

# National survey on deferred care and healthcare disparities



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# Objectives

- Understand rates of, and reasons for, delayed healthcare in America.
- Uncover disparities in health and the healthcare system experienced by Black and Hispanic communities in particular, and understand what forces are most helpful in alleviating those barriers.
- Use insights to create messaging that helps people feel more confident and comfortable in accessing and prioritizing health care.

# Methodology

## Study Field

The research was conducted online in the United States by The Harris Poll on behalf of Johnson & Johnson among the following audiences between March 9 – April 12, 2022:

- 4,000 adults aged 18+ residing in the U.S. (“Gen Pop”)
- 565 adults aged 18+ residing in Chicago, Illinois
- 500 adults aged 18+ residing in Atlanta, Georgia
- 236 adults aged 18+ residing in Irvine, California

## Weighting

Data for Gen Pop are weighted where necessary by age, gender, race/ethnicity, region, education, marital status, household size, household income, and propensity to be online to bring them in line with their actual proportions in the population.

Data for Chicago, Atlanta, and Irvine are weighted individually where necessary by age, gender, race/ethnicity, education, marital status, and propensity to be online to bring them in line with their actual proportions in the population.

## Sampling

Respondents for this survey were selected from among those who have agreed to participate in our surveys. The sampling precision of Harris online polls is measured by using a Bayesian credible interval. For this study, the sample data is accurate as follows:

- Gen Pop: to within + 2.0 percentage points using a 95% confidence level. This credible interval will be wider among subsets of the surveyed population of interest.
- Chicago: to within + 5.2 percentage points using a 95% confidence level. This credible interval will be wider among subsets of the surveyed population of interest.
- Atlanta: to within + 5.5 percentage points using a 95% confidence level. This credible interval will be wider among subsets of the surveyed population of interest.
- Irvine: to within + 8.8 percentage points using a 95% confidence level. This credible interval will be wider among subsets of the surveyed population of interest.

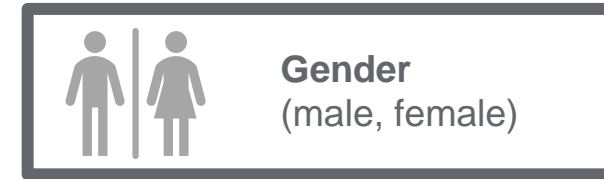
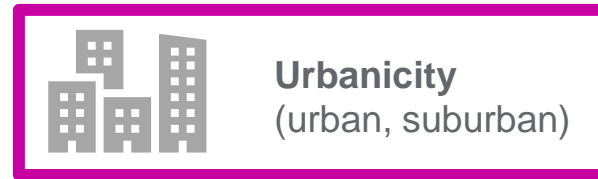
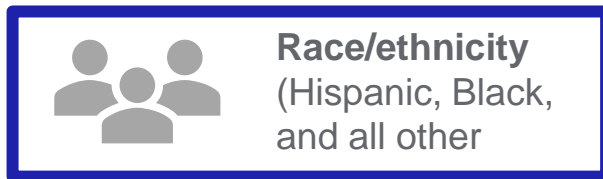
# Report Notes

## In tables and charts:

- Percentages may not add up to 100% due to weighting, computer rounding, and/or the acceptance of multiple responses.
- An asterisk (\*) in a data chart indicates a percentage greater than zero but less than 1%; a “ – ” indicates a value of zero.
- Results based on small samples (n<100) are too small to report quantitatively for PR and should be interpreted as directional only. These are noted with “\*Caution, small base <100, results are directional in nature” and stat testing is not shown.

## Throughout this report:

- Where appropriate, statistically significant differences at the 95% confidence level between subgroups are noted throughout the detailed findings slides, using A, B, C, D, and E notations.
- Base labels, sizes, and question text are included within the notes section of each page for reference
- Key subgroups explored within the general population report are race/ethnicity, urbanicity, and, to a lesser degree, gender:
  - **Race/ethnicity** is charted in blue shades; it includes Hispanic (n=595), Black (n=427), and “all other” (n=2,978) adults. “All other” includes White (only) (89%), Asian (1%), and Native American (1%) adults.
  - **Urbanicity** is charted in magenta shades; it includes adults who live in urban (n=1,189) and suburban (n=1,830) areas
  - **Total U.S. gen. pop.** is charted in red shades
  - Look for the icons below to denote key sub-group highlights or differences:





# Executive Summary

Health is valued, yet deferred care is a reality – particularly for Hispanic adults and those in urban areas

**While people generally feel good about their health, there is still a lingering concern – and a desire to do more to take control of their health.** Hispanic adults and those residing in urban areas show lower assessments of their health and are more likely to be concerned about their health, compared with their respective counterparts; Black adults also show higher levels of concern. Overall, people want to be proactive about their health and understand the long-term health impacts of lifestyle choices. Many even admit they feel better about their health when they keep up with routine medical appointments. Nonetheless, not everyone has equal access or the ability to keep up with appointments.

**More than one-third of U.S. adults have delayed healthcare in the past year, including nearly half of Hispanic adults and nearly half of adults who live in urban areas.** COVID-related concerns are the top reasons for delayed care in general, but for Black, Hispanic, and urban adults, other factors are at play: issues related to transportation, nervousness, overwhelm, and language barriers are significantly more present for these subgroups compared with their counterparts. Aside from (or in addition to) delaying care, some have *tried* to receive care, but were ultimately unable to do so – particularly Hispanic and Black adults vs. all other adults\*, and urban adults vs. suburban adults. Unexpected cancellations on behalf of the patient are the main deterrent when trying to receive care, with transportation issues in particular rising to the top.

# Executive Summary

Access (insurance, having a doctor, logistics) and information (navigating the system) are main barriers to care

**Overall, barriers to healthcare are largely in the form of access and information.** When it comes to access, Hispanic adults are less likely to have health insurance and/or to feel that they can keep up with annual visits. Urban adults are in a similar situation, compared with suburban adults. In addition, scheduling appointments presents a significant barrier for Hispanic adults: they are more likely than Black adults and all others to say that they often have to wait a long time to schedule a medical appointment, that the process of scheduling feels intimidating, and/or that they feel like they don't have time to schedule an appointment. In addition, the disproportionate impact of the pandemic on Hispanic, Black, and urban adults contributes to barriers to healthcare.

**While information may be available, many feel overwhelmed and don't know where to start.** Hispanic adults are more likely to say that they would *like* to receive regular healthcare but simply don't know where to start. They are more likely to feel overwhelmed by the healthcare system, and less likely to feel that they have access to the information they need. Black adults share these sentiments as well, but to a lesser degree, and a comparable pattern plays out between urban and suburban adults. Similarly, Hispanic adults who do not have health insurance feel they don't know where to start when it comes to accessing insurance, while those who *do* have insurance feel overwhelmed when it comes to trying to understand insurance benefits (which is true of Black adults as well).

# Executive Summary

Family, community, and representation contribute to trust and confidence; logistical support empowers and enables

**Prioritization of health can be bolstered by encouragement from family/community; representation and trust would make it easier for Black, Hispanic adults to access healthcare services.** Family and community play a prominent role in encouraging a proactive approach to health – especially for Hispanic adults. Though a small proportion, Black adults are more likely to be influenced by their community – e.g., their church, religious group, or a community organization. For urban adults, community holds significant influence as well. Importantly, representation plays a key role in helping Black and Hispanic adults feel comfortable with their healthcare experience – such as having a healthcare provider that understands them culturally and/or economically, looks like them, and/or speaks their language.

**Looking beyond family and community, logistical measures can support prioritization of health – such as appointment reminders.** Access to information in the form of online information and/or resources about navigating the healthcare system is cited as the number one thing that would make it easier for people to access healthcare. For Hispanic adults, the ability to take time off work and/or having access to transportation to/from appointments are significant factors compared with all other.



# Implications & Recommendations

- ✓ **Use messaging to reinforce positive feelings of empowerment that result from proactively managing health.** People want to be proactive about their health and feel good when they prioritize their health. In particular, Black adults are more likely to say they feel better about their health after appointments with their HCP.
- ✓ **The move from “pandemic” to “endemic” is an opportunity to remind people that it’s time to get back on track with health appointments.** Black and Hispanic adults are more likely to say that their health appointments have been less frequent than before the pandemic – but also are more likely to have experienced other fallout from the pandemic that may cause healthcare to be deprioritized (e.g., loss of employment, food insecurity).
- ✓ **For providers, reinforce COVID-safe environments.** Further, more than one-quarter of those who delayed care in the past year did so out of fear of contracting COVID at a medical facility – an opportunity for providers to clearly communicate their in-office COVID-safety procedures to help patients feel comfortable. This also presents continued opportunity to connect with patients via telehealth.
- ✓ **Cut through the complexity; meet people where they are.** Many (including two-thirds of Hispanic adults) say they are overwhelmed by the complexity of the healthcare system. Meet people where they are in terms of accessing information, by providing a clear roadmap for various parts of the healthcare journey (e.g., getting insurance, scheduling appointments, types of care). For most adults, that means the internet and social media – but for Black adults, TV/news programs and church or community organizations are more common sources of information compared with their counterparts.
- ✓ **And, cut through the noise.** Since more than half of U.S. adults *do* get information about health and healthcare on the internet and/or social media, it may be helpful to provide tools or tips that steer people to reputable, trusted sources and help them understand how to identify accurate information.

# Implications & Recommendations (continued)

- ✓ **Guidance in the appointment scheduling process enables access.** For Hispanic adults, major barriers to access are in the form of insurance, transportation, and having an HCP who knows them and their history. But another main barrier lies in simply understanding how to schedule an appointment. This important first step feels intimidating for more than two-fifths of Hispanic adults and presents an opportunity to create messaging or provide resources that help reduce fear and confusion.
- ✓ **Emphasize family connection.** Hispanic and Black adults are more receptive to encouragement from family when it comes to prioritizing their health. For Hispanic and urban adults, family members are more likely to be cited as motivation for seeing an HCP.
- ✓ **Community orgs. provide trust and encouragement.** For Black adults, messaging and resources in the community – e.g., church or religious congregation, community organization – may help to encourage prioritization of health. As with family, for Hispanic and urban adults, community members/organizations are more likely to be cited as motivation for seeing an HCP.
- ✓ **To build trust with Black or Hispanic patients, bias training, language resources are key.** For both Black and Hispanic adults, having an HCP who shares their cultural and/or economic background is especially important. In particular, one-third of Black adults say that having an HCP that understands their cultural and/or economic situation would inspire trust. This is where bias training can come into play. Shared racial background is significantly more important for Black adults and their healthcare experience as well. For Hispanic adults, having language and translation services in place at medical facilities also helps break down an important barrier.
- ✓ **For healthcare providers, lean into proactive communication.** Hispanic adults are more likely to say that their last visit was prompted by a reminder from someone. More specifically, Hispanic, Black, and urban adults are more likely than their counterparts to say their last medical visit was prompted by communication from their health insurance company. Stress the importance of consistent reminders via multiple streams – phone, text, email – to help empower people to keep up with their care.

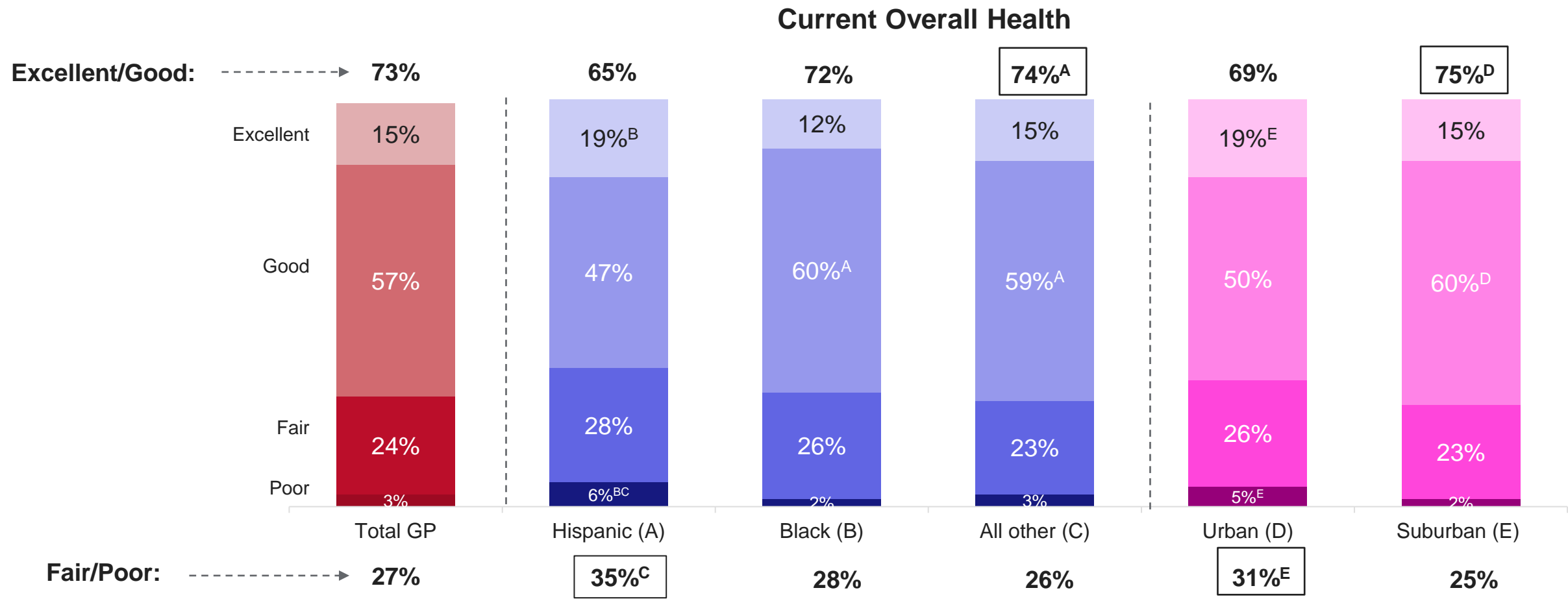
# **U.S. General Population Analysis**

# State of Health & Healthcare



# Three-quarters of U.S. adults feel they are in good health

Hispanic, urban adults *less* likely to feel confident about their current overall health

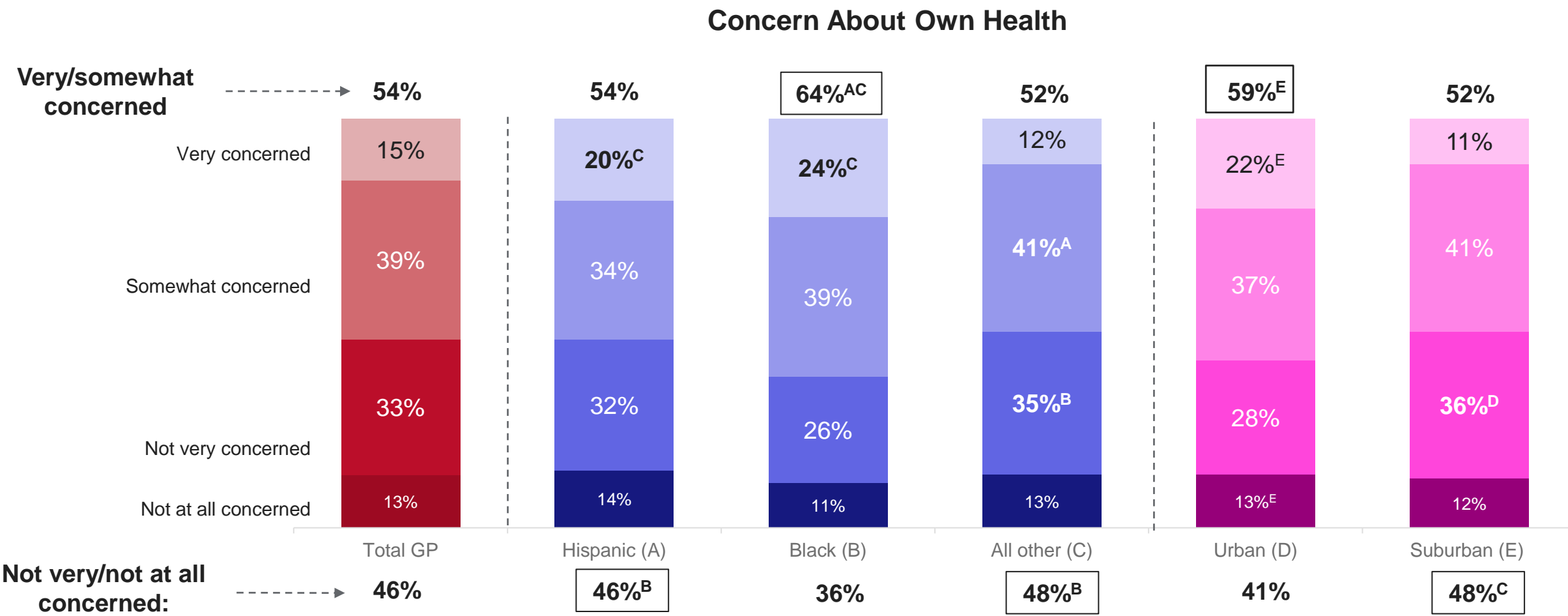


Letter notations indicate significant difference between subgroups (95% confidence level)



Though small percentages, **Hispanic**, and **urban** adults also are more likely than their counterparts to feel their current overall health is poor.

# Still, a majority are at least somewhat concerned about their own health – including nearly two-thirds of Black adults



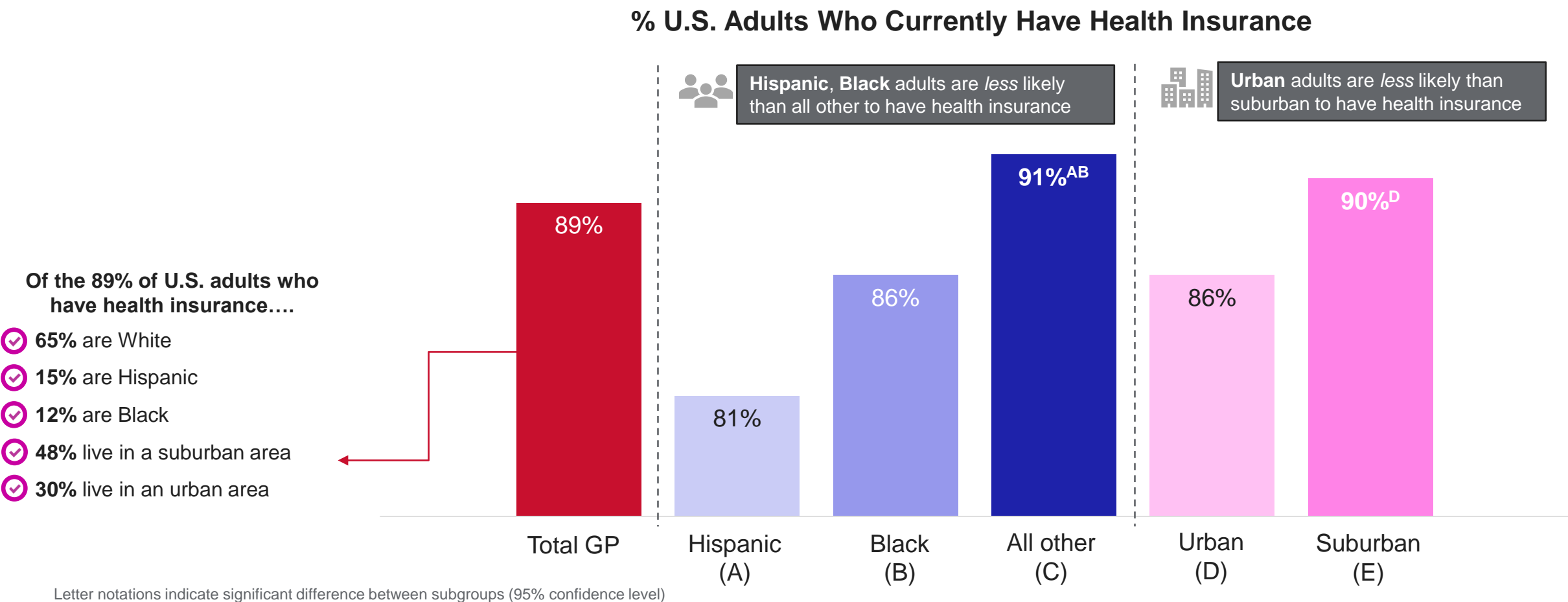
Letter notations indicate significant difference between subgroups (95% confidence level)

In particular, **Black**, and **urban** adults more likely than their counterparts to be concerned about their health



# While most have health insurance, Black, Hispanic, and urban adults are *less likely* to be insured

And, of those who *are* insured, fewer than one in five are Hispanic, Black



# Hispanic, Black, urban adults less likely to see HCPs regularly

Hispanic, urban adults more likely than their counterparts to utilize ER, urgent care doctors regularly

## Hispanic adults less likely to see regularly...

PCP, family practitioner, NP, or PA	59%, vs. 71% all other
Dentist	47%, vs. 54% all other
Optometrist or ophthalmologist	23%, vs. 31% all other
Dermatologist	10%, vs. 17% all other

## Black adults less likely to see regularly...

Dentist	41%, vs. 54% all other
Optometrist or ophthalmologist	14%, vs. 23% Hispanic & 31% all other
Dermatologist	10%, vs. 17% all other

## Urban adults less likely to see regularly...

PCP, family practitioner, NP, or PA	62%, vs. 71% suburban
Dentist	47%, vs. 56% suburban
Optometrist or ophthalmologist	22%, vs. 31% suburban



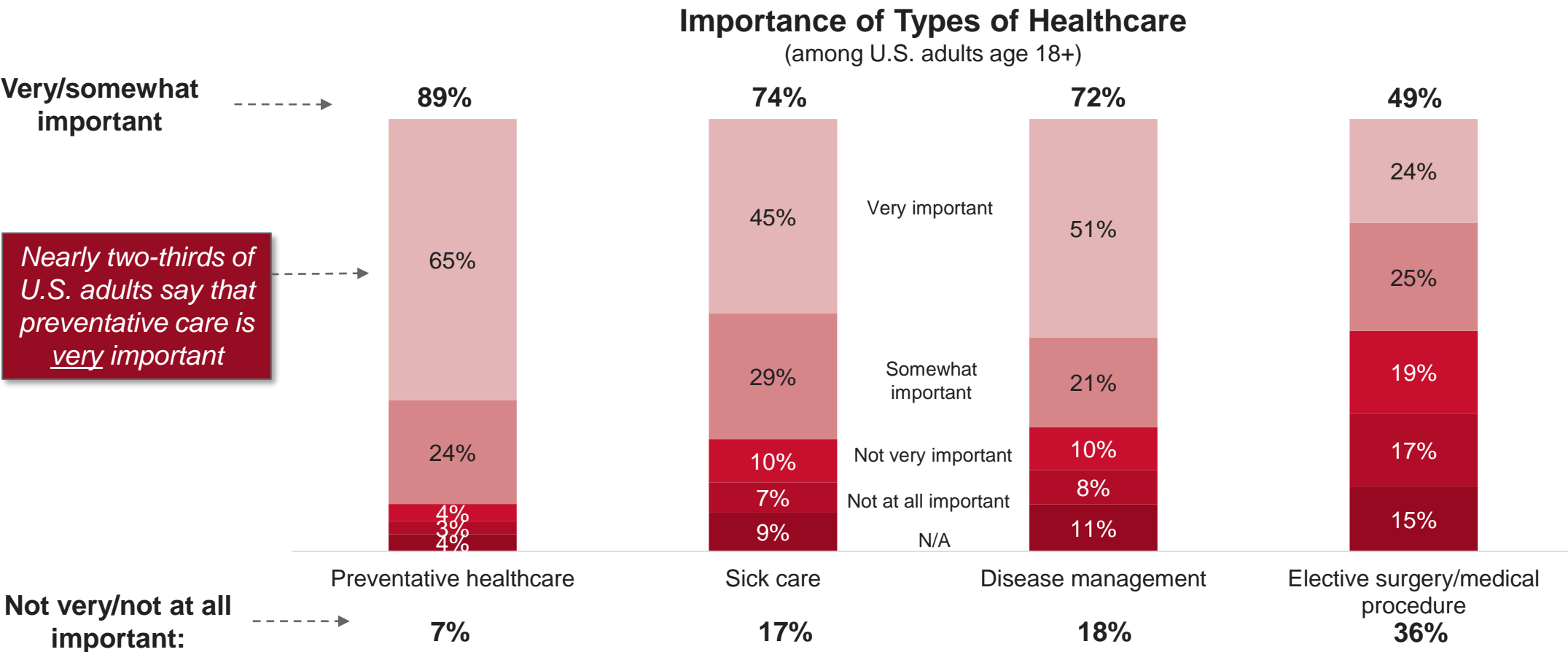
10% of **Hispanic** adults and 11% of **urban** adults see an ER, urgent care, or other HCP regularly (vs. 6% of all other and 4% of suburban)



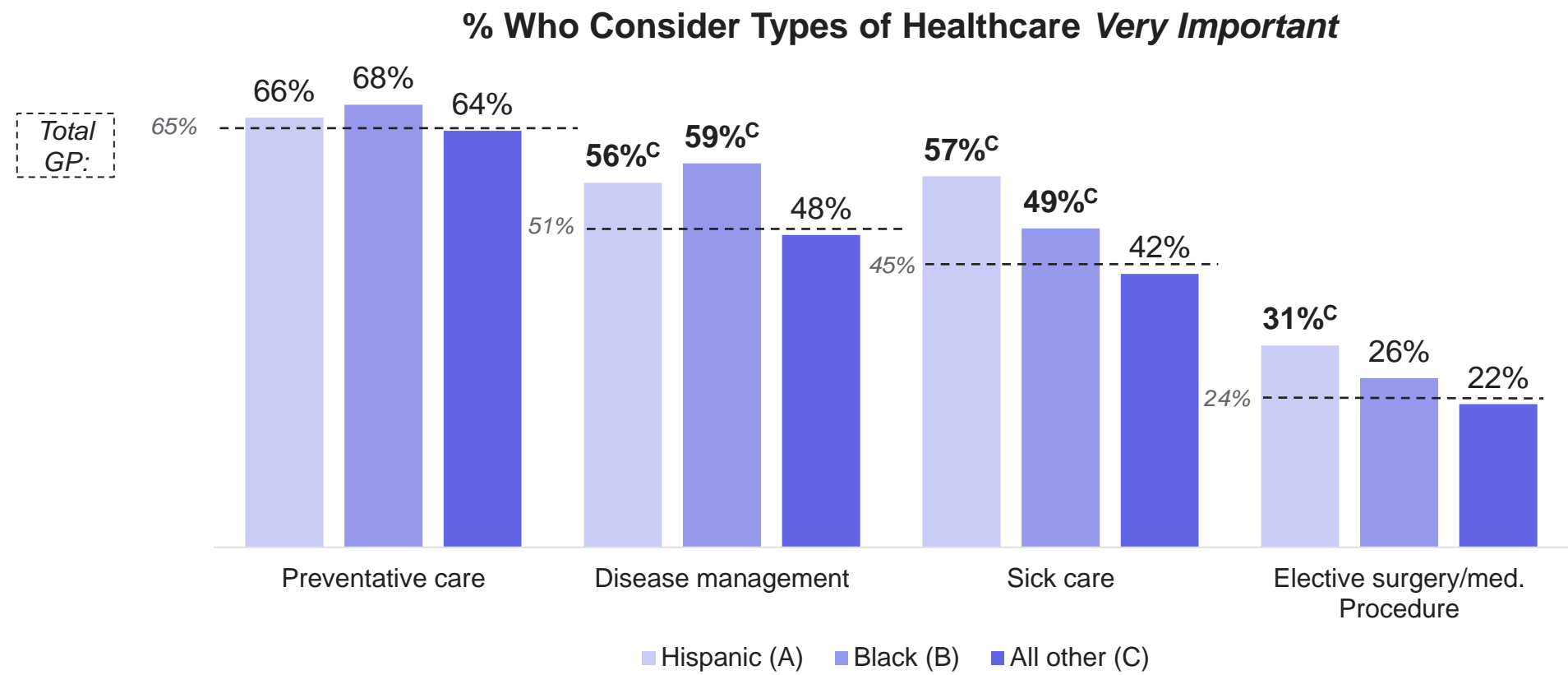
**Hispanic** adults (77%) are less likely than all other (82%) to have seen an HCP within the past year.

All comparisons between sub-groups are significant at a 95% confidence level

# Preventative healthcare viewed as most important type of healthcare



# While preventative care is most important, Hispanic, Black, adults also are more likely to consider sick care, disease management *very* important



Similarly, **urban** adults are more likely than suburban to view sick care (53% vs. 42%) and elective surgery (28% vs 23%) as very important.

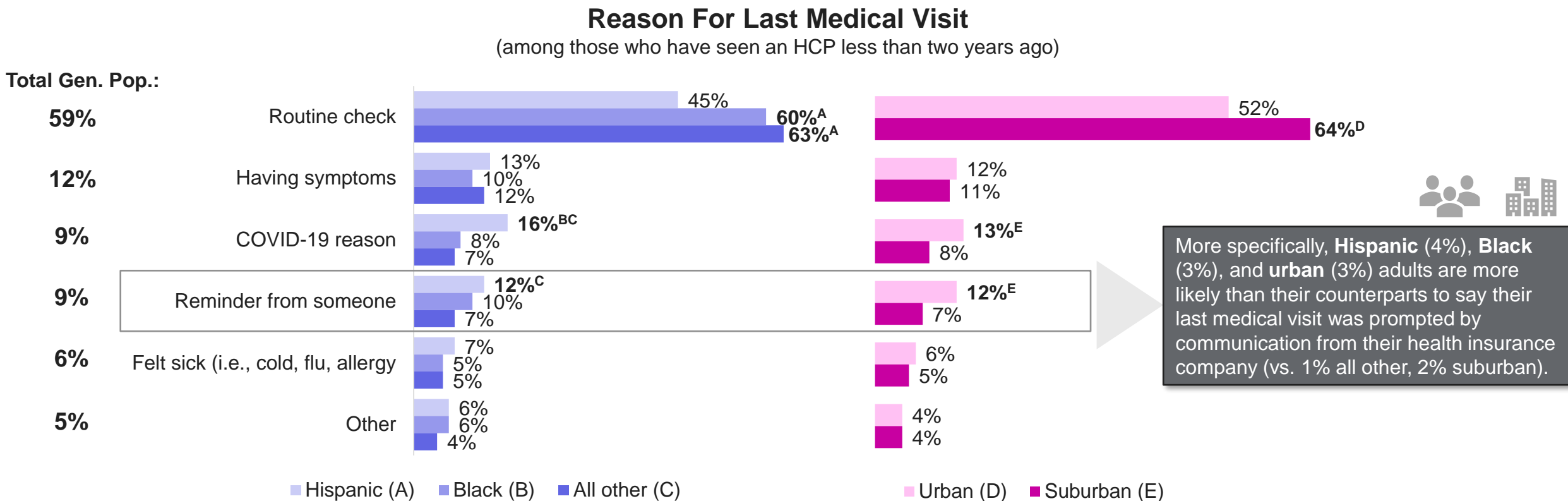


**Women** are more likely than men to view preventative care (69% vs. 61%) and sick care (48% vs. 42%) as very important.

Letter notations indicate significant difference between subgroups (95% confidence level)

# Preventative care (i.e., routine checks) prompts most medical visits

Hispanic, urban adults less likely to say last visit was prompted by routine checks; more likely to say a COVID reason or reminder prompted last visit



Note: "Prefer not to answer" responses not show; 1% or less for each group  
Letter notations indicate significant difference between subgroups (95% confidence level)

# Overall, people want to be proactive about their health

And healthcare visits inspire confidence in ability to manage health

% of Total GP Who  
Agree with Statements

**94%** “The lifestyle choices I make today will impact my health in the future.”

**89%** “I feel confident when it comes to making healthcare decisions for me/my family.”

**88%** “When I visit my healthcare provider, I feel like I am taking control of my health.”

**85%** “I feel better about my health after appointments with my healthcare provider.”

**Hispanic** adults (92%) less likely than all other (95%) to agree



**Women** (91%) more likely than men (88%) to agree



*Mostly equal agreement across race, urbanicity, and gender sub-groups shows power of medical appointments in promoting confidence.*

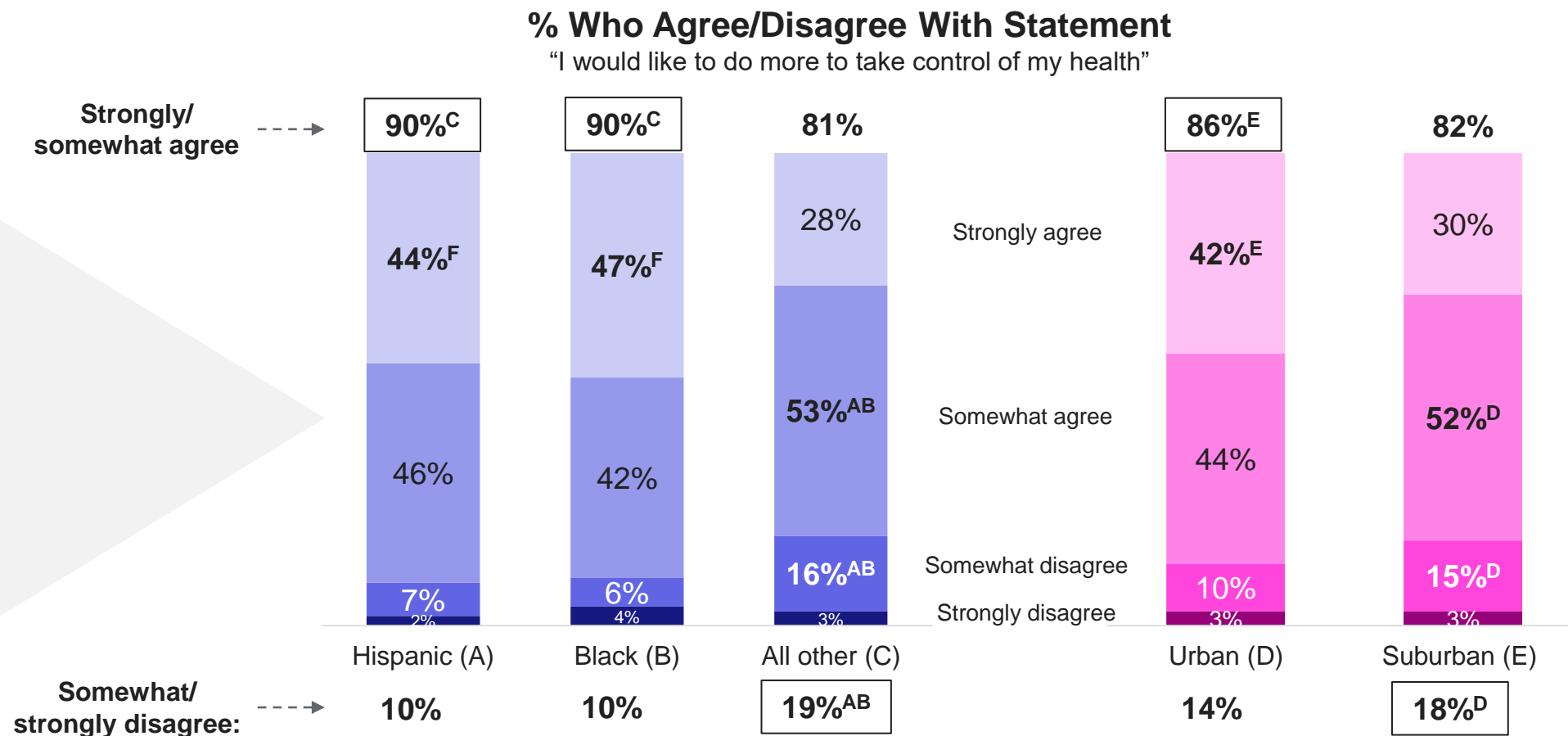
**Black** adults (90%) adults more likely than all other (84%) to agree  
**Men** (87%) more likely than women (83%) to agree





# And most feel they want to do *more* to take control of their health – especially Black, Hispanic, and urban adults

**83%**  
Of U.S. adults would like to do more to take control of their health  
(% who strongly/somewhat agree)



Letter notations indicate significant difference between subgroups (95% confidence level)

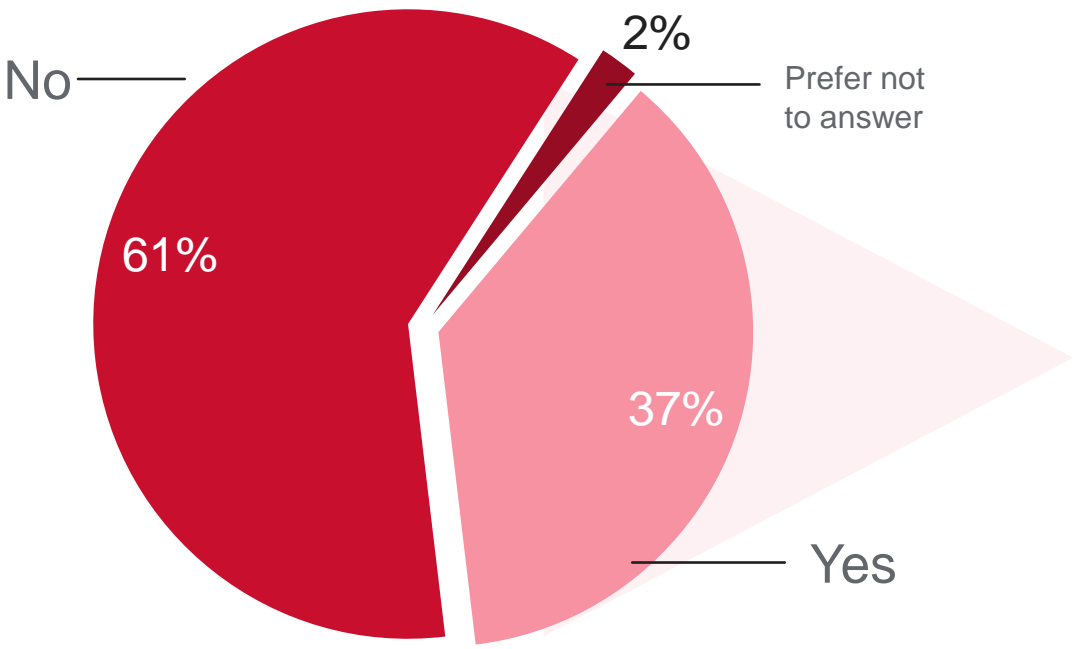


**Hispanic, Black, and urban adults are *more likely* than their counterparts to strongly agree that they'd like to do more to take control of their health**

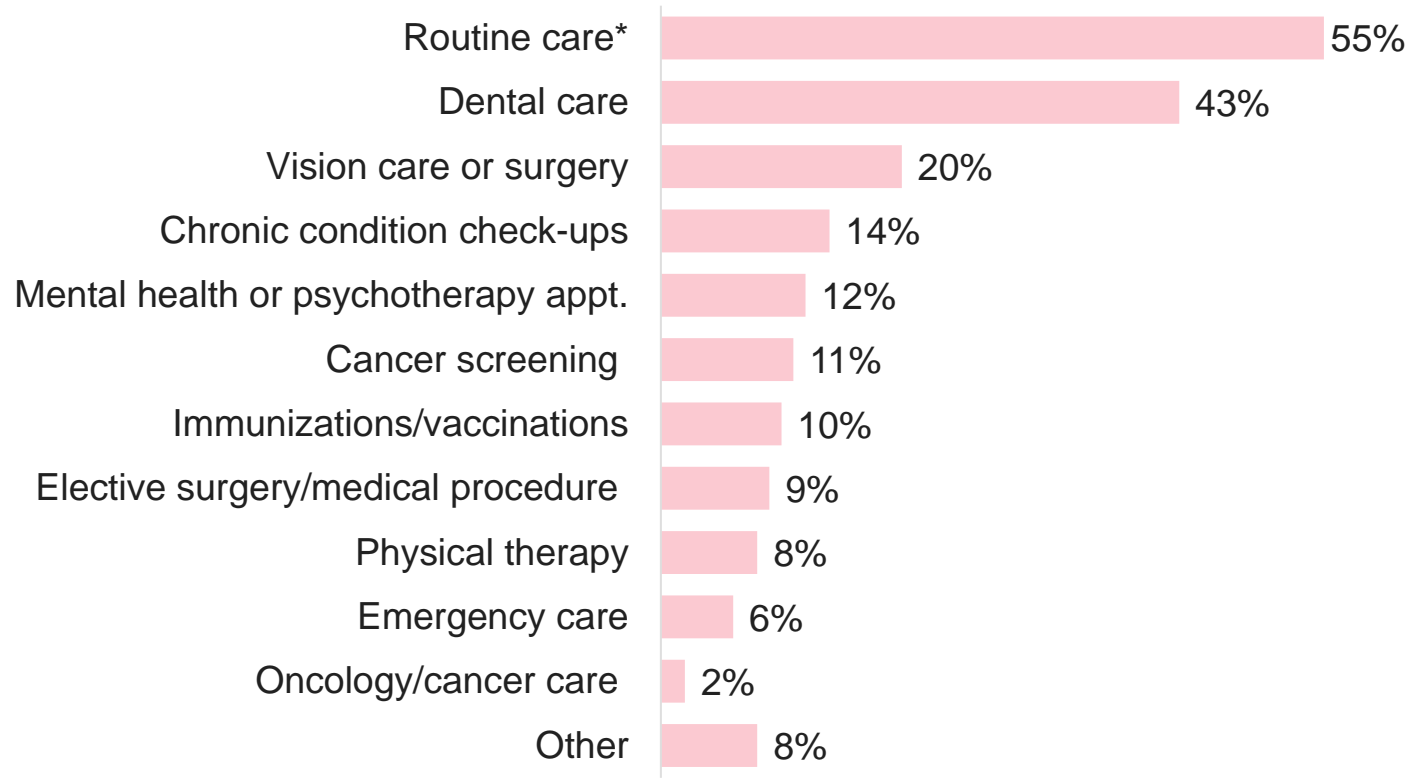
# The Who, What, When, and Why of Deferring Healthcare

# Despite striving for a proactive approach to health, more than one-third of U.S. adults have delayed healthcare in the past year

Have you delayed or rescheduled healthcare services within the past year?



Types of Healthcare Delayed or Rescheduled

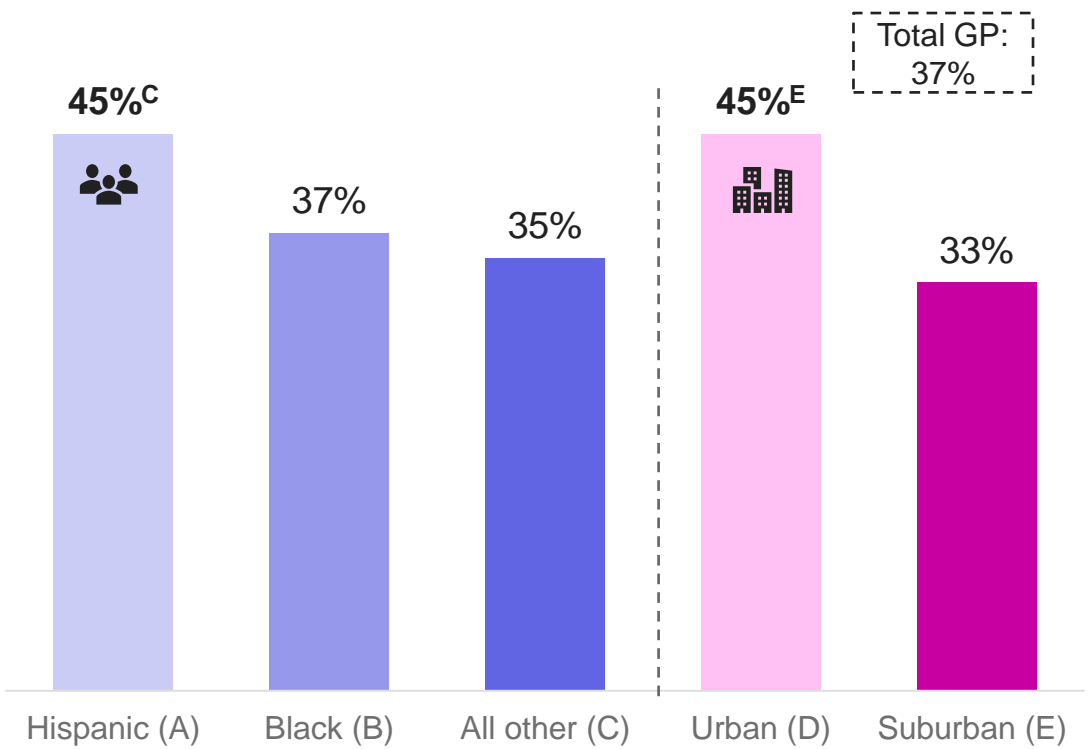


\*Refers to routine check-up or annual physical; routine gynecological care; or child wellness exam/routine check-up

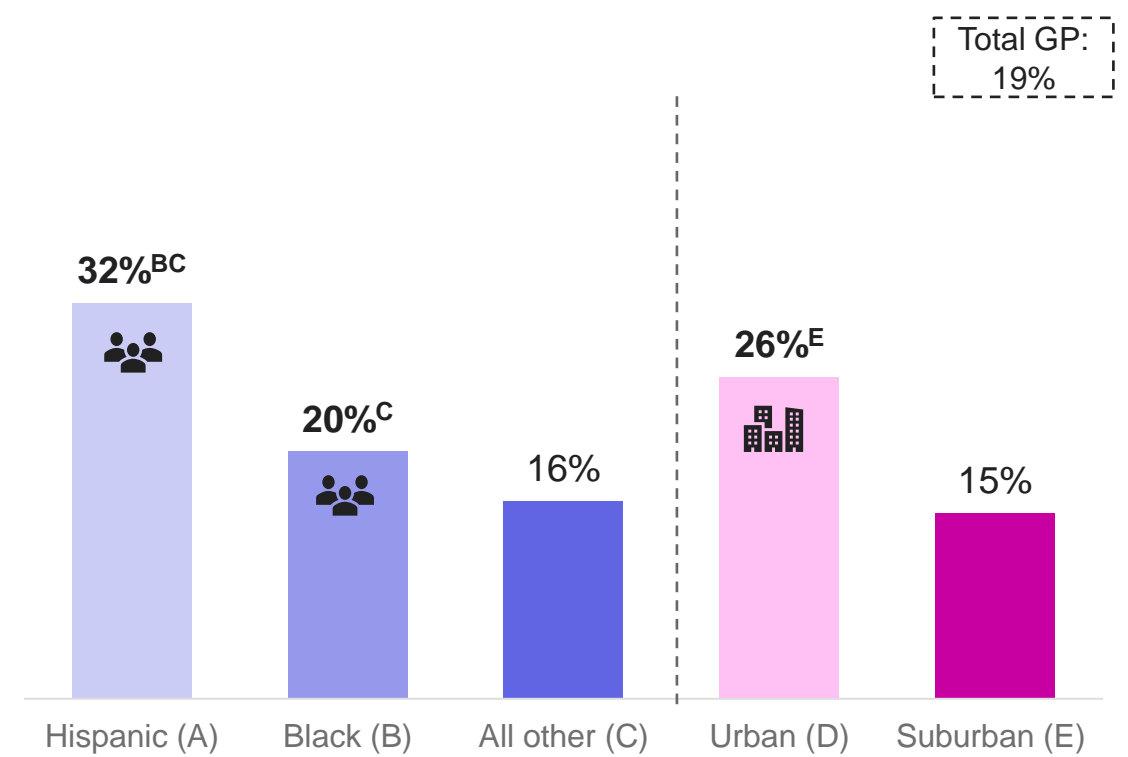
# Deferred healthcare is a painful reality for Hispanic, Black, and urban adults

More likely to have deferred care, but also more likely to have *tried* to receive care

% Who Have Delayed/Rescheduled Healthcare in Past Year



% Who Have Tried To Receive Healthcare, But Were Unable



Letter notations indicate significant difference between subgroups (95% confidence level)

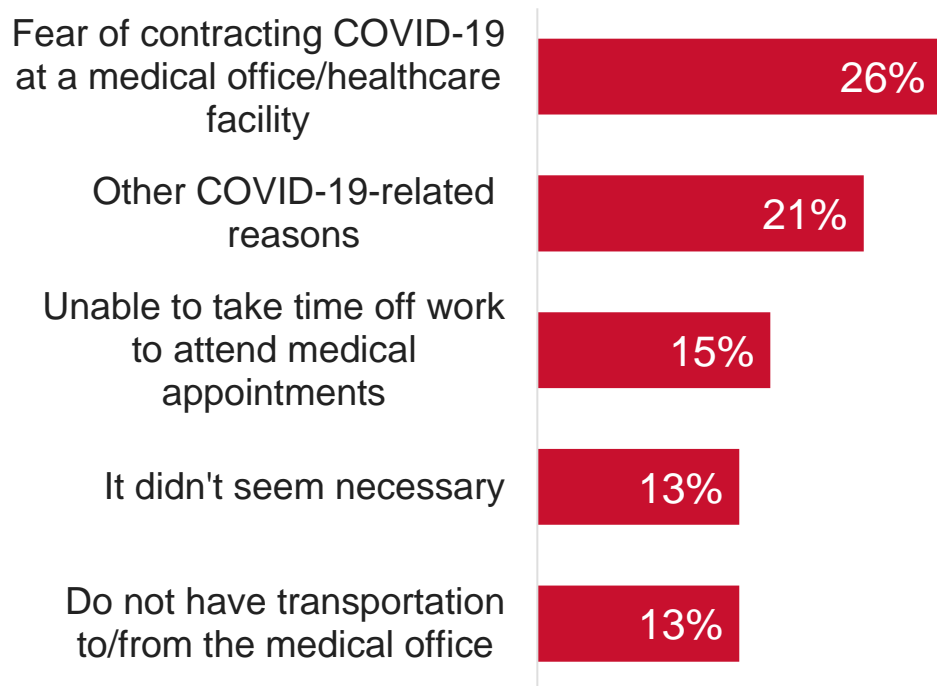


Women (42%) more likely than men (31%) to have delayed or rescheduled care in the past year

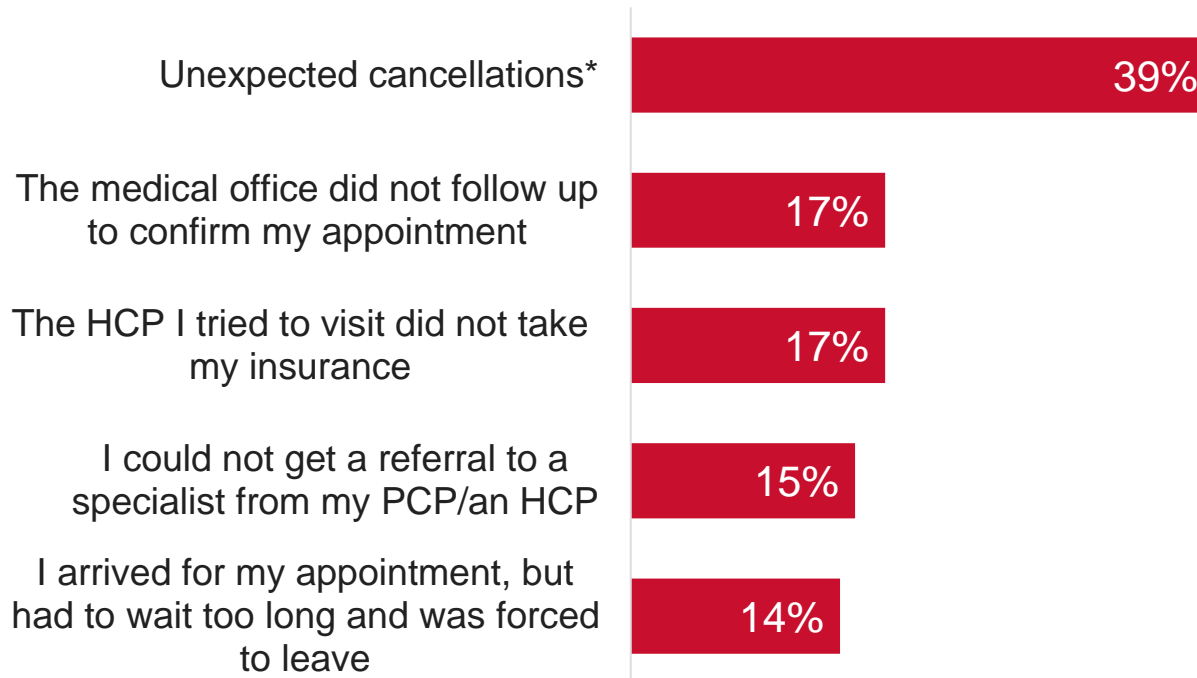


# Overall, issues related to COVID, unexpected cancellations are top reasons for not receiving care

Top 5 Reasons for Delaying/Rescheduling Care in Past Year



Top 5 Reasons for Trying to Receive Care But Were Unable



\*Refers to unexpected transportation issues, unexpected work obligations, or unexpected caregiving duties that caused one to cancel appointment

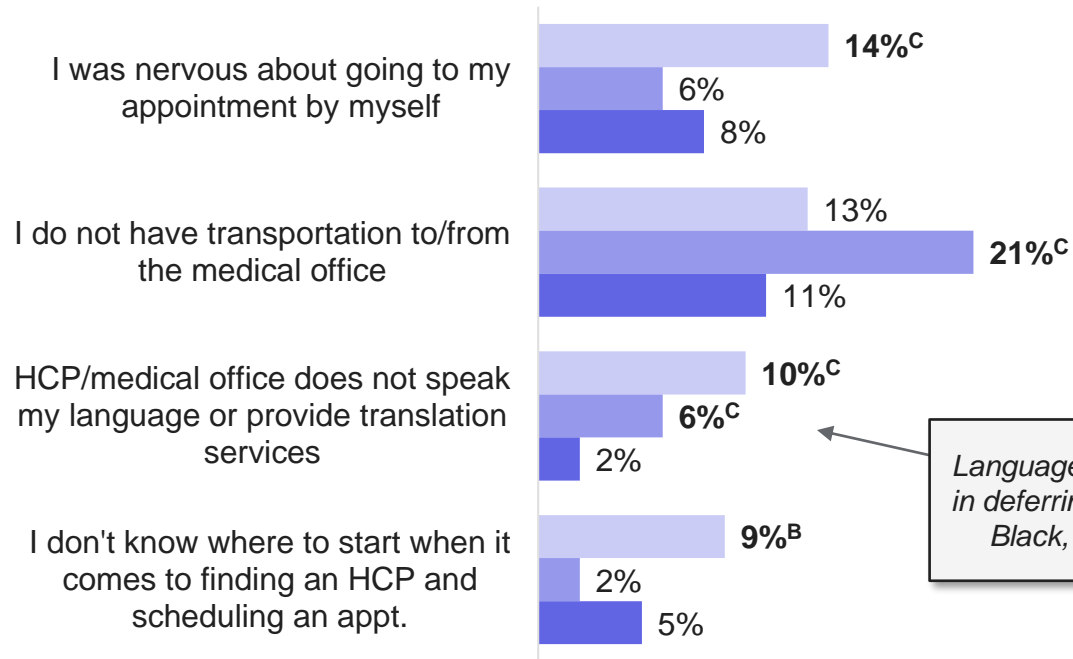
# But for Black, Hispanic, urban adults, other factors are at play

Black, Hispanic, and urban adults face similar barriers to healthcare

## Reasons for Delaying/Rescheduling Care in Past Year



(significant differences between sub-groups)



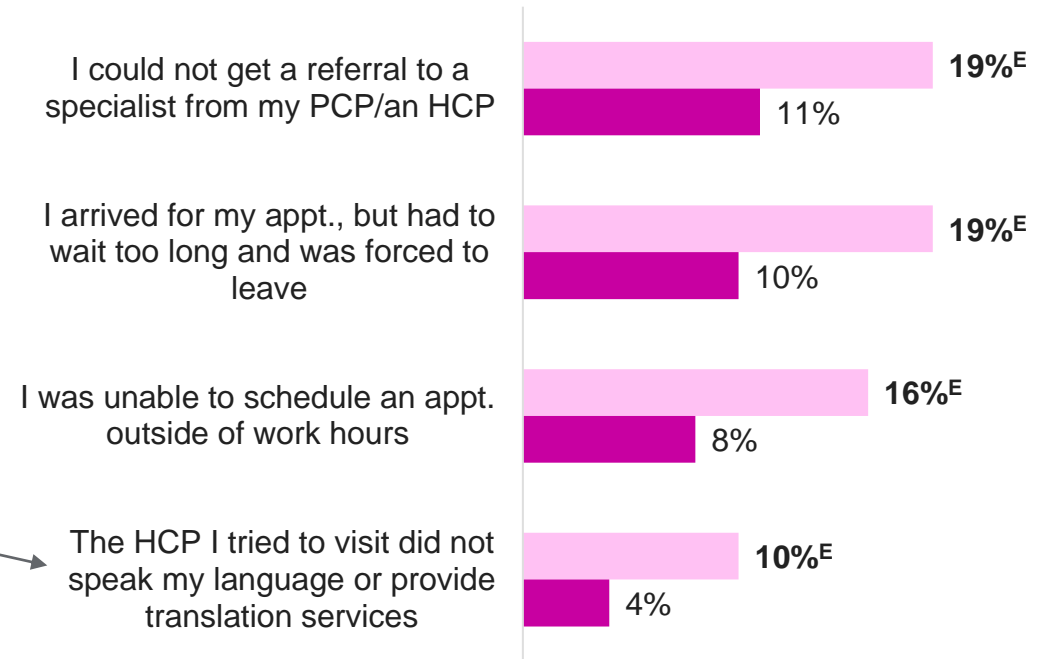
■ Hispanic (A) ■ Black (B) ■ All other (C)

Language barrier plays a role in deferring care for Hispanic, Black, and urban adults

## Reasons for Trying to Receive Care But Were Unable



(significant differences between sub-groups)



■ Urban (D) ■ Suburban (E)



Urban (9%) more likely than suburban (5%) to have **delayed/rescheduled** care due to worries of discrimination/bias



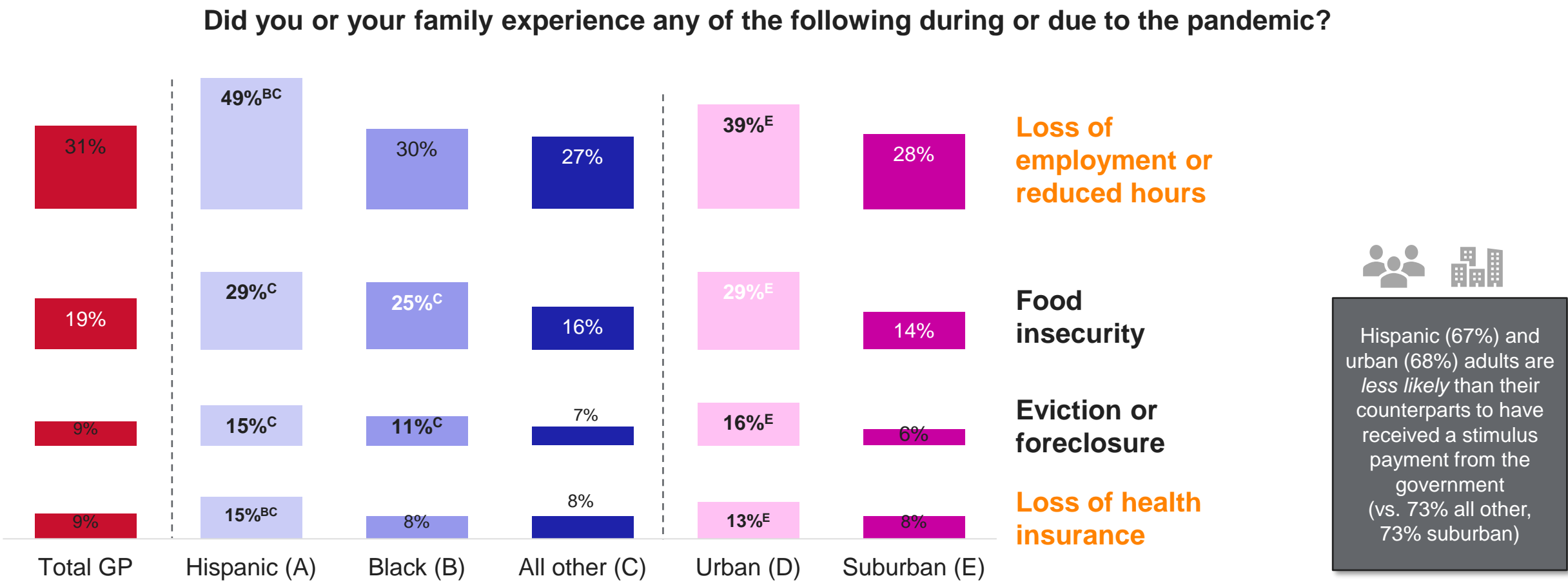
Women (15%) more likely than men (10%) to have **delayed/rescheduled** care due to lack of transportation



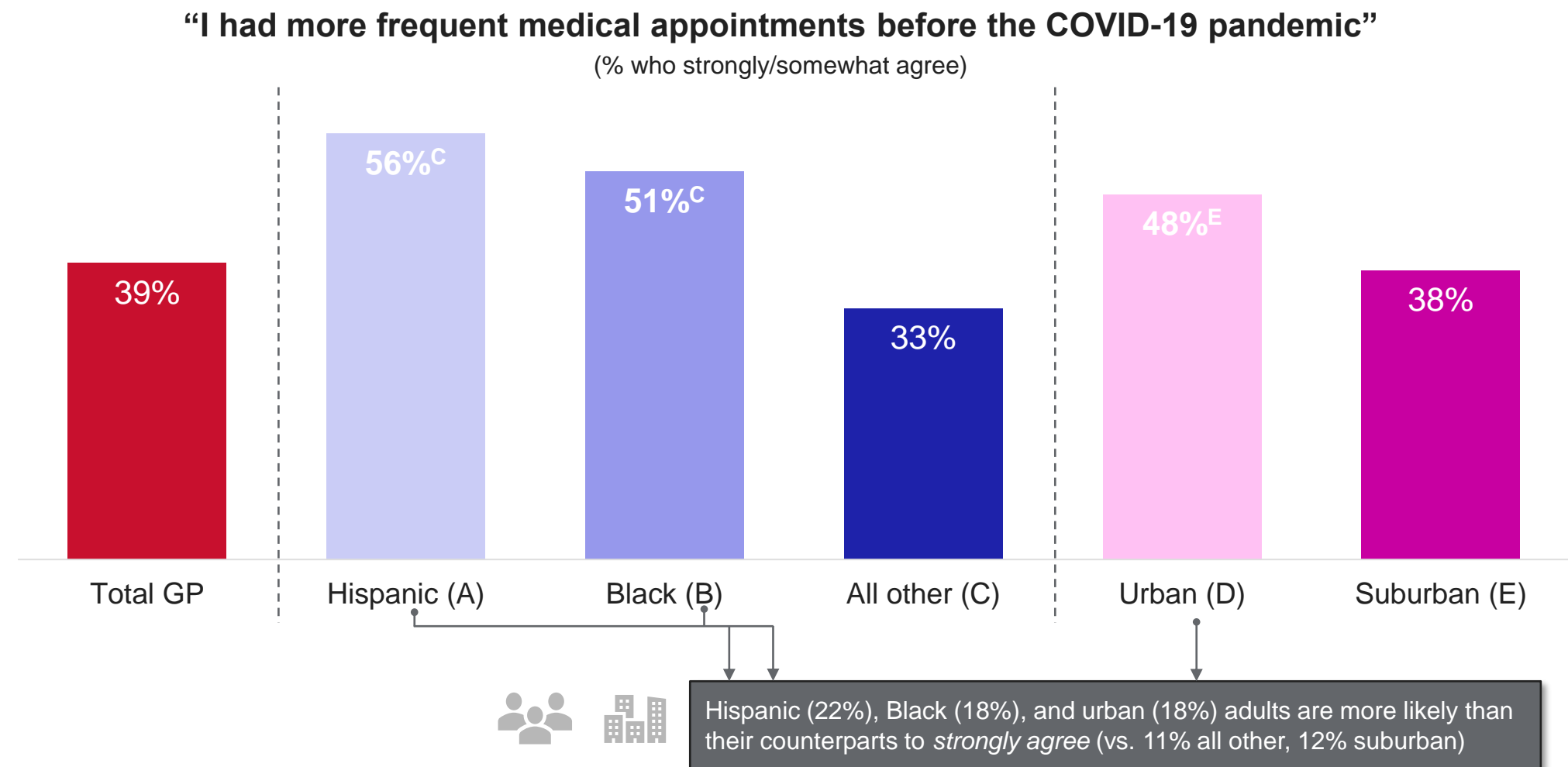
# Barriers to Healthcare

# Disproportionate impact of the pandemic on Hispanic, Black, urban adults contributes to barriers to healthcare

In particular, loss of employment, health insurance more prominent among Hispanic and urban adults



# For Hispanic, Black, urban adults, healthcare access is more likely to have worsened during the pandemic



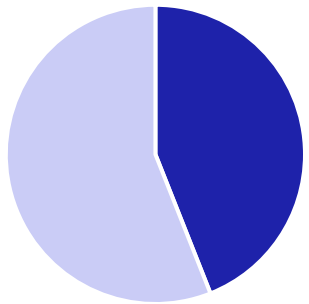
# Broadly, barriers to healthcare are mostly in the form of access and information

## Access to...

Insurance, transportation, ability to keep up with annual visits, a PCP who knows them and their medical history, scheduling an appointment

### 1 in 4

Urban adults (23%) do **not** have accessible transportation options or easier physical access to medical facilities (vs. 19% suburban).



### 44%

Of Hispanic adults agree that the process of scheduling a medical appointment feels intimidating.

## Appointments take time:

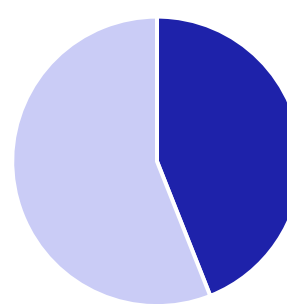
- 40% of Hispanic adults feel that they don't have time to schedule and attend a medical appointment.

## Information about...

How to manage health and well-being, the healthcare system in general, signing up for health insurance, understanding insurance benefits,

### 2 in 3

Urban adults (64%) feel overwhelmed by the complexities of the healthcare system (vs. 55% suburban). And, 66% of Hispanic adults ( vs. 56% all other).



### 44%

Of Hispanic adults agree that they would like to receive regular healthcare, but don't know where to start.

## Information is lacking:

- Hispanic adults are less likely than Black adults and all other to agree that they have the information they need to make healthcare decisions for themselves or their families.

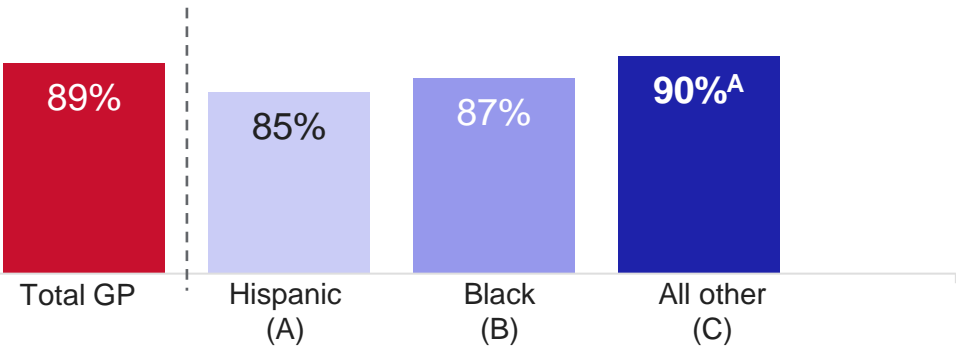


# Access barriers are tangible, as well as logistical

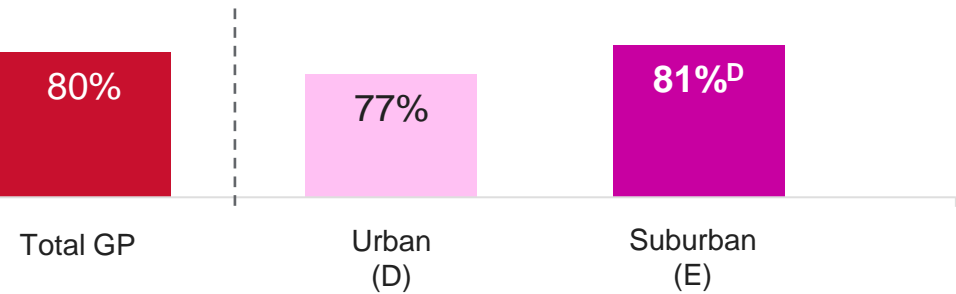
In particular, scheduling appointments presents a significant barrier to Hispanic, urban adults

## Tangible

% Who Have Health Insurance



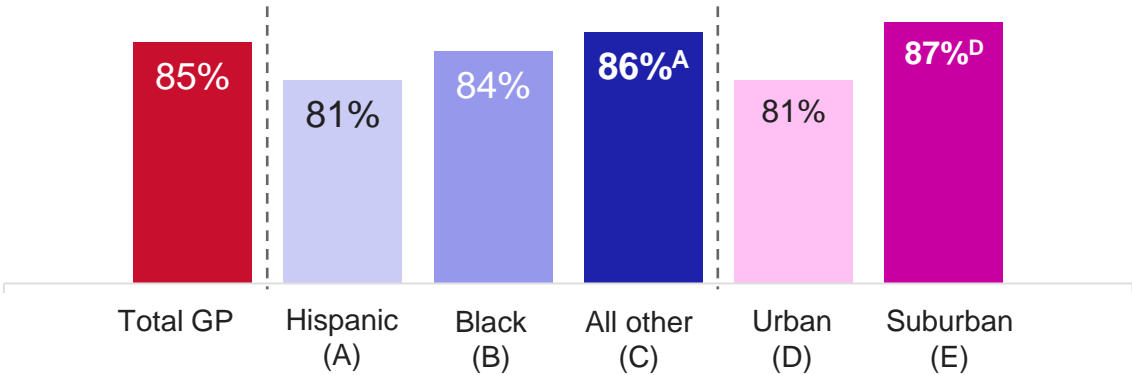
% Who Have A PCP Who Knows Them/Their Med. History



Letter notations indicate significant difference between subgroups (95% confidence level)

## Logistical

% Who Have Ability to Keep Up With Annual Physical/Wellness Visits



Time, process are barriers to scheduling for Hispanic and urban adults:

"I often have to wait a long time to schedule a medical appointment."	52% Hispanic, vs. 43% Black, 42% all other 50% urban, vs. 41% suburban
"The process of scheduling a medical appointment feels intimidating."	44% Hispanic, vs. 36% Black, 31% all other 42% urban, vs. 31% suburban
"I feel like I don't have time to schedule and attend a medical appointment."	40% Hispanic, vs. 30% Black, 28% all other 37% urban, vs. 28% suburban

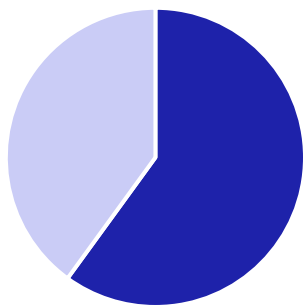
# Information about the healthcare system seems both lacking *and* overwhelming – especially for Hispanic and urban adults

## Navigating the system

Hispanic adults are **less likely** than Black adults and all other to feel they have access to the resources they need, and more likely to feel overwhelmed by the complexities of the healthcare system.

### 1 in 5

Hispanic adults (18%) **disagree** that they have access to the resources they need to take care of their health and well-being (vs. 11% Black and 10% all other).



**66%**

Of Hispanic adults feel overwhelmed by the complexities of the healthcare system (vs. 56% all other).

### Two-thirds of urban adults feel overwhelmed



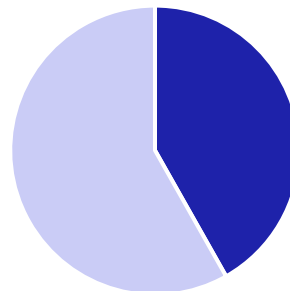
- 64%, compared with 55% of suburban adults

## Where to start?

Hispanic adults are **more likely** to feel overwhelmed by how to sign up for health insurance – and how to understand their benefits when they do have insurance.

### 3 in 4

Hispanic adults who do not have health insurance (76%) say they would like to sign up but don't know where to start (vs. 52% Black and 47% all other).



**46%**

Of Hispanic adults who do have health insurance say that their benefits are hard to understand (vs. 36% Black ).

### Urban adults show same pattern



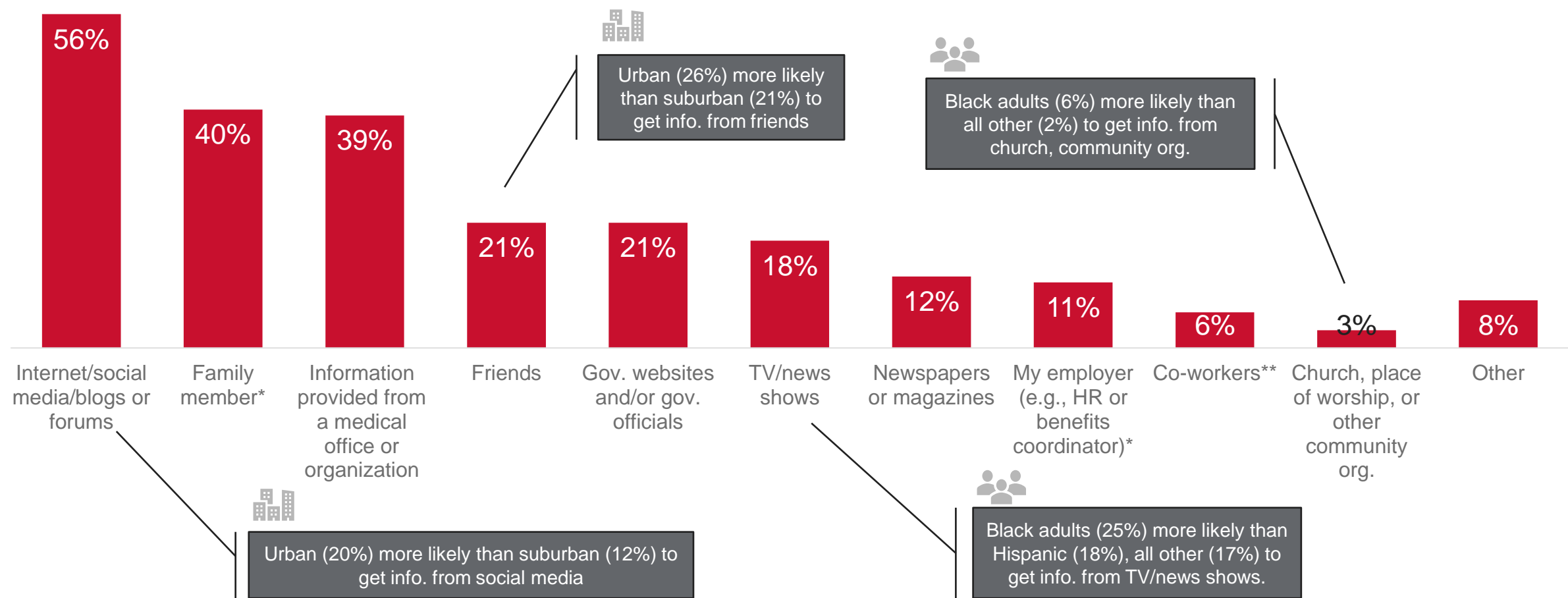
- 46% of insured urban adults say their health insurance benefits are hard to understand, vs. 37% of suburban.

All sub-group comparisons are significant at the 95% confidence level.



# Further, more than half of adults get health information from internet/social media – and may need help cutting through the noise

Where do you get information about health and healthcare?



\*Includes spouse/partner, parent(s), child(ren) or grandchild(ren), and/or other family member(s)

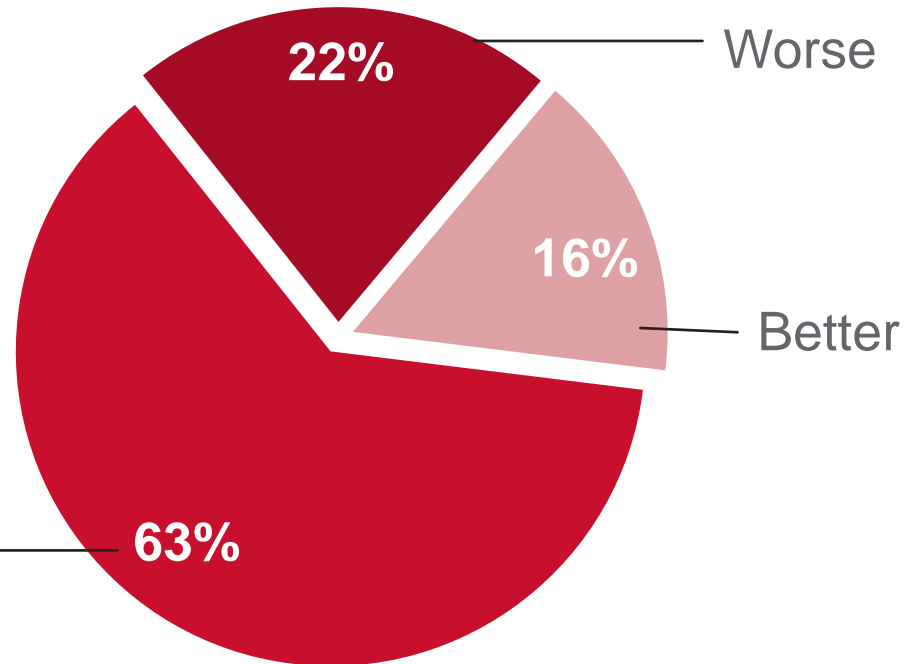
\*\*Among those who are employed

# Support & Solutions

# Delayed care can lead to worse outcomes

More than one in five who have deferred care feel their health is *worse* than if they had not

Do you feel like your health is better, worse, or the same as it would be if you had not delayed healthcare services within the past year?\*



Though sentiment does not vary by race or ethnicity, those who have delayed care AND:

- ✓ Feel their health is fair/poor (36%)
- ✓ Have tried to receive care but were unable (34%)
- ✓ Have a long-term health condition (30%)
- ✓ Do not have a primary care provider (29%)
- ✓ Are concerned about their health (27%)

Are **more likely** than their counterparts to feel that their health is worse now than it would have been.

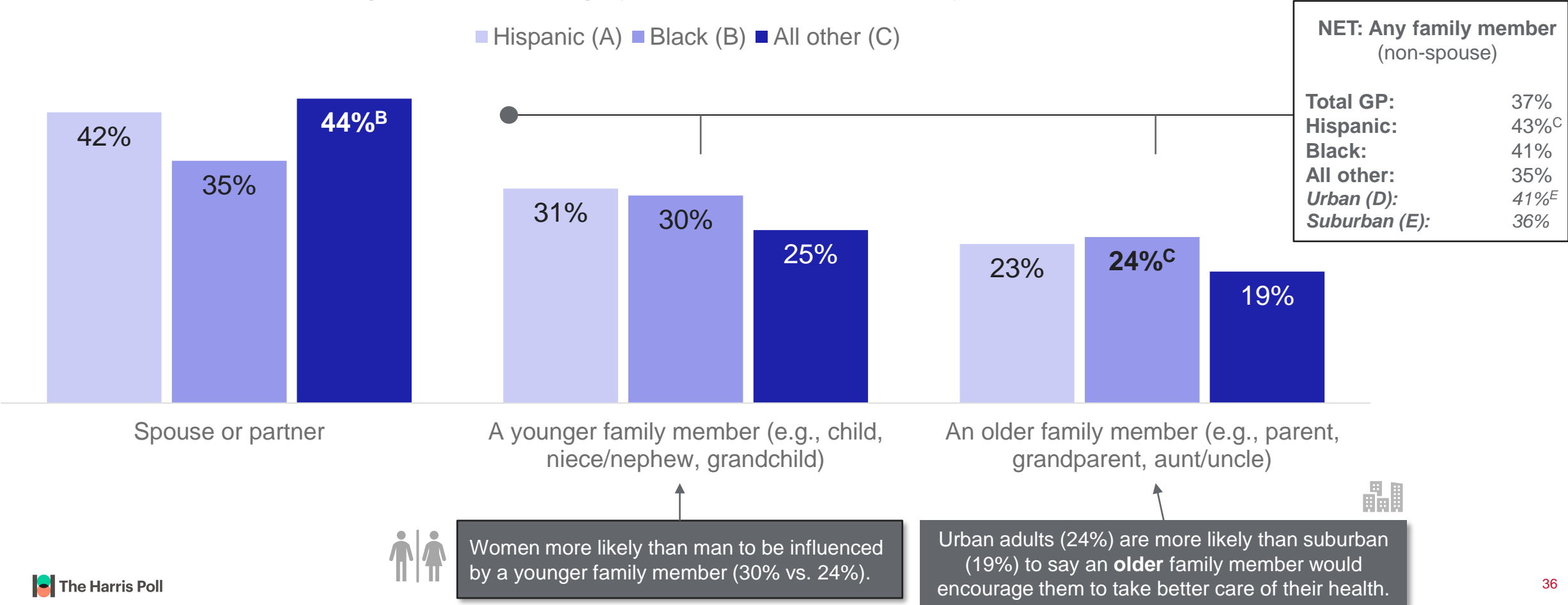
Among those who have delayed or rescheduled healthcare within the past year

# Family plays a prominent role in encouraging a proactive approach to health for Hispanic and Black adults

A similar trend follows for urban adults

Which of the following would encourage you to take better care of your overall health?

■ Hispanic (A) ■ Black (B) ■ All other (C)

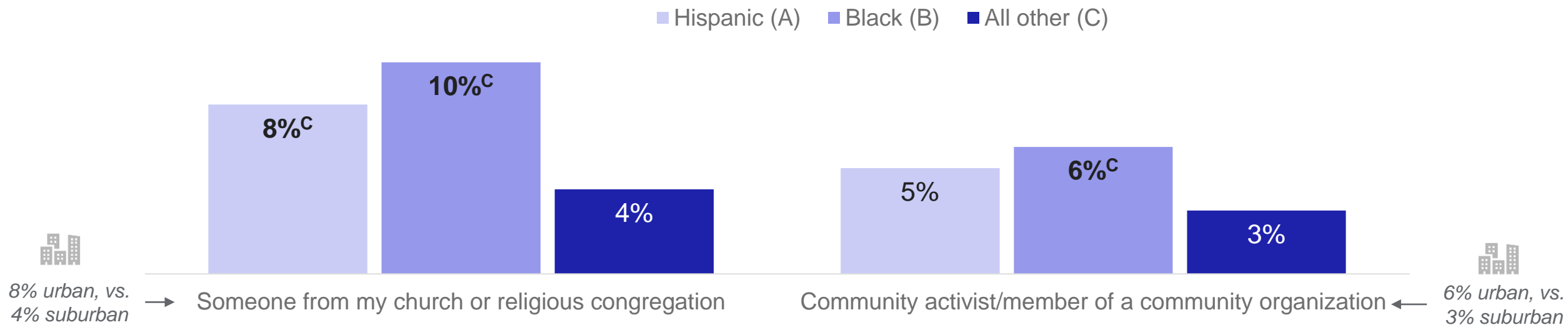




# Though smaller proportions, community plays a significantly greater role in encouraging Hispanic and Black adults

A similar trend follows for urban adults

Which of the following would encourage you to take better care of your overall health?

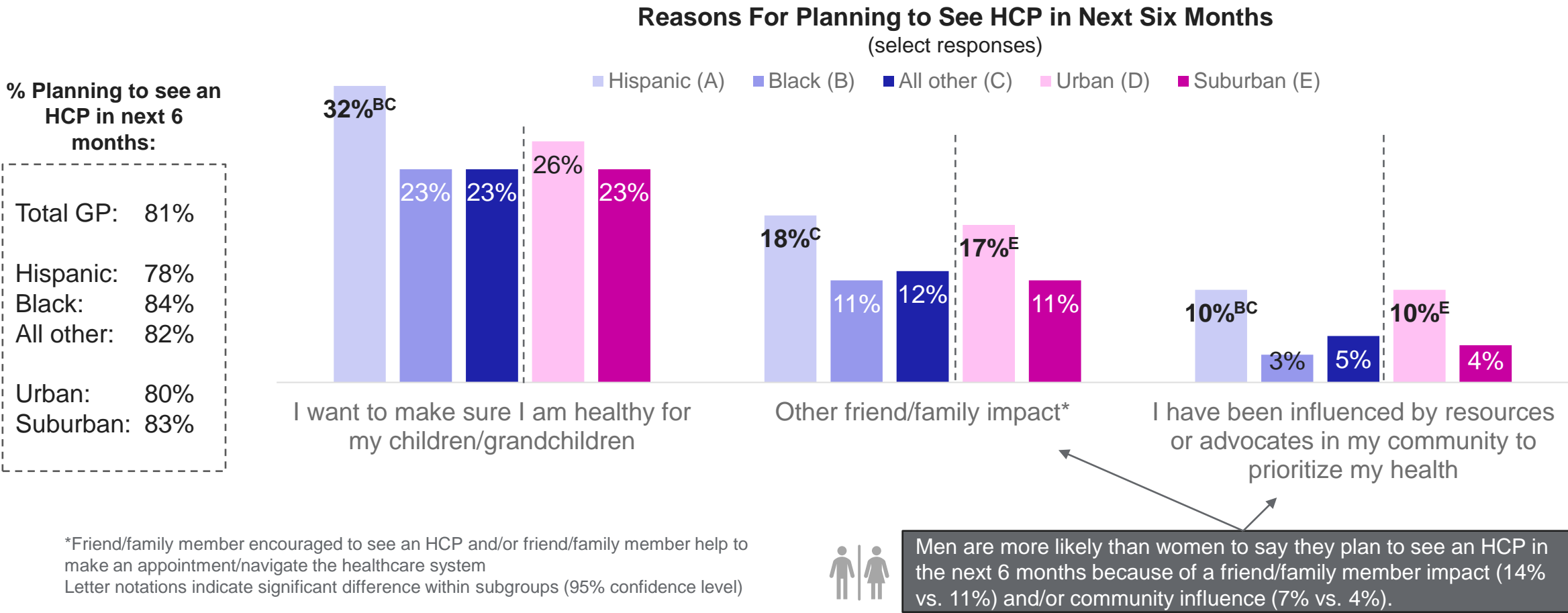


Other forms of influence:

- Hispanic (14%) and urban (12%) adults are more likely to say they'd be encouraged by news media (vs. 5% all other and 6% suburban)
- Urban adults (4%) are more likely to say they'd be encouraged by an elected official (vs. 2% suburban)

# Family and community more likely to motivate HCP visits for Hispanic and urban adults

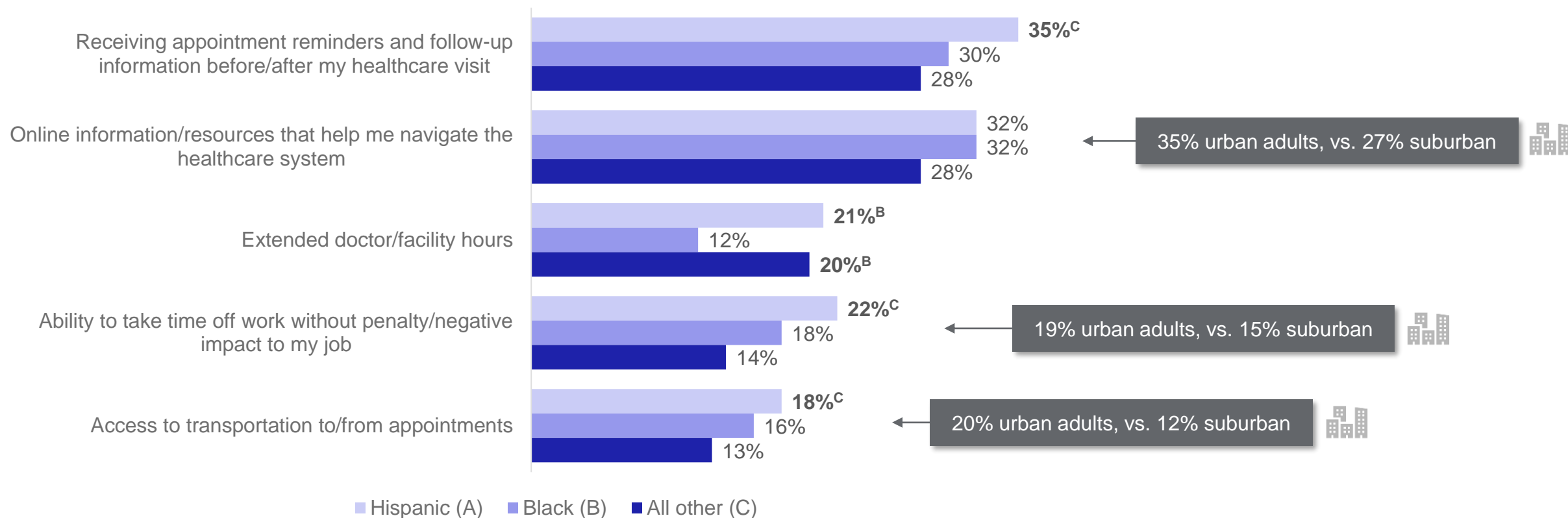
Among those who plan to see an HCP in the next six months, Hispanic and urban adults are more likely to have been motivated by family and/or community in some way





# Beyond family and community, other logistical factors can ease healthcare access – especially for Hispanic (and urban) adults

## Factors That Would Make It Easier to Access Healthcare Services

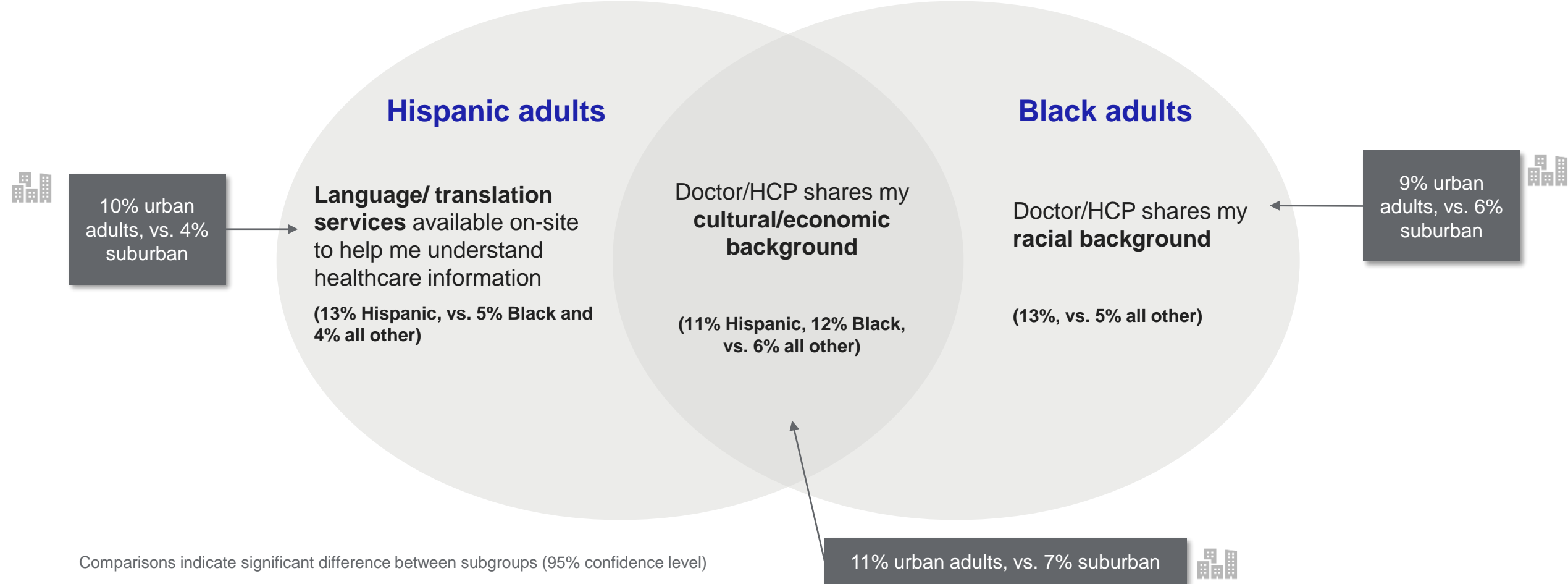


Letter notations indicate significant difference between subgroups (95% confidence level)

# Representation, trust play an important role too

Shared racial background more important for Black adults, while Hispanic adults place more importance on language and translation

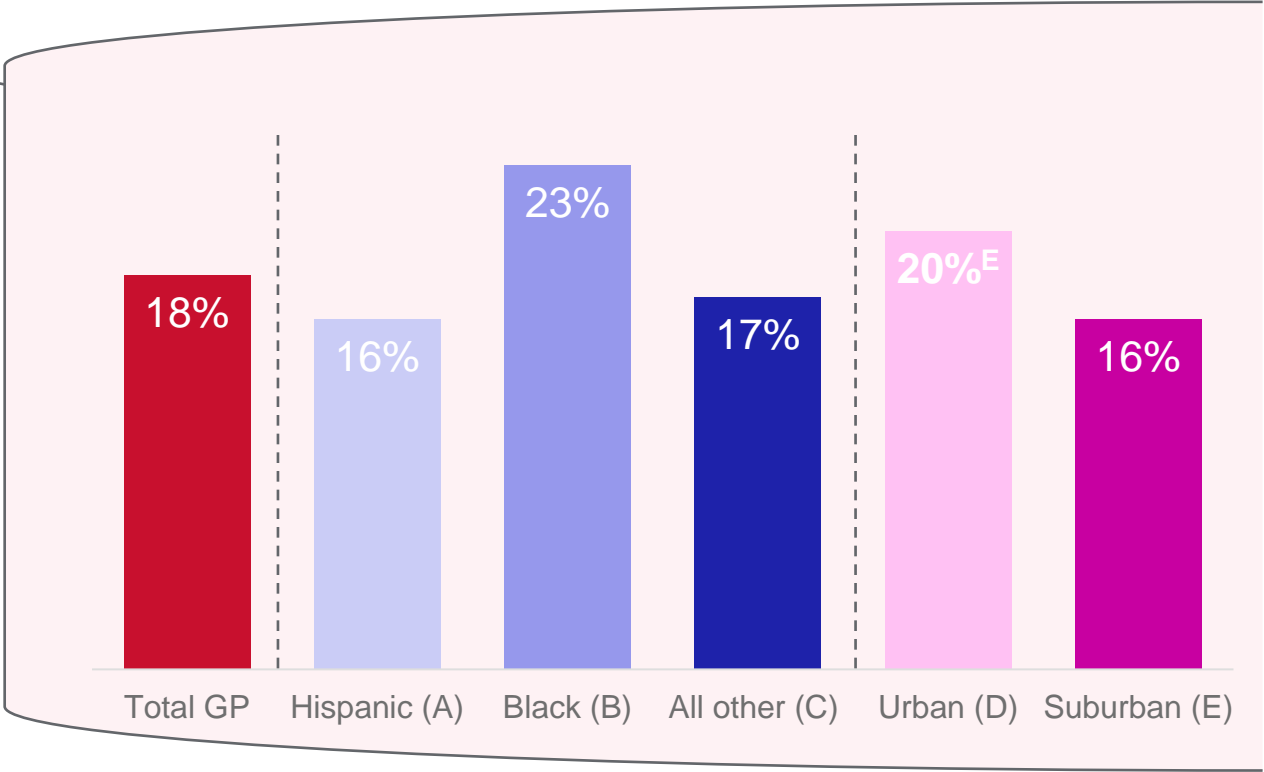
## Factors That Would Make It Easier to Access Healthcare Services



# Online information, resources cited as having greatest impact on accessing healthcare among all adults

One-quarter of Black adults, one fifth of urban adults say online information would have the greatest impact

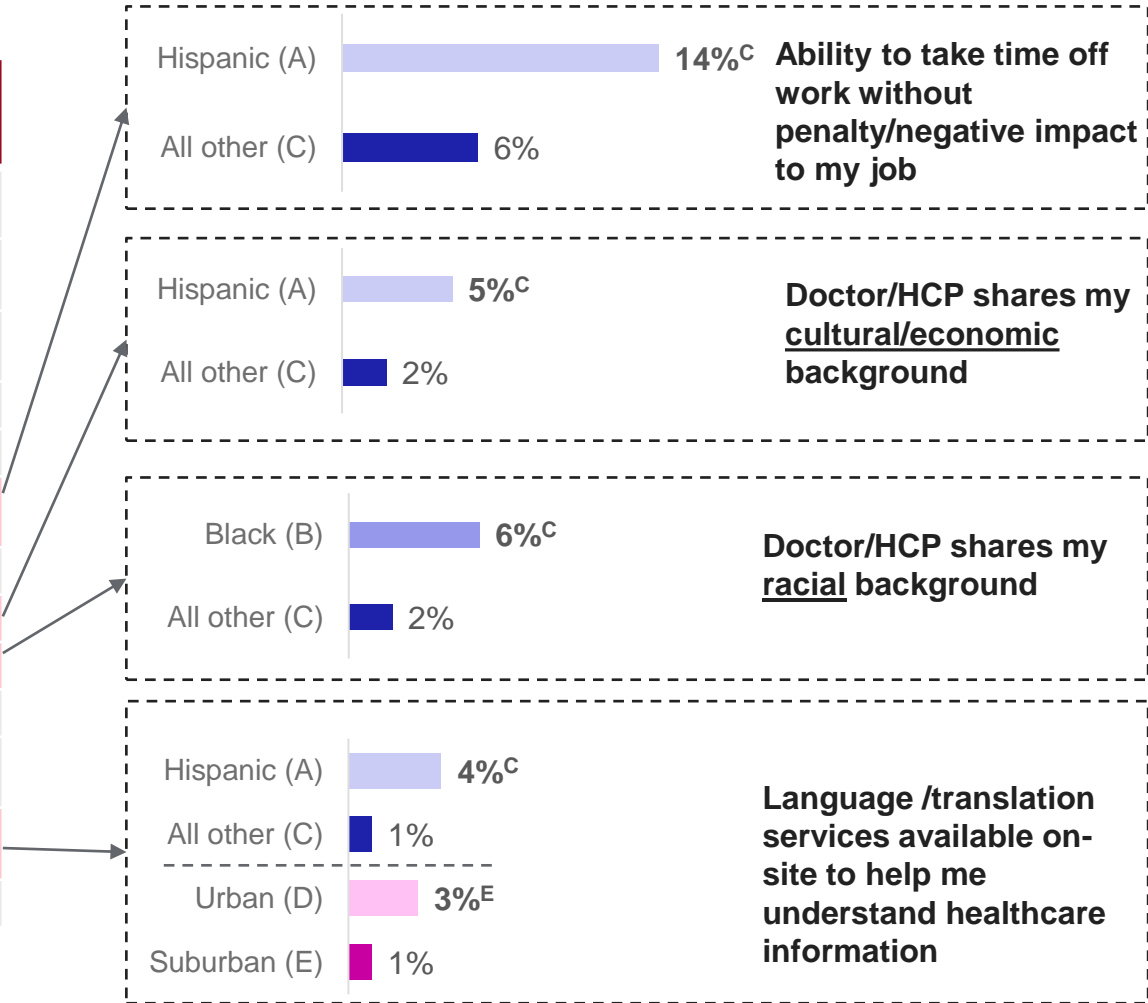
#1 factor that would have the <u>greatest</u> impact on ability to access healthcare:	
Online information/resources that help me navigate the healthcare system	18%
Receiving appointment reminders and follow-up information before/after my healthcare visit	16%
Extended doctor/facility hours to accommodate my life and work schedule	11%
Communication/contact from my doctor/healthcare provider	11%
Option for/access to virtual care/telehealth	10%
Ability to take time off work without penalty/negative impact to my job	8%
Access to transportation to/from appointments	7%
Doctor/healthcare provider shares my cultural/economic background	3%
Doctor/healthcare provider shares my racial background	2%
Ability to have someone I trust accompany me to my appointment(s)	5%
Print information/resources that help me navigate the healthcare system	3%
Language/translation services available on-site to help me understand healthcare information	2%
Other	5%



Letter notations indicate significant difference between subgroups (95% confidence level)

# But Black, Hispanic adults more likely to cite racial/cultural factors as having the greatest impact

#1 factor that would have the <u>greatest</u> impact on ability to access healthcare:	
Online information/resources that help me navigate the healthcare system	18%
Receiving appointment reminders and follow-up information before/after my healthcare visit	16%
Extended doctor/facility hours to accommodate my life and work schedule	11%
Communication/contact from my doctor/healthcare provider	11%
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Ability to have someone I trust accompany me to my appointment(s)	5%
Print information/resources that help me navigate the healthcare system	3%
Language/translation services available on-site to help me understand healthcare information	2%
Other	5%




Letter notations indicate significant difference between subgroups (95% confidence level)

# And when it comes to HCP trust, shared background/representation is disproportionately important to Hispanic, Black adults

HCP Qualities That Would Inspire Trust, Comfort in Receiving Care

		Hispanic (A)	Black (B)	All other (C)	
Takes me seriously; listens to my needs and concerns	65%	58%	59%	67% <sup>AB</sup>	Less important to Hispanic, Black adults
Explains things to me in terms I understand	62%	57%	56%	65% <sup>AB</sup>	
Is genuinely invested in my health; demonstrates that they care	59%	49%	52%	62% <sup>AB</sup>	
Takes time to understand me and my lifestyle	54%	46%	48%	57% <sup>AB</sup>	
Does not make assumptions about my health	49%	42%	45%	51% <sup>B</sup>	
Speaks my language	38%	39%	37%	38%	
Understands my cultural/economic situation	22%	23%	33% <sup>AC</sup>	19%	More important to Hispanic, Black adults
Looks like me (e.g., is my same gender or ethnicity)	12%	14% <sup>C</sup>	22% <sup>AC</sup>	10%	
Other	3%	5% <sup>C</sup>	2%	3%	
None	7%	6%	9%	7%	



Cultural/economic: 28% urban, vs. 20% suburban  
 Looks like me: 16% urban, vs. 11% suburban



Being heard (taken seriously, genuinely invested, not making assumptions) is significantly more important in an HCP for women vs. men

