



DATA BRIEF | JUNE 2024

## Rhode Island 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 1,000 Rhode Island adults, conducted from February 19 to March 27, 2024, found that:

- Over 3 in 5 (69%) 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;
- Over 3 in 5 (66%) of all respondents delayed or went without health care due to cost in the last twelve months;
- 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, Rhode Island adults experience hardship due to high health care costs. Overall, nearly seven out of ten (69%) respondents experienced one or more of the following health care affordability burdens in the prior 12 months:

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

Nearly half (45%) 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, 51% of respondents without dental insurance cited cost as the main reason for not having coverage, and 38% those without vision insurance cited cost as the main reason for not having coverage.

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

Well over half (66%) of all respondents reported delaying or going without health care during the prior 12 months due to cost:

- 25%—Skipped needed dental care
- 24%—Cut pills in half, skipped doses of medicine or did not fill a prescription<sup>1</sup>
- 22%—Skipped a recommended medical test or treatment
- 17%—Had problems getting mental health care or addiction treatment<sup>2</sup>
- 21%—Delayed going to the doctor or having a procedure done
- 11%—Avoided going to the doctor or having a procedure done altogether
- 11%—Skipped needed vision services

- 6%—Skipped or delayed getting a medical assistive device
- 5%—Skipped needed hearing services

Respondents most frequently cited not being able to get an appointment as the reason for them or their family members not getting care in the last year (24%), followed by cost (17%), 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 one-third (33%) of respondents reported experiencing one or more of these struggles to pay their medical bills:

- 13%—Were contacted by a collection agency
- 12%—Used up all or most of their savings
- 10%—Were unable to pay for basic necessities like food, heat or housing
- 8%—Racked up large amounts of credit card debt
- 8%—Borrowed money, got a loan or another mortgage on their home
- 6%—Were placed on a long-term payment plan
- 4% - Asked for donations (GoFundMe campaigns)

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

Rhode Island 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:

- 68%—Cost of nursing home or home care services
- 66%—Medical costs when elderly
- 61%—Health insurance will become unaffordable
- 60%—Medical costs in the event of a serious illness or accident
- 53%—Prescription drugs will become unaffordable
- 52%—Cost of dental care
- 45%—Cost of needed vision services
- 43%—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 younger respondents. Respondents ages 18-54 reporting higher worries of paying for medical costs when elderly and respondents ages 25-64 report higher worries of affording the cost of a nursing home or home care services. This finding suggests that Rhode Island respondents may be worried about affording the cost of care for both aging relatives in addition to themselves.

Worry about affording health care was highest among respondents living in low-income households, and among those living in households with a person with a disability (see Table 1). Overall, 87% of respondents with household incomes less than \$75,000 a year reported worrying about affording some aspect of coverage or care in the past year, however 74% of those earning over \$100,000 per year were also worried.<sup>3</sup> Most Rhode Island respondents of all incomes, races, ethnicities, and levels of ability were somewhat or very concerned.

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

|   | Any Health Care Affordability Worry |
|---|-------------------------------------|
| <b>Income</b>   |                                     |
| Less than \$50,000  | 86%                                 |
| \$50,000 - \$75,000   | 87%                                 |
| \$75,000 - \$100,000  | 88%                                 |
| More than \$100,000   | 74%                                 |
| <b>Race/Ethnicity</b>   |                                     |
| Respondents of Color*   | 86%                                 |
| White Alone, Non-Hispanic/Latino  | 80%                                 |
| <b>Insurance Type</b>   |                                     |
| Health insurance through my employer or a family member's employer or Health Insurance that I purchased on my own | 82%                                 |
| Medicare, coverage for seniors and those with serious disabilities  | 73%                                 |
| Rhode Island Medicaid, coverage for low-income people   | 91%                                 |
| <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: 2024 Poll of Rhode Island 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 Rhode Island.

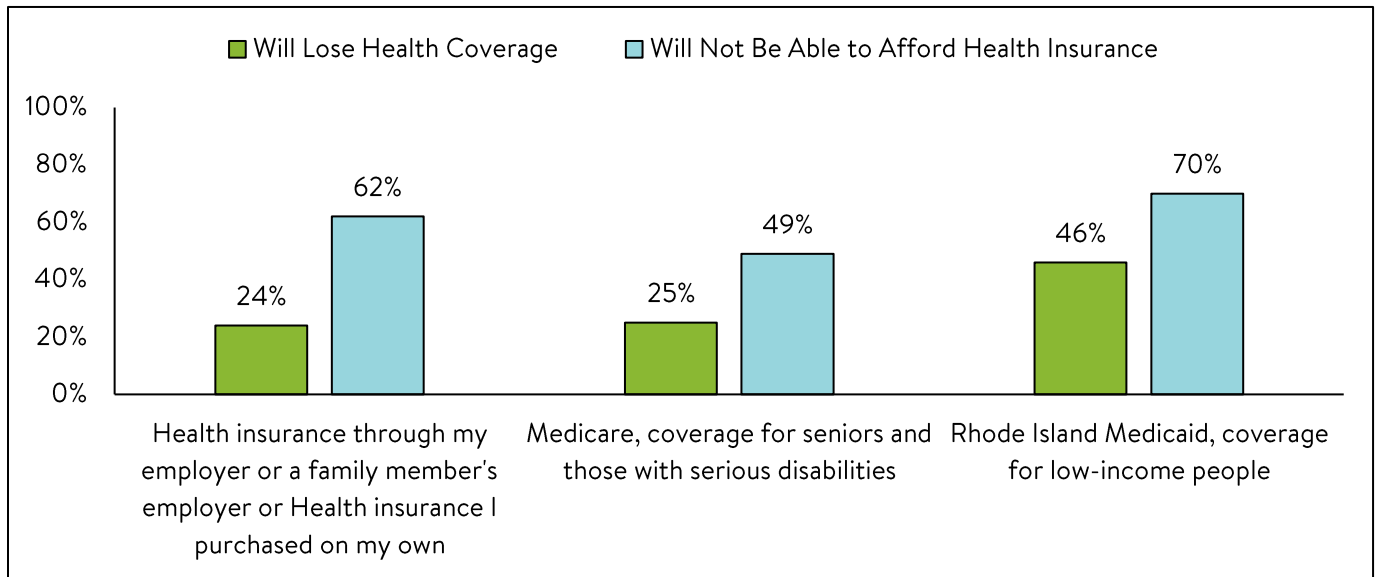
\*\*Respondents were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision, and self-care.

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

Respondents with household incomes below \$50,000 per year reported the highest rates of worry about losing coverage, while those earning \$75,000 to \$100,000 reported the highest rates of worrying 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. Concerns about affording coverage exceeded fears about losing coverage across all income groups, disability statuses, geographic settings, races/ethnicities, and coverage types.

**Figure 1**

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



Source: 2024 Poll of Rhode Island 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   | 38%                                 | 65%  |
| \$50,000 - \$75,000  | 30%                                 | 67%  |
| \$75,000 - \$100,000   | 30%                                 | 68%  |
| More than \$100,000  | 21%                                 | 53%  |
| <b>Race/Ethnicity</b>  |                                     |  |
| Respondents of Color   | 45%                                 | 59%  |
| White Alone, Non-Hispanic/Latino   | 23%                                 | 66%  |
| <b>Disability</b>  |                                     |  |
| Household does not include a person with a disability  | 23%                                 | 57%  |
| Household includes a person with a disability  | 42%                                 | 71%  |
| <b>Insurance Type</b>  |                                     |  |
| Health insurance through my employer or a family member's employer or Health insurance I purchased on my own | 24%                                 | 62%  |
| Medicare, coverage for seniors and those with serious disabilities   | 25%                                 | 49%  |
| Medicaid, coverage for low-income people   | 46%                                 | 70%  |

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

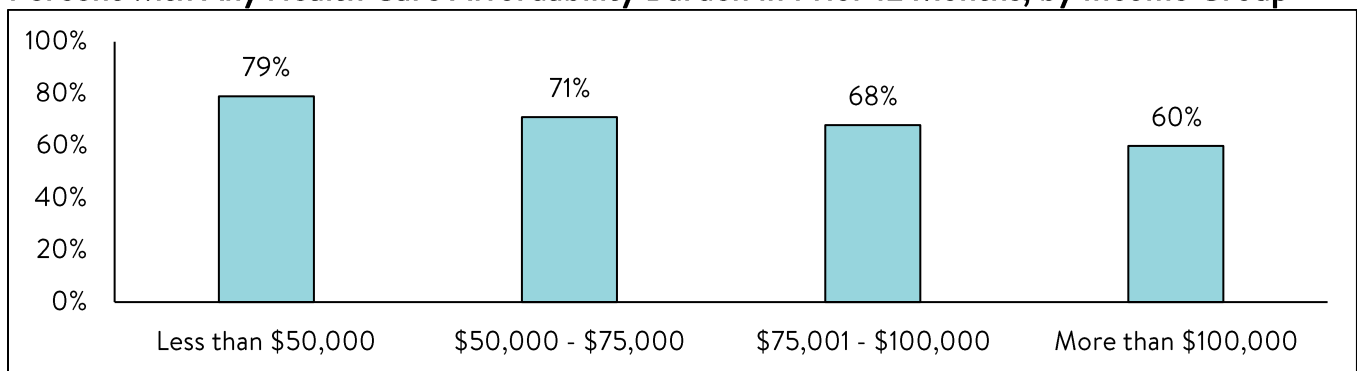
**DIFFERENCES IN HEALTH CARE AFFORDABILITY BURDENS**

The survey also revealed differences in how Rhode Island 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, almost four out of five (79%) 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).

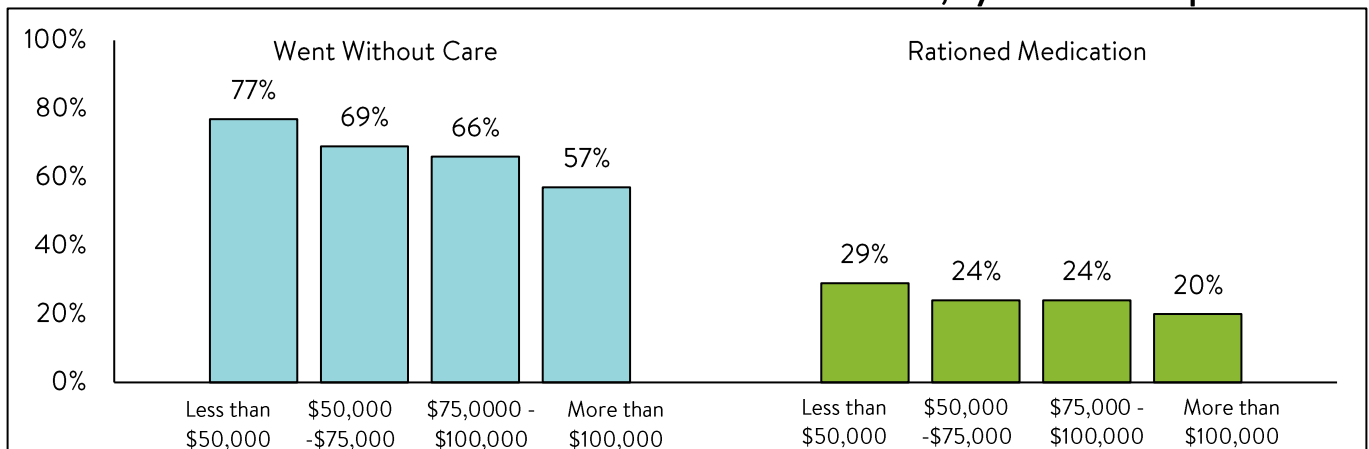
**Figure 2**  
**Percent with Any Health Care Affordability Burden in Prior 12 Months, by Income Group**



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

Further analysis found that Rhode Island respondents ages 18-44 reported higher rates of going without care due to cost than respondents ages 45 and older (see Figure 4). Respondents ages 18-44 also most frequently reported rationing medication due to cost compared to other age groups.

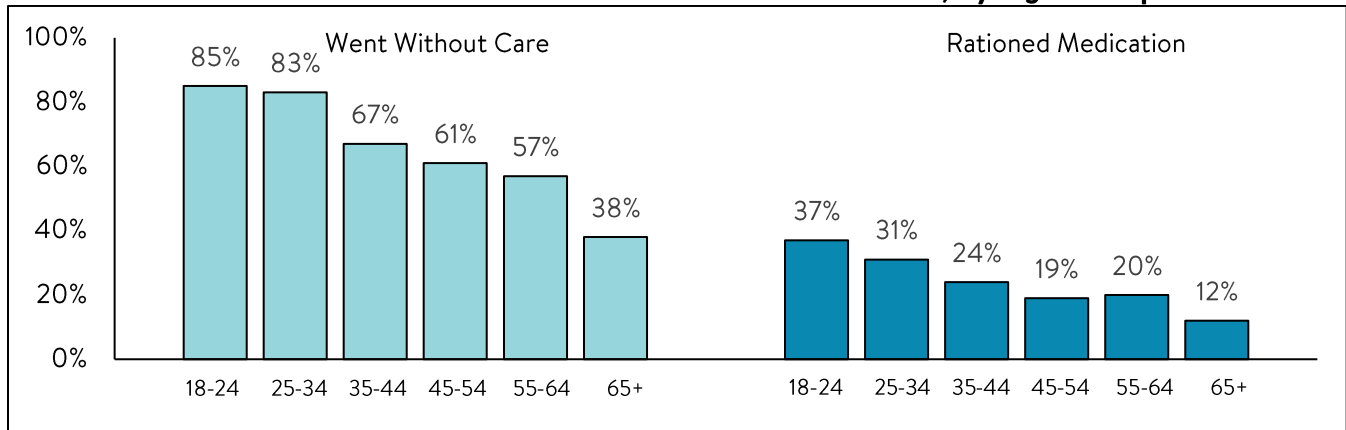
**Figure 3**  
**Percent Who Went Without Care Due to Cost in Prior 12 Months, by Income Group**



Source: 2024 Poll of Rhode Island 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: 2024 Poll of Rhode Island 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. Almost eight in ten (78% of) respondents in this group reported going without some form of care and 31% reported rationing medication, compared to 62% and 21% 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—12% 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 4% 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 | 10%  | 15%  |
| Problems getting mental health care                               | 12%  | 23%  |
| Problems getting addiction treatment                              | 2%   | 5%   |
| Skipped needed dental care  | 22%  | 33%  |
| Skipped or delayed getting a medical assistive device             | 4%   | 12%  |
| Skipped needed vision services                                    | 9%   | 18%  |

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

**INSURANCE TYPE**

Respondents with Rhode Island Medicaid coverage reported the highest rates of going without care due to cost and rationing medication, followed by respondents with private insurance purchased independently (see Table 4). Still, over half (55%) 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>Race/Ethnicity</b>   |                               |  |
| Respondents of Color  | 86%                           | 32%  |
| White Alone, Non-Hispanic/Latino  | 59%                           | 21%  |
| <b>Insurance Type</b>   |                               |  |
| Health insurance through my employer or a family member’s employer or Health insurance I purchase on my own | 64%                           | 24%  |
| Medicare, coverage for seniors and those with serious disabilities  | 55%                           | 20%  |
| Rhode Island Medicaid, coverage for low-income people   | 85%                           | 31%  |
| <b>Disability</b>   |                               |  |
| Household does not include a person with at least one disability  | 62%                           | 21%  |
| Household includes a person with at least one disability  | 78%                           | 31%  |

Source: 2024 Poll of Rhode Island 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   |
|---|---|
| “Medications that my wife relies on for an auto-immune condition that were covered by previous insurance, were not covered by the new provider and were prohibitively expensive to pay for out of pocket. Instead, we have relied on supplements and online forums. | “Co-pay was too high for a specialist, and I couldn’t get an appoint until about 8 months out”.<br>“Did not get a recommended colonoscopy”. |

|   |   |
|---|---|
| <p>“On more than one occasion I’ve had to not fill a prescription because the cost was astronomical—like mortgage payment astronomical.”</p> <p>“Some medications my doctor has prescribed aren’t covered under my insurance and I cannot afford to pay out of pocket.”</p> <p>“I had to forgo a recommended specialist appointment due to the high out-of-pocket cost, which I couldn’t afford at the time.”</p>   | <p>“Did not get eyeglasses because of lack of coverage, or get tooth extracted/replaced because of inadequate dental care.”</p> <p>“I cancelled an appointment with my specialist and ended up in the hospital with a serious infection.”</p> <p>“I ceased mental health treatment because of cost due to my high deductible insurance plan.”</p> <p>“I could not find a provider in my network and could not afford the out of network costs.”</p>   |
| <p><b>RESPONDENTS WITH MEDICARE</b></p>   | <p><b>RESPONDENTS WITH INSURANCE PURCHASED INDEPENDENTLY</b></p>  |
| <p>“I took a medication for years until they changed the tier of the medicine. I did not have cash to pay for it.”</p> <p>“I’ve had to reschedule appointments due to lack of money.”</p> <p>“Inability to get meds because of not having enough money until I received my check.”</p> <p>“It was deemed necessary by 3 physicians, for me to have a procedure but the surgeon told me it is not covered under insurance. He said the medical code associated with the surgery would not be paid for by Blue Cross. So, even though Blue Cross said that the procedure is covered, the surgeon assured me it is not, and the office wanted me to pay \$11,000 by setting up a payment plan with their practice. So, I have not had this needed surgery.”</p> <p>“I’ve had to cancel many tests and appointments I’m dealing with a life threatening condition and now I have to wait until April to get back to a doctor.”</p> <p>“The chiropractic care I needed (decompression and shock wave therapy) was not covered by my health insurance so I started using savings but it was increasing my taxes every time I took a chunk out of my savings so I thought that I would use a 0% credit card to pay for treatments and now that is up to \$25,000.”</p> | <p>“Did not go to specialist for a liver biopsy.”</p> <p>“High drug costs make me second guess filling my prescriptions and I have not filled some in the past year to save money.”</p> <p>“I could not find a provider in my network and could not afford the out of network costs.”</p> <p>“I had to put off a surgery because I couldn’t afford it and I had to put off a cat scan because the co pay was extremely high.”</p> <p>“The cost of my diagnostic test was too expensive.”</p> <p><b>NO COVERAGE OF ANY KIND</b></p> <p>“I have scoliosis and did not get my needed x-rays.”</p> <p>“My IUD is 2 years overdue because I can’t afford to get it removed.”</p> <p>“Had to cancel a doctor’s appointment because I no longer have insurance and can’t afford to pay for the visit.”</p> <p>“I’m definitely overdue for doctors and dentist... but I don’t have extra money to go to seek medical care.”</p> |

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

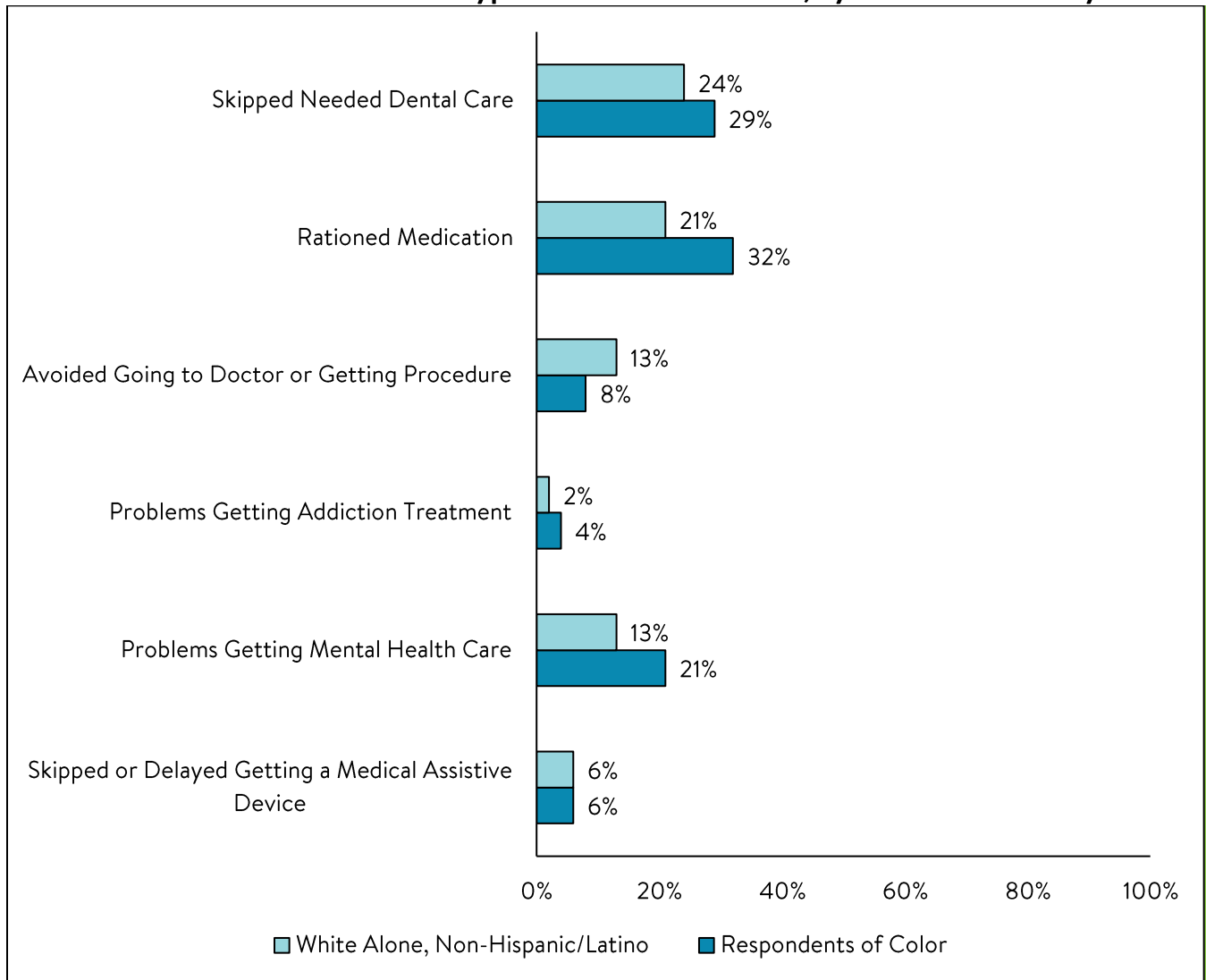


RACE AND ETHNICITY

Rhode Island respondents of color reported higher rates of rationing medication and forgoing care than white alone, non-Hispanic/Latino respondents. Over eighty percent (86%) of respondents of color reported going without care due to cost in the past twelve months compared to 59% of white alone, non-Hispanic/Latino respondent (see Table 4). Further analysis showed that respondents of color also reported higher rates of challenges receiving mental health care 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: 2024 Poll of Rhode Island 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. Forty six percent respondents of color reported going into debt, depleting savings, or going without other needs due to medical bills, compared to 28% 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   | 40%   |
| \$50,000 - \$75,000  | 36%   |
| \$75,000 - \$100,000   | 35%   |
| More than \$100,000  | 24%   |
| <b>Race/Ethnicity</b>  |   |
| Respondents of Color   | 46%   |
| White Alone, Non-Hispanic/Latino   | 28%   |
| <b>Insurance Type</b>  |   |
| Health insurance through my employer or a family member’s employer or Health insurance I purchased on my own | 32%   |
| Medicare, coverage for seniors and those with serious disabilities   | 22%   |
| Rhode Island Medicaid Assistance, coverage for low-income people   | 49%   |
| <b>Disability Status</b>   |   |
| Household does not include a member with at least one disability   | 25%   |
| Household includes a member with at least one disability   | 52%   |

Source: 2024 Poll of Rhode Island 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 one-half (52%) reporting going into debt or going without other needs due to medical bills, compared to 25% of respondents without a disabled household member. In addition, respondents with Medicaid coverage reported the highest rate of the above financial burdens due to medical bills (49%) compared to respondents with all other insurance types.

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

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

- Just 26% agreed or strongly agreed that “we have a great healthcare system in the U.S.,”
- While 75% 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

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

- 54% of respondents reported researching the cost of a drug beforehand, and
- 74% 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:

- 67%—Take better care of my personal health
- 35%—Research treatments myself before going to the doctor
- 31%—Do more to compare doctors on cost and quality before getting services
- 29%—Write to or call my state representative asking them to take action on high health care prices and lack of affordable coverage options
- 27%—There is not anything I can do personally to make our health system better

### GOVERNMENT ACTIONS

But far and away, Rhode Island 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:

- 49%—Health care
- 46%—Affordable Housing
- 44%—Economy/Joblessness

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

- 53%—Address high health care costs, including prescription drugs
- 35%—Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition
- 32%—Get health insurance to those who cannot afford coverage
- 32%—Improve Medicare, coverage for seniors and those with serious disabilities

Of 15 options, Rhode Island respondents believe the reason for high health care costs is unfair prices charged by powerful industry stakeholders:

- 79%—Drug companies charging too much money
- 74%—Insurance companies charging too much money
- 72%—Hospitals 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
- 91%—Require insurers to provide up-front cost estimates to consumers
- 90%—Cap out-of-pocket costs for life-saving medications, such as insulin

- **92%**—Require drug companies to provide advanced notice of price increases and information to justify those increases
- **91%**—Require hospitals and doctors to provide up-front cost estimates to consumers
- **89%**—Make it easy to switch insurers if a health plan drops your doctor
- **90%**—Set standard prices for drugs to make them affordable
- **90%** - 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>  | 26%                          | 35%  | 30%      | 20%     |
| <i>The U.S. healthcare system needs to change.</i>  | 75%                          | 72%  | 80%      | 72%     |
| The government should require hospitals and doctors to provide up front patient cost estimates  | 91%                          | 93%  | 93%      | 88%     |
| The government should require drug companies to provide advance notice of price increases and information to justify those increases.       | 92%                          | 89%  | 95%      | 90%     |
| The government should show what a fair price would be for a specific procedure.   | 91%                          | 88%  | 94%      | 90%     |
| The government should require insurers to provide up-front cost estimates to consumers.   | 91%                          | 89%  | 91%      | 92%     |
| The government should make it easy to switch insurers if a health plan drops your doctor.   | 89%                          | 88%  | 93%      | 87%     |
| The government should cap out-of-pocket costs for life-saving medications, such as insulin.   | 90%                          | 85%  | 94%      | 89%     |
| The government should authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes. | 90%                          | 87%  | 94%      | 89%     |
| Set standard prices for drugs to make them affordable.  | 90%                          | 86%  | 94%      | 89%     |

### Notes

1. Twenty percent (20%) did not fill a prescription and 9% cut pills in half or skipped doses of medicine due to cost.
2. Fifteen percent (15%) had problems getting mental health care and 3% had problems getting addiction treatment.
3. Median household income in Rhode Island was \$81,370 (2018-2022). U.S. Census, *Quick Facts*. Retrieved from: U.S. Census Bureau QuickFacts, [U.S. Census Bureau QuickFacts: Rhode Island](#).

**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 February 19 to March 27, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,100 respondents who live in Rhode Island. 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 1,012 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/Orientation</b>  |           |            |
| Woman  | 651       | 64%        |
| Man  | 331       | 33%        |
| Transwoman   | 3         | <1%        |
| Transman   | 7         | 1%         |
| Genderqueer/Nonbinary  | 7         | 1%         |
| LGBTQ+ Community   | 136       | 14%        |
| <b>Insurance Type</b>  |           |            |
| Health insurance through employer or family member’s employer      | 409       | 40%        |
| Health insurance I buy on my own                                   | 88        | 9%         |
| Medicare, coverage for seniors and those with serious disabilities | 271       | 27%        |
| Medicaid, coverage for low-income earners                          | 169       | 17%        |
| TRICARE/Military Health System coverage                            | 11        | 1%         |
| Department of Veterans Affairs (VA) Healthcare                     | 10        | 1%         |
| No coverage of any type  | 27        | 3%         |
| I don’t know   | 27        | 3%         |
| <b>Race</b>  |           |            |
| American Indian or Native Alaskan                                  | 21        | 2%         |
| Asian  | 30        | 3%         |
| Black or African American  | 70        | 7%         |
| Native Hawaiian or Other Pacific Islander                          | 6         | 1%         |
| White  | 839       | 83%        |
| Prefer Not to Answer   | 13        | 1%         |
| Two or More Races  | 52        | 5%         |
| <b>Ethnicity</b>   |           |            |
| Hispanic or Latino   | 87        | 9%         |
| Non-Hispanic or Latino   | 925       | 91%        |
| <b>Age</b>   |           |            |
| 18-24  | 131       | 13%        |
| 25-34  | 150       | 15%        |
| 35-44  | 191       | 19%        |
| 45-54  | 183       | 18%        |
| 55-64  | 196       | 19%        |
| 65+  | 157       | 16%        |
| <b>Party Affiliation</b>   |           |            |
| Republican   | 159       | 16%        |
| Democrat   | 352       | 35%        |
| Neither  | 501       | 50%        |

| Demographic Characteristic   | Frequency | Percentage |
|--|-----------|------------|
| <b>Household Income</b>  |           |            |
| Under \$20K  | 141       | 14%        |
| \$20K-\$29K  | 88        | 9%         |
| \$30K - \$39K  | 84        | 8%         |
| \$40K - \$49K  | 95        | 9%         |
| \$50K - \$59K  | 108       | 11%        |
| \$60K - \$74K  | 116       | 11%        |
| \$75K - \$99K  | 142       | 14%        |
| \$100K - \$149K  | 147       | 15%        |
| \$150K+  | 91        | 9%         |
| <b>Education Level</b>   |           |            |
| Some high school   | 37        | 4%         |
| High school diploma/GED  | 181       | 18%        |
| Some college or training/certificate program   | 267       | 26%        |
| Associate degree   | 112       | 11%        |
| Bachelor’s degree  | 217       | 21%        |
| Some graduate school   | 37        | 4%         |
| Graduate degree (e.g. MA, PhD, MD, JD)   | 161       | 16%        |
| <b>Self-Reported Health Status</b>   |           |            |
| Excellent  | 154       | 15%        |
| Very Good  | 331       | 33%        |
| Good   | 339       | 33%        |
| Fair   | 156       | 15%        |
| Poor   | 32        | 3%         |
| <b>Disability</b>  |           |            |
| Mobility: Serious difficulty walking or climbing stairs  | 167       | 17%        |
| Cognition: Serious difficulty concentrating, remembering or making decisions                   | 95        | 9%         |
| Independent Living: Serious difficulty doing errands alone, such as visiting a doctor’s office | 66        | 7%         |
| Hearing: Deafness or serious difficulty hearing  | 57        | 6%         |
| Vision: Blindness or serious difficulty seeing, even when wearing glasses                      | 49        | 5%         |
| Self-Care: Difficulty dressing or bathing  | 46        | 5%         |
| No disability or long-term health condition  | 698       | 69%        |

Source: 2024 Poll of Rhode Island 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.

## ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from RWJF and 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 health care.

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