HEALTHCARE VALUE HUB

Data Brief | October 2025

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

Summary

According to a survey of more than 1,380 Virginia adults conducted from August 1 to August 19, 2025, many residents have had inconsistent experiences accessing and affording the health care system in the past year. Among those respondents:

- Nearly three-quarters (71%) experienced at least one health care affordability burden in the past year;
- Nearly 4 in 5 (72%) 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 (38% versus 22%); delay or go without care due to cost more frequently (85% versus 62%); and experience more cost burdens due to medical bills (59% versus 33%); and
- Twenty- seven percent of respondents of color skipped needed medical care due to distrust of or feeling disrespected by health care providers; and
- Fifty-nine 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 Virginia in 2024 was $92,090.[1] Virginia 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	81%	77%	75%	63%
Any Health Care Affordability Worry	79%	78%	78%	64%
Rationed Medication Due to Cost	32%	32%	23%	23%
Delayed or Went Without Care Due to Cost	78%	75%	71%	61%
Cost Burden due to Medical Bills	44%	47%	47%	35%
Currently Have Outstanding Medical Bills	27%	30%	26%	20%

Source: 2024 Poll of Virginia 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 (44% versus 35%). Still, over half of respondents living in higher income households also faced affordability issues, indicating that these burdens affect all income groups. At least 72% of respondents across all income levels expressed concern about affording health care now or in the future.

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] Virginia 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, 10% 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 4% 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	87%	65%
Any Health Care Affordability Worry	78%	69%
Rationed Medication Due to Cost	38%	22%
Delayed or Went Without Care Due to Cost	85%	62%
Skipped Needed Dental Care	32%	25%
Avoided Visiting a Doctor or Having a Procedure Done	24%	12%
Challenges Accessing Addiction Treatment	9%	3%
Challenges Accessing Mental Health Care	21%	8%
Skipped or Delayed Getting a Medical Assistive Device	10%	4%
Experienced a Cost Burden due to Medical Bills	59%	33%
Currently Have Outstanding Medical Bills	37%	19%

Source: 2024 Poll of Virginia 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, Virginia 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 (44%) 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%	80%	72%	67%	66%
Any Health Care Affordability Worry	72%	80%	67%	73%	68%
Rationed Medication Due to Cost	30%	31%	29%	20%	28%
Delayed or Went Without Care Due to Cost	78%	76%	68%	64%	65%
Cost Burden Due to Medical Bills	45%	42%	43%	35%	43%
Currently Have Outstanding Medical Bills	23%	30%	28%	20%	25%

Source: 2024 Poll of Virginia 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-six (3% 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 37 (3% 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	34%	20%
Any Health Care Affordability Worry	72%	72%
Rationed Medication Due to Cost	25%	30%
Delayed or Went Without Care Due to Cost	63%	77%
Skipped Needed Dental Care	24%	32%
Avoided Visiting a Doctor or Having a Procedure Done	15%	16%
Challenges Accessing Addiction Treatment	4%	6%
Challenges Accessing Mental Health Care	11%	12%
Skipped or Delayed Getting a Medical Assistive Device	6%	7%
Experienced a Cost Burden due to Medical	37%	46%
Currently Have Outstanding Medical Bills	23%	26%

Source: 2024 Poll of Virginia 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 (74% versus 68%); 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 (81% versus 63%). However, males reported that they experienced a cost burden due to medical bills at a higher frequency than females (43% of males and 38% of females).

Table 5

Percent Who Experienced Health Care Affordability Burdens, by Sex

	Female Respondents	Male Respondents
Any Health Care Affordability Burden	74%	68%
Any Health Care Affordability Worry	81%	63%
Rationed Medication Due to Cost	27%	26%
Delayed/Went Without Care Due to Cost	71%	66%
Experienced a Cost Burden due to Medical Bills	38%	43%
Currently Have Outstanding Medical Bills	24%	24%

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

Respondents that identify as sexually diverse also experienced affordability burdens, with 32% 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	84%	70%
Any Health Care Affordability Worry	88%	70%
Rationed Medication Due to Cost	26%	32%
Delayed/Went Without Care Due to Cost	81%	68%
Experienced a Cost Burden due to Medical Bills	54%	39%
Currently Have Outstanding Medical Bills	29%	24%

Source: 2024 Poll of Virginia 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 and Gender Diverse community, including lesbian, gay, bisexual, and others.

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 Virginia, 30% 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, 41% reported distrust or perceived disrespect from their providers, and 24% went without care because of a lack of trust or perceived disrespect. Certain groups reported forgoing care at higher rates due to these experiences – with one quarter (25%) of respondents enrolled in Cardinal Care, the Virginia Medicaid program or holding employer-sponsored insurance reporting that they went without care due to distrust or perceived disrespect (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	41%	24%
Household Characteristics		
Household Income		
≤ $50,000 annually	44%	22%
$50,001 - $75,000 annually	45%	24%
$75,001 - $100,000 annually	37%	21%
≥ $100,000 annually	39%	26%
Physical or Cognitive Impairment		
Household includes a person with a physical or cognitive impairment	58%	38%
Household does not include a person with a physical or cognitive impairment	34%	18%
Demographic Characteristics		
Sex and Orientation		
Female Respondents	39%	21%
Male Respondents	42%	25%
Sexual Diverse Respondents	48%	30%
Education Status		
Respondents with a High School Diploma/GED	48%	27%
Respondents with Some College, Training, or a Certificate	44%	18%
Respondents with an Associate Degree	36%	22%
Respondents with a Bachelor's Degree	36%	19%
Respondents with a Graduate School Degree	44%	35%
Race and Ethnicity		
Respondents of Color (Total)	47%	27%
White Respondents, alone non-Hispanic	37%	22%
Insurance Status		
Employer-based health insurance	44%	25%
Health insurance purchased individually	47%	33%
Medicare, coverage for older adults and people with physical or cognitive impairments	25%	11%
Cardinal Care, the state's Medicaid program	52%	25%

Source: 2024 Poll of Virginia 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, and others.

Thirty percent (30%) of Virginia 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 (38%); disability (17%); race (31%); gender or gender identity (5%); ethnic background (22%); and educational attainment (8%). In lesser numbers, some respondents also cited sexual orientation (9%), 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:

- "I have had to choose to not go to the doctor for infections because I was afraid I would be unable to pay for it. Additionally, I feel that since I am female and overweight, my concerns at the doctor are brushed aside and ignored."
- "I am Black and not all hospitals would treat me fairly because they believe I can't afford the service but I have insurance always have."
- "Our family's financial situation changed in the last year. When we took our child to the pediatrician, she pushed us to get on WIC and not complain about the high cost of formula and how much money was lost if we had an unfinished bottle. When my husband expressed his concern about how this mentality was changing the feeding plan for our child, she harshly expressed that WIC was free so it would make the formula affordable for us."
- "I have chronic pain from neurological damage sustained in a car accident. I'm also very tattooed, pierced and dress like a goth. When my pain flares up I cannot move and it's debilitating. I am often treated like a drug seeker. It took almost 10 years of "treatment "before I was recommended for a spinal stimulator that reduced my pain down to nearly nothing. People judged my appearance and thought I just wanted painkillers. Even pharmacists would make snide comments. It was demeaning and caused depression episodes as well."

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-nine percent (59%) 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 (72% of) Virginia 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 Virginia residents support, see: *Virginia Residents Struggle to Afford High Health Care Costs; Worry about Affording Health Care in the Future; Support Government Action across Party Line*s, Healthcare Value Hub, Data Brief (December 2024).

Notes

[1] U.S. Census Bureau, U.S. Department of Commerce. (2024). Virginia Income in the Past 12 Months (in 2024 Inflation-Adjusted Dollars). American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1901. Retrieved December 17, 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. Trends in Differences in Health Status and Health Care Access and Affordability by Race and Ethnicity in the United States, 1999-2018 | Health Disparities | JAMA | JAMA Network

[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., *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

[7] 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.

[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. Discriminatory Healthcare Experiences and Medical Mistrust in Patients With Serious Illness - ScienceDirect

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.

Contact the Hub:
(734) 302-4600 | www.HealthcareValueHub.org

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 August 1 to August 19, 2025, used a web panel from Dynata with a demographically balanced sample of respondents who live in Virginia. 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 1,385 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	788	57%
Man	576	42%
Sexual Diverse	149	11%
Insurance Type		
Health insurance through my or a family member's employer	512	37%
insurance I buy on my own	159	11%
Medicare, coverage for seniors and those with serious disabilities	318	23%
Virginia Medicaid	201	15%
TRICARE/Military Health System	40	3%
Department of Veterans Affairs	28	2%
No coverage of any type	79	6%
I don't know	48	3%
Race		
American Indian/Native Alaskan	31	2%
Asian	21	2%
Black or African American	465	34%
Native Hawaiian/Other Pacific Islander	6	< 1%
White	851	61%
Prefer Not to Answer	10	< 1%
Two or More Races	80	6%
Ethnicity		
Hispanic or Latino	97	7%
Non-Hispanic or Latino	1289	93%
Age		
18-24	232	14%
25-34	274	19%
35-44	291	23%
45-54	206	15%
55-64	206	15%
65+	166	13%
Party Affiliation		
Republican	402	29%
Democrat	530	38%
Independent	453	33%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	196	14%
$20K-$29K	155	11%
$30K - $39K	117	8%
$40K - $49K	121	9%
$50K - $59K	159	11%
$60K - $74K	131	9%
$75K - $99K	149	11%
$100K - $149K	199	14%
$150K+	158	11%
Education Level		
Some high school	49	4%
High school diploma/GED	330	24%
Some college or training/certificate program	312	23%
Associate degree	145	10%
Bachelor's degree	296	21%
Some graduate school	38	3%
Graduate degree	215	16%
Self-Reported Health Status		
Excellent	198	14%
Very Good	395	29%
Good	531	38%
Fair	221	16%
Poor	40	3%
Disability		
Mobility	222	16%
Cognition	138	10%
Independent Living	103	7%
Hearing	71	5%
Vision	71	5%
Self-Care: Difficulty dressing or bathing	71	5%
No disability or long-term health condition	953	69%

Source: 2025 Poll of Virginia 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.