



## Michigan Residents Struggle to Afford High Healthcare Costs in Both Rural and Non-Rural Areas

A survey of over 920 Michigan adults, conducted from October 20, 2021 to December 16, 2021, found that people living in non-rural areas of Michigan experience slightly greater healthcare affordability burdens than people living in rural areas of the state. Roughly 6 in 10 (58%) non-rural adults experienced one or more of the following healthcare affordability burdens in the prior 12 months, compared to 5 in 10 (54%) rural adults.

### DELAYING OR FORGOING HEALTHCARE DUE TO COST

Nearly half (46%) of rural Michigan adults encountered one or more *cost-related* barriers to getting healthcare during the prior 12 months, compared to a slightly higher 52% of non-rural Michigan adults. The percentage of people who delayed or skipped needed care varied by service type (see Table 1). Geographic differences in rationing care were highest for mental healthcare and/or addiction treatment and prescription drugs, with non-rural residents more likely than rural residents to report delaying or forgoing these forms of care due to cost.

**Table 1**  
Percent Delayed or Went Without Healthcare Due to Cost, by Rurality

	RURAL RESIDENTS	NON-RURAL RESIDENTS
SKIPPED NEEDED DENTAL CARE	31%	31%
SKIPPED A RECOMMENDED MEDICAL TEST OR TREATMENT	28%	31%
DELAYED GOING TO THE DOCTOR OR HAVING A PROCEDURE DONE	27%	26%
AVOIDED GOING TO THE DOCTOR OR HAVING A PROCEDURE DONE ALTOGETHER	22%	22%
HAD PROBLEMS GETTING MENTAL HEALTHCARE AND/OR ADDICTION TREATMENT	20%	25%
DID NOT FILL A PRESCRIPTION	15%	19%
CUT PILLS IN HALF OR SKIPPED DOSES OF MEDICINE	19%	20%

Source: 2021 Poll of Michigan Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Additionally, non-rural residents more frequently cited cost as a primary reason for not getting medical care (22% of non-rural residents versus 17% of rural residents), while rural residents were more likely to report difficulty getting an appointment as a major barrier to care (20% of rural residents versus 17% of non-rural residents). Cost and difficulty getting an appointment exceeded a host of other barriers like transportation and lack of childcare for both rural and non-rural Michigan adults.

## STRUGGLING TO PAY MEDICAL BILLS

Other times, Michigan adults got the care they needed but struggled to pay the resulting bill. One-third (32%) of rural Michigan adults experienced one or more of the following struggles to pay their medical bills in the prior 12 months, compared to 34% of non-rural Michigan adults (see Table 2).

**Table 2**  
**Percent Struggled to Pay Medical Bills, by Rurality**

	RURAL RESIDENTS	NON-RURAL RESIDENTS
USED UP ALL OR MOST OF THEIR SAVINGS	12%	15%
CONTACTED BY A COLLECTION AGENCY	10%	11%
RACKED UP LARGE AMOUNTS OF CREDIT CARD DEBT	10%	7%
BORROWED MONEY, GOT A LOAN OR ANOTHER MORTGAGE ON THEIR HOME	8%	9%
WERE UNABLE TO PAY FOR BASIC NECESSITIES LIKE FOOD, HEAT OR HOUSING	9%	9%
WERE PLACED ON A LONG-TERM PAYMENT PLAN	9%	6%

Source: 2021 Poll of Michigan Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

## HIGH LEVELS OF WORRY ABOUT AFFORDING HEALTHCARE IN THE FUTURE

Large shares of both rural and non-rural residents reported worrying about affording healthcare in the future. A slightly higher percentage of rural residents (80%) reported being “worried” or “very worried” about one or more of the following topics, while 77% of non-rural residents reported being “worried” or “very worried” (see Table 3).

Rural residents were more likely than non-rural residents to worry about healthcare becoming too expensive, while non-rural residents were more likely to worry about the cost of dental care and prescription drugs. Worry about affording nursing home and home care services, the cost of a serious illness or accident, costs when elderly and losing health insurance did not vary by geographic setting.

**Table 3**  
**Percent Worried or Very Worried, by Rurality**

	RURAL RESIDENTS	NON-RURAL RESIDENTS
HEALTH INSURANCE BECOMING TOO EXPENSIVE	69%	64%
AFFORDING NURSING HOME AND HOME CARE SERVICES	63%	63%
COSTS WHEN ELDERLY	61%	61%
COST OF A SERIOUS ILLNESS OR ACCIDENT	60%	60%
COST OF NEEDED DENTAL CARE	48%	52%
PRESCRIPTION DRUG COSTS	48%	54%
LOSING HEALTH INSURANCE	40%	40%

Source: 2021 Poll of Michigan 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 these healthcare affordability concerns, it is not surprising that both rural and non-rural Michigan adults reported being dissatisfied with the health system. Just 32% of rural and 41% of non-rural residents agreed or strongly agreed that “we have a great healthcare system in the U.S.,” while 76% of rural and 75% of non-rural residents agreed or strongly agreed that “the system needs to change.” There are also high levels of support for various government-led policy solutions, regardless of geographic location and political affiliation (see Table 4).

Michigan adults also see a role for themselves in addressing healthcare affordability problems. Both rural and non-rural residents reported actions they have already taken, like researching the cost of a drug beforehand (49% of rural residents and 58% of non-rural residents), as well as actions they should be taking. **Sixty-five percent** of rural adults and **66%** of non-rural adults believe that taking better care of their personal health is one of the top things they can do personally to address affordability. Additionally, many said they would switch from a brand name to an equivalent generic drug if given a chance (78% of rural residents and 72% of non-rural residents).

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 healthcare costs a top priority. Moreover, the current COVID crisis is leading 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, such as this one, can help assess whether or not progress is being made.

**Table 4**

### Percent Who Agreed/Strongly Agreed, by Rurality and Political Affiliation

SELECTED SURVEY STATEMENTS/QUESTIONS	RURAL RESIDENTS				NON-RURAL RESIDENTS			
	TOTAL	REPUBLICAN	DEMOCRAT	NEITHER	TOTAL	REPUBLICAN	DEMOCRAT	NEITHER
THE GOVERNMENT SHOULD REQUIRE DRUG COMPANIES TO PROVIDE ADVANCED NOTICE OF PRICE INCREASES AND INFORMATION TO JUSTIFY THOSE INCREASES.	93%	95%	92%	90%	94%	89%	97%	94%
THE GOVERNMENT SHOULD SHOW WHAT A FAIR PRICE WOULD BE FOR SPECIFIC PROCEDURES	93%	93%	90%	97%	92%	92%	95%	89%
THE GOVERNMENT SHOULD MAKE IT EASY TO SWITCH INSURERS IF A HEALTH PLAN DROPS YOUR DOCTOR	91%	91%	86%	96%	94%	93%	96%	92%
THE GOVERNMENT SHOULD REQUIRE INSURERS TO PROVIDE UP-FRONT COST ESTIMATES FOR CONSUMERS	91%	88%	88%	97%	93%	93%	96%	89%
THE GOVERNMENT SHOULD REQUIRE HOSPITALS AND DOCTORS TO PROVIDE UP-FRONT COST ESTIMATES FOR CONSUMERS.	90%	86%	87%	97%	92%	92%	93%	90%

Source: 2021 Poll of Michigan Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

## 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 views on fixes that might be needed.

The survey used a web panel from Dynata with a demographically balanced sample of approximately 1,000 respondents who live in Michigan. 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 926 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
<b>HOUSEHOLD INCOME</b>		
Under \$20K	98	11%
\$20K - \$30K	77	8%
\$30K - \$40K	76	8%
\$40K - \$50K	91	10%
\$50K - \$60K	75	8%
\$60K - \$75K	101	11%
\$75K - \$100K	126	14%
\$100K - \$150K	187	20%
\$150K+	95	10%
<b>PARTY AFFILIATION</b>		
REPUBLICAN	271	29%
DEMOCRAT	380	41%
NEITHER	275	30%
<b>AGE</b>		
18-24	59	6%
25-34	168	18%
35-44	127	14%
45-54	98	11%
55-64	205	22%
65+	256	28%
<b>HEALTH STATUS</b>		
EXCELLENT	168	18%
VERY GOOD	331	36%
GOOD	294	32%
FAIR	97	10%
POOR	36	4%

DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
<b>GENDER</b>		
MALE	402	43%
FEMALE	524	57%
<b>INSURANCE STATUS</b>		
HEALTH INSURANCE THROUGH EMPLOYER OR FAMILY MEMBER’S EMPLOYER	328	35%
HEALTH INSURANCE I BUY ON MY OWN	91	10%
MEDICARE	341	37%
MEDICAID (HEALTHY MICHIGAN)	110	12%
TRICARE/MILITARY HEALTH SYSTEM	9	1%
DEPARTMENT OF VETERANS AFFAIRS (VA) HEALTH CARE	8	1%
NO COVERAGE OF ANY TYPE	20	2%
I DON’T KNOW	19	2%
<b>RACE/ETHNICITY</b>		
AMERICAN INDIAN OR NATIVE ALASKAN	23	2%
ASIAN	21	2%
BLACK OR AFRICAN AMERICAN	63	7%
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	8	1%
WHITE	836	90%
PREFER NOT TO ANSWER	17	2%
TWO OR MORE RACES	19	2%
<b>HISPANIC OR LATINO ORIGIN</b>		
HISPANIC OR LATINO ORIGIN – YES	62	7%
HISPANIC OR LATINO ORIGIN - NO	864	93%

Source: 2021 Poll of Michigan 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.



### 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.

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