



DATA BRIEF | AUGUST 2024

Colorado Survey Respondents Bear Health Care Affordability Burdens Unequally; Distrust of/Disrespect by Health Care Providers Leads Some to Delay/Go Without Needed Care

KEY FINDINGS

A survey of more than 1,400 Colorado adults, conducted from March 26 to April 12, 2024, found that:

- Nearly 3 in 4 (70%) experienced at least one health care affordability burden in the past year;
- Over 4 in 5 (83%) worry about affording health care in the future;
- Respondents living in households with a person with a disability more frequently reported rationing medication due to cost (37% versus 21%); delaying or going without care due to cost (83% versus 62%); and experiencing a cost burden due to medical bills (56% versus 30%).
- Respondents of color more frequently reported experiencing one or more health care affordability burdens in the past year compared to white respondents;
- Twenty-eight percent of respondents of color skipped needed medical care due to distrust of or feeling disrespected by health care providers, compared to 16% of white alone, non-Hispanic respondents; and
- Sixty percent of all respondents think that people are treated unfairly based on their race or ethnic background somewhat or very often in the U.S. health care system.

DIFFERENCES IN AFFORDABILITY BURDENS & CONCERNS

RACE AND ETHNICITY

Health disparities in Black, Hispanic and Latino communities are intensified by a lack of affordable care.^{1,2} In Colorado, respondents of color reported higher rates of many affordability burdens when compared to white alone, non-Hispanic/Latino respondents, including cost burdens due to medical bills (see Table 1).³ Respondents of color also more frequently reported difficulty attaining select types of care compared to white, non-Hispanic respondents. For example, Hispanic/Latino respondents more frequently reported challenges accessing mental health care and addiction treatment, as well as avoiding going to the doctor or getting a procedure done to cost (see Figure 1).

Table 1

Percent Who Experienced Health Care Affordability Burdens, by Racial and Ethnicity Group

	White Alone, Non-Hispanic/Latino	Respondents of Color*	Hispanic/Latino, all races
Any Health Care Affordability Burden	65%	81%	83%
Any Health Care Affordability Worry	81%	88%	89%
Rationed Medication Due to Cost	22%	33%	35%
Delayed or Went Without Care Due to Cost	63%	78%	80%
Experienced Cost Burden due to Medical Bills*	31%	52%	54%

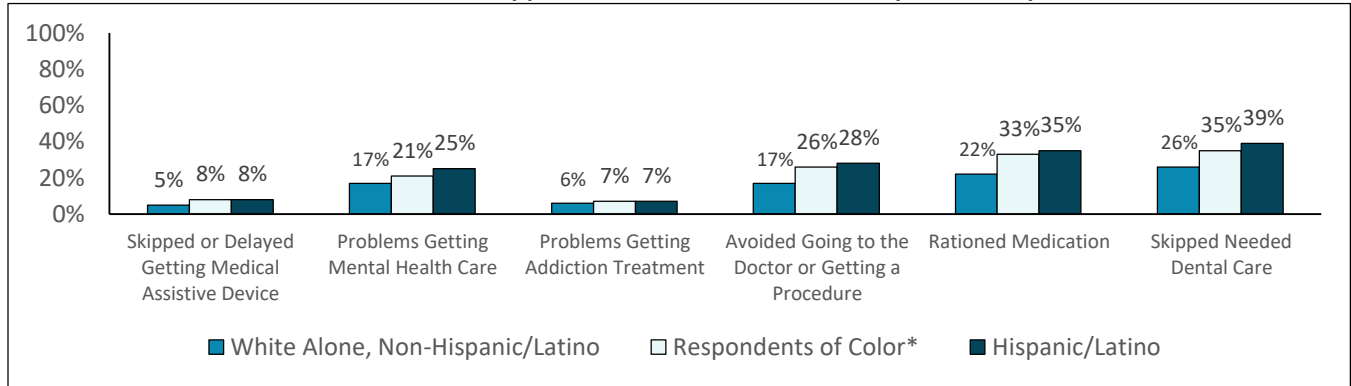
Source: 2024 Poll of Colorado Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

* The Respondents of Color category includes respondents who are: Black or African American, Hispanic or Latino, American Indian or Native Alaskan, Asian, Native Hawaiian or another Pacific Islander. The quantity of responses for individual groups not shown above were insufficient to report reliable estimates. We regret that we were not able to report reliable estimates for each individual group to better represent the diverse communities of Colorado.

* Survey participants were asked whether they have had to do any of the following due to the cost of medical bills in the past twelve months: use up all or most of their savings; sacrifice basic necessities, such as food, heat, or housing; borrow money, get a loan or take out another mortgage; use a crowdfunding platform to solicit donations; interact with a collections agency; go into credit card debt; be placed on a long-term payment plan; or declare bankruptcy.

Figure 1

Percent Who Went Without Select Types of Care Due to Cost, by Ethnicity and Race



Source: 2024 Poll of Colorado Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

* The Respondents of Color category includes respondents who are: Black or African American, Hispanic or Latino, American Indian or Native Alaskan, Asian, Native Hawaiian or another Pacific Islander. The quantity of responses for individual groups not shown above were insufficient to report reliable estimates. We regret that we were not able to report reliable estimates for each individual group to better represent the diverse communities of Colorado.

INCOME AND EDUCATION

The survey also highlighted differences in health care affordability burdens between different income and educational levels. Respondents living in households earning below \$50,000 per year most frequently reported experiencing an affordability burden, with 84% struggling to afford health care in the past twelve months (see Table 2). Additionally, 37% of respondents with an annual household income of \$50,000 or less reported not filling a prescription, skipping doses, or cutting pills in half due to cost.

These respondents also more frequently reported experiencing a cost burden due to medical bills, such as incurring medical debt, depleting savings or sacrificing basic needs like food, heat, or housing compared to those earning \$100,000 or more annually (50% versus 27%). Still, over half of respondents living in higher income households also faced affordability issues, indicating that these burdens affect all income groups. At least 83% of respondents across all income levels expressed concern about affording health care now or in the future.

Table 2

Percent Who Experienced Health Care Affordability Burdens, by Income Group

	Less than \$50k	\$50,000 – \$75,000	\$75,001- \$99,999	More than \$100k
Any Health Care Affordability Burden	84%	75%	66%	60%
Any Health Care Affordability Worry	87%	90%	79%	80%
Rationed Medication Due to Cost	37%	32%	21%	18%
Delayed or Went Without Care Due to Cost	82%	73%	64%	58%
Experienced Cost Burden due to Medical Bills*	50%	42%	37%	27%

Source: 2024 Poll of Colorado Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

* Survey participants were asked whether they have had to do any of the following due to the cost of medical bills in the past twelve months: use up all or most of their savings; sacrifice basic necessities, such as food, heat, or housing; borrow money, get a loan or take out another mortgage; use a crowdfunding platform to solicit donations; interact with a collections agency; go into credit card debt; be placed on a long-term payment plan; or declare bankruptcy.

Similarly, Colorado respondents with a Bachelor's or graduate degree reported experiencing a health care affordability burden less frequently than respondents with lower educational attainment. In contrast, respondents who did not pursue additional education beyond a high school diploma or GED reported experiencing a health care affordability burden (84%), rationing medication due to cost (37%) and delaying or forgoing care due to cost (82%) more frequently than other respondents (see Table 3).

The relationship between education and income is well established, however higher education is also associated with better health outcomes, lower morbidity and greater health care affordability.⁴ This disparity is influenced by various mediators such as economic status and the likelihood of being employed in a position which offers employee benefits including paid time off, sick leave and health insurance, which are associated with greater utilization of preventive health care.⁵

Table 3
Percent Who Experienced Health Care Affordability Burdens, by Education Level*

	High School or GED	Some College, Training, Certificate Program	Associate Degree	Bachelor's Degree	Graduate School
Any Health Care Affordability Burden	84%	77%	72%	67%	56%
Any Health Care Affordability Worry	83%	88%	90%	82%	79%
Rationed Medication Due to Cost	34%	30%	32%	23%	15%
Delayed or Went Without Care Due to Cost	82%	75%	71%	65%	53%
Experienced Cost Burden Due to Medical Bills*	41%	41%	47%	30%	33%

Source: 2024 Poll of Colorado Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
 * Respondents who reported completing some high school, graduating from high school or receiving a GED are represented in the "High School or GED" row; respondents who reported that they attended some or completed a graduate degree program are represented in the "Graduate School" row.
 * Survey participants were asked whether they have had to do any of the following due to the cost of medical bills in the past twelve months: use up all or most of their savings; sacrifice basic necessities, such as food, heat, or housing; borrow money, get a loan or take out another mortgage; use a crowdfunding platform to solicit donations; interact with a collections agency; go into credit card debt; be placed on a long-term payment plan; or declare bankruptcy.

DISABILITY STATUS

People with disabilities interact with the health care system more often than those without disabilities, which frequently results in greater out-of-pocket costs.⁶ Additionally, individuals who receive disability benefits face unique coverage challenges that impact their ability to afford care, such as losing coverage if their income or assets exceed certain limits (e.g., after marriage).⁷

In Colorado, respondents with disabilities or who live with someone with a disability reported more affordability burdens compared to others (see Table 4). These respondents also worried more about health care affordability in general compared to respondents without a disability or who do not live with a person with a disability (89% versus 81%) and losing health insurance compared to respondents without a disability or who do not live with a person with a disability (44% versus 26%).

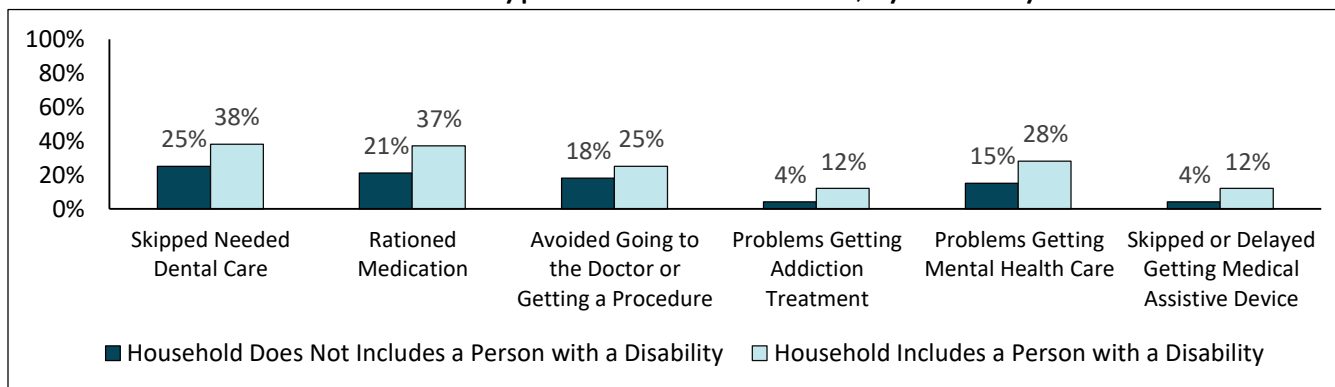
Table 4
Percent Who Experienced Health Care Affordability Burdens, by Disability Status*

	Household Includes a Person with a Disability	Household Does Not Include a Person with a Disability
Any Health Care Affordability Burden	84%	64%
Any Health Care Affordability Worry	89%	81%
Rationed Medication Due to Cost	37%	21%
Delayed or Went Without Care Due to Cost	83%	62%
Experienced Cost Burden due to Medical Bills*	56%	30%

Source: 2024 Poll of Colorado Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
 * 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.
 * Survey participants were asked whether they have had to do any of the following due to the cost of medical bills in the past twelve months: use up all or most of their savings; sacrifice basic necessities, such as food, heat, or housing; borrow money, get a loan or take out another mortgage; use a crowdfunding platform to solicit donations; interact with a collections agency; go into credit card debt; be placed on a long-term payment plan; or declare bankruptcy.

Individuals with disabilities also face unique health care affordability burdens compared to nondisabled individuals. Twelve percent (12%) of respondents with a disability in their household delayed getting a medical assistive device such as a wheelchair, cane, walker, hearing aid or prosthetic limb due to cost, compared to only 4% of respondents without a disability who may have required one of these tools for temporary support (see Figure 2). Additionally, 28% of respondents with a disability in their household reported problems accessing mental health care, compared to 15% of those without a disability.

Figure 2
Percent who Went Without Select Types of Care Due to Cost, by Disability Status*



Source: 2024 Poll of Colorado Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
*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.

GENDER AND SEXUAL ORIENTATION

The survey revealed notable differences in health care affordability burdens and concerns based on gender and sexual orientation. Women reported higher rates of experiencing at least one affordability burden in the past year compared to men (75% versus 64%) (see Table 5). They also more frequently reported delaying or forgoing care due to cost and reported higher rates of rationing medications by not filling prescriptions, skipping doses, or cutting pills in half. Although many respondents regardless of gender expressed concern about health care costs, a higher percentage of women worried about affording some aspect of coverage or care compared to men (89% versus 77%)

Table 5
Percent Who Experienced Health Care Affordability Burdens, by Gender

	Women	Men
Any Health Care Affordability Burden	75%	64%
Any Health Care Affordability Worry	89%	77%
Rationed Medication Due to Cost	29%	21%
Delayed/Went Without Care Due to Cost	72%	62%
Experienced a Cost Burden due to Medical Bills*	39%	35%

Source: 2024 Poll of Colorado Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
* Survey participants were asked whether they have had to do any of the following due to the cost of medical bills in the past twelve months: use up all or most of their savings; sacrifice basic necessities, such as food, heat, or housing; borrow money, get a loan or take out another mortgage; use a crowdfunding platform to solicit donations; interact with a collections agency; go into credit card debt; be placed on a long-term payment plan; or declare bankruptcy.

The survey also revealed that LGBTQIA+ respondents more frequently experienced affordability burdens, with 36% reporting rationing medication due to cost compared to 24% of other respondents (see Table 6). Members of the LGBTQIA2S+ community may encounter unique challenges accessing health care and medications, including limited insurance coverage and discrimination within the health care system.^{8,9} State and federal policies, particularly regarding gender-affirming treatments, can further hinder access or limit coverage, exacerbating financial strain and health disparities.¹⁰ Unfortunately, due to the small sample size, this survey could not produce reliable estimates exclusively for transgender, genderqueer or nonbinary respondents.

Table 6
Percent Who Experienced Health Care Affordability Burdens, by LGBTQIA2S+ Status

	LGBTQIA2S+*	Not LGBTQIA2S+
Any Health Care Affordability Burden	76%	69%
Any Health Care Affordability Worry	92%	82%
Rationed Medication Due to Cost	36%	24%

	LGBTQIA2S+*	Not LGBTQIA2S+
Delayed/Went Without Care Due to Cost	76%	66%
Experienced a Cost Burden due to Medical Bills*	44%	36%

Source: 2024 Poll of Colorado Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

*Respondents were asked if they are a member of the LGBTQIA2S+ community, including lesbian, gay, bisexual, transgender/nonbinary/gender expansive, queer and/or questioning, intersex, asexual, and Two-Spirit respondents, and any people who identify as part of a sexuality, gender or sex diverse community but who do not identify with one of those specific identities.

* Survey participants were asked whether they have had to do any of the following due to the cost of medical bills in the past twelve months: use up all or most of their savings; sacrifice basic necessities, such as food, heat, or housing; borrow money, get a loan or take out another mortgage; use a crowdfunding platform to solicit donations; interact with a collections agency; go into credit card debt; be placed on a long-term payment plan; or declare bankruptcy.

DISTRUST AND MISTRUST IN THE HEALTH SYSTEM

Whether a patient trusts or feels respected by their health care provider may influence their willingness to seek necessary care. In Colorado, more than a quarter (28%) of respondents reported feeling that their health care providers never, rarely or only sometimes treat them with respect. When asked *why* they felt that health care providers did not treat them with respect, respondents most frequently cited income or financial status (47%), disability (21%), race (19%), gender or gender identity (18%), ethnic background (18%) and educational attainment (11%). In lesser numbers, some respondents also cited sexual orientation (10%), experience with violence or abuse (8%) and religion (5%) as the primary reason.

When asked to describe *how* their identities or circumstances have impacted their ability to get affordable health care, many respondents offered examples of how they perceived their race, income, insurance status, gender and ethnicity to impact their health care (see Table 7).

Table 7

Select Responses to: “Over the last 12 months, how have your identities and/or circumstances impacted your ability to get affordable health care?”

- “As a woman I definitely feel that my gender is being ignored, attacked, relegated to sub-standard status, and in general made to feel frightened by the legislation that has been passed in many states to deny treatment to me. I sincerely believe that these Legislators are practicing medicine without a license.”
- “Being considered elderly, sometimes feel that I am being talked down to.”
- “Because I don’t make enough money to afford the care I need, and I’m a woman, I’m judged immediately. As soon as my husband is around, I’m respected even though the payments and policies are all from me.”
- “I go to the doctor with my mother-in-law who is blind, and I don’t think she is treated as well as she should be. My sister who has the beginnings of Alzheimer’s is treated very poorly.”
- “Before being on Medicaid I received no care because I was unable to pay for the services. After being on Medicaid I’ve noticed a lot of providers don’t want to work with individuals on Medicaid because of the payout, and as a black woman we die in hospitals and have our health issues overlooked more than anyone.”
- “Due to low income, they ignore me when I tell them my symptoms and rush me out.”
- “Unfortunately, I have experienced a lack of respect when attempting to receive care for my condition, which includes having my concerns re: pain, management, trajectory dismissed. I have also experienced unwarranted and unrelated comments re: my status as a child-free woman, which undermined my autonomy and desire to seek care. I have also experienced negative comments about my finances, typically when I explain that I can’t afford x-medication and need to figure something else out.”
- “I believe I am treated with preconceived notions when doctors look at my history of anxiety and depression.”
- “I am educated and fluent in English and have been able to search for, advocate for, & receive the kind of health care I want/need. I do often feel, however, that as a white-haired, non-white senior I have to assert myself in my first contact with health care providers to prove who I am & what I deserve.”
- “I am on Medicaid because of autism, ADHD and chronic pain making it impossible for me to work full time. I always feel I have access to healthcare, but I often feel that the healthcare I receive in emergent situations is not the best and I am treated unfairly due to my low income and disabilities.”

Source: 2024 Poll of Colorado Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

The survey also revealed differences in the frequency of respondents who reported forgoing care because they distrusted or felt disrespected by their health care provider by coverage type, income, educational attainment, gender identity, orientation, disability, race and ethnicity. For instance, **33%** of respondents enrolled in Health First Colorado, the state Medicaid program, reported going without care due to distrust or perceived disrespect, compared to only **16%** of individuals with employer-sponsored insurance (see Table 8).

INDIVIDUAL & SYSTEMIC RACISM

Respondents believe that both individual *and* systemic racism exist in the U.S. health care system. Sixty percent reported that they believe that people are treated unfairly by the health care system due to their race or ethnicity either somewhat or very often. When asked what they think causes health care systems to treat people unfairly, respondents most frequently responded with the following:

- 1 in 6 (15%) cited policies and practices built into the health care system;
- Nearly 1 in 5 (17%) cited the actions and beliefs of individual health care providers; and
- Nearly half (45%) believe it is an equal mixture of both.

Table 8

Percent who Distrusted/Felt Disrespected by a Health Care Provider in the Last Year, by Race and Disability Status

	Distrusted or Felt Disrespected by a Health Care Provider	Went Without Care Due to Distrust or Disrespect
All Respondents	43%	20%
Race/Ethnicity		
Respondents of Color*	56%	28%
Hispanic/Latino, Any Race	55%	29%
White, Non-Hispanic/Latino	38%	16%
Disability Status**		
Household does not include a person with a disability	38%	14%
Household includes a person with a disability	56%	34%
Insurance Type		
Health insurance through my or a family members employer	40%	16%
Health insurance I buy on my own	48%	30%
Medicare, coverage for seniors and those with disabilities	25%	9%
Health First Colorado, Colorado Medicaid	63%	33%
Income		
Less than \$50,000	56%	27%
\$50,000 - \$75,000	43%	22%
\$75,000 - \$100,000	41%	18%
More than \$100,000	35%	14%
Education Level***		
High School Diploma/GED	54%	27%
Some College, Training, or Certificate Program	45%	19%
Associate Degree	45%	26%
Bachelor’s Degree	38%	14%
Graduate School	38%	19%
Gender/Sexual Orientation****		
Female	45%	20%
Male	40%	19%
LGBTQIA2S+	52%	28%
Non-LGBTQIA2S+	41%	18%

Source: 2024 Poll of Colorado Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

*The Respondents of Color category includes respondents who are Black or African American, Hispanic or Latino, American Indian or Native Alaskan, Asian, Native Hawaiian or another Pacific Islander. The quantity of responses for individual groups not shown above were insufficient to report reliable estimates. We regret that we were not able to provide reliable estimates for each individual group to better represent the diverse communities of Colorado.

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DISATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

Given this information, it is not surprising that **76%** of Colorado respondents agree or strongly agree that the U.S. health care system needs to change. Recognizing how the health care system disproportionately harms some groups of people over others is key to creating a fairer and higher value system for all. Making health care affordable for all residents is an area ripe for policymaker intervention, with widespread support for government-led solutions across party lines. For more information on the types of strategies Colorado residents want their policymakers to pursue, see: *Colorado Residents Struggle to Afford High Healthcare Costs; Worry about Affording Healthcare in the Future; Support Government Action across Party Lines*, Healthcare Value Hub, Data Brief No. 155 (July 2024).

NOTES

1. Fadeyi-Jones, Tomi, et al., High Prescription Drug Prices Perpetuate Systemic Racism. We Can Change It, Patients for Affordable Drugs Now (December 2020), <https://patientsforaffordabledrugsnow.org/2020/12/14/drug-pricing-systemic-racism/>
2. Kaplan, Alan and O'Neill, Daniel, “Hospital Price Discrimination Is Deepening Racial Health Inequity,” New England Journal of Medicine—Catalyst (December 2020), <https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0593>
3. Survey participants were asked whether they have experienced any of the following due to the cost of medical bills in the past twelve months: use up all or most of their savings; sacrifice basic necessities, such as food, heat, or housing; borrow money, get a loan or take out another mortgage; use a crowdfunding platform to solicit donations; interact with a collections agency; go into credit card debt; be placed on a long-term payment plan; or declare bankruptcy.
4. Raghupathi, V., Raghupathi, W., “The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015,” Arch Public Health 78, 20 (2020), <https://doi.org/10.1186/s13690-020-00402-5>
5. Suhang S., et al., “Exploring the association of paid sick leave with healthcare utilization and health outcomes in the United States: a rapid evidence review,” Global Health Journal, 7, 1 (2023), <https://doi.org/10.1016/j.glohj.2023.01.002>
6. Miles, Angel L., Challenges and Opportunities in Quality Affordable Health Care Coverage for People with Disabilities, Protect Our Care Illinois (February 2021), <https://protectourcareil.org/index.php/2021/02/26/challenges-and-opportunities-in-quality-affordable-health-care-coverage-for-people-with-disabilities/>
7. As of 2024, most people with disabilities risk losing their benefits if they earn more than \$1,550 a month. According to the Center for American Progress, in most states, people who receive Supplemental Security are automatically eligible for Medicaid. Therefore, if they lose their disability benefits, they may also lose their Medicaid coverage. Forbes has also reported on marriage penalties for people with disabilities, including fears about losing health insurance. See: Seervai, Shanoor, Shah, Arnav, and Shah, Tanya, “The Challenges of Living with a Disability in America, and How Serious Illness Can Add to Them,” Commonwealth Fund (April 2019), <https://www.commonwealthfund.org/publications/fund-reports/2019/apr/challenges-living-disability-america-and-how-serious-illness-can>; Fremstaf, Shawn and Valles, Rebecca, “The Facts on Social Security Disability Insurance and Supplemental Security Income for Workers with Disabilities,” Center for American Progress (May 2013), <https://www.americanprogress.org/article/the-facts-on-social-security-disability-insurance-and-supplemental-security-income-for-workers-with-disabilities/>; and Pulrang, Andrew, “A Simple Fix For One Of Disabled People’s Most Persistent, Pointless Injustices,” Forbes (April 2020), <https://www.forbes.com/sites/andrewpulrang/2020/08/31/a-simple-fix-for-one-of-disabled-peoples-most-persistent-pointless-injustices/?sh=6e159b946b71>
8. Bosworth, Arielle, et al., Health Insurance Coverage and Access to Care for LGBTQ+ Individuals: Current Trends and Key Challenges, ASPE Office of Health Policy (July 2021), <https://www.aspe.hhs.gov/sites/default/files/2021-07/lgbt-health-ib.pdf>
9. Casanova-Perez R, Apodaca C, Bascom E, et al, “Broken down by bias: Healthcare biases experienced by BIPOC and LGBTQ+ patients,” AMIA Annu Symp Proc. 2022;2021:275-284, Published 2022 Feb 21.
10. Baker K., Restar A., “Utilization and Costs of Gender-Affirming Care in a Commercially Insured Transgender Population,” J Law Med Ethics, 2022;50(3):456-470, doi:10.1017/jme.2022.87

ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from the Robert Wood Johnson Foundation and 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.

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HEALTHCARE VALUE HUB

METHODOLOGY

Altarum’s Consumer Healthcare Experience State Survey (CHES) is designed to elicit respondents’ views on a wide range of health system issues, including confidence using the health system, financial burden and possible policy solutions. This survey, conducted from March 26 to April 12, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Colorado. Information about Dynata’s recruitment and compensation methods can be found [here](#). 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 1,412 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

Demographic Characteristic	Frequency	Percentage
Gender/Orientation		
Woman	792	56%
Man	594	42%
Transwoman	3	<1%
Transman	2	<1%
Genderqueer/Nonbinary	12	1%
LGBTQ+ Community	181	13%
Insurance Type		
Health insurance through my or a family member’s employer	496	35%
Health insurance I buy on my own	135	10%
Medicare, coverage for seniors and those with serious disabilities	347	25%
Health First Colorado, Colorado Medicaid	279	20%
TRICARE/Military Health System	43	3%
Department of Veterans Affairs	19	1%
No coverage of any type	72	5%
I don’t know	21	1%
Race		
American Indian/Native Alaskan	47	3%
Asian	35	2%
Black or African American	144	10%
Native Hawaiian/Other Pacific Islander	11	1%
White	1,023	72%
Prefer Not to Answer	21	1%
Two or More Races	138	10%
Ethnicity		
Hispanic or Latino	274	19%
Non-Hispanic or Latino	1,138	81%
Age		
18-24	205	15%
25-34	253	18%
35-44	236	17%
45-54	215	15%
55-64	267	19%
65+	226	16%
Party Affiliation		
Republican	347	25%
Democrat	466	33%
Neither	599	42%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	201	14%
\$20K - \$29K	122	9%
\$30K - \$39K	115	8%
\$40K - \$49K	120	8%
\$50K - \$59K	134	9%
\$60K - \$74K	135	10%
\$75K - \$99K	204	14%
\$100K - \$149K	230	16%
\$150K+	151	11%
Education Level		
Some high school	37	3%
High school diploma/GED	228	16%
Some college or training/certificate program	364	26%
Associate degree	148	10%
Bachelor’s degree	343	24%
Some graduate school	36	3%
Graduate degree	256	18%
Self-Reported Health Status		
Excellent	194	14%
Very Good	472	33%
Good	508	36%
Fair	194	14%
Poor	44	3%
Disability		
Mobility	216	15%
Cognition	137	10%
Independent Living	86	6%
Hearing	100	7%
Vision	78	6%
Self-Care: Difficulty dressing or bathing	63	4%
No disability or long-term health condition	988	70%

Source: 2024 Poll of Colorado Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

Percentages in the body of the brief are based on weighted values, while the data presented in the demographic table is unweighted. An explanation of weighted versus unweighted variables is available [here](#). Altarum does not conduct statistical calculations on the significance of differences between groups in findings. Therefore, determinations that one group experienced a significantly different affordability burden than another should not be inferred. Rather, comparisons are for conversational purposes. The groups selected for this brief were selected by advocate partners in each state based on organizational/advocacy priorities. We do not report any estimates under N=100 and a co-efficient of variance more than 0.30.