# Health Across the Lifespan

**RESEARCH SUMMARY**

## INTRODUCTION

During the fall of 2023, Utah Women & Leadership Project (UWLP) researchers conducted a statewide study to establish a baseline for public perceptions related to the awareness, understanding, and attitudes about challenges that Utah women and girls face (see Background & Methods for details). The study was created to support the work of 18 areas of focus (spokes) within the movement called A Bolder Way Forward, which is dedicated to helping more Utah girls and women thrive. One of the 18 areas of focus is health across the lifespan, and this summary shares findings that highlight present perspectives and establishes a baseline to track progress.

## BACKGROUND

Although the UWLP has researched many topics related to health through the years (e.g., mammography, maternal mental health, eating disorders, suicide, physical activity, body image, and mental health), elements of mental, physical, social/emotional, and/or environmental health has emerged in nearly all UWLP research. The bottom line is that Utah girls and women are experiencing substantial health challenges. Data in many health areas are abundant from a variety of state and national sources, and many are highlighted on the Utah Department of Health & Human Services webpage. Five items from the new study provide additional insight that may be useful in shaping societal change.

## RESEARCH FINDINGS

Participants responded to each survey item using a 7-point Likert scale (1=strongly disagree, 2=disagree, 3=somewhat disagree, 4=neither disagree nor agree, 5=somewhat agree, 6=agree, 7=strongly agree). For Sample 1 (non-probability), 2,408 Utahns responded to these five questions, and for Sample 2 (representative), there were 650 (Total=3,058).

**1. Preventative Healthcare:** The first survey item was "It's likely I will be able to schedule and complete a preventative healthcare visit in the next 12 months." The statistical mean was 6.40 (SD 1.12) for the non-probability sample and 5.66 (SD 1.57) for the representative sample. For the representative sample, 21.5% of respondents either disagreed or selected neither agree nor disagree, with 39.4% strongly agreeing. In Sample 1, 65.0% of respondents strongly agreed. See the combined demographic findings below.

### DEMOGRAPHIC FINDINGS

*Gender:* Women's agreement levels were significantly higher than men's (6.24 and 5.86, resp.).

*Age:* The older a respondent was, the higher the agreement.

*Education:* The higher the educational attainment, the stronger the agreement.

Marital Status: There were no significant differences among categories, but married respondents had the highest statistical mean.

*Income:* Respondents who reported higher annual household incomes had higher agreement.

*Children:* Parents had significantly higher agreement than nonparents. Also, among parents, the more teenagers living in the home, the higher the agreement.

*Race & Ethnicity:* White respondents had significantly higher agreement, while the lowest came from participants who identified as Black and Native American.

*Religion:* There were no significant differences among religious affiliations, but those who selected religious activity levels at "4" or "5-very active," had the highest agreement levels.

*Employment:* Full-time employees and retirees had the highest agreement, while full-time students had the lowest.

*Residency:* Respondents who had lived in Utah more years had higher agreement.

Counties: There were no significant agreement differences among counties. However, the statistical means ranged from 5.85 (the Millard, Sevier, Juab, Beaver, and Piute grouping) to 6.47 (Summit/Wasatch).

**2. Reproductive Health:** The second survey item was "I feel empowered to make informed decisions regarding reproductive health that fit my needs and/or the needs of my family." The statistical mean was 5.89 (SD 1.56) for the non-probability sample and 5.32 (SD 1.67) for the representative sample. In the representative sample, 31.1% disagreed at some level or selected neither agree nor disagree, while 15.5% of the non-probability sample did the same. See the combined demographic findings below.

### DEMOGRAPHIC FINDINGS

Gender: Agreement levels were similar between women and men (5.84 and 5.61, resp.).

*Age:* Respondents in the 18–34 age range categories had significantly lower agreement than older categories.

*Education:* The higher the educational attainment, the stronger the agreement.

*Marital Status:* Married and married but separated had the highest agreement levels.

*Income:* The higher the annual household income, the stronger the agreement.

*Children:* Parents had significantly stronger agreement than non-parents. Parents who had more children were more likely to more strongly agree than parents with fewer.

*Denotes statistically significant differences within the demographic categories.

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*Race & Ethnicity:* Respondents who identified as Pacific Islander, White, and Asian (highest to lowest) had the strongest agreement, while Black and Native American had the least.

*Religion:* There were no significant differences among religious affiliations, but the higher the activity level, the more the agreement.

*Employment:* The highest agreement came from those who were employed and full-time homemakers, with the least from the unemployed.

*Residency:* There were no significant differences among the categories.

*Counties:* There were no significant agreement differences among counties. However, the statistical means for counties ranged from 5.25 (Weber) to 6.22 (Cache).

**3. Perimenopause:** The third survey item was "I am knowledgeable about perimenopause for women." The statistical mean was 4.44 (SD 2.00) for Sample 1 and 4.30 (SD 1.89) for Sample 2. The substantial standard deviations show significantly differing responses. In the combined dataset, 45.0% either disagreed at some level or selected neither agree nor disagree, while 18.6% somewhat agreed, 18.9% agreed, and 17.5% strongly agreed. See the combined demographic findings below.

DEMOGRAPHIC FINDINGS

*Gender:* As expected, women's agreement was significantly higher than men's (4.53 and 3.84, resp.).

*Age:* As expected, the older the respondent, the stronger the level of agreement.

*Education:* Those respondents who had graduate degrees had the strongest agreement, while those who selected "some high school" had the least.

*Marital Status:* Married participants were significantly more likely than others to have stronger agreement.

*Income:* Respondents who had annual household incomes of $100,000 or more were more likely to have stronger agreement.

*Children:* Parents had higher agreement than nonparents.

*Race & Ethnicity:* The highest agreement came from those who identified as Native American and White, while those who identified as Asian had the least agreement.

*Religion:* Catholics had significantly higher agreement that all other religious affiliations, with Protestants following. The lowest awareness came from those who selected spiritual but not religious and agnostic. Those who are more religiously active had higher agreement.

*Employment:* As expected, full-time students had little awareness, while retirees had the most agreement.

*Residency:* Respondents who had lived in Utah 11 or more years had significantly stronger agreement than those who had lived in Utah for fewer years.

*Counties:* The counties that had respondents who had the strongest agreement included Summit/Wasatch; the Millard, Sevier, Juab, Beaver, and Piute grouping; the Tooele, Morgan, and Rich grouping; Box Elder; and the combined 10 rural eastern counties. Utah County residents had significantly less agreement than any other county.

**4. Safe:** The fourth survey item was "I feel physically, mentally, and emotionally safe in healthcare settings." The statistical mean was 5.43 (SD 1.54) for Sample 1 and 5.01 (SD 1.64) for Sample 2. In the representative sample, 33.1% either disagreed or selected neither agree nor disagree, while 47.4% agreed or strongly agreed. In the combined dataset, about one-quarter of respondents were either unsure or did not feel safe at some level, with only 2.8% strongly disagreeing. See the combined demographic findings below.

DEMOGRAPHIC FINDINGS

*Gender:* Women's and men's agreement levels were the same (5.33 and 5.33, resp.).

*Age:* Generally, the older the respondents, the safer they felt.

*Education:* The higher the educational level, the stronger the agreement.

*Marital Status:* There were no significant differences among categories.

*Income:* Generally, the higher the annual household income, the stronger the agreement.

*Children:* Parents were significantly more likely to agree compared with nonparents. There were no statistically significant differences among parents based on numbers and ages of children.

*Race & Ethnicity:* The highest agreement came from those who identified as White, Asian, and Hispanic, with the lowest from Black and American Indian participants.

*Religion:* Protestants and Latter-day Saints had the highest agreement levels, with the lowest agreement from those who selected spiritual but no affiliation, agnostic, and atheist. The higher the religious activity level, the stronger the agreement.

*Employment:* There were no significant differences among employment categories.

*Residency:* Respondents who had lived in Utah six or more years had the highest agreement levels.

*Counties:* There were no significant agreement differences among counties. However, the statistical means ranged from 4.88 (Weber County) to 6.11 (Summit/Wasatch).

**5. Screening:** The final survey item was "It is likely one of my healthcare providers will effectively screen me for intimate partner violence (and connect me with resources if needed) in the next year." The statistical mean was close with both samples: 3.45 (SD 1.92) for Sample 1 and 3.60 (SD 1.92) for Sample 2. In the combined dataset, 47.1% disagreed at some level, while 24.1% neither agreed nor disagreed and 28.9% selected any level of agreement. The findings indicate that these screens do not happen widely in Utah. See the combined demographic findings below.

DEMOGRAPHIC FINDINGS

*Gender:* Women's agreement was significantly higher than men's (3.61 and 3.29, resp.).

*Age:* There were no significant differences among age categories.

*Education:* There were no significant differences among education levels.

*Marital Status:* Married but separated had the highest agreement, but it was still only between neutral and somewhat disagree, with married respondents following. Those who selected widowed were significantly less likely to agree.

*Income:* Respondents who had annual household incomes of $150,000 or higher were more likely to agree, but the statistical means still hovered around neither agree nor disagree to somewhat disagree.

*Children:* There was no significant difference between parents and non-parents.

*Race & Ethnicity:* There were no significant agreement differences among race and ethnicity categories.

*Religion:* There were no significant differences among religious affiliations or religious activity levels.

*Employment*: There were no significant differences among catgories.

*Residency:* Respondents who had lived fewer years in Utah had higher levels of agreement.

*Counties:* There were no significant agreement differences among counties. However, the statistical means ranged from 2.76 (the Tooele, Morgan, and Rich group) to 3.92 (Summit/Wasatch).

## CONCLUSION

This summary highlights key findings related to five questions focused on health across the lifespan. Respondents from across the state participated in the study (see Background & Methods for the demographic details of both samples). Each sample is useful in understanding the perceptions and attitudes of Utahns on this topic; however, Sample 2 (representative sample) may provide a better understanding of the perspectives of Utahns more generally.

In sum, although the majority of Utahns believe they would be able to schedule and complete an annual preventive healthcare visit, one-fifth were not sure

or disagreed. Most Utahns felt they could make informed decisions regarding reproductive health, but nearly one-third of the representative sample were unsure or disagreed. Nearly half of Utah residents are not knowledgeable about perimenopause and, not surprisingly, particularly men. About a quarter of the representative sample was either unsure of their safety or did not feel safe at some level in healthcare settings. And finally, according to this research, screening for intimate partner violence is rare.

A Bolder Way Forward aims to make Utah a place where more women and girls can thrive in any setting, and strengthening their mental, physical, social/ emotional, and environmental health is a critical part of achieving vital goals. Research continues to show that one's health impacts all other domains in one's life, and it also intersects with each of the other areas of focus in this movement. There is much work to do, but with partners such as Intermountain Health, University of Utah Health, Cambia Health Foundation, and leaders and community members across the state, Utah can make progress, and more girls and women can thrive!

**For questions and information:**
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