



DATA BRIEF NO. 127 | SEPTEMBER 2022

Nevada Residents Struggle to Afford High Healthcare Costs; Worry About Affording Healthcare in the Future; Support Government Action Across Party Lines

KEY FINDINGS

A survey of more than 1,130 Nevada adults, conducted from June 21 to July 8, 2022, found that:

- 3 in 5 (65%) experienced at least one healthcare affordability burden in the past year;
- 4 in 5 (83%) worry about affording healthcare in the future;
- Lower-income respondents and respondents with disabilities reported higher rates of going without care and incurring debt due to healthcare costs; and
- Across party lines, respondents express strong support for government-led solutions.

A RANGE OF HEALTHCARE AFFORDABILITY BURDENS

Like many Americans, Nevada adults experience hardship due to high healthcare costs. All told, well over half (65%) of respondents experienced one or more of the following healthcare affordability burdens in the prior 12 months:

1) BEING UNINSURED DUE TO HIGH COSTS

Nearly one-half (49%) of uninsured respondents cited “too expensive” as the major reason for not having coverage, far exceeding other reasons like “don’t need it” and “don’t know how to get it.”

2) DELAYING OR GOING WITHOUT HEALTHCARE DUE TO COST

More than half (59%) of all respondents reported delaying or going without healthcare during the prior 12 months due to cost:

- 40%—Skipped needed dental care
- 34%—Delayed going to the doctor or having a procedure done
- 30%—Cut pills in half, skipped doses of medicine or did not fill a prescription¹
- 30%—Skipped a recommended medical test or treatment
- 29%—Avoided going to the doctor or having a procedure done altogether
- 23%—Had problems getting mental healthcare or addiction treatment
- 15%—Skipped or delayed getting a medical assistive device

Moreover, cost and the inability to get an appointment were the most frequently cited reasons for not getting needed medical care (each reported by 24% of respondents), followed by a service not being covered by insurance (17%) exceeding a host of other barriers like transportation and lack of childcare.

3) STRUGGLING TO PAY MEDICAL BILLS

Other times, respondents got the care they needed but struggled to pay the resulting bill. Two in five (40%) experienced one or more of these struggles to pay their medical bills:

- 16%—Were contacted by a collection agency
- 16%—Used up all or most of their savings
- 13%—Were unable to pay for basic necessities like food, heat or housing
- 12%—Racked up large amounts of credit card debt
- 10%—Borrowed money, got a loan or another mortgage on their home
- 7%—Were placed on a long-term payment plan

Of the various types of medical bills, the ones most frequently associated with an affordability barrier were doctor bills, dental bills and prescription drugs. The high prevalence of affordability burdens for these services likely reflects the frequency with which Nevada respondents seek these services. Trouble paying for dental bills likely reflects lower rates of coverage for these services.

HIGH LEVELS OF WORRY ABOUT AFFORDING HEALTHCARE IN THE FUTURE

Nevada respondents also exhibit high levels of worry about affording healthcare in the future. Four in five (83%) reported being “worried” or “very worried” about affording some aspect of healthcare in the future, including:

- 67%—Cost of nursing home or home care services
- 64%—Medical costs when elderly
- 64%—Health insurance will become unaffordable
- 64%—Medical costs in the event of a serious illness or accident
- 59%—Cost of dental care
- 55%—Prescription drugs will become unaffordable
- 37%—Cost of treatment for coronavirus/COVID-19

While two of the most common worries—affording the cost of nursing home or home care services and medical costs when elderly—are applicable predominantly to an older population, they were most frequently reported by respondents ages 25-44. This finding suggests that Nevada respondents may be worried about affording the cost of care for both aging parents and themselves.

Worry about affording healthcare, generally, was highest among respondents living in lower- and middle-income households, non-white respondents and those living in households with a person with a disability (see Table 1). More than 4 in 5 (88%) of respondents with household incomes of less than \$50,000 per year² reported worrying about affording some aspect of coverage or care in the past year. Still, the vast majority of Nevada respondents of all incomes, races, ethnicities and levels of ability statewide are somewhat or very concerned.

Concern that health *insurance* will become unaffordable is also more prevalent among certain groups of Nevada adults. By insurance type, respondents with coverage through their employer most frequently reported worrying about both losing and affording coverage, followed by respondents who buy their insurance on their own and those with Nevada Medicaid (see Figure 1).

Table 1
Percent Worried or Very Worried, by Income, Geographic Setting, Race/Ethnicity and Disability Status

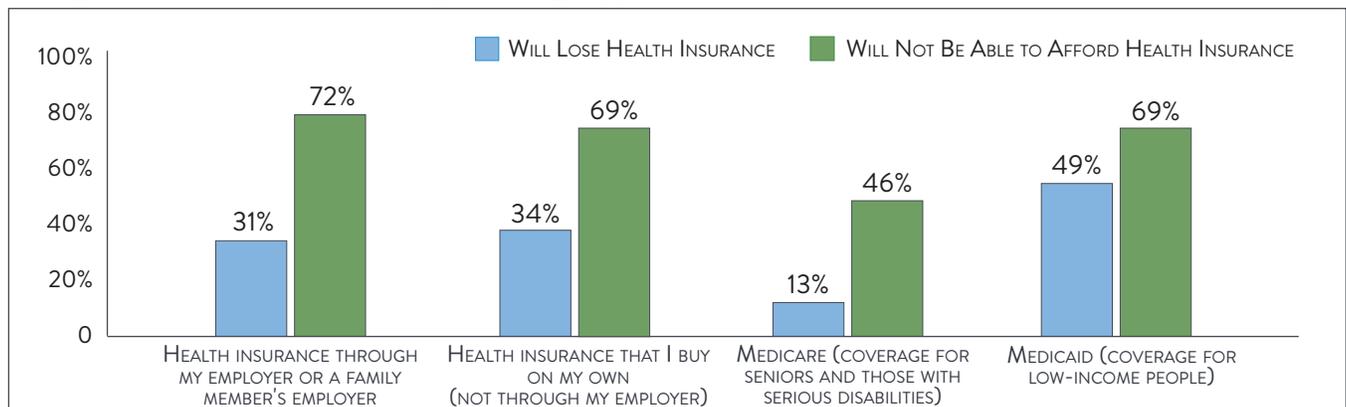
INCOME	ANY HEALTHCARE AFFORDABILITY WORRY
LESS THAN \$50,000	87%
\$50,000 - \$75,000	84%
\$75,000 - \$100,000	84%
MORE THAN \$100,000	76%
GEOGRAPHIC SETTING	
RURAL	84%
NON-RURAL	83%
RACE*	
AMERICAN INDIAN OR NATIVE ALASKAN, ASIAN AND NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	92%
BLACK/AFRICAN AMERICAN	90%
WHITE	82%
NON-HISPANIC/LATINX	83%
HISPANIC/LATINX	86%
DISABILITY STATUS**	
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	80%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	90%

Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

* Race: Due to small sample sizes under 100 responses, results could not be evaluated separately for respondents who were American Indian or Native Alaskan (38 respondents), Asian (34 respondents) or Native Hawaiian or other Pacific Islander (3 respondents).

**Disability Status: Respondents were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision and self-care.

Figure 1
Worry about Health Insurance, by Coverage Type



Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Those with household incomes below \$50,000 per year reported the highest rates of worry about losing coverage, while respondents with household incomes between \$75,001 and \$99,999 reported the highest rates of worry about affording coverage. Rural respondents and those living in households with a person with a disability were more likely to be concerned about losing health insurance specifically than their non-rural and non-disabled counterparts (see Table 2).

Table 2

Worry About Losing Health Insurance and Health Insurance Becoming Unaffordable, by Income, Geographic Setting, Race/Ethnicity and Disability Status

INCOME	WORRY ABOUT LOSING HEALTH INSURANCE	WORRY ABOUT HEALTH INSURANCE BECOMING UNAFFORDABLE
LESS THAN \$50,000	37%	67%
\$50,000 - \$75,000	27%	65%
\$75,000 - \$100,000	31%	71%
MORE THAN \$100,000	25%	56%
GEOGRAPHIC SETTING		
RURAL	41%	63%
NON-RURAL	28%	65%
RACE/ETHNICITY		
AMERICAN INDIAN OR NATIVE ALASKAN, ASIAN AND NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	46%	76%
BLACK/AFRICAN AMERICAN	34%	68%
WHITE	30%	62%
NON-HISPANIC/LATINX	30%	64%
HISPANIC/LATINX	36%	66%
DISABILITY STATUS		
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	24%	62%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	46%	69%

Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Concerns about *affording* coverage exceeded fears about *losing* coverage across all income groups, disability statuses, geographic settings and coverage types.

DIFFERENCES IN HEALTHCARE AFFORDABILITY BURDENS

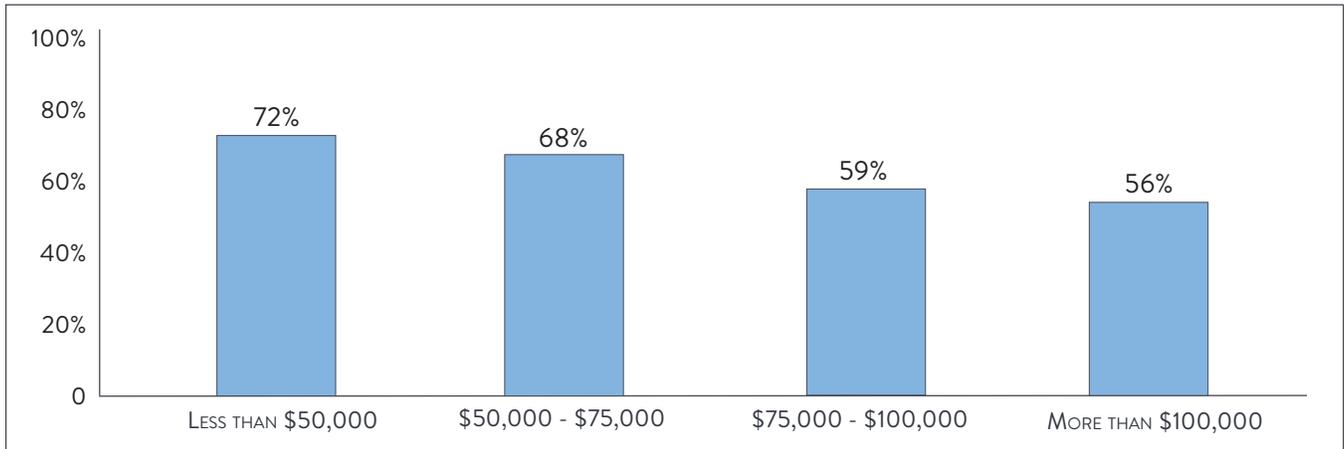
The survey also revealed differences in how Nevada respondents experience healthcare affordability burdens by income, age, geographic setting and disability status.

Income and Age

Unsurprisingly, respondents at the lowest end of the income spectrum most frequently reported experiencing one or more healthcare affordability burdens, with nearly three-quarters (72%) of those

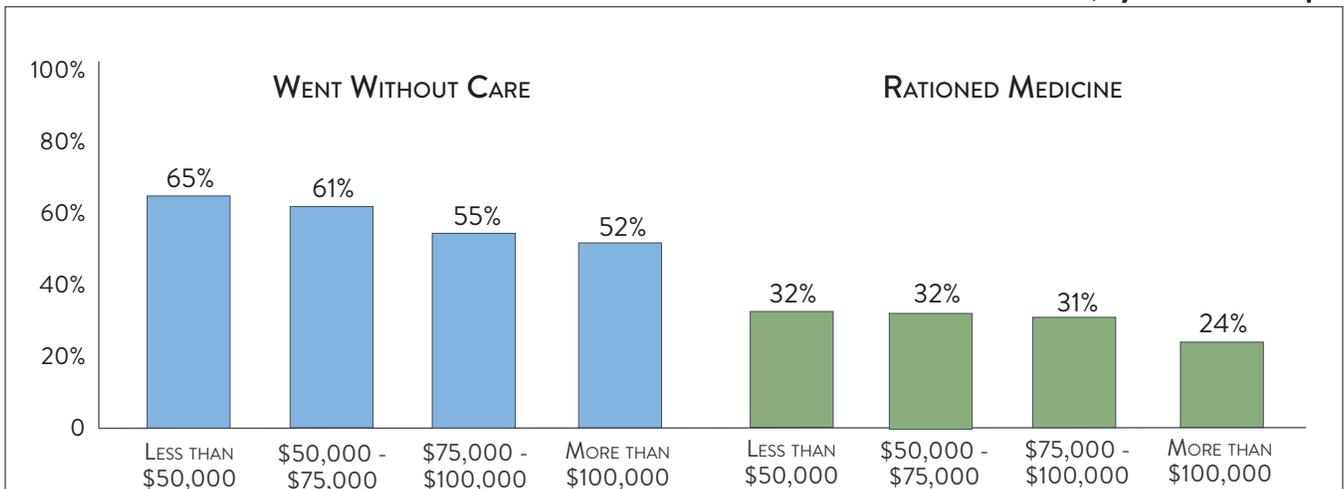
earning less than \$50,000 reporting struggling to afford some aspect of coverage or care in the past 12 months (see Figure 2). This may, in part, be due to respondents in this income group reporting the highest rates of going without care and rationing their medication due to cost (see Figure 3).

Figure 2
Percent with Any Healthcare Affordability Burden in Prior 12 Months, by Income Group



Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Figure 3
Percent Who Went Without Care or Rationed Medicine Due to Cost in Prior 12 Months, by Income Group



Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

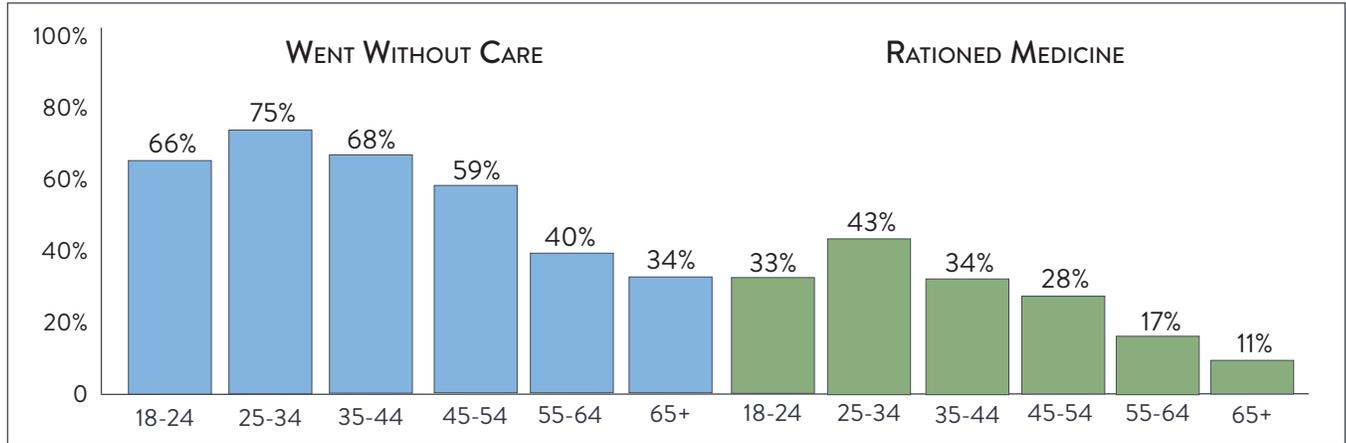
Further analysis found that Nevada respondents ages 18-44 reported higher rates of going without care due to cost than respondents ages 45 and up (see Figure 4). Respondents ages 25-34 most frequently reported rationing medication due to cost, compared to other groups.

Insurance Type

Respondents with Nevada Medicaid coverage reported the highest rates of going without care due to cost, while the highest rates of rationing medication were reported by respondents that buy their own healthcare coverage (see Table 3).⁴ Still, well over half of respondents with employer-sponsored insurance went without care due to cost.

Figure 4

Percent Who Went Without Care or Rationed Medicine Due to Cost in Prior 12 Months, by Age Group



Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Table 3

Percent Who Went Without Care Due to Cost in Prior 12 Months, by Geographic Setting, Race/Ethnicity, Disability Status and Insurance Type

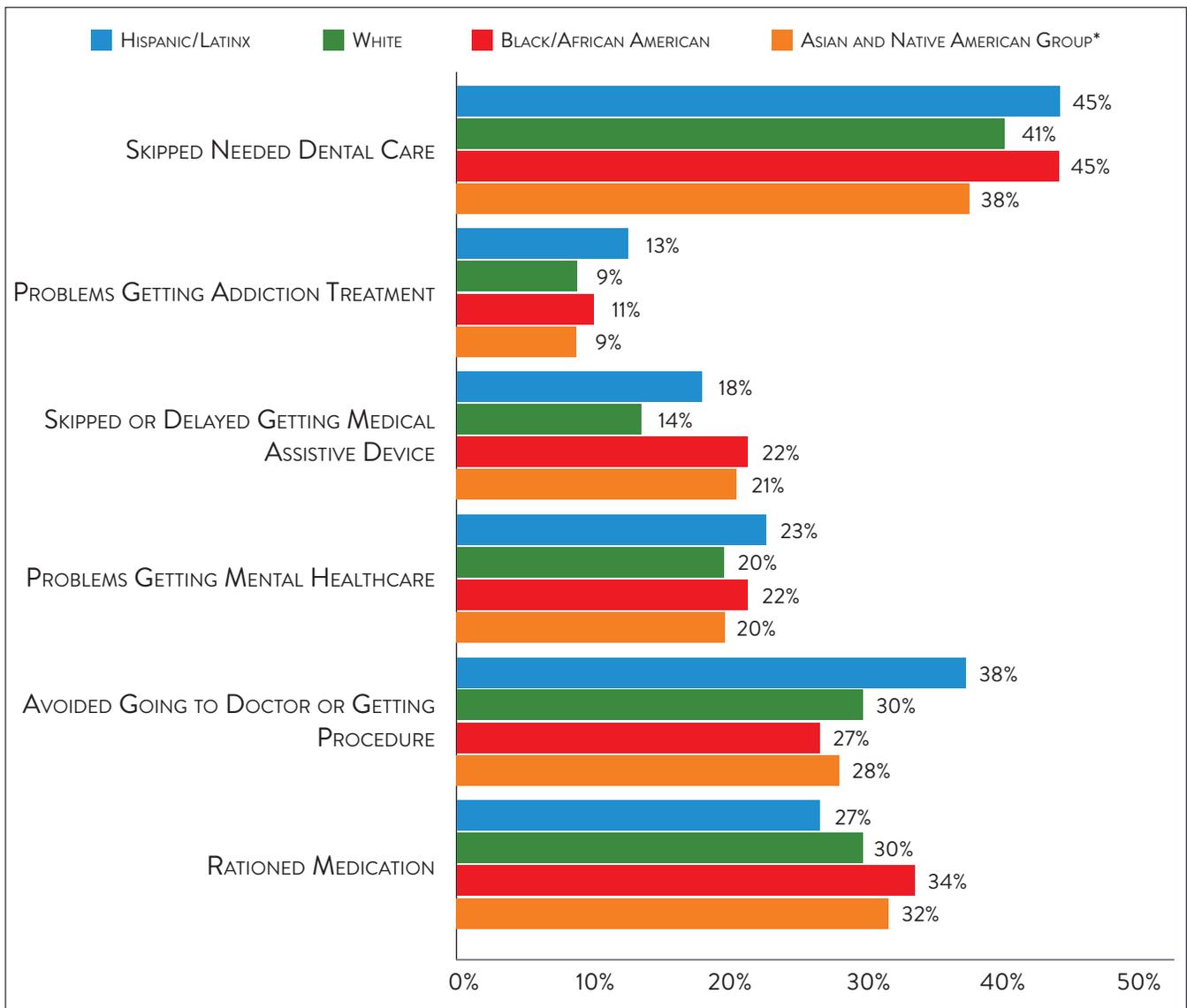
GEOGRAPHIC SETTING	WENT WITHOUT CARE DUE TO COST	EITHER DID NOT FILL A PRESCRIPTION, CUT PILLS IN HALF OR SKIPPED A DOSE DUE TO COST CONCERNS
RURAL	68%	38%
NON-RURAL	57%	28%
RACE/ETHNICITY		
AMERICAN INDIAN OR NATIVE ALASKAN, ASIAN AND NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	61%	32%
BLACK/AFRICAN AMERICAN	61%	34%
WHITE	59%	30%
NON-HISPANIC/LATINX	57%	27%
HISPANIC/LATINX	72%	41%
DISABILITY STATUS		
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	51%	22%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	78%	47%
INSURANCE TYPE		
HEALTH INSURANCE THROUGH MY EMPLOYER OR A FAMILY MEMBER'S EMPLOYER	58%	29%
HEALTH INSURANCE I PURCHASE ON MY OWN	69%	45%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	41%	15%
MO HEALTHNET, COVERAGE FOR LOW-INCOME PEOPLE	71%	38%

Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Race

Non-white respondents reported higher rates of going without care and rationing medication due to cost when compared to white respondents (see Table 3). Further analysis showed that non-white respondents had slightly higher rates of problems getting mental health care, problems getting addiction treatment and skipping needed dental care (see Figure 5).

Figure 5
Percent who Went Without Select Types of Care Due to Cost, by Race and Ethnicity



Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

*Note: Asian and Native American Group includes respondents selecting American Indian or Native Alaskan, Asian, Native Hawaiian or Other Pacific Islander.

Disability Status

Of all the demographic groups measured, respondents living in households with a person with a disability reported the highest rates of going without care and rationing medication due to cost in the past 12 months. More than 7 in 10 (78%) of respondents in this group went without some form of care and almost half (47%) rationed medication, compared to 51% and 22% of respondents living in households without a person with a disability, respectively (see Table 3). Respondents living in households with a person with a disability also more frequently reported delaying or skipping getting mental healthcare, addiction treatment and dental care, among other health care services, than those in households without a person with a disability due to cost concerns (see Table 4).

Table 4
Percent Who Went Without Care Due to Cost, by Disability Status

WENT WITHOUT CARE DUE TO COST	HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY
AVOIDED GOING ALTOGETHER TO THE DOCTOR OR HAVING A PROCEDURE DONE	23%	41%
PROBLEMS GETTING MENTAL HEALTHCARE	14%	29%
PROBLEMS GETTING ADDICTION TREATMENT	5%	18%
SKIPPED NEEDED DENTAL CARE	34%	53%
SKIPPED OR DELAYED GETTING A MEDICAL ASSISTIVE DEVICE	8%	28%

Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Those with disabilities also face healthcare affordability burdens unique to their disabilities—28% of respondents reporting a disability in their household reported delaying getting a medical assistive device such as a wheelchair, cane/walker, hearing aid or prosthetic limb due to cost. Just 8% of respondents without a person with a disability (who may have needed such tools temporarily or may not identify as having a disability) reported having this experience.

Likelihood of Encountering Medical Debt

The survey also showed differences in the prevalence of financial burdens due to medical bills, including going into medical debt, depleting savings and being unable to pay for basic necessities (like food, heat and housing) by income, race, disability status and geographic setting. Forty-five percent of American Indian or Native Alaskan, Asian and Native Hawaiian or Other Pacific Islander and 45% of Black or African American respondents reported going into debt, depleting savings or going without other needs due to medical bills, compared to 39% of white respondents (see Table 5). The rate of financial burden is even higher for respondents who identified as Hispanic/Latinc (51%).

Respondents living in households with a person with a disability had an even greater disparity, with more than half (59%) reporting going into debt or going without other needs due to medical bills, compared to 1 in 3 (31%) of respondents living in households without a disabled member. Geographically, Nevada respondents living in rural counties reported higher rates of going into debt or going without other needs due to medical bills (52%) than respondents from non-rural counties (37%). In addition, respondents who purchased insurance on their own reported the highest rate of the above financial burdens due to medical bills (53%) compared to all other insurance types.

Table 5**Percent Who Incurred Debt, Depleted Savings or Sacrificed Basic Necessities Due to Medical Bills in Prior 12 Months, by Income, Geographic Setting, Race/Ethnicity and Disability Status**

INCOME	INCURRED MEDICAL DEBT, DEPLETED SAVINGS AND/OR SACRIFICED BASIC NEEDS DUE TO MEDICAL BILLS
LESS THAN \$50,000	44%
\$50,000 - \$75,000	38%
\$75,000 - \$100,000	39%
MORE THAN \$100,000	35%
GEOGRAPHIC SETTING	
RURAL	52%
NON-RURAL	37%
RACE/ETHNICITY	
AMERICAN INDIAN OR NATIVE ALASKAN, ASIAN AND NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	45%
BLACK/AFRICAN AMERICAN	45%
WHITE	39%
NON-HISPANIC/LATINX	38%
HISPANIC/LATINX	51%
DISABILITY STATUS	
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	31%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	59%
INSURANCE STATUS	
HEALTH INSURANCE THROUGH MY EMPLOYER OR A FAMILY MEMBER'S EMPLOYER	43%
HEALTH INSURANCE I BUY ON MY OWN	53%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	20%
NEVADA MEDICAID, COVERAGE FOR LOW-INCOME PEOPLE	44%

Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

DISSATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

In light of Nevada respondents' healthcare affordability burdens and concerns, it is not surprising that they are dissatisfied with the health system:

- Just **28%** agreed or strongly agreed that “*we have a great healthcare system in the U.S.*”
- While **73%** agreed or strongly agreed that “*the system needs to change.*”

To investigate further, the survey asked about both personal and governmental actions to address health system problems.

PERSONAL ACTIONS

Nevada respondents see a role for themselves in addressing healthcare affordability. When asked about specific actions they could take:

- 55% of respondents reported researching the cost of a drug beforehand, and
- 78% said they would be willing to switch from a brand name to an equivalent generic drug if given the chance.

When asked to select the top three personal actions they felt would be most effective in addressing healthcare affordability (out of ten options), the most common responses were:

- 69%—Take better care of my personal health
- 41%—Research treatments myself before going to the doctor
- 32%—Do more to compare doctors on cost and quality before getting services
- 28%—There is not anything I can do personally to make our health system better

GOVERNMENT ACTIONS

Far and away, Nevada respondents see government as the key stakeholder that needs to act to address health system problems. Moreover, addressing healthcare problems is a top priority that respondents want their elected officials to work on.

At the beginning of the survey, respondents were asked what issues the government should address in the upcoming year. The top responses were:

- 50%—Economy/Joblessness
- 44%—Healthcare
- 39%—Affordable Housing

When asked about the top three *healthcare* priorities the government should work on, the top vote getters were:

- 50%—Address high healthcare costs, including prescription drugs
- 32%—Get health insurance to those who cannot afford coverage³
- 32%—Improve Medicare, coverage for seniors and those with serious disabilities
- 31%—Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition

Of more than 20 options, Missouri respondents believe the reason for high healthcare costs is unfair prices charged by powerful industry stakeholders:

- 74%—Hospitals charging too much money
- 73%—Drug companies charging too much money
- 68%—Insurance companies charging too much money

When it comes to tackling costs, respondents endorsed a number of strategies, including:

- 93%—Require insurers to provide up-front cost estimates to consumers
- 92%—Make it easy to switch insurers if a health plan drops your doctor
- 92%—Show what a fair price would be for specific procedures
- 92%—Require hospitals and doctors to provide up-front cost estimates to consumers
- 91%—Require drug companies to provide advanced notice of prices increases and information to justify those increases

SUPPORT FOR ACTION ACROSS PARTY LINES

There is also remarkable support for change regardless of respondents’ political affiliation (see Table 6).

Table 6
Percent Who Agreed/Strongly Agreed, by Political Affiliation

SELECTED SURVEY QUESTIONS/STATEMENTS	TOTAL	GENERALLY SPEAKING, DO YOU THINK OF YOURSELF AS...		
		REPUBLICAN	DEMOCRAT	NEITHER
"WE HAVE A GREAT HEALTHCARE SYSTEM IN THE U.S."	28%	36%	29%	21%
"THE U.S. HEALTHCARE SYSTEM NEEDS TO CHANGE"	73%	63%	78%	76%
THE GOVERNMENT SHOULD REQUIRE INSURERS TO PROVIDE UP-FRONT COST ESTIMATES TO CONSUMERS	93%	93%	93%	91%
THE GOVERNMENT SHOULD MAKE IT EASY TO SWITCH INSURERS IF A HEALTH PLAN DROPS YOUR DOCTOR	92%	92%	92%	92%
THE GOVERNMENT SHOULD REQUIRE HOSPITALS AND DOCTORS TO PROVIDE UP-FRONT COST ESTIMATES TO CONSUMERS	92%	91%	93%	92%
THE GOVERNMENT SHOULD SHOW WHAT A FAIR PRICE WOULD BE FOR A SPECIFIC PROCEDURE	92%	90%	94%	92%
THE GOVERNMENT SHOULD REQUIRE DRUG COMPANIES TO PROVIDE ADVANCE NOTICE OF PRICE INCREASES AND INFORMATION TO JUSTIFY THOSE INCREASES	91%	90%	93%	91%
THE GOVERNMENT SHOULD ENSURE PATIENTS CAN'T BE CHARGED OUT-OF-NETWORK PRICES IF THEY ENCOUNTER AN OUT-OF-NETWORK PROVIDER THROUGH NO FAULT OF THEIR OWN	90%	90%	93%	88%
THE GOVERNMENT SHOULD CAP OUT-OF-POCKET COSTS FOR LIFE-SAVING MEDICATIONS, SUCH AS INSULIN	90%	86%	92%	91%
THE GOVERNMENT SHOULD EXPAND HEALTH INSURANCE OPTIONS SO THAT EVERYONE CAN AFFORD QUALITY COVERAGE	89%	85%	92%	88%
THE GOVERNMENT SHOULD AUTHORIZE THE ATTORNEY GENERAL TO TAKE LEGAL ACTION TO PREVENT PRICE GOUGING OR UNFAIR PRESCRIPTION DRUG PRICES	89%	86%	93%	88%
THE GOVERNMENT SHOULD SET STANDARD PRICES FOR DRUGS TO MAKE THEM AFFORDABLE	89%	85%	92%	90%
THE GOVERNMENT SHOULD PROHIBIT DRUG COMPANIES FROM CHARGING MORE IN THE U.S. THAN ABROAD	88%	86%	91%	88%
THE GOVERNMENT SHOULD STRENGTHEN POLICIES TO DRIVE MORE COMPETITION IN HEALTHCARE MARKETS TO IMPROVE CHOICE AND ACCESS	88%	88%	91%	86%
THE GOVERNMENT SHOULD CREATE A PRESCRIPTION DRUG AFFORDABILITY BOARD TO EXAMINE THE EVIDENCE AND ESTABLISH ACCEPTABLE COSTS FOR DRUGS	86%	79%	92%	85%
THE GOVERNMENT SHOULD CREATE AN AFFORDABLE STATE-BASED HEALTH INSURANCE PLAN THAT ANY RESIDENT CAN PURCHASE, REGARDLESS OF THEIR INCOME OR EMPLOYER COVERAGE STATUS	84%	79%	91%	81%
THE GOVERNMENT SHOULD SET LIMITS ON HEALTHCARE SPENDING GROWTH AND PENALIZE PAYERS OR PROVIDERS THAT FAIL TO CURB EXCESSIVE SPENDING GROWTH	81%	78%	88%	77%
THE GOVERNMENT SHOULD REQUIRE A MINIMUM AMOUNT OF SPENDING THAT PAYERS AND PROVIDERS IN THE STATE MUST DEVOTE TO SERVICES THAT KEEP PEOPLE HEALTHY, SUCH AS PRIMARY CARE	81%	76%	89%	77%

Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

The high burden of healthcare affordability, along with high levels of support for change, suggest that elected leaders and other stakeholders should make addressing this consumer burden a top priority. Moreover, the current COVID crisis has led state residents to take a hard look at how well health and public health systems are working for them, with strong support for a wide variety of actions. Annual surveys can help assess whether progress is being made.

NOTES

1. Of the current 59% of Nevada respondents who encountered one or more cost-related barriers to getting healthcare during the prior 12 months, 24% did not fill a prescription, while 18% cut pills in half or skipped doses of medicine due to cost.
2. Median household income in Nevada was \$62,043 (2016-2020). U.S. Census, *Quick Facts*. Retrieved from: U.S. Census Bureau: QuickFacts: Nevada, <https://www.census.gov/quickfacts/NV>
3. Nearly 2 in 3 (65%) of respondents said that they would consider using their tax forms to sign up for health insurance if they or their family needed it. This high level of interest persisted across racial, ethnic and income groups, with the highest levels of interest among Asian group respondents (75%) and those earning between \$75,001 and \$99,999 (71%).
4. Although Nevada Medicaid covers a wide range of services without cost-sharing for beneficiaries, not every healthcare service is covered (e.g., dental services).



ABOUT ALTARUM'S HEALTHCARE VALUE HUB

With support from Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization with the mission of creating a better, more sustainable future for all Americans by applying research-based and field-tested solutions that transform our systems of health and healthcare.

Contact the Hub: 2000 M Street, NW, Suite 400, Washington, DC 20036
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Methodology

Altarum's Consumer Healthcare Experience State Survey (CHESS) is designed to elicit respondents' unbiased views on a wide range of health system issues, including confidence using the health system, financial burden and views on fixes that might be needed.

The survey used a web panel from Dynata with a demographically balanced sample of approximately 1,371 respondents who live in Nevada. The survey was conducted in English or Spanish and restricted to adults ages 18 and older. Respondents who finished the survey in less than half the median time were excluded from the final sample, leaving 1,139 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

Demographic Composition of Survey Respondents

DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE	DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
HOUSEHOLD INCOME			GENDER		
Under \$20K	166	15%	WOMAN	728	64%
\$20K - \$30K	142	12%	MAN	386	34%
\$30K - \$40K	113	10%	TRANSWOMAN	2	<1%
\$40K - \$50K	116	10%	TRANSMAN	3	<1%
\$50K - \$60K	106	9%	GENDERQUEER/NONBINARY	8	1%
\$60K - \$75K	110	10%	INSURANCE STATUS		
\$75K - \$100K	148	13%	HEALTH INSURANCE THROUGH EMPLOYER OR FAMILY MEMBER'S EMPLOYER	383	34%
\$100K - \$150K	159	14%	HEALTH INSURANCE I BUY ON MY OWN	87	8%
\$150K+	79	7%	MEDICARE	296	26%
AGE			NEVADA MEDICAID	226	20%
18-24	178	16%	TRICARE/MILITARY HEALTH SYSTEM	29	3%
25-34	231	20%	DEPARTMENT OF VETERANS AFFAIRS (VA) HEALTH CARE	21	2%
35-44	180	16%	NO COVERAGE OF ANY TYPE	79	7%
45-54	139	12%	I DON'T KNOW	18	2%
55-64	205	18%	RACE/ETHNICITY		
65+	196	17%	AMERICAN INDIAN OR NATIVE ALASKAN	41	4%
HEALTH STATUS			ASIAN	75	7%
EXCELLENT	154	14%	BLACK OR AFRICAN AMERICAN	116	10%
VERY GOOD	387	34%	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	22	2%
GOOD	389	34%	WHITE	895	79%
FAIR	179	16%	PREFER NOT TO ANSWER	23	2%
POOR	30	3%	TWO OR MORE RACES	53	5%
DISABILITY			PARTY AFFILIATION		
MOBILITY: SERIOUS DIFFICULTY WALKING OR CLIMBING STAIRS	185	16%	REPUBLICAN	329	29%
COGNITION: SERIOUS DIFFICULTY CONCENTRATING, REMEMBERING OR MAKING DECISIONS	110	10%	DEMOCRAT	402	35%
INDEPENDENT LIVING: SERIOUS DIFFICULTY DOING ERRANDS ALONE, SUCH AS VISITING A DOCTOR'S OFFICE	81	7%	NEITHER	408	36%
HEARING: DEAFNESS OR SERIOUS DIFFICULTY HEARING	95	8%			
VISION: BLINDNESS OR SERIOUS DIFFICULTY SEEING, EVEN WHEN WEARING GLASSES	62	5%			
SELF-CARE: DIFFICULTY DRESSING OR BATHING	54	5%			
NO DISABILITY OR LONG-TERM HEALTH CONDITION	784	69%			

Source: 2022 Poll of Nevada Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Notes: Percentages in the body of the brief are based on weighted values, while the data presented in the demographic table is unweighted, except for race/ethnicity. We do not conduct statistical calculations to determine the significance of differences in findings. Comparisons are for conversational purposes only and are determined by advocate partners in each state based on organizational/advocacy priorities. We do not report any estimates based on fewer than 100 respondents (N=100) and a co-efficient of variance more than .30.

Geographic Regions: Rural and Non-Rural counties were defined by the Patient Protection Commission of the Nevada Department of Health and Human Services. Non-Rural Counties: Carson City, Clark, Washoe. Rural Counties: Churchill, Douglas, Elko, Esmerelda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine.