

New Hampshire 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 1,300 New Hampshire adults, conducted from March 26 to May 14, 2024, found that:

- Over 3 in 5 (71%) 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 (34% versus 21%); delaying or going without care due to cost (83% versus 64%); 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;
- Thirty-three percent of respondents of color skipped needed medical care due to distrust of or feeling disrespected by health care providers, compared to 19% of white alone, non-Hispanic respondents; and
- Sixty percent of all respondents think that people are treated unfairly based on their race or ethnic background somewhat or very often in the U.S. health care system.

DIFFERENCES IN AFFORDABILITY BURDENS & CONCERNS

RACE AND ETHNICITY

Health disparities and a lack of affordable care negatively impact many communities of color, particularly Black, Hispanic, and Latino communities.^{1,2} New Hampshire 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

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	70%	82%
Any Health Care Affordability Worry	83%	87%
Rationed Medication Due to Cost	23%	41%
Delayed or Went Without Care Due to Cost	68%	81%
Experienced a Cost Burden due to Medical Bills	40%	54%

Source: 2024 Poll of New Hampshire 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

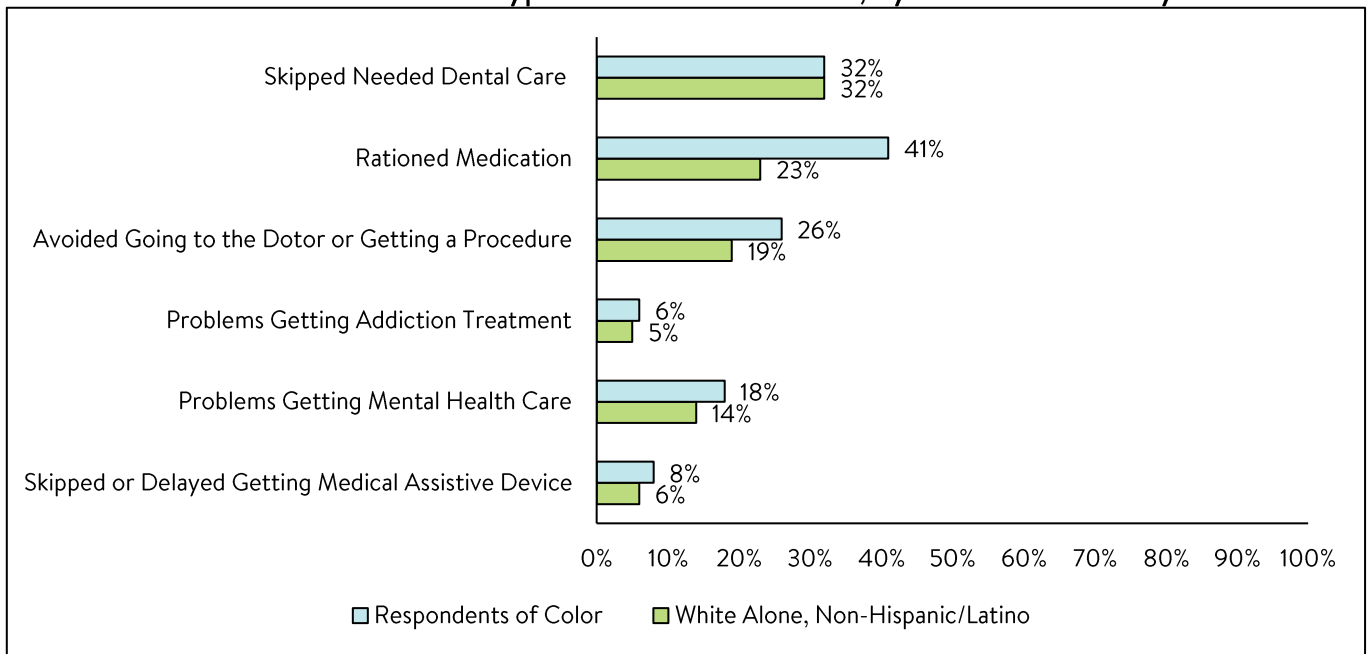
Hawaiian or another Pacific Islander. The quantity of responses for individual groups not shown above were insufficient to report reliable estimates. We regret that we were not able to provide reliable estimates for each individual group to better represent the diverse communities of New Hampshire.

Respondents of color also more frequently reported difficulty attaining select types of care compared to white, non-Hispanic respondents (see Figure 1).

A small share of respondents also reported barriers to care that were unique to their ethnic or cultural backgrounds. Thirteen (1% 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 16 (1% of) respondents reported not getting needed care because they couldn't find a doctor who spoke their language.

Figure 1

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



Source: 2024 Poll of New Hampshire 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 82% struggling to afford health care in the past twelve months (see Table 2). Additionally, 36% 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.

Affordability issues affected many New Hampshire respondents of all income groups. Notably, respondents making \$75,000 - \$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 (52%) compared to respondents in all other income groups.

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

	Less than \$50,000	\$50,000 – \$75,000	\$75,000-\$100,000	More than \$100,000
Any Health Care Affordability Burden	82%	72%	77%	63%
Any Health Care Affordability Worry	87%	86%	88%	79%
Rationed Medication Due to Cost	36%	24%	25%	20%
Delayed or Went Without Care Due to Cost	80%	70%	75%	61%
Experienced a Financial Burden due to Medical Bills	50%	42%	52%	33%

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

New Hampshire respondents with a Bachelor’s or graduate degree reported experiencing a health care affordability burden less frequently than respondents with lower education levels. Respondents with some high school education and a high school diploma or GED reported experiencing a health care affordability burden (81%), rationing medication due to cost (34%) and delaying or forgoing care due to cost (77%) 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 that 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 & High School Diploma or GED	Some College, Training, or Certificate Program	Associate Degree	Bachelor’s Degree	Some Graduate School & Graduate Degree
Any Health Care Affordability Burden	81%	75%	75%	68%	62%
Any Health Care Affordability Worry	85%	87%	88%	81%	80%
Rationed Medication Due to Cost	34%	25%	28%	22%	21%
Delayed or Went Without Care Due to Cost	77%	74%	72%	66%	62%
Experienced a Cost Burden Due to Medical Bills	47%	46%	46%	36%	36%

Source: 2024 Poll of New Hampshire 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 New Hampshire, 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 (91% versus 80%) and losing health insurance compared to respondents without a disability or who do not live with a person with a disability (39% versus 23%).

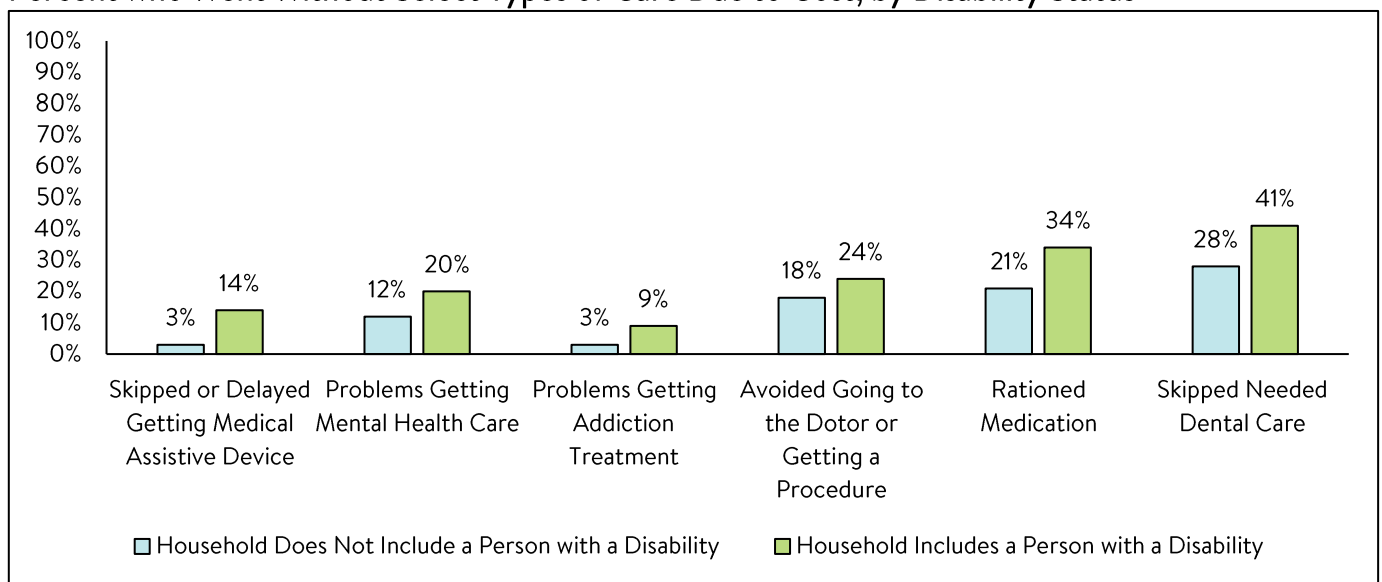
Table 4
Percent Who Experienced Health Care Affordability Burdens, by Disability Status

	Household Includes a Person with a Disability	Household Does Not Include a Person with a Disability
Any Health Care Affordability Burden	85%	66%
Any Health Care Affordability Worry	91%	80%
Rationed Medication Due to Cost	34%	21%
Delayed or Went Without Care Due to Cost	83%	64%
Experienced a Cost Burden due to Medical Bills	60%	33%

Source: 2024 Poll of New Hampshire 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. Fourteen percent (14%) 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 3% 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 12% 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 New Hampshire Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

GENDER AND LGBTQIA2S+ IDENTITY

The survey revealed notable differences in health care affordability burdens and concerns based on gender and LGBTQIA2S+ identity. Women reported higher rates of experiencing at least one affordability burden in the past year compared to men (74% versus 68%) (see Table 5). They also more frequently reported delaying or forgoing care due to cost and reported higher rates of rationing medications by not filling prescriptions, skipping doses, or cutting pills in half. 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 (88% versus 79%).

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

	Women	Men
Any Health Care Affordability Burden	74%	68%
Any Health Care Affordability Worry	88%	79%
Rationed Medication Due to Cost	25%	24%
Delayed/Went Without Care Due to Cost	71%	66%
Experienced a Cost Burden due to Medical Bills	44%	37%

Source: 2024 Poll of New Hampshire 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 39% reporting rationing medication due to cost compared to 23% 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	85%	69%
Any Health Care Affordability Worry	91%	83%
Rationed Medication Due to Cost	39%	23%
Delayed/Went Without Care Due to Cost	82%	67%
Experienced a Cost Burden due to Medical Bills	55%	39%

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

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 New Hampshire, a quarter (25%) 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 (42%), disability (21%), race (21%), gender or gender identity (17%), ethnic background (16%), and education level (15%). In lesser numbers, some respondents also cited sexual orientation (6%), experience with violence or abuse (8%), 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 (see Table 7).

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?”

“As a woman, I often get stalled on having my concerns taken seriously. My specialists have been far more responsive than my PCP. Barely a year ago, a replacement PCP waited [sic] off my concerns two days before I suffered a stroke.”

“Even if desperately ill we won’t go because they don’t listen and have treated us rude and because we don’t know what the costs will be.”

“Getting care as a transgender disabled person I have a hard time being listened to.”

“Greatly, as a recovering addict, single mom living in a shelter with no transportation or support, medical professionals tend to dismiss our needs and [sic] requests. They always assume my only goal there is drug seeking or attention or I’m just lying and ‘crazy.’”

“I think I’ve been rushed through my doctor’s appointments because they don’t like my race or what I had to tell them. Didn’t feel like I was taken serious.”

Source: 2024 Poll of New Hampshire 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, 33% of respondents with Medicaid coverage reported going without care due to distrust or perceived disrespect, compared to only 17% 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 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:

- Over 1 in 6 (18%) cited policies and practices built into the health care system;
- Nearly 1 in 6 (16%) cited the actions and beliefs of individual health care providers; and
- Over 2 in 5 (43%) believe it is an equal mixture of both.

DISATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

Given this information, it is not surprising that **78%** of New Hampshire 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 New Hampshire residents want their policymakers to pursue, see: *New Hampshire Residents Struggle to Afford High Healthcare Costs; Worry about Affording Healthcare in the Future; Support Government Action across Party Lines*, Healthcare Value Hub (July 2024).

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	39%	20%
Race/Ethnicity		
Respondents of Color	68%	33%
White, Non-Hispanic/Latino	35%	19%
Disability Status		
Household does not include a person with a disability	34%	15%
Household includes a person with a disability	50%	33%
Insurance Type		
Health insurance through my or a family members employer	37%	17%
Health insurance I buy on my own	55%	40%
Medicare, coverage for seniors and those with disabilities	23%	10%
New Hampshire Medicaid, coverage for low-income earners	58%	33%
Income Group		
Less than \$50,000	47%	23%
\$50,000 - \$75,000	38%	18%
\$75,000 - \$100,000	42%	30%
More than \$100,000	34%	17%
Education Level		
Some High School & High School Diploma/GED	48%	27%
Some College, Training, or Certificate Program	35%	16%
Associate's Degree	39%	19%
Bachelor's Degree	35%	14%
Graduate School & Graduate Degree	39%	25%
Gender & LGBTQIA2S+		
Female	38%	19%
Male	38%	21%
LGBTQIA2S+	56%	35%
Non-LGBTQIA2S+	37%	18%

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

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 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 Robert Wood Johnson 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.

Contact the Hub:

www.HealthcareValueHub.org | [@HealthValueHub](https://twitter.com/HealthValueHub)

© 2024 Altarum | www.altarum.org



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 26 to May 14, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in New Hampshire. 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 1,328 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 & LGBTQIA2S+ Identity		
Woman	780	59%
Man	527	40%
Transwoman	3	<1%
Transman	5	<1%
Genderqueer/Nonbinary	10	<1%
LGBTQIA2S+ Identity	161	12%
Insurance Type		
Health insurance through employer or family member’s employer	555	42%
Health insurance I buy on my own	145	11%
Medicare, coverage for seniors and those with serious disabilities	334	25%
New Hampshire Medicaid, coverage for low-income earners	163	12%
TRICARE/Military Health System coverage	19	1%
Department of Veterans Affairs (VA) Health Care	24	2%
No coverage of any type	69	5%
I don’t know	19	1%
Race & Ethnicity		
American Indian or Native Alaskan	27	2%
Asian	31	2%
Black or African American	19	1%
Native Hawaiian or Other Pacific Islander	1	<1%
White	1,240	93%
Prefer Not to Answer	16	1%
Two or More Races	43	3%
Hispanic or Latino	34	3%
Non-Hispanic or Latino	1,294	97%
Age Group		
18-24	157	12%
25-34	256	19%
35-44	225	17%
45-54	242	18%
55-64	250	19%
65+	195	15%
Political Affiliation		
Republican	351	26%
Democrat	370	28%
Neither	607	46%

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

Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	125	9%
\$20K-\$29K	100	8%
\$30K - \$39K	104	8%
\$40K - \$49K	137	10%
\$50K - \$59K	133	10%
\$60K - \$74K	142	11%
\$75K - \$99K	205	15%
\$100K - \$149K	221	17%
\$150K+	161	12%
Education Level		
Some high school	42	3%
High school diploma/GED	256	19%
Some college or training/certificate program	317	24%
Associate’s degree	141	11%
Bachelor’s degree	293	22%
Some graduate school	43	3%
Graduate degree (e.g., MA, PhD, JD)	236	18%
Self-Reported Health Status		
Excellent	167	13%
Very Good	436	33%
Good	483	36%
Fair	206	16%
Poor	36	3%
Disability		
Mobility: Serious difficulty walking or climbing stairs	213	16%
Cognition: Serious difficulty concentrating, remembering or making decisions	140	11%
Independent Living: Serious difficulty doing errands alone, such as visiting a doctor’s office	87	7%
Hearing: Deafness or serious difficulty hearing	115	9%
Vision: Blindness or serious difficulty seeing, even when wearing glasses	55	4%
Self-Care: Difficulty dressing or bathing	52	4%
No disability or long-term health condition	890	67%

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.