



North Carolina Survey Respondents 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 1,400 North Carolina adults, conducted from October 18 to October 23, 2023, found that:

- Nearly seven out of ten (**68%**) North Carolina respondents have experienced one or more health care affordability burdens in the past 12 months. Over four in five (**85%**) worry about affording some aspect of health care now or in the future.
- Respondents of color experienced greater affordability burdens than their white alone, non-Hispanic counterparts: **76%** of respondents of color have experienced one or more health care affordability burdens in the past 12 months, including **79%** of Hispanic/Latino respondents, compared to **64%** of white alone, non-Hispanic 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 (**48%** versus **27%**); delaying or going without care due to cost (**74%** versus **56%**); and going into medical debt, depleting savings or sacrificing basic needs due to medical bills (**62%** versus **35%**).
- Thirty-one percent of respondents of color skipped needed medical care due to distrust of or feeling disrespected by health care providers, compared to **15%** of white alone, non-Hispanic respondents.
- Sixty-one 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 & CONCERNS

RACE

The intersection of racial disparities in health care and affordability issues impact access to care and may contribute to financial burdens for communities of color, particularly Black and Hispanic/Latino communities.^{1,2} In North Carolina, respondents of color reported higher rates of affordability burdens than white alone, non-Hispanic/Latino 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 select types of care compared to white, non-Hispanic respondents in all but two categories. For example, Hispanic/Latino respondents most frequently reported challenges accessing mental health care and addiction treatment, as well as avoiding going to the doctor or getting a procedure done due to cost (see Figure 1).³

Table 1

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

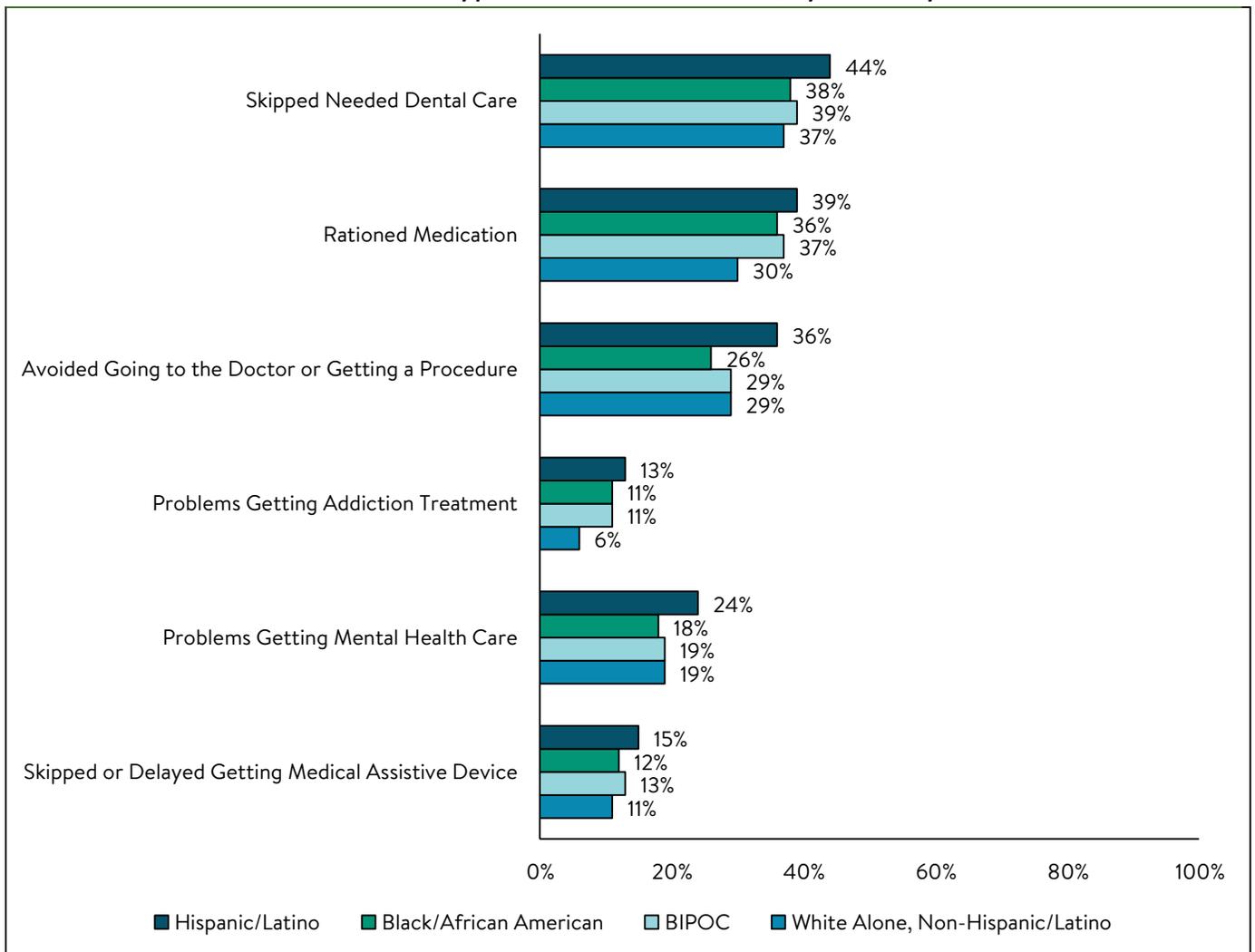
	White Alone, Non-Hispanic/Latino	BIPOC*	Black/African American	Hispanic/Latino, all races
Any Health Care Affordability Burden	64%	76%	73%	79%
Any Health Care Affordability Worry	83%	88%	87%	89%
Rationed Medication Due to Cost	30%	37%	36%	39%
Delayed/Went Without Care Due to Cost	59%	65%	62%	70%
Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills	38%	52%	51%	58%

Source: 2023 Poll of North Carolina 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. The quantity of responses for individual groups not shown above were insufficient to report reliable estimates. We regret that we were not able to provide reliable estimates for each individual group to better represent the diverse communities of North Carolina.

Figure 1

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



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

INCOME

The survey also revealed differences in how North Carolina respondents experience health care affordability burdens by income. Unsurprisingly, respondents at the lowest end of the income spectrum most frequently reported affordability burdens, with over three-fourths (**76%**) of those with household incomes 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 all income groups. Likewise, at least **85%** of respondents in each income group reported being worried about affording health care either now or in the future.

Additionally, two-fifths (**41%**) 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- and middle-income respondents also most frequently reported financial consequences after receiving health care services—**53%** of respondents who earned less than \$50,000 per year and **47%** of respondents who earned between \$50,000 and \$75,000 a year either went into medical debt, depleted their savings, or sacrificed other basic needs (like food, heat, or housing) due to medical bills.

Table 2

Percent Who Experienced Health Care Affordability Burdens, by Income Group

	Less than \$50,000	\$50,000 - \$75,000	\$75,000 - \$100,000	More than \$100,000
Any Health Care Affordability Burden	76%	71%	68%	56%
Any Health Care Affordability Worry	88%	85%	83%	82%
Rationed Medication Due to Cost	41%	35%	31%	20%
Delayed/Went Without Care Due to Cost	67%	64%	61%	51%
Incurred Medical Debt, Depleted Savings, and/or Sacrificed Basic Needs due to Medical Bills	53%	47%	39%	27%

Source: 2023 Poll of North Carolina 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 North Carolina 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 respondents also more frequently reported worrying about future health care affordability in general (**89%** versus **84%**) and losing health insurance specifically (**46%** versus **25%**).

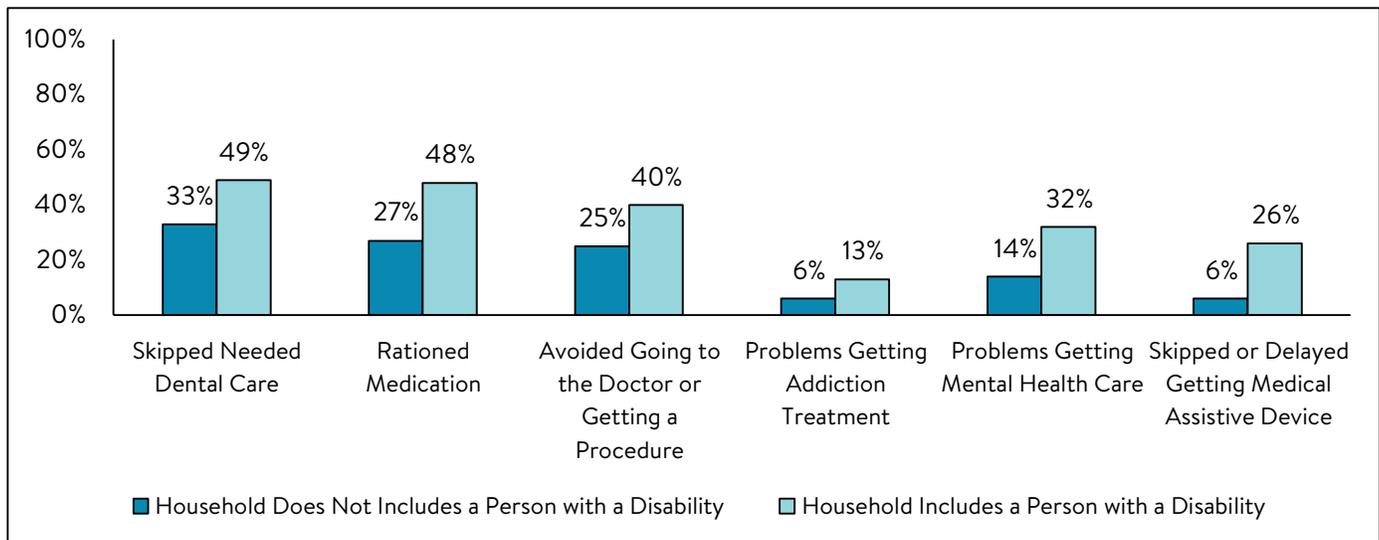
Those with disabilities also face health care affordability burdens unique to their disabilities—**26%** of respondents reporting a disability in their household delayed getting a medical assistive device such as a wheelchair, cane/walker, hearing aid or prosthetic limb due to cost. Just **6%** of respondents 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, **32%** 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 Health Care Affordability Burdens, by Disability Status

	Household Does Not Include a Person with a Disability	Household Includes a Person with a Disability
Any Health Care Affordability Burden	63%	82%
Any Health Care Affordability Worry	84%	89%
Rationed Medication Due to Cost	27%	48%
Delayed/Went Without Care Due to Cost	56%	74%
Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills	35%	62%

Source: 2023 Poll of North Carolina 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 North Carolina 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 reported higher rates of experiencing at least one affordability burden in the past year than those identifying as men (73% versus 63%) (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 (87% versus 83%).

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—24 (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.

Table 4
Percent Who Experienced Health Care Affordability Burdens, by Gender Identity

	Men	Women
Any Health Care Affordability Burden	63%	73%
Any Health Care Affordability Worry	83%	87%
Rationed Medication Due to Cost	29%	36%
Delayed/Went Without Care Due to Cost	54%	67%
Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs Due to Medical Bills	41%	45%

Source: 2023 Poll of North Carolina 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 North Carolina, just over 3 in 10 (31% 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, almost half of these respondents cited their income or financial status (48%), followed by race (27%), disability (24%), ethnic background (20%), and gender/gender identity (17%). In lesser numbers, respondents cited experience with violence or abuse (7%) 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 respondents and respondents without a disabled household member (see Table 5). They also more frequently went without medical care due to that distrust and/or disrespect.

Overall, 21% of respondents of color reported going without needed medical care due to distrust of or feeling disrespected by health care providers, including 32% of Hispanic/Latino respondents, compared to only 15% of white, non-Hispanic respondents. Additionally, 35% of respondents who have or are living with a person with a disability went without care due to distrust or disrespect, compared to 15% of those without a household member with a disability.

Respondents with North Carolina Medicaid coverage reported the highest rates of distrusting or feeling disrespected by a health care provider compared to respondents with other insurance types. In addition, respondents earning less than \$50,000 most frequently reported distrust/disrespect and going without care due to distrust/disrespect, although middle- and high-income earners also reported this issue.

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%	21%
Race/Ethnicity		
BIPOC*	55%	31%
Black/African American	53%	31%
Hispanic/Latino, Any Race	59%	32%
White Alone, Non-Hispanic/Latino	35%	15%
Disability Status		
Household Includes a Person with at Least One Disability	58%	35%
Household Does Not Include a Person with at Least One Disability	36%	15%
Insurance Type		
Health insurance through my employer or a family members employer	39%	16%
Health insurance that I buy on my own (not through my employer)	52%	27%
Medicare, coverage for seniors and those with serious disabilities	24%	9%
North Carolina Medicaid, coverage for low-income people	67%	44%
Income		
Less than \$50,000	54%	30%
\$50,000 - \$75,000	42%	16%
\$75,000 - \$100,000	33%	13%
More than \$100,000	31%	12%

Source: 2023 Poll of North Carolina 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. We regret that sample sizes were not large enough to report data for the independent categories of Black/African American, Native American or Alaskan Native, Asian, and Native Hawaiian or Other Pacific Islander.

INDIVIDUAL & SYSTEMIC RACISM

Respondents perceived that both individual *and* systemic racism exist in the U.S. health care system. Sixty-one 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 10 (10%) cited the actions and beliefs of individual health care providers; and
- Over 2 out of 5 (46%) believe it is an equal mixture of both.

DISATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

Given this information, it is not surprising that **75%** of North Carolina 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 North Carolina residents want their policymakers to pursue, see: *North Carolina Residents Struggle to Afford High Healthcare Costs; Worry about Affording Healthcare in the Future; Support Government Action across Party Lines*, Healthcare Value Hub (December 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 <1% 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=6bfab1a26b71>

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 health care 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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HEALTHCARE VALUE HUB

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 October 18 to October 23, 2023, used a web panel from online survey company Dynata with a demographically balanced sample of approximately 1,500 respondents who live in North Carolina. 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 1,455 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	Demographic Characteristic	Frequency	Percentage
Gender			Household Income		
Woman	889	61%	Under \$20K	274	19%
Man	530	36%	\$20K-\$29K	163	11%
Transwoman	2	<1%	\$30K - \$39K	189	13%
Transman	8	1%	\$40K - \$49K	144	10%
Genderqueer/Nonbinary	9	1%	\$50K - \$59K	175	12%
Insurance Type			\$60K - \$74K	125	9%
Health insurance through employer or family member’s employer	492	34%	\$75K - \$99K	172	12%
Health insurance I buy on my own	157	11%	\$100K - \$149K	139	10%
Medicare, coverage for seniors and those with serious disabilities	348	24%	\$150K+	74	5%
Medicaid, coverage for low-income earners	232	16%	Self-Reported Health Status		
TRICARE/Military Health System coverage	34	2%	Excellent	154	11%
Department of Veterans Affairs (VA) Healthcare	28	2%	Very Good	437	30%
No coverage of any type	126	9%	Good	547	38%
I don’t know	38	3%	Fair	251	17%
Race			Poor	66	5%
American Indian or Native Alaskan	54	4%	Disability		
Asian	23	2%	Mobility: Serious difficulty walking or climbing stairs	261	18%
Black or African American	303	21%	Cognition: Serious difficulty concentrating, remembering or making decisions	142	10%
Native Hawaiian or Other Pacific Islander	7	<1%	Independent Living: Serious difficulty doing errands alone, such as visiting a doctor’s office	112	8%
White	1,063	73%	Hearing: Deafness or serious difficulty hearing	96	7%
Prefer Not to Answer	30	2%	Vision: Blindness or serious difficulty seeing, even when wearing glasses	89	6%
Two or More Races	38	3%	Self-Care: Difficulty dressing or bathing	70	5%
Ethnicity			No disability or long-term health condition	992	68%
Hispanic or Latino	119	8%	Party Affiliation		
Non-Hispanic or Latino	1,336	92%	Republican	446	31%
Age			Democrat	443	30%
18-24	264	18%	Neither	566	39%
25-34	273	19%	<i>Source: 2023 Poll of North Carolina Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey</i>		
35-44	238	16%			
45-54	249	17%			
55-64	227	16%			
65+	194	13%			

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.