HEALTHCARE VALUE HUB

DATA BRIEF | AUGUST 2024

New Mexico 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 New Mexico adults, conducted from June 6 to July 8, 2024, found that:

- 3 in 4 (**75%**) experienced at least one health care affordability burden in the past year;
- Over 4 in 5 (**82%**) worry about affording health care in the future;
- Respondents living in households with a person with a disability more frequently reported rationing medication due to cost (**45%** versus **24%**); delaying or going without care due to cost (**85%** versus **66%**); and experiencing a cost burden due to medical bills (**58%** versus **35%**).
- Respondents of color more frequently reported experiencing one or more health care affordability burdens in the past year compared to white respondents;
- Thirty percent of respondents of color skipped needed medical care due to distrust of or feeling disrespected by health care providers, as was the same for white alone, non-Hispanic respondents; and
- Sixty-three 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 AND ETHNICITY

Health disparities and a lack of affordable care negatively impact many communities of color, particularly Black, Hispanic and Latino communities.[1,2] New Mexico respondents of color reported higher rates of many affordability burdens when compared to white alone, non-Hispanic/Latino respondents, including cost burdens due to medical bills (see Table 1).[3]

Respondents of color also more frequently reported difficulty attaining select types of care compared to white, non-Hispanic respondents. For example, Hispanic/Latino respondents more frequently reported challenges accessing mental health care and addiction treatment, as well as avoiding going to the doctor or getting a procedure done to cost (see Figure 1).

A small share of respondents also reported barriers to care that were unique to their ethnic or cultural backgrounds. Forty-four (**3%** of) respondents reported not getting needed medical care because they couldn't find a doctor of the same race, ethnicity or cultural background as them and thirty (**2%** of) respondents reported not getting needed care because they couldn't find a doctor who spoke their language.

Table 1

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

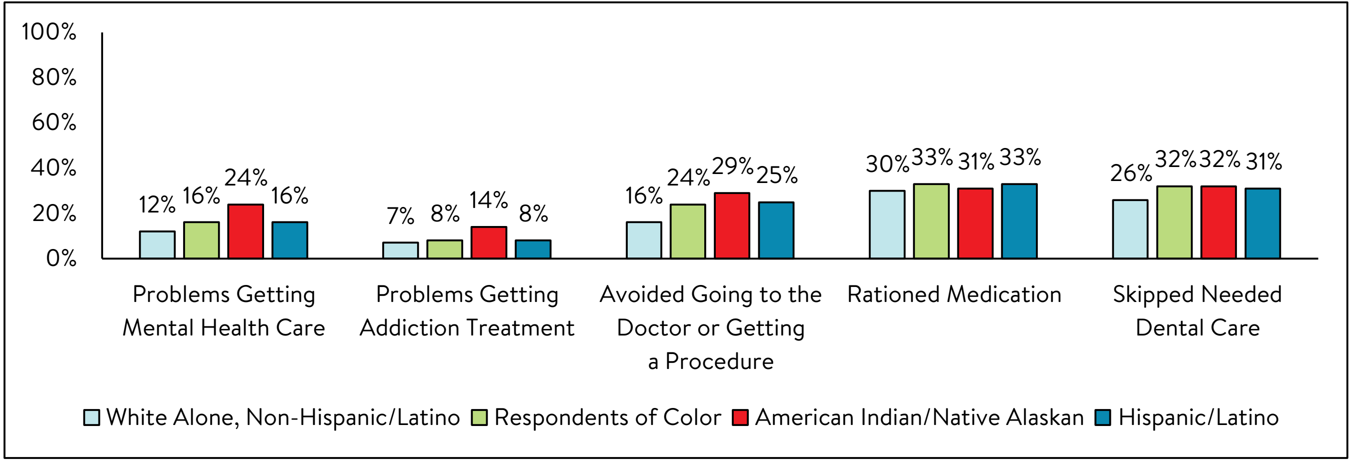
	White Alone, Non-Hispanic/Latino	Respondents of Color*	American Indian/Native Alaskan	Hispanic/ Latino, all races
Any Health Care Affordability Burden	73%	77%	91%	76%
Any Health Care Affordability Worry	80%	83%	74%	83%
Rationed Medication Due to Cost	30%	33%	31%	33%
Delayed or Went Without Care Due to Cost	71%	75%	86%	73%
Experienced a Cost Burden due to Medical Bills	41%	45%	43%	45%

Source: 2024 Poll of New Mexico Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

*The Respondents of Color category includes respondents who are: Black or African American, Hispanic or Latino, American Indian or Native Alaskan, Asian, Native Hawaiian or another Pacific Islander. 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 New Mexico.

Figure 1

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



Source: 2024 Poll of New Mexico Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

INCOME AND EDUCATION

The survey also highlighted differences in health care affordability burdens between different income and educational levels. Respondents living in households earning below $75,000 per year most frequently reported experiencing an affordability burden, with **82%** struggling to afford health care in the past twelve months (see Table 2). Additionally, **37%** of respondents with an annual household income of $50,000 or less reported not filling a prescription, skipping doses, or cutting pills in half due to cost.

These respondents also more frequently reported experiencing a cost burden due to medical bills, such as incurring medical debt, depleting savings or sacrificing basic needs like food, heat, or housing compared to those earning $100,000 or more annually (**46%** versus **36%**). Still, over half of respondents living in higher income households also faced affordability issues, indicating that these burdens affect all income groups. At least **82%** of respondents across all income levels expressed concern about affording health care now or in the future.

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	82%	82%	75%	61%
Any Health Care Affordability Worry	85%	87%	86%	71%
Rationed Medication Due to Cost	37%	30%	32%	25%
Delayed or Went Without Care Due to Cost	79%	81%	73%	60%
Experienced a Cost Burden due to Medical Bills	46%	53%	39%	36%

Source: 2024 Poll of New Mexico Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Similarly, New Mexico respondents with a Bachelor's or graduate degree reported experiencing a health care affordability burden less frequently than respondents with lower educational attainment. In contrast, respondents who did not pursue additional education beyond a high school diploma or GED reported experiencing a health care affordability burden (86%), rationing medication due to cost (39%) and delaying or forgoing care due to cost (85%) more frequently than other respondents (see Table 3).

The relationship between education and income is well established, however higher education is also associated with better health outcomes, lower morbidity and greater health care affordability.[4] This disparity is influenced by various mediators such as economic status and the likelihood of being employed in a position which offers employee benefits including paid time off, sick leave and health insurance, which are associated with greater utilization of preventive health care.[5]

Table 3
Percent Who Experienced Health Care Affordability Burdens, by Education Level

	High School Diploma or GED	Some College, Training, or Certificate Program	Associate Degree	Bachelor's Degree	Graduate School
Any Health Care Affordability Burden	86%	75%	83%	80%	58%
Any Health Care Affordability Worry	83%	80%	84%	84%	79%
Rationed Medication Due to Cost	39%	31%	38%	35%	20%
Delayed or Went Without Care Due to Cost	85%	71%	81%	77%	58%
Experienced a Cost Burden Due to Medical Bills	49%	40%	51%	51%	32%

Source: 2024 Poll of New Mexico Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
*Respondents who reported completing some high school, graduating from high school or receiving a GED are represented in the "High School Diploma or GED" row; respondents who reported that they attended some or completed a graduate degree program are represented in the "Graduate School" row.

DISABILITY STATUS

People with disabilities interact with the health care system more often than those without disabilities, which frequently results in greater out-of-pocket costs.[6] Additionally, individuals who receive disability benefits face unique coverage challenges that impact their ability to afford care, such as losing coverage if their income or assets exceed certain limits (e.g., after marriage).[7]

In New Mexico, respondents with disabilities or who live with someone with a disability reported more affordability burdens compared to others (see Table 4). These respondents also worried more about health care affordability in general compared to respondents without a disability or who do not live with a person with a disability (**88%** versus **78%**) and losing health insurance compared to respondents without a disability or who do not live with a person with a disability (**46%** versus **33%**).

Table 4

Percent Who Experienced Health Care Affordability Burdens, by Disability Status

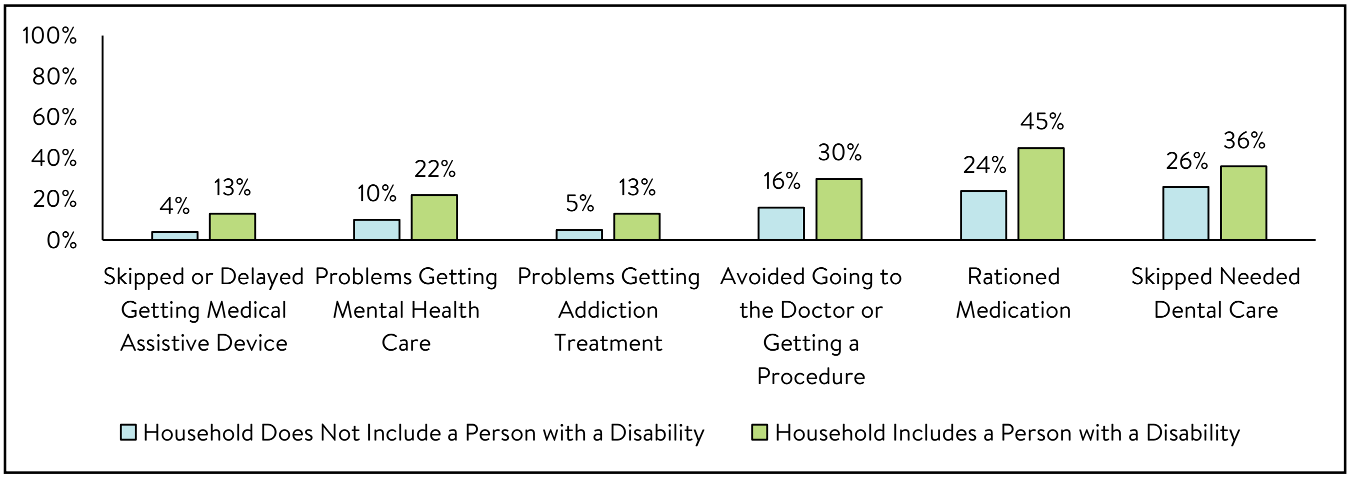
	Household Includes a Person with a Disability	Household Does Not Include a Person with a Disability
Any Health Care Affordability Burden	87%	69%
Any Health Care Affordability Worry	88%	78%
Rationed Medication Due to Cost	45%	24%
Delayed or Went Without Care Due to Cost	85%	66%
Experienced a Cost Burden due to Medical Bills	58%	35%

Source: 2024 Poll of New Mexico Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Individuals with disabilities also face unique health care affordability burdens compared to nondisabled individuals. Thirteen percent (**13%**) of respondents with 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, compared to only **4%** of respondents without a disability who may have required one of these tools for temporary support (see Figure 2). Additionally, **22%** of respondents with a disability in their household reported problems accessing mental health care, compared to **10%** of those without a disability.

Figure 2

Percent who Went Without Select Types of Care Due to Cost, by Disability Status



Source: 2024 Poll of New Mexico Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

GENDER AND SEXUAL ORIENTATION

The survey revealed notable differences in health care affordability burdens and concerns based on gender and sexual orientation. Women reported higher rates of experiencing at least one affordability burden in the past year compared to men (**78%** versus **73%**) (see Table 5). They also more frequently reported delaying or forgoing care due to cost and reported higher rates of rationing medications by not filling prescriptions, skipping doses, or cutting pills in half. Although many respondents regardless of gender expressed concern about health care costs, a higher percentage of women worried about affording some aspect of coverage or care compared to men (**89%** versus **75%**).

Table 5
Percent Who Experienced Health Care Affordability Burdens, by Gender Identity

	Women	Men
Any Health Care Affordability Burden	78%	73%
Any Health Care Affordability Worry	89%	75%
Rationed Medication Due to Cost	32%	31%
Delayed/Went Without Care Due to Cost	76%	71%
Experienced a Cost Burden due to Medical Bills	39%	48%

Source: 2024 Poll of New Mexico Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

The survey also revealed that LGBTQIA+ respondents more frequently experienced affordability burdens, with **32%** reporting rationing medication due to cost compared to **30%** of other respondents (see Table 6). Members of the LGBTQIA2S+ community may encounter unique challenges accessing health care and medications, including limited insurance coverage and discrimination within the health care system.[8,9] State and federal policies, particularly regarding gender-affirming treatments, can further hinder access or limit coverage, exacerbating financial strain and health disparities.[10] Unfortunately, due to the small sample size, this survey could not produce reliable estimates exclusively for transgender, genderqueer or nonbinary respondents.

Table 6
Percent Who Experienced Health Care Affordability Burdens, by LGBTQIA2S+ Status

	LGBTQIA2S+*	Not LGBTQIA2S+
Any Health Care Affordability Burden	87%	73%
Any Health Care Affordability Worry	84%	81%
Rationed Medication Due to Cost	30%	32%
Delayed/Went Without Care Due to Cost	85%	71%
Experienced a Cost Burden due to Medical Bills	45%	43%

Source: 2024 Poll of New Mexico Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

*Respondents were asked if they are a member of the LGBTQIA2S+ community, including lesbian, gay, bisexual, transgender/nonbinary/gender expansive, queer and/or questioning, intersex, asexual, and Two-Spirit respondents, and any people who identify as part of a sexuality, gender or sex diverse community but who do not identify with one of those specific identities.

DISTRUST AND MISTRUST IN THE HEALTH SYSTEM

Whether a patient trusts or feels respected by their health care provider may influence their willingness to seek necessary care. In New Mexico, one-third (**33%**) of respondents reported feeling that their health care providers never, rarely or only sometimes treat them with respect. When asked *why* they felt that health care providers did not treat them with respect, respondents most frequently cited income or financial status (**52%**), disability (**35%**), race (**26%**), ethnic background (**25%**), gender or gender identity (**19%**), and educational attainment (**15%**). In lesser numbers, some respondents also cited sexual orientation (**9%**), experience with violence or abuse (**8%**) and religion (**8%**) as the primary reason.

When asked to describe *how* their identities or circumstances have impacted their ability to get affordable health care, many respondents offered examples of how they perceived their race, income, insurance status, gender and ethnicity to impact their health care.

Table 7

Select Responses to: "Over the last 12 months, how have your identities and/or circumstances impacted your ability to get affordable health care?"

- "As a women, reproductive healthcare is almost nonexistent. And existing ones are not accommodating. Skipped several Pap smears due to this."
- "Anyone needing pain medication is frowned upon and treated like an addict."
- "Because of a lack of money, there has been a lack of proper health care. The bare minimum is what the poor are allotted."
- "Being extremely low income, and having no transportation at times, it's been impossible to even get to a doctor."
- "Being low class means you only get health care when you're dying."
- "Disability made finding accessible facilities a challenge."
- "Due to my son's paralysis from a gun shot wound. He has been abused by staff in some of the hospitals he's been in. Been treated unfairly. We have very little trust in doctor's or hospital staff."
- "Have been treated like I was only trying to obtain prescription medications instead of actually being in need of care, or that I caused my own medical issues thru my lifestyle so I wasn't deserving of care."
- "I always feel like I have to convince them."
- "I am Caucasian and feel I get preferential treatment."
- "I am Native American, I felt like the provider was rude in regards to my health issues, he was rude and over talked on my behalf."
- "My adult son (living with me) was in a car accident that led to many ER visits. My son was 19, transgender, and was often treated as a child. The same tests were done over and over, referrals were "made" but appointments never happened. Lack of respect throughout."

Source: 2024 Poll of New Mexico Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

The survey also revealed differences in the frequency of respondents who reported forgoing care because they distrusted or felt disrespected by their health care provider by coverage type, income, educational attainment, gender identity, orientation, disability, race and ethnicity. For instance, **33%** of respondents enrolled in the New Mexico Medicaid program, reported going without care due to distrust or perceived disrespect, compared to only **16%** of individuals with employer-sponsored insurance (see Table 8).

INDIVIDUAL & SYSTEMIC RACISM

Respondents believe that both individual *and* systemic racism exist in the U.S. health care system. Sixty-three percent reported that they believe that people are treated unfairly by the health care system due to their race or ethnicity either somewhat or very often. When asked what they think causes health care systems to treat people unfairly, respondents most frequently responded with the following:

- 1 in 6 (**17%**) cited policies and practices built into the health care system;
- Nearly 1 in 5 (**19%**) cited the actions and beliefs of individual health care providers; and
- Nearly half (**44%**) 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 **79%** of New Mexico respondents agree or strongly agree that the U.S. health care system needs to change. Recognizing 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 New Mexico residents want their policymakers to pursue, see: *New Mexico 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, Data Brief (August 2024).

ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from Robert Wood Johnson and 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 health care.

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Table 8

Percent who Distrusted/Felt Disrespected by a Health Care Provider in the Last Year, by Race, Ethnicity, Disability Status, Insurance Type, Income Group, Education Level, and Gender/Sexual Orientation

	Distrusted or Felt Disrespected by a Health Care Provider	Went Without Care Due to Distrust or Disrespect
All Respondents	51%	30%
Race/Ethnicity		
Respondents of Color	54%	30%
American Indian/Native Alaskan	65%	33%
Hispanic/Latino, Any Race	54%	30%
White, Alone, Non-Hispanic/Latino	48%	30%
Disability Status		
Household does not include a person with a disability	41%	20%
Household includes a person with a disability	69%	47%
Insurance Type		
Health insurance through my or a family members employer	48%	28%
Health insurance I buy on my own	60%	36%
Medicare, coverage for seniors and those with disabilities	37%	22%
Centennial Care, New Mexico Medicaid	67%	40%
Income Group		
Less than $50,000	56%	30%
$50,000 - $75,000	58%	32%
$75,000 - $100,000	51%	31%
More than $100,000	39%	29%
Education Level		
High School Diploma/GED	57%	28%
Some College, Training, or Certificate Program	48%	29%
Associate's Degree	60%	40%
Bachelor's Degree	56%	35%
Graduate School	40%	23%
Gender/Sexual Orientation		
Female	52%	29%
Male	51%	31%
LGBTQIA2S+	59%	37%
Non-LGBTQIA2S+	50%	29%

Source: 2024 Poll of New Mexico Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

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. Survey participants were asked whether they have experienced any of the following due to the cost of medical bills in the past twelve months: use up all or most of their savings; sacrifice basic necessities, such as food, heat, or housing; borrow money, get a loan or take out another mortgage; use a crowdfunding platform to solicit donations; interact with a collections agency; go into credit card debt; be placed on a long-term payment plan; or declare bankruptcy.
4. Raghupathi, V., Raghupathi, W., "The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015," Arch Public Health 78, 20 (2020), https://doi.org/10.1186/s13690-020-00402-5
5. Suhang S., et al., "Exploring the association of paid sick leave with healthcare utilization and health outcomes in the United States: a rapid evidence review," Global Health Journal, 7, 1 (2023), https://doi.org/10.1016/j.glohj.2023.01.002
6. 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/
7. As of 2024, most people with disabilities risk losing their benefits if they earn more than $1,550 a 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
8. Bosworth, Arielle, et al., *Health Insurance Coverage and Access to Care for LGBTQ+ Individuals: Current Trends and Key Challenges*, ASPE Office of Health Policy (July 2021), https://www.aspe.hhs.gov/sites/default/files/2021-07/lgbt-health-ib.pdf
9. Casanova-Perez R, Apodaca C, Bascom E, et al, "Broken down by bias: Healthcare biases experienced by BIPOC and LGBTQ+ patients," AMIA Annu Symp Proc. 2022;2021:275-284, Published 2022 Feb 21. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8861755/
10. Baker K., Restar A., "Utilization and Costs of Gender-Affirming Care in a Commercially Insured Transgender Population," J Law Med Ethics, 2022;50(3):456-470. https://pubmed.ncbi.nlm.nih.gov/36398652/

METHODOLOGY

Altarum's Consumer Healthcare Experience State Survey (CHESS) is designed to elicit respondents' 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 June 6 to July 8, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in New Mexico. 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 1,433 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/Orientation		
Woman	745	52%
Man	653	46%
Transwoman	6	<1%
Transman	1	<1%
Genderqueer/Nonbinary	16	1%
LGBTQ+ Community	200	14%
Insurance Type		
Health insurance through my or a family member's employer	403	28%
Health insurance I buy on my own	140	10%
Medicare, coverage for seniors and those with serious disabilities	396	28%
New Mexico Medicaid	373	26%
TRICARE/Military Health System	24	2%
Department of Veterans Affairs	20	1%
No coverage of any type	54	4%
I don't know	23	2%
Race		
American Indian/Native Alaskan	109	8%
Asian	27	2%
Black or African American	93	6%
Native Hawaiian/Other Pacific Islander	13	1%
White	1,015	71%
Prefer Not to Answer	15	1%
Two or More Races	160	11%
Ethnicity		
Hispanic or Latino	322	22%
Non-Hispanic or Latino	1,111	78%
Age		
18-24	241	17%
25-34	408	29%
35-44	242	17%
45-54	156	11%
55-64	200	14%
65+	172	12%
Party Affiliation		
Republican	393	27%
Democrat	529	37%
Neither	511	36%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under $20K	257	18%
$20K-$29K	169	12%
$30K - $39K	130	9%
$40K - $49K	106	7%
$50K - $59K	121	8%
$60K - $74K	100	7%
$75K - $99K	186	13%
$100K - $149K	265	18%
$150K+	99	7%
Education Level		
Some high school	51	4%
High school diploma/GED	270	19%
Some college or training/certificate program	341	24%
Associate degree	153	11%
Bachelor's degree	323	23%
Some graduate school	73	5%
Graduate degree	222	15%
Self-Reported Health Status		
Excellent	227	16%
Very Good	453	32%
Good	461	32%
Fair	239	17%
Poor	53	4%
Disability		
Mobility	236	16%
Cognition	180	13%
Independent Living	189	13%
Hearing	109	8%
Vision	107	7%
Self-Care: Difficulty dressing or bathing	84	6%
No disability or long-term health condition	892	62%

Source: 2024 Poll of New Mexico Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

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.