



Mississippi Residents Struggle to Afford High Health Care Costs; Worry about Affording Health Care in the Future; Support Government Action Across Party Lines

KEY FINDINGS

A survey of more than 1,300 Mississippi adults, conducted from May 3 to May 22, 2023, found that:

- Nearly 3 out of 4 (72%) experienced at least one health care affordability burden in the past year;
- 4 in 5 (84%) worry about affording health care in the future;
- Lower-income respondents and respondents with disabilities are more likely to go without care and incur debt due to health care costs; and
- Across party lines, respondents express strong support for government-led solutions.

RANGE OF HEALTH CARE AFFORDABILITY BURDENS

Like many Americans, Mississippi adults experience hardship due to high health care costs. All told, nearly three-fourths (72%) of respondents experienced one or more of the following health care affordability burdens in the prior 12 months, including:

1) BEING UNINSURED DUE TO HIGH COSTS

Nearly one-half (49%) of uninsured survey participants responded that coverage costs are the primary reason for being uninsured, far exceeding other reasons like “don’t need it” and “did not qualify for an open enrollment period.”

2) DELAYING OR GOING WITHOUT HEALTH CARE DUE TO COST

Well over half (63%) of all respondents reported delaying or going without health care during the prior 12 months due to cost:

- 39%—Skipped needed dental care;
- 39%—Cut pills in half, skipped doses of medicine, or did not fill a prescription¹;
- 37%—Delayed going to the doctor or having a procedure done;
- 32%—Skipped a recommended medical test or treatment;
- 32%—Avoided going to the doctor or having a procedure done altogether;
- 27%—Skipped needed vision services;
- 22%—Had problems getting mental health care or addiction treatment;
- 17%—Skipped needed hearing services; and
- 14%—Skipped or delayed getting a medical assistive device.

Respondents most frequently cited cost as the reason they or a family member did not receive needed medical care in the past year, exceeding a host of other barriers like getting time off work, transportation, and lack of childcare.



3) STRUGGLING TO PAY MEDICAL BILLS

Other times, respondents reported receiving the care they needed but struggling to pay the resulting bill. Half (50%) experienced one or more of these struggles to pay their medical bills:

- 23%—Were contacted by a collection agency;
- 16%—Used up all or most of their savings;
- 17%—Were unable to pay for necessities like food, heat, or housing;
- 14%—Incurred large amounts of credit card debt;
- 14%—Borrowed money, got a loan, or another mortgage on their home; and
- 11%—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 doctor bills, dental bills, and prescription drugs. The high prevalence of affordability burdens for doctor visits and prescription drugs likely reflects the frequency with which Mississippi respondents seek these services. Trouble paying for dental bills likely reflects lower rates of coverage for these services.

HIGH LEVELS OF WORRY ABOUT AFFORDING HEALTH CARE IN THE FUTURE

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

- 66%—Cost of nursing home or home care services;
- 64%—Medical costs when elderly;
- 64%—Medical costs in the event of a serious illness or accident;
- 63%—Health insurance will become unaffordable;
- 58%—Prescription drugs will become unaffordable;
- 56%—Cost of dental care;
- 50%—Cost of vision services; and
- 50% - Cost of hearing services.

Although two of the most common worries - affording the cost of nursing home care or home care services and medical costs when elderly - are applicable predominantly to aging adults, survey results found that these worries were most frequently reported by younger respondents. In fact, respondents aged 35-54 most frequently reported worries about affording medical costs when elderly and respondents aged 45-64 most frequently reported worries about affording the cost of nursing home or home care services. This finding suggests that Mississippi respondents may be worried about affording the cost of care for both aging parents and themselves.

Worry about affording health care was high among all respondents, but particularly among Hispanic/Latino respondents and respondents living in lower- and middle-income households (see Table 1). Still, most Mississippi respondents of all incomes, races, ethnicities, geographic setting and levels of ability are somewhat or very concerned.²

Concern that health insurance will become unaffordable is also more prevalent among certain groups of Mississippi respondents. By insurance type, respondents with Mississippi Medicaid most frequently reported worrying about losing health coverage, followed by residents with coverage they purchased on their own, not through their employer (see Figure 1).

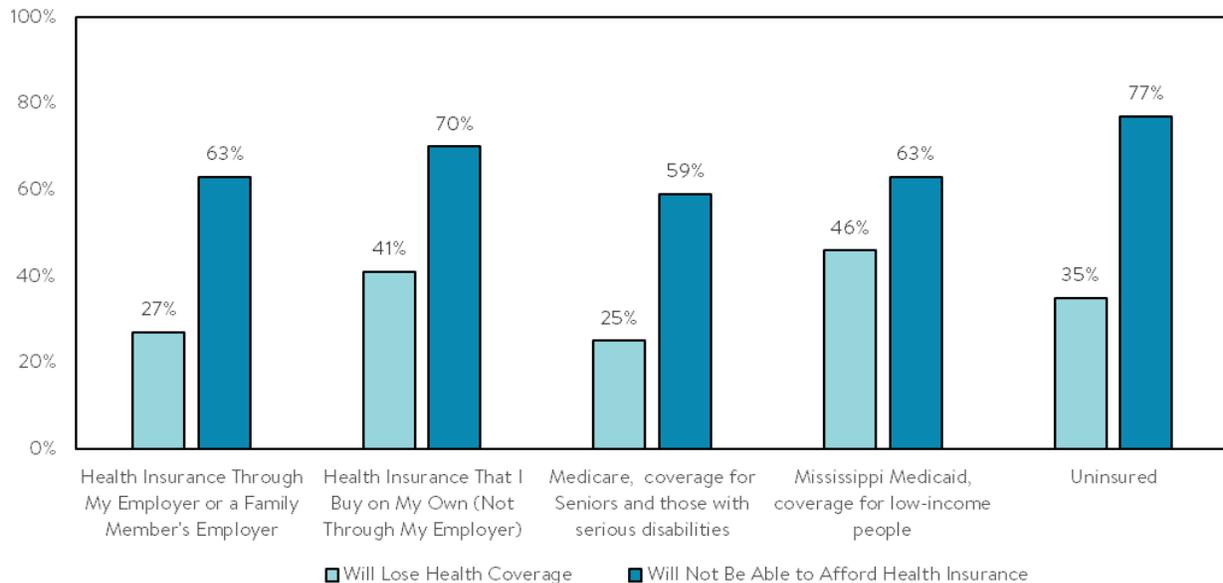


Table 1
Percent Worried or Very Worried about Health Care Affordability, by Income, Geographic Setting, Race, Ethnicity, and Disability Status

	Any Health Care Affordability Worry
Income	
Less Than \$50k	84%
\$50k - \$75k	85%
\$75,001 - \$99,999	88%
More Than \$100,000	78%
Geographic Setting	
Northeast Region	87%
Delta Region	80%
Central Region	84%
Southeast Region	84%
Race/Ethnicity	
Black/African American	79%
Hispanic/Latino, Any Race	93%
White, Non-Hispanic/Latino	87%
BIPOC*	80%
Disability**	
Household Does Not Include a Person with at Least One Disability	83%
Household Includes a Person with at Least One Disability	85%

Source: 2023 Poll of Mississippi Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
 * The BIPOC variable includes respondents who identify as Native American, Alaskan Native, Asian, Black/African American, Native Hawaiian or other Pacific Islander, Hispanic or Latino. We regret that we were not able to provide reliable estimates for each individual group to better represent the diverse communities of Mississippi but are unable to report specific figures for these populations due to insufficient sample sizes to produce a reliable result.
 ** 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 and Affording Health Insurance, by Coverage Type



Source: 2023 Poll of Mississippi Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey



Respondents with household incomes below \$50,000 per year reported the highest rates of worry about **losing** coverage, while those with household incomes between \$75k and \$99k reported the highest rates of worry about **affording** coverage. Similarly, respondents living in southeastern Mississippi and those living in households with a person with a disability reported higher rates of worry about losing health insurance than residents living in other areas of the state or those living in a household without a person with a disability (see Table 2). It is also interesting to note that concerns about affording coverage exceeded fears about losing coverage across all income groups, disability statuses, geographic settings, race, ethnicity and coverage types.

Table 2
Worry about Losing Health Insurance and Health Insurance Becoming Unaffordable, by Income, Geographic Setting, Race, Ethnicity, Insurance Type, and Disability Status

	Worry about Losing Health Insurance	Worry about Health Insurance Becoming Unaffordable
Income		
Less Than \$50k	36%	65%
\$50k - \$75k	26%	67%
\$75,001 - \$99,999	32%	69%
More Than \$100,000	23%	50%
Geographic Setting		
Northeast Region	32%	66%
Delta Region	31%	58%
Central Region	27%	67%
Southeast Region	33%	62%
Race/Ethnicity		
Black/African American	36%	58%
Hispanic/Latino, Any Race	36%	70%
White, Non-Hispanic/Latino	28%	66%
BIPOC	36%	59%
Insurance Type		
Health Insurance Through My or Family Members Employer	27%	63%
Health Insurance I Buy on My Own (Not Through Employer)	41%	70%
Medicare	25%	59%
Mississippi Medicaid	46%	63%
Uninsured	35%	77%
Disability		
Household Does Not Include a Person with at Least One Disability	25%	63%
Household Includes a Person with at Least One Disability	43%	62%

Source: 2023 Poll of Mississippi Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey



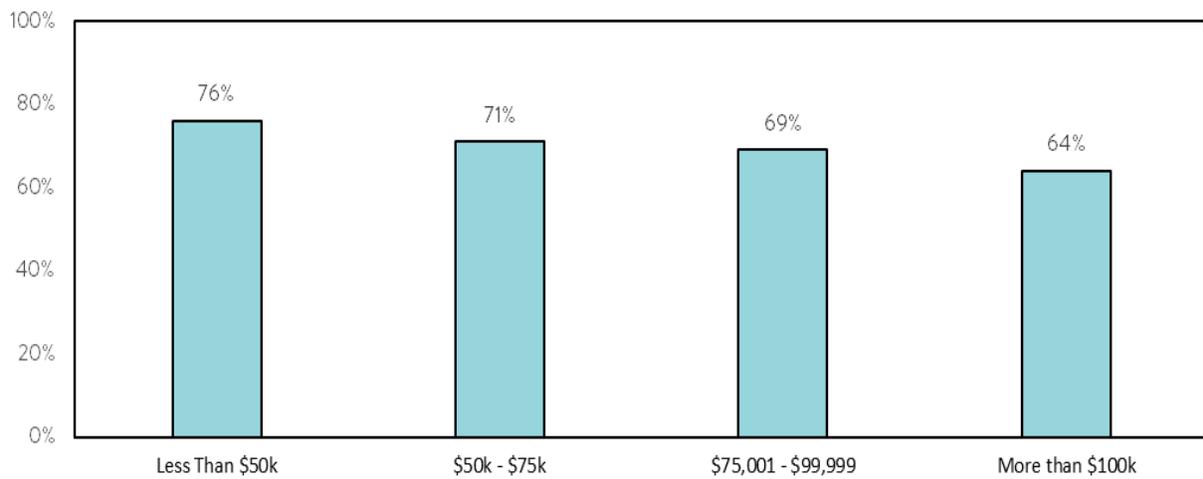
DIFFERENCES IN HEALTH CARE AFFORDABILITY BURDENS

The survey also revealed differences in how Mississippi respondents experience health care affordability burdens by income, age, geographic setting, race, ethnicity and disability status.

INCOME AND AGE

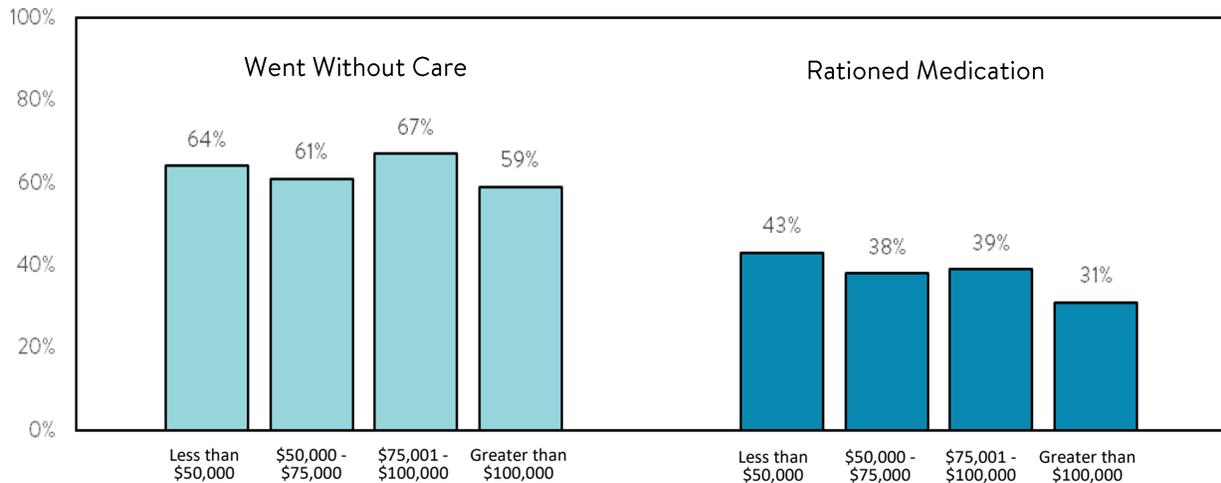
Unsurprisingly, respondents at the lowest end of the income spectrum most frequently reported experiencing one or more health care affordability burdens. More than three-fourths (76%) of those earning less than \$50,000 per year reporting struggling to afford some aspect of coverage or care in the past 12 months (see Figure 2). This may contribute, 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 Health Care Affordability Burden in the Prior 12 Months, by Income



Source: 2023 Poll of Mississippi Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Figure 3
Percent who Went Without Care Due to Cost in the Prior 12 Months, by Income

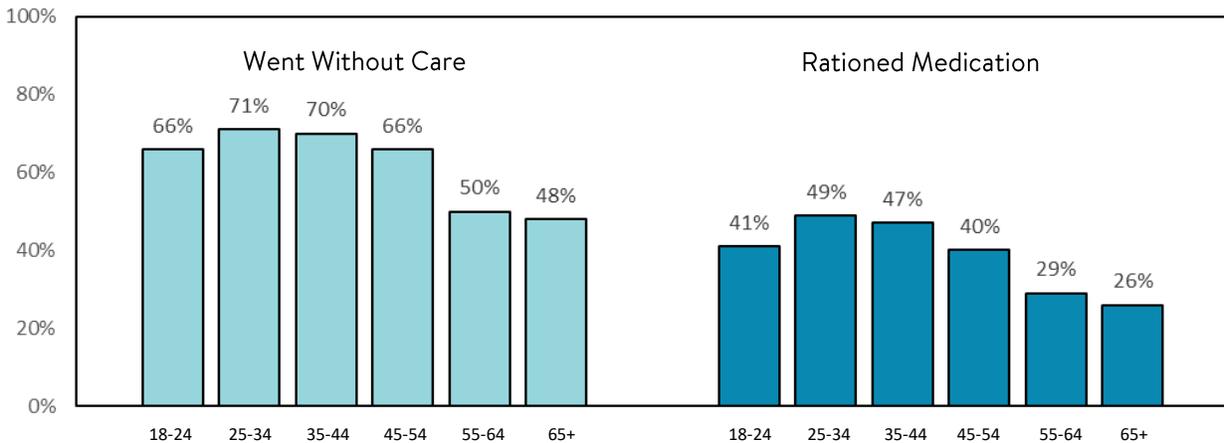


Source: 2023 Poll of Mississippi Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey



Further analysis found that Mississippi respondents ages 25-34 were most likely to go without care due to cost, although all respondents aged 18-54 frequently reported forgoing care due to cost (see Figure 4). Likewise, respondents ages 25-34 most frequently reported rationing medication due to cost.

Figure 4
Percent who Went Without Care Due to Cost in the Prior 12 Months, by Age



Source: 2023 Poll of Mississippi 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. Over 7 in 10 (75% of) respondents in this group reported going without some form of care and 50% reported rationing medication, compared to 56% and 33% of respondents living in households without a person with a disability, respectively (see Table 3).

Those with disabilities also face health care affordability burdens unique to their disabilities—26% 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.

Table 3
Percent who Went Without Care Due to Cost in the Past 12 Months, by Disability Status

	Household Does Not Include a Person with a Disability	Household Includes a Person with a Disability
Avoided going to the doctor or having a procedure done	28%	38%
Problems getting mental health care	14%	28%
Problems getting addiction treatment	6%	14%
Skipped needed dental care	36%	45%
Skipped or delayed getting a medical assistive device	8%	26%

Source: 2023 Poll of Mississippi Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey



INSURANCE TYPE

Respondents who purchase their health insurance on their own reported the highest rates of going without care due to cost, followed by respondents who are uninsured. Likewise, respondents without health insurance coverage and those with coverage through Mississippi Medicaid most frequently reported rationing medication due to cost (see Table 4).

Table 4
Percent who Rationed Care in the Past 12 Months, by Geographic Setting, Race, Ethnicity, Disability Status, and Insurance Type

	Went Without Care Due to Cost	Did Not Fill a Prescription, Cut Pills in Half, or Skipped a Dose Due to Cost Concerns
Geographic Setting		
Northeast Region	66%	46%
Delta Region	60%	35%
Central Region	60%	38%
Southeast Region	66%	39%
Race/Ethnicity		
Black/African American	59%	37%
Hispanic/Latino, Any Race	75%	47%
White, Non-Hispanic/Latino	65%	41%
BIPOC	60%	37%
Disability Status		
Household Does Not Include a Person with at Least One Disability	56%	33%
Household Includes a Person with at Least One Disability	75%	50%
Insurance Type		
Health Insurance Through My or Family Members Employer	60%	37%
Health Insurance I Buy on My Own (Not Through Employer)	76%	46%
Medicare	55%	32%
Mississippi Medicaid	70%	50%
Uninsured	73%	50%

Source: 2023 Poll of Mississippi Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Survey respondents also had the opportunity to share their own stories about going without care due to cost in the past year. It is important to note that respondents across insurance coverage type reported similar barriers to care due to cost; to be specific, many respondents, regardless of coverage, reported challenges affording dental and vision care. Similarly, many respondents reported challenges finding local care, with several privately insured respondents reporting concerns about access to in-network care close to their homes (see Table 5).



Table 5

Select Responses to “Please describe a time that you did not get health care services due to cost in the past twelve months.”

Respondents with Private Insurance

- “After insurance it still would cost a lot that I would have to pay for a needed dental procedure. Also, my husband needs an eye procedure done on one eye but our out-of-pocket expense after insurance would pay, is still not affordable.”
- “I can’t get one of my medications I need because insurance won’t pay for it, and it is too expensive. Have put off dental work and new glasses.”
- “I could not afford the upfront cost the hospital required to have surgery and because I already owed past medical bills, I was not able to get it setup on payments. So, I did not get the surgery.”
- “My dental deductible is \$500. I don’t have \$500 disposable income.”
- “I have PCOS and had a cyst rupture. I was in excruciating pain and did not seek treatment due to the high costs that would go along with it. So, I just suffered.”
- “My doctor recommended getting more scans done on my back, but I decided against it until I can pay off the debt I have already racked up from my last scans.”
- “I needed bloodwork done but couldn’t afford it.”
- “I need exploratory surgery for pain and can’t afford it, even with insurance. I haven’t done it.”

Respondents Enrolled in Medicaid

- “Currently need my wisdom teeth taken out and cannot afford to do so.”
- “Dentist cost too much and haven’t been now my teeth are horrible.”
- “I couldn’t get an appointment with my last doctor due to an old balance. I tried to make a plan, but they wanted too much up front.”
- “Going to see a dentist because I can’t afford my part of the bill.”
- “I have issues getting prosthetic care because of cost.”
- “I am on a fixed income and could not pay for one of my prescriptions.”
- “I can’t find an addiction therapist in my area that will accept Medicaid and the one place that says they do, says that they are backed up and understaffed since COVID and the wait for an appointment is 2+ months.”
- “I couldn’t get migraine prevention medication because of the cost. I also haven’t had the dental work necessary because my insurance doesn’t cover the cost.”
- “I have a copay on prescriptions and a refill limit so sometimes I can’t afford it all.”
- “I have a lot of dental care that I need to have done, I need teeth extracted and root canals and more. But there is no way I can afford to do any of it. I have a lot of dental pain.”
- “Just recently I could not afford my medicine for diabetes, so I had to do without it.”

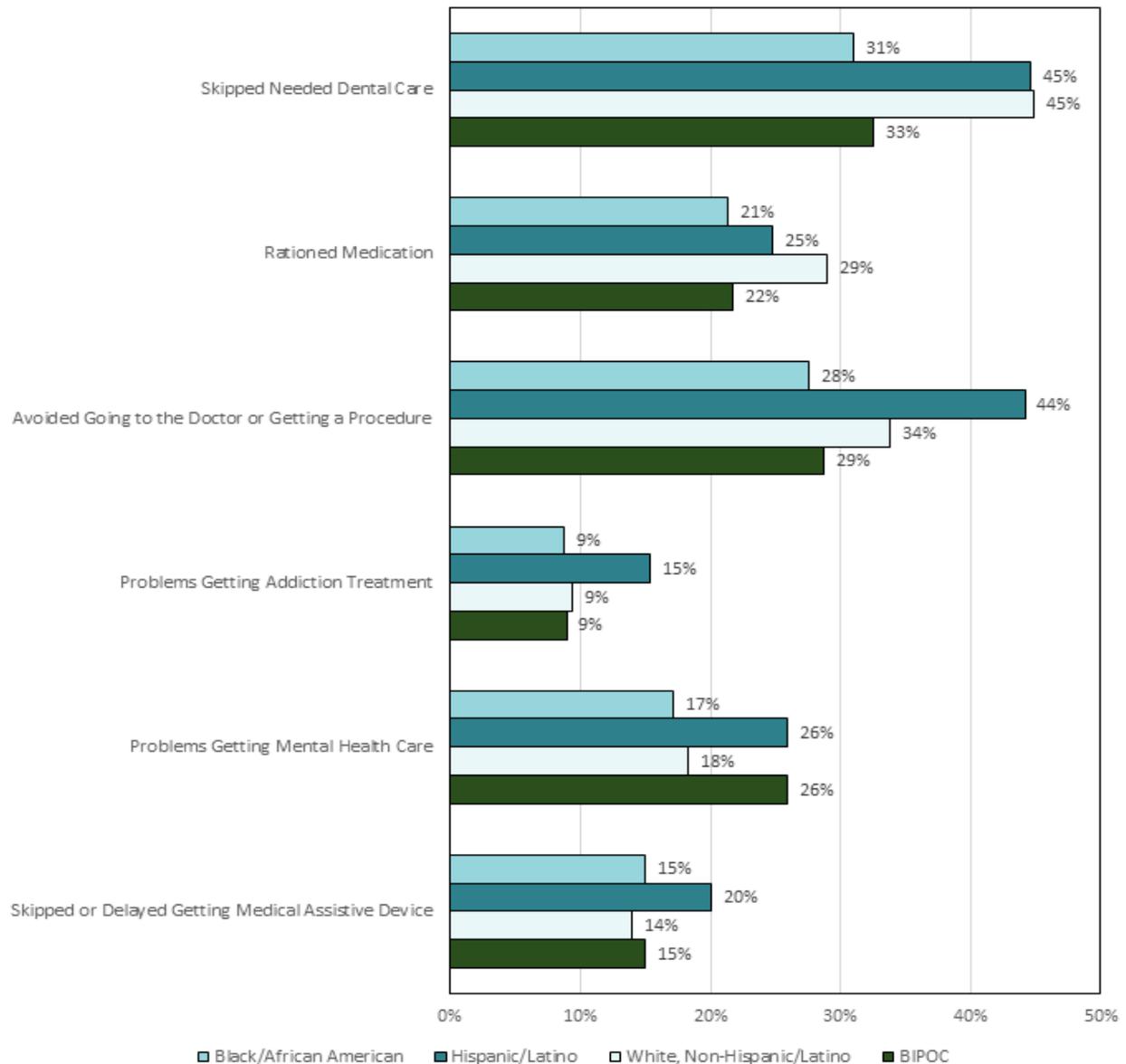
Source: 2023 Poll of Mississippi Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey



RACE AND ETHNICITY

Hispanic and Latino residents across Mississippi reported the highest rates of forgoing care due to cost. In fact, forty-four percent of Hispanic or Latino respondents reported avoiding going to the doctor or getting a procedure done due to cost in the previous year. Likewise, Hispanic and Latino respondents also reported challenges affording addiction services and delaying purchasing a medical assistive device at higher rates than other ethnicities (see Figure 5). However, across all races and ethnicities reported, at least a quarter of all respondents reported going without care due to cost in the past year.

Figure 5
Percent who Went Without Select Types of Care Due to Cost, by Race and Ethnicity



Source: 2023 Poll of Mississippi Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey



ENCOUNTERING MEDICAL DEBT

The survey also showed differences in the prevalence of financial burdens such as going into debt to afford the cost of health care, depleting savings and being unable to pay for necessities like food, heat, and housing by income, race, ethnicity, disability status, and geographic setting. Survey results indicate that fifty-five percent of Black respondents and 63% of Hispanic or Latino respondents reported going into debt, depleting savings, or going without other needs due to medical bills, compared to 46% of white respondents (see Table 6).

The rate of financial burden is even higher for respondents who have or live with a person with a disability, with over three-fifths (63%) reporting going into debt or sacrificing basic needs due to medical debt, compared to 43% of respondents living in households without a disabled member. Likewise, respondents purchasing health insurance on their own reported the highest rate of the above financial burdens due to medical bills (64%) compared to respondents with all other insurance types. Geographically, residents across Mississippi reported similar rates of going into debt or going without other needs due to medical bills.

Table 6
Percent who Incurred Debt, Depleted Savings, or Sacrificed Basic Necessities Due to Medical Bills in the Prior 12 Months, by Income, Geographic Setting, Race, Ethnicity, Disability Status, and Insurance Type

	Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills
Income	
Less Than \$50k	54%
\$50k - \$75k	49%
\$75,001 - \$99,999	48%
More Than \$100,000	41%
Geographic Setting	
Northeast Region	52%
Delta Region	50%
Central Region	45%
Southeast Region	51%
Race	
Black/African American	55%
Hispanic/Latino, Any Race	63%
White, Non-Hispanic/Latino	46%
BIPOC	55%
Disability Status	
Household Does Not Include a Person with at Least One Disability	43%
Household Includes a Person with at Least One Disability	63%
Insurance Type	
Health Insurance Through My or a Family Members Employer	50%
Health Insurance I Buy on my Own (Not Through Employer)	64%
Medicare	40%
Mississippi Medicaid	61%
Uninsured	57%

Source: 2023 Poll of Mississippi Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey



IMPACT OF HOSPITAL CONSOLIDATION

In addition to the above health care affordability burdens, the survey reveals that some Mississippi residents have been negatively impacted by health system consolidation. Between April 1, 2018 and January 1, 2023, seven hospitals in the state have changed ownership through either a merger, acquisition, or change of ownership (CHOW).^{3,4}

Relative to other states, Mississippi has few regulations surrounding hospital change of ownership; the state does not have any provisions requiring notice, review or approval of any health care acquisitions mergers or consolidations. Additionally, as of 2023, the state has passed legislation that exempts hospital acquisitions and mergers from state anti-trust laws.^{5,6}

In the past year, **11%** of respondents reported that they or a family member were unable to access their preferred health care organization because of a merger, acquisition, consolidation or CHOW that made their preferred organization out-of-network. When asked about the greatest burden respondents experienced as a result, the most frequently reported difficulties were:

- **36%** of respondents report that the change has created an added wait time burden when searching for a new provider who is accepting new patients;
- **24%** said that the change has created an added financial burden; and
- **18%** report that the change has created a gap in my continuity of care.

DISSATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

Considering Mississippi respondents' health care affordability burdens, it is not surprising that they are dissatisfied with the health system:

- Just **29%** agreed or strongly agreed that “*we have a great health care 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.

PERSONAL ACTIONS

Mississippi respondents see a role for themselves in addressing health care affordability. When asked about specific actions they could take:

- **58%** of respondents reported researching the cost of a drug beforehand; and
- **71%** 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 health care affordability (out of ten options), the most common responses were:

- **72%**—Take better care of my personal health;
- **43%**—Research treatments myself, before going to the doctor;
- **29%**—Do more to compare doctors on cost and quality before getting services; and
- **23%**—There is not anything I can do personally to make our health system better.



GOVERNMENT ACTIONS

But far and away, Mississippi respondents see government as the key stakeholder that needs to act to address health system problems. Moreover, addressing health care 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:

- 46%—Health Care
- 45%—Economy/Joblessness
- 35%—Taxes

When asked about the top *health care* priorities the government should work on, the top choices were:

- 47%—Address high health care costs, including prescription drugs;
- 37%—Get health insurance to those who cannot afford coverage;
- 33%—Improve Medicare, coverage for seniors and those with serious disabilities;
- 30%—Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition; and
- 30%—Improve Medicaid, coverage for low-income people.

Out of more than twenty separate options, Mississippi respondents reported that they believe the reason for high health care costs lie in:

- 70%—Drug companies charging too much money;
- 68%—Hospitals charging too much money; and
- 65%—Insurance companies charging too much money.

When it comes to tackling costs, respondents endorsed several strategies, including:

- 90%—Show what a fair price would be for specific procedures;
- 89%—Require drug companies to provide advanced notice of prices increases and information to justify those increases;
- 89%—Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription price hikes;
- 88%—Make it easy to switch insurers if a health plan drops your doctor;
- 88%—Cap out-of-pocket costs for life-saving medications, such as insulin;
- 88%—Require hospitals and doctors to provide up-front cost estimates to consumers;
- 87%—Require insurers to provide up-front cost estimates to consumers; and
- 88%—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 health care 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/Questions	Total % of Respondents	Do you think of yourself as...		
		Republican	Democrat	Neither
We have a great health care system in the U.S.	29%	30%	34%	22%
The U.S. health care system needs to change.	68%	68%	68%	69%
The government should show what a fair price would be for a specific procedure.	90%	93%	88%	88%
The government should require drug companies to provide advance notice of price increases and information to justify those increases.	89%	91%	89%	87%
The government should make it easy to switch insurers if a health plan drops your doctor.	88%	89%	91%	85%
The government should cap out-of-pocket costs for life-saving medications, such as insulin.	88%	89%	89%	85%
The government should require hospitals and doctors to provide up-front cost estimates to consumers.	88%	90%	89%	84%
The government should require insurers to provide up-front cost estimates to consumers.	87%	88%	87%	87%
The government should Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes.	89%	91%	90%	85%
The government should expand health insurance options so that everyone can afford quality coverage.	88%	86%	90%	87%

Source: 2023 Poll of Mississippi Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

NOTES

1. Of the current 63% of Mississippi respondents who encountered one or more cost-related barriers to getting health care during the prior 12 months, 31% did not fill a prescription, while 26% cut pills in half or skipped doses of medicine due to cost.
2. Median household income in Mississippi was \$49,111 (2017-2021). U.S. Census, *Quick Facts*. Retrieved from: [U.S. Census Bureau QuickFacts: Mississippi](https://www.census.gov/quickfacts/mississippi)
3. Centers for Medicare and Medicaid Services. (2023). Hospital Change of Ownership. Retrieved July 17, 2023, from <https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/hospital-change-of-ownership>
4. A CHOW typically occurs when a Medicare provider has been purchased (or leased) by another organization. The CHOW results in the transfer of the old owner's Medicare Identification Number and provider agreement (including any outstanding Medicare debt of the old owner) to the new owner. The regulatory citation for CHOWs can be found at 42 CFR § 489.18. If the purchaser (or lessee) elects not to accept a transfer of the provider agreement, then the old agreement should be terminated and the purchaser or lessee is considered a new applicant. Most changes of ownership fall into this category. (Centers for Medicare and Medicaid Services. (2022, September). Medicare Fee-For-Service Provider Enrollment - Hospital Change of Ownership: Data Guidance. Retrieved July 17, 2023, from https://data.cms.gov/sites/default/files/2023-01/Hospital_CHOW_Data_Guidance_2022.12.30.pdf)
5. S.B. 2323, 2023 Reg. Sess. (Mis. 2023). <http://billstatus.ls.state.ms.us/2023/pdf/history/SB/SB2323.xml#addinfo>
6. National Conference of State Legislatures. (2023, February 22). Health System Consolidation. Retrieved July 17, 2023, from <https://www.ncsl.org/health/health-system-consolidation>



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 May 3 to May 22, 2023, used a web panel from online survey company Dynata with a demographically balanced sample of approximately 1514 respondents who live in Mississippi. 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 1,380 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	799	58%
Man	549	40%
Transwoman	2	<1%
Transman	5	<1%
Genderqueer/Nonbinary	8	<1%
Insurance Type		
Health insurance through employer or family member’s employer	473	34%
Health insurance I buy on my own	164	12%
Medicare, coverage for seniors and those with serious disabilities	220	16%
Medicaid, coverage for low-income earners	224	16%
TRICARE/Military Health System coverage	35	3%
Department of Veterans Affairs (VA) Healthcare	23	2%
No coverage of any type	174	13%
I don’t know	67	5%
Race		
American Indian or Native Alaskan	65	5%
Asian	30	2%
Black or African American	589	43%
Native Hawaiian or Other Pacific Islander	9	1%
White, Non-Hispanic/Latino	635	46%
Prefer Not to Answer	27	2%
Two or More Races	57	4%
Ethnicity		
Hispanic or Latino	110	8%
Non-Hispanic or Latino	1270	92%
Age		
18-24	337	27%
25-34	297	22%
35-44	246	18%
45-54	196	14%
55-64	152	11%
65+	92	7%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under \$20K	363	26%
\$20K-\$29K	205	15%
\$30K - \$39K	179	13%
\$40K - \$49K	154	11%
\$50K - \$59K	124	9%
\$60K - \$74K	110	8%
\$75K - \$99K	105	8%
\$100K - \$149K	96	7%
\$150+	44	3%
Self-Reported Health Status		
Excellent	184	13%
Very Good	391	28%
Good	509	37%
Fair	235	17%
Poor	61	4%
Disability		
Mobility: Serious difficulty walking or climbing stairs	246	18%
Cognition: Serious difficulty concentrating, remembering or making decisions	176	13%
Independent Living: Serious difficulty doing errands alone, such as visiting a doctor’s office	162	12%
Hearing: Deafness or serious difficulty hearing	100	7%
Vision: Blindness or serious difficulty seeing, even when wearing glasses	100	7%
Self-Care: Difficulty dressing or bathing	90	7%
No disability or long-term health condition	864	63%
Party Affiliation		
Republican	466	34%
Democrat	424	31%
Neither	490	36%

Source: 2023 Poll of Mississippi 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.