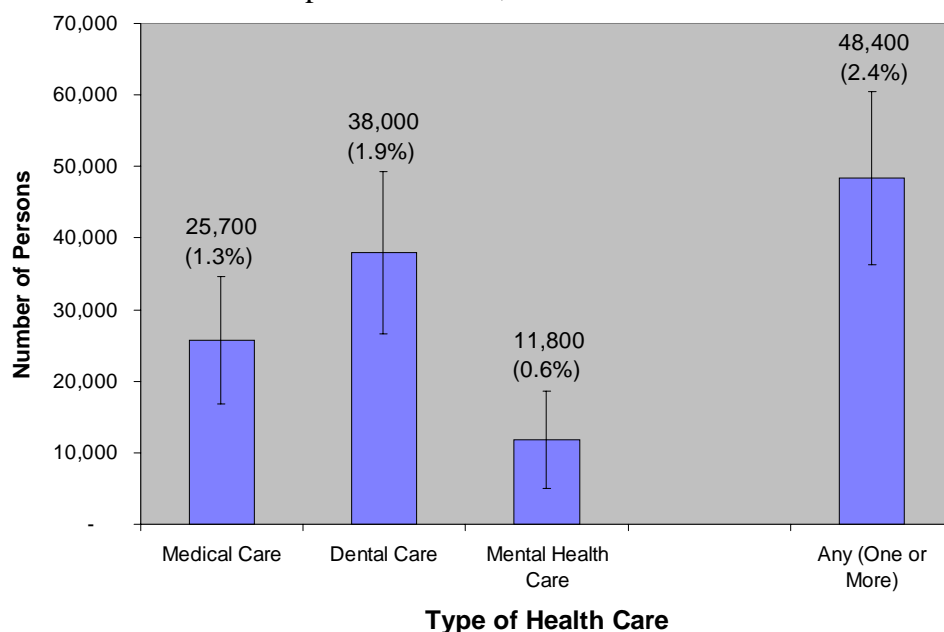
No Primary Health Care Provider

Percentage of Utahns who had no primary health care provider or usual source of care by age and sex, 1996.



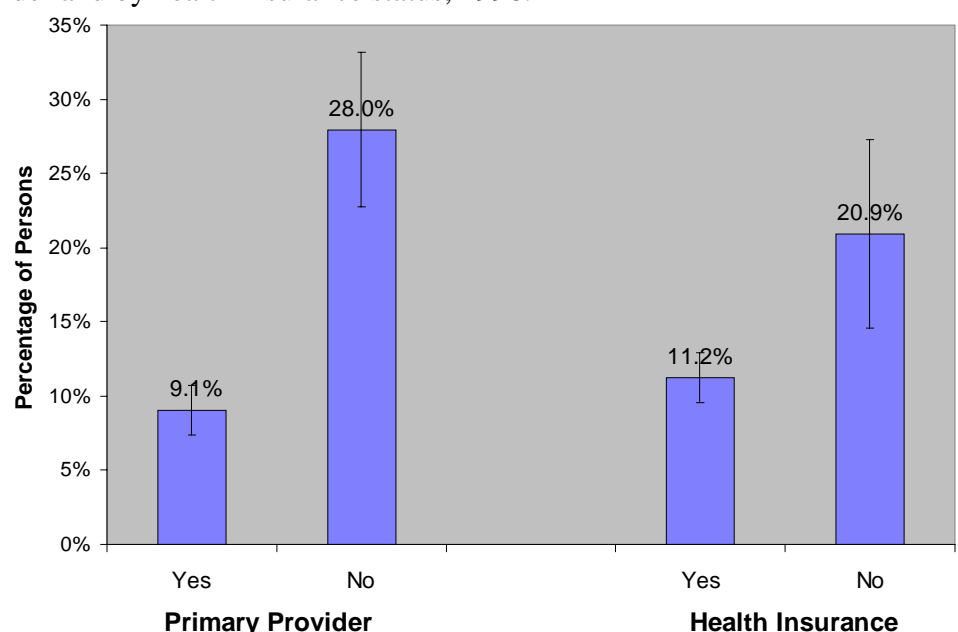
Unable to Get Needed Care

Numbers of Utahns who were unable to get needed medical, dental, or mental health care in the past 12 months, 1996.



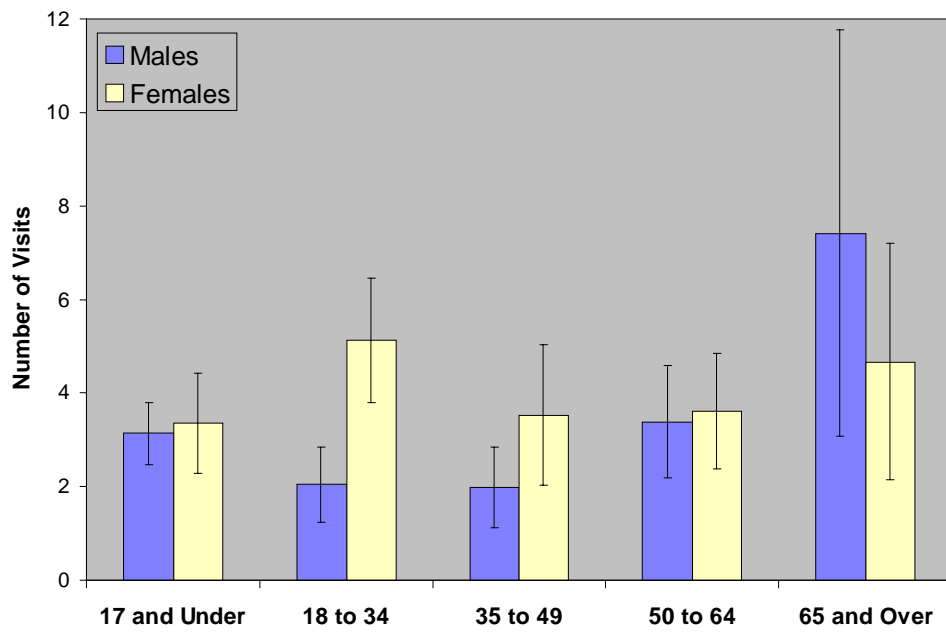
ER as Source of Care

Percentage of Utahns who usually got care from a hospital emergency department or urgent care center by whether they had a primary care provider and by health insurance status, 1996.



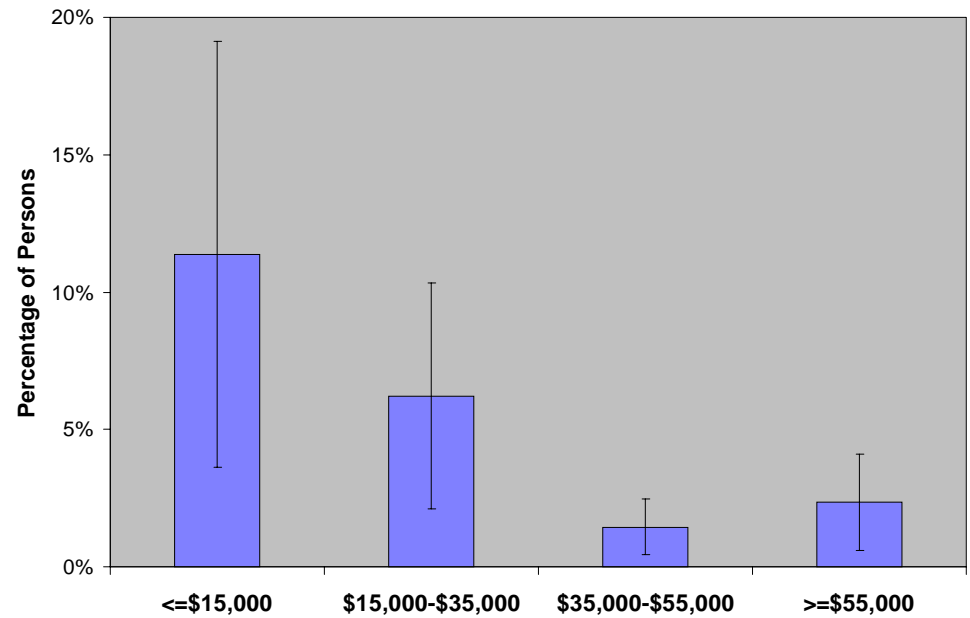
Outpatient Visits by Age and Sex

Average number of outpatient medical visits in the past 12 months by age and sex, Utah 1996.



Hospitalization by Income

Percentage of Utahns who had an overnight hospital stay in the past 12 months by annual household income, 1996.



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The complete report, *1996 Utah Health Status Survey Report: Health Care Access and Utilization*, as well as additional information about this topic are available from the Office of Public Health Data, Utah Department of Health, P O Box 142101, Salt Lake City, Utah 84114-2101, (801) 538-6108, FAX (801) 536-0947, email: phdata@doh.state.ut.us. Additional health data and reports can be obtained on the Internet at URL <http://hlunix.hl.state.ut.us/action2000>. Please send any comments on this report to the Office of Public Health Data.



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