HEALTHCARE VALUE HUB

Data Brief | September 2026

Pennsylvania Survey Respondents Struggle to Afford High Health Care Costs, Worry about Affording Health Care in the Future, and Express Bipartisan Support for Policy Solutions

Executive Summary

Health care affordability remains a persistent challenge for many Pennsylvania residents. Findings from the Consumer Healthcare Experience State Survey (CHESS) illustrate how high health care costs contribute to delayed care, financial strain, and widespread concern about affording care in the future.

This brief describes findings from a survey of more than 1,400 Pennsylvania adults, conducted by Altarum's Healthcare Value Hub from July 9 – July 14th, 2026, to examine experiences with health care affordability burdens, worry about affording care, medical debt, and support for policy solutions.

Key Findings Include:

- **Health care affordability burdens are common:** Over two in three respondents (65%) experienced at least one health care affordability burden in the past year.
- **Cost leads to delayed or skipped care:** Over three in five respondents (62%) delayed or went without health care due to cost in the last twelve months.
- **Worries about affording care are widespread:** Three in four respondents (75%) reported being worried about affording health care in the future.
- **Affordability burdens are not evenly experienced:** Higher rates of going without care, medical debt and related financial strain were reported by respondents with lower incomes and those with disabilities or disabled household members.
- **Broad support for policy solutions:** Across party lines, respondents express strong support for policy-based solutions to address high health care costs.

Together, these findings show that health care affordability is a shared challenge affecting access to care and financial security. The findings also highlight broad public support for policies that reduce cost barriers and improve access to affordable care in Pennsylvania.

Background

Health care is expensive in the U.S., and Pennsylvania is no exception. Across the country 71% of all CHESS respondents surveyed have reported some form a health care affordability burden. Despite the fact that the U.S. spends substantially more on health care per person than other high-income countries, this higher spending does not consistently translate into better population health outcomes, such as longer life expectancy or lower rates of avoidable illness and death.[1,2,3]

Health care costs continue to rise faster than wages and household income,[4,5] placing growing pressure on household budgets. Many of the policies that shape how health care is financed, delivered, and regulated operate at the state level, making states a key arena for addressing affordability.[6] State-level data on affordability helps policymakers and advocates understand how national cost pressures are experienced locally, identify which populations face the greatest burden, and evaluate policy options aimed at improving access and

reducing financial strain. Detailed information on methods and the respondents who took this survey are available in the **Appendix.**

A Range of Health Care Affordability Burdens

In Pennsylvania, nearly two-thirds (62%) of respondents reported that they, or a family member, skipped or delayed medical care due to cost. This figure is slightly lower than the nationwide percentage; 69% of CHESS respondents across all states surveyed reported forgoing or delaying care due to cost. Among those reporting affordability challenges in Pennsylvania, the most common experiences reported were:

- 25% Cut pills in half, skipped doses of medicine or did not fill a prescription;
- 24% Delayed going to the doctor or having a procedure done;
- 21% Skipped a recommended medical test or treatment;
- 16% Avoided going to the doctor or having a procedure done altogether;
- 11% Skipped needed mental health care;
- 7% Skipped or delayed getting a medical assistive device.
- 2% Skipped needed maternity or reproductive health care; and

Cost was the most commonly cited reason for delaying or foregoing care (20%). However, other barriers also played a role, including the inability to get an appointment (13%) or not being able to get time off of work (10%). Among uninsured respondents, 52% cited the high cost of insurance as the primary reason they remained without coverage, surpassing other commonly reported reasons such believing coverage was unnecessary or not knowing how to enroll.

Why This Matters

When people delay or go without care, treatment may occur later than recommended or at a more advanced stage of illness. Prior research shows skipping visits, rationing medications, or postponing recommended services is associated with worsening health outcomes, higher rates of hospitalization, and increased health care costs over time.[7,8,9]

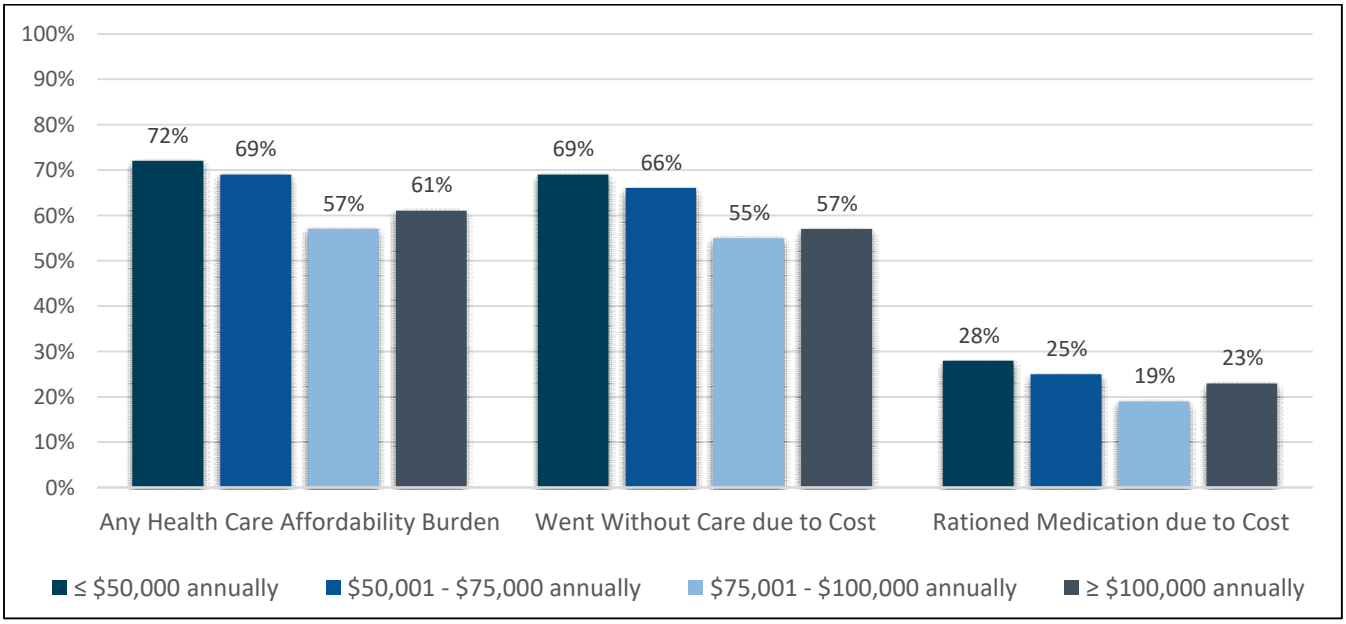
Differences in Health Care Affordability Burdens

Health care affordability burdens may be experienced differently across income, employment status, insurance coverage, race and ethnicity, age, and disability status. High frequencies of affordability burdens have been reported by CHESS respondents across the country; as a whole, 71% of CHESS respondents across all states surveyed have reported experiencing one or more health care affordability burden(s).

Income and Employment

Respondents with lower household incomes reported higher rates of health care affordability burdens than those with higher incomes. In Pennsylvania, nearly three in every four respondents (72%) with an annual household income of less than $50,000 reported experiencing at least one health care affordability burden in the last year. These respondents also reported delaying or forgoing care due to cost more frequently than respondents with higher incomes (**Figure 1**).

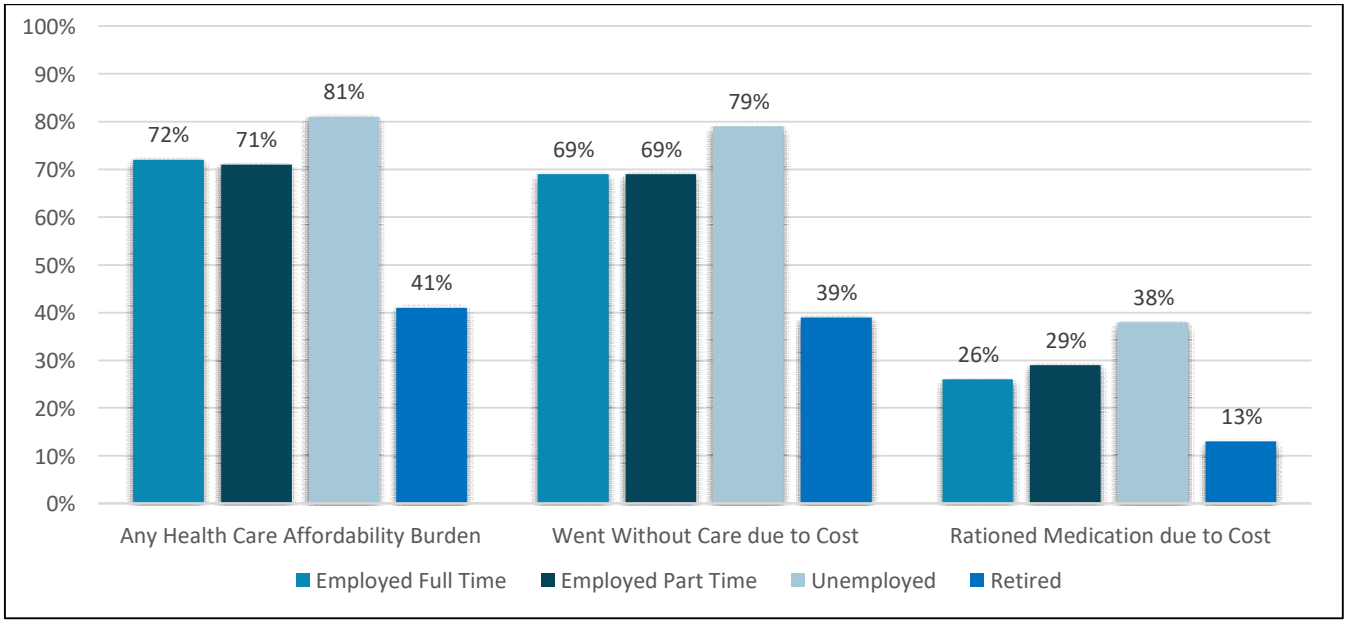
Figure 1. Percent of Respondents with Health Care Affordability Burdens, by Income Group



Source: 2026 Poll of Pennsylvania Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Affordability challenges also impact respondents regardless of employment status. However, respondents who are currently unemployed, but who are seeking work, reported higher rates of experiencing any health care affordability burden, going without care, or rationing medication due to cost compared to those who are employed or who are retired (**Figure 2**).

Figure 2. Percent of Respondents with Health Care Affordability Burdens, by Employment Status



Source: 2026 Poll of Pennsylvania Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Insurance Coverage and Type

Respondents with different forms of coverage reported distinct patterns of cost related barriers, reflecting differences in premiums, cost sharing, and access to covered services. In the National CHESS data set respondents without health insurance coverage, those that purchase their health insurance on the Marketplace, and those on Medicaid experience higher rates of skipping or rationing care. Approximately 20% of Pennsylvania's population is covered by Medicaid or the Children's Health Insurance Program (CHIP), which provides subsidized health insurance to people with lower incomes or disabilities.[10]

Many respondents expressed strong support for maintaining and strengthening the Medicaid program, including ensuring access for low-income individuals, people with disabilities, and families. Despite this support, respondents enrolled in Pennsylvania Medicaid reported going without care due to cost more frequently than respondents with other forms of coverage and reported the highest rates of medication rationing, while respondents enrolled in Medicare reported the lowest incidence of rationing medication or going without care due to cost (**Table 1**).

Table 1. Percent of Respondents Skipping or Rationing Care by Coverage Type

	Went without Care due to Cost	Rationed Medication due to Cost
Employer-Sponsored health insurance	65%	26%
Health insurance purchased individually	69%	26%
Traditional Medicare, fee for service	41%	17%
Medicare Advantage	42%	16%
Medical Assistance, Pennsylvania Medicaid	77%	28%

Source: 2026 Poll of Pennsylvania Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

When asked to describe their experiences, some survey participants shared personal accounts of being unable to access necessary health care because of cost. While individuals without health insurance coverage often face the most severe affordability burden, respondents with employer-sponsored coverage, individually purchased plans, Medicare, and Medicaid also described difficulties accessing care due to cost (**Table 2**).

Table 2. Sample 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 Type

Health Insurance through Employer
"My husband suffered from cancer last year and I needed to cash out a 401k just to pay rent. I couldn't afford basic checkups. I am STILL paying for a dental procedure from 2 years ago. I cannot afford the copay for the grief counseling and annual checkups I need since my husband passed."
"Delayed a specialist appointment because the out-of-pocket cost was too high."
"For years and years now, I have been pushing off my many debilitating auto immune diseases because of the crazy cost of getting it taken care of."
"I am in my 40s and I haven't been to the doctor in more years than I can count. I'm sure there are tests or wellness checks that I should be doing but don't. I'm worried about the cost."
"I couldn't go to physical therapy regularly, as my doctor instructed, because the copay was too high."

"I avoid maintaining my annual appointments now due to the change in my insurance with work. It's hardly in network with anyone, coverage is limited and my premium is high. The little I can't avoid doesn't cover things like nitrous oxide for my kids during dental surgeries so I'm incurring bills left and right because I don't want my kids in pain during surgeries."

Insurance Purchased by the Respondent

"Couldn't get dental work done because of cost and no transportation."

"I did not get a recommended test or go to a specialist because I knew my insurance would cover very little of the cost."

"I did not get a sleep apnea test due to the cost."

"I do not get the screening I should because I can't afford the treatment if they find anything."

"I have been putting off getting blood work done because I can't afford the required deductible."

"I have been putting off getting my annual cleaning for my teeth and checkup on my eyes because it costs too much and I didn't have the money."

Medicare, Coverage for Seniors and Individuals with Disabilities

"At one point I was unable to get my insulin because of the cost."

"At the beginning of each year my asthma medicine costs 5 times as much as the rest of the year so I use it less to put off buying that first dose."

"I could not afford the cost of blood work."

"I couldn't get approval for an MRI from the insurance carrier until more damage was done."

"Dental care is very difficult to get. They won't accept your insurance and require you to pay up front. We live in Pennsylvania near the New York border and have found that many New York doctors will not accept our UPMC health insurance."

"I didn't get hearing aids because they are too expensive and not covered by my insurance."

"I have forgone gall bladder removal. I cannot afford to have the surgery because Medicare doesn't fully cover everything, and after the rent and utilities are paid there is not much left over."

Medical Assistance, the Pennsylvania Medicaid program

"I haven't been able to get my teeth fixed because my insurance doesn't cover a crown and I don't have an extra $300 plus dollars."

"I did not go get an eye exam because I'm not sure I will be able to get new glasses."

"I did not get the dental treatment I needed because it was not covered by my insurance and I couldn't afford it."

"My doctor wanted me to go to physical therapy, but my insurance wouldn't cover it."

"For my asthma. My insurance lapsed for a few months because of the wrong paperwork, and my inhaler needed to be refilled but when I went to go do so and found out the cost I could not get it refilled because I couldn't afford to pay out of pocket."

"My grandmother needs geriatric psychiatric care and no psychiatrists that accept her insurance are accepting new patients."

"I had to wait several months for mental health medication because it was not fully covered."

No Insurance Coverage/Uninsured

"I haven't been able to do check-ups or any general health assessments due to not having insurance."

"I did not get wisdom teeth out or seek treatment for pain or illness."

"Due to not having insurance I haven't seen my doctor in over a year, and can't afford some of my prescriptions."

"I am a type 1 diabetic who has applied over and over for state insurance, and they won't give it to me. I have not been able to go to a specialist in over 6 years because of this."

"I don't have insurance so I don't get health care."

"I had a piece of metal stuck in my finger and they wanted to do a small surgery to get it out but I refused due to the cost. I already had to pay for the x-ray that they had to take."

"I have bilateral chronic pain in my ankles and knees and mental health issues that I'm unable to get treatment for both because I can't afford it and because I can't get off work, which I need to go to because I'm too poor to afford healthcare."

Race and Ethnicity

Nationwide CHESS data demonstrates significant differences in respondents' ability to afford health care. While 71% of all CHESS respondents across all states surveyed report experiencing any health care affordability burden, this figure increases to 82% of all Hispanic, Latino, Black or African American respondents and 84% of all American Indian or Alaskan Native respondents across all states.

Like the national estimates, respondents of color in Pennsylvania reported higher rates of going without care due to cost than white, non-Hispanic respondents, and higher rates of rationing medication. In the past year, 72% of respondents of color reported forgoing care due to cost, compared to 59% of white, non-Hispanic respondents (**Table 3**).

Table 3. Percent of Respondents with Select Health Care Affordability Burdens, By Race and Ethnicity

	Went without Care due to Cost	Rationed Medication due to Cost
Respondents of Color*	72%	27%
Black or African American	76%	31%
Hispanic or Latino	74%	27%
White, alone non-Hispanic	59%	24%

Source: 2026 Poll of Pennsylvania 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.

Age and Disability

Affordability burdens varied across age groups (**Table 4**). In Pennsylvania, young adults aged 18-24 reported the highest rates of forgoing care due to cost, though affordability concerns extended across age groups. More than half of respondents under age 55 reported skipping care in the past year due to financial constraints. Similarly, adults aged 35 through 44 reported the highest rates of medication rationing due to cost.

Table 4. Percent of Respondents with Select Health Care Affordability Burdens, By Age Group

Age	Went without Care due to Cost	Rationed Medication due to Cost
18-24	80%	28%
25-34	76%	30%
35-44	78%	34%
45-54	54%	22%
55-64	48%	18%
65+	34%	12%

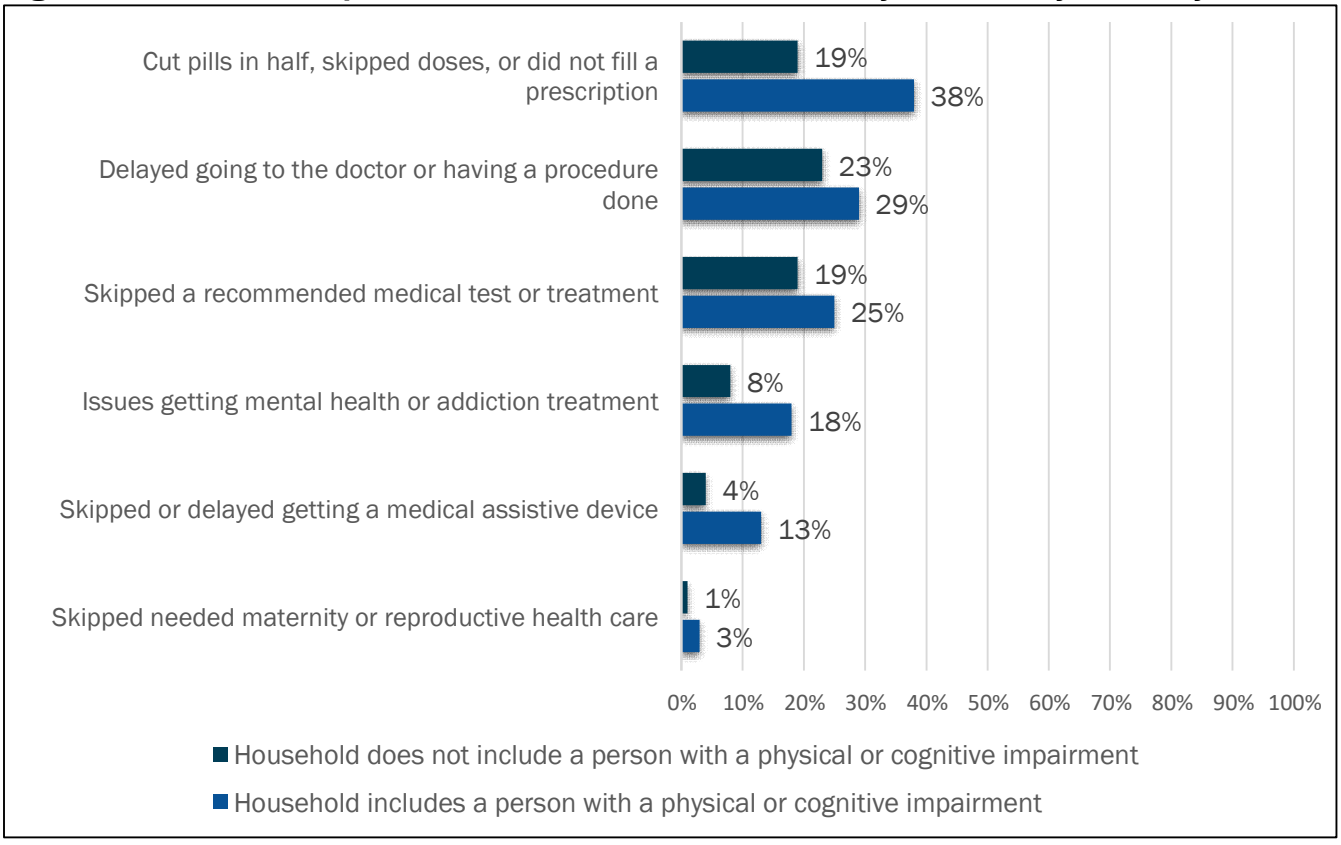
Source: 2026 Poll of Pennsylvania Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Respondents with a disability, or who lived with someone with a disability, reported higher rates of health care affordability burdens than those in households without a disability. Among disabled respondents, 74% reported going without some form of care and 38% reported rationing medication due to cost in the past year, compared to 57% and 19%, respectively.

At the national level, four in five (81%) CHESS respondents with a disability, or who live with a person with a disability, across all states surveyed reported forgoing or delaying care due to cost, compared to 64% of all CHESS respondents across all states surveyed who do not have a disability or do not live with a person with a disability.

These differences were also reflected in disability-related health needs: 13% of respondents with a disability or with a disabled household member reported delaying the purchase of a medical assistive device (like a wheelchair, cane/walker, hearing aid, or prosthetic limb) due to cost, compared to only 4% of respondents in households without a disability (**Figure 3**).

Figure 3. Percent of Respondents with Health Care Affordability Burdens, By Disability Status



Source: 2026 Poll of Pennsylvania Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Why This Matters

Differences in affordability burdens reflect underlying factors that shape people's ability to manage health care costs:

- **Income:** Lower incomes limit the ability to absorb premiums, deductibles, and other out-of-pocket costs.[7,11,12]
- **Employment:** Unstable or part-time employment can reduce access to coverage and contribute to gaps in insurance.[13]
- **Insurance coverage and type:** Plan design, including deductibles and cost sharing, affects out-of-pocket exposure, even among insured individuals.[12]
- **Age:** Younger and working-age adults may face different affordability pressures than older adults with Medicare coverage.[14]
- **Disability:** Higher health care needs and more frequent service use can lead to greater cumulative costs.[15]
- **Race and ethnicity:** Structural differences in income, coverage, and access contribute to disparities in affordability and medical debt.[7]

Together, these factors help explain why affordability challenges are not evenly distributed and highlight the importance of targeted policy approaches to reduce cost barriers.

Encountering Medical Debt

Although many respondents reported delaying, forgoing, or rationing care due to cost, others did receive care but experienced financial hardship from the resulting medical bills. Nearly a third of respondents (31%) reported experiencing at least one significant financial burden related to medical costs; including using up all or most of their savings (10%), being contacted by a collection agency (13%), going without basic necessities (10%), or borrowing money (5%).

Medical debt-related financial burdens were more common among lower-income respondents, with roughly one-third (33%) of respondents earning $50,000 or less reporting a financial burden due to medical bills, compared to 29% of those with incomes of $100,000 or more. Additionally, nearly half (48%) of respondents with disabilities or disabled household members reported financial burdens due to medical bills; which is a significant difference compared to those without a disability or a disabled household member, of whom 24% reported financial difficulties due to medical bills.

Among respondents who reported medical debt, three in four (75%) reported having health insurance at the time the debt was incurred. Common reasons cited included:

- 21%—My insurance didn't cover the service at all;
- 57%—My insurance only covered a portion of the service, and the remaining bill is too high;
- 11%—My deductible was too high, and I was not able meet it;
- 3%—My coinsurance was too high, and I could not afford to pay it; and
- 1%—The interest rate on the debt is too high.

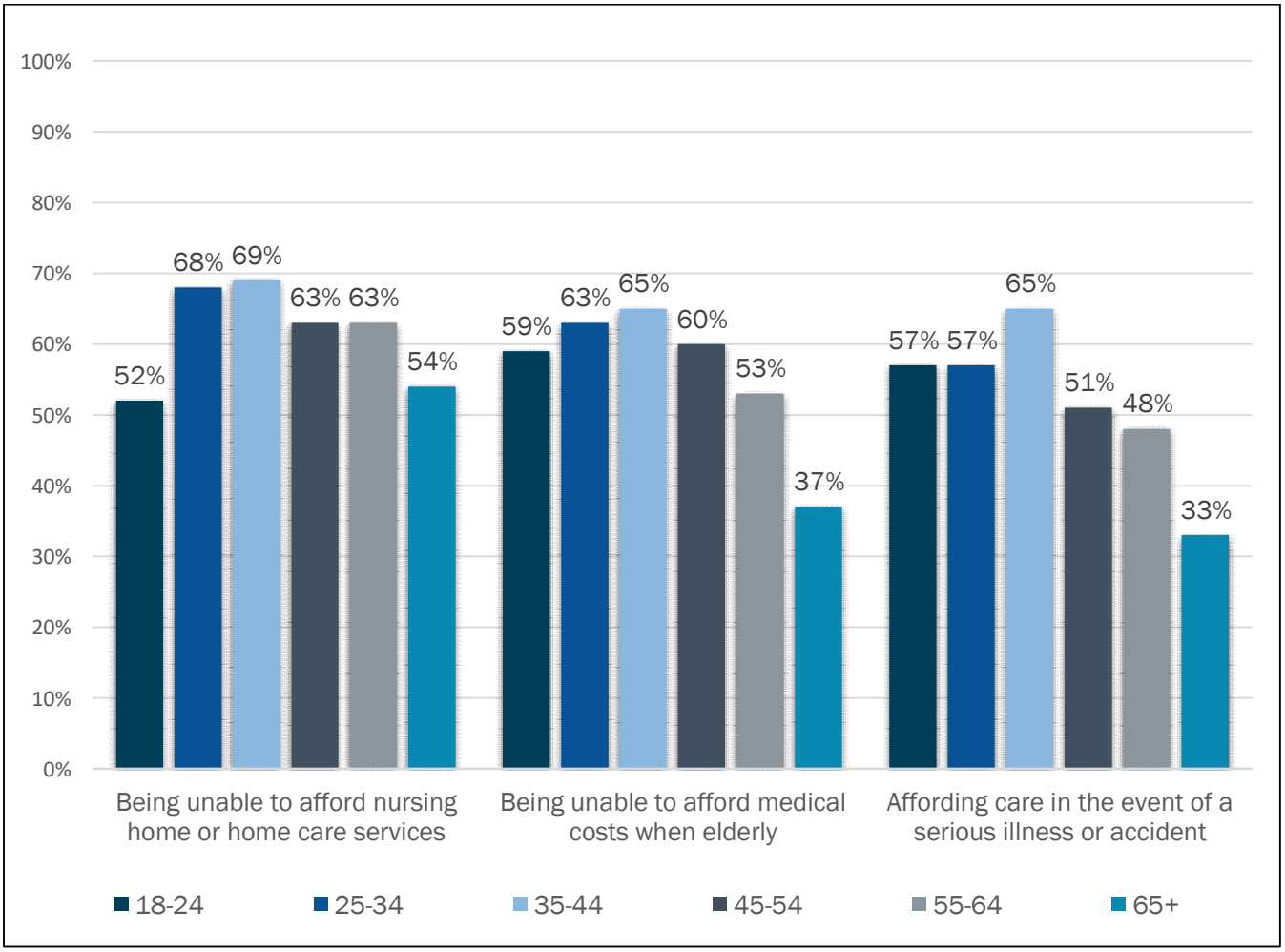
High Levels of Worry about Affording Care and Coverage

Many respondents in Pennsylvania reported concern about their ability to afford care. These results align with national surveys indicating that concern about affording health care is widespread across the U.S., even among insured adults.[7,11] Across the country, 79% of all CHESS respondents reported being concerned about affording the cost of care. This figure slightly exceeds the percentage of Pennsylvania respondents; 75% of Pennsylvania respondents reported being either "worried" or "very worried" about affording some aspect of care in the future.

Among the list of eleven potential concerns, respondents most frequently reported being worried about their ability to pay for nursing home or in-home care when needed (62%), medical care in old age (57%), and care following a serious illness or accident (52%). Respondents also reported being worried that their insurance carrier would deny coverage for necessary care (48%), about affording an ambulance ride in an emergency (45%) and affording health insurance itself (44%).

Although concerns about long-term care and medical costs are often associated with older adults, these worries were more frequently reported by younger respondents. For example, 63% of respondents aged 25–34 and 65% of those aged 35–44 expressed concern about being able to afford medical costs when they are older. Likewise, nearly two in three respondents under age 65 (64%) reported being worried about paying for some form of long-term care (**Figure 4**).

Figure 4. Percent of Respondents with Health Care Affordability Concerns, by Age



Source: 2026 Poll of Pennsylvania Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Healthcare Consolidation and Consumer Concerns

In the past year, 38% of respondents reported that they were aware of a merger or acquisition in their community. Among those who noticed changes following a merger or acquisition, 16% reported being responsible for higher out-of-pocket costs (16%), 16% reported providers leaving insurance networks, 24% reported fewer choices of providers, and 14% reported perceived declines in care quality.

When asked about their largest concern related to health care consolidation, respondents most frequently reported:

- 24%—I'm concerned I will have to pay more to see my doctor;
- 22%—I'm concerned I will have fewer choices of where to receive care;
- 20%—I'm concerned my doctor may no longer be covered by my insurance;
- 14%—I'm concerned I will have a lower quality of care; and
- 13%—I'm concerned I will have to travel farther to see my doctor

Together, these concerns highlight how health care consolidation can affect patients' access, choice, and out-of-pocket costs.

Support for Policy Solutions

Respondents expressed strong support for changes to address high and rising health care costs. More than four in five (83%) agreed or strongly agreed that "the system needs to change."

When asked which issues the government should prioritize in the coming year, respondents most frequently identified health care (58%), the economy and joblessness (53%), and access to health care coverage (49%). Among health care-specific priorities, respondents most often selected addressing high health care costs, including ensuring everyone has access to affordable housing (40%), hospital costs (37%), and ensuring access to care when needed (36%).

Respondents most frequently identified drug companies (75%), health insurance companies (72%), and hospitals (56%) as responsible for high healthcare costs, while 41% also viewed state government as playing a role.

Support for policy approaches to address health care costs was strong across political affiliations. Respondents across parties endorsed a range of strategies to reduce out-of-pocket costs, increase price transparency, promote competition, and strengthen access to coverage (**Table 5**).

Table 5. Percent of Respondents Who "Agree" or "Strongly Agree" with Selected Statements, by Political Affiliation

Selected Survey Statement	Total Percent	Republican	Democrat	Independent
The government should prohibit extra fees that aren't connected to the cost of your care, like hospitals charging facility fees at offices and clinics miles away from the hospital campus	93%	92%	94%	93%

The government should rein in how quickly prescription drug prices can increase in the private health insurance market (Medicare and Medicaid already do this)	92%	92%	93%	90%
The government should limit the price of expensive prescription drugs	92%	91%	93%	93%
The government should limit the prices at expensive hospitals in the private health insurance market (Medicare and Medicaid already set hospital prices for their markets)	92%	95%	92%	88%
The government should prevent hospitals from charging more for routine health care services that are most often provided in a doctor's office	92%	91%	94%	91%
The government should integrate the Medicaid and Medicare programs for people who are eligible for both to make it simpler for them to navigate those programs	90%	86%	92%	91%
The government should increase investment in primary care	90%	88%	91%	89%
The government should change the way we pay doctors and hospitals to reward quality outcomes rather than quantity of services	87%	88%	87%	85%
The government should make it easier for people to apply for and renew their Medicaid coverage	87%	81%	92%	87%
The government should limit and prevent health care mergers that could reduce competition and increase health care prices	86%	84%	88%	85%
Everyone should have access to the health services they need, when and where they need them, without financial hardship	86%	81%	93%	83%
The government should allow your pharmacist to substitute for a lower cost prescription drug option, if available, without needing to get permission from your prescriber	84%	85%	83%	85%
The state government should implement policies aimed at lowering the high and rising costs of health care	84%	81%	90%	79%
Medicaid plays a critical role in giving eligible patients access to necessary medical care	78%	73%	86%	74%
The state government should invest in improving health status in low-income communities	77%	66%	88%	72%
Potential price increases should be factored in when the state government is deciding whether to allow a health system to consolidate, grow, or close	72%	72%	77%	65%

Racial inequities in health care are a major issue, causing people of color to receive lower-quality care compared to others	53%	32%	74%	46%

Source: 2026 Poll of Pennsylvania Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Why this Matters

Support for policy solutions across political affiliations indicates that concerns about health care affordability are widely shared. This bipartisan agreement may create opportunities for policy action to reduce out-of-pocket costs, increase price transparency, and prevent affordability barriers before they lead to delayed care or financial hardship.

Conclusion

Findings from the Pennsylvania Consumer Healthcare Experience Survey show that high health care costs remain a significant barrier to accessing care and maintaining financial security for many residents. While affordability challenges were widespread, some groups experienced a disproportionate burden.

At the same time, respondents across political affiliations shared common concerns about rising health care costs and expressed broad support for policy approaches to improve affordability, including lowering out-of-pocket costs, increasing price transparency, strengthening coverage, and promoting competition.

Together, these findings highlight health care affordability as a shared concern with implications for access, financial security, and long-term health, and demonstrate how state-level data can inform efforts to improve access to affordable, high-quality care.

Appendix.
Methodology and Population

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 July 9 – July 14th, 2026, used a web panel from Dynata with a demographically balanced sample of approximately 1,400 respondents who live in Pennsylvania. 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 1,405 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	879	51%
Man	526	49%
Sexual Diverse	133	10%
Insurance Type		
Employer-Sponsored Insurance	486	44%
Insurance Purchased Myself	101	7%
Traditional Medicare	196	12%
Medicare Advantage	244	14%
Medicaid	256	15%
TRICARE/Military	9	1%
Department of Veterans Affairs	9	1%
No coverage of any type	71	4%
I don't know	33	2%
Race		
American Indian/Native Alaskan	18	1%
Asian	37	5%
Black or African American	212	13%
Native Hawaiian/Other Pacific Islander	2	< 1%
White	1076	81%
Prefer Not to Answer	4	< 1%
Two or More Races	75	7%
Ethnicity		
Hispanic or Latino	139	9%
Non-Hispanic or Latino	1266	91%
Age		
18-24	179	12%
25-34	212	18%
35-44	258	21%
45-54	231	16%
55-64	262	16%
65+	260	16%
Party Affiliation		
Republican	426	32%
Democrat	580	40%
Neither	399	28%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	230	11%
$20K-$29K	155	8%
$30K - $39K	149	8%
$40K - $49K	112	6%
$50K - $59K	154	9%
$60K - $74K	133	7%
$75K - $99K	168	13%
$100K - $149K	185	18%
$150K+	119	21%
Education Level		
Some high school	43	2%
High school diploma/GED	434	26%
Some college or training/certificate program	264	16%
Associate degree	172	11%
Bachelor's degree	275	24%
Some graduate school	32	2%
Graduate degree	185	20%
Self-Reported Health Status		
Excellent	166	14%
Very Good	419	33%
Good	546	36%
Fair	233	14%
Poor	41	3%
Disability		
Mobility	254	15%
Cognition	127	9%
Independent Living	107	8%
Hearing	97	7%
Vision	59	5%
Self-Care	62	5%
No disability or long-term health condition	975	72%

Source: 2026 Poll of Pennsylvania 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.

Notes

[1] Peterson-KFF Health System Tracker. (n.d.). Health spending in the U.S. compared to other countries [Chart collection]. https://www.healthsystemtracker.org/chart-collection/health-spending-u-s-compare-countries/
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About the 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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