



DATA BRIEF NO. 145 | JANUARY 2023

## Respondents in the West Virginia and Surrounding Appalachian Counties Region Bear Healthcare Affordability Burdens Unequally; Distrust of/Disrespect by Healthcare Providers Leads Some to Delay/Go Without Needed Care

A survey of more than 1,100 adult respondents from the West Virginia and Surrounding Appalachian Counties (WVSAC) Region,<sup>1</sup> conducted from September 26 to November 4, 2022, found that:

- Three in five (64%) of WVSAC respondents have experienced one or more healthcare affordability burdens in the past 12 months. Four in five (84%) worry about affording some aspect of healthcare now or in the future.
- Respondents living in households with a person with a disability more frequently reported affordability burdens than respondents without a disabled household member, including: rationing medication due to cost (39% versus 24%); delaying or going without care due to cost (70% versus 49%); and going into medical debt, depleting savings or sacrificing basic needs due to medical bills (57% versus 32%).
- Forty-five percent of respondents of color skipped needed medical care due to distrust of or feeling disrespected by healthcare providers, compared to 18% of white respondents.
- Fifty-five 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. healthcare system.

### DIFFERENCES IN AFFORDABILITY BURDENS AND CONCERNS

#### Race

Racial disparities in healthcare are well-documented and affordability issues impact access to care and financial burdens for communities of color, particularly Black and Hispanic/Latinx communities.<sup>2,3</sup> In the WVSAC Region, respondents of color reported higher rates of affordability burdens than white respondents, including higher rates of rationing medication due to cost; delaying or going without care due to cost; incurring medical debt, depleting savings or sacrificing basic needs (like food, heat, and housing) due to medical bills (see Table 1).

In addition to rationing medication, respondents of color more frequently reported avoiding going to the doctor or getting a procedure and delaying/going without medical assistive devices due to cost, alongside problems getting addiction treatment and going without dental care (see Figure 1).<sup>4</sup>

#### Income

The survey also revealed differences in how WVSAC Region respondents experience healthcare affordability burdens by income. Unsurprisingly, respondents at the lowest end of the income spectrum most frequently reported affordability burdens, with almost three-quarters (73%) of those with household incomes of less than \$50,000 per year reporting struggling to afford healthcare in the past 12 months (see Table 2). Still, over half of respondents living in middle- and higher-income

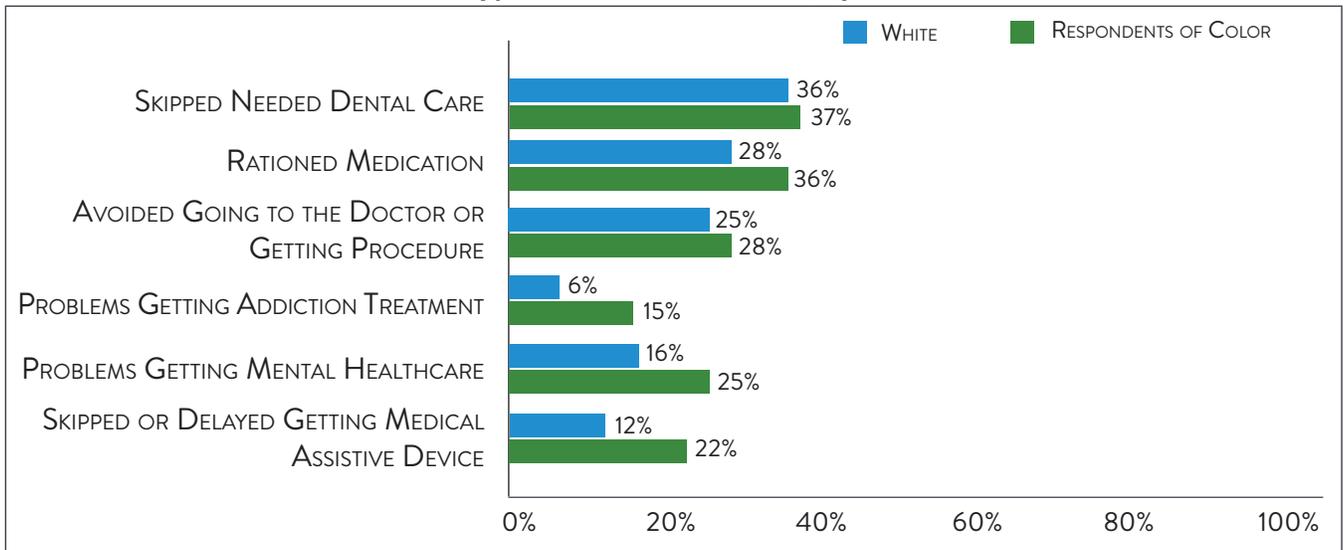
**Table 1**  
**Percent Who Experienced Healthcare Affordability Burdens, by Race and Ethnicity**

	RESPONDENTS OF COLOR	WHITE
ANY HEALTHCARE AFFORDABILITY BURDEN	77%	62%
ANY HEALTHCARE AFFORDABILITY WORRY	83%	84%
RATIONED MEDICATION DUE TO COST	36%	28%
DELAYED/WENT WITHOUT CARE DUE TO COST	62%	56%
INCURRED MEDICAL DEBT, DEPLETED SAVINGS AND/OR SACRIFICED BASIC NEEDS DUE TO MEDICAL BILLS	63%	38%

Source: 2022 Poll of West Virginia and Surrounding Appalachian Counties Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Note: Due to small sample sizes under 100 responses (see Demographics Table), results could not be evaluated separately for respondents who were Black or African American, American Indian or Native Alaskan, Asian, or Native Hawaiian or other Pacific Islander. However, these groups are an essential part of the WVSAC Region's population and they are each uniquely impacted by healthcare affordability issues. Respondents who identified as a race other than white were grouped into the "Respondents of Color" category. Sample size was also too small for respondents selecting Hispanic/Latinx as ethnicity and again we regret results could not be evaluated for this group.

**Figure 1**  
**Percent Who Went Without Select Types of Care Due to Cost, by Race**



Source: 2022 Poll of West Virginia and Surrounding Appalachian Counties Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

households reported struggling to afford some aspect of coverage or care, demonstrating that affordability problems go far up the income ladder. At least 75% of respondents in each income group reported being worried about affording healthcare either now or in the future.

Respondents living in lower-income households also more frequently reported rationing care due to cost. Well over half (64%) of lower-income earners reported delaying or going without at least one healthcare service or treatment due to cost in the past year, compared to roughly half (49%-52%) of those earning over \$75,000. Additionally, 1 in 3 (33%) of respondents with household incomes of \$50,000 or less reported not filling a prescription, skipping doses of medicines or cutting pills in half due to cost, compared to roughly 1 in 4 respondents in other income brackets.

**Table 2****Percent Who Experienced Healthcare Affordability Burdens, by Income Group**

	LESS THAN \$50,000	\$50,000- \$75,000	\$75,000- \$100,000	MORE THAN \$100,000
ANY HEALTHCARE AFFORDABILITY BURDEN	73%	55%	58%	54%
ANY HEALTHCARE AFFORDABILITY WORRY	87%	86%	77%	76%
RATIONED MEDICATION DUE TO COST	33%	24%	27%	25%
DELAYED/WENT WITHOUT CARE DUE TO COST	64%	47%	52%	49%
INCURRED MEDICAL DEBT, DEPLETED SAVINGS AND/OR SACRIFICED BASIC NEEDS DUE TO MEDICAL BILLS	47%	37%	36%	33%

Source: 2022 Poll of West Virginia and Surrounding Appalachian Counties Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Lower-income individuals also most frequently reported financial consequences after receiving healthcare services—forty-seven percent either went into medical debt, depleted their savings or sacrificed other basic needs (like food, heat or housing) due to medical bills, compared to 33% of those earning over \$100,000.

**Disability Status**

People with disabilities interact with the healthcare system more often than those without disabilities and, as a result, tend to face more out-of-pocket costs.<sup>5</sup> Additionally, people who receive disability benefits face unique coverage challenges that impact their ability to afford needed care, such as the possibility of losing coverage if their household income or assets increase over a certain amount (for example, after getting married).<sup>6</sup>

WVSAC Region respondents who have a disability or who live with a person with a disability more frequently reported a diverse array of affordability burdens compared to their counterparts (see Table 3). These individuals also more frequently reported worrying about healthcare affordability in general (87% versus 82%) and losing health insurance (42% versus 26%).

**Table 3****Percent Who Experienced Healthcare Affordability Burdens, by Disability Status**

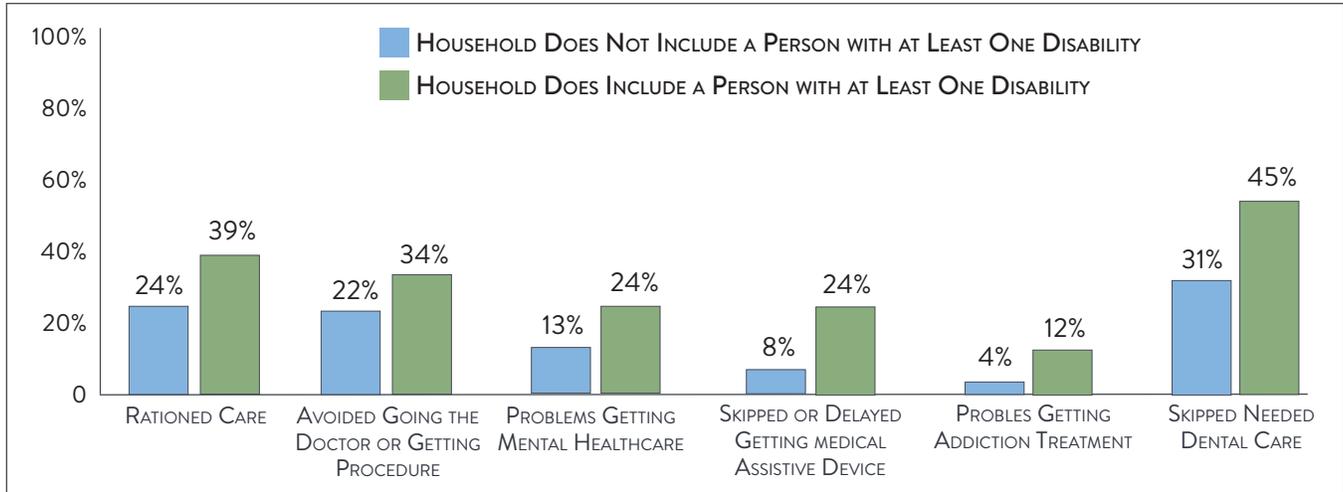
	HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY
ANY HEALTHCARE AFFORDABILITY BURDEN	78%	57%
ANY HEALTHCARE AFFORDABILITY WORRY	87%	82%
RATIONED MEDICATION DUE TO COST	39%	24%
DELAYED/WENT WITHOUT CARE DUE TO COST	70%	49%
INCURRED MEDICAL DEBT, DEPLETED SAVINGS AND/OR SACRIFICED BASIC NEEDS DUE TO MEDICAL BILLS	57%	32%

Source: 2022 Poll of West Virginia and Surrounding Appalachian Counties Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Those with disabilities also face healthcare affordability burdens unique to their disabilities—24% of respondents reporting a disability in their household delayed getting a medical assistive device such as a wheelchair, cane/walker, hearing aid or prosthetic limb due to cost. Just 8% of respondents without a person with a disability (who may have needed such tools temporarily or may not identify as having a disability) reported this experience (see Figure 2). Similarly, 24% of respondents reporting a disability in their household also reported problems getting mental healthcare compared to 13% of households without a person with a disability.

**Figure 2**

**Percent Who Went Without Select Types of Care Due to Cost, by Disability Status**



Source: 2022 Poll of West Virginia and Surrounding Appalachian Counties Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

**Gender**

The survey also surfaced differences in healthcare affordability burdens and worry by gender. Women who responded to the survey more frequently experienced at least one affordability burden in the past year than men (68% versus 61%, respectively) (see Table 4). While women more frequently reported delaying or going without care due to cost in general, both men and women reported rationing their medications by not filling a prescription, skipping doses or cutting pills in half, and incurred medical debt, depleted savings and/or sacrificed basic needs due to medical bills at similar rates.

**Table 4**

**Percent Who Experienced Healthcare Affordability Burdens, by Gender Identity**

	MEN	WOMEN
ANY HEALTHCARE AFFORDABILITY BURDEN	61%	68%
ANY HEALTHCARE AFFORDABILITY WORRY	79%	88%
RATIONED MEDICATION DUE TO COST	27%	31%
DELAYED/WENT WITHOUT CARE DUE TO COST	51%	61%
INCURRED MEDICAL DEBT, DEPLETED SAVINGS AND/OR SACRIFICED BASIC NEEDS DUE TO MEDICAL BILLS	40%	42%

Source: 2022 Poll of West Virginia and Surrounding Appalachian Counties Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Note: Due to small sample sizes, we could not produce reliable statistics exclusively for individuals who identify as transgender or genderqueer/nonbinary. We regret that we were unable to supply additional information on healthcare affordability issues in these communities.

While most respondents of both genders reported being somewhat or very concerned about affording some aspect of coverage or care, a higher percentage of women reported this worry than men (88% versus 79%, respectively).

Due to the small sample size, this survey could not produce reliable estimates exclusively for transgender or genderqueer/nonbinary respondents. However, it is important to note that these groups experience unique healthcare affordability burdens—1% of survey respondents (9 respondents) reported that they or a family member had trouble affording the cost of gender-affirming care, such as hormone therapy or reconstructive surgery.

## **DISTRUST AND DISRESPECT IN THE HEALTH SYSTEM**

Whether a patient trusts and/or feels respected by their healthcare provider may impact whether they seek needed care. In the WVSAC Region, more than 1 in 3 (35%) of respondents reported that their provider never, rarely or only sometimes treats them with respect. When asked *why* they felt healthcare providers did not treat them with respect, nearly half of respondents cited their income or financial status (49%), followed by a disability or physical, mental or cognitive condition (26%), race (21%), ethnic background or culture (16%), and gender/gender identity (15%). In lesser numbers, respondents cited sexual orientation (12%) and experience with violence or abuse (8%) as reasons for the disrespect.

Respondents of color and those with a person with a disability in their household more frequently reported distrust in and feeling disrespected by their healthcare providers than their white or non-disabled counterparts (see Table 5). These respondents also more frequently reported going without medical care due to that distrust and/or disrespect. Forty-five percent of respondents of color reported skipping needed medical care due to distrust of or feeling disrespected by healthcare providers, compared to 18% of white respondents. Thirty-six percent of respondents who have a disability or are living with a person with a disability reported going without care due to distrust or disrespect, compared to 15% of those without a household member with a disability.

Respondents earning less than \$50,000 most frequently reported distrust/disrespect, as well as having gone without care due to distrust/disrespect compared to the other income groups. Interestingly, however, respondents in higher income groups also reported high rates of distrust/disrespect and having gone without care.

## **INDIVIDUAL AND SYSTEMIC RACISM**

Respondents perceived that both individual *and* systemic racism exist in the U.S. healthcare system. Fifty-five percent of respondents believe that people are treated unfairly based on their race or ethnic background, either somewhat or very often. When asked what they think causes healthcare systems to treat people unfairly based on their race or ethnic background:

- 19% cited policies and practices built into the healthcare system;
- 22% cited the actions and beliefs of individual healthcare providers; and
- 44% believe it is an equal mixture of both

**Table 5****Percent Who Distrusted/Felt Disrespected by a Healthcare Provider in the Last Year, by Race, Disability Status and Income Group**

	DISTRUSTED OR FELT DISRESPECTED BY A HEALTHCARE PROVIDER	WENT WITHOUT NEEDED CARE DUE TO DISTRUST OF/ DISRESPECT BY A HEALTHCARE PROVIDER
ALL RESPONDENTS	45%	22%
<b>RACE</b>		
RESPONDENTS OF COLOR	64%	45%
WHITE	41%	18%
<b>DISABILITY STATUS</b>		
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	58%	36%
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	37%	15%
<b>INCOME GROUP</b>		
LESS THAN \$50,000	49%	24%
\$50,000 - \$75,000	44%	21%
\$75,000 - \$100,000	44%	20%
MORE THAN \$100,000	35%	20%

Source: 2022 Poll of West Virginia and Surrounding Appalachian Counties Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

**DISATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE**

Given this information, it is not surprising that **68%** of respondents agree or strongly agree that the U.S. healthcare system needs to change. Understanding how the healthcare system disproportionately harms some groups of people over others is key to creating a fairer and higher value system for all.

Making healthcare affordable for all residents is an area ripe for policymaker intervention, with widespread support for government-led solutions across party lines. For more information on the types of strategies state residents want their policymakers to pursue, see: *West Virginia Residents Struggle to Afford High Healthcare Costs; Worry About Affording Healthcare in the Future; Support a Range of Government Solutions Across Party Lines*, Healthcare Value Hub, Data Brief No. 143 (January 2023).

**NOTES**

1. The surrounding Appalachian counties in this region are in Maryland, Pennsylvania, Ohio, Virginia and Kentucky.
2. Fadeyi-Jones, Tomi, et al., *High Prescription Drug Prices Perpetuate Systemic Racism. We Can Change It*, Patients for Affordable Drugs Now (December 2020), <https://patientsforaffordabledrugsnow.org/2020/12/14/drug-pricing-systemic-racism/>

3. Kaplan, Alan and O'Neill, Daniel, "Hospital Price Discrimination Is Deepening Racial Health Inequity," *New England Journal of Medicine—Catalyst* (December 2020), <https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0593>
4. A small share of respondents also reported barriers to care that were unique to their ethnic or cultural backgrounds. Two percent reported not getting needed medical care because they couldn't find a doctor of the same race, ethnicity or cultural background as them or they couldn't find a doctor who spoke their language.
5. 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/>
6. A 2019 Commonwealth Fund report noted that people with disabilities risk losing their benefits if they make more than \$1,000 per 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. 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, New York City, NY. (April 2019), <https://www.commonwealthfund.org/publications/fund-reports/2019/apr/challenges-living-disability-america-and-how-serious-illness-can>

See also: Fremstaf, Shawn and Valles, Rebecca, *The Facts on Social Security Disability Insurance and Supplemental Security Income for Workers with Disabilities*, Center for American Progress, Washington D.C. (May 2013), <https://www.americanprogress.org/article/the-facts-on-social-security-disability-insurance-and-supplemental-security-income-for-workers-with-disabilities/>

See also: 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>



### ABOUT ALTARUM'S HEALTHCARE VALUE HUB

With support from Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare 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 healthcare.

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## Methodology

Altarum’s Consumer Healthcare Experience State Survey (CHES) is designed to elicit respondents’ unbiased 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 September 26 to November 4, 2022, used a web panel from online survey company Dynata with a demographically balanced sample of approximately 1,227 respondents who live in West Virginia and surrounding Appalachian counties. 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 1,127 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

### Demographic Composition of Survey Respondents

DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
<b>GENDER</b>		
WOMAN	749	66%
MAN	357	32%
TRANSWOMAN	3	<1%
TRANSMAN	8	1%
GENDERQUEER/NONBINARY	11	1%
<b>INSURANCE STATUS</b>		
HEALTH INSURANCE THROUGH EMPLOYER OR FAMILY MEMBER’S EMPLOYER	393	35%
HEALTH INSURANCE I BUY ON MY OWN	67	6%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	254	23%
MEDICAID, COVERAGE FOR LOW INCOME EARNERS	287	25%
TRICARE/MILITARY HEALTH SYSTEM	19	2%
DEPARTMENT OF VETERANS AFFAIRS (VA) HEALTH CARE	19	2%
NO COVERAGE OF ANY TYPE	51	5%
I DON’T KNOW	37	3%
<b>RACE/ETHNICITY</b>		
AMERICAN INDIAN OR NATIVE ALASKAN	33	3%
ASIAN	19	2%
BLACK OR AFRICAN AMERICAN	108	10%
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	12	1%
WHITE	953	85%
PREFER NOT TO ANSWER	27	2%
TWO OR MORE RACES	40	4%
HISPANIC OR LATINX – YES	96	9%
HISPANIC OR LATINX - NO	1,031	91%
<b>AGE</b>		
18-24	179	16%
25-34	215	19%
35-44	224	20%
45-54	191	17%
55-64	210	19%
65+	94	8%
<b>PARTY AFFILIATION</b>		
REPUBLICAN	397	35%
DEMOCRAT	316	28%
NEITHER	414	37%

DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
<b>HOUSEHOLD INCOME</b>		
Under \$20K	295	26%
\$20K - \$30K	163	14%
\$30K - \$40K	113	10%
\$40K - \$50K	100	9%
\$50K - \$60K	107	9%
\$60K - \$75K	104	9%
\$75K - \$100K	111	10%
\$100K - \$150K	101	9%
\$150K+	33	3%
<b>SELF-REPORTED HEALTH STATUS</b>		
EXCELLENT	118	10%
VERY GOOD	289	26%
GOOD	432	38%
FAIR	221	20%
POOR	67	6%
<b>DISABILITY</b>		
MOBILITY: SERIOUS DIFFICULTY WALKING OR CLIMBING STAIRS	249	22%
COGNITION: SERIOUS DIFFICULTY CONCENTRATING, REMEMBERING OR MAKING DECISIONS	165	15%
INDEPENDENT LIVING: SERIOUS DIFFICULTY DOING ERRANDS ALONE, SUCH AS VISITING A DOCTOR’S OFFICE	98	9%
HEARING: DEAFNESS OR SERIOUS DIFFICULTY HEARING	102	9%
VISION: BLINDNESS OR SERIOUS DIFFICULTY SEEING, EVEN WHEN WEARING GLASSES	79	7%
SELF-CARE: DIFFICULTY DRESSING OR BATHING	71	6%
NO DISABILITY OR LONG-TERM HEALTH CONDITION	693	61%
<b>STATE OF RESIDENCE</b>		
WEST VIRGINIA	660	59%
MARYLAND	105	9%
PENNSYLVANIA	65	6%
OHIO	192	17%
KENTUCKY	65	6%
VIRGINIA	40	4%

Source: 2022 Poll of West Virginia and surrounding Appalachian counties 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](#).

Note on comparisons: We do not conduct statistical calculations to determine the significance of differences in findings. Comparisons are for conversational purposes only and are determined 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.