



DATA BRIEF NO. 137 | JANUARY 2023

## Wisconsin 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 Wisconsin adults, conducted from June 22 to July 6, 2022, found that:

- Nearly 3 in 5 (59%) experienced at least one healthcare affordability burden in the past year;
- 4 in 5 (81%) 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; and
- Across party lines, respondents express strong support for government-led solutions.

### A RANGE OF HEALTHCARE AFFORDABILITY BURDENS

Like many Americans, Wisconsin adults experience hardship due to high healthcare costs. All told, well over half (59%) of respondents experienced one or more of the following healthcare affordability burdens in the prior 12 months:

#### 1) BEING UNINSURED DUE TO HIGH COSTS

Nearly one-half (45%) 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

More than half (52%) of all respondents reported delaying or going without healthcare during the prior 12 months due to cost:

- 33%—Skipped needed dental care
- 31%—Delayed going to the doctor or having a procedure done
- 25%—Cut pills in half, skipped doses of medicine or did not fill a prescription<sup>1</sup>
- 25%—Avoided going to the doctor or having a procedure done altogether
- 25%—Skipped a recommended medical test or treatment
- 21%—Had problems getting mental healthcare or addiction treatment
- 14%—Skipped or delayed getting a medical assistive device

Moreover, cost and the ability to get an appointment were the most frequently cited reasons for not getting needed medical care (reported by 21% and 17% of respondents, respectively), exceeding a host of other barriers like a lack of transportation and or childcare. Notably, 12% of respondents cited the fact that their service was not covered as a reason for not getting needed medical care.

### 3) STRUGGLING TO PAY MEDICAL BILLS

Other times, respondents got the care they needed but struggled to pay the resulting bill. Nearly two in five (38%) experienced one or more of these struggles to pay their medical bills:

- 16%—Used up all or most of their savings
- 15%—Were contacted by a collection agency
- 11%—Were unable to pay for basic necessities like food, heat or housing
- 10%—Borrowed money, got a loan or another mortgage on their home
- 9%—Racked up large amounts of credit card debt
- 9%—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 these services likely reflects the frequency with which Wisconsin respondents 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

Wisconsin respondents also exhibit high levels of worry about affording healthcare in the future. Four in five (81%) 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
- 64%—Medical costs when elderly
- 62%—Health insurance will become unaffordable
- 61%—Medical costs in the event of a serious illness or accident
- 53%—Prescription drugs will become unaffordable
- 51%—Cost of dental care
- 35%—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 25-54. This suggests that Wisconsin respondents may be worried about affording the cost of care for both aging parents and themselves.

Worry about affording healthcare, generally, was highest among respondents living in low-income households, respondents of color and those living in households with a person with a disability (see Table 1). More than 4 in 5 (85%) of respondents with household incomes of less than \$50,000 per year<sup>2</sup> reported worrying about affording some aspect of coverage or care in the past year. Still, the vast majority of Wisconsin respondents of all incomes, races, ethnicities and levels of ability statewide are somewhat or very concerned.

Concern that health *insurance* will become unaffordable is also more prevalent among certain groups of Wisconsin adults. By insurance type, respondents with coverage they purchase on their own most frequently reported worrying about affording coverage, followed by those with Wisconsin Medicaid (see Figure 1). However, those with Wisconsin Medicaid most frequently reported worrying about losing their health insurance.

**Table 1**

**Percent Worried or Very Worried, by Income, Geographic Setting, Race, Ethnicity and Disability Status**

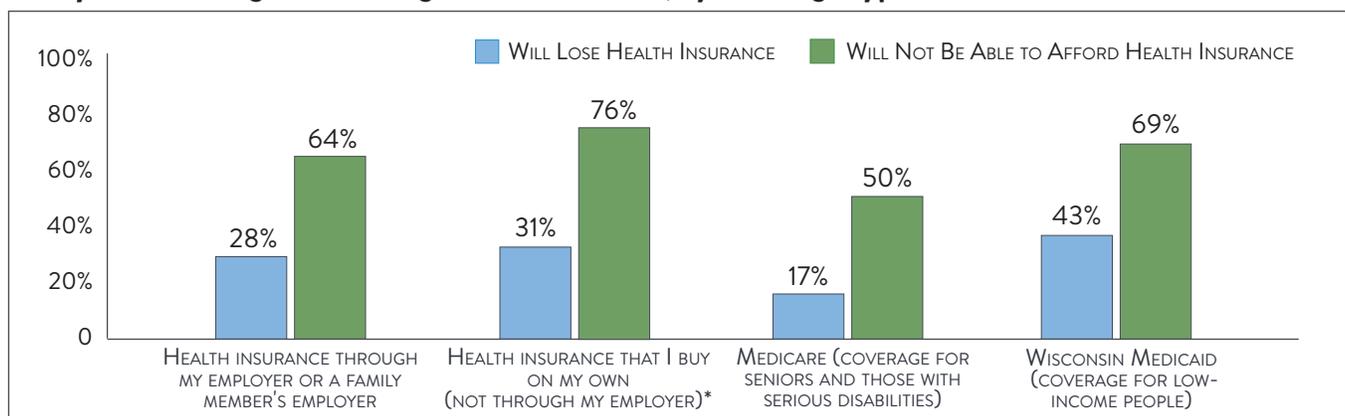
	ANY HEALTHCARE AFFORDABILITY WORRY
<b>INCOME</b>	
LESS THAN \$50,000	85%
\$50,000 - \$75,000	84%
\$75,000 - \$100,000	82%
MORE THAN \$100,000	73%
<b>GEOGRAPHIC SETTING</b>	
RURAL	82%
NON-RURAL	81%
<b>RACE/ETHNICITY</b>	
PEOPLE OF COLOR	86%
WHITE	80%
HISPANIC/LATINX	87%
NON-HISPANIC/LATINX	81%
<b>DISABILITY STATUS*</b>	
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	78%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	87%

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

\*Note: 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 Wisconsin Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

\*Note: Responses from people who buy health insurance on their own numbered less than 100, the threshold to produce a reliable result. Use this estimate with caution.

Those with household incomes between \$75,000 and \$100,000 reported the highest rates of worry about affording health insurance coverage, followed closely by those earning between \$50,000 and \$75,000 (see Table 2). Lower-income respondents reported the highest rates of worry about losing their health insurance, although respondents in other income brackets were not far behind in rates of worry. Rural respondents and those living in households with a person with a disability were more likely to be concerned about losing health insurance specifically than their non-rural and non-disabled counterparts (see Table 2).

Concerns about *affording* coverage exceeded fears about *losing* coverage across all income groups, disability statuses, races/ethnicities, geographic settings and coverage types.

**Table 2**

**Worry About Losing Health Insurance and Health Insurance Becoming Unaffordable, by Income, Geographic Setting, Race/Ethnicity and Disability Status**

	WORRY ABOUT LOSING HEALTH INSURANCE	WORRY ABOUT HEALTH INSURANCE BECOMING UNAFFORDABLE
<b>INCOME</b>		
LESS THAN \$50,000	32%	63%
\$50,000 - \$75,000	25%	66%
\$75,000 - \$100,000	26%	67%
MORE THAN \$100,000	27%	55%
<b>GEOGRAPHIC SETTING</b>		
RURAL	32%	65%
NON-RURAL	27%	61%
<b>RACE/ETHNICITY</b>		
PEOPLE OF COLOR	41%	66%
WHITE	26%	61%
HISPANIC/LATINX	47%	76%
NON-HISPANIC/LATINX	27%	61%
<b>DISABILITY STATUS</b>		
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	22%	59%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	43%	68%

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

**DIFFERENCES IN HEALTHCARE AFFORDABILITY BURDENS**

The survey also revealed differences in how Wisconsin respondents experience healthcare affordability burdens by income, age, race/ethnicity, geographic setting and disability status.

***Income and Age***

Unsurprisingly, respondents at the lower and middle end of the income spectrum most frequently reported experiencing one or more healthcare affordability burdens, with 3 out of 5 respondents (62%) earning less than \$75,000 reporting struggling to afford some aspect of coverage or care in the past 12 months (see Figure 2). The high levels of healthcare affordability burdens reported by these groups may be due, in part, to high reported rates of going without care and rationing their medication due to cost among these income groups (see Figure 3).

**Figure 2**

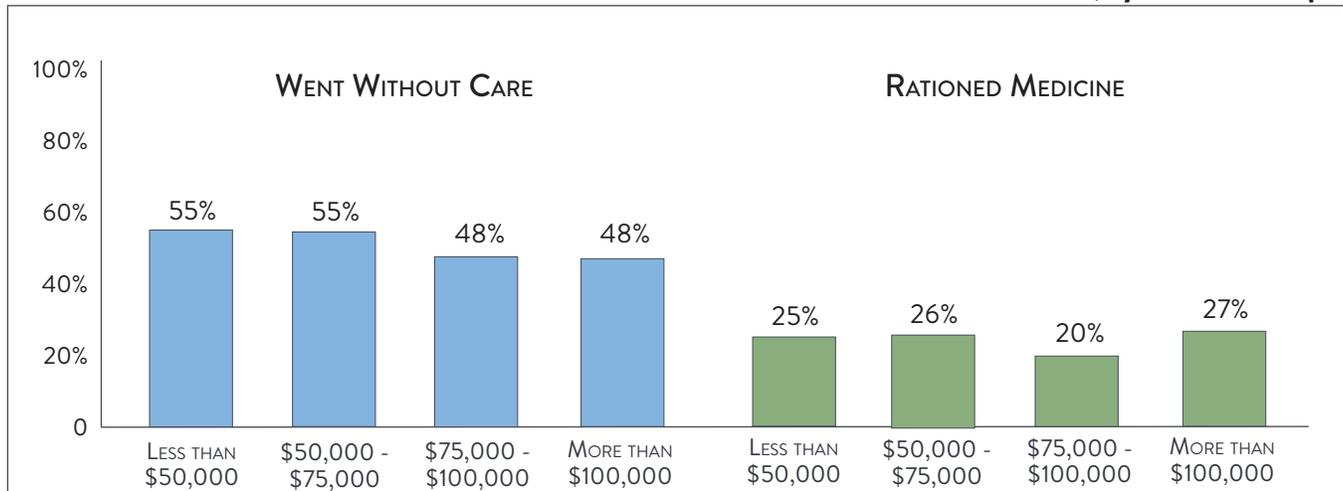
**Percent with Any Healthcare Affordability Burden in Prior 12 Months, by Income Group**



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

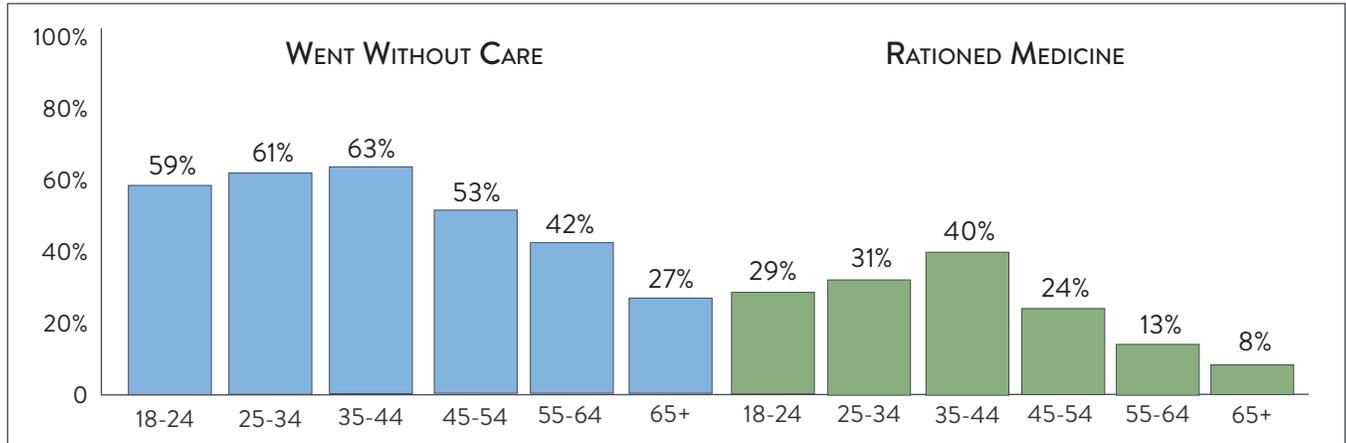
Further analysis found that Wisconsin respondents ages 18-44 more frequently reported going without care due to cost than respondents ages 45 and up (see Figure 4). Respondents ages 35-44 most frequently reported rationing medication due to cost, compared to other age groups.

**Insurance Type**

Across all insurance types, Wisconsin Medicaid respondents reported the highest rates of rationing medication and going without care due to cost (see Table 3). Still, more than half of respondents with employer-sponsored insurance and over one-third of respondents with Medicare reported going without care due to cost.

**Figure 4**

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



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

**Table 3**

**Percent Rationed Care in Prior 12 Months, by Geographic Setting, Race/Ethnicity, Disability Status and Insurance Type**

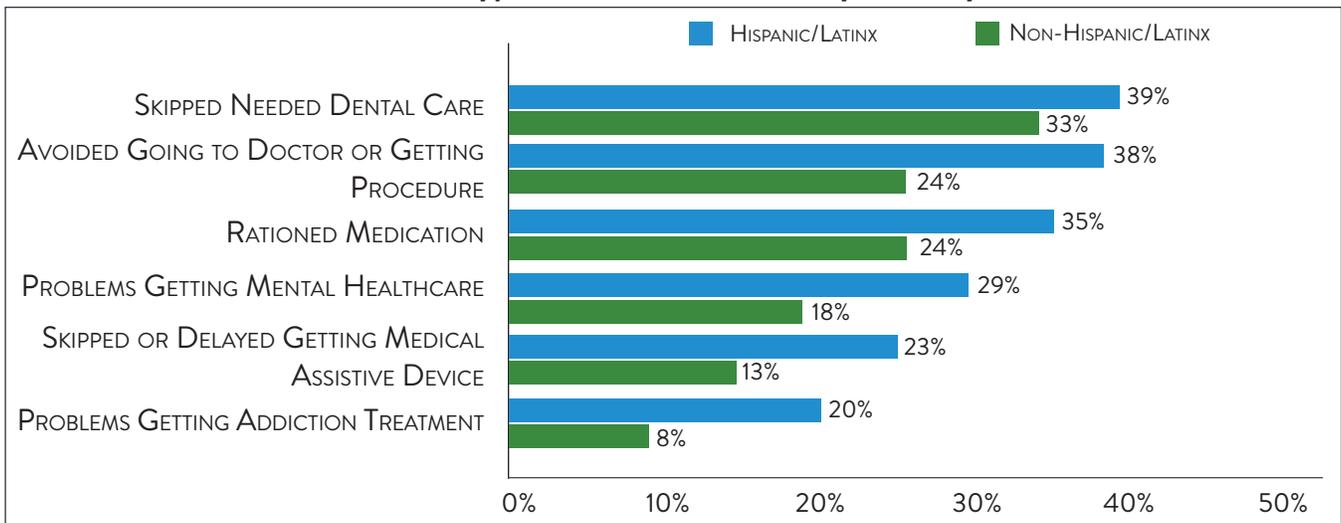
	WENT WITHOUT CARE DUE TO COST	EITHER DID NOT FILL A PRESCRIPTION, CUT PILLS IN HALF OR SKIPPED A DOSE DUE TO COST CONCERNS
<b>GEOGRAPHIC SETTING</b>		
RURAL	55%	29%
NON-RURAL	51%	24%
<b>RACE/ETHNICITY</b>		
PEOPLE OF COLOR	56%	37%
WHITE	51%	24%
Hispanic/Latinx	65%	35%
Non-Hispanic/Latinx	51%	24%
<b>DISABILITY STATUS</b>		
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	45%	19%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	67%	38%
<b>INSURANCE TYPE</b>		
PRIVATE INSURANCE: EITHER HEALTH INSURANCE THROUGH MY EMPLOYER OR A FAMILY MEMBER'S EMPLOYER OR HEALTH INSURANCE I PURCHASE ON MY OWN	56%	27%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	38%	17%
WISCONSIN MEDICAID, COVERAGE FOR LOW-INCOME PEOPLE	60%	32%

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

**Race and Ethnicity**

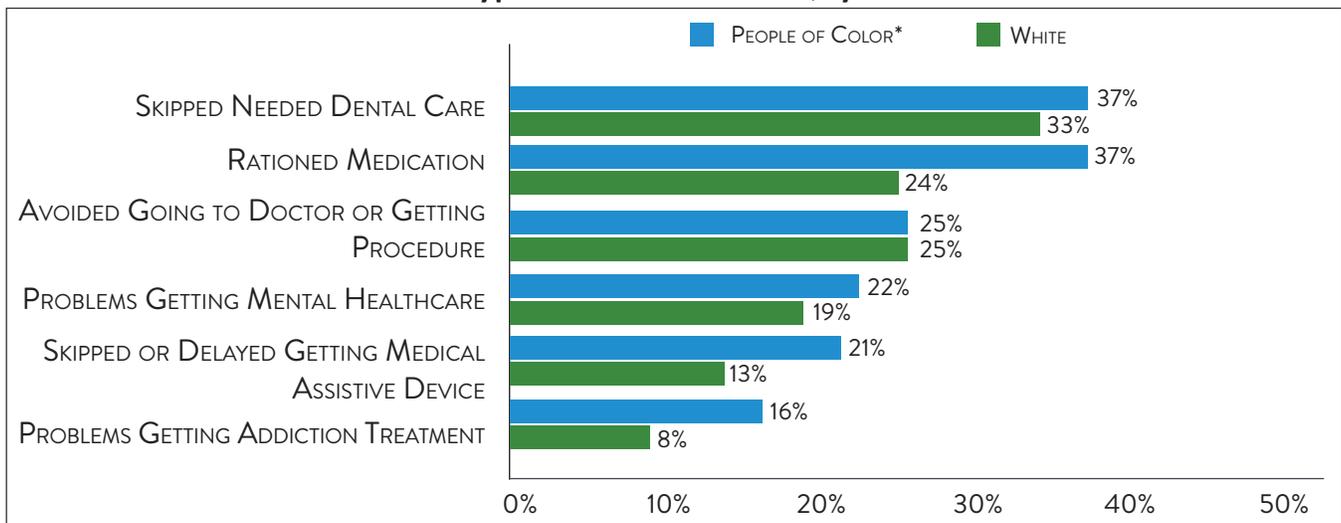
Respondents of color reported higher rates of going without care and rationing medication due to cost when compared to white respondents—this trend is also visible between Hispanic/Latinx and non-Hispanic/Latinx respondents (see Table 3). Further analysis showed that respondents of color reported slightly higher rates of encountering problems when getting mental health care and addiction treatment (see Figures 5 and 6). Similarly, Hispanic/Latinx respondents more frequently reported going without all types of care than non-Hispanic/Latinx respondents.

**Figure 5**  
**Percent Who Went Without Select Types of Care Due to Cost, by Ethnicity**



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

\*People of Color group includes respondents selecting American Indian or Native Alaskan, Asian, Black or African American, Native Hawaiian or other Pacific Islander.

### 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. Sixty-seven percent of respondents in this group reported going without some form of care and over one-third (38%) reported rationing medication, compared to 45% and 19% 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 TO THE DOCTOR OR HAVING A PROCEDURE DONE ALTOGETHER	20%	37%
PROBLEMS GETTING MENTAL HEALTHCARE	13%	32%
PROBLEMS GETTING ADDICTION TREATMENT	5%	19%
SKIPPED NEEDED DENTAL CARE	29%	43%
SKIPPED OR DELAYED GETTING A MEDICAL ASSISTIVE DEVICE	7%	30%

Source: 2022 Poll of Wisconsin 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—30% 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 7% of respondents without a person with a disability (who may have needed such tools temporarily or may not identify as having a disability) reported this experience.

### Likelihood of 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, ethnicity, disability status and geographic setting. Fifty-eight percent of respondents of color reported going into debt, depleting savings or going without other needs due to medical bills, compared to 35% of white respondents (see Table 5). This trend in financial burden remains true for respondents who identified as Hispanic/Latinx (61%) compared to non-Hispanic/Latinx respondents (36%).

Respondents living in households with a person with a disability had a similar disparity, with more than half (59%) reporting going into debt or going without other needs due to medical bills, compared to 28% of respondents living in households without a disabled member. Geographically, Wisconsin respondents living in rural counties reported higher rates of going into debt or going without other needs due to medical bills (40%) than respondents from non-rural counties (37%). In addition, respondents on Wisconsin Medicaid reported the highest rate of financial burdens due to medical bills (46%) compared to all other insurance types. However, 40% of respondents with private insurance coverage also reported incurring medical debt, depleting their savings or going without other needs due to medical bills.

**Table 5****Percent Who Incurred Debt, Depleted Savings and/or Sacrificed Basic Necessities Due to Medical Bills in 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
<b>INCOME</b>	
LESS THAN \$50,000	40%
\$50,000 - \$75,000	38%
\$75,000 - \$100,000	32%
MORE THAN \$100,000	36%
<b>GEOGRAPHIC SETTING</b>	
RURAL	40%
NON-RURAL	37%
<b>RACE/ETHNICITY</b>	
PEOPLE OF COLOR	58%
WHITE	35%
HISPANIC/LATINX	61%
NON-HISPANIC/LATINX	36%
<b>DISABILITY STATUS</b>	
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	28%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	59%
<b>INSURANCE TYPE</b>	
PRIVATE INSURANCE: EITHER HEALTH INSURANCE THROUGH MY EMPLOYER OR A FAMILY MEMBER'S EMPLOYER OR HEALTH INSURANCE I PURCHASE ON MY OWN	40%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	26%
WISCONSIN MEDICAID, COVERAGE FOR LOW-INCOME PEOPLE	46%

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

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

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

- Just **34%** agreed or strongly agreed that "we have a great healthcare system in the U.S.,"
- While **70%** 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

Wisconsin respondents see a role for themselves in addressing healthcare affordability. When asked about specific actions they could take:

- 48% of respondents reported researching the cost of a drug beforehand, and
- 78% 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:

- 69%—Take better care of my personal health
- 38%—Research treatments myself, before going to the doctor
- 31%—Do more to compare doctors on cost and quality before getting services

However, 27% of respondents chose the response “There is not anything I can do personally to make our health system better,” as one of their top three personal actions.

## GOVERNMENT ACTIONS

But far and away, Wisconsin respondents 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:

- 50%—Healthcare
- 47%—Economy/Joblessness
- 34%—Taxes

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

- 49%—Address high healthcare costs, including prescription drugs
- 38%—Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition
- 35%—Improve Medicare, coverage for seniors and those with serious disabilities
- 31%—Get health insurance to those who cannot afford coverage<sup>3</sup>

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

- 74%—Drug companies charging too much money
- 70%—Hospitals charging too much money
- 64%—Insurance companies charging too much money

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

- 93%—Show what a fair price would be for specific procedures
- 92%—Require drug companies to provide advanced notice of prices increases and information to justify those increases
- 91%—Require insurers to provide up-front cost estimates to consumers
- 91%—Make it easy to switch insurers if a health plan drops your doctor
- 91%—Require hospitals and doctors to provide up-front cost estimates to consumers
- 91%—Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes
- 91%—Cap out-of-pocket costs for life-saving medications, such as insulin

**SUPPORT FOR ACTION ACROSS PARTY LINES**

There is also remarkable support for change regardless of respondents’ political affiliation (see Table 6).

**Table 6**  
**Percent Who Agreed/Strongly Agreed, by Political Affiliation**

SELECTED SURVEY QUESTIONS/STATEMENTS	TOTAL	GENERALLY SPEAKING, DO YOU THINK OF YOURSELF AS...		
		REPUBLICAN	DEMOCRAT	NEITHER
"THE U.S. HEALTHCARE SYSTEM NEEDS TO CHANGE"	70%	66%	76%	67%
THE GOVERNMENT SHOULD SHOW WHAT A FAIR PRICE WOULD BE FOR A SPECIFIC PROCEDURE	93%	93%	97%	89%
THE GOVERNMENT SHOULD REQUIRE DRUG COMPANIES TO PROVIDE ADVANCE NOTICE OF PRICE INCREASES AND INFORMATION TO JUSTIFY THOSE INCREASES.	92%	92%	95%	87%
THE GOVERNMENT SHOULD REQUIRE INSURERS TO PROVIDE UP-FRONT COST ESTIMATES TO CONSUMERS	91%	90%	94%	87%
THE GOVERNMENT SHOULD MAKE IT EASY TO SWITCH INSURERS IF A HEALTH PLAN DROPS YOUR DOCTOR	91%	92%	95%	87%
THE GOVERNMENT SHOULD REQUIRE HOSPITALS AND DOCTORS TO PROVIDE UP-FRONT COST ESTIMATES TO CONSUMERS	91%	91%	94%	88%
AUTHORIZE THE ATTORNEY GENERAL TO TAKE LEGAL ACTION TO PREVENT PRICE GOUGING OR UNFAIR PRESCRIPTION DRUG PRICE HIKES	91%	92%	95%	86%
THE GOVERNMENT SHOULD CAP OUT-OF-POCKET COSTS FOR LIFE-SAVING MEDICATIONS, SUCH AS INSULIN	91%	88%	96%	88%
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. <sup>4</sup>	90%	87%	95%	87%
THE GOVERNMENT SHOULD EXPAND HEALTH INSURANCE OPTIONS SO THAT EVERYONE CAN AFFORD QUALITY COVERAGE	90%	87%	95%	86%
THE GOVERNMENT SHOULD SET STANDARD PRICES FOR DRUGS TO MAKE THEM AFFORDABLE	90%	87%	96%	87%

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

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 or not progress is being made.

### NOTES

1. Of the current 52% of Wisconsin respondents who encountered one or more cost-related barriers to getting healthcare during the prior 12 months, 18% did not fill a prescription, while 17% cut pills in half or skipped doses of medicine due to cost.
2. Median household income in Wisconsin was \$63,293 (2016-2020). U.S. Census, *Quick Facts*. Retrieved from: [U.S. Census Bureau QuickFacts: Wisconsin](#)
3. Two in 3 (66% of) respondents said that they would consider using their tax forms to sign up for health insurance if they or their family needed it. This high level of interest persisted across racial, ethnic and income groups, with the highest levels of interest among respondents of color (70%), Hispanic/Latinx respondents (72%) and those earning between \$75,000 and \$100,000 (75%).
4. This policy strategy has been implemented at the federal level through the 2020 No Surprises Act, but state governments may issue their own policies to bring state statute in line with the federal law. Importantly, unexpected medical bills resulting from ground ambulance services are not addressed by the No Surprises Act.



### 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](http://www.HealthcareValueHub.org) | [@HealthValueHub](https://twitter.com/HealthValueHub)

## Methodology

The Altarum Healthcare Value Hub'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 1,196 respondents who live in Wisconsin. 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 1,113 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	DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
<b>HOUSEHOLD INCOME</b>			<b>GENDER</b>		
Under \$20K	187	17%	WOMAN	717	64%
\$20K - \$30K	135	12%	MAN	368	33%
\$30K - \$40K	117	11%	TRANSWOMAN	1	<1%
\$40K - \$50K	132	12%	TRANSMAN	3	<1%
\$50K - \$60K	137	12%	GENDERQUEER/NONBINARY	15	1%
\$60K - \$75K	122	11%	<b>INSURANCE TYPE</b>		
\$75K - \$100K	122	11%	HEALTH INSURANCE THROUGH EMPLOYER OR FAMILY MEMBER'S EMPLOYER	406	36%
\$100K - \$150K	104	9%	HEALTH INSURANCE I BUY ON MY OWN	87	7%
\$150K+	57	5%	MEDICARE	295	27%
<b>Age</b>			WISCONSIN MEDICAID	232	21%
18-24	216	20%	TRICARE/MILITARY HEALTH SYSTEM	13	1%
25-34	216	20%	DEPARTMENT OF VETERANS AFFAIRS (VA) HEALTH CARE	18	2%
35-44	163	15%	NO COVERAGE OF ANY TYPE	40	4%
45-54	136	12%	I DON'T KNOW	26	2%
55-64	228	21%	<b>RACE/ETHNICITY</b>		
65+	142	13%	AMERICAN INDIAN OR NATIVE ALASKAN	29	3%
<b>HEALTH STATUS</b>			ASIAN	21	2%
EXCELLENT	120	11%	BLACK OR AFRICAN AMERICAN	73	7%
VERY GOOD	368	33%	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	5	<1%
GOOD	385	35%	WHITE	976	88%
FAIR	195	18%	PREFER NOT TO ANSWER	21	2%
POOR	45	4%	TWO OR MORE RACES	23	2%
<b>DISABILITY</b>					
MOBILITY: SERIOUS DIFFICULTY WALKING OR CLIMBING STAIRS	187	17%	HISPANIC OR LATINX - YES	105	9%
COGNITION: SERIOUS DIFFICULTY CONCENTRATING, REMEMBERING OR MAKING DECISIONS	119	11%	HISPANIC OR LATINX - NO	1,008	91%
INDEPENDENT LIVING: SERIOUS DIFFICULTY DOING ERRANDS ALONE, SUCH AS VISITING A DOCTOR'S OFFICE	73	7%	<b>PARTY AFFILIATION</b>		
HEARING: DEAFNESS OR SERIOUS DIFFICULTY HEARING	80	7%	REPUBLICAN	287	26%
VISION: BLINDNESS OR SERIOUS DIFFICULTY SEEING, EVEN WHEN WEARING GLASSES	50	4%	DEMOCRAT	420	38%
SELF-CARE: DIFFICULTY DRESSING OR BATHING	59	5%	NEITHER	406	36%
NO DISABILITY OR LONG-TERM HEALTH CONDITION	757	68%	<b>Geographic Setting</b>		
			Rural	223	20%
			Non-Rural	890	80%

Source: 2022 Poll of Wisconsin 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, except for race/ethnicity data.

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. We do not report any estimates under N=100 and a co-efficient of variance more than 0.30.