



DATA BRIEF | NOVEMBER 2024

Idaho 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 1,300 Idaho adults, conducted from September 6 to September 30, 2024, found that:

- Over 4 in 5 (81%) experienced at least one health care affordability burden in the past year;
- 4 in 5 (80%) worry about affording health care in the future;
- Nearly 4 in 5 (79%) of all respondents delayed or went without health care due to cost in the last twelve months;
- Respondents with low-income 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, Idaho adults experience hardship due to high health care costs. In the past twelve months, 8 out of 10 (81%) respondents experienced at least one of the following health care affordability burdens:

1) BEING UNINSURED DUE TO HIGH COSTS

Nearly 2 in 5 (38%) 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, 46% of respondents without dental insurance and 36% 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 4 in 5 (79%) of all respondents reported delaying or going without health care during the prior 12 months due to cost:

- 33%—Cut pills in half, skipped doses of medicine or did not fill a prescription¹
- 26%—Skipped needed dental care
- 25%—Skipped a recommended medical test or treatment
- 24%—Delayed going to the doctor or having a procedure done
- 19%—Had problems getting mental health care or addiction treatment²
- 18%—Skipped needed vision services
- 15%—Avoided going to the doctor or having a procedure done altogether
- 9%—Skipped needed hearing services
- 6%—Skipped or delayed getting a medical assistive device

Moreover, respondents most frequently cited cost as the reason for them or their family members not getting care in the last year (25%) followed by not being able to get an appointment (18%), 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 (47%) of respondents reported experiencing one or more of these struggles to pay their medical bills:

- 18%—Were contacted by a collection agency
- 18%—Were unable to pay for basic necessities like food, heat or housing
- 16%—Used up all or most of their savings
- 16%—Borrowed money, got a loan, or another mortgage on their home
- 12%—Racked up large amounts of credit card debt
- 10%—Were placed on a long-term payment plan
- 7% - Asked for donations (GoFundMe campaigns)

HIGH LEVELS OF WORRY ABOUT AFFORDING HEALTH CARE IN THE FUTURE

Idaho respondents also exhibit high levels of worry about affording health care in the future. Four in five (80%) reported being “worried” or “very worried” about affording some aspect of health care in the future, including:

- 63%—Cost of nursing home or home care services
- 63%—Health insurance will become unaffordable
- 62%—Medical costs when elderly
- 61%—Medical costs in the event of a serious illness or accident
- 57%—Prescription drugs will become unaffordable
- 57%—Cost of dental care
- 51%—Cost of needed vision services
- 50%—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 18-24 and those 45-64 reported the highest worry about medical costs in old age. Those aged 35-54 were most concerned about affording nursing home or home care costs. This suggests that Idaho 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 low-income households, those with a disabled household member, and those in the non-rural areas (see Table 1). Overall, 87% 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	84%
\$50,000 - \$75,000	81%
\$75,000 - \$100,000	87%
More than \$100,000	72%
Geographic Setting	
Rural	77%
Non-Rural	83%
Race/Ethnicity	
Respondents of Color*	88%
White Alone, Non-Hispanic/Latino	79%
Insurance Type	
Health insurance through my or a family members employer	79%
Health insurance that I buy on my own	86%
Medicare, coverage for seniors and those with disabilities	77%
Idaho Medicaid, coverage for people with low-income	81%
Disability**	
Household does not include a person with at least one disability	77%
Household includes a person with at least one disability	87%

Source: 2024 Poll of Idaho 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 Idaho.

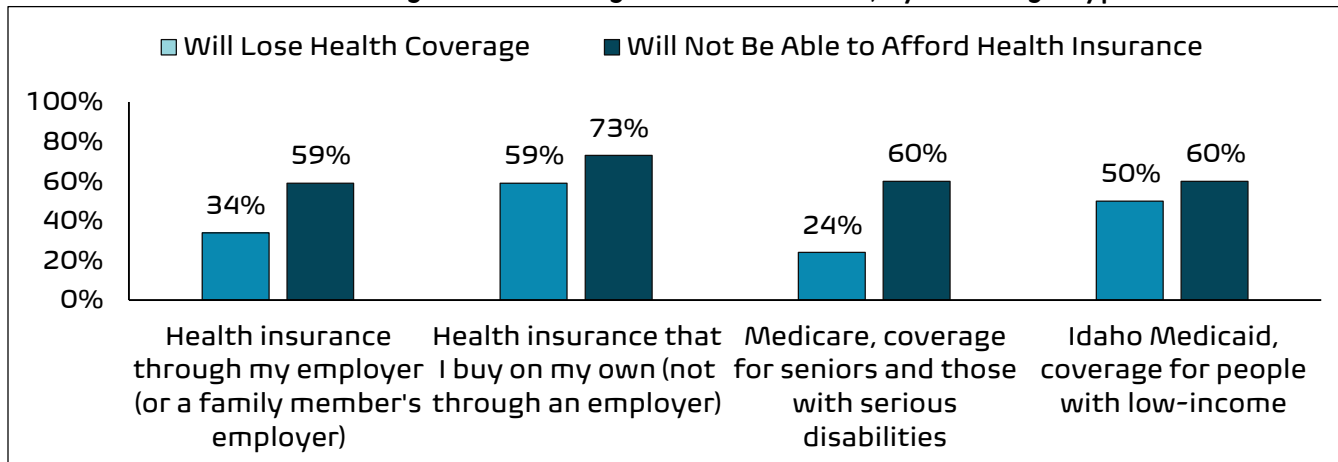
**Respondents were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision, and self-care.

Respondents reported worry about insurance becoming unaffordable more frequently than worry about losing coverage across all income levels, regions, races/ethnicities, and coverage types.

Concern that health insurance will become unaffordable was most prevalent among those with insurance purchased independently (see Figure 1), those earning \$75,000 - \$100,000, and those in non-rural areas. Likewise, respondents of color and those 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).

Although concerns about affording coverage surpassed fears about losing coverage, certain respondents were more concerned about losing health insurance coverage than others. Concerns about losing health insurance coverage were most prevalent among those with insurance purchased independently (see Figure 1), those earning \$75,000 - \$100,000, those in rural areas, and those with a disabled household member compared to their respective counterparts (see Table 2).

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



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

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	35%	67%
\$50,000 - \$75,000	38%	62%
\$75,000 - \$100,000	51%	75%
More than \$100,000	39%	53%
Geographic Setting		
Rural	47%	62%
Non-Rural	34%	65%
Race/Ethnicity		
Respondents of Color*	40%	61%
White Alone, Non-Hispanic/Latino	36%	70%
Disability**		
Household does not include a person with a disability	33%	60%
Household includes a person with a disability	50%	68%
Insurance Type		
Health insurance through my or a family members employer	34%	59%
Health insurance that I buy on my own	59%	73%
Medicare, coverage for seniors and those with disabilities	24%	60%
Idaho Medicaid, coverage for people with low-income	50%	60%

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

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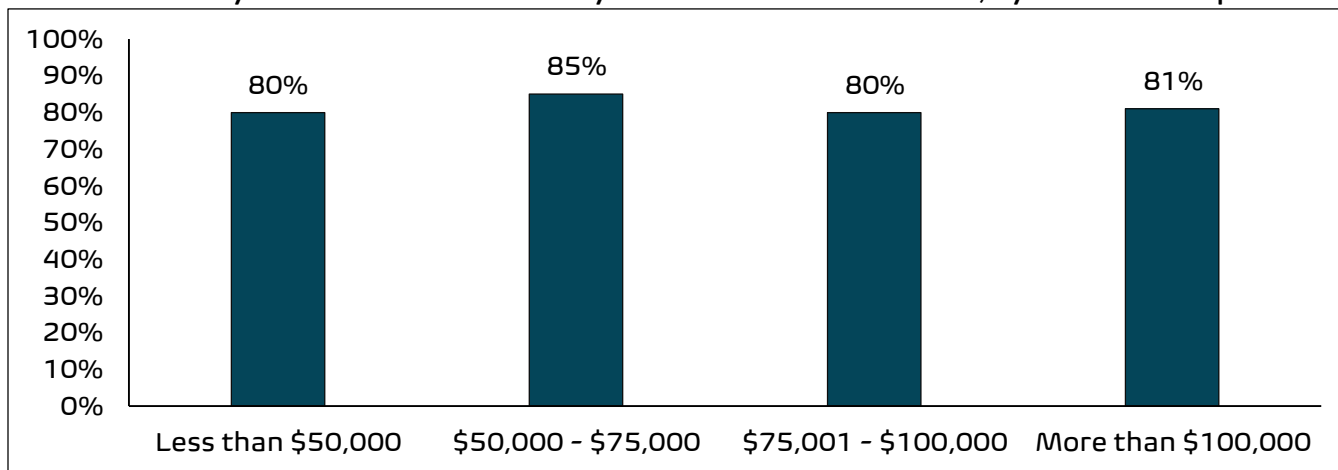
DIFFERENCES IN HEALTH CARE AFFORDABILITY BURDENS

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

INCOME AND AGE

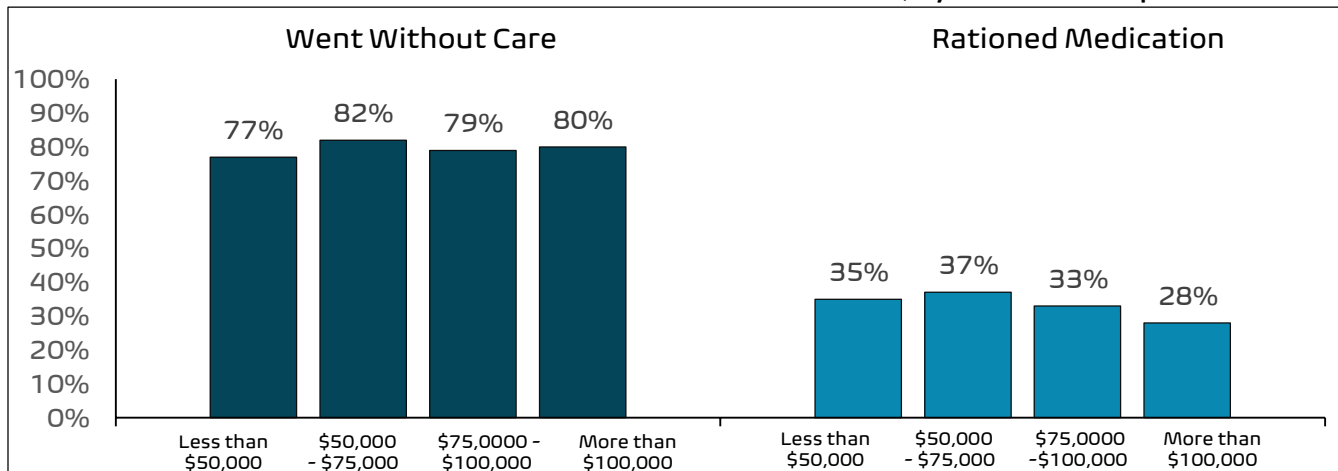
Respondents at the lower end of the income spectrum most frequently reported experiencing one or more health care affordability burdens. Over 4 out of 5 (85%) respondents earning less than \$75,000 per year reported struggling to afford some aspect of coverage or care in the past 12 months (see Figure 2). Respondents earning less than \$75,000 also reported 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 Idaho Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

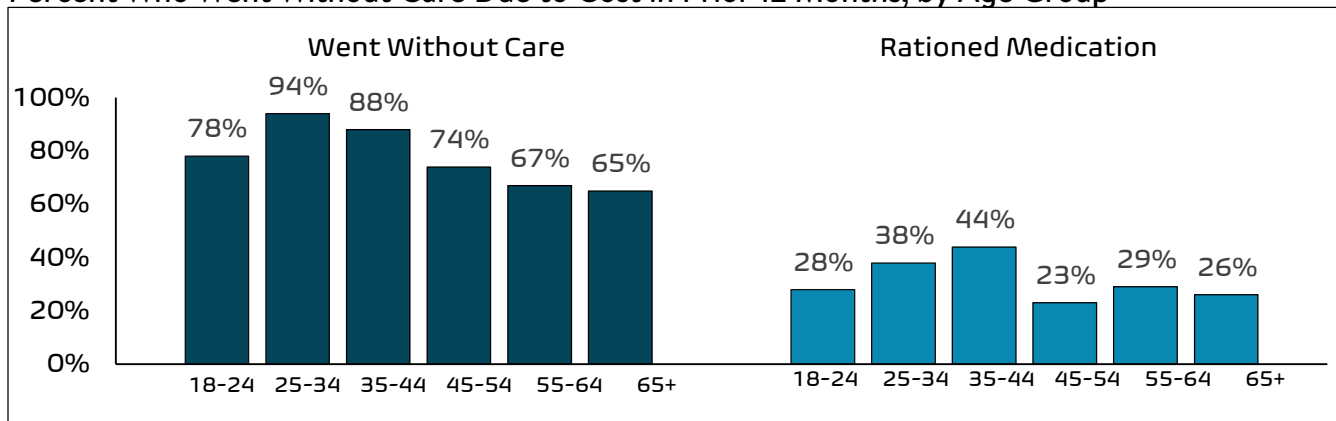
Figure 3
Percent Who Went Without Care Due to Cost in Prior 12 Months, by Income Group



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

Further analysis found that Idaho respondents aged 25-34 reported the highest rates of forgoing care due to cost. However, at least 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 Idaho 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 of forgoing care and rationing medication due to cost. Of those included in this group, **84%** reported going without some form of care and **41%** 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 (**77%**) and rationing medication (**28%**) 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— **8%** 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 **5%** 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	13%	19%
Problems getting mental health care	11%	18%
Problems getting addiction treatment	7%	10%
Skipped needed dental care	24%	30%
Skipped or delayed getting a medical assistive device	5%	8%
Skipped needed vision services	17%	20%

Source: 2024 Poll of Idaho 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 Idaho, respondents enrolled in Medicaid 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, well over half (63%) of respondents with Medicare coverage also went without care due to cost in the twelve months prior to taking the survey.

RACE AND ETHNICITY

White alone, Non-Hispanic respondents reported going without care due to cost more frequently than respondents of color. Conversely, respondents of color reported rationing medication due to financial concerns at higher rates than white respondents. 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 Idaho, 80% of White, Non-Hispanic/Latino respondents reported going without care due to cost in the past twelve months compared to 77% of respondents of color (see Table 4). Further analysis however, showed that respondents of color reported higher rates of skipping dental services, vision services, and recommended medical tests or treatments (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

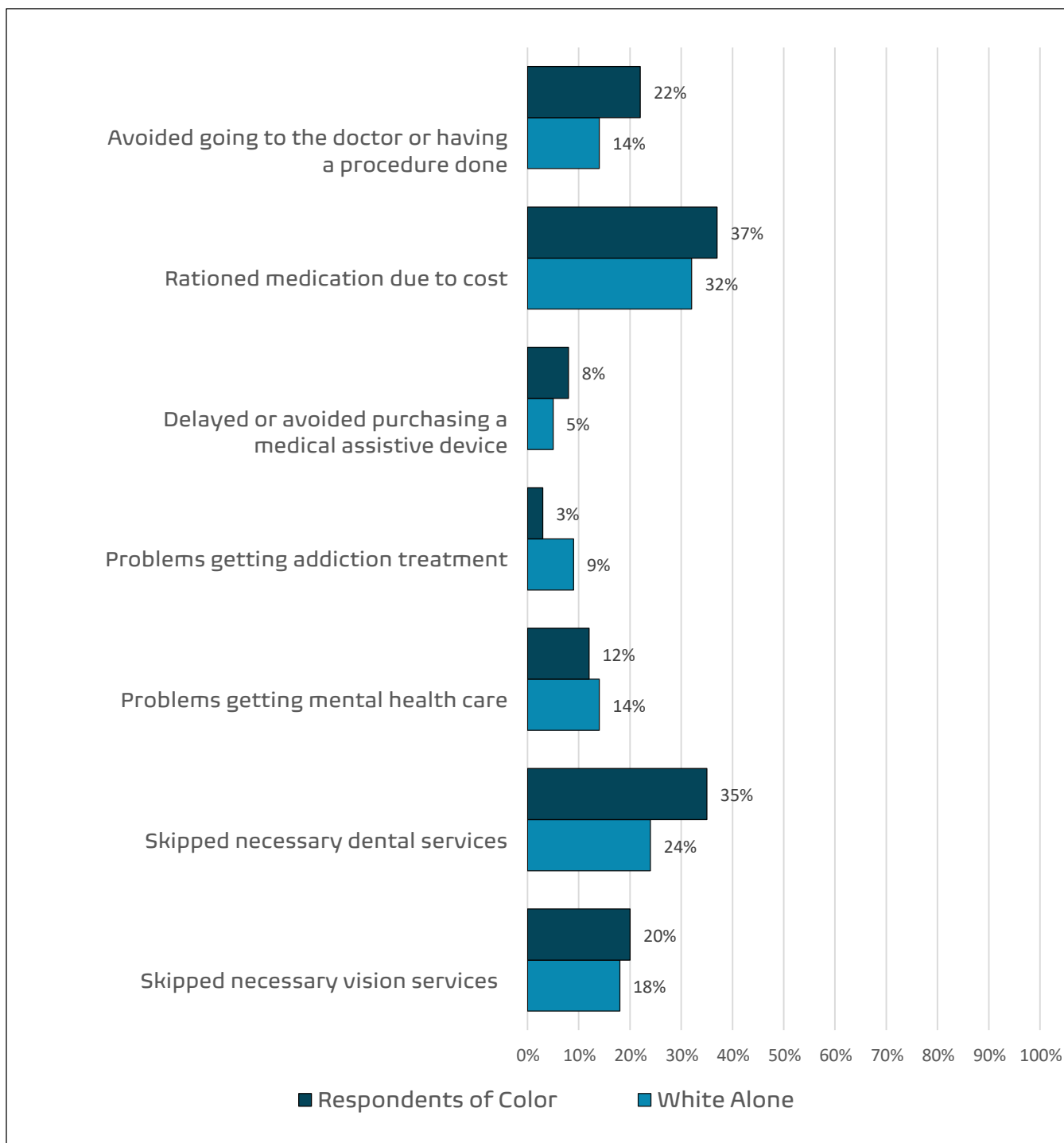
	Went Without Care Due to Cost	Did Not Fill a Prescription, Cut Pills in Half or Skipped a Dose Due to Cost
Geographic Setting		
Rural	85%	33%
Non-Rural	75%	33%
Race/Ethnicity		
Respondents of Color*	77%	37%
White Alone, Non-Hispanic/Latino	80%	32%
Insurance Type		
Health insurance through my or a family members employer	85%	27%
Health insurance that I buy on my own	79%	41%
Medicare, coverage for seniors and those with disabilities	63%	32%
Idaho Medicaid, coverage for people with low-income	93%	40%
Disability**		
Household does not include a person with a disability	77%	28%
Household includes a person with a disability	84%	41%

Source: 2024 Poll of Idaho 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.

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



Source: 2024 Poll of Idaho 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 Idaho.

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"> • “Wanted to address chronic back pain with chiropractic care but couldn't afford it.” • “I was in need of new custom orthotics... the cost was \$400, and insurance wouldn't cover them, I waited almost six months to save up enough money to pay for them from order date.” • “The required imaging tests were not carried out because they were too expensive.” • “Put off getting a treatment due to daughters high medical bills.” • “My insurance demanded a large co pay, which I was unable to pay, so I chose not to get my child the recommended vaccine.” • “My husband's hearing aids broke, and he refuses to get them fixed and have a new hearing test because of cost. My daughter did not get new glasses because of cost. I skipped going to physical therapy because it isn't covered by my insurance.”
Insurance Purchased by the Respondent
<ul style="list-style-type: none"> • “Skipped this year’s mammogram due to the large deductible on the ACA plan. Will do it once in Medicare in 10 months.” • “Wanted a second opinion but the specialist's fee was unaffordable.” • “Skipped a mental health counseling session due to cost.” • “Wanted to identify allergens but the test was too expensive.” • “Opted against hospitalization for an acute condition due to insurance gaps.”
Medicare, Coverage for Seniors and Individuals with Disabilities
<ul style="list-style-type: none"> • “Avoided getting tests for concerning symptoms because of fears over the potential costs.” • “I was on a tight budget and the cost was much more than I had anticipated, I had to postpone taking my asthma medicine.” • “Delayed necessary surgery because of out-of-pocket expenses.” • “I have been delaying getting new dentures because of the cost. I am trying to save the money, but my fixed income does not leave much extra for savings. I continue to wear my 20 yr old dentures and hope they last awhile longer.” • “IVIG Treatments in conjunction with plasmapheresis treatments. They are over \$10,000 dollars per treatment.” • “Did not get recommended vaccines due to the cost.”
Idaho Medicaid, Coverage for People with Low-Income
<ul style="list-style-type: none"> • “Avoided diagnostic tests, did not get a recommended MRI due to cost concerns.” • “I delayed seeing a doctor for 6 months with pain. I was too afraid to get more medical bills. I also delayed dental work because they have a waiting list for Medicaid.” • “Couldn't afford medication because it wasn't covered.” • “I had a bad toothache and couldn't find a dentist in my area who accepted Medicaid. Had to apply for a loan to get my tooth removed.” • “I needed a physical therapy session after an injury, but the high out-of-pocket costs made it impossible for me to go. I ended up skipping the treatment, which prolonged my recovery.” • “I avoided a specialist appointment for my chronic condition because the upfront costs were beyond my budget.” • “I cannot afford my copays on prescriptions. Medicaid has descent prices on copay, but I am having difficulty getting on disability and I cannot work yet due to my injury.”
No Insurance Coverage/Uninsured
<ul style="list-style-type: none"> • “Can not afford my cardiologist, primary doctor, or cancer doctor.” • “I broke my tooth earlier this year and have not gotten care for it.” • “I have gone without appointments, care, medication and surgery due to lack of income & insurance.” • “I have needed medical treatment for several years but because of such high cost I have not gone and due to that my health is going bad.”

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 experiencing at least one of the previous medical cost burdens 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 insurance purchased independently 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	48%
\$50,000 - \$75,000	52%
\$75,000 - \$100,000	58%
More than \$100,000	38%
Geographic Setting	
Rural	53%
Non-Rural	43%
Race/Ethnicity	
Respondents of Color*	52%
White Alone, Non-Hispanic/Latino	46%
Insurance Type	
Health insurance through my or a family members employer	48%
Health insurance that I buy on my own	62%
Medicare, coverage for seniors and those with disabilities	34%
Idaho Medicaid, coverage for people with low-income	51%
Disability Status **	
Household does not include a member with at least one disability	38%
Household includes a member with at least one disability	64%

Source: 2024 Poll of Idaho 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.

IMPACT OF AND WORRY RELATED TO HOSPITAL CLOSURES*

In the past year, 27% of respondents reported that they were aware of closures or acquisition in their community—of those respondents, 37% reported that they or a family member were unable to access their preferred health care organization because of a closure that made their preferred organization out-of-network. Out of those who reported being unable to access their preferred health care provider due to a closure:

- 34% 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 closure,
- 37% skipped recommended follow-up visits due to a closure,
- 31% changed their preferred doctor or hospital to one that is in-network, and
- 25% - skipped filling a prescription medication.

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

- 29% – The closure created an added wait time when searching for a new provider
- 22% – The closure created an added financial burden
- 19% – The closure 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 closure, far more respondents (79%) reported being “somewhat”, “moderately” or “very worried” about the impacts of closures in their health care organizations. When asked about their largest concern respondents most frequently reported:

- 31% – I’m concerned I will have fewer choices of where to receive care
- 19% – I’m concerned my doctor may no longer be covered by my insurance
- 19% – I’m concerned I will have to travel farther to see my doctor
- 18% – I’m concerned I will have to pay more to see my doctor
- 9% – I’m concerned I will have a lower quality of care

*Note: The sample size of respondents who said they were affected by a closure was not large enough to report reliable estimates, so the values in this section should be interpreted with caution.

DISSATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

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

- Just 38% “agreed” or “strongly agreed” that “we have a great healthcare system in the U.S.,”
- While 68% “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

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

- 62% of respondents reported researching the cost of a drug beforehand, and
- 67% 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 affordability (out of ten options), the most common responses were:

- 63% – Take better care of my personal health
- 39% – Research treatments myself before going to the doctor
- 36% – Do more to compare provider cost and quality before getting services
- 25% – Contact my state representatives asking them to address high health care prices and lack of affordable coverage options
- 21% – There is nothing I can do personally to make our health system better

GOVERNMENT ACTIONS

Idaho 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:

- 53% – Health Care
- 43% – Economy/Joblessness
- 34% – Affordable Housing

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

- 46% – Address high health care costs such as prescription drug costs, health insurance, etc. (*Republican: 40%, Democrat: 41% Neither: 58%*)
- 31% – Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition (*Republican: 31%, Democrat: 32% Neither: 33%*)
- 29% – Provide health insurance to those who cannot afford coverage (*Republican: 31%, Democrat: 24% Neither: 33%*)

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

- 64% – Drug companies charging too much money (*Republican: 62%, Democrat: 60% Neither: 70%*)
- 63% – Insurance companies charging too much money (*Republican: 57%, Democrat: 59% Neither: 70%*)
- 62% – Hospitals charging too much money (*Republican: 60%, Democrat: 61%, Neither: 69%*)

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

- 93% – Show what a fair price would be for specific procedures
- 92% – Require drug companies to provide advance notice of price increases and information to justify those increases.
- 91% – Require hospitals and doctors to provide up-front cost estimates to consumers
- 91% – Require insurers to provide up-front cost estimates to consumers
- 91% – Cap out-of-pocket costs for life-saving medications, such as insulin
- 90% – Set standard prices for drugs to make them affordable
- 90% – Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes
- 89% – Make it easy to switch insurers if a health plan drops your doctor (for example, have the government increase or maintain subsidies to help consumers purchase health insurance on the Marketplace Exchange)

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>	38%	42%	46%	26%
<i>The U.S. healthcare system needs to change.</i>	68%	66%	68%	69%
The government should require hospitals and doctors to provide up front patient cost estimates.	91%	91%	91%	90%
The government should require drug companies to provide advance notice of price increases and information to justify those increases.	92%	93%	94%	90%
The government should show what a fair price would be for a specific procedure.	93%	93%	93%	92%
The government should require insurers to provide up-front cost estimates to consumers.	91%	92%	91%	88%
The government should make it easy to switch insurers if a health plan drops your doctor.	89%	88%	92%	86%
The government should cap out-of-pocket costs for life-saving medications, such as insulin.	91%	91%	93%	89%
The government should authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes.	90%	89%	92%	89%
Increase health insurance assistance for pregnant women and living in poverty.	87%	83%	93%	85%
Cap the cost of health insurance through the state's insurance plan based on a person's income (Example: the monthly cost of a person's health insurance plan cannot exceed 10% of the their monthly income).	90%	87%	94%	89%
Address health care workforce shortages.	91%	92%	93%	87%
Address high health care costs such as prescription drug costs, health insurance, etc.	46%	40%	41%	58%
Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition.	31%	31%	32%	33%
Provide health insurance to those who cannot afford coverage.	29%	31%	24%	33%

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

NOTES

1. Of the 81% of respondents who encountered one or more cost-related barriers to getting health care during the past twelve months, 23% did not fill a prescription and 15% cut pills in half or skipped doses of medicine due to cost.
2. Thirteen percent (13%) had problems getting mental health care and 8% had problems getting addiction treatment.
3. Median household income in Idaho is \$70,214 (2018-2022). U.S. Census, *Quick Facts*. Retrieved from: U.S. Census Bureau QuickFacts, [U.S. Census Bureau QuickFacts: Idaho](https://www.census.gov/quickfacts/idaho).
4. The Source on Healthcare Price and Competition, Merger Review, Retrieved August 23, 2023 from <https://sourceonhealthcare.org/market-consolidation/merger-review/>

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

ABOUT IDAHO SUPPORTS MEDICAID

Idaho supports Medicaid a network of health care providers, community organizations, and individuals advocates committed to preserving Medicaid for eligible Idahoans. We aim to keep Medicaid strong so Idahoans can get the care they need for children to grow and develop, parents to participate in the workforce and provide for their families, and to promote healthy communities. A project of Idaho Voices for Children.

Contact Idaho Supports Medicaid:

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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 September 6 to September 30, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,300 respondents who live in Idaho. 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 1,365 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	534	39%
Man	812	59%
Transwoman	1	<1%
Transman	4	<1%
Genderqueer/Nonbinary	6	<1%
LGBTQ+ Community	148	11%
Insurance Type		
Health insurance through my or a family member’s employer	488	36%
Health insurance I buy on my own	282	21%
Medicare, coverage for seniors and those with serious disabilities	188	14%
Idaho Medicaid, coverage for people with low-income	303	22%
TRICARE/Military Health System	21	2%
Department of Veterans Affairs	24	2%
No coverage of any type	50	4%
I don’t know	9	<1%
Race		
American Indian/Native Alaskan	49	4%
Asian	21	2%
Black or African American	52	4%
Native Hawaiian/Other Pacific Islander	2	<1%
White	1,226	90%
Prefer Not to Answer	5	<1%
Two or More Races	39	3%
Ethnicity		
Hispanic or Latino	44	3%
Non-Hispanic or Latino	1,314	96%
Age		
18-24	222	16%
25-34	473	35%
35-44	285	21%
45-54	124	9%
55-64	109	8%
65+	147	11%
Party Affiliation		
Republican	561	41%
Democrat	451	33%
Neither	353	26%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	110	8%
\$20K - \$29K	73	5%
\$30K - \$39K	74	5%
\$40K - \$49K	78	6%
\$50K - \$59K	114	8%
\$60K - \$74K	143	10%
\$75K - \$99K	253	19%
\$100K - \$149K	378	28%
\$150K+	142	10%
Education Level		
Some high school	33	2%
High school diploma/GED	169	12%
Some college or training/certificate program	280	21%
Associate degree	90	7%
Bachelor’s degree	457	33%
Some graduate school	103	8%
Graduate degree	233	17%
Self-Reported Health Status		
Excellent	335	25%
Very Good	541	40%
Good	344	25%
Fair	116	8%
Poor	26	2%
Disability		
Mobility	173	13%
Cognition	161	12%
Independent Living	135	10%
Hearing	106	8%
Vision	86	6%
Self-Care: Difficulty dressing or bathing	53	4%
No disability or long-term health condition	881	65%

Source: 2024 Poll of Idaho 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.

Appendix A

Rural Counties	Non-Rural Counties
Adams County, Idaho	Ada County, Idaho
Bear Lake County, Idaho	Bannock County, Idaho
Benewah County, Idaho	Bonneville County, Idaho
Bingham County, Idaho	Canyon County, Idaho
Blaine County, Idaho	Kootenai County, Idaho
Boise County, Idaho	Latah County, Idaho
Bonner County, Idaho	Twin Falls County, Idaho
Boundary County, Idaho	Ada County, Idaho
Butte County, Idaho	Bannock County, Idaho
Camas County, Idaho	
Caribou County, Idaho	
Cassia County, Idaho	
Clark County, Idaho	
Clearwater County, Idaho	
Custer County, Idaho	
Elmore County, Idaho	
Franklin County, Idaho	
Fremont County, Idaho	
Gem County, Idaho	
Gooding County, Idaho	
Idaho County, Idaho	
Jefferson County, Idaho	
Jerome County, Idaho	
Lemhi County, Idaho	
Lewis County, Idaho	
Lincoln County, Idaho	
Minidoka County, Idaho	
Oneida County, Idaho	
Owyhee County, Idaho	
Payette County, Idaho	
Power County, Idaho	
Shoshone County, Idaho	
Teton County, Idaho	
Valley County, Idaho	
Washington County, Idaho	
Madison County, Idaho	
Nez Perce County, Idaho	