



DATA BRIEF | AUGUST 2024

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

KEY FINDINGS

A survey of more than 1,400 Oregon adults, conducted from June 6 to June 17, 2024, found that:

- Over 3 in 4 (76%) experienced at least one health care affordability burden in the past year;
- Over 4 in 5 (83%) worry about affording health care in the future;
- Respondents living in households with a person with a disability more frequently reported rationing medication due to cost (35% versus 23%); delaying or going without care due to cost (84% versus 69%); and experiencing a cost burden due to medical bills (60% versus 33%).
- Respondents of color more frequently reported experiencing one or more health care affordability burdens in the past year compared to white respondents;
- Fifty percent of respondents of color skipped needed medical care due to distrust of or feeling disrespected by health care providers, compared to 28% of white alone, non-Hispanic respondents; and
- Sixty-four percent of all respondents think that people are treated unfairly based on their race or ethnic background somewhat or very often in the U.S. health care system.

DIFFERENCES IN AFFORDABILITY BURDENS & CONCERNS

RACE AND ETHNICITY

Health disparities and a lack of affordable care negatively impact many communities of color, particularly Black, Hispanic and Latino communities.^{1,2} Oregon respondents of color reported higher rates of many affordability burdens when compared to white alone, non-Hispanic/Latino respondents, including cost burdens due to medical bills (see Table 1).³

Respondents of color also more frequently reported difficulty attaining select types of care compared to white, non-Hispanic respondents. For example, Hispanic/Latino respondents more frequently reported challenges accessing mental health care and addiction treatment, as well as avoiding going to the doctor or getting a procedure done to cost (see Figure 1).

A small share of respondents also reported barriers to care that were unique to their ethnic or cultural backgrounds. Three percent of respondents reported not getting needed medical care because they couldn't find a doctor of the same race, ethnicity or cultural background as them and two percent of respondents reported not getting needed care because they couldn't find a doctor who spoke their language.

Table 1

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

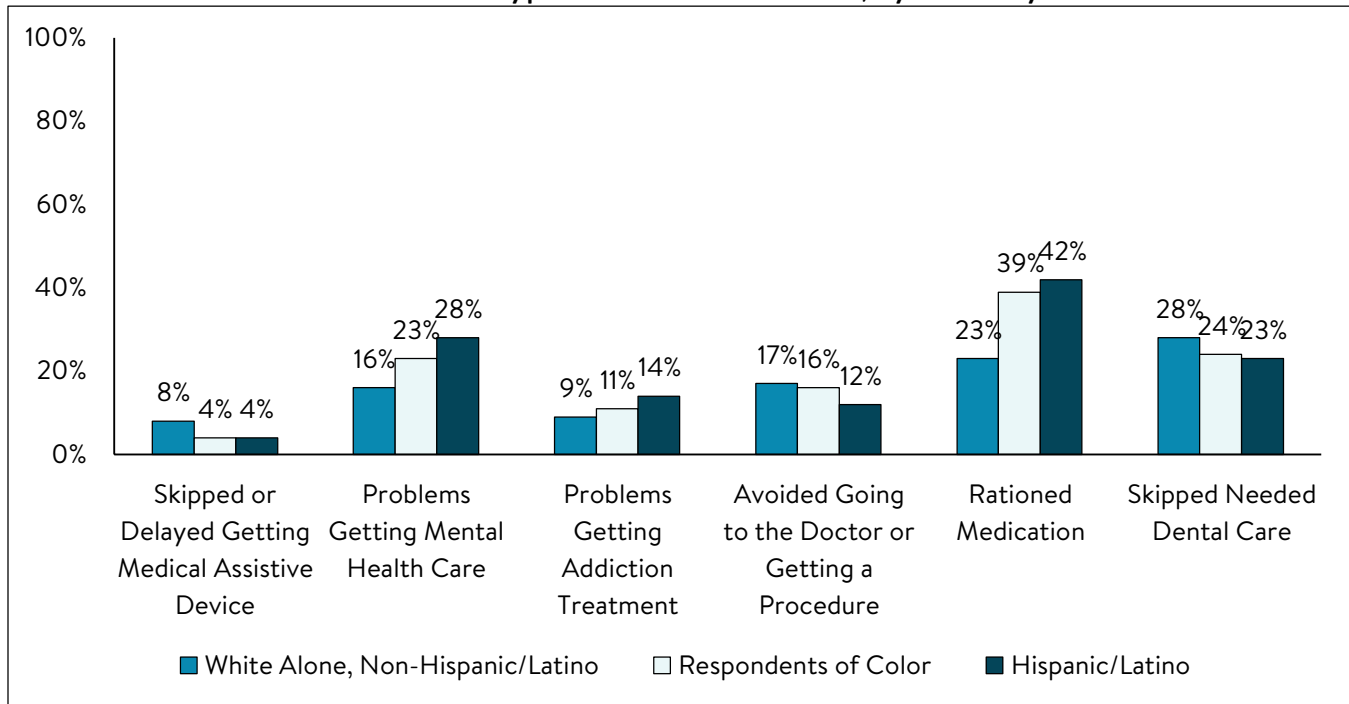
	White Alone, Non-Hispanic/Latino	Respondents of Color*	Hispanic/Latino, all races
Any Health Care Affordability Burden	73%	85%	88%
Any Health Care Affordability Worry	80%	91%	95%
Rationed Medication Due to Cost	23%	39%	42%
Delayed or Went Without Care Due to Cost	71%	84%	88%
Experienced a Cost Burden due to Medical Bills	38%	57%	69%

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

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

Figure 1

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



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

INCOME AND EDUCATION

The survey also highlighted differences in health care affordability burdens between different income and educational levels. Respondents living in households earning below \$50,000 per year most frequently reported experiencing an affordability burden, with **79%** reporting a financial burden in the past twelve months (see Table 2). Additionally, **28%** of respondents with an annual household income of \$50,000 or less reported not filling a prescription, skipping doses, or cutting pills in half due to cost.

Those earning \$75,001 to less than \$100,000 most frequently reported experiencing a cost burden due to medical bills, such as incurring medical debt, depleting savings or sacrificing basic needs like food, heat, or housing compared to those earning \$100,000 or more annually (**57%** versus **42%**). Still, nearly 3 in 4 respondents living in higher income households also faced affordability issues, indicating that these burdens affect all income groups. At least **81%** of respondents across all income levels expressed concern about affording health care now or in the future.

Table 2
Percent Who Experienced Health Care Affordability Burdens, by Income Group

	Less than \$50k	\$50,000 – \$75,000	\$75,001- \$99,999	More than \$100k
Any Health Care Affordability Burden	79%	76%	76%	73%
Any Health Care Affordability Worry	84%	81%	86%	82%
Rationed Medication Due to Cost	28%	29%	32%	24%
Delayed or Went Without Care Due to Cost	77%	74%	75%	72%
Experienced a Cost Burden due to Medical Bills	39%	39%	57%	42%

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

Similarly, Oregon respondents with a Bachelor’s or graduate degree reported experiencing a health care affordability burden less frequently than respondents with a high school diploma or GED. In contrast, respondents with some high school or a high school diploma or GED reported experiencing a health care affordability burden (80%), rationing medication due to cost (32%) and delaying or forgoing care due to cost (78%) as frequently as other respondents reporting having some graduate school or a graduate school degree (see Table 3).

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

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

	Some High School or High School Diploma or GED	Some College, Training, or Certificate Program	Associate Degree	Bachelor’s Degree	Some Graduate School or Degree
Any Health Care Affordability Burden	80%	71%	68%	75%	80%
Any Health Care Affordability Worry	82%	82%	84%	85%	83%
Rationed Medication Due to Cost	32%	22%	24%	29%	27%
Delayed or Went Without Care Due to Cost	78%	68%	67%	73%	79%
Experienced a Cost Burden Due to Medical Bills	41%	34%	37%	46%	47%

Source: 2024 Poll of Oregon 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, which frequently results in greater out-of-pocket costs.⁶ Additionally, individuals who receive disability benefits face unique coverage challenges that impact their ability to afford care, such as losing coverage if their income or assets exceed certain limits (e.g., after marriage).⁷

In Oregon, respondents with disabilities or who live with someone with a disability reported more affordability burdens compared to others (see Table 4). These respondents also worried more about

health care affordability in general compared to respondents without a disability or who do not live with a person with a disability (90% versus 79%) and losing health insurance compared to respondents without a disability or who do not live with a person with a disability (48% versus 31%).

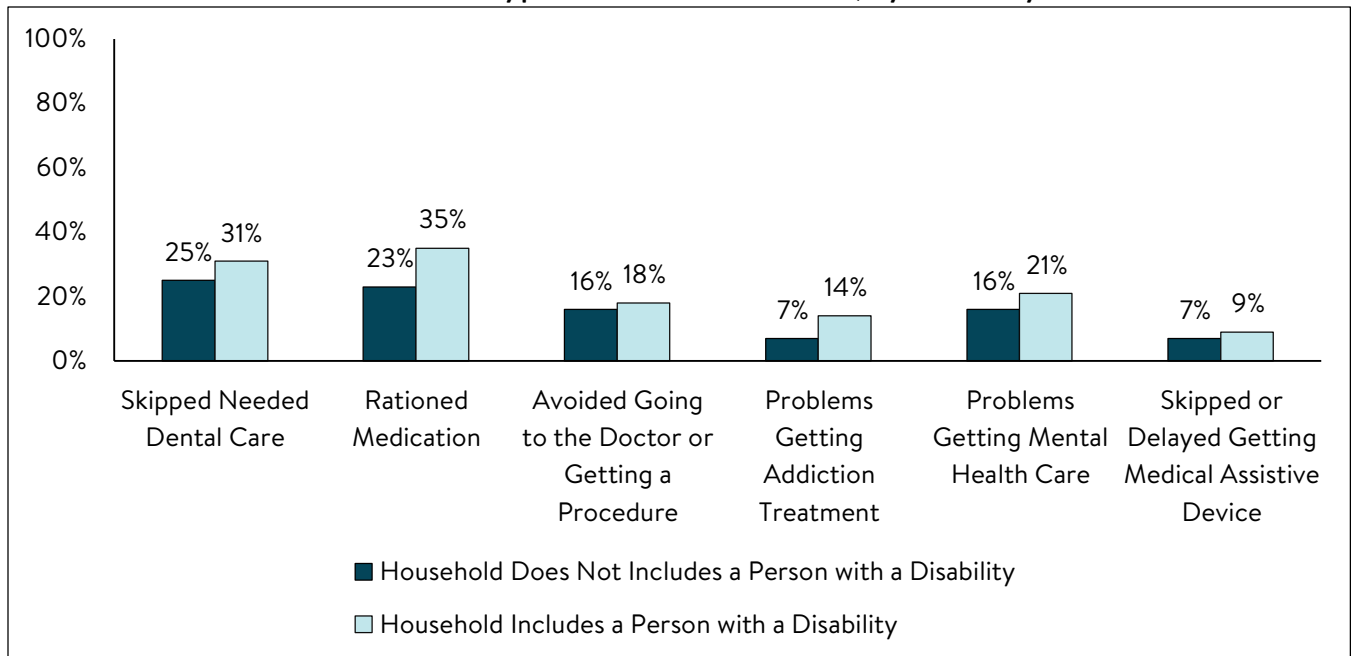
Table 4
Percent Who Experienced Health Care Affordability Burdens, by Disability Status

	Household Includes a Person with a Disability	Household Does Not Include a Person with a Disability
Any Health Care Affordability Burden	85%	71%
Any Health Care Affordability Worry	90%	79%
Rationed Medication Due to Cost	35%	23%
Delayed or Went Without Care Due to Cost	84%	69%
Experienced a Cost Burden due to Medical Bills	60%	33%

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

Individuals with disabilities also face unique health care affordability burdens compared to nondisabled individuals. Nine percent (9%) of respondents with a disability in their household delayed getting a medical assistive device such as a wheelchair, cane, walker, hearing aid or prosthetic limb due to cost, compared to 7% of respondents without a disability who may have required one of these tools for temporary support (see Figure 2). Additionally, 21% of respondents with a disability in their household reported problems accessing mental health care, compared to 16% of those without a disability.

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



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

GENDER AND SEXUAL ORIENTATION

The survey revealed notable differences in health care affordability burdens and concerns based on gender and sexual orientation. Women reported higher rates of experiencing at least one affordability burden in the past year compared to men (77% versus 74%) (see Table 5). They also more frequently reported delaying or forgoing care due to cost. Although many respondents regardless of gender expressed concern about health care costs, a slightly higher percentage of women worried about

affording some aspect of coverage or care compared to men (83% versus 82%). Men reported higher rates of experiencing cost burdens due to medical bills compared to women (47% versus 39%).

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

	Women	Men
Any Health Care Affordability Burden	77%	74%
Any Health Care Affordability Worry	83%	82%
Rationed Medication Due to Cost	27%	27%
Delayed/Went Without Care Due to Cost	75%	72%
Experienced a Cost Burden due to Medical Bills	39%	47%

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

The survey also revealed that LGBTQIA+ respondents more frequently experienced affordability burdens, with 32% reporting rationing medication due to cost compared to 27% of other respondents (see Table 6). Members of the LGBTQIA2S+ community may encounter unique challenges accessing health care and medications, including limited insurance coverage and discrimination within the health care system.^{8,9} State and federal policies, particularly regarding gender-affirming treatments, can further hinder access or limit coverage, exacerbating financial strain and health disparities.¹⁰ Unfortunately, due to the small sample size, this survey could not produce reliable estimates exclusively for transgender, genderqueer or nonbinary respondents.

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

	LGBTQIA2S+*	Not LGBTQIA2S+
Any Health Care Affordability Burden	83%	75%
Any Health Care Affordability Worry	91%	82%
Rationed Medication Due to Cost	27%	32%
Delayed/Went Without Care Due to Cost	81%	73%
Experienced a Cost Burden due to Medical Bills	48%	42%

Source: 2024 Poll of Oregon 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 or feels respected by their health care provider may influence their willingness to seek necessary care. In Oregon, more than a quarter (29%) of respondents reported feeling that their health care providers never, rarely or only sometimes treat them with respect. When asked *why* they felt that health care providers did not treat them with respect, respondents most frequently cited income or financial status (47%), disability (26%), race (16%), gender or gender identity (20%), ethnic background (22%) and educational attainment (9%). In lesser numbers, some respondents also cited sexual orientation (8%), experience with violence or abuse (9%) and religion (3%) as the primary reason.

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

Table 7

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

<p>“I had a short stint when I was homeless. During that time, I suffered a PE that required me to be hospitalized for 8 days. I was treated like trash because I didn't have an address.”</p>
<p>“They didn't really care to check em out because of my past drug use and they've always treated me like I was just trying to get something or they always did the bare minimum of checking me out medically.”</p>
<p>“I was treated like I was a “hysterical woman” who just needs less stress when I went to my previous doctor with what turned out to be a very serious condition.”</p>
<p>“I was treated like an animal by a gynecologist. Any mention of not wanting children was met with disbelief, and when they installed an IUD I was not prepared for the pain- no pain mediation was offered before or after. They laughed when I yelped from pain...Now I won't go unless something is broken, and even then I have no trust for doctors or hospitals and expect the worst.”</p>
<p>“Even going to a LGBTQ friendly provider, there is often a sense of not trusting the doctors because they just don't have the information that I would like to know.”</p>
<p>“I'm a bit hesitant with discussing sexual health related issues with my doctor due to my Asexuality...I think they don't take my orientation seriously. When there is an issue and I have to conduct my own research...”</p>
<p>“Encountered language barriers and cultural differences in healthcare settings, making it harder to communicate effectively with healthcare providers.”</p>
<p>“Because I am a black man, all I will experience is prejudice and discrimination from medical providers, which leads to me receiving poorer medical care.”</p>
<p>“Wife recently has a mobility issue. We are finding that there are physical obstacles to getting her to her medical appointments, i.e. not enough parking in patient unloading zones or those parking spaces being used by vehicles belonging to the medical facility.”</p>
<p>“Finances and the stigma that comes with autoimmune disorders has made it difficult to get quality healthcare that did not belittle my experience with my disease.”</p>
<p>“My pregnancy doctor kept recommending me to get my tubes tied, for no reason. I believe it was because I was using state insurance and have tattoos. It was very disrespectful. She actually asked me again AFTER the anesthesia was administer for my cesarian.”</p>
<p>“I hear horrible things about the dental offices that are available through the state insurance. I would rather not go, then go to those dental offices.”</p>
<p>“The primary care for my husband was awful. I can only think it was due to him being over 65 years of age. They refused to do testing and allow us to see a specialist. He died and I blame them for his death.”</p>

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

The survey also revealed differences in the frequency of respondents who reported forgoing care because they distrusted or felt disrespected by their health care provider by coverage type, income, educational attainment, gender identity, orientation, disability, race and ethnicity. For instance, **40%** of respondents enrolled in Oregon Health Plan, the state Medicaid program, reported going without care due to distrust or perceived disrespect, compared to only **28%** of individuals with employer-sponsored insurance (see Table 8).

INDIVIDUAL & SYSTEMIC RACISM

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

- Nearly 1 in 5 (**19%**) cited policies and practices built into the health care system;
- Nearly 1 in 5 (**20%**) cited the actions and beliefs of individual health care providers; and
- Over 2 in 5 (**41%**) believe it is an equal mixture of both.

Table 8

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

	Distrusted or Felt Disrespected by a Health Care Provider	Went Without Care Due to Distrust or Disrespect
All Respondents	49%	33%
Race/Ethnicity		
Respondents of Color	68%	50%
Hispanic/Latino, Any Race	79%	65%
White, Non-Hispanic/Latino	43%	28%
Disability Status		
Household does not include a person with a disability	42%	26%
Household includes a person with a disability	62%	47%
Insurance Type		
Health insurance through my or a family members employer	47%	28%
Health insurance I buy on my own	68%	55%
Medicare, coverage for seniors and those with disabilities	32%	18%
Oregon Medicaid, coverage for low-income people	56%	40%
Income		
Less than \$50,000	45%	24%
\$50,000 - \$75,000	48%	32%
\$75,000 - \$100,000	62%	48%
More than \$100,000	49%	37%
Education Level		
Some High School/High School Diploma/GED	49%	28%
Some College, Training, or Certificate Program	37%	20%
Associate Degree	47%	27%
Bachelor’s Degree	52%	37%
Some Graduate School/Graduate Degree	56%	44%
Gender/Sexual Orientation		
Female	48%	28%
Male	51%	40%
LGBTQIA2S+	59%	36%
Non-LGBTQIA2S+	48%	33%

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

DISATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

Given this information, it is not surprising that 75% of Oregon respondents agree or strongly agree that the U.S. health care system needs to change. Recognizing how the health care system disproportionately harms some groups of people over others is key to creating a fairer and higher value system for all.

Making health care affordable for all residents is an area ripe for policymaker intervention, with widespread support for government-led solutions across party lines. For more information on the types of strategies Oregon residents want their policymakers to pursue, see: *Oregon Residents Struggle to Afford High Healthcare Costs; Worry about Affording Healthcare in the Future; Support Government Action across Party Lines*, Healthcare Value Hub, Data Brief (August 2024).

NOTES

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

ABOUT THE ALTARUM HEALTHCARE VALUE HUB

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

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HEALTHCARE VALUE HUB

METHODOLOGY

Altarum’s Consumer Healthcare Experience State Survey (CHES) is designed to elicit respondents’ views on a wide range of health system issues, including confidence using the health system, financial burden and possible policy solutions. This survey, conducted from June 6 to June 17, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,551 respondents who live in Oregon. 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 1,499 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	808	54%
Man	670	45%
Transwoman	3	<1%
Transman	8	1%
Genderqueer/Nonbinary	12	1%
LGBTQ+ Community	178	12%
Insurance Type		
Health insurance through my or a family member’s employer	383	26%
Health insurance I buy on my own	313	21%
Medicare, coverage for seniors and those with serious disabilities	417	28%
Oregon Health Plan, Oregon Medicaid	279	19%
TRICARE/Military Health System	16	1%
Department of Veterans Affairs	23	2%
No coverage of any type	42	3%
I don’t know	26	2%
Race		
American Indian/Native Alaskan	51	3%
Asian	53	4%
Black or African American	196	13%
Native Hawaiian/Other Pacific Islander	14	1%
White	1,114	74%
Prefer Not to Answer	22	1%
Two or More Races	93	6%
Ethnicity		
Hispanic or Latino	156	10%
Non-Hispanic or Latino	1,343	90%
Age		
18-24	156	10%
25-34	327	22%
35-44	280	19%
45-54	211	14%
55-64	223	15%
65+	299	20%
Party Affiliation		
Republican	489	33%
Democrat	568	38%
Neither	442	29%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	190	13%
\$20K - \$29K	128	9%
\$30K - \$39K	110	7%
\$40K - \$49K	106	7%
\$50K - \$59K	113	8%
\$60K - \$74K	171	11%
\$75K - \$99K	298	20%
\$100K - \$149K	229	15%
\$150K+	154	10%
Education Level		
Some high school	41	3%
High school diploma/GED	205	14%
Some college or training/certificate program	313	21%
Associate degree	142	9%
Bachelor’s degree	415	28%
Some graduate school	131	9%
Graduate degree	252	17%
Self-Reported Health Status		
Excellent	238	16%
Very Good	493	33%
Good	516	34%
Fair	205	14%
Poor	47	3%
Disability		
Mobility	264	18%
Cognition	173	12%
Independent Living	197	13%
Hearing	151	10%
Vision	117	8%
Self-Care: Difficulty dressing or bathing	76	5%
No disability or long-term health condition	893	60%

Source: 2024 Poll of Oregon 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.