



DATA BRIEF | AUGUST 2024

District of Columbia 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 District of Columbia adults, conducted from March 14 to May 15, 2024, found that:

- Over 3 in 4 (76%) experienced at least one health care affordability burden in the past year;
- Over 3 in 4 (76%) 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 (42% versus 24%); delaying or going without care due to cost (89% versus 67%); and experiencing a cost burden due to medical bills (67% versus 38%).
- Respondents of color more frequently reported experiencing one or more health care affordability burdens in the past year compared to white respondents;
- Thirty-eight percent of respondents of color skipped needed medical care due to distrust of or feeling disrespected by health care providers, compared to 36% of white alone, non-Hispanic respondents; and
- Seventy-one 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} District of Columbia 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, respondents of color more frequently reported challenges accessing dental care, as well as rationing medication due to cost (see Figure 1).

A small share of respondents also reported barriers to care that were unique to their ethnic or cultural backgrounds. Forty-three (4% 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 thirty-one (3% 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

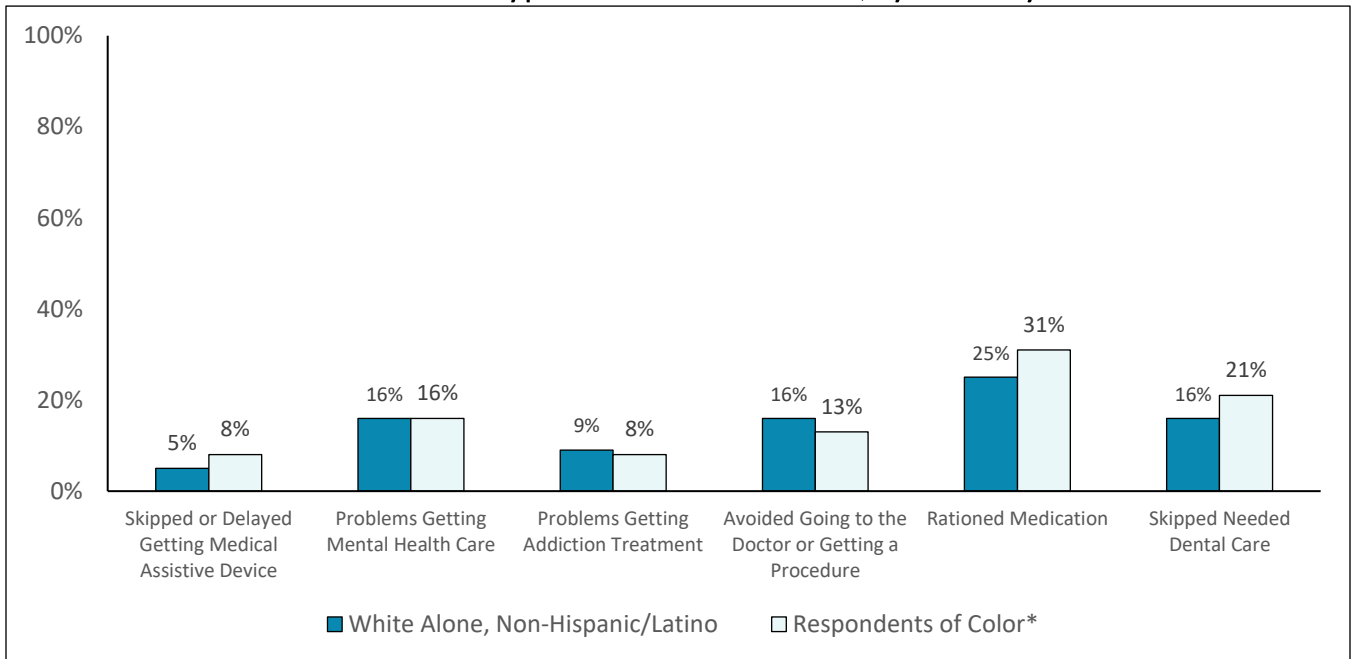
	White Alone, Non-Hispanic/Latino	Respondents of Color*
Any Health Care Affordability Burden	76%	75%
Any Health Care Affordability Worry	71%	79%
Rationed Medication Due to Cost	25%	31%
Delayed or Went Without Care Due to Cost	75%	73%
Experienced a Cost Burden due to Medical Bills	44%	48%

Source: 2024 Poll of District of Columbia 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 District of Columbia.

Figure 1

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



Source: 2024 Poll of District of Columbia 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 District of Columbia.

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 \$75,000 per year most frequently reported experiencing an affordability burden, with **84%** struggling to afford health care in the past twelve months (see Table 2). Additionally, **36%** of respondents with an annual household income of \$75,000 or less reported not filling a prescription, skipping doses, or cutting pills in half due to cost.

These respondents also more frequently reported experiencing a cost burden due to medical bills, such as incurring medical debt, depleting savings or sacrificing basic needs like food, heat, or housing compared to those earning \$100,000 or more annually (**53%** versus **42%**). Still, nearly half of respondents living in higher income households also faced affordability issues, indicating that these burdens affect all income

groups. At least 72% 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- \$100,000	More than \$100k
Any Health Care Affordability Burden	77%	84%	76%	73%
Any Health Care Affordability Worry	76%	83%	85%	72%
Rationed Medication Due to Cost	35%	36%	33%	24%
Delayed or Went Without Care Due to Cost	74%	77%	76%	72%
Experienced a Cost Burden due to Medical Bills	52%	53%	47%	42%

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

Similarly, District of Columbia respondents with some college, training, or certificate program or bachelor’s degree reported experiencing any health care affordability burden less frequently than respondents with lower educational attainment. In contrast, respondents who did not pursue additional education beyond a high school diploma or GED reported experiencing a health care affordability burden (81%), rationing medication due to cost (36%) and delaying or forgoing care due to cost (78%) more frequently than other respondents (see Table 3).

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

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

	High School Diploma or GED	Some College, Training, or Certificate Program	Associate Degree	Bachelor’s Degree	Graduate School
Any Health Care Affordability Burden	81%	71%	79%	73%	76%
Any Health Care Affordability Worry	73%	84%	72%	79%	73%
Rationed Medication Due to Cost	36%	30%	25%	26%	28%
Delayed or Went Without Care Due to Cost	78%	69%	74%	72%	74%
Experienced a Cost Burden Due to Medical Bills	52%	43%	60%	40%	47%

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

*Respondents who reported completing some high school, graduating from high school or receiving a GED are represented in the “High School Diploma or GED” row; respondents who reported that they attended some or completed a graduate degree program are represented in the “Graduate School” row.

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 District of Columbia, 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 (87% versus 71%) and losing health insurance compared to respondents without a disability or who do not live with a person with a disability (51% versus 32%).

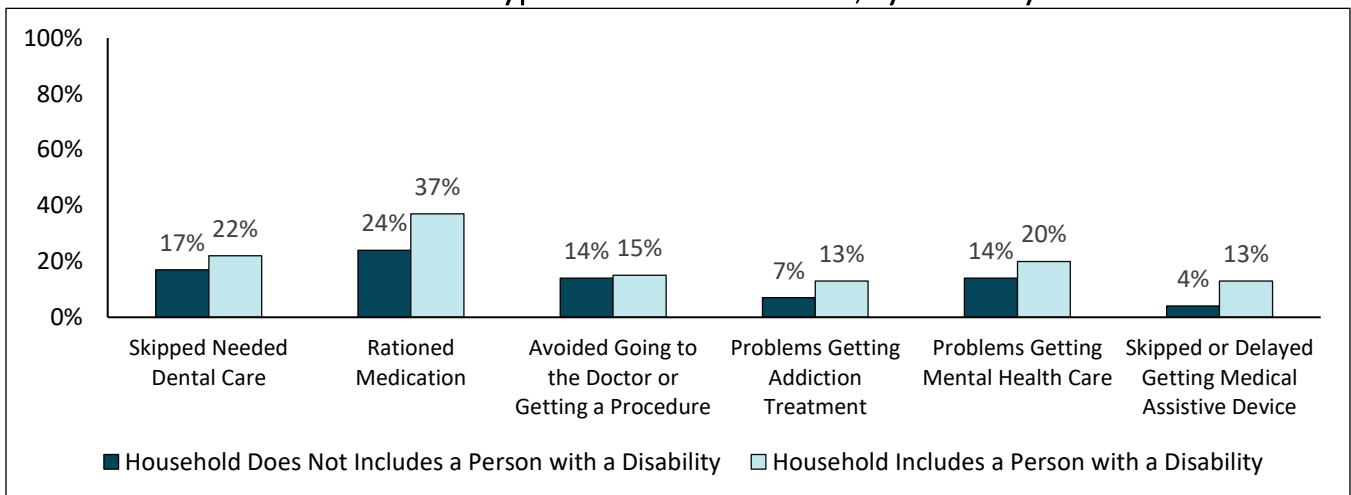
Table 4
Percent Who Experienced Health Care Affordability Burdens, by Disability Status

	Household Includes a Person with a Disability	Household Does Not Include a Person with a Disability
Any Health Care Affordability Burden	91%	70%
Any Health Care Affordability Worry	87%	71%
Rationed Medication Due to Cost	42%	24%
Delayed or Went Without Care Due to Cost	89%	67%
Experienced a Cost Burden due to Medical Bills	67%	38%

Source: 2024 Poll of District of Columbia 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. Thirteen percent (13%) of respondents with a disability in their household delayed getting a medical assistive device such as a wheelchair, cane, walker, hearing aid or prosthetic limb due to cost, compared to only 4% of respondents without a disability who may have required one of these tools for temporary support (see Figure 2). Additionally, 20% of respondents with a disability in their household reported problems accessing mental health care, compared to 14% 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 District of Columbia 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 higher percentage of women worried about affording some aspect of coverage or care compared to men (76% versus 75%).

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	76%	75%
Rationed Medication Due to Cost	28%	30%
Delayed/Went Without Care Due to Cost	74%	72%
Experienced a Cost Burden due to Medical Bills	43%	51%

Source: 2024 Poll of District of Columbia 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 31% reporting rationing medication due to cost compared to 29% of other respondents (see Table 6). Members of the LGBTQIA2S+ community may encounter unique challenges accessing health care and medications, including limited insurance coverage and discrimination within the health care system.^{8,9} State and federal policies, particularly regarding gender-affirming treatments, can further hinder access or limit coverage, exacerbating financial strain and health disparities.¹⁰ Unfortunately, due to the small sample size, this survey could not produce reliable estimates exclusively for transgender, genderqueer or nonbinary respondents.

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

	LGBTQIA2S+*	Not LGBTQIA2S+
Any Health Care Affordability Burden	76%	75%
Any Health Care Affordability Worry	79%	75%
Rationed Medication Due to Cost	31%	29%
Delayed/Went Without Care Due to Cost	75%	73%
Experienced a Cost Burden due to Medical Bills	52%	45%

Source: 2024 Poll of District of Columbia 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 District of Columbia, over one third (34%) 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 race (43%), income or financial status (38%), ethnic background (27%), gender or gender identity (20%), disability (17%), , and educational attainment (12%). In lesser numbers, some respondents also cited sexual orientation (12%), experience with violence or abuse (9%) and religion (6%) 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?”

- “I am disabled and require fairly expensive medicine every month. My insurance company often tries to dispute coverage of medical care I need for my disability. I can’t afford this medical care without insurance as it is more expensive than my entire monthly income.”
- “I feel as though my gender has gotten in the way of getting affordable health care. I feel brushed off at times and things are not looked at adequately.”
- “I receive Medicaid and have a difficult time finding doctors who accept it. This is especially problematic as I have epilepsy and have essentially gone untreated for the past three years because I can't find a doctor.”
- “I have ADHD and I feel talked down to by my provider consistently. It’s to a point where I want to switch doctors, but it’s hard to find someone in network.”
- “I wasn’t able to get a primary care provider for my pregnancy. I never saw the same doctor more than once which made it difficult for doctors to keep up with my pregnancy and I was told three different dates for conception and a due date, all because I had Medicaid. Plus I felt like I was never listened to by male doctors.”
- “It has changed the way I get affordable healthcare because of the fact that I am a female Hispanic and just get insulted racially.”
- “It is only affected by my type of insurance being accepted that would prevent me from going to see and have certain doctors or specialists.”
- “It took over a decade to get diagnosed in the first place and many doctors make assumptions because I am a young Black woman. I am not listened to well and I’ve lost access to my medications many times because of the run around with Medicaid.”
- “It was assumed I was lying about my symptoms. The problem was initially ignored and discredited and turned out to be an actual problem. I was judged based on my race and appearance. I was not prescribed medication initially but it was called in a few days later because my lab work proved I needed medication.”
- “...been hospitalized and has shared several experiences of providers not treating her well due to her non-verbal state.”

Source: 2024 Poll of District of Columbia 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, **32%** of respondents enrolled in DC Healthy Families, the state Medicaid program, reported going without care due to distrust or perceived disrespect, compared to **37%** 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. Thirty-seven 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 4 (**21%**) cited policies and practices built into the health care system;
- Nearly 1 in 4 (**24%**) cited the actions and beliefs of individual health care providers; and
- Nearly half (**44%**) 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	55%	38%
Race/Ethnicity		
Respondents of Color*	59%	38%
White, Non-Hispanic/Latino	49%	36%
Disability Status		
Household does not include a person with a disability	48%	29%
Household includes a person with a disability	74%	58%
Insurance Type		
Health insurance through my or a family members employer	57%	37%
Health insurance I buy on my own	57%	49%
Medicare, coverage for seniors and those with disabilities	44%	31%
DC Healthy Families, District of Columbia Medicaid	57%	32%
Income		
Less than \$50,000	59%	37%
\$50,000 - \$75,000	60%	42%
\$75,000 - \$100,000	60%	37%
More than \$100,000	51%	37%
Education Level**		
High School Diploma/GED	66%	42%
Some College, Training, or Certificate Program	57%	37%
Associate Degree	56%	40%
Bachelor’s Degree	49%	30%
Graduate School	53%	39%
Gender/Sexual Orientation***		
Female	56%	36%
Male	54%	39%
LGBTQIA2S+	57%	39%
Non-LGBTQIA2S+	55%	37%

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

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DISATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

Given this information, it is not surprising that 73% of District of Columbia 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 District of Columbia residents want their policymakers to pursue, see: *District of Columbia Residents Struggle to Afford High Healthcare Costs; Worry about Affording Healthcare in the Future; Support Government Action across Party Lines*, Healthcare Value Hub, Data Brief No. 155 (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. Suhang S., et al., "Exploring the association of paid sick leave with health care 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 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 healthcare.

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HEALTHCARE VALUE HUB

METHODOLOGY

Altarum’s Consumer Healthcare Experience State Survey (CHES) is designed to elicit respondents’ views on a wide range of health system issues, including confidence using the health system, financial burden and possible policy solutions. This survey, conducted from March 14 to May 15, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,180 respondents who live in District of Columbia. 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 1,079 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	619	57%
Man	435	40%
Transwoman	7	1%
Transman	1	<1%
Genderqueer/Nonbinary	11	1%
LGBTQ+ Community	254	24%
Insurance Type		
Health insurance through my or a family member’s employer	470	44%
Health insurance I buy on my own	225	21%
Medicare, coverage for seniors and those with serious disabilities	128	12%
DC Healthy Families, District of Columbia Medicaid	171	16%
TRICARE/Military Health System	17	2%
Department of Veterans Affairs	12	1%
No coverage of any type	23	2%
I don’t know	33	3%
Race		
American Indian/Native Alaskan	29	3%
Asian	70	6%
Black or African American	413	38%
Native Hawaiian/Other Pacific Islander	19	2%
White	540	50%
Prefer Not to Answer	17	2%
Two or More Races	74	7%
Ethnicity		
Hispanic or Latino	72	7%
Non-Hispanic or Latino	1007	93%
Age		
18-24	272	25%
25-34	307	29%
35-44	181	17%
45-54	133	13%
55-64	92	9%
65+	79	7%
Party Affiliation		
Republican	170	16%
Democrat	617	57%
Neither	292	27%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	151	14%
\$20K - \$29K	87	8%
\$30K - \$39K	60	6%
\$40K - \$49K	55	5%
\$50K - \$59K	85	8%
\$60K - \$74K	66	6%
\$75K - \$99K	132	12%
\$100K - \$149K	183	17%
\$150K+	260	24%
Education Level		
Some high school	28	3%
High school diploma/GED	174	16%
Some college or training/certificate program	170	16%
Associate degree	62	6%
Bachelor’s degree	233	22%
Some graduate school	50	5%
Graduate degree	362	34%
Self-Reported Health Status		
Excellent	311	29%
Very Good	394	37%
Good	277	26%
Fair	86	8%
Poor	11	1%
Disability		
Mobility	122	11%
Cognition	109	10%
Independent Living	99	9%
Hearing	45	4%
Vision	49	5%
Self-Care: Difficulty dressing or bathing	55	5%
No disability or long-term health condition	753	70%

Source: 2024 Poll of District of Columbia 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.