



Mississippi Residents Bear Health Care Affordability Burdens Unequally; Distrust of/Disrespect by Health Care Providers Lead Some to Delay and/or Go Without Needed Care

KEY FINDINGS

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

- Nearly three-quarters (72%) of Mississippi respondents have experienced one or more health care affordability burdens in the past 12 months. Four in five (84%) worry about affording some aspect of health care now or in the future.
- Respondents of color experienced greater affordability burdens than their white, non-Hispanic counterparts: 75% of Black/ African American respondents have experienced one or more health care affordability burdens in the past 12 months, compared to 70% of white, alone non-Hispanic/Latinx respondents and 84% of Hispanic/Latinx respondents have experienced one or more health care affordability burdens, compared to 72% of non-Hispanic/Latinx respondents.
- 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 (50% versus 33%); delaying or going without care due to cost (75% versus 56%); and going into medical debt, depleting savings or sacrificing basic needs due to medical bills (63% versus 43%).
- Thirty-seven percent of respondents of color skipped needed medical care due to distrust of or feeling disrespected by health care providers, compared to 18% of white, alone non-Hispanic respondents.
- Fifty-nine percent of all respondents think that people are treated unfairly based on their race or ethnic background somewhat or very often in the U.S. health care system.

DIFFERENCES IN AFFORDABILITY BURDENS AND CONCERNS

RACE

The intersection of racial disparities in health care and affordability issues impact access to care and beget financial burdens for communities of color, particularly Black and Hispanic/Latino communities.^{1,2} In Mississippi, respondents of color often reported higher rates of affordability burdens than white respondents, including incurring medical debt, depleting savings, or sacrificing basic needs (like food, heat and housing) due to medical bills (see Table 1).

In addition to incurring medical debt, respondents of color more frequently reported difficulty getting mental health treatment and delaying or going without medical assistive devices due to cost. Hispanic and Latino respondents most frequently reported challenges accessing addiction treatment and avoiding going to the doctor or getting a procedure done to cost (see Figure 1).³

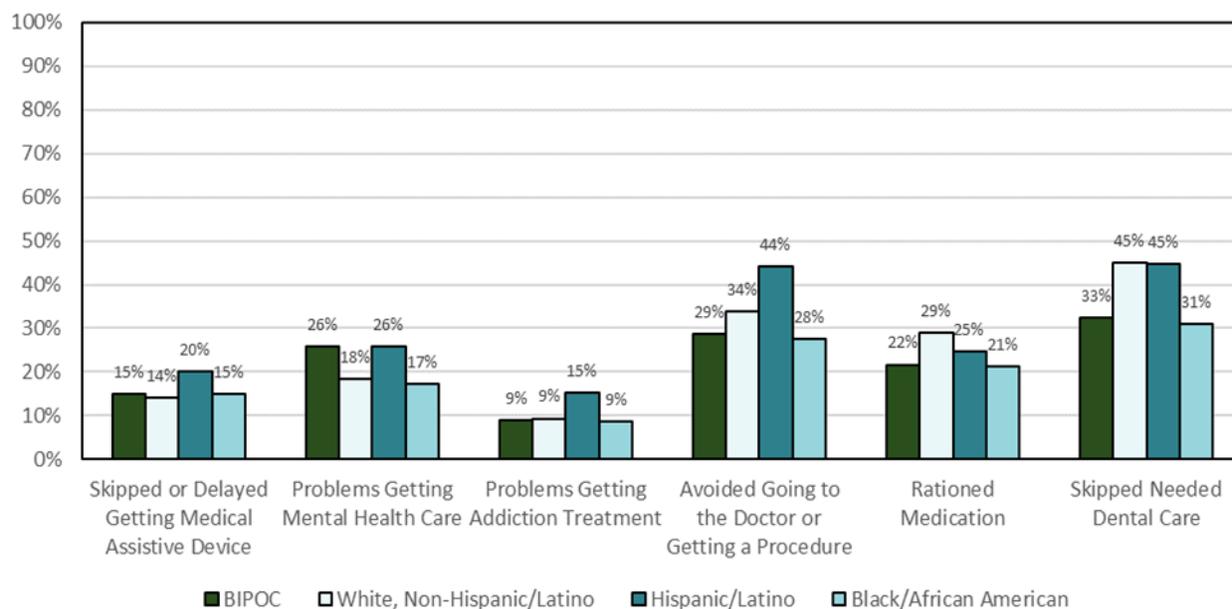


Table 1
Percent Who Experienced Healthcare Affordability Burdens, by Race and Ethnicity

	Black/ African American	White, alone non- Hispanic	Black, Indigenous and People of Color (BIPOC)*	Hispanic /Latino	Non- Hispanic /Latino
Any Health Care Affordability Burden	75%	70%	75%	84%	72%
Any Health Care Affordability Worry	79%	87%	80%	93%	83%
Rationed Medication Due to Cost	37%	41%	37%	47%	39%
Delayed/Went Without Care Due to Cost	59%	65%	60%	75%	62%
Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills	55%	46%	55%	63%	49%

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.

Figure 1
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

INCOME

The survey also revealed differences in how Mississippi respondents experience health care affordability burdens by income. Unsurprisingly, respondents at the lowest end of the income spectrum most frequently reported affordability burdens, with two-thirds (76%) 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, demonstrating that



affordability burdens impact people in each income group. Likewise, at least 78% of respondents in each income group reported being worried about affording health care either now or in the future.

Additionally, greater than two fifths (43%) 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. Lower-income individuals also most frequently reported financial consequences after receiving health care services—up to 54% of individuals who earn less than \$50,000 a year either went into medical debt, depleted their savings, or sacrificed other basic needs (like food, heat or housing) due to medical bills, compared to up to 41% of those earning over \$100,000.

Table 2
Percent Who Experienced Healthcare Affordability Burdens, by Income

	Less than \$50,000	\$50,000k-\$75,000	\$75,001-\$99,999	More than \$100,000
Any Health Care Affordability Burden	76%	71%	69%	64%
Any Health Care Affordability Worry	84%	85%	88%	78%
Rationed Medication Due to Cost	43%	38%	39%	31%
Delayed/Went Without Care Due to Cost	64%	61%	67%	59%
Incurred Medical Debt, Depleted Savings, and/or Sacrificed Basic Needs due to Medical Bills	54%	49%	48%	41%

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

DISABILITY STATUS

People with disabilities 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 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).⁵ Mississippi respondents who have or live with a person who has a disability more frequently reported a diverse array of affordability burdens compared to others (see Table 3). These individuals also more frequently reported worrying about health care affordability in general (85% versus 83%) and losing health insurance specifically (43% versus 25%).

Those with disabilities also face health care affordability burdens unique to their disabilities—26% 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 disability (who may have needed such tools temporarily or may not identify as having a disability) reported this experience (see Figure 2). Similarly, 28% of respondents reporting a disability in their household reported problems getting mental health care compared to 14% of households without a person with a disability.

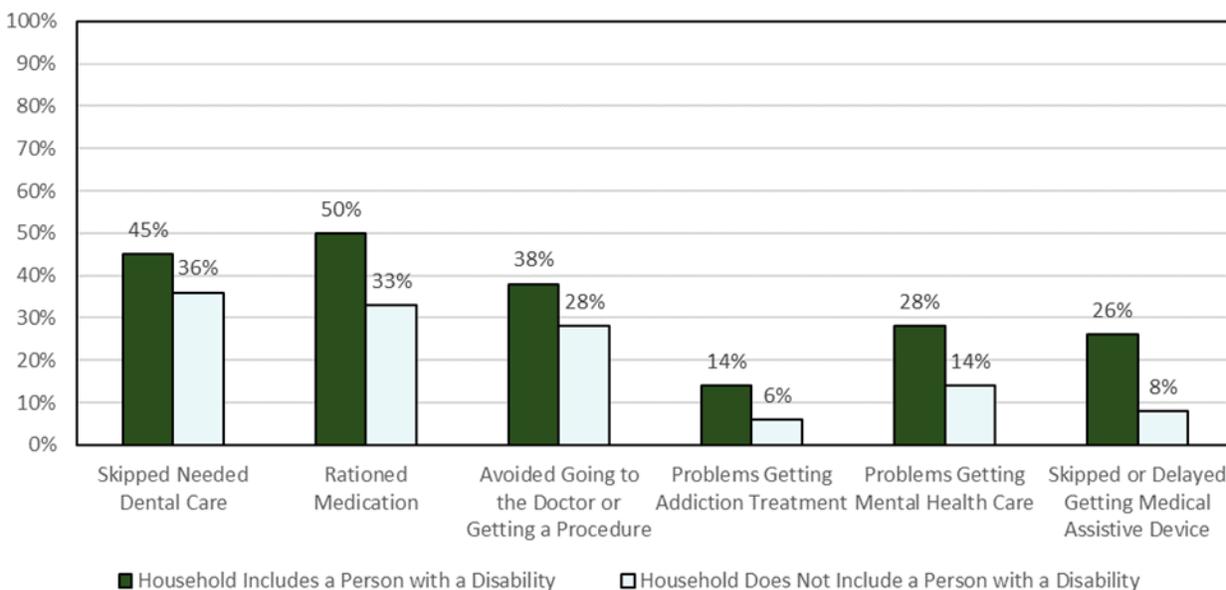


Table 3
Percent Who Experienced Healthcare Affordability Burdens, by Disability Status

	Household Includes a Person with a Disability	Household Does Not Include a Person with a Disability
Any Health Care Affordability Burden	84%	66%
Any Health Care Affordability Worry	85%	83%
Rationed Medication Due to Cost	50%	33%
Delayed/Went Without Care Due to Cost	75%	56%
Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills	63%	43%

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

Figure 2
Percent Who Went Without Select Types of Care Due to Cost, by Disability Status



Source: 2023 Poll of Mississippi 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 were more likely to report having experienced at least one affordability burden in the past year than those identifying as men (76% versus 68%) (see Table 4). Women also more frequently reported delaying or going without care due to cost in general and reported higher rates of rationing their medications by not filling a prescription, skipping doses, or cutting pills in half. While many respondents regardless of gender reported being somewhat or very concerned about health care costs, a higher percentage of women reported worrying about affording some aspect of coverage or care than men (86% versus 81%).



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— 31 (4% 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.

Table 4
Percent Who Experienced Healthcare Affordability Burdens, by Gender Identity

	Men	Women
Any Health Care Affordability Burden	68%	76%
Any Health Care Affordability Worry	81%	86%
Rationed Medication Due to Cost	35%	43%
Delayed/Went Without Care Due to Cost	58%	68%
Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills	47%	52%

Source: 2023 Poll of Mississippi 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.

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 Mississippi, just over 1 in 3 (38% 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, over two fifths of respondents cited their income or financial status (46%), followed by race (37%), ethnic background (22%), disability (20%), and gender/gender identity (14%). In lesser numbers, respondents cited experience with violence or abuse (8%) and sexual orientation (7%) 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.

In fact, 37% of BIPOC respondents reported that they went without needed medical care due to distrust of or feeling disrespected by health care providers, compared to only 18% of white respondents. Additionally, 40% of respondents who have/are living with a person with a disability went without care due to distrust or disrespect, compared to 18% of those without a household member with a disability.

Additionally, respondents covered through Mississippi Medicaid reported higher rates of distrusting or feeling disrespected by a health care provider 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.



Table 5
Percent who Distrusted or Felt Disrespected by a Healthcare Provider in the Past Year, by Race, Disability Status, Coverage Type, and Income

	Distrust or Felt Disrespected by a Health Care Provider	Went without Needed Care Due to Distrust of /Disrespect by a Health Care Provider
All Respondents	48%	26%
Race		
Black/African American	64%	38%
White, alone non-Hispanic	37%	18%
BIPOC	63%	37%
Ethnicity		
Hispanic/Latino, all races	62%	38%
Non-Hispanic/Latino, all races	48%	26%
Disability Status		
Household Includes a Person with at Least One Disability	59%	18%
Household Does Not Include a Person with at Least One Disability	42%	40%
Insurance Type		
Health Insurance Through My or a Family Members Employer	42%	19%
Health Insurance I Buy on My Own (Not Through Employer)	58%	42%
Medicare	36%	17%
Mississippi Medicaid	70%	45%
Uninsured	55%	30%
Income		
Less than \$50k	54%	29%
\$50k - \$75k	46%	24%
\$75,001 - \$99,999	45%	22%
More than \$100k	38%	22%

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

INDIVIDUAL AND SYSTEMIC RACISM

Respondents perceived that both individual and systemic racism exist in the U.S. health care system. Fifty-nine 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:

- 1 in 5 (21%) cited policies and practices built into the health care system;
- 1 in 6 (13%) cited the actions and beliefs of individual health care providers; and
- Over 4 out of 10 (42%) 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 68% 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 Mississippi residents want their policymakers to pursue, see: Mississippi Residents Struggle to Afford High Health Care Costs; Worry About Affording Health Care in the Future; Support Government Action Across Party Lines, Healthcare Value Hub, (August 2023).

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 couldn't find a doctor of the same race, ethnicity or cultural background as them and three percent because they couldn't 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 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.