HEALTHCARE VALUE HUB

TENNESSEE JUSTICE CENTER

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

Summary

According to a survey of more than 1,300 Tennessee adults conducted from June 30 to July 31, 2025, many residents have had inconsistent experiences accessing and affording the health care system in the past year. Among those respondents:

- Over 3 in 4 (74%) experienced at least one health care affordability burden in the past year;
- Over 3 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 (44% versus 25%); delay or go without care due to cost more frequently (83% versus 66%); and experience more cost burdens due to medical bills (59% versus 38%); and
- Thirty percent of respondents of color skipped needed medical care due to distrust of or feeling disrespected by health care providers; and
- Fifty-seven 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. For example, Tennessee 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 Tennessee in 2024 was $71,997.[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%	78%	69%	66%
Any Health Care Affordability Worry	81%	78%	69%	72%
Rationed Medication Due to Cost	36%	33%	30%	25%
Delayed or Went Without Care Due to Cost	78%	75%	66%	64%
Cost Burden due to Medical Bills	45%	41%	40%	49%
Current Have Outstanding Medical Bills	28%	31%	22%	26%

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

Respondents that earn less than $50,000 annually 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. 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. 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] Tennessee 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, 13% 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	85%	69%
Any Health Care Affordability Worry	85%	71%
Rationed Medication Due to Cost	44%	25%
Delayed or Went Without Care Due to Cost	83%	66%
Skipped Needed Dental Care	30%	23%
Avoided Visiting a Doctor or Having a Procedure Done	23%	15%
Challenges Accessing Addiction Treatment	11%	6%
Challenges Accessing Mental Health Care	18%	11%
Skipped or Delayed Getting a Medical Assistive Device	13%	4%
Experienced a Cost Burden due to Medical Bills	59%	38%
Currently Have Outstanding Medical Bills	35%	23%

Source: 2025 Poll of Tennessee 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, Tennessee 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 (81%), 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	81%	76%	76%	65%	74%
Any Health Care Affordability Worry	78%	81%	80%	71%	73%
Rationed Medication Due to Cost	36%	35%	40%	22%	29%
Delayed or Went Without Care Due to Cost	78%	73%	73%	63%	72%
Cost Burden Due to Medical Bills	44%	40%	50%	36%	55%
Currently Have Outstanding Medical Bills	28%	30%	29%	30%	30%

Source: 2025 Poll of Tennessee 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 (2% of) respondents reported not getting needed medical care because they couldn't find a doctor of the same background as them and 19 (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	70%	84%
Any Health Care Affordability Worry	75%	79%
Rationed Medication Due to Cost	30%	34%
Delayed or Went Without Care Due to Cost	68%	81%
Skipped Needed Dental Care	25%	27%
Avoided Visiting a Doctor or Having a Procedure Done	16%	23%
Challenges Accessing Addiction Treatment	8%	8%
Challenges Accessing Mental Health Care	12%	15%
Skipped or Delayed Getting a Medical Assistive Device	7%	7%
Experienced a Cost Burden due to Medical Bills	41%	54%
Currently Have Outstanding Medical Bills	24%	34%

Source: 2025 Poll of Tennessee 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 similar rates of experiencing at least one affordability burden in the past year (74% versus 74%); 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 (77% versus 74%), although a slightly higher percentage of male respondents reported experiencing a cost burden due to medical bills (48% versus 42%).

Table 5

Percent Who Experienced Health Care Affordability Burdens, by Sex

	Female Respondents	Male Respondents
Any Health Care Affordability Burden	74%	74%
Any Health Care Affordability Worry	77%	74%
Rationed Medication Due to Cost	31%	31%
Delayed/Went Without Care Due to Cost	72%	71%
Experienced a Cost Burden due to Medical Bills	42%	48%
Currently Have Outstanding Medical Bills	27%	27%

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

Respondents that identify as sexually diverse also experienced affordability burdens, with 45% reporting rationing medication due to cost compared to 30% 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	85%	73%
Any Health Care Affordability Worry	88%	74%
Rationed Medication Due to Cost	45%	30%
Delayed/Went Without Care Due to Cost	83%	70%
Experienced a Cost Burden due to Medical Bills	58%	43%
Currently Have Outstanding Medical Bills	39%	26%

Source: 2025 Poll of Tennessee 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 Tennessee, 33% of respondents reported feeling that their health care providers never, rarely, or only sometimes treat them with respect, and 66% reported they were not confident in being able to find a doctor that they like or trust.

Overall, 46% reported distrust or perceived disrespect from their providers, and 27% 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 third (37%) of respondents enrolled in TennCare, the Tennessee Medicaid program, reported going without care due to distrust or perceived disrespect, only 30% 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	46%	27%
Household Characteristics		
Household Income		
≤ $50,000 annually	49%	26%
$50,001 - $75,000 annually	41%	20%
$75,001 - $100,000 annually	36%	21%
≥ $100,000 annually	50%	35%

	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	60%	39%
Household does not include a person with a physical or cognitive impairment	39%	22%
Demographic Characteristics		
Sex and Orientation		
Female Respondents	44%	21%
Male Respondents	49%	34%
Sexual Diverse Respondents	67%	37%
Education Status		
Respondents with a High School Diploma/GED	48%	25%
Respondents with Some College, Training, or a Certificate	42%	21%
Respondents with an Associate Degree	53%	31%
Respondents with a Bachelor's Degree	39%	22%
Respondents with a Graduate School Degree	52%	40%
Race and Ethnicity		
Respondents of Color (Total)	53%	30%
White Respondents, alone non-Hispanic	44%	26%
Insurance Status		
Employer-based health insurance	51%	29%
Health insurance purchased individually	59%	42%
Medicare, coverage for older adults and people with physical or cognitive impairments	27%	14%
TennCare, the state Medicaid program	58%	37%

Source: 2025 Poll of Tennessee 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,

Thirty-three percent of Tennessee respondents reported feeling disrespected by a health care provider. When asked why they believe their providers did not treat them with respect, the most frequently cited reasons include: income or financial status (39%); race (26%); where they live (22%); disability (20%); ethnic background (20%); gender or gender identity (15%); and educational attainment (13%). In lesser numbers, some respondents also cited sexual orientation (6%), and experience with violence or abuse (8%).

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:

- "My financial situation caused discrimination, and I feel like I don't get quality care."
- "Financial struggles and cultural stigmas made it harder to access consistent affordable and respectful healthcare."
- "I have had a doctor state that my race/ethnicity is why I can't be on medications for pain. I have no history of prescription abuse, but it was still stated. I was literally laughed at by a doctor when my husband backed up my concerns about my heart. I went to a different doctor and am now being seen and properly treated."
- "Because I am a woman and I have experienced violence abuse, and I have mental health issues it is harder for me to get a mental provider or a physician that understands my needs."
- Language barrier delays and reduces my access to affordable care.
- My son died because he did not receive the proper care from a medical provider due to race, education, financial situation and judged on how he looked. I must live every day with the death of my son having a seizure from not getting the proper care. The system fails and targets poor people."
- In Tennessee having a 'deviant' sexual orientation and immigration status is a huge red flag and cause for discrimination."
- I am older and obese and I have been discriminated against and disregarded as a patient and as a human. "
- As a female, most doctors treat my symptoms as mental health issues."
- Being on Medicaid has caused my family to be discriminated against, especially in hospital settings. They treat us as if we are lazy and drug-seeking, leeching off the government and not given the same respect as others with private insurance."

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-seven percent (57%) 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 (15%), the actions and beliefs of individual health care providers (17%), and an equal mixture of both of these factors (38%).

Nearly three in every four (72% of) Tennessee 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 Tennessee residents support, see: *Tennessee 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 (September 2025).

Notes

[1] U.S. Census Bureau, U.S. Department of Commerce. (2023). Tennessee Income in the Past 12 Months (in 2023 Inflation-Adjusted Dollars). American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1901. Retrieved September 21, 2025, from: https://data.census.gov/profile/Tennessee?g=040XX00US47

[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

About The Tennessee Justice Center

For over 28 years, the Tennessee Justice Center has been standing with Tennessee families and helping them access necessities of life. Since opening our doors in 1996, TJC has used lawsuits, legislation and coalition building to overcome injustice, winning $2 billion in health care and hundreds of millions in financial and nutrition assistance for Tennesseans. Aside from lawsuits, TJC helps assist seniors and other individuals with TennCare, SNAP and other public benefit programs.

Contact the Tennessee Justice Center:
www.tnjustice.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 June 30 to July 31, 2025, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Tennessee. 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 1,369 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	770	56%
Man	599	44%
Sexual Diverse	183	13%
Insurance Type		
Health insurance through my or a family member's employer	453	33%
Health insurance I buy on my own	211	15%
Medicare, coverage for seniors and those with serious disabilities	302	22%
TennCare, the state Medicaid program	189	14%
TRICARE/Military Health System	26	1%
Department of Veterans Affairs	22	1%
No coverage of any type	111	8%
I don't know	55	4%
Race		
American Indian/Native Alaskan	47	3%
Asian	49	4%
Black or African American	453	33%
Native Hawaiian/Other Pacific Islander	11	<1%
White	783	57%
Prefer Not to Answer	17	1%
Two or More Races	107	8%
Ethnicity		
Hispanic or Latino	114	8%
Non-Hispanic or Latino	1,255	92%
Age		
18-24	275	20%
25-34	283	21%
35-44	284	21%
45-54	178	13%
55-64	179	13%
65+	161	12%
Party Affiliation		
Republican	469	34%
Democrat	410	30%
Neither	490	36%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	258	19%
$20K-$29K	140	10%
$30K - $39K	148	11%
$40K - $49K	125	9%
$50K - $59K	138	10%
$60K - $74K	108	8%
$75K - $99K	141	10%
$100K - $149K	162	12%
$150K+	149	11%
Education Level		
Some high school	59	4%
High school diploma/GED	369	27%
Some college or training/certificate program	292	21%
Associate degree	136	10%
Bachelor's degree	260	19%
Some graduate school	31	2%
Graduate degree	222	16%
Self-Reported Health Status		
Excellent	259	19%
Very Good	409	30%
Good	457	33%
Fair	196	14%
Poor	48	4%
Disability		
Mobility	221	16%
Cognition	150	11%
Independent Living	146	11%
Hearing	104	8%
Vision	89	7%
Self-Care: Difficulty dressing or bathing	59	4%
No disability or long-term health condition	897	66%

Source: 2025 Poll of Tennessee 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