



DATA BRIEF NO. 143 | JANUARY 2023

West Virginia and Surrounding Appalachian Counties Residents Struggle to Afford High Healthcare Costs; Worry about Affording Healthcare in the Future; Support Government Action across Party Lines

KEY FINDINGS

A survey of more than 1,100 adults from West Virginia and Surrounding Appalachian Counties (WVSAC) (see Appendix A), conducted from September 26 to November 4, 2022, found that:

- More than 3 in 5 (64%) experienced at least one healthcare affordability burden in the past year;
- Over 4 in 5 (84%) worry about affording healthcare in the future;
- Lower-income respondents and respondents with disabilities are more likely to go without care and incur debt due to healthcare costs;
- Across party lines, respondents express strong support for government-led solutions; and
- 9 in 10 (89%) agree that the government should expand health insurance options so that everyone can afford quality coverage.

A RANGE OF HEALTHCARE AFFORDABILITY BURDENS

Like many Americans, adults in the WVSAC region experience hardship due to high healthcare costs. All told, nearly two-thirds (64%) of respondents experienced one or more of the following healthcare affordability burdens in the prior 12 months:

1) BEING UNINSURED DUE TO HIGH COSTS

Forty percent (40%) of uninsured respondents cited “too expensive” as the major reason for not having coverage, far exceeding other reasons like “don’t need it” and “don’t know how to get it.”

2) DELAYING OR GOING WITHOUT HEALTHCARE DUE TO COST

Well over half (57%) of all respondents reported delaying or going without healthcare during the prior 12 months due to cost:

- 36%—Skipped needed dental care
- 33%—Delayed going to the doctor or having a procedure done
- 29%—Cut pills in half, skipped doses of medicine or did not fill a prescription¹
- 26%—Skipped a recommended medical test or treatment
- 26%—Avoided going to the doctor or having a procedure done altogether
- 20%—Had problems getting mental healthcare or addiction treatment
- 13%—Skipped or delayed getting a medical assistive device

Moreover, 20% of respondents cited cost as the most frequently cited reason for them or a family member not getting needed medical care in the past year, exceeding a host of other barriers like could not get an appointment, getting time off work, transportation and lack of childcare.

3) STRUGGLING TO PAY MEDICAL BILLS

Other times, respondents got the care they needed but struggled to pay the resulting bill. All told, two in five (41%) experienced one or more of these struggles to pay their medical bills:

- 18%—Used up all or most of their savings
- 17%—Were contacted by a collection agency
- 14%—Were unable to pay for basic necessities like food, heat or housing
- 10%—Racked up large amounts of credit card debt
- 10%—Borrowed money, got a loan or another mortgage on their home
- 8%—Were placed on a long-term payment plan

Of the various types of medical bills, the ones most frequently associated with an affordability barrier were dental bills, doctor bills and prescription drugs. The high prevalence of affordability burdens for these services likely reflects the frequency with which the respondents in the WVSAC region seek these services. Trouble paying for dental bills likely reflects lower rates of coverage for these services.

HIGH LEVELS OF WORRY ABOUT AFFORDING HEALTHCARE IN THE FUTURE

WVSAC Region respondents also exhibit high levels of worry about affording healthcare in the future. Four in five (84%) reported being “worried” or “very worried” about affording some aspect of healthcare in the future, including:

- 67%—Cost of nursing home or home care services
- 63%—Medical costs when elderly
- 62%—Health insurance will become unaffordable
- 62%—Medical costs in the event of a serious illness or accident
- 58%—Cost of dental care
- 56%—Prescription drugs will become unaffordable
- 34%—Cost of treatment for coronavirus/COVID-19

While two of the most common worries—affording the cost of nursing home or home care services and medical costs when elderly—are applicable predominantly to an older population, they were most frequently reported by respondents ages 35-54. This finding suggests that WVSAC Region respondents may be worried about affording the cost of care for both aging parents and themselves.

Worry about affording healthcare was highest among respondents living in lower- and middle-income households and among those living in households with a person with a disability (see Table 1). More than 4 in 5 (87%) of respondents with household incomes of less than \$75,000 per year² reported worrying about affording some aspect of coverage or care in the past year. Still, most Appalachian Region respondents of all incomes, age, races and levels of ability are somewhat or very concerned.

Concern that health *insurance* will become unaffordable is also more prevalent among certain groups of respondents in the WVSAC region: By insurance type, respondents with coverage that they have purchased on their own, not through their employer, most frequently reported worrying about affording coverage, followed by respondents with coverage through their employer and those with Medicaid (see Figure 1).

Table 1**Percent Worried or Very Worried, by Income Group, Age Group, Race, Ethnicity and Disability Status**

	ANY HEALTHCARE AFFORDABILITY WORRY
INCOME GROUP	
LESS THAN \$50,000	87%
\$50,000 - \$75,000	86%
\$75,000 - \$100,000	77%
MORE THAN \$100,000	76%
AGE GROUP	
18-24	88%
25-34	81%
35-44	83%
45-55	91%
55-64	83%
>65*	74%
RACE	
RESPONDENTS OF COLOR**	83%
WHITE	84%
ETHNICITY***	
BIPOC, INCLUDES HISPANIC/LATINX	84%
WHITE, NON-HISPANIC/LATINX	84%
DISABILITY STATUS****	
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	82%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	87%

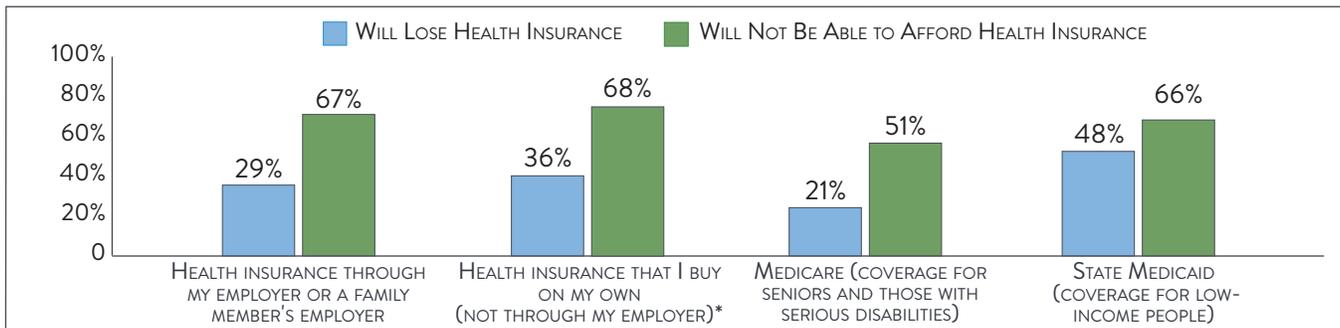
Source: 2022 Poll of West Virginia and Surrounding Appalachian Counties Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

* Note: Responses from people ages 65 and older did not meet the threshold to produce a reliable result. Use this estimate with caution.

** Respondents of Color includes the following groups: Black or African American, American Indian or Native Alaskan, Asian, Native Hawaiian or Other Pacific Islander respondents, regardless of ethnicity. White includes all respondents who marked White regardless of ethnicity.

*** BIPOC, including Hispanic/Latinx includes the following groups: Hispanic/Latino respondents, Black or African American, American Indian or Native Alaskan, Asian, Native Hawaiian or Other Pacific Islander respondents. White, alone, non-Hispanic/Latinx includes all respondents who marked White who are not Hispanic/Latinx

**** Disability Status: Respondents were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision and self-care.

Figure 1**Worry about Losing or Affording Health Insurance, by Coverage Type**

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

*Note: Responses from people who buy health insurance on their own did not meet the threshold to produce a reliable result. Use this estimate with caution.

Respondents with household incomes below \$50,000 per year reported the highest rates of worry about losing coverage and worry about affording coverage. Respondents living in households with a person with a disability were more likely to be concerned about losing health insurance than residents living in a household without a person with a disability (see Table 2).

Adults that purchase coverage on their own typically purchase coverage on their state's Marketplace or directly from an insurer. Individuals are responsible for the entire cost of the premium and all cost-sharing amounts; government subsidies are available on a sliding scale for plans on the Marketplace for those with annual household incomes above 100% of the federal poverty level (FPL).

Adults in the states surveyed are eligible for Medicaid with annual household incomes up to 138% of the federal poverty level—\$18,754 for an individual and \$38,295 for a family of four in 2022.³ When income levels increase above the threshold, beneficiaries are no longer eligible for coverage. If income levels fluctuate above and below 138% FPL, beneficiaries will enroll and un-enroll in Medicaid coverage during a short period in time—a phenomenon called churn—which can cause difficulties in maintaining coverage and accessing care.

Medicaid provides generous coverage for many healthcare services with little to no cost-sharing for beneficiaries. Private insurance plans have varying levels of covered services and cost-sharing; consumers can be responsible for thousands of dollars in cost-sharing amounts, depending on the plan, needed medical services and if an employer pays for part of the premium for its employees.⁴

Concerns about *affording* coverage exceeded fears about *losing* coverage across all income groups, age groups, disability statuses, race and ethnicities and coverage types.

Table 2**Worry About Losing Health Insurance and Health Insurance Becoming Unaffordable, by Income Group, Age Group, Race, Ethnicity, Insurance Type and Disability Status**

	WORRY ABOUT LOSING HEALTH INSURANCE	WORRY ABOUT HEALTH INSURANCE BECOMING UNAFFORDABLE
INCOME GROUP		
LESS THAN \$50,000	39%	66%
\$50,000 - \$75,000	26%	60%
\$75,000 - \$100,000	21%	63%
MORE THAN \$100,000	27%	55%
AGE GROUP		
18-24	51%	67%
25-34	33%	64%
35-44	40%	65%
45-54	34%	72%
55-64	21%	59%
>65*	11%	43%
RACE		
RESPONDENTS OF COLOR	51%	65%
WHITE	30%	62%
ETHNICITY		
BIPOC, INCLUDES HISPANIC/LATINX	50%	64%
WHITE, NON-HISPANIC/LATINX	28%	62%
INSURANCE TYPE		
PRIVATE INSURANCE**	30%	67%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	21%	51%
MEDICAID, COVERAGE FOR LOW-INCOME PEOPLE	48%	66%
DISABILITY STATUS		
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	26%	60%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	42%	66%

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

* Note: Responses from people ages 65 and older did not meet the threshold to produce a reliable result. Use this estimate with caution.

**Private insurance includes both those with insurance provided by their employer or a family member's employer and insurance purchased individually.

DIFFERENCES IN HEALTHCARE AFFORDABILITY BURDENS

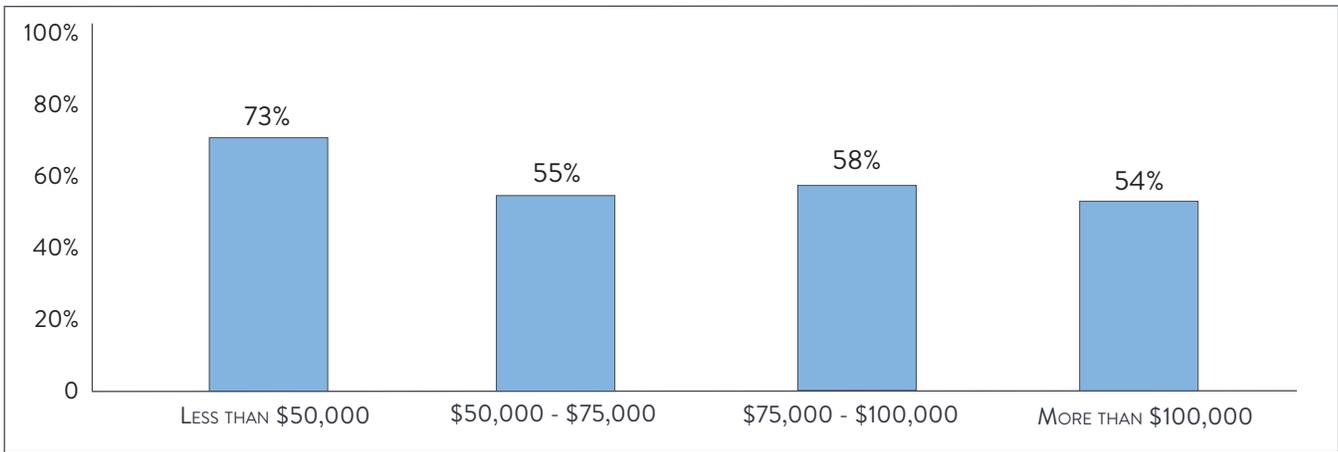
The survey also revealed differences in how respondents in the WVSAC region experience healthcare affordability burdens by income, age, race and ethnicity and disability status.

Income and Age

Unsurprisingly, respondents at the lowest end of the income spectrum most frequently reported experiencing one or more healthcare affordability burdens, with nearly three-fourths (73%) of those earning less than \$50,000 per year reporting struggling to afford some aspect of coverage or care in the past 12 months (see Figure 2). This may be due, in part, to respondents in this income group reporting higher rates of going without care and rationing their medication due to cost (see Figure 3).

Figure 2

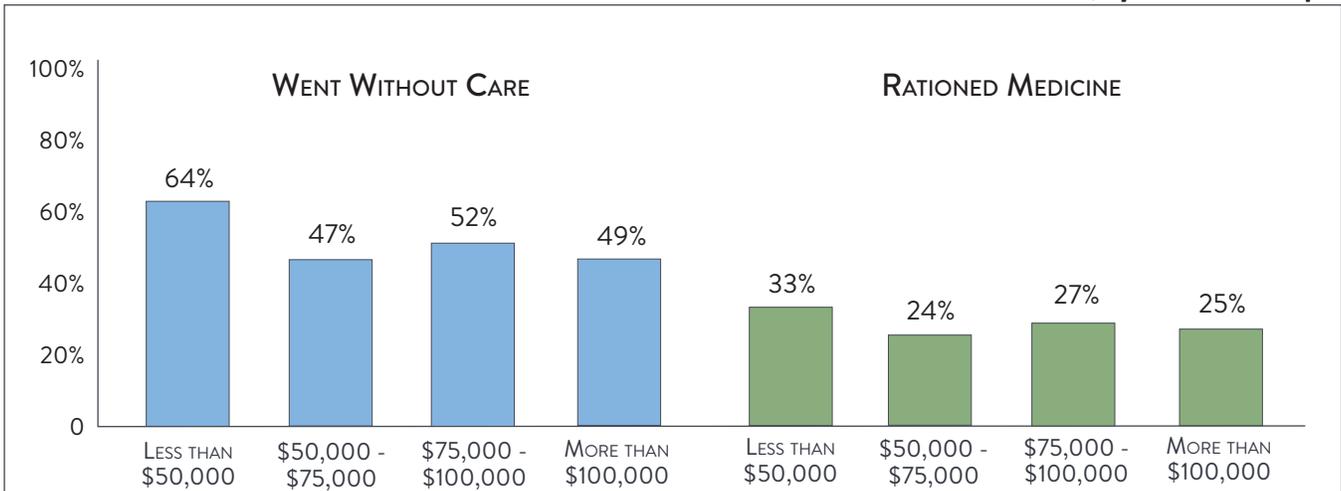
Percent with Any Healthcare Affordability Burden in Prior 12 Months, by Income Group



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

Figure 3

Percent Who Went Without Care or Rationed Medicine Due to Cost in Prior 12 Months, by Income Group

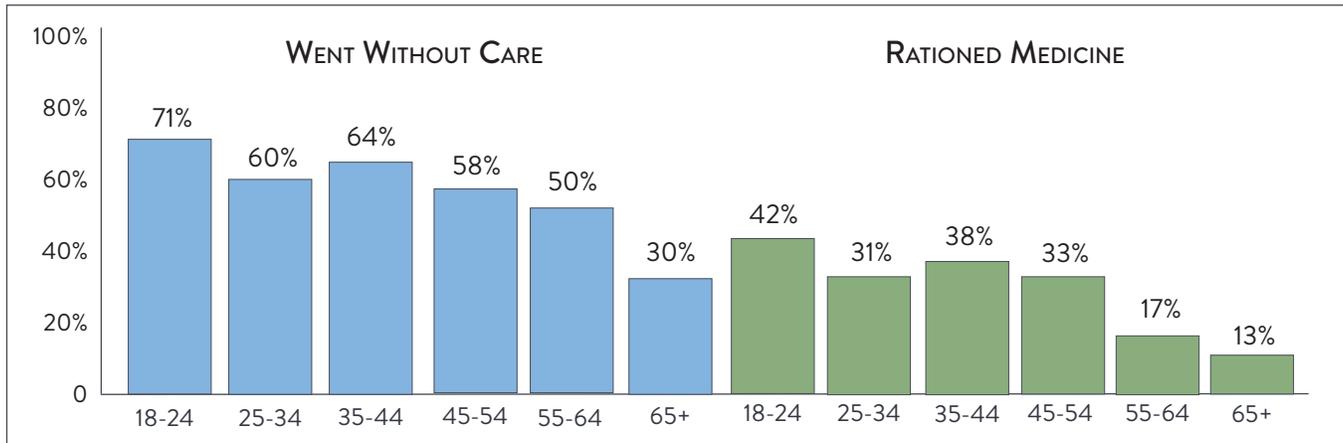


Source: 2022 Poll of West Virginia and Surrounding Appalachian Counties Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Further analysis found that WVSAC region respondents ages 18-54 were more likely to go without care due to cost than respondents ages 55 and older (see Figure 4). Respondents ages 18-54 also most frequently reported rationing medication due to cost, compared to other age groups.

Figure 4

Percent Who Went Without Care or Rationed Medicine Due to Cost in Prior 12 Months, by Age Group



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

Race and Ethnicity

WVSAC region respondents of color reported higher rates of rationing medication and forgoing care than white respondents. Sixty-two percent of respondents of color went without care due to cost in the past twelve months (see Table 3). Further analysis showed that respondents of color also reported higher rates of challenges receiving mental health care and getting addiction treatment (see Figures 5 and 6).

Table 3

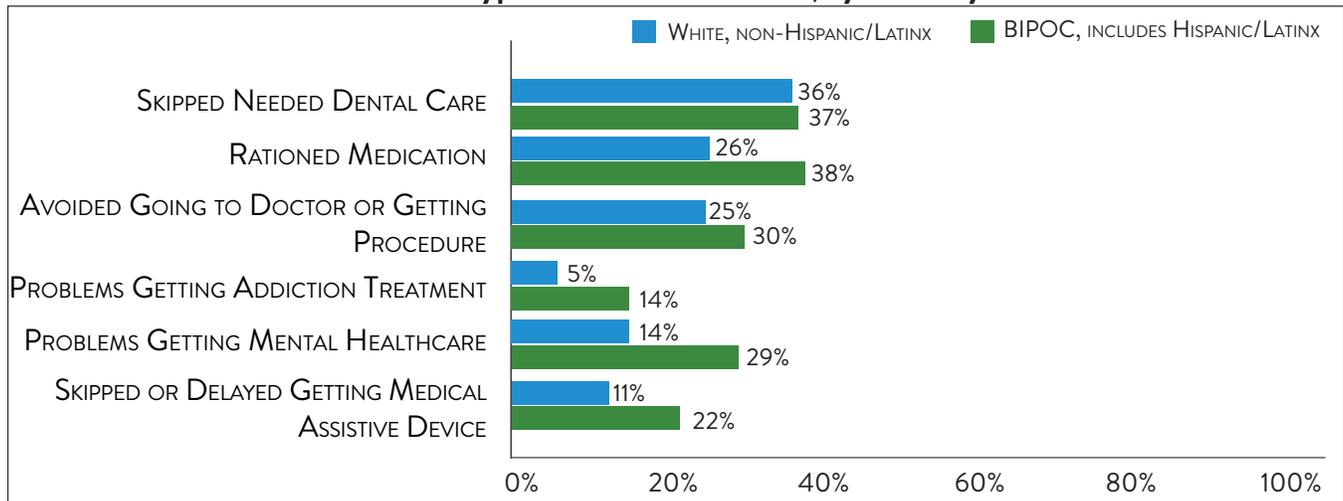
Percent Rationed Care in Prior 12 Months, by Race, Ethnicity and Disability Status

	WENT WITHOUT CARE DUE TO COST	EITHER DID NOT FILL A PRESCRIPTION, CUT PILLS IN HALF OR SKIPPED A DOSE DUE TO COST CONCERNS
RACE		
RESPONDENTS OF COLOR	62%	36%
WHITE	56%	28%
ETHNICITY		
BIPOC, INCLUDES HISPANIC/LATINX	64%	38%
WHITE, NON-HISPANIC/LATINX	55%	26%
DISABILITY STATUS		
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	49%	24%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	70%	39%

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

Figure 5

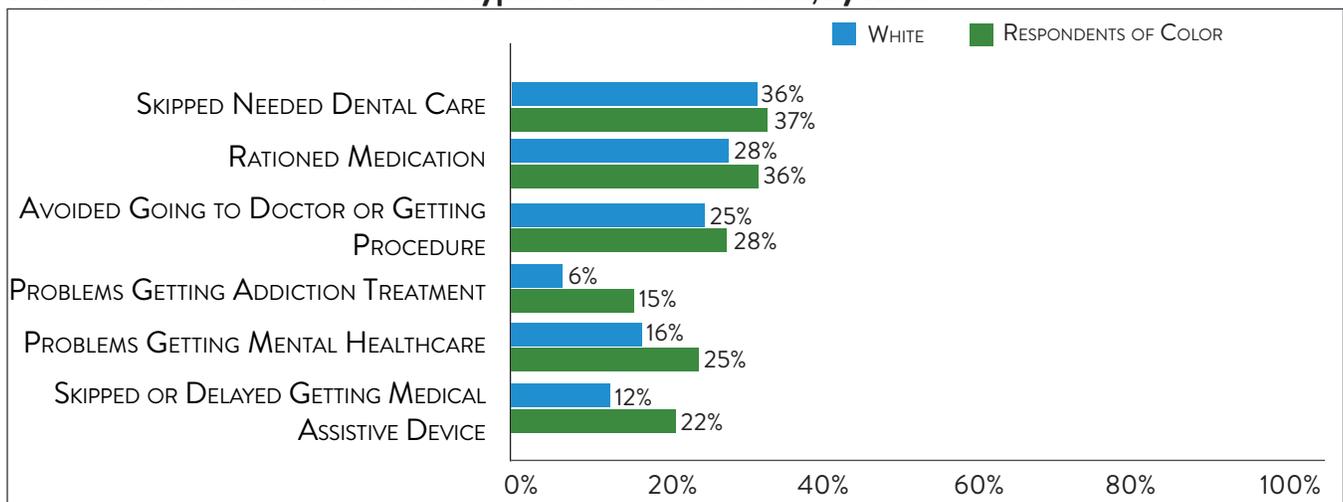
Percent Who Went Without Select Types of Care Due to Cost, by Ethnicity



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

Figure 6

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

Disability Status

Of all the demographic groups measured, respondents living in households with a person with a disability reported the highest rates of going without care and rationing medication due to cost in the past 12 months. Seven in ten (70%) of respondents in this group reported going without some form of care and 39% reported rationing medication, compared to 49% and 24% of respondents living in households without a person with a disability, respectively (see Table 3). Respondents living in households with a person with a disability also more frequently reported delaying or skipping getting mental healthcare, addiction treatment and dental care, among other healthcare services, than those in households without a person with a disability, due to cost concerns (see Table 4).

Table 4
Percent Who Went Without Care Due to Cost, by Disability Status

	HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY
AVOIDED GOING ALTOGETHER TO THE DOCTOR OR HAVING A PROCEDURE DONE	22%	34%
PROBLEMS GETTING MENTAL HEALTHCARE	13%	24%
PROBLEMS GETTING ADDICTION TREATMENT	4%	12%
SKIPPED NEEDED DENTAL CARE	31%	45%
SKIPPED OR DELAYED GETTING A MEDICAL ASSISTIVE DEVICE	8%	24%

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 reported delaying 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 having this experience.

Encountering Medical Debt

The survey also showed differences in the prevalence of financial burdens due to medical bills, including going into medical debt, depleting savings and being unable to pay for basic necessities (like food, heat and housing) by income, race and ethnicity, disability status and insurance type.

Sixty-three percent of respondents of color reported going into debt, depleting savings or going without other needs due to medical bills, compared to 38% of white respondents (see Table 5).

Additionally, Table 5 details how different populations experience medical debt—from using up savings to going without basic necessities to having bills in collections. Medical debt can have further ramifications, such as acquiring additional types of debt and facing lawsuits.⁵

The rate of financial burden is also high for respondents who have or live with a person with a disability, with nearly three-fifths (57%) reporting going into debt or going without other needs due to medical bills, compared to 32% of respondents living in households without a disabled member. Overall, many respondents across demographic groups reported similar rates of having an overdue medical bill (see Table 6).

Table 5**Percent who Incurred Debt, Depleted Savings or Sacrificed Basic Necessities Due to Medical Bills in Prior 12 Months, by Income Group, Race, Ethnicity, Disability Status and Insurance Type**

	INCURRED MEDICAL DEBT, DEPLETED SAVINGS AND/OR SACRIFICED BASIC NEEDS DUE TO MEDICAL BILLS	USED UP ALL OR MOST OF YOUR SAVINGS	BEEN UNABLE TO PAY FOR BASIC NECESSITIES (FOOD, HEAT OR HOUSING)	BORROWED MONEY OR GOTTEN A LOAN OR ANOTHER MORTGAGE ON YOUR HOME	CONTACTED BY COLLECTIONS	RACKED UP LARGE AMOUNTS OF CREDIT CARD DEBT	PLACED ON A LONG-TERM PAYMENT PLAN
INCOME GROUP							
LESS THAN \$50,000	47%	19%	19%	11%	20%	12%	9%
\$50,000 - \$75,000	37%	15%	10%	8%	19%	10%	7%
\$75,000 - \$100,000	36%	16%	8%	12%	17%	10%	9%
MORE THAN \$100,000	33%	17%	11%	5%*	10%	7%	6%*
RACE							
RESPONDENTS OF COLOR	63%	30%	27%	20%	17%	13%	11%
WHITE	38%	15%	12%	10%	18%	10%	7%
ETHNICITY							
BIPOC, INCLUDES HISPANIC/LATINX	57%	28%	24%	17%	14%	12%	7%
WHITE, NON-HISPANIC/LATINX	37%	15%	12%	8%	18%	10%	11%
DISABILITY STATUS							
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	32%	13%	10%	8%	14%	8%	7%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	57%	26%	23%	13%	23%	15%	10%

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

* Values did not meet the threshold to produce a reliable result. Use estimate with caution.

DISSATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

In light of respondents in the WVSAC region's healthcare affordability burdens and concerns, it is not surprising that they are dissatisfied with the health system:

- Just 28% agreed or strongly agreed that "we have a great healthcare system in the U.S.,"
- While 68% agreed or strongly agreed that "the system needs to change."

To investigate further, the survey asked about both personal and governmental actions to address health system problems.

Table 6**Percent of Respondents who Currently Have Any Overdue Medical Bills, by Income Group, Race, Ethnicity, Disability Status and Insurance Type**

	HOUSEHOLDS THAT CURRENTLY HAVE ANY MEDICAL BILLS OVERDUE
INCOME GROUP	
LESS THAN \$50,000	28%
\$50,000 - \$75,000	25%
\$75,000 - \$100,000	32%
MORE THAN \$100,000	23%
RACE	
RESPONDENTS OF COLOR	36%
WHITE	25%
ETHNICITY	
BIPOC, INCLUDES HISPANIC/LATINX	32%
WHITE, NON-HISPANIC/LATINX	25%
DISABILITY STATUS	
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	21%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	37%

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

PERSONAL ACTIONS

Respondents in the WVSAC region see a role for themselves in addressing healthcare affordability. When asked about specific actions they could take:

- 51% of respondents reported researching the cost of a drug beforehand, and
- 79% said they would be willing to switch from a brand name to an equivalent generic drug if given the chance.

When asked to select the **top three** personal actions they felt would be most effective in addressing healthcare affordability (out of ten options), the most common responses were:

- 66%—Take better care of my personal health
- 37%—Research treatments myself, before going to the doctor
- 28%—Write to or call my STATE representative asking them to take action on high healthcare prices and lack of affordable coverage options
- 29%—There is not anything I can do personally to make our health system better

GOVERNMENT ACTIONS

But far and away, respondents in the WVSAC region see government as the key stakeholder that needs to act to address health system problems. Moreover, addressing healthcare problems is one of the top priorities that respondents want their elected officials to work on.

At the beginning of the survey, respondents were asked what issues the government should address in the upcoming year. The top vote getters were:

- 56%—Economy/Joblessness
- 49%—Healthcare
- 38%—Taxes

When asked about the top three *healthcare* priorities the government should work on, the top vote getters were:

- 52%—Address high healthcare costs, including prescription drugs
- 37%—Improve Medicare, coverage for seniors and those with serious disabilities
- 36%—Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition
- 35%—Get health insurance to those who cannot afford coverage⁶

Of more than 20 options, respondents in the WVSAC region believe the reason for high healthcare costs is unfair prices charged by powerful industry stakeholders:

- 73%—Drug companies charging too much money
- 71%—Hospitals charging too much money
- 65%—Insurance companies charging too much money

When it comes to tackling costs, respondents endorsed a number of strategies, including:

- 91%—Require insurers to provide up-front cost estimates to consumers
- 91%—Show what a fair price would be for specific procedures
- 90%—Make it easy to switch insurers if a health plan drops your doctor
- 90%—Cap out-of-pocket costs for life-saving medications, such as insulin
- 89%—Require hospitals and doctors to provide up-front cost estimates to consumers
- 89%—Require drug companies to provide advanced notice of prices increases and information to justify those increases
- 89%—Ensure patients can't be charged out-of-network prices if they encounter an out-of-network provider through no fault of their own
- 89%—Expand health insurance options so that everyone can afford quality coverage

SUPPORT FOR ACTION ACROSS PARTY LINES

There is also remarkable support for change regardless of respondents' political affiliation (see Table 7).

The high burden of healthcare affordability, along with high levels of support for change, suggest that elected leaders and other stakeholders need to make addressing this consumer burden a top priority. Moreover, the COVID crisis has led state residents to take a hard look at how well health and public health systems are working for them, with strong support for a wide variety of actions. Annual surveys can help assess whether progress is being made.

Table 7
Percent Who Agreed/Strongly Agreed, by Political Affiliation

SELECTED SURVEY STATEMENTS/QUESTION	TOTAL PERCENT OF RESPONDENTS	GENERALLY SPEAKING, DO YOU THINK OF YOURSELF AS...		
		REPUBLICAN	DEMOCRAT	NEITHER
THE GOVERNMENT SHOULD REQUIRE INSURERS TO PROVIDE UP-FRONT COST ESTIMATES TO CONSUMERS.	91%	91%	91%	91%
THE GOVERNMENT SHOULD SHOW WHAT A FAIR PRICE WOULD BE FOR A SPECIFIC PROCEDURE.	91%	89%	92%	91%
THE GOVERNMENT SHOULD MAKE IT EASY TO SWITCH INSURERS IF A HEALTH PLAN DROPS YOUR DOCTOR.	90%	90%	90%	91%
THE GOVERNMENT SHOULD CAP OUT-OF-POCKET COSTS FOR LIFE-SAVING MEDICATIONS, SUCH AS INSULIN.	90%	89%	93%	89%
THE GOVERNMENT SHOULD REQUIRE HOSPITALS AND DOCTORS TO PROVIDE UP-FRONT COST ESTIMATES TO CONSUMERS.	89%	88%	88%	90%
THE GOVERNMENT SHOULD REQUIRE DRUG COMPANIES TO PROVIDE ADVANCE NOTICE OF PRICE INCREASES AND INFORMATION TO JUSTIFY THOSE INCREASES.	89%	90%	88%	89%
THE GOVERNMENT SHOULD ENSURE PATIENTS CAN'T BE CHARGED OUT-OF-NETWORK PRICES IF THEY ENCOUNTER AN OUT-OF-NETWORK PROVIDER THROUGH NO FAULT OF THEIR OWN.	89%	88%	90%	89%
THE GOVERNMENT SHOULD EXPAND HEALTH INSURANCE OPTIONS SO THAT EVERYONE CAN AFFORD QUALITY COVERAGE.	89%	86%	90%	90%

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

NOTES

1. Of the current 57% of respondents in the WVSAC region who encountered one or more cost-related barriers to getting healthcare during the prior 12 months, 24% did not fill a prescription, while 18% cut pills in half or skipped doses of medicine due to cost.
2. The majority of the WVSAC region counties targeted in the CHES are in West Virginia. Median household income in West Virginia was \$48,037 (2016-2020). U.S. Census, *Quick Facts*. Retrieved from: [U.S. Census Bureau QuickFacts: West Virginia](#)
3. Healthcare.gov, *Federal Poverty Level (FPL)* <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/> (accessed Dec. 22, 2022).
4. Kaiser Family Foundation, *Cost-Sharing for Plans Offered in the Federal Marketplace, 2014-2022*, San Francisco, C.A. (March 21, 2022).
5. Consumer Financial Protection Bureau, *Medical Debt Burden in the United States*, Washington, D.C. (February 2022).
6. Over 3 in 5 (65%) of respondents said that they would consider using their tax forms to sign up for free or low-cost health insurance if they or their family needed it. This high level of interest persisted across racial and income groups, with the highest levels of interest among Respondents of Color (77%) and those earning between \$75,000-\$100,000 annually (72%).



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.

Contact the Hub: 3520 Green Court, Suite 300, Ann Arbor, MI 48105
(734) 302-4600 | www.HealthcareValueHub.org | [@HealthValueHub](https://twitter.com/HealthValueHub)

Methodology

Altarum’s Consumer Healthcare Experience State Survey (CHESS) is designed to elicit respondents’ unbiased views on a wide range of health system issues, including confidence using the health system, financial burden and views on fixes that might be needed.

The survey used a web panel from Dynata with a demographically balanced sample of approximately 1,227 respondents who live in West Virginia and surrounding Appalachian counties. 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
GENDER		
WOMAN	749	66%
MAN	357	32%
TRANSWOMAN	3	<1%
TRANSMAN	8	1%
GENDERQUEER/NONBINARY	11	1%
INSURANCE STATUS		
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%
RACE/ETHNICITY		
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%
AGE		
18-24	179	16%
25-34	215	19%
35-44	224	20%
45-54	191	17%
55-64	210	19%
65+	94	8%
PARTY AFFILIATION		
REPUBLICAN	397	35%
DEMOCRAT	316	28%
NEITHER	414	37%

DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
HOUSEHOLD INCOME		
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%
SELF-REPORTED HEALTH STATUS		
EXCELLENT	118	10%
VERY GOOD	289	26%
GOOD	432	38%
FAIR	221	20%
POOR	67	6%
DISABILITY		
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%
STATE OF RESIDENCE		
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

Note: Percentages in the body of the brief are based on weighted values, while the data presented in the demographic table is unweighted.

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.

APPENDIX A: LIST OF WEST VIRGINIA AND SURROUNDING APPALACHIAN COUNTIES SURVEYED

This survey focused on West Virginia and included counties in surrounding states that directly border West Virginia and are defined as an Appalachian county by the Appalachian Regional Commission. Surrounding Appalachian counties were included in the survey in order to obtain an adequate sample needed to achieve a reliable result. The surrounding counties were chosen by advocate partners as being similar in nature to West Virginia, including Medicaid expansion.

STATE	COUNTY	STATE	COUNTY
West Virginia	Barbour	West Virginia	Summers
West Virginia	Berkeley	West Virginia	Taylor
West Virginia	Boone	West Virginia	Tucker
West Virginia	Braxton	West Virginia	Tyler
West Virginia	Brooke	West Virginia	Upshur
West Virginia	Cabell	West Virginia	Wayne
West Virginia	Calhoun	West Virginia	Webster
West Virginia	Clay	West Virginia	Wetzel
West Virginia	Doddridge	West Virginia	Wirt
West Virginia	Fayette	West Virginia	Wood
West Virginia	Gilmer	West Virginia	Wyoming
West Virginia	Grant	Maryland	Garrett
West Virginia	Greenbrier	Maryland	Allegany
West Virginia	Hampshire	Maryland	Washington
West Virginia	Hancock	Pennsylvania	Beaver
West Virginia	Hardy	Pennsylvania	Washington
West Virginia	Harrison	Pennsylvania	Greene
West Virginia	Jackson	Pennsylvania	Fayette
West Virginia	Jefferson	Ohio	Columbiana
West Virginia	Kanawha	Ohio	Jefferson
West Virginia	Lewis	Ohio	Belmont
West Virginia	Lincoln	Ohio	Monroe
West Virginia	Logan	Ohio	Washington
West Virginia	McDowell	Ohio	Athens
West Virginia	Marion	Ohio	Meigs
West Virginia	Marshall	Ohio	Gallia
West Virginia	Mason	Ohio	Lawrence
West Virginia	Mercer	Kentucky	Boyd
West Virginia	Mineral	Kentucky	Lawrence
West Virginia	Mingo	Kentucky	Martin
West Virginia	Monongalia	Kentucky	Pike
West Virginia	Monroe	Virginia	Buchanan
West Virginia	Morgan	Virginia	Tazewell
West Virginia	Nicholas	Virginia	Bland
West Virginia	Ohio	Virginia	Giles
West Virginia	Pendleton	Virginia	Craig
West Virginia	Pleasants	Virginia	Alleghany
West Virginia	Pocahontas	Virginia	Bath
West Virginia	Preston	Virginia	Highland
West Virginia	Putnam		
West Virginia	Raleigh		
West Virginia	Randolph		
West Virginia	Ritchie		
West Virginia	Roane		