



DATA BRIEF | AUGUST 2024

District of Columbia 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 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;
- Nearly 3 in 4 (74%) 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, District of Columbia adults experience hardship due to high health care costs. In the past twelve months, over three out of four (76%) respondents experienced at least one of the following health care affordability burdens:

1) BEING UNINSURED DUE TO HIGH COSTS

Nearly one out of three (32%) uninsured respondents cited cost (“too expensive”) as the primary reason for being uninsured, surpassing other potential responses such as “don’t need it” and “don’t know how to get it.” Likewise, 35% of respondents without dental insurance and 28% of those without vision insurance cited cost as the main reason for not having coverage.

2) DELAYING OR GOING WITHOUT HEALTH CARE DUE TO COST

Nearly three-fourths (74%) of all respondents reported delaying or going without health care during the prior 12 months due to cost:

- 29%—Cut pills in half, skipped doses of medicine or did not fill a prescription¹
- 27%—Skipped a recommended medical test or treatment
- 23%—Delayed going to the doctor or having a procedure done
- 22%—Had problems getting mental health care or addiction treatment²
- 19%—Skipped needed dental care
- 14%—Avoided going to the doctor or having a procedure done altogether
- 11%—Skipped needed vision services
- 7%—Skipped needed hearing services
- 7%—Skipped or delayed getting a medical assistive device

Respondents most frequently cited not being able to get an appointment (24%), followed by cost (21%) as the reason for them or their family members not getting care in the last year 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 experienced a cost burden due to the resulting medical bill(s). Nearly half (46%) of respondents reported experiencing one or more of these struggles to pay their medical bills:

- 18%—Were unable to pay for basic necessities like food, heat or housing
- 18%—Used up all or most of their savings
- 14%—Borrowed money, got a loan or another mortgage on their home
- 12%—Were contacted by a collection agency
- 9%—Racked up large amounts of credit card debt
- 8%—Were placed on a long-term payment plan
- 8% - Asked for donations (GoFundMe campaigns)

HIGH LEVELS OF WORRY ABOUT AFFORDING HEALTH CARE IN THE FUTURE

District of Columbia respondents also exhibit high levels of worry about affording health care in the future. Over three in four (76%) reported being “worried” or “very worried” about affording some aspect of health care in the future, including:

- 58%—Health insurance will become unaffordable
- 57%—Medical costs when elderly
- 55%—Cost of nursing home or home care services
- 54%—Medical costs in the event of a serious illness or accident
- 47%—Prescription drugs will become unaffordable
- 45%—Cost of dental care
- 42%—Cost of needed vision services
- 41%—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 aged 35-54 reported the highest worry about medical costs in old age, and those aged 35-54 were most concerned about affording nursing home or home care costs. This suggests that District of Columbia respondents may be worried about affording the cost of care for both aging relatives and themselves.

Likewise, worry about affording health care was highest among respondents living in lower to middle-income households, those with a disabled household member, and those in the Ward 2 area (see Table 1). Overall, 85% of respondents with an annual household income between \$75,000 and \$100,000 reported worrying about affording some aspect of coverage or care in the past year. However, 72% of those earning over \$100,000 per year also reported concerns.³ In fact, concerns were consistent across all respondent income levels, education levels, races, ethnicities, geographic settings, and abilities.

Table 1

Percent Worried or Very Worried about Affording Health Care, by Income Group, Geographic Setting, Race/Ethnicity, and Disability

	Any Health Care Affordability Worry
Income	
Less than \$50,000	76%
\$50,000 - \$75,000	83%
\$75,000 - \$100,000	85%
More than \$100,000	72%
Geographic Setting	
Ward 1	77%
Ward 2	84%
Ward 3	73%
Ward 4	77%
Ward 5	69%
Ward 6*	71%
Ward 7*	75%
Ward 8	77%
Race/Ethnicity	
Respondents of Color**	79%
Black/African American	77%
White Alone, Non-Hispanic/Latino	71%
Insurance Type	
Health insurance through my or a family members employer	77%
Health insurance that I buy on my own	74%
Medicare, coverage for seniors and those with disabilities	70%
DC Healthy Families, District of Columbia Medicaid	79%
Disability***	
Household does not include a person with at least one disability	71%
Household includes a person with at least one disability	87%

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

*The sample size of respondents for the geographic settings shown above were insufficient to report reliable estimates.

**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.

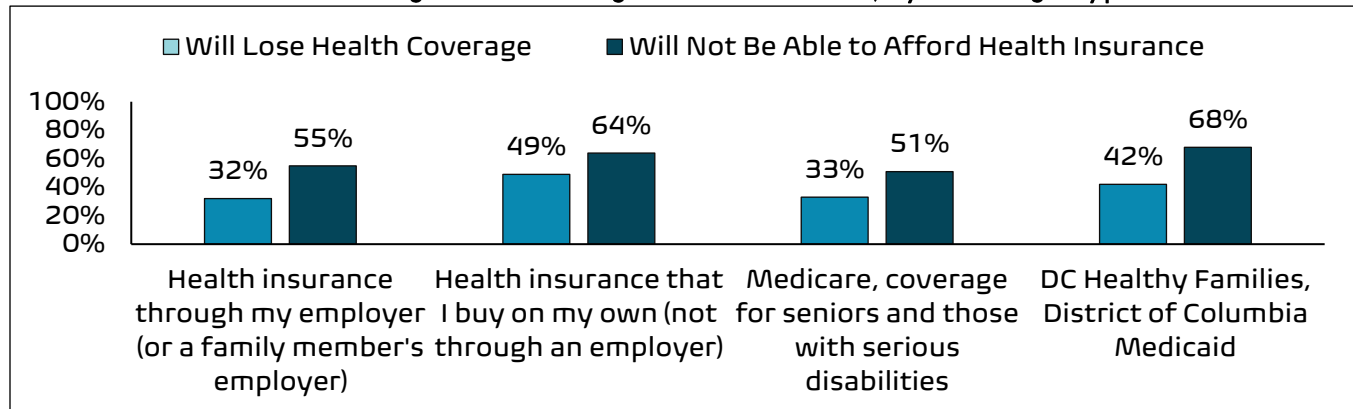
***Respondents were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision, and self-care.

Respondents with Medicaid most frequently reported being worried about affording health care, followed closely by respondents with individual health insurance, such as coverage purchased through an employer (see Figure 1). Although DC Healthy Families, the state Medicaid program, offers coverage for a variety of physical, dental and behavioral health services, this data point may indicate that Medicaid enrollees have faced financial barriers to receiving services not covered by the plan.

Concern that health insurance will become unaffordable is also more prevalent among certain groups. Respondents with an annual household income between \$75,000 and \$100,000 reported the highest rates of concern that health insurance will become too expensive, followed by respondents with an annual household income less than \$75,000. Likewise, respondents living in Ward 2 and respondents living in a

household that includes a person with a disability also reported the highest rates of concern that health insurance will become unaffordable (see Table 2).

Figure 1
Percent Worried about Losing and Affording Health Insurance, by Coverage Type



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

Although concerns about *affording* coverage surpassed fears about *losing* coverage across all income levels, regions, races, ethnicities and coverage types, the data indicates that certain respondents are more concerned about *losing* coverage than others. For example, those with an annual household income below \$50,000 reported the highest concern about losing coverage, as well as households with a person with a disability, and respondents living in the Ward 2 area (see Table 2).

Table 2
Percent Worried about Losing Health Insurance and Worried about Health Insurance Becoming Unaffordable, by Income, Geographic Setting, Race/Ethnicity, Disability and Insurance Type

	Losing Health Insurance	Health Insurance Becomes Unaffordable
Income		
Less than \$50,000	45%	59%
\$50,000 - \$75,000	31%	59%
\$75,000 - \$100,000	40%	69%
More than \$100,000	35%	55%
Geographic Setting		
Ward 1	32%	59%
Ward 2	49%	69%
Ward 3	37%	61%
Ward 4	39%	58%
Ward 5	35%	47%
Ward 6*	28%	52%
Ward 7*	39%	54%
Ward 8	37%	62%
Race/Ethnicity		
Respondents of Color**	39%	61%
White Alone, Non-Hispanic/Latino	35%	54%
Disability***		
Household does not include a person with a disability	32%	54%
Household includes a person with a disability	51%	68%

Insurance Type		
Health insurance through my or a family members employer	32%	55%
Health insurance that I buy on my own	49%	64%
Medicare, coverage for seniors and those with disabilities	33%	51%
DC Healthy Families, District of Columbia Medicaid	42%	68%

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

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***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.

DIFFERENCES IN HEALTHCARE AFFORDABILITY BURDENS

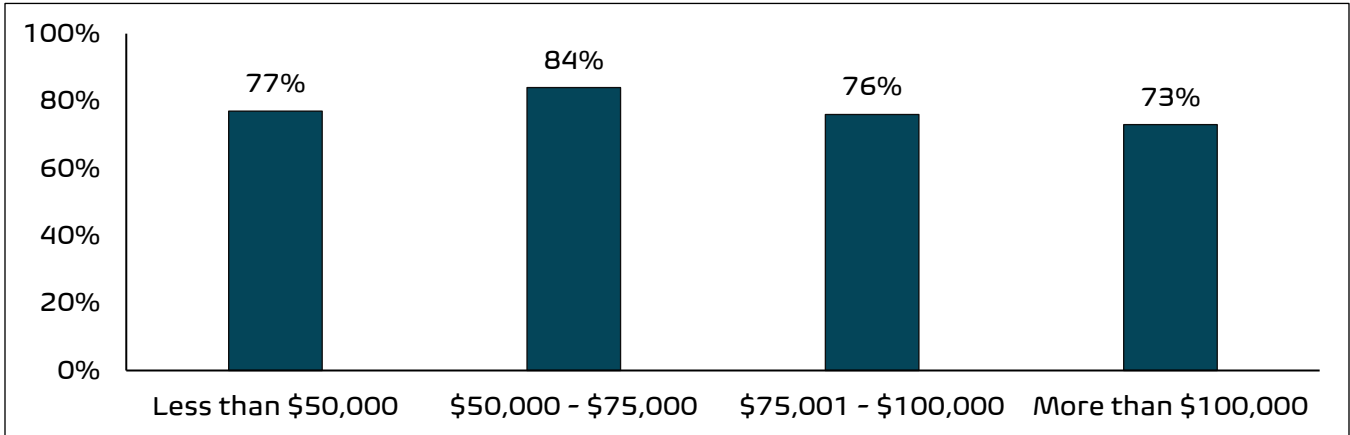
The survey also revealed differences in how District of Columbia respondents experience health care affordability burdens by income, age, geographic setting, disability, race and ethnicity.

INCOME AND AGE

Respondents at the lowest end of the income spectrum most frequently reported experiencing one or more health care affordability burdens. Greater than four out of five (84%) respondents earning less than \$75,000 per year reported struggling to afford some aspect of coverage or care in the past 12 months (see Figure 2). This may be related, 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).

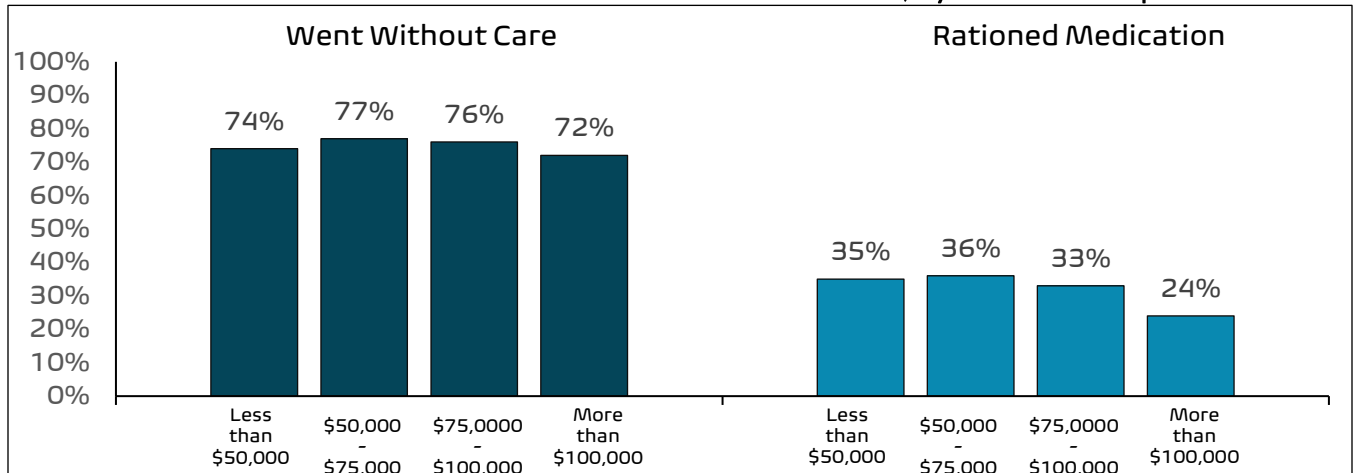
Figure 2

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



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

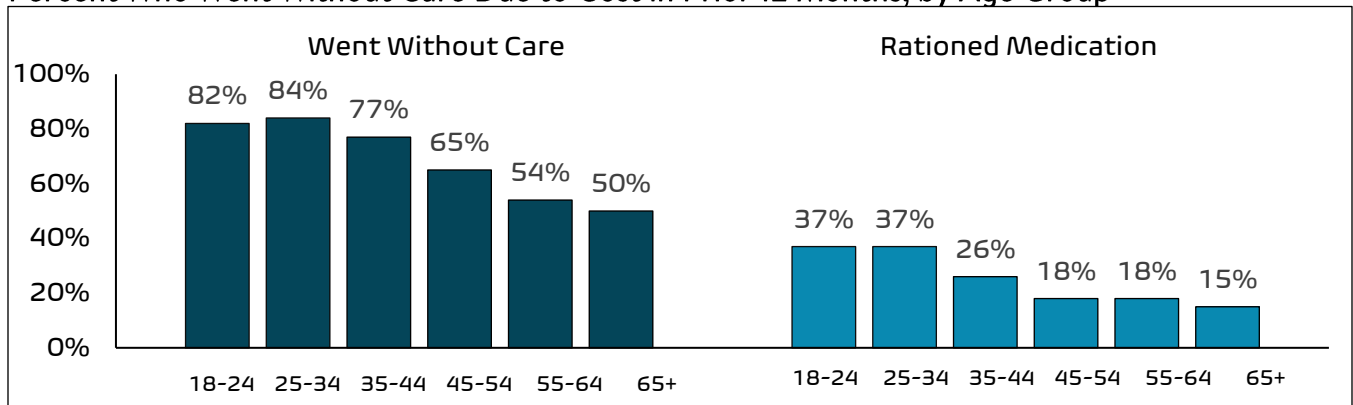
Figure 3
Percent Who Went Without Care Due to Cost in Prior 12 Months, by Income Group



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

Further analysis found that District of Columbia respondents aged 18-44 reported the highest rates of forgoing care due to cost. However, more than half of respondents aged 18-64 reported going without care due to financial barriers, signaling that the issue extends across age groups. Likewise, respondents aged 18-44 most frequently reported rationing medication due to cost compared to other age groups (see Figure 4).

Figure 4
Percent Who Went Without Care Due to Cost in Prior 12 Months, by Age Group



Source: 2024 Poll of District of Columbia 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 forgoing care and rationing medication due to cost. Of those included in this group, **89%** reported going without some form of care and **42%** reported rationing medication due to cost in the past year. In contrast, fewer respondents living in a household *without* a person with a disability reported forgoing care (**67%**) and rationing medication (**24%**) due to cost (see Table 4).

Additionally, respondents living in households with a person with a disability more frequently reported skipping necessary mental health, addiction treatment, vision and dental care services due to cost compared to respondents living in households without a person with a disability (see Table 3).

Those with disabilities also face health care affordability burdens unique to their disabilities— **13%** 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. Only 4% of respondents in households without a disabled person 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 a Disability	Household Includes a Person with a Disability
Avoided going to the doctor or having a procedure done altogether	14%	15%
Problems getting mental health care	14%	20%
Problems getting addiction treatment	7%	13%
Skipped needed dental care	17%	22%
Skipped or delayed getting a medical assistive device	4%	13%
Skipped needed vision services	10%	15%

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 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.

INSURANCE TYPE

People with different types of insurance navigate the health care system in varying ways. Those with private insurance may face higher premiums and out-of-pocket costs, while individuals enrolled in Medicaid or Medicare generally have lower costs but may encounter limited provider options, greater restrictions around covered services, and longer wait times for services.

In District of Columbia, respondents who purchased insurance independently 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, nearly three out of four (72%) of respondents with Medicaid coverage also went without care due to cost in the twelve months prior to taking the survey.

RACE AND ETHNICITY

White alone, non-Hispanic/Latino respondents reported going without care due to cost more frequently than respondents of color. However, these respondents reported lower rates of rationing medication due to financial concerns compared to respondents of color. There are a variety of potential consequences related to postponing health care and medication rationing, highlighting the importance of addressing cost-related barriers to address health disparities.

In the District of Columbia, seventy-five percent (75%) of white alone, non-Hispanic/Latino respondents reported going without care due to cost in the past twelve months compared to 73% of respondents of color (see Table 4). Further analysis showed that respondents of color reported higher rates of skipping dental services, vision services, and purchasing a medical assistive device (see Figure 5).

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	Did Not Fill a Prescription, Cut Pills in Half or Skipped a Dose Due to Cost
Geographic Setting		
Ward 1	75%	29%
Ward 2	81%	36%
Ward 3	75%	21%
Ward 4	71%	33%
Ward 5	72%	29%
Ward 6*	65%	25%
Ward 7*	66%	26%
Ward 8	78%	31%
Race/Ethnicity		
Respondents of Color**	73%	31%
White Alone, Non-Hispanic/Latino	75%	25%
Insurance Type		
Health insurance through my or a family members employer	72%	26%
Health insurance that I buy on my own	88%	34%
Medicare, coverage for seniors and those with disabilities	58%	23%
DC Healthy Families, District of Columbia Medicaid	72%	30%
Disability***		
Household does not include a person with a disability	67%	24%
Household includes a person with a disability	89%	42%

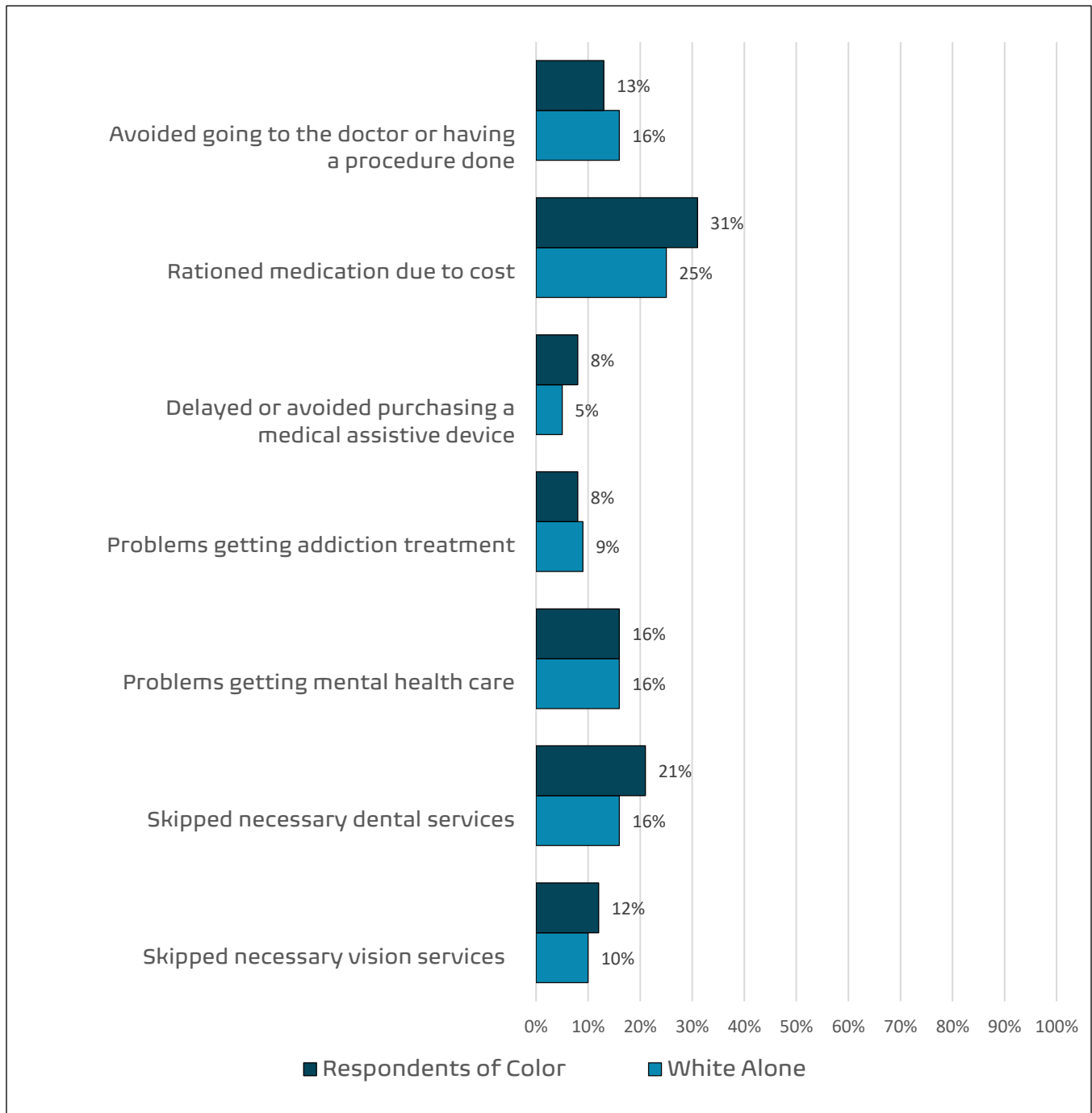
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***Respondents were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision, and self-care.

Figure 5
Percent Who Went Without Select Types of Care Due to Cost, by Race/Ethnicity



Source: 2024 Poll of District of Columbia Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey
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In an effort to explore the impact high health costs have on individuals, respondents were also asked to describe a time that they were unable to get health care due to cost (see Table 5). These anecdotes highlight affordability challenges, underscore the impact of health care costs on individuals, and emphasize the need for solutions to reduce financial barriers to care.

Table 5

Select Responses to: “Please describe a time that you did not get a health care service due to cost in the last twelve months,” by Insurance Status

Health Insurance through an Employer
<ul style="list-style-type: none"> • “Could not afford transportation to doctor so had to delay appointment to next paycheck.” • “Dentist suggested a new bridge as my teeth will eventually need it, I chose to wait as the cost was at least 5 figures even with insurance.” • “I delayed an exam until the calendar year changed in order to use a HSA.” • “I did not get a gastroscopy because it was very expensive. Instead, I will have it done in another country, because it's cheaper to buy a plane ticket than to pay the procedure in the US.” • “I didn't get some needed tests because it would be too expensive.” • “I discontinued some care due to cost of multiple weekly visits, and postponed imaging and dental work.” • “I have been diagnosed with late stage Lyme disease that went undiagnosed for years. All the providers who actually treat this disease work "out of network" for insurance purposes. I cannot afford all the prescribed treatments.”
Insurance Purchased by the Respondent
<ul style="list-style-type: none"> • “Couldn't get one of my prescriptions because it was not covered by my insurance about a week ago.” • “Decided to delay getting a colonoscopy because it was not covered by her insurance.” • “Needed a lot of additional bloodwork that was not going to be adequately covered.” • “Broke a dental crown/inlay and didn't get it replaced because of the cost.” • “I hurt my foot a few months ago and have a limp, but I still haven't been able to go see a doctor.”
Medicare, Coverage for Seniors and Individuals with Disabilities
<ul style="list-style-type: none"> • “Can't see an eye specialist for double vision; pay for corrective lenses and I can't afford a hearing aid or gum surgery.” • “I was unable to get an appointment with a specialist any sooner than 6 weeks. • “I wanted to get the RSV vaccine but my Medicare would not cover it so I couldn't afford it at \$389.” • “I have been unable to afford the cost of dental implants.” • “I delayed dental care until the next year because I do not get enough coverage for maintenance during old age. After that, my insurance company no longer covered us with the providers in the system. I have to find a new provider which is a problem.” • “I am pre-diabetic and my insurance will not fill my prescription.” • “Did not go to an eye specialist for corrective surgery or gum surgery, for lack of money. Did not go for a colonoscopy for lack of transportation.”
Health First DC Healthy Families, District of Columbia Medicaid
<ul style="list-style-type: none"> • “I had to have a root canal and couldn't afford it at the time so I had to reschedule.” • “CT scan wasn't approved by Medicaid.” • “Daughter wasn't able to see the eye doctor or receive glasses.” • “Didn't get new glasses due to not being covered by insurance.” • “Getting medication for anxiety and depression. What I was originally prescribed couldn't be covered by my insurance.” • “I don't have transportation so if the healthcare doesn't provide one then I'm stuck.” • “I have not had the dental work I needed done because it simply was far too expensive. I have occasionally been going to Mexico to have the work done there instead because even without insurance, it is infinitely cheaper to have done there.”
No Insurance Coverage/Uninsured
<ul style="list-style-type: none"> • “I need a crown on my tooth but have been putting it off due to cost.” • “I have AD, I do not take medication because I can not afford to pay for it because I do not have health insurance.” • “I attempted to get mental health service and was asked to pay money upfront.” • “A prescription was costing about \$3000/mo. All other prescription were cost about \$1000/mo. We weren't informed about manufacturer assistance for several months.”

ENCOUNTERING MEDICAL DEBT

In the absence of affordable care options, individuals may find themselves burdened by medical costs. To explore the impact of unaffordable medical care, survey participants were asked whether they have had to do 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.

The survey results revealed that respondents of color reported enduring at least one of the previous experiences more frequently than white respondents. Likewise, respondents who have or live with a person with a disability also reported navigating medical cost burdens more frequently than respondents without a disabled household member, and respondents with health insurance purchased on their own reported the highest rates of the above burdens due to medical bills (62%) compared to respondents with all other insurance types (see Table 6).

Table 6
Percent who Experienced a Medical Cost Burden in the Previous 12 Months, by Income, Geographic Setting, Race/Ethnicity, Insurance Type, and Disability Status

	Experienced a Medical Cost Burden
Income	
Less than \$50,000	52%
\$50,000 - \$75,000	53%
\$75,000 - \$100,000	47%
More than \$100,000	42%
Geographic Setting	
Ward 1	44%
Ward 2	55%
Ward 3	48%
Ward 4	47%
Ward 5	46%
Ward 6*	40%
Ward 7*	42%
Ward 8	44%
Race/Ethnicity	
Respondents of Color**	48%
White Alone, Non-Hispanic/Latino	44%
Insurance Type	
Health insurance through my or a family members employer	44%
Health insurance that I buy on my own	62%
Medicare, coverage for seniors and those with disabilities	39%
DC Healthy Families, District of Columbia Medicaid	42%
Disability Status***	
Household does not include a member with at least one disability	38%
Household includes a member with at least one disability	67%

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

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IMPACT OF AND WORRY RELATED TO HOSPITAL CONSOLIDATION

In the past year, **35%** of respondents reported that they were aware of a merger or acquisition in their community—of those respondents, **41%** reported that they or a family member were unable to access their preferred health care organization because of a merger that made their preferred organization out-of-network. Out of those who reported being unable to access their preferred healthcare provider due to a merger:

- **62%** delayed or avoided going to the doctor or having a procedure done because they could no longer access their preferred health care organization due to a merger,
- **31%** skipped filling a prescription medication,
- **28%** skipped recommended follow-up visits due to a merger,
- **17%** changed their preferred doctor or hospital to one that is in-network, and
- **10%** had to change their preferred provider due to a merger resulting in a service closure.

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

- **38%** – The merger created an added wait time when searching for a new provider
- **23%** – The merger created an added financial burden
- **18%** – The merger created a gap in the continuity of my care

While a smaller portion of respondents reported being unable to access their preferred health care organization because of a merger, far more respondents (**66%**) reported being somewhat, moderately, or very worried about the impacts of mergers in their health care organizations. When asked about their largest concern respondents most frequently reported:

- **27%** – I'm concerned I will have fewer choices of where to receive care
- **24%** – I'm concerned I will have to pay more to see my doctor
- **22%** – I'm concerned my doctor may no longer be covered by my insurance
- **14%** – I'm concerned I will have to travel farther to see my doctor
- **13%** – I'm concerned I will have a lower quality of care

DISSATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

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

- Just **40%** agreed or strongly agreed that “we have a great healthcare system in the U.S.,”
- While **73%** agreed or strongly agreed that “the system needs to change.”

To investigate further, the survey asked respondents to share their perspectives on both personal and governmental actions to address the high health costs.

PERSONAL ACTIONS

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

- **60%** of respondents reported researching the cost of a drug beforehand, and

- 53% said they would be willing to switch from a brand name to an equivalent generic drug if given the chance.

When asked to select the top three personal actions they felt would be most effective in addressing health care affordability (out of ten options), the most common responses were:

- 70% – Take better care of my personal health
- 45% – Research treatments myself before going to the doctor
- 34% – Do more to compare provider cost and quality before getting services
- 21% – Contact my state representatives asking them to address high healthcare prices and lack of affordable coverage options
- 20% – Contact my federal representatives asking them to address high healthcare prices and lack of affordable coverage options
- 14% - There is not anything I can do personally to change to make our health system work better.

GOVERNMENT ACTIONS

District of Columbia 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. Respondents most frequently chose:

- 44% – Health care
- 39% – Affordable Housing
- 38% – Economy/Joblessness

When asked about the top three health care priorities the government should address, respondents most frequently chose:

- 37% – Address high health care costs, including prescription drugs
- 31% – Get health insurance to those who cannot afford coverage
- 28% – Improve Medicare, coverage for seniors and those with serious disabilities
- 27% – Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition

Out of fifteen possible options, District of Columbia respondents most frequently reported believing that the reason for high health care costs is unfair prices charged by powerful industry stakeholders, such as:

- 63% – Drug companies charging too much money
- 61% – Insurance companies charging too much money
- 61% – Hospitals charging too much money

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

- 90% – Cap out-of-pocket costs for life-saving medications, such as insulin
- 89% – Require hospitals and doctors to provide up-front cost estimates to consumers
- 89% – Show what a fair price would be for specific procedures
- 89% – Require insurers to provide up-front cost estimates to consumers

- **88%** - Require drug companies to provide advanced written notice of price increases and information to justify those increases
- **88%** – Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes
- **88%** - Expand health insurance options so that everyone can afford quality coverage
- **88%** – Set standard prices for drugs to make them affordable

SUPPORT FOR ACTION ACROSS PARTY LINES

There is 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. Annual surveys can help assess whether progress is being made.

Table 7

Percent Who Agreed or Strongly Agreed that the Government Should Employ Select Strategies, by Political Affiliation

Selected Survey Statements/Questions	Total Percent	Do you consider yourself a...		
		Republican	Democrat	Neither
<i>We have a great healthcare system in the U.S.</i>	40%	51%	43%	25%
<i>The U.S. healthcare system needs to change.</i>	73%	60%	81%	64%
The government should cap out-of-pocket costs for life-saving medications, such as insulin.	90%	82%	93%	86%
The government should require hospitals and doctors to provide up front patient cost estimates.	89%	84%	93%	84%
The government should show what a fair price would be for a specific procedure.	89%	87%	93%	81%
The government should require insurers to provide up-front cost estimates to consumers.	89%	79%	94%	83%
The government should require drug companies to provide advance notice of price increases and information to justify those increases.	88%	82%	93%	84%
The government should authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes.	88%	80%	94%	81%
The government should expand health insurance options so that everyone can afford quality coverage.	88%	78%	93%	82%
Set standard prices for drugs to make them affordable.	88%	82%	92%	81%

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

NOTES

1. Of the 74% of respondents who encountered one or more cost-related barriers to getting health care during the past twelve months, 17% did not fill a prescription and 16% cut pills in half or skipped doses of medicine due to cost.
2. Eighteen percent (16%) had problems getting mental health care and 8% had problems getting addiction treatment.
3. Median household income in District of Columbia is \$101,722 (2018-2022). U.S. Census, *Quick Facts*. Retrieved from: U.S. Census Bureau QuickFacts, [U.S. Census Bureau QuickFacts: District of Columbia](#).

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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HEALTHCARE VALUE HUB

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 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	Demographic Characteristic	Frequency	Percentage
Gender/Orientation			Household Income		
Woman	619	57%	Under \$20K	151	14%
Man	435	40%	\$20K - \$29K	87	8%
Transwoman	7	1%	\$30K - \$39K	60	6%
Transman	1	<1%	\$40K - \$49K	55	5%
Genderqueer/Nonbinary	11	1%	\$50K - \$59K	85	8%
LGBTQ+ Community	254	24%	\$60K - \$74K	66	6%
Insurance Type			\$75K - \$99K	132	12%
Health insurance through my or a family member’s employer	470	44%	\$100K - \$149K	183	17%
Health insurance I buy on my own	225	21%	\$150K+	260	24%
Medicare, coverage for seniors and those with serious disabilities	128	12%	Education Level		
DC Healthy Families, District of Columbia Medicaid	171	16%	Some high school	28	3%
TRICARE/Military Health System	17	2%	High school diploma/GED	174	16%
Department of Veterans Affairs	12	1%	Some college or training/certificate program	170	16%
No coverage of any type	23	2%	Associate degree	62	6%
I don’t know	33	3%	Bachelor’s degree	233	22%
Race			Some graduate school	50	5%
American Indian/Native Alaskan	29	3%	Graduate degree	362	34%
Asian	70	6%	Self-Reported Health Status		
Black or African American	413	38%	Excellent	311	29%
Native Hawaiian/Other Pacific Islander	19	2%	Very Good	394	37%
White	540	50%	Good	277	26%
Prefer Not to Answer	17	2%	Fair	86	8%
Two or More Races	74	7%	Poor	11	1%
Ethnicity			Disability		
Hispanic or Latino	72	7%	Mobility	122	11%
Non-Hispanic or Latino	1007	93%	Cognition	109	10%
Age			Independent Living	99	9%
18-24	272	25%	Hearing	45	4%
25-34	307	29%	Vision	49	5%
35-44	181	17%	Self-Care: Difficulty dressing or bathing	55	5%
45-54	133	13%	No disability or long-term health condition	753	70%
55-64	92	9%	<i>Source: 2024 Poll of District of Columbia Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey</i>		
65+	79	7%			
Party Affiliation					
Republican	170	16%			
Democrat	617	57%			
Neither	292	27%			

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.