



DATA BRIEF | DECEMBER 2023

## Georgia Survey Respondents Struggle to Afford High Health Care Costs; Worry about Affording Health Care in the Future; Support Government Action Across Party Lines

### KEY FINDINGS

A survey of more than 1,400 Georgia adults, conducted from July 26 to July 31, 2023, found that:

- Over 3 in 5 (**67%**) experienced at least one health care affordability burden in the past year;
- Over 4 in 5 (**82%**) worry about affording health care in the future;
- 3 in 5 (**60%**) of all respondents delayed or went without health care in the last year;
- Low-income respondents and those with disabilities had higher rates of going without care due to cost and incurring medical debt, depleting savings, and/or sacrificing basic needs due to medical bills; and
- Across party lines, respondents express strong support for government-led solutions.

### A RANGE OF HEALTH CARE AFFORDABILITY BURDENS

Like many Americans, Georgia adults experience hardship due to high health care costs. Overall, two-thirds (**67%**) of respondents experienced one or more of the following health care affordability burdens in the prior 12 months:

#### 1) BEING UNINSURED DUE TO HIGH COSTS

Over two in five (**44%**) of uninsured respondents cited “too expensive” as the main reason for not having health insurance, far exceeding other reasons like “don’t need it” and “don’t know how to get it.” In addition, **52%** of respondents without dental insurance cited cost as the main reason for not having coverage, and **44%** of those without vision insurance cited cost as the main reason for not having coverage.

#### 2) DELAYING OR GOING WITHOUT HEALTH CARE DUE TO COST

Three in five (**60%**) of all respondents reported delaying or going without health care during the prior 12 months due to cost:

- **37%**—Skipped needed dental care
- **36%**—Delayed going to the doctor or having a procedure done
- **34%**—Cut pills in half, skipped doses of medicine or did not fill a prescription<sup>1</sup>
- **32%**—Avoided going to the doctor or having a procedure done altogether
- **32%**—Skipped a recommended medical test or treatment
- **28%**—Skipped needed vision services
- **21%**—Had problems getting mental health care or addiction treatment

- 17%—Skipped needed hearing services
- 14%—Skipped or delayed getting a medical assistive device

Moreover, respondents who had a barrier to care, most frequently cited cost as the reason for them or their family members not getting care in the last year (49%) followed by not being able to get an appointment (29%), exceeding a host of other barriers like getting time off work, 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. Over two in five (45%) of respondents reported experiencing one or more of these struggles to pay their medical bills:

- 20%—Were contacted by a collection agency
- 18%—Used up all or most of their savings
- 15%—Were unable to pay for basic necessities like food, heat or housing
- 14%—Racked up large amounts of credit card debt
- 12%—Borrowed money, got a loan or another mortgage on their home
- 8%—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 Georgia respondents seek these services. Trouble paying for dental bills likely reflects lower rates of coverage for these services (39% said they were partially or completely without dental coverage in the past year).

### HIGH LEVELS OF WORRY ABOUT AFFORDING HEALTH CARE IN THE FUTURE

Georgia respondents also exhibit high levels of worry about affording health care in the future. Over four in five (82%) reported being “worried” or “very worried” about affording some aspect of health care in the future, including:

- 64%—Cost of nursing home or home care services
- 63%—Medical costs when elderly
- 64%—Health insurance will become unaffordable
- 61%—Medical costs in the event of a serious illness or accident
- 56%—Prescription drugs will become unaffordable
- 55%—Cost of dental care
- 50%—Cost of needed vision services
- 47%—Cost of needed hearing services

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 25-54. This finding suggests that Georgia respondents may be worried about affording the cost of care for both aging relatives and themselves.

Worry about affording health care was highest among respondents living in low- and middle-income households, and among those living in households with a person with a disability (see Table 1). Overall, 86% of respondents with household incomes less than \$50,000 a year reported worrying about affording

some aspect of coverage or care in the past year, as did **82%** of those earning \$50,000 to \$75,000 per year and 89% of those earning \$75,000 to \$100,000 per year.<sup>2</sup> Ninety-two percent of respondents living in a household with someone with a disability reported worry about affording health care. Still, most Georgia respondents of all incomes, races, ethnicities, geographic setting, and levels of ability were somewhat or very concerned.

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

	Any Health Care Affordability Worry
<b>Income</b>	
Less than \$50,000	86%
\$50,000 - \$75,000	82%
\$75,000 - \$100,000	89%
More than \$100,000	74%
<b>Geographic Setting</b>	
Non-Rural	81%
Rural	84%
<b>Race/Ethnicity</b>	
Respondents of Color*	
Black/African American	81%
Hispanic/Latino, any race	82%
White Alone, Non-Hispanic/Latino	83%
BIPOC	82%
<b>Disability**</b>	
Household does not include a person with at least one disability	78%
Household includes a person with at least one disability	92%

Source: 2023 Poll of Georgia 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, American Indian or Native Alaskan, Asian, Native Hawaiian or other Pacific Islander, or Hispanic/Latino. 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 Georgia.

\*\*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.

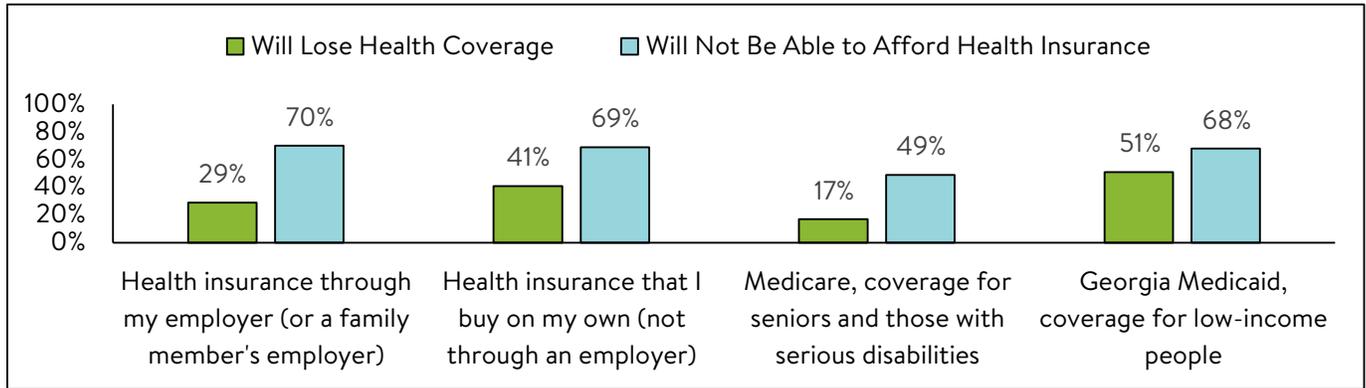
Concern that health *insurance* will become unaffordable is also more prevalent among certain groups of respondents. By insurance type, respondents with coverage that they have purchased on their own, not through an employer, most frequently reported worrying about affording coverage, followed by respondents with coverage through their employer and those with Medicaid coverage (see Figure 1).

Respondents with household incomes below \$50,000 per year reported the highest rates of worry about losing coverage, while those earning \$50,000 to \$75,000 reported the highest rates of worry about not being able to afford coverage in the future (see Table 2). Respondents living in households with a person with a disability reported higher rates of being concerned about losing health insurance than those living in a household without a person with a disability. Respondents living in rural areas reported the highest rate of worry about affording insurance in the future compared to residents in non-rural geographic areas.

Concerns about affording coverage exceeded fears about losing coverage across all income groups, disability statuses, geographic settings (see Appendix A), races/ethnicities, and coverage types.

**Figure 1**

**Percent Worried about Losing and Affording Health Insurance, by Coverage Type**



Source: 2023 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

**Table 2**

**Percent Worried about Losing Health Insurance and Health Insurance Becoming Unaffordable, by Income, Geographic Setting, Race/Ethnicity, Insurance Type, and Disability**

	Worry about Losing Health Insurance	Worry about Health Insurance Becoming Unaffordable
<b>Income</b>		
Less than \$50,000	37%	67%
\$50,000 - \$75,000	28%	63%
\$75,001 - \$100,000	29%	73%
More than \$100,000	26%	57%
<b>Geographic Setting</b>		
Non-Rural	30%	65%
Rural	33%	63%
<b>Race/Ethnicity</b>		
Respondents of Color		
Black/African American	29%	65%
Hispanic/Latino, any race	39%	61%
White Alone, Non-Hispanic/Latino	28%	65%
<b>BIPOC</b>	36%	63%
<b>Disability</b>		
Household does not include a person with a disability	24%	62%
Household includes a person with a disability	47%	69%
<b>Insurance Type</b>		
Health insurance through my employer or a family member's employer	29%	70%
Health insurance that I buy on my own (not through an employer)	41%	69%
Medicare, coverage for seniors and those with serious disabilities	17%	49%
Medicaid, coverage for low-income people	51%	68%

Source: 2023 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

## DIFFERENCES IN HEALTH CARE AFFORDABILITY BURDENS

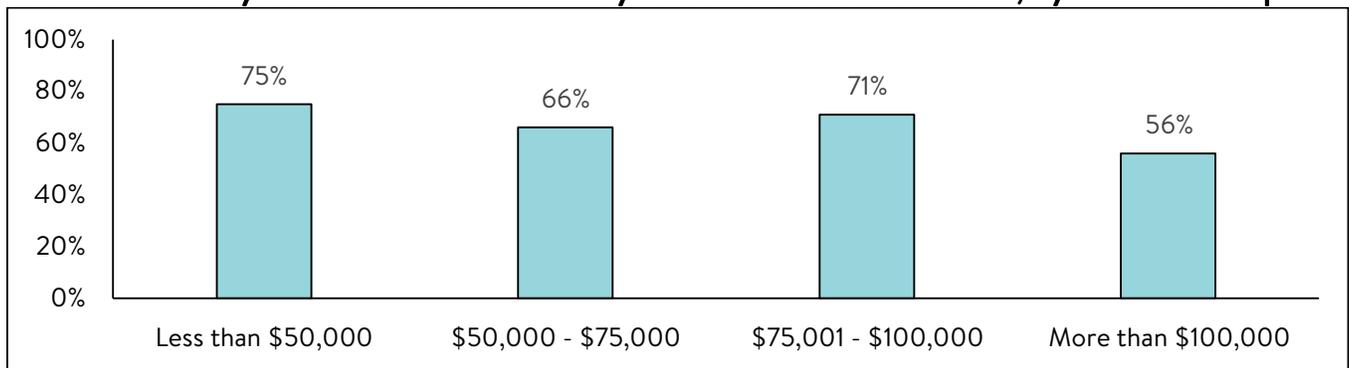
The survey also revealed differences in how Georgia respondents experience health care affordability burdens by income, age, geographic setting, race/ethnicity, and disability.

### INCOME AND AGE

Unsurprisingly, respondents at the lowest end of the income spectrum most frequently reported experiencing one or more health care affordability burdens, with roughly three-quarters (75%) of those earning less than \$50,000 per year reporting struggling to afford some aspect of coverage or care in the past 12 months (see Figure 2). This may be due, in part, to respondents in this income group reporting higher rates of going without care and rationing their medication due to cost (see Figure 3).

**Figure 2**

**Percent with Any Health Care Affordability Burden in Prior 12 Months, by Income Group**

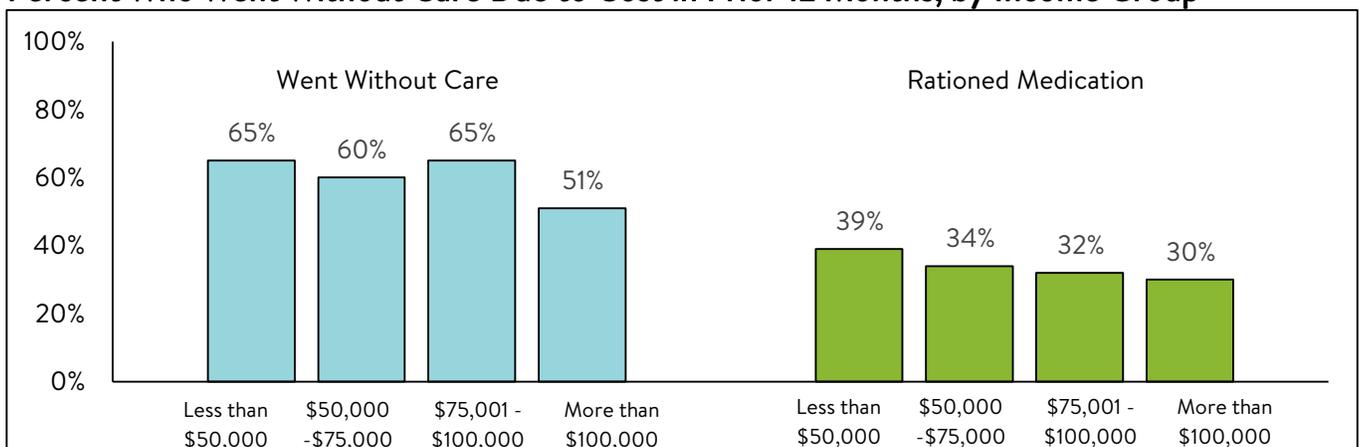


Source: 2023 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Further analysis found that Georgia respondents ages 18-54 reported higher rates of going without care due to cost than respondents ages 55 and older (see Figure 4). Respondents ages 18-44 also most frequently reported rationing medication due to cost compared to other age groups.

**Figure 3**

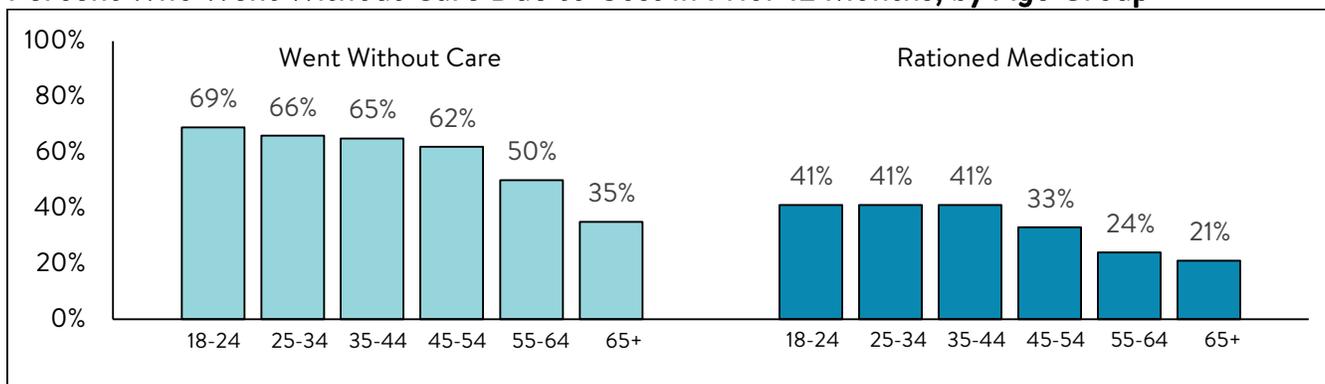
**Percent Who Went Without Care Due to Cost in Prior 12 Months, by Income Group**



Source: 2023 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

**Figure 4**

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



Source: 2023 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

**DISABILITY**

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. Three in four (76%) of respondents in this group reported going without some form of care and 45% reported rationing medication, compared to 52% and 29% of respondents living in households without a person with a disability, respectively (see Table 4). Respondents living in households with a person with a disability also more frequently reported delaying or skipping getting mental health care, 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 3).

Those with disabilities also face health care affordability burdens unique to their disabilities—28% of respondents with a disabled household member 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 in their household (who may have needed such tools temporarily or may not identify as having a disability) reported this experience.

**Table 3**

**Percent Who Went Without Select Types of Care Due to Cost, by Disability**

	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	27%	44%
Problems getting mental health care	14%	30%
Problems getting addiction treatment	6%	16%
Skipped needed dental care	32%	48%
Skipped or delayed getting a medical assistive device	8%	28%
Skipped needed vision services	23%	40%

Source: 2023 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

**INSURANCE TYPE**

Respondents who buy insurance on their own (not through an employer) reported the highest rates of going without care due to cost and rationing medication, followed by respondents with Georgia Medicaid coverage (see Table 4). Still, almost half (**47%**) of respondents with Medicare coverage also went without care due to cost in the twelve months prior to taking the survey.

**Table 4****Percent Who Went Without Care Due to Cost in Prior 12 Months, by Geographic Setting, Race/Ethnicity, Insurance Type, and Disability**

	Went Without Care Due to Cost	Either Did Not Fill a Prescription, Cut Pills in Half or Skipped a Dose Due to Cost Concerns
<b>Geographic Setting</b>		
Non-Rural	58%	31%
Rural	63%	40%
<b>Race/Ethnicity</b>		
Respondents of Color		
Black/African American	60%	34%
Hispanic/Latino, any race	65%	39%
White Alone, Non-Hispanic/Latino	60%	35%
BIPOC	60%	34%
<b>Insurance Type</b>		
Health insurance through my employer or a family member's employer	61%	34%
Health insurance that I buy on my own (Not through an employer)	71%	47%
Medicare, coverage for seniors and those with serious disabilities	47%	23%
Georgia Medicaid, coverage for low-income people	68%	42%
<b>Disability</b>		
Household does not include a person with at least one disability	52%	29%
Household includes a person with at least one disability	76%	45%

Source: 2023 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Survey respondents also had the opportunity to share their own stories about going without care due to cost in the past year. Notably, respondents with both private insurance and Medicaid coverage reported challenges affording care (see Table 5).

**Table 5**

**Select Responses to the Open-Text Question, “Over the last 12 months, please describe a time that you did not get a healthcare service due to cost.”**

RESPONDENTS WITH MEDICAID	RESPONDENTS WITH EMPLOYER-SPONSORED INSURANCE
<p>“Couldn’t afford a medication due to it not being covered by insurance.”</p> <p>“Did not finish physical therapy to be able to walk due to cost.”</p> <p>“Even with dental and vision coverage through Medicaid, the additional costs required means I haven’t had either in many years despite desperately needing both.”</p> <p>“Getting dental work that is much needed.”</p> <p>“Had a bad tooth needle pulled no insurance can’t afford.”</p> <p>“I can’t afford a prescription and an appointment cost so I don’t usually go unless life threatening/ immediate.”</p> <p>“I can’t afford any type of medical or mental treatment.”</p> <p>“I cannot not find an affordable therapist.”</p> <p>“I could not get a prescription filled because my insurance didn’t cover it and the medication cost me \$283 without it.”</p> <p>“I was not able to get glasses due not being able to afford them.”</p> <p>“I worried about getting medication for blood pressure so I didn’t get it.”</p> <p>“In the past 12 months I was put in the position of either putting food on the table or going to the doctor I chose putting food on the table.”</p> <p>“Labor and delivery services charged me for giving birth. Unfortunately, my CareSource plan doesn’t cover all cost.”</p> <p>“My children’s father needs quality hearing aids badly and has spent a rather large amount on misc. ones that were of bad quality or gotten damaged and is down to one hearing aid and we don’t know how we’ll afford another one.”</p> <p>“Not getting an appointment, the doctor’s office to far to drive, medication, testing, or procedure cost are too expensive.”</p>	<p>“Skipped a follow-up appointment with a specialist for a chronic condition due to the high cost of the consultation and associated tests.”</p> <p>“Delayed getting back mental health care because I can’t pay for the visits and medicine.”</p> <p>“Avoid physical therapy due to not being able to find a provider covered by insurance.”</p> <p>“Cancelled wellness checkups and a recommend surgery.”</p> <p>“Carpal tunnel surgery was skipped due to cost. Vision appointments not scheduled due to not having money. The problem is that inflation has dried up the extra money that we had on top of high health care costs.”</p> <p>“I currently can’t afford the office visit and blood work needed to get prescriptions refilled.”</p> <p>“Delayed dental surgery and implants until FAS refunds.”</p> <p>“Delayed having an MRI because the copay was extremely expensive.”</p> <p>“Did not get a recommended mammogram.”</p> <p>“Didn’t have the money so I let my stomach pain go on until I was in so much pain all I could do was lay there and cry. I had been unable to eat for a week.”</p> <p>“Put off an MRI due to the extremely high deductible not being met.”</p> <p>“I have not went to the doctor for routine checks because I could not afford medical bills at the time.”</p> <p>“I am in need of dental care and my policy does not cover what I need done at 100%. The percentage that I have to pay is still too much for me to pay it and have money for the remainder of the work week.”</p> <p>“I am out of asthma medication, [I] need a new nebulizer and to be [monitored] for asthma and I have not been able to afford to see a doctor for needed prescriptions.”</p> <p>“I can’t get my ZENPEP [prescription] because it’s too expensive at \$15,000 a month.”</p>

Respondents with Medicare	Respondents with Insurance Purchased Independently
<p>“I was [due] to get an MRI. Because of the co-pay that the facility required at time of service, I had to put it off for 2 months. During that time, I had to reduce payments on things that I pay monthly.”</p> <p>“Colonoscopy copay is so high that test is [being] delayed. Dental costs are extremely expensive resulting in forgoing dental procedures.”</p> <p>“Did not get new glasses because I couldn’t afford them. Also haven’t gone to the dentist for same reason.”</p> <p>“Even with co pays I can’t afford to go because my disability check is not enough to cover a simple \$25 copay. My disability check has to cover my household bills and food, so at times I don’t have the money to pay even a small copay.”</p> <p>“I could not get a weight loss drug because it’s not covered by insurance.”</p> <p>“I delayed eye surgery related to copays and deductibles prior to surgery and was having extreme difficulty seeing and was just before having driving privileges taken away and we had to use credit cards to pay the doctor prior to surgery.”</p> <p>“I had to put off getting my shoulder replaced due to the cost of the co-insurance.”</p> <p>“I have not gotten needed physical therapy services because the providers that accept my plan are far away, and I cannot afford the extra gas for my car to get there.”</p> <p>“I need to get dental care, my eyes checked and new glasses. I do not have the money to get this done at the present time.</p> <p>“I wouldn’t get a chest x-ray for a recent scare of pneumonia.”</p> <p>“I’m putting off my total knee replacement surgery for several reasons, having a copay is 1st on that list!”</p> <p>“My husband had cancer and we couldn’t afford to go to the doctor.”</p>	<p>“As a diabetic, I was taking Ozempic but the program I was a part of was discontinued and the cost of the drug cost 12 times more than I was paying so I had to adjust to not having the drug.”</p> <p>“Blood pressure pills were too expensive so I stopped taking them and started drinking grapefruit juice.”</p> <p>“Could not get my colonoscopy due to deductible.”</p> <p>“Couldn’t find a mental health doctor to prescribe meds.”</p> <p>“Did not get cardiac tests, dental care, check-ups, or my vision checked because of cost. Not filling medication because of cost.”</p> <p>“Getting false teeth fixed, I still haven’t got it done.” Had to pass up ct scan to make sure throat cancer has not come back.”</p> <p>“Husband didn’t go to substance rehab due to costs.”</p> <p>“I had to postpone a surgery.”</p> <p>“I have delayed several procedures that I need because I cannot afford the costs.”</p> <p>“I need some urological surgery but again deductible too high and if I go with a lower deductible then the monthly premium is too high.”</p>
<b>NO COVERAGE OF ANY KIND</b>	
	<p>“Could not afford to get my knee checked after falling and twisting it.”</p> <p>“Did not get specialist services.”</p> <p>“Didn’t get a lung screening because of the outrageous price, it’s ridiculous.”</p> <p>“Even a basic check-up is too expensive for me to be able to pay.”</p> <p>“Every month I don’t get healthcare because of lack of income and unable to afford insurance.”</p> <p>“I can’t afford to go to the doctor or dentist at all.”</p>

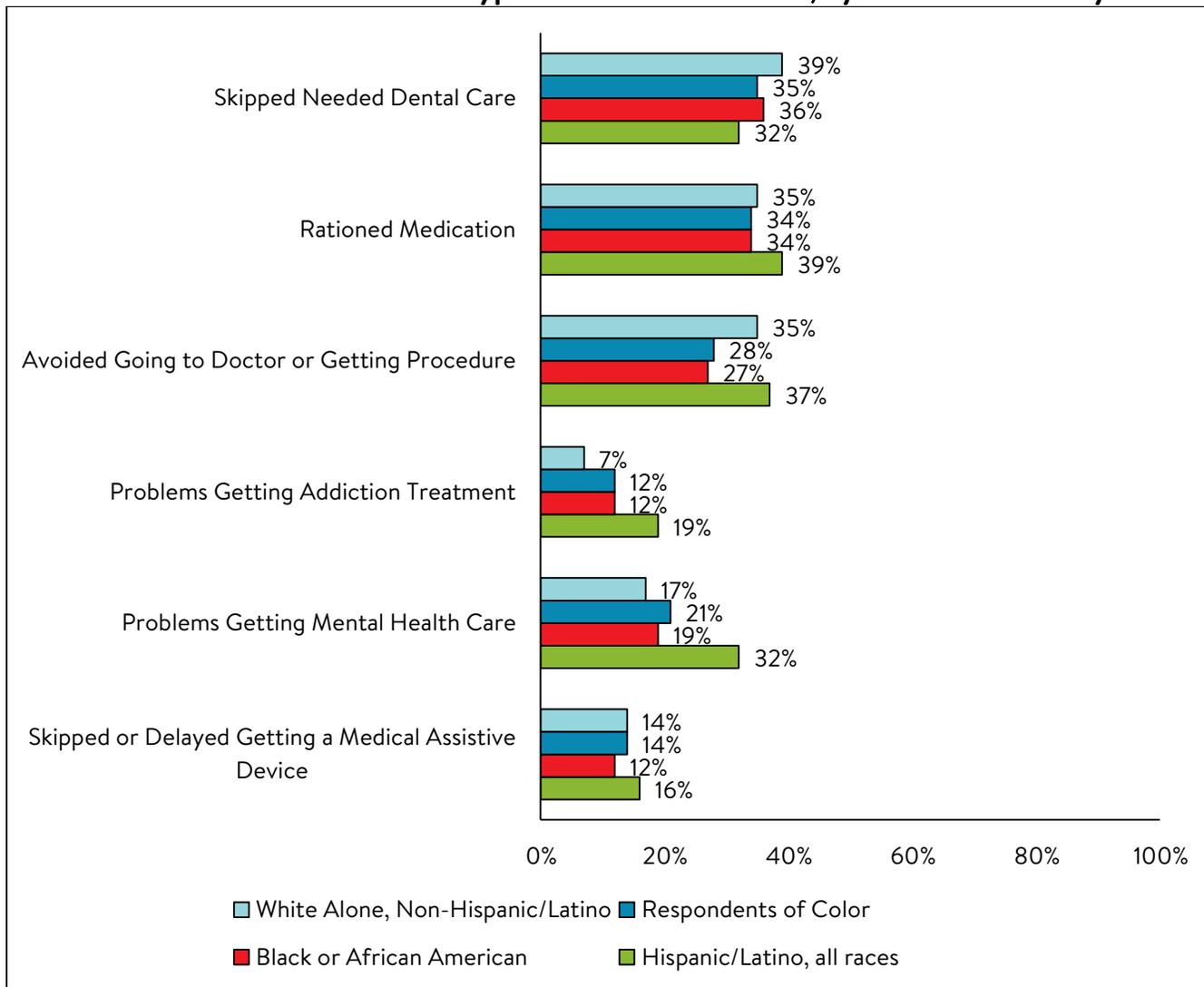
Source: 2023 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

RACE AND ETHNICITY

Georgia respondents who are Hispanic/Latino reported higher rates of rationing medication and forgoing care than Black/African American and white alone, non-Hispanic/Latino respondents. Sixty-five percent and 39% percent of Hispanic/Latino respondents reported going without care and rationing medication due to cost, respectively, in the past twelve months (see Table 4). Further analysis showed that Hispanic/Latino respondents also reported higher rates of challenges receiving mental health care and avoiding going to the doctor or getting a procedure done altogether (see Figure 5).

Figure 5

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



Source: 2023 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

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, ethnicity, disability status, and geographic setting. Fifty-two percent of Black or African American respondents and 56% of Hispanic/Latino respondents reported going into debt,

depleting savings, or going without other needs due to medical bills, compared to **42%** of white alone, non-Hispanic/Latino respondents (see Table 6).

**Table 6**

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

	Incurred Medical Debt, Depleted Savings, and/or Sacrificed Basic Needs Due to Medical Bills
<b>Income</b>	
Less than \$50,000	53%
\$50,000 - \$75,000	47%
\$75,001 - \$100,000	44%
More than \$100,000	35%
<b>Geographic Setting</b>	
Rural	42%
Non-Rural	50%
<b>Race/Ethnicity</b>	
Respondents of Color	52%
Black/African American	56%
Hispanic/Latino, any race	42%
White Alone, Non-Hispanic/Latino	51%
<b>Insurance Type</b>	
Health insurance through my employer or a family member's employer	44%
Health insurance that I buy on my own (not through an employer)	60%
Medicare, coverage for seniors and those with serious disabilities	29%
Georgia Medicaid, coverage for low-income people	53%
<b>Disability Status</b>	
Household does not include a member with at least one disability	35%
Household includes a member with at least one disability	67%

Source: 2023 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

The rate of financial burden is even higher for respondents who have or live with a person with a disability, with over two-thirds (**67%**) reporting going into debt or going without other needs due to medical bills, compared to **35%** of respondents without a disabled household member. Geographically, 50% of residents in rural Georgia reported going into debt or going without other needs due to medical bills, compared to 42% in non-rural regions. In addition, respondents who buy insurance on their own reported the highest rate of the above financial burdens due to medical bills (**60%**) compared to respondents with all other insurance types.

### IMPACT AND WORRY RELATED TO HOSPITAL CONSOLIDATION\*

In addition to the above healthcare affordability burdens, a small share of Georgia respondents were negatively impacted by health system consolidation. From 2016 to 2021, there were 23 changes in ownership involving hospitals through mergers, acquisitions, or changes of ownership (CHOW) in Georgia.<sup>3,4</sup> Georgia requires notice of nonprofit health care entity transactions and reviews the transactions based on cost, affordability, or access criteria, but does not have the power to approve or deny the transaction.<sup>5</sup>

In the past year, **29%** of all respondents reported that they or a family member were unable to access their preferred health care organization because of a merger that made their preferred organization out-of-network. Out of those who reported being unable to access their preferred healthcare provider due to a merger:

- **46%** skipped recommended follow-up visits due to a merger,
- **45%** delayed or avoided going to the doctor or having a procedure done because they could no longer access their preferred health care organization due to a merger,
- **33%** changed their preferred doctor or hospital because they could no longer access their preferred health care organization due to a merger,
- **26%** skipped filling a prescription medication due to a merger.

Out of those who reported that the merger caused an additional burden for them or their families, the top three most frequently reported issues were:

- **39%**—The merger created an added financial burden
- **24%**—The merger created an added wait time when searching for a new provider
- **17%**—The merger created a gap in my continuity of care (my former provider knew me and now I have to explain everything)

\*Note: The sample size of respondents who said they were affected by a merger was not large enough to report reliable estimates, so the values in this section should be interpreted with caution.

While a small portion of respondents reported being unable to access their preferred health care organization because of a merger, far more respondents (**58%**) reported somewhat, moderately or very worried about the impacts of mergers in their health care organizations. When asked about their largest concern respondents most frequently reported:

- **23%**—I'm concerned I will have fewer choices of where to receive care
- **25%**—I'm concerned my doctor may no longer be covered by my insurance
- **27%**—I'm concerned I will have to pay more to see my doctor
- **12%**—I'm concerned I will have to travel farther to see my doctor
- **13%**—I'm concerned I will have a lower quality of care

### DISSATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

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

- Just **30%** agreed or strongly agreed that *"we have a great healthcare system in the U.S."*
- While **70%** 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

Georgia respondents see a role for themselves in addressing health care affordability. When asked about specific actions they could take:

- **61%** of respondents reported researching the cost of a drug beforehand, and
- **73%** 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 health care affordability (out of ten options), the most common responses were:

- **70%**—Take better care of my personal health
- **45%**—Research treatments myself before going to the doctor
- **36%**—Do more to compare doctors on cost and quality before getting services
- **22%**—Write to or call my state representative asking them to take action on high healthcare prices and lack of affordable coverage options
- **23%**—There is not anything I can do personally to make our health system better

### GOVERNMENT ACTIONS

But far and away, Georgia respondents see government as the key stakeholder that needs to act to address health system problems. Moreover, addressing health care problems is one of the top priorities 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 vote getters were:

- **50%**—Economy/Joblessness
- **45%**—Health care
- **33%**—Taxes

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

- **50%**—Address high health care costs, including prescription drugs
- **32%**—Get health insurance to those who cannot afford coverage
- **33%**—Improve Medicare, coverage for seniors and those with serious disabilities
- **35%**—Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition

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

- **69%**—Drug companies charging too much money
- **69%**—Hospitals charging too much money
- **67%**—Insurance companies charging too much money

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

- **91%**—Show what a fair price would be for specific procedures
- **90%**—Require insurers to provide up-front cost estimates to consumers

- **89%**—Cap out-of-pocket costs for life-saving medications, such as insulin
- **90%**—Require drug companies to provide advanced notice of price increases and information to justify those increases
- **89%**—Require hospitals and doctors to provide up-front cost estimates to consumers
- **88%**—Expand health insurance options so that everyone can afford quality coverage
- **89%**—Make it easy to switch insurers if a health plan drops your doctor
- **88%**—Set standard prices for drugs to make them affordable
- **86%**—Set standard payments to hospitals for specific procedures
- **88%**—Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes

### SUPPORT FOR ACTION ACROSS PARTY LINES

There is also remarkable support for change regardless of respondents' political affiliation (see Table 7). The high burden of health care affordability, along with high levels of support for change, suggest that elected leaders and other stakeholders need to make addressing this consumer burden a top priority. Moreover, the COVID crisis has led state residents to take a hard look at how well 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.

**Table 7**

#### Percent Who Agreed/Strongly Agreed, by Political Affiliation

Selected Survey Statements/Questions	Total Percent of Respondents	Generally speaking, do you think of yourself as...		
		Republican	Democrat	Neither
<i>We have a great healthcare system in the U.S.</i>	30%	35%	32%	23%
<i>The U.S. healthcare system needs to change.</i>	70%	67%	74%	70%
The government should show what a fair price would be for a specific procedure.	91%	90%	92%	90%
The government should require insurers to provide up-front cost estimates to consumers.	90%	91%	90%	89%
The government should require drug companies to provide advance notice of price increases and information to justify those increases.	90%	91%	91%	89%
The government should cap out-of-pocket costs for life-saving medications, such as insulin	89%	87%	93%	86%
The government should require hospitals and doctors to provide up-front cost estimates to consumers.	89%	90%	90%	87%
The government should expand health insurance options so that everyone can afford quality coverage.	88%	86%	92%	87%
The government should make it easy to switch insurers if a health plan drops your doctor.	89%	89%	90%	88%
The government should set standard prices for drugs to make them affordable	88%	86%	90%	89%

Selected Survey Statements/Questions	Total Percent of Respondents	Generally speaking, do you think of yourself as...		
		Republican	Democrat	Neither
The government should set standard payments to hospitals for specific procedures	86%	84%	89%	86%
The government should create a Prescription Drug Affordability Board to examine the evidence and establish acceptable costs for drugs	86%	81%	91%	86%
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%	81%	88%	85%
The government should impose price controls on contracts between insurers and healthcare providers	86%	85%	89%	84%
The government should strengthen policies to drive more competition in healthcare markets to improve choice and access	86%	87%	86%	86%
The government should lower the amount patients are charged for the treatment and maintenance of conditions that disproportionately affect disadvantaged groups of people, such as diabetes	85%	80%	90%	85%
The government should increase Medicaid reimbursement rates to incentivize providers to see Medicaid beneficiaries at their practice	85%	82%	89%	83%
Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes	88%	88%	89%	88%
The government should set limits on health care spending growth and penalize payers or providers that fail to curb excessive spending growth	81%	79%	85%	80%
The government should require a minimum amount of spending that insurers and providers in the state must devote to services that keep people healthy, such as primary care	81%	78%	85%	80%
The government should set a minimum amount that nonprofit hospitals must spend on Community Benefit and require them to devote a portion of the funds to programs intended to reduce health disparities	79%	73%	86%	79%
Prohibit drug companies from charging more in US than abroad	85%	85%	85%	85%
Incentivize Medicare doctors/healthcare professionals to participate	87%	87%	90%	85%

Source: 2023 Poll of Georgia Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

## Notes

1. Twenty-one percent (26%) did not fill a prescription and 22% cut pills in half or skipped doses of medicine due to cost.
2. Median household income in Georgia was \$65,030 (2017-2021). U.S. Census, *Quick Facts*. Retrieved from: U.S. Census Bureau QuickFacts, <https://www.census.gov/quickfacts/fact/>.
3. Centers for Medicare and Medicaid Services. (2023). Hospital Change of Ownership. Retrieved September 11, 2023, from <https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/hospital-change-of-ownership>.
4. A CHOW typically occurs when a Medicare provider has been purchased (or leased) by another organization. The CHOW results in the transfer of the old owner's identification number and provider agreement (including any Medicare outstanding debt of the old owner) to the new owner...An acquisition/merger occurs when a currently enrolled Medicare provider is purchasing or has been purchased by another enrolled provider. Only the purchaser's CMS Certification Number (CCN) and tax identification number remain. Acquisitions/mergers are different from CHOWs. In the case of an acquisition/merger, the seller/former owner's CCN dissolves. In a CHOW, the seller/former owner's CCN typically remains intact and is transferred to the new owner. A consolidation occurs when two or more enrolled Medicare providers consolidate to form a new business entity. Consolidations are different from acquisitions/mergers. In an acquisition/merger, two entities combine but the CCN and tax identification number (TIN) of the purchasing entity remains intact. In a consolidation, the TINs and CCN of the consolidating entities dissolve and a new TIN and CCN are assigned to the new, consolidated entity. Source: Missouri Department of Health and Senior Services, Change of Ownership Guidelines—Medicare/State Certified Hospice. Retrieved August 23, 2023, from <https://health.mo.gov/safety/homecare/pdf/CHOW-Guidelines-StateLicensedHospice.pdf#:~:text=Acquisitions%2Fmergers%20are%20different%20from%20CHOWs.%20In%20the%20case.providers%20consolidate%20to%20form%20a%20new%20business%20entity>.
5. The Source on Healthcare Price and Competition, Merger Review, Retrieved September 11, 2023 from <https://sourceonhealthcare.org/market-consolidation/merger-review/>

### ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high health care 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 (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 possible policy solutions.

This survey, conducted from July 26 to July 31, 2023, used a web panel from online survey company Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Georgia. 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 1,473 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
<b>Gender</b>		
Woman	827	57%
Man	593	41%
Transwoman	2	<1%
Transman	4	<1%
Genderqueer/Nonbinary	8	1%
<b>Insurance Type</b>		
Health insurance through employer or family member’s employer	482	33%
Health insurance I buy on my own	128	9%
Medicare, coverage for seniors and those with serious disabilities	461	32%
Medicaid, coverage for low-income earners	271	19%
TRICARE/Military Health System coverage	10	1%
Department of Veterans Affairs (VA) Healthcare	6	<1%
No coverage of any type	52	4%
I don’t know	34	2%
<b>Race</b>		
American Indian or Native Alaskan	20	1%
Asian	37	3%
Black or African American	153	11%
Native Hawaiian or Other Pacific Islander	3	<1%
White	1237	86%
Prefer Not to Answer	19	1%
Two or More Races	35	2%
<b>Ethnicity</b>		
Hispanic or Latino	123	9%
Non-Hispanic or Latino	1,321	91%
<b>Age</b>		
18-24	206	14%
25-34	218	15%
35-44	217	15%
45-54	244	17%
55-64	296	21%
65+	254	18%

Demographic Characteristic	Frequency	Percentage
<b>Household Income</b>		
Under \$20K	232	16%
\$20K-\$29K	150	10%
\$30K - \$39K	181	13%
\$40K - \$49K	145	10%
\$50K - \$59K	151	10%
\$60K - \$74K	141	10%
\$75K - \$99K	175	12%
\$100K - \$149K	176	12%
\$150K+	93	6%
<b>Self-Reported Health Status</b>		
Excellent	149	10%
Very Good	415	29%
Good	555	38%
Fair	263	18%
Poor	62	4%
<b>Disability</b>		
Mobility: Serious difficulty walking or climbing stairs	258	18%
Cognition: Serious difficulty concentrating, remembering or making decisions	159	11%
Independent Living: Serious difficulty doing errands alone, such as visiting a doctor’s office	115	8%
Hearing: Deafness or serious difficulty hearing	91	6%
Vision: Blindness or serious difficulty seeing, even when wearing glasses	78	5%
Self-Care: Difficulty dressing or bathing	58	4%
No disability or long-term health condition	961	67%
<b>Party Affiliation</b>		
Republican	490	34%
Democrat	564	39%
Neither	390	27%

Source: 2023 Poll of Georgia 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.

## APPENDIX A:

Georgia counties were divided geographically into rural or non-rural regions. Rural counties have a population that is <50,000 residents, or based on the military installation exclusion clause – § 31-7-94.1(c)(2).

### Rural

Appling County	Franklin County	Oconee County	Wheeler County
Atkinson County	Gilmer County	Oglethorpe County	White County
Bacon County	Glascock County	Peach County	Wilcox County
Baker County	Grady County	Pickens County	Wilkes County
Baldwin County	Greene County	Pierce County	Wilkinson County
Banks County	Habersham County	Pike County	Worth County
Ben Hill County	Hancock County	Polk County	
Berrien County	Haralson County	Pulaski County	
Bleckley County	Harris County	Putnam County	
Brantley County	Hart County	Quitman County	
Brooks County	Heard County	Rabun County	
Bryan County	Irwin County	Randolph County	
Burke County	Jasper County	Schley County	
Butts County	Jeff Davis County	Screven County	
Calhoun County	Jefferson County	Seminole County	
Camden County	Jenkins County	Stephens County	
Candler County	Johnson County	Stewart County	
Charlton County	Jones County	Sumter County	
Chattahoochee County	Lamar County	Talbot County	
Chattooga County	Lanier County	Taliaferro County	
Clay County	Laurens County	Tattnall County	
Clinch County	Lee County	Taylor County	
Coffee County	Liberty County	Telfair County	
Colquitt County	Lincoln County	Terrell County	
Cook County	Long County	Thomas County	
Crawford County	Lumpkin County	Tift County	
Crisp County	Macon County	Toombs County	
Dade County	Madison County	Towns County	
Dawson County	Marion County	Treutlen County	
Decatur County	McDuffie County	Turner County	
Dodge County	McIntosh County	Twiggs County	
Dooly County	Meriwether County	Union County	
Early County	Miller County	Upson County	
Echols County	Mitchell County	Ware County	
Elbert County	Monroe County	Warren County	
Emanuel County	Montgomery County	Washington County	
Evans County	Morgan County	Wayne County	
Fannin County	Murray County	Webster County	

### Non-Rural

Barrow County  
Bartow County  
Bibb County  
Bulloch County  
Carroll County  
Catoosa County  
Chatham County  
Cherokee County  
Clarke County  
Clayton County  
Cobb County  
Columbia County  
Coweta County  
DeKalb County  
Dougherty County  
Douglas County  
Effingham County  
Fayette County  
Floyd County  
Forsyth County  
Fulton County  
Glynn County  
Gordon County  
Gwinnett County  
Hall County  
Henry County  
Houston County  
Jackson County  
Lowndes County  
Muscogee County  
Newton County  
Paulding County  
Richmond County  
Rockdale County  
Spalding County  
Troup County  
Walker County  
Walton County  
Whitfield County