DATA BRIEF | JUNE 2024

# Rhode Island 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, 000 Rhode Island adults, conducted from March 26 to April 12, 2024, found that:

- Nearly seven out of ten (69**%**) Rhode Island respondents have experienced one or more health care affordability burdens in the past 12 months. Four in five (**82%**) worry about affording some aspect of health care now or in the future.
- Respondents of color experienced greater affordability burdens than their white alone, non-Hispanic counterparts: **87%** of respondents of color have experienced one or more health care affordability burdens in the past 12 months, compared to **63%** of white alone, non-Hispanic respondents.
- Respondents living in households with a person with a disability more frequently reported affordability burdens than respondents without a disabled household member, including: rationing medication due to cost (31**%** versus **21%**); delaying or going without care due to cost (78**%** versus **62%**); and going into medical debt, depleting savings, or sacrificing basic needs due to medical bills (52**%** versus **25%**).
- Thirty percent of respondents of color skipped needed medical care due to distrust of or feeling disrespected by health care providers, compared to 12**%** of white alone, non-Hispanic respondents.
- 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

The intersection of racial disparities in health care and affordability issues impact access to care and may contribute to financial burdens for communities of color, particularly Black and Hispanic/Latino communities.[1,2] In Rhode Island, respondents of color reported higher rates of some affordability burdens than white alone, non-Hispanic/Latino respondents, including incurring medical debt, depleting savings, or sacrificing basic needs (like food, heat, and housing) due to medical bills (see Table 1).

## Table 1

### Percent Who Experienced Health Care Affordability Burdens, by Race/Ethnicity Group

| | White alone, non-Hispanic/Latino | Respondents of Color* |
|---|---|---|
| Any Health Care Affordability Burden | 63% | 87% |
| Any Health Care Affordability Worry | 80% | 86% |
| Rationed Medication Due to Cost | 21% | 32% |
| Delayed/Went Without Care Due to Cost | 59% | 86% |
| Incurred Medical Debt, Depleted Savings, and/or Sacrificed Basic Needs due to Medical Bills | 28% | 46% |

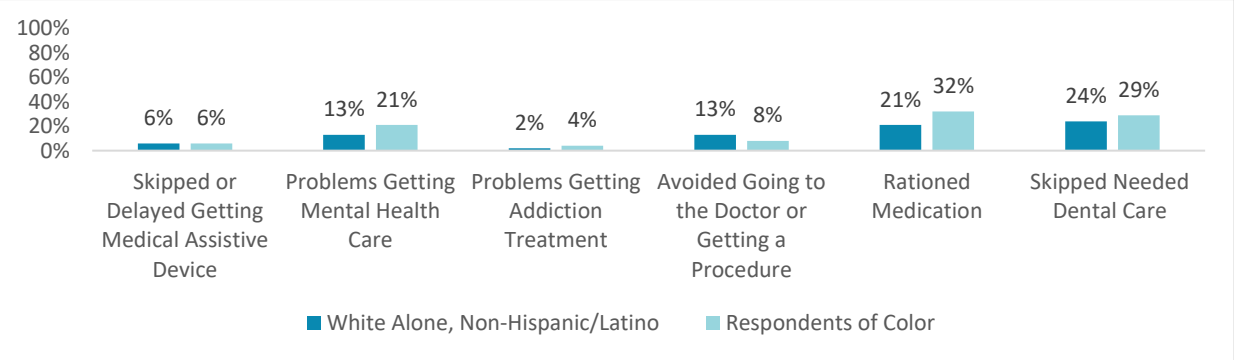
*Source: 2024 Poll of Rhode Island Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey*

*The Respondents of Color variable includes respondents who identify as Native American, Alaskan Native, Asian, Black/African American, Native Hawaiian or Other Pacific Islander, Hispanic or 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.

In addition to incurring medical debt, respondents of color more frequently reported difficulty getting select types of care compared to white alone, non-Hispanic respondents (see Figure 1).[3]

## Figure 1

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




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

*Income and Education*

The survey also revealed differences in how Rhode Island respondents experience health care affordability burdens by income and education levels. Respondents at the lowest end of the income spectrum most frequently reported affordability burdens, with over three-fourths (**79%**) of those with household incomes of less than $50,000 per year struggling to afford health care in the past 12 months (see Table 2). Still, over half of respondents living in middle- and high-income households also reported struggling to afford some aspect of coverage or care, demonstrating that affordability burdens impact people all income groups. Likewise, at least **74%** of respondents in each income group reported being worried about affording health care either now or in the future.

Additionally, greater than one-quarter (**29%**) of respondents with household incomes of $50,000 or less reported not filling a prescription, skipping doses of medicines, or cutting pills in half due to cost. Lower-income respondents also most frequently reported financial consequences after receiving health care services—**40%** of respondents who earned less than $50,000 a year either went into medical debt, depleted their savings, or sacrificed other basic needs (like food, heat, or housing) due to medical bills, compared to **24%** of those earning over $100,000.

As education and income are closely related[4], it is not surprising that affordability burdens experienced by respondents with lower education levels are similar to those experienced by those with lower incomes (see Table 3). Still, many of those with higher levels of education experienced affordability burdens and worries.

## Table 2

**Percent Who Experienced Health Care Affordability Burdens, by Income Group**

| | Less than $50,000 | $50,000 - $75,000 | $75,000 - $100,000 | More than $100,000 |
|---|---|---|---|---|
| Any Health Care Affordability Burden | 79% | 71% | 68% | 60% |
| Any Health Care Affordability Worry | 86% | 87% | 88% | 74% |
| Rationed Medication Due to Cost | 29% | 24% | 24% | 20% |
| Delayed/Went Without Care Due to Cost | 77% | 69% | 66% | 57% |
| Incurred Medical Debt, Depleted Savings, and/or Sacrificed Basic Needs due to Medical Bills | 40% | 36% | 35% | 24% |

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

## Table 3

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

| | High School Diploma/ GED | Some College/Training/ Certificate Program | Associate's Degree | Bachelor's Degree | Graduate Degree |
|---|---|---|---|---|---|
| Any Health Care Affordability Burden | 79% | 78% | 64% | 64% | 58% |
| Any Health Care Affordability Worry | 84% | 90% | 85% | 81% | 66% |
| Rationed Medication Due to Cost | 22% | 28% | 25% | 16% | 27% |
| Delayed/Went Without Care Due to Cost | 78% | 75% | 56% | 61% | 55% |
| Incurred Medical Debt, Depleted Savings, and/or Sacrificed Basic Needs due to Medical Bills | 48% | 39% | 27% | 23% | 27% |

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

*Disability Status*

People with disabilities interact with the health care system more often than those without disabilities, and as a result, tend to face more out-of-pocket costs.[5] Additionally, people who receive disability benefits face unique coverage challenges that impact their ability to afford needed care, such as the possibility of losing coverage if their household income or assets increase over a certain amount (for example, after getting married).[6] Rhode Island respondents who have or live with a person who has a disability more frequently reported a diverse array of affordability burdens compared to others (see Table 4). These respondents also more frequently reported worrying about future health care affordability in general (**78%** versus **92%**) and losing health insurance specifically (**42%** versus **24%**).

**Table 4**

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

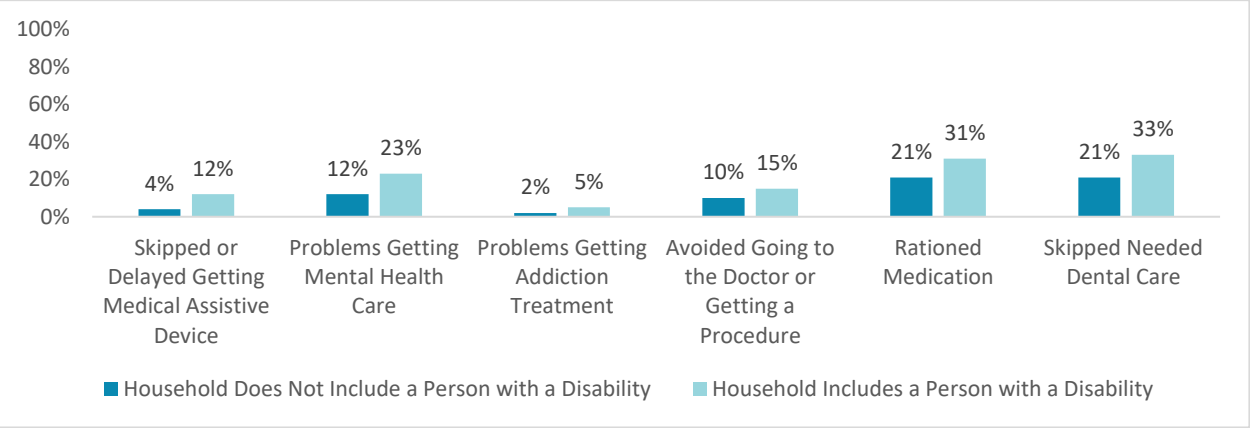
| | Household Includes a Person with a Disability | Household Does Not Include a Person with a Disability |
|---|---|---|
| Any Health Care Affordability Burden | 82% | 64% |
| Any Health Care Affordability Worry | 92% | 78% |
| Rationed Medication Due to Cost | 31% | 21% |
| Delayed/Went Without Care Due to Cost | 62% | 78% |
| Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills | 52% | 25% |

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

Those with disabilities also face health care affordability burdens unique to their disabilities—**12%** of respondents reporting 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. Just **4%** of respondents without a disability (who may have needed such tools temporarily or may not identify as having a disability) reported this experience (see Figure 2). Similarly, **23%** of respondents reporting a disability in their household reported problems getting mental health care compared to **12%** of households without a person with a disability.

## Figure 2

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




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

*Gender and Sexual Orientation*

The survey also surfaced differences in health care affordability burdens and worries by gender and sexual orientation. Women who responded to the survey reported higher rates of experiencing at least one affordability burden in the past year than men (**71%** versus **66%**) (see Table 5). Women also more frequently reported delaying or going without care due to cost in general and reported higher rates of rationing their medications by not filling a prescription, skipping doses, or cutting pills in half. While many respondents regardless of gender reported being somewhat or very concerned about health care costs, a higher percentage of women reported worrying about affording some aspect of coverage or care than men (**82%** versus **81%**).

## Table 5

**Percent Who Experienced Health Care Affordability Burdens, by Gender Identity***

| | Men | Women |
|---|---|---|
| Any Health Care Affordability Burden | 66% | 71% |
| Any Health Care Affordability Worry | 81% | 82% |
| Rationed Medication Due to Cost | 18% | 29% |
| Delayed/Went Without Care Due to Cost | 62% | 69% |
| Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills | 34% | 30% |

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

*Note: Due to small sample sizes, we could not produce reliable statistics exclusively for individuals who identify as transgender or genderqueer/nonbinary. We regret that we were unable to supply additional information on health care affordability issues in these communities.

In addition, the survey found that LGBTQIA2S+ respondents experienced affordability burdens more frequently than respondents who were not (see Table 6).

**Table 6**

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

| | LGBTQIA2S+ | Not LGBTQIA2S+ |
|---|---|---|
| Any Health Care Affordability Burden | 83% | 67% |
| Any Health Care Affordability Worry | 90% | 81% |
| Rationed Medication Due to Cost | 44% | 21% |
| Delayed/Went Without Care Due to Cost | 82% | 64% |
| Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills | 55% | 30% |

*Source: 2024 Poll of Rhode Island 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.*

## DISTRUST AND MISTRUST IN THE HEALTH SYSTEM

Whether a patient trusts and/or feels respected by their health care provider may impact whether they seek needed care. In Rhode Island, about 1 in 4 (**24%** of) respondents reported that their provider never, rarely, or only sometimes treats them with respect. When asked *why* they felt health care providers did not treat them with respect, over one-third of these respondents cited their income or financial status (**39%**), followed by race (**27%**), disability (**20%**), ethnic background (**18%**), gender/gender identity (**17%**), and education level (**15%**). In lesser numbers, respondents cited experience with violence or abuse (**7%**), sexual orientation (**8%**), and religion (**7%**) as reasons for the disrespect.

Respondents of color, those who identify as part of the LGBTQIA2S+ community, those who earn less than $50,000 per year, those who have a high school diploma/GED, and those with a person with a disability in their household more frequently reported distrust in and feeling disrespected by their health care providers compared to white respondents, those with higher annual incomes, higher education levels, those who do not identify with the LGBTQIA2S+ community, and those without a disabled household member (see Table 7). They also more frequently went without medical care due to that distrust and/or disrespect.

Overall, **30%** of respondents of color reported going without needed medical care due to distrust of or feeling disrespected by health care providers, compared to only **12%** of white, non-Hispanic respondents. Additionally, **32%** of respondents who have or are living with a person with a disability went without care due to distrust or disrespect, compared to **11%** of those without a household member with a disability (see Table 7).

## Table 7

**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 Needed Care Due to Distrust of/Disrespect by a Health Care Provider |
|---|---|---|
| All Respondents | 43% | 20% |
| **Race/Ethnicity** | | |
| Respondents of Color* | 45% | 30% |
| White, Non-Hispanic/Latino | 31% | 12% |
| **Disability Status** | | |
| Household Includes a Person with at Least One Disability | 53% | 32% |
| Household Does Not Include a Person with at Least One Disability | 28% | 11% |
| **Insurance Type** | | |
| Health Insurance Through My Employer or a Family Member's Employer | 30% | 12% |
| Health Insurance That I Buy on My Own (not through an employer) | 44% | 21% |
| Medicare, coverage for seniors and those with serious disabilities | 27% | 13% |
| Rhode Island Medicaid, coverage for low-income people | 53% | 32% |
| **Income** | | |
| Less than $50,000 | 49% | 25% |
| $50,000 - $75,000 | 37% | 20% |
| $75,000 - $100,000 | 33% | 14% |
| More than $100,000 | 23% | 11% |
| **Education Level** | | |
| High School Diploma/GED | 49% | 27% |
| Some college/training/certificate program | 41% | 18% |
| Associate **degree** | 33% | 16% |
| Bachelor's Degree | 25% | 8% |
| Graduate Degree (e.g., MA, MPA, PhD, MD, JD) | 31% | 18% |
| **Gender/Sexual Orientation** | | |
| Female | 37% | 18% |
| Male | 31% | 14% |
| LGBTQIA2S+ | 55% | 37% |
| Non-LGBTQIA2S+ | 32% | 14% |

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

** The Respondents of Color variable includes respondents who identify as American Indian or Native Alaskan, Asian, Black/African American, Native Hawaiian or Other Pacific Islander, and Hispanic or Latino. We regret that sample sizes were not large enough to report data for the independent categories of Black/African American, Native American or Alaskan Native, Asian, and Native Hawaiian or Other Pacific Islander.*

Respondents with Rhode Island Medicaid coverage more frequently reported distrusting or feeling disrespected by a health care provider compared to those with other insurance types. In addition, respondents earning less than $50,000 and those with only a high school diploma or GED most frequently reported distrust/disrespect and going without care due to distrust/disrespect, although middle- and high-income earners and higher education levels also reported this issue (see Table 7).

## INDIVIDUAL & SYSTEMIC RACISM

Respondents perceived that both individual and systemic racism exist in the U.S. health care system. Sixty percent of respondents believe that people are treated unfairly based on their race or ethnic background either somewhat or very often. When asked what they think causes health care systems to treat people unfairly based on their race or ethnic background:

- 1 in 6 (**16%**) cited policies and practices built into the health care system;
- 1 in 6 (**16%**) cited the actions and beliefs of individual health care providers; and
- Over 2 out of 5 (**44%**) believe it is an equal mixture of both.

When asked to describe how their identities and/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 8).

### Table 8

**Select Responses to the Open-Text Question, "Over the last 12 months, how have your identities and/or circumstances (financial situation, disability, cultural background, race/ethnicity, gender, sexual orientation, etc.) impacted your ability to get affordable health care?"**

| |
|---|
| "As a gay man, I have been discriminated against a plethora of times, purely because of my sexual orientation. Doctors have refused me care simply because of my sexual orientation." |
| "As a trans person, I've learned to ask other trans friends or my lgbtq-specialized primary care doctor for recommendations of people who treat trans people with respect, so there are very few providers I will try going to. At best, providers who believe in respecting trans people still act anxious and uncomfortable around me, are very uninformed about my being on hormone replacement therapy and are likely to blame unrelated medical issues on it, and more frequently use me as a learning opportunity for their residents." |
| "I feel I don't get respected because of my mental disability." |
| "I believe that as a woman, I am not taken seriously when it comes to healthcare and oftentimes my symptoms are overlooked or deemed as "nothing"." |
| "Does not affect me, however my son is disabled and is treated differently if I am not present." |

"I have had to complain about pain in my knees for over 2 years before a health care provider did more than suggest I lose weight. I felt like all they saw was my weight and not a whole being with complexities."
"I have mental conditions that make the healthcare system particularly confusing to navigate, and I'm not always sure who I can turn to for help, so often I forgo or delay necessary treatment."

"It seems that you have to carry yourself a certain way and speak concisely and know your medical terminology. If you speak with an accent or at hard to understand, doctors can give you the brush off and assume you are not intelligent."

"My gender, and my mental illnesses on my chart typically make it so I don't get listened to often by providers, especially male appearing providers, when they don't listen I can't get a prescription or something to help so I just don't go."

"When you tell a provider you have mental health issues, they automatically assume there is nothing wrong even though I tell them my concerns, physical or mental. I also feel as a female, my issues are dismissed rapidly and never considered."

## DISATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

Given this information, it is not surprising that **75%** of Rhode Island respondents agree or strongly agree that the U.S. health care system needs to change. Understanding 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 Rhode Island residents want their policymakers to pursue, see: *Rhode Island Residents Struggle to Afford High Health Care Costs; Worry about Affording Health Care in the Future; Support Government Action across Party Lines*, Healthcare Value Hub, Data Brief (May 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. A small share of respondents also reported barriers to care that were unique to their ethnic or cultural backgrounds. Two percent reported not getting needed medical care because they couldn't find a doctor of the same race, ethnicity or cultural background as them and one percent because they couldn't find a doctor who spoke their language.

4. NCES, "Annual Earnings by Educational Attainments", *National Center for Education Statistics*. COE - Annual Earnings by Educational Attainment

5. 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/

6. A 2019 Commonwealth Fund report noted that people with disabilities risk losing their benefits if they make more than $1,000 per 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

## Methodology

Altarum's Consumer Healthcare Experience State Survey (CHESS) 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 |
|---|---|---|
| ***Gender/Orientation*** | | |
| Woman | 651 | 64% |
| Man | 331 | 33% |
| Transwoman | 3 | <1% |
| Transman | 7 | 1% |
| Genderqueer/Nonbinary | 7 | 1% |
| LGBTQ+ Community | 136 | 14% |
| ***Insurance Type*** | | |
| 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% |
| ***Race*** | | |
| 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% |
| **Ethnicity** | | |
| Hispanic or Latino | 87 | 9% |
| Non-Hispanic or Latino | 925 | 91% |
| ***Age*** | | |
| 18-24 | 131 | 13% |
| 25-34 | 150 | 15% |
| 35-44 | 191 | 19% |
| 45-54 | 183 | 18% |
| 55-64 | 196 | 19% |
| 65+ | 157 | 16% |
| ***Party Affiliation*** | | |
| Republican | 159 | 16% |
| Democrat | 352 | 35% |
| Neither | 501 | 50% |

| Demographic Characteristic | Frequency | Percentage |
|---|---|---|
| ***Household Income*** | | |
| 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% |
| ***Education Level*** | | |
| 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% |
| ***Self-Reported Health Status*** | | |
| Excellent | 154 | 15% |
| Very Good | 331 | 33% |
| Good | 339 | 33% |
| Fair | 156 | 15% |
| Poor | 32 | 3% |
| ***Disability*** | | |
| 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 Robert Wood Johnson 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.

**Contact the Hub:**
www.HealthcareValueHub.org | @HealthValueHub
© 2024 Altarum | www.altarum.org

HEALTHCARE VALUE HUB