HEALTHCARE VALUE HUB

Data Brief | October 2025

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

## Summary

According to a survey of more than 1,400 Kansas adults conducted from August 1, 2025 – September 19, 2025, many residents have had inconsistent experiences accessing and affording the health care system in the past year. Among those respondents:

- Nearly 3 in 4 (74%) experienced at least one health care affordability burden in the past year;
- Nearly 4 in 5 (78%) 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 (44% versus 24%); delay or go without care due to cost more frequently (83% versus 66%); and experience more cost burdens due to medical bills (63% versus 34%); and
- 29% of respondents of color skipped needed medical care due to distrust of or feeling disrespected by health care providers; and
- 53% 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. For example, Kansas 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). The median household income in Kansas in 2023 was $75,514.[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 | 86% | 77% | 73% | 62% |
| Any Health Care Affordability Worry | 85% | 82% | 79% | 68% |
| Rationed Medication Due to Cost | 40% | 32% | 27% | 21% |
| Delayed or Went Without Care Due to Cost | 81% | 75% | 72% | 59% |
| Cost Burden due to Medical Bills | 53% | 45% | 40% | 32% |
| Current Have Outstanding Medical Bills | 42% | 34% | 28% | 18% |

*Source:* 2025 Poll of Kansas 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 (53% versus 32%). Still, over half of respondents living in higher income households also faced affordability issues, indicating that these burdens affect all income groups. At least 78% 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. People 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] Kansas 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, 15% 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 | 86% | 69% |
| Any Health Care Affordability Worry | 89% | 73% |
| Rationed Medication Due to Cost | 44% | 24% |
| Delayed or Went Without Care Due to Cost | 83% | 66% |
| Skipped Needed Dental Care | 35% | 23% |
| Avoided Visiting a Doctor or Having a Procedure Done | 27% | 19% |
| Challenges Accessing Addiction Treatment | 11% | 3% |
| Challenges Accessing Mental Health Care | 18% | 9% |
| Skipped or Delayed Getting a Medical Assistive Device | 15% | 6% |
| Experienced a Cost Burden due to Medical Bills | 63% | 34% |
| Currently Have Outstanding Medical Bills | 47% | 23% |

*Source:* 2025 Poll of Kansas 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, Kansas respondents with a Bachelor's or graduate degree reported experiencing a health care affordability burden less frequently than respondents with lower educational attainment. Respondents without a formal education beyond a high school diploma or GED reported experiencing a health care affordability burden (83%), and a health care cost burden due to medical bills (51%) 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 | 83% | 78% | 74% | 72% | 62% |
| Any Health Care Affordability Worry | 84% | 85% | 80% | 68% | 73% |
| Rationed Medication Due to Cost | 36% | 35% | 33% | 24% | 23% |
| Delayed or Went Without Care Due to Cost | 80% | 75% | 69% | 71% | 59% |
| Cost Burden Due to Medical Bills | 51% | 47% | 45% | 36% | 35% |
| Currently Have Outstanding Medical Bills | 38% | 38% | 31% | 25% | 21% |

*Source:* 2025 Poll of Kansas 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. Thirty-one (2% of) respondents reported not getting needed medical care because they couldn't find a doctor of the same background as them and 18 (1% 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 | 71% | 83% |
| Any Health Care Affordability Worry | 76% | 83% |
| Rationed Medication Due to Cost | 29% | 32% |
| Delayed or Went Without Care Due to Cost | 69% | 78% |
| Skipped Needed Dental Care | 29% | 33% |
| Avoided Visiting a Doctor or Having a Procedure Done | 22% | 19% |
| Challenges Accessing Addiction Treatment | 4% | 3% |
| Challenges Accessing Mental Health Care | 14% | 16% |
| Skipped or Delayed Getting a Medical Assistive Device | 8% | 8% |
| Experienced a Cost Burden due to Medical Bills | 39% | 54% |
| Currently Have Outstanding Medical Bills | 29% | 36% |

*Source:* 2025 Poll of Kansas 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 (76% versus 72%); 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 reported being worried about affording some aspect of coverage or care compared to male respondents (83% versus 72%), although the same percentage of male respondents reported experiencing a cost burden due to medical bills (both 43%).

## Table 5

**Percent Who Experienced Health Care Affordability Burdens, by Sex**

| | Female Respondents | Male Respondents |
|---|---|---|
| Any Health Care Affordability Burden | 76% | 72% |
| Any Health Care Affordability Worry | 83% | 72% |
| Rationed Medication Due to Cost | 33% | 27% |
| Delayed/Went Without Care Due to Cost | 73% | 69% |
| Experienced a Cost Burden due to Medical Bills | 43% | 43% |
| Currently Have Outstanding Medical Bills | 33% | 27% |

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

Respondents that identify as sexually diverse also experienced affordability burdens, with 51% reporting rationing medication due to cost compared to 28% 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**

| | Sexually Diverse | Not Sexually Diverse |
|---|---|---|
| Any Health Care Affordability Burden | 87% | 73% |
| Any Health Care Affordability Worry | 91% | 76% |
| Rationed Medication Due to Cost | 51% | 28% |
| Delayed/Went Without Care Due to Cost | 86% | 70% |
| Experienced a Cost Burden due to Medical Bills | 58% | 41% |
| Currently Have Outstanding Medical Bills | 29% | 47% |

*Source:* 2025 Poll of Kansas 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 Kansas, 27% of respondents reported feeling that their health care providers never, rarely, or only sometimes treat them with respect, and 40% 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 21% 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 over a quarter (30%) of respondents enrolled in KanCare, the Kansas Medicaid program, reported going without care due to distrust or perceived disrespect, only 19% 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% | 21% |
| **Household Characteristics** | | |
| **Household Income** | | |
| ≤ $50,000 annually | 46% | 24% |
| $50,001 - $75,000 annually | 43% | 21% |
| $75,001 - $100,000 annually | 34% | 24% |
| ≥ $100,000 annually | 32% | 18% |

| | Distrust or Felt Disrespected by a Health Care Provider | Went Without Care Due to Distrust or Disrespect |
|---|---|---|
| **Physical or Cognitive Impairment** | | |
| Household includes a person with a physical or cognitive impairment | 32% | 14% |
| Household does not include a person with a physical or cognitive impairment | 57% | 39% |
| **Demographic Characteristics** | | |
| **Sex and Orientation** | | |
| Female Respondents | 37% | 18% |
| Male Respondents | 41% | 24% |
| Sexual Diverse Respondents | 56% | 31% |
| **Education Status** | | |
| Respondents with a High School Diploma/GED | 48% | 25% |
| Respondents with Some College, Training, or a Certificate | 38% | 17% |
| Respondents with an Associate Degree | 38% | 22% |
| Respondents with a Bachelor's Degree | 33% | 22% |
| Respondents with a Graduate School Degree | 38% | 21% |
| **Race and Ethnicity** | | |
| Respondents of Color (Total) | 51% | 29% |
| White Respondents, alone non-Hispanic | 35% | 19% |
| **Insurance Status** | | |
| Employer-based health insurance | 39% | 19% |
| Health insurance purchased individually | 51% | 37% |
| Medicare, coverage for older adults and people with physical or cognitive impairments | 24% | 11% |
| KanCare, the state's Medicaid program | 50% | 30% |

*Source:* 2025 Poll of Kansas 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,

27% of Kansas 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 (43%); disability (20%); race (19%); where they live (18%), gender or gender identity (12%); ethnic background (12%); and educational attainment (13%). In lesser numbers, some respondents also cited sexual orientation (7%) and their experience with violence or abuse (7%).

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:

- “A doctor mocked my pain and dismissed me when explaining things and I believe it was due to the fact he didn't like how I look. I'm overweight and have tattoos and piercings from over the years and he didn't seem like he cared at all about my pain.”
- “As a first-generation immigrant, language barriers made it harder for me to understand insurance options, which delayed me from getting affordable care.”
- “As a woman, many times I have asked to contact my partner before I make a decision that has nothing to do with them.”
- “Because I have KanCare, the doctor sort of rushes you through the office visit. They're not real interested in taking the time to hear what you have to say. So therefore, you don't really get the help that you need. Plus, it's hard to find a doctor that will actually take that insurance card.”
- “Because of age and Medicare reimbursements; I feel that our ‘complaints’ are marginalized. The common response is “you know you are getting older, and these things happen.””
- “Being a black woman in her 60s is always a factor, be it conscious or unconscious, in how I am treated and how my concerns are addressed. I went to the hospital with chest pain and nausea and was told that I just need to lose weight. My husband, who is white and in his 50s, went to the same hospital and they had a cardiac surgeon in his room in about 5 minutes.”
- “My family member has been treated disrespectfully by an urgent care center because he couldn't afford the copay. He left without being treated.”
- “My financial situation certainly plays a factor in how I'm treated and some doctors have major issues with patients that chronic illnesses especially if they are accompanied by pain.”

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-three percent (53%) 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 (13%), the actions and beliefs of individual health care providers (16%), and an equal mixture of both of these factors (42%).

Over three in every four (77% of) Kansas 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 Kansas residents support, see: *Kansas 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 (October 2025).

# Notes

[1] U.S. Census Bureau, U.S. Department of Commerce. (2023). Ohio 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/profile?g=kansas

[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.

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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 August 1, 2025 to September 19, 2025 used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Kansas. 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 1,439 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 | 917 | 64% |
| Man | 522 | 36% |
| *Insurance Type* | | |
| Health insurance through my or a family member's employer | 553 | 38% |
| Health insurance I buy on my own | 211 | 15% |
| Medicare, coverage for seniors and those with serious disabilities | 297 | 21% |
| Kansas Medicaid | 161 | 11% |
| TRICARE/Military Health System | 28 | 2% |
| Department of Veterans Affairs | 24 | 2% |
| No coverage of any type | 136 | 9% |
| I don't know | 29 | 2% |
| *Race* | | |
| American Indian/Native Alaskan | 44 | 3% |
| Asian | 3 | 0% |
| Black or African American | 235 | 16% |
| Native Hawaiian/Other Pacific Islander | 6 | 0% |
| White | 1129 | 78% |
| Prefer Not to Answer | 10 | 1% |
| Two or More Races | 116 | 8% |
| Ethnicity | | |
| Hispanic or Latino | 142 | 10% |
| Non-Hispanic or Latino | 1297 | 90% |
| *Age* | | |
| 18-24 | 233 | 16% |
| 25-34 | 305 | 21% |
| 35-44 | 305 | 21% |
| 45-54 | 228 | 16% |
| 55-64 | 204 | 14% |
| 65+ | 152 | 11% |
| *Party Affiliation* | | |
| Republican | 489 | 34% |
| Democrat | 409 | 28% |
| Neither | 541 | 38% |

| Demographic Characteristic | Frequency | Percent |
|---|---|---|
| *Household Income* | | |
| Under $20K | 251 | 17% |
| $20K-$29K | 162 | 11% |
| $30K - $39K | 165 | 11% |
| $40K - $49K | 129 | 9% |
| $50K - $59K | 140 | 10% |
| $60K - $74K | 145 | 10% |
| $75K - $99K | 178 | 12% |
| $100K - $149K | 178 | 12% |
| $150K+ | 91 | 6% |
| *Education Level* | | |
| Some high school | 52 | 4% |
| High school diploma/GED | 344 | 24% |
| Some college or training/certificate program | 356 | 25% |
| Associate degree | 196 | 14% |
| Bachelor's degree | 283 | 20% |
| Some graduate school | 36 | 3% |
| Graduate degree | 172 | 12% |
| *Self-Reported Health Status* | | |
| Excellent | 174 | 12% |
| Very Good | 410 | 28% |
| Good | 553 | 38% |
| Fair | 246 | 17% |
| Poor | 56 | 4% |
| *Disability* | | |
| Mobility | 261 | 18% |
| Cognition | 157 | 11% |
| Independent Living | 122 | 8% |
| Hearing | 97 | 7% |
| Vision | 78 | 5% |
| Self-Care: Difficulty dressing or bathing | 71 | 5% |
| No disability or long-term health condition | 973 | 68% |

*Source: 2025 Poll of Kansas 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.