HEALTHCARE VALUE HUB

Data Brief | August 2025

Michigan Survey Respondents Report that Trust and Respect Impact Care; Variations in Health Care Affordability Burdens

Summary

According to a survey of more than 1,350 Michigan adults conducted from June 30 to July 29, 2025, many residents have had inconsistent experiences accessing and affording the health care system in the past year. Among those respondents:

- Over 2 in 3 (68%) experienced at least one health care affordability burden in the past year;
- Nearly 4 in 5 (76%) worry about affording health care in the future;
- Respondents living in households that include a person with a physical or cognitive impairment ration medication due to cost more frequently than respondents living in households without a person with a physical or cognitive impairment (40% versus 21%); delay or go without care due to cost more frequently (83% versus 59%); and experience more cost burdens due to medical bills (55% versus 30%); and
- Thirty-four percent of respondents of color skipped needed medical care due to distrust of or feeling disrespected by health care providers; and
- Fifty-six 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.

Variations in Health Care Affordability Between Households

Factors like household income and composition impact how a person navigates the health care system. The median household income in Michigan in 2023 was $69,183.[1] Michigan respondents in households earning less than $50,000 a year reported experiencing a health care affordability burden more frequently than wealthier households (see Table 1).

Table 1

Percent Who Experienced Health Care Affordability Burdens, by Income Group

	Less than $50k	$50,000 – $75,000	$75,001- $99,999	More than $100k
Any Health Care Affordability Burden	79%	75%	63%	55%
Any Health Care Affordability Worry	81%	79%	75%	69%
Rationed Medication Due to Cost	34%	31%	20%	20%
Delayed or Went Without Care Due to Cost	76%	70%	61%	54%
Cost Burden due to Medical Bills	45%	46%	30%	28%
Currently Have Outstanding Medical Bills	26%	27%	20%	16%

Source: 2025 Poll of Michigan Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Respondents that earn less than $50,000 annually also more frequently reported experiencing a cost burden due to medical bills, like incurring medical debt, depleting savings, or sacrificing basic needs like food, heat, or housing compared to those earning $100,000 or more annually (45% versus 28%). Still, over half of respondents living in higher income households also faced affordability issues, indicating that these burdens affect all income groups. At least 69% of respondents across all income levels expressed concern about affording health care now or in the future.

Similar to income, household composition can also influence the types of challenges that people are exposed to when navigating the health care system. Households that include a person with a physical or cognitive impairment, for instance, interact with the health care system more often than others, which frequently results in greater out-of-pocket costs.[2] Michigan respondents with a physical or cognitive impairment, or who live with a person with a physical or cognitive impairment, reported experiencing an affordability burden or concern more frequently than other respondents (see Table 2).

Additionally, 11% of respondents with a physical or cognitive impairment, or who live with a person with a physical or cognitive impairment, reported that they or their household member 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 physical or cognitive impairment who may have required one of these tools for temporary support.[3]

Table 2

Percent who Experienced a Health Care Affordability Burdens, Households that Include and Households that do not Include a Person with a Physical or Cognitive Impairment

	Household *includes* a person with a physical or cognitive impairment	Household *does not* include a person with a physical or cognitive impairment
Any Health Care Affordability Burden	85%	61%
Any Health Care Affordability Worry	83%	73%
Rationed Medication Due to Cost	40%	22%
Delayed or Went Without Care Due to Cost	83%	59%
Skipped Needed Dental Care	29%	22%
Avoided Visiting a Doctor or Having a Procedure Done	7%	8%
Challenges Accessing Addiction Treatment	7%	3%
Challenges Accessing Mental Health Care	19%	8%
Skipped or Delayed Getting a Medical Assistive Device	11%	3%
Experienced a Cost Burden due to Medical Bills	55%	30%
Currently Have Outstanding Medical Bills	36%	16%

Source: 2025 Poll of Michigan Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Variations in Health Care Affordability Between Demographic Groups

Research has shown that demographic differences persist in self-reported health status, access and affordability.[4] This survey also revealed variations in reported affordability burdens between demographic groups. For example, Michigan respondents with a Bachelor's or graduate degree reported experiencing a health care affordability burden less frequently than respondents with lower educational attainment. In contrast, respondents without a formal education beyond a high school diploma or GED reported experiencing a health care affordability burden (79%), and a health care cost burden due to medical bills (47%) more frequently than other respondents (see Table 3).

Table 3

Percent Who Experienced Health Care Affordability Burdens, by Educational Attainment

	High School Diploma or GED	Some College, Training, or Certificate Program	Associate Degree	Bachelor's Degree	Graduate School
Any Health Care Affordability Burden	79%	73%	73%	57%	41%
Any Health Care Affordability Worry	79%	76%	75%	74%	76%
Rationed Medication Due to Cost	32%	31%	28%	21%	22%
Delayed or Went Without Care Due to Cost	76%	69%	71%	55%	57%
Cost Burden Due to Medical Bills	47%	39%	37%	27%	34%
Currently Have Outstanding Medical Bills	25%	24%	20%	20%	20%

Source: 2025 Poll of Michigan Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: Respondents who reported completing some high school, graduating from high school or receiving a GED are represented in the "High School Diploma or GED" row; respondents who reported that they attended some or completed a graduate degree program are represented in the "Graduate School" row.

Likewise, respondents of color reported higher rates of many affordability burdens compared to white alone, non-Hispanic respondents (see Table 4). A small share of respondents also reported unique challenges to care that were unique to their backgrounds. Forty-five (2% of) respondents reported not getting needed medical care because they couldn't find a doctor of the same background as them and 29 (2% of) respondents reported not getting needed care because they couldn't find a doctor who spoke their language.

Table 4

Percent Who Experienced Health Care Affordability Burdens, White Alone, Non-Hispanic and Respondents of Color

	White Alone, Non-Hispanic	Respondents of Color
Any Health Care Affordability Burden	65%	78%
Any Health Care Affordability Worry	75%	80%
Rationed Medication Due to Cost	25%	33%
Delayed or Went Without Care Due to Cost	62%	76%
Skipped Needed Dental Care	24%	26%
Avoided Visiting a Doctor or Having a Procedure Done	10%	4%
Challenges Accessing Addiction Treatment	3%	5%
Challenges Accessing Mental Health Care	10%	14%
Skipped or Delayed Getting a Medical Assistive Device	5%	7%
Experienced a Cost Burden due to Medical Bills	33%	48%
Currently Have Outstanding Medical Bills	20%	29%

Source: 2025 Poll of Michigan Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: The Respondents of Color category reflects the combined responses from survey participants who are Black or African American, Hispanic or Latino, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander. The response rate for one or more of those demographic categories was not sufficient to report reliable estimates.

Differences in the frequency of reported health care affordability burdens and concerns by sex also emerged in the survey results (see Table 5). Women reported higher rates of experiencing at least one affordability burden in the past year (70% versus 65%); 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 expressed concerns about health care costs, a higher percentage of female respondents also reported being worried about affording coverage or care compared to male respondents (80% versus 72%) and experiencing a cost burden due to medical bills (38% versus 35%).

Table 5

Percent Who Experienced Health Care Affordability Burdens, by Sex

	Female Respondents	Male Respondents
Any Health Care Affordability Burden	70%	65%
Any Health Care Affordability Worry	80%	71%
Rationed Medication Due to Cost	29%	24%
Delayed/Went Without Care Due to Cost	68%	63%
Experienced a Cost Burden due to Medical Bills	38%	35%
Currently Have Outstanding Medical Bills	24%	20%

Source: 2025 Poll of Michigan Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Respondents that identify as sexually diverse also experienced affordability burdens, with 34% reporting rationing medication due to cost compared to 26% of respondents that are not a part of a sexual minority group (see Table 6). Members of these communities experience higher rates of disability and encounter unique challenges accessing health care and medications.[5,6,7]

Table 6

Percent Who Experienced Health Care Affordability Burdens, by Sexual Diverse Respondents

	Sexual Diverse	Not Sexual Diverse
Any Health Care Affordability Burden	79%	67%
Any Health Care Affordability Worry	88%	74%
Rationed Medication Due to Cost	34%	26%
Delayed/Went Without Care Due to Cost	78%	64%
Experienced a Cost Burden due to Medical Bills	46%	36%
Currently Have Outstanding Medical Bills	35%	20%

Source: 2025 Poll of Michigan Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: Respondents were asked if they are a member of the Sexual Diverse community, including lesbian, gay, bisexual,.

Trust and Respect

Negative experiences in the health care system can increase mistrust, and whether a patient trusts or feels respected by their health care provider may influence their willingness to seek necessary care.[8,9] In Michigan, 29% of respondents reported feeling that their health care providers never, rarely, or only sometimes treat them with respect, and 42% reported they were not confident in being able to find a doctor that they like or trust.

Overall, 39% reported distrust or perceived disrespect from their providers, and 22% went without care because of a lack of trust or perceived disrespect. Certain groups reported forgoing care at higher rates due to these experiences: while nearly a third (31%) of respondents enrolled in the Michigan Medicaid program reported going without care due to distrust or perceived disrespect, only 22% of individuals with employer-sponsored insurance reported the same (see Table 7).

Table 7

Percent who Distrust/Felt Disrespected by a Health Care Provider in the Last Year, by Household Characteristics, Demographic Characteristics, Coverage Type

	Distrust or Felt Disrespected by a Health Care Provider	Went Without Care Due to Distrust or Disrespect
All Respondents	39%	22%
Household Characteristics		
Household Income		
≤ $50,000 annually	49%	26%
$50,001 - $75,000 annually	40%	24%
$75,001 - $100,000 annually	32%	16%
≥ $100,000 annually	31%	19%
Physical or Cognitive Impairment		
Household includes a person with a disability	56%	39%
Household does not include a person with a disability	32%	15%
Demographic Characteristics		
Sex and Orientation		
Female Respondents	38%	20%
Male Respondents	40%	22%
Sexual Diverse Respondents	58%	37%
Education Status		
Respondents with a High School Diploma/GED	50%	27%
Respondents with Some College, Training, or a Certificate	38%	19%
Respondents with an Associate Degree	41%	25%
Respondents with a Bachelor's Degree	30%	16%
Respondents with a Graduate School Degree	36%	23%
Race and Ethnicity		
Respondents of Color	54%	34%
White Respondents, alone non-Hispanic	34%	17%
Insurance Status		
Employer-based health insurance	38%	22%
Health insurance purchased individually	41%	27%
Medicare, coverage for older adults and people with physical or cognitive impairments	23%	12%
Michigan Medicaid	59%	31%

Source: 2025 Poll of Michigan Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: The Respondents of Color category reflects the combined responses from survey participants who are Black or African American, Hispanic or Latino, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander. The response rate for one or more of those demographic categories was not sufficient to report reliable estimates.
Note: Respondents who reported completing some high school, graduating from high school or receiving a GED are captured in "High School Diploma or GED"; respondents who reported that they attended some or completed a graduate degree program are represented in "Graduate School".
Note: Respondents were asked if they are a member of the Sexual and Gender Diverse community, including lesbian, gay, bisexual,

Twenty-nine percent (29%) of Michigan respondents reported feeling disrespected during a clinical encounter. When asked why they believe their providers did not treat them with respect, the most frequently cited reasons include: income or financial status (37%); race (26%); disability (18%); ethnic background (19%); and educational attainment (10%). In lesser numbers, some respondents also cited sexual orientation (7%) and experience with violence or abuse (5%).

When asked to describe *how* their identities or circumstances have impacted their ability to access quality, patient-centered care respondents offered a variety of examples, including:

- "African Americans have a unique set of lab values related to racial stressors in hypertension, renal disease and diabetes but I have also faced discrimination due to my Pagan beliefs."
- "As a Mexican American queer transgender person, i have felt incredibly unsafe by the healthcare industry, especially because of how many ethical wrongdoings I experienced as an adolescent (within mental healthcare)."
- "Because of our financial situation, we were limited on what healthcare we can afford, the unexpected bills we received, and the denial of our appeals were the cause of unexpected medical bills we had no choice but to pay even though we had no other means to pay it other than dip into our savings."
- "Being a near elderly woman, my dental care options are often limited due to dental some dental providers belief about the benefit of interventions for elderly and near elderly patients."
- "Being retired and on a fixed income makes it very hard to afford dental, vision and hearing coverage."
- "Experiencing unstable insurance coverage, it was difficult to get care. I was treated as though I was a stereotypical person about what happens during an appointment; some providers even appeared to assume things based on my background. That caused me to disregard seeking care until it was the last minute."
- "I am 26 and will be start to pay for my own insurance this winter, but I'm going to be careful going into it. A lot of times I feel my worries are downplayed/misunderstood because of my age and especially my gender."

Negative experiences when seeking care can contribute to a lack of trust in the health care system, leading to poorer health outcomes and higher costs. Respondents reported that they believe that both individual practices and beliefs, as well as policies and practices built into the health systems are factors can impede the quality of care received. in fact, fifty-six percent (56%) of respondents 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 why, respondents most frequently cited policies and practices built into the health care system (14%), the actions and beliefs of individual health care providers (17%), and an equal mixture of both of these factors (40%).

Nearly three in every four (73% of) Michigan respondents agreed or strongly agreed that the U.S. health care system needs to change. Interestingly, there is bipartisan support for government-led solutions for more information on the types of strategies Michigan residents support, see: *Michigan Residents Struggle to Afford High Health Care Costs; Worry about Affording Health Care in the Future; Support Government Action across Party Lines*, Healthcare Value Hub, Data Brief (August 2025).

Notes

[1] U.S. Census Bureau, U.S. Department of Commerce. (2023). Michigan Income in the Past 12 Months (in 2023 Inflation-Adjusted Dollars). American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1901. Retrieved February 20, 2025, from https://data.census.gov/table/ACSST1Y2023.S1901?g=040XX00US39

[2] 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/

[3] 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

[4] Mahajan, S., Caraballo, C., Lu, Y., et al. (2021). Trends in differences in health status and health care access and affordability by race and ethnicity in the United States, 1999-2018, JAMA, 326(7), 637-648. https://jamanetwork.com/journals/jama/fullarticle/2783069

[5] Alex Montero, Liz Hamel, Samantha Artiga, & Lindsey Dawson. (2024). LGBT Adults' Experiences with Discrimination and Health Care Disparities: Findings from the KFF Survey of Racism, Discrimination, and Health. KFF. https://www.kff.org/racial-equity-and-health-policy/poll-finding/lgbt-adults-experiences-with-discrimination-and-health-care-disparities-findings-from-the-kff-survey-of-racism-discrimination-and-health/

[6] Bosworth, Arielle, et al. (2021, July). Health Insurance Coverage and Access to Care for LGBTQ+ Individuals: Current Trends and Key Challenges. ASPE Office of Health Policy. https://www.aspe.hhs.gov/sites/default/files/2021-07/lgbt-health-ib.pdf

[7] Casanova-Perez R, Apodaca C, Bascom E, et al. (2022, February 21). Broken down by bias: Healthcare biases experienced by BIPOC and LGBTQ+ patients. AMIA Annu Symp Proc. 2022;2021:275-284. https://pmc.ncbi.nlm.nih.gov/articles/PMC8861755/

[8] Nanaw, J., Sherchan, J., Fernandez, J., Strassle, P., Powell, W., & Forde, A. (2024). Racial/ethnic differences in the associations between trust in the U.S. healthcare system and willingness to test for and vaccinate against COVID-19. *BMC Public Health, (24)*, 1084. Racial/ethnic differences in the associations between trust in the U.S. healthcare system and willingness to test for and vaccinate against COVID-19 | BMC Public Health

[9] Brown, C., Jackson, S., Marshall, A., Pytel, C., Cueva, K., Doll, K., Young, B. (2025). Discriminatory healthcare experiences and medical mistrust in patients with serious illness. *Journal of Pain and Symptom Management, 67*(4), 317-326. https://doi.org/10.1016/j.jpainsymman.2024.01.010

About the Altarum Healthcare Value Hub

With support from the Robert Wood Johnson Foundation and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high 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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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 June 30 to July 29, 2025, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Michigan. 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 1,387 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	Percent
Sex		
Woman	724	53%
Man	647	47%
Sexual Diverse	198	14%
Insurance Type		
Health insurance through my or a family member's employer	503	44%
insurance I buy on my own	133	9%
Medicare, coverage for seniors and those with serious disabilities	327	24%
Michigan Medicaid	305	16%
TRICARE/Military Health System	12	1%
Department of Veterans Affairs	15	1%
No coverage of any type	55	4%
I don't know	37	2%
Race		
American Indian/Native Alaskan	59	4%
Asian	71	5%
Black or African American	428	31%
Native Hawaiian/Other Pacific Islander	9	> 1%
White	837	60%
Prefer Not to Answer	17	1%
Two or More Races	94	6%
Ethnicity		
Hispanic or Latino	71	5%
Non-Hispanic or Latino	1316	95%
Age		
18-24	290	21%
25-34	224	16%
35-44	221	16%
45-54	236	17%
55-64	241	18%
65+	165	12%
Party Affiliation		
Republican	375	27%
Democrat	529	38%
Independent	483	35%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	270	19%
$20K-$29K	176	13%
$30K - $39K	156	11%
$40K - $49K	120	9%
$50K - $59K	145	10%
$60K - $74K	119	9%
$75K - $99K	153	11%
$100K - $149K	150	11%
$150K+	98	7%
Education Level		
Some high school	63	5%
High school diploma/GED	393	28%
Some college or training/certificate program	328	24%
Associate degree	158	11%
Bachelor's degree	263	19%
Some graduate school	29	2%
Graduate degree	153	11%
Self-Reported Health Status		
Excellent	186	13%
Very Good	409	29%
Good	525	38%
Fair	211	15%
Poor	56	4%
Disability		
Mobility	234	17%
Cognition	147	11%
Independent Living	106	7%
Hearing	81	6%
Vision	78	6%
Self-Care: Difficulty dressing or bathing	64	5%
No disability or long-term health condition	933	67%

Source: 2024 Poll of Michigan 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.