



DATA BRIEF | August 2023

Washington Residents Bear Health Care Affordability Burdens Unequally; Distrust of/Disrespect by Health Care Providers Leads Some to Delay/Go Without Needed Care

KEY FINDINGS

A survey of more than 1,300 Washington adults, conducted from August 3 to August 16, 2022, found that:

- Sixty-two percent (**62%**) of Washington respondents have experienced one or more health care affordability burdens in the past 12 months. Four in five (**81%**) worry about affording some aspect of health care now or in the future.
- Respondents of color experienced greater affordability burdens than white, non-Hispanic respondents. Overall, **66%** of respondents who were Black, Indigenous, and People of Color (BIPOC) have experienced one or more healthcare affordability burdens in the past 12 months, including **72%** of Black or African American respondents and **73%** of Hispanic/Latino respondents, compared to **58%** respondents of white, non-Hispanic respondents.
- Respondents living in households with a person with a disability more frequently reported affordability burdens than those without a disabled household member, including: rationing medication due to cost (**46%** versus **18%**); delaying or going without care due to cost (**75%** versus **46%**); and going into medical debt, depleting savings, or sacrificing basic needs due to medical bills (**61%** versus **28%**).
- Thirty-one percent (**31%**) of respondents of color skipped needed medical care due to distrust of or feeling disrespected by health care providers, compared to **25%** of white, non-Hispanic respondents.
- Sixty-one percent (**61%**) of respondents think people are treated unfairly based on their race or ethnic background in the U.S. health care system somewhat or very often.

DIFFERENCES IN AFFORDABILITY BURDENS & CONCERNS

RACE AND ETHNICITY

The intersection of racial disparities in health care and affordability issues impact access to care and financial burdens for communities of color, particularly Black and Hispanic/Latino communities.^{1,2} In Washington, respondents of color often reported higher rates of affordability burdens than white, non-Hispanic/Latino respondents, including going without care due to cost and facing financial challenges due to medical bills (see Table 1). For example, **56%** of Black or African American respondents incurred medical debt, depleted savings, or sacrificed basic needs (like food, heat and housing) due to medical bills compared to **35%** of white respondents.

Table 1

Percent Who Experienced Health Care Affordability Burdens, by Racial and Ethnicity Group

| | White, alone non-Hispanic | Black, Indigenous and People of Color (BIPOC)* | Black or African American | American Indian or Native Alaskan** | Asian, Native Hawaiian, or Other Pacific Islander | Hispanic or Latino, any race |
|--|---------------------------|--|---------------------------|-------------------------------------|---|------------------------------|
| Any Health Care Affordability Burden | 58% | 67% | 72% | 73% | 54% | 73% |
| Rationed Medication Due to Cost | 24% | 33% | 37% | 36% | 23% | 40% |
| Delayed/Went Without Care Due to Cost | 54% | 57% | 60% | 67% | 46% | 65% |
| Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills | 35% | 47% | 56% | 48% | 35% | 54% |
| Any Health Care Affordability Worry | 80% | 84% | 76% | 92% | 87% | 89% |

Source: 2022 Poll of Washington Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

* The BIPOC variable includes respondents who identify as American Indian or Native Alaskan, Asian, Black/African American, Native Hawaiian or Other Pacific Islander, and Hispanic or Latino.

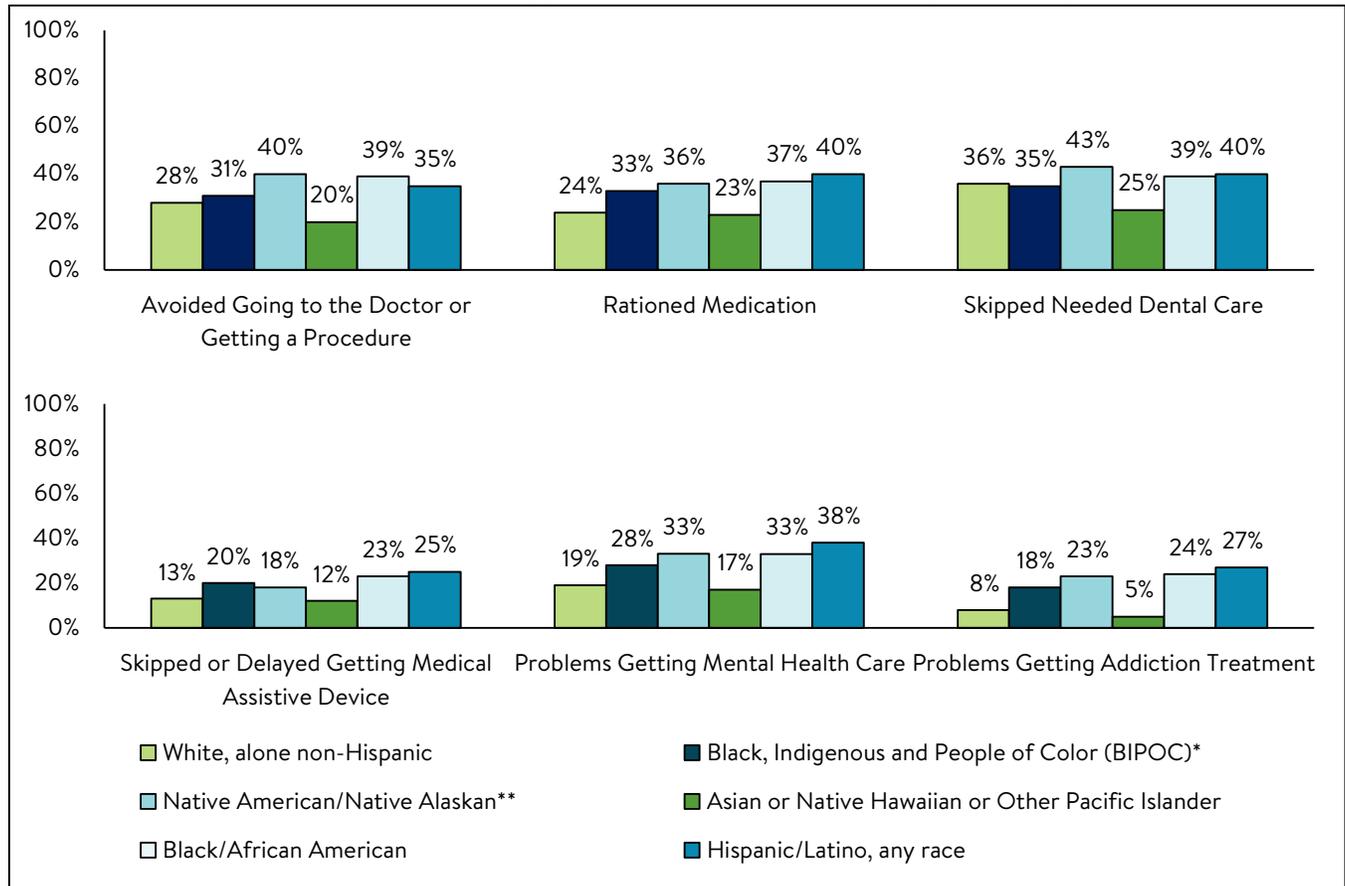
** Sample size is not adequate to provide reliable estimates, use finding with caution.

Respondents of color more frequently went without multiple types of care due to cost, including going to the doctor or getting a procedure done, rationing medication, and getting medical assistive devices, as well as problems getting mental health care and addiction treatment (see Figure 1).³ For example:

- **39%** of Black or African American respondents avoided going to the doctor or getting a procedure done due to cost compared to **28%** of white, non-Hispanic respondents; and
- **38%** of Hispanic/Latino respondents had problems getting mental health care compared to **19%** of white, non-Hispanic respondents.

Figure 1

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



Source: 2022 Poll of Washington Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State

* The BIPOC variable includes respondents who identify as American Indian or Native Alaskan, Asian, Black/African American, Native Hawaiian or Other Pacific Islander, and Hispanic or Latino.

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INCOME

The survey also revealed differences in how Washington respondents experience health care affordability burdens by income. Unsurprisingly, respondents at the lowest end of the income spectrum most frequently reported affordability burdens, with more than two-thirds (70%) of those with household incomes of less than \$50,000 per year struggling to afford health care in the past 12 months (see Table 2). Still, over half of respondents living in middle- and high-income households also reported struggling to afford some aspect of coverage or care, and at least 78% of respondents in each income group reported worrying about affording health care in the future, demonstrating that affordability burdens impact people in each income group.

Interestingly, nearly one-third of respondents with incomes less than \$50,000 and those earning \$75,000 to \$99,999 reported not filling a prescription, skipping doses of medicines, or cutting pills due to cost. In addition, respondents across the income spectrum reported similar rates of financial hardships after receiving health care services—41% of individuals who earn less than \$50,000 a year went into medical debt, depleted their savings, or sacrificed other basic needs like food, heat or housing due to medical bills, as did 37% of those earning more than \$100,000 per year.

Table 2

Percent Who Experienced Health Care Affordability Burdens, by Income Group

| | Less than \$50k | \$50k-\$75k | \$75,001-\$99,999 | More than \$100k |
|---|-----------------|-------------|-------------------|------------------|
| Any Health Care Affordability Burden | 70% | 57% | 63% | 56% |
| Rationed Medication Due to Cost | 30% | 22% | 32% | 25% |
| Delayed/Went Without Care Due to Cost | 63% | 51% | 58% | 50% |
| Incurred Medical Debt, Depleted Savings, and/or Sacrificed Basic Needs due to Medical Bills | 41% | 38% | 40% | 37% |
| Any Health Care Affordability Worry | 84% | 84% | 81% | 78% |

Source: 2022 Poll of Washington Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

DISABILITY

People with disabilities often interact with the health care system more often than those without disabilities and, as a result, tend to face more out-of-pocket costs.⁴ Washington respondents who have or live with a person who has a disability more frequently reported a diverse array of affordability burdens compared to those without a disabled household member (see Table 3). In addition, these individuals more frequently reported worrying about losing health insurance specifically (**48%** versus **22%**).

Table 3

Percent Who Experienced Health Care Affordability Burdens, by Disability Status

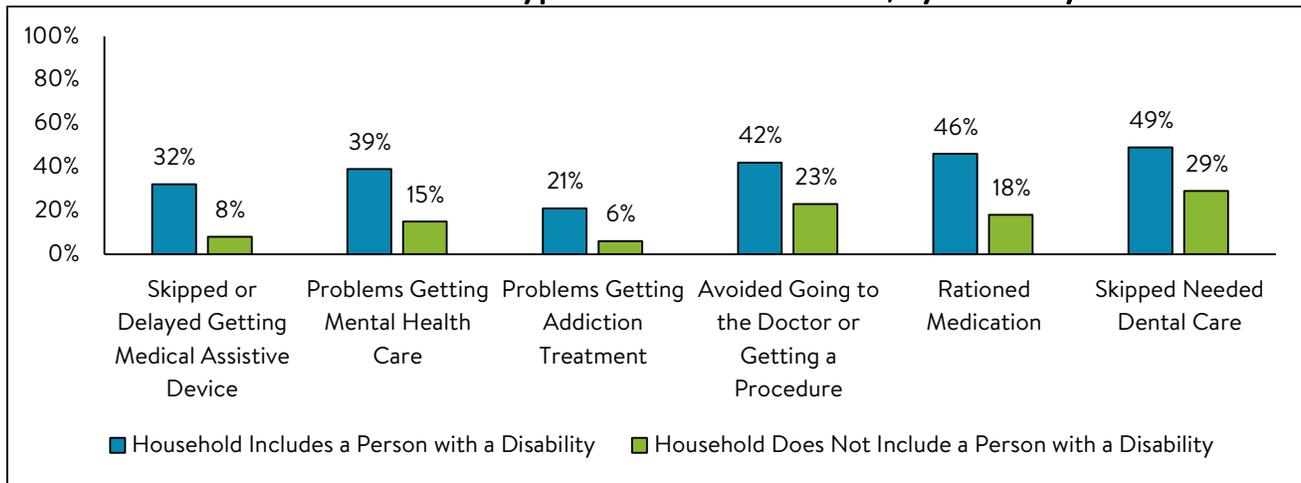
| | Household Includes a Person with a Disability | Household Does Not Include a Person with a Disability |
|--|---|---|
| Any Health Care Affordability Burden | 80% | 53% |
| Rationed Medication Due to Cost | 46% | 18% |
| Delayed/Went Without Care Due to Cost | 75% | 46% |
| Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills | 61% | 28% |
| Any Health Care Affordability Worry | 88% | 78% |

Source: 2022 Poll of Washington Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

Those with disabilities also face affordability burdens unique to their disabilities—**32%** of respondents reporting a disabled person 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 disability (who may have needed such tools temporarily or may not identify as having a disability) reported this experience (see Figure 2). Similarly, **39%** of respondents with a disability in their household reported problems getting mental health care compared to **15%** 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 Washington Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

GENDER

The survey also surfaced differences in health care affordability burdens and worry by gender. Women who responded to the survey more frequently reported experiencing at least one affordability burden in the past year than men (65% versus 58%) (see Table 4). Women also more frequently reported delaying or going without care due to cost and rationing their medications by not filling a prescription, skipping doses, or cutting pills in half. While many respondents reported being somewhat or very concerned about health care costs regardless of gender, a higher percentage of women reported worrying about affording some aspect of coverage or care than men (85% versus 78%).

Table 4

Percent Who Experienced Health Care Affordability Burdens, by Gender Identity

| | Men | Women |
|--|-----|-------|
| Any Health Care Affordability Burden | 58% | 65% |
| Rationed Medication Due to Cost | 24% | 30% |
| Delayed/Went Without Care Due to Cost | 52% | 59% |
| Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills | 40% | 38% |
| Any Health Care Affordability Worry | 78% | 85% |

Source: 2022 Poll of Washington 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.

Due to the small sample size, this survey could not produce reliable estimates exclusively for transgender, genderqueer, or nonbinary respondents. However, it is important to note that these groups experience unique health care affordability burdens—10 (1% of) survey 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 MISTRUST IN THE HEALTH SYSTEM

Whether a patient trusts and/or feels respected by their health care provider may impact whether they seek needed care. In Washington, just over 1 in 4 (28% of) respondents reported that their provider never, rarely, or only sometimes treats them with respect. When asked why they felt health care providers did not treat them with respect, nearly half of those respondents cited their income or financial status (46%), followed by disability (27%), race (25%) or ethnic background (23%), and gender (24%). In lesser numbers, respondents cited experience with violence or abuse (15%) and sexual orientation (9%) 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 health care providers compared to white and non-disabled respondents (see Table 5). They also more frequently went without medical care due to that distrust and/or disrespect. For example, 42% of Hispanic/Latino respondents went without care due to distrust or disrespect from health care providers compared to 25% of white, non-Hispanic respondents. Additionally, 47% of respondents who have/are living with a person with a disability went without care due to distrust or disrespect, compared to 17% of those without a household member with a disability.

Additionally, respondents covered through Washington Medicaid reported higher rates of distrusting or feeling disrespected by a health care provider and higher rates of going without care due to distrust/disrespect compared to those with private insurance and Medicare. Respondents earning less than \$50,000 most frequently reported distrust/disrespect as well as going without care due to distrust/disrespect out of all income groups.

Table 5
Percent who Distrusted/Felt Disrespected by a Health Care Provider in the Last Year, by Race and Disability Status

| | Distrusted or Felt Disrespected by a Health Care Provider | Went without Needed Care Due to Distrust of/Disrespect by a Health Care Provider |
|--|---|--|
| All Respondents | 43% | 27% |
| Race/Ethnicity | | |
| White, alone non-Hispanic | 39% | 25% |
| Black, Indigenous and People of Color (BIPOC)* | 51% | 31% |
| Black/African American | 45% | 39% |
| American Indian or Native Alaskan** | 63% | 37% |
| Hispanic/Latino, all races | 58% | 42% |
| Asian or Native Hawaiian or Other Pacific Islander | 37% | 18% |

| | Distrusted or Felt Disrespected by a Health Care Provider | Went without Needed Care Due to Distrust of/Disrespect by a Health Care Provider |
|--|---|--|
| Disability Status | | |
| Household Includes a Person with at Least One Disability | 63% | 47% |
| Household Does Not Include a Person with at Least One Disability | 33% | 17% |
| Insurance Type | | |
| Health Insurance Through My Employer or a Family Member's Employer | 41% | 24% |
| Health Insurance That I Buy on My Own (Not Through My Employer)** | 45% | 28% |
| Medicare, Coverage for Seniors and Those with Serious Disabilities | 32% | 19% |
| Washington Medicaid, Coverage for Low-Income People | 61% | 42% |
| Income | | |
| Less than \$50k | 49% | 32% |
| \$50k - \$75k | 39% | 23% |
| \$75,001 - \$99,999 | 39% | 19% |
| More than \$100k | 41% | 28% |

Source: 2022 Poll of Washington Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

* The BIPOC variable includes respondents who identify as American Indian or Native Alaskan, Asian, Black/African American, Native Hawaiian or Other Pacific Islander, Hispanic or Latino.

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INDIVIDUAL & SYSTEMIC RACISM

Respondents perceived that both individual *and* systemic racism exist in the U.S. health care system. Sixty-one percent (61%) of respondents believed 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:

- Over 1 in 5 (22%) cited policies and practices built into the health care system;
- Over 1 in 4 (29%) cited the actions and beliefs of individual health care providers; and
- Nearly half (49%) believe it is an equal mixture of both.

DISSATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

Given this information, it is not surprising that 73% of respondents agree or strongly agree that the U.S. health care system needs to change. Understanding how the health care system disproportionately harms some groups of people over others is key to creating a fairer and higher value system for all.

Making health care 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 Washington residents want their policymakers to pursue, see: [Washington Residents Struggle to Afford High Healthcare Costs; Worry About Affording Healthcare in the Future; Support Government Action Across Party Lines](#), Healthcare Value Hub, Data Brief No. 135 (November 2022).

Notes

1. 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/>
2. 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>
3. 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 could not find a doctor of the same race, ethnicity or cultural background as them and three percent because they could not find a doctor who spoke their language.
4. 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/>
5. 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. 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>

ABOUT THE ALTARUM 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 (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 possible policy solutions.

This survey, conducted from August 3 to August 16, 2022, used a web panel from online survey company Dynata with a demographically balanced sample of approximately 1502 respondents who live in Washington. 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 1,347 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 | Percentage |
|--|-----------|------------|
| Gender | | |
| Woman | 801 | 59% |
| Man | 516 | 38% |
| Transwoman | 2 | <1% |
| Transman | 4 | <1% |
| Genderqueer/Nonbinary | 19 | 1% |
| Insurance Type | | |
| Health insurance through employer or family member’s employer | 475 | 35% |
| Health insurance I buy on my own | 92 | 7% |
| Medicare, coverage for seniors and those with serious disabilities | 388 | 29% |
| Apple Health, coverage for low-income earners | 264 | 20% |
| TRICARE/Military Health System coverage | 31 | 2% |
| Department of Veterans Affairs (VA) Healthcare | 17 | 1% |
| No coverage of any type | 50 | 4% |
| I don’t know | 30 | 2% |
| Race | | |
| American Indian or Native Alaskan | 92 | 7% |
| Asian | 96 | 7% |
| Black or African American | 126 | 9% |
| Native Hawaiian or other Pacific Islander | 24 | 2% |
| White | 1034 | 77% |
| Prefer Not to Answer | 20 | 1% |
| Two or More Races | 75 | 6% |
| Ethnicity | | |
| Hispanic or Latinx | 176 | 13% |
| Non-Hispanic or Latinx | 1171 | 87% |
| Age | | |
| 18-24 | 245 | 18% |
| 25-34 | 296 | 22% |
| 35-44 | 186 | 14% |
| 45-54 | 173 | 13% |
| 55-64 | 205 | 15% |
| 65+ | 230 | 17% |

| Demographic Characteristic | Frequency | Percentage |
|--|-----------|------------|
| Household Income | | |
| Under \$20K | 213 | 16% |
| \$20K-\$29K | 129 | 10% |
| \$30K - \$39K | 144 | 11% |
| \$40K - \$49K | 110 | 8% |
| \$50K - \$59K | 130 | 10% |
| \$60K - \$74K | 131 | 10% |
| \$75K - \$99K | 173 | 13% |
| \$100K - \$149K | 190 | 14% |
| \$150+ | 127 | 9% |
| Self-Reported Health Status | | |
| Excellent | 198 | 15% |
| Very Good | 429 | 32% |
| Good | 443 | 33% |
| Fair | 213 | 16% |
| Poor | 64 | 5% |
| Disability | | |
| Mobility: Serious difficulty walking or climbing stairs | 220 | 16% |
| Cognition: Serious difficulty concentrating, remembering or making decisions | 164 | 12% |
| Independent Living: Serious difficulty doing errands alone, such as visiting a doctor’s office | 124 | 9% |
| Hearing: Deafness or serious difficulty hearing | 127 | 9% |
| Vision: Blindness or serious difficulty seeing, even when wearing glasses | 111 | 8% |
| Self-Care: Difficulty dressing or bathing | 85 | 6% |
| No disability or long-term health condition | 890 | 66% |
| Party Affiliation | | |
| Republican | 294 | 22% |
| Democrat | 506 | 38% |
| Neither | 547 | 41% |

Source: 2022 Poll of Washington Adults, Ages 18+, Altarum Value Hub

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.