



DATA BRIEF NO. 140 | JANUARY 2023

New Jersey 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 New Jersey adults, conducted from October 2 to October 24, 2022, found that:

- Nearly 3 in 5 (57%) experienced at least one healthcare affordability burden in the past year;
- More than 4 in 5 (85%) 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, New Jersey adults experience hardship due to high healthcare costs. All told, well over half (57%) 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 (44%) 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

Nearly half (49%) of all respondents reported delaying or going without healthcare during the prior 12 months due to cost:

- 28%—Skipped needed dental care
- 26%—Delayed going to the doctor or having a procedure done
- 23%—Cut pills in half, skipped doses of medicine or did not fill a prescription¹
- 23%—Skipped a recommended medical test or treatment
- 20%—Avoided going to the doctor or having a procedure done altogether
- 19%—Had problems getting mental healthcare or addiction treatment
- 11%—Skipped or delayed getting a medical assistive device

Moreover, 19% of respondents cited cost as the most frequently cited reason for them or a family member not getting needed medical care in the past year, exceeding a host of other barriers like getting time off work, transportation and lack of childcare.

3) STRUGGLING TO PAY MEDICAL BILLS

Other times, respondents got the care they needed but struggled to pay the resulting bill. More than one-third (36%) experienced one or more of these struggles to pay their medical bills:

- 13%—Were contacted by a collection agency
- 13%—Used up all or most of their savings
- 11%—Were unable to pay for basic necessities like food, heat or housing
- 10%—Racked up large amounts of credit card debt
- 10%—Borrowed money, got a loan or another mortgage on their home
- 5%—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 New Jersey 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

New Jersey respondents also exhibit high levels of worry about affording healthcare in the future. More than four in five (85%) reported being “worried” or “very worried” about affording some aspect of healthcare in the future, including:

- 66%—Cost of nursing home or home care services
- 66%—Health insurance will become unaffordable
- 63%—Medical costs when elderly
- 60%—Medical costs in the event of a serious illness or accident
- 54%—Prescription drugs will become unaffordable
- 55%—Cost of dental care
- 40%—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 finding suggests that New Jersey respondents may be worried about affording the cost of care for both aging parents and themselves.

Worry about affording healthcare was highest among respondents living in lower- and middle-income households and among those living in households with a person with a disability (see Table 1). More than 4 in 5 (88%) respondents with household incomes of less than \$75,000 per year² reported worrying about affording some aspect of coverage or care in the past year. Still, most New Jersey respondents of all incomes, races, ethnicities, geographic settings and levels of ability are somewhat or very concerned.

Concern that health *insurance* will become unaffordable is also more prevalent among certain groups of New Jersey respondents. By insurance type, respondents with coverage that they have purchased on their own, not through their employer, most frequently reported worrying about affording coverage, followed by respondents with coverage through their employer and those with New Jersey Medicaid (see Figure 1).

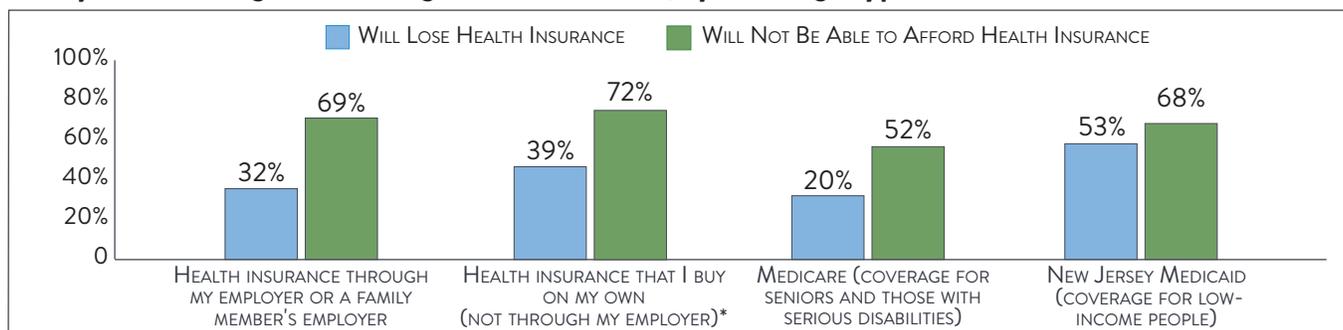
Table 1
Percent Worried or Very Worried, by Income Group, Geographic Setting, Race, Ethnicity and Disability Status

	ANY HEALTHCARE AFFORDABILITY WORRY
INCOME GROUP	
LESS THAN \$50,000	88%
\$50,000 - \$75,000	88%
\$75,000 - \$100,000	85%
MORE THAN \$100,000	81%
GEOGRAPHIC SETTING	
NORTH JERSEY	84%
CENTRAL JERSEY	84%
SOUTH JERSEY	86%
RACE	
NATIVE AMERICAN AND ALASKAN NATIVE, ASIAN, NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	84%
BLACK/AFRICAN AMERICAN	84%
WHITE	84%
ETHNICITY	
NON-HISPANIC/LATINX	84%
HISPANIC/LATINX	89%
DISABILITY STATUS¹	
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	83%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	90%

Source: 2022 Poll of New Jersey 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 New Jersey 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.

Respondents with household incomes below \$50,000 per year reported the highest rates of worry about losing coverage, while those with household incomes between \$50,000 and \$75,000 reported the highest rates of worry about affording coverage. North Jersey respondents and those living in households with a person with a disability were more likely to be concerned about losing health insurance than residents in Central or South New Jersey or those living in a household without a person with a disability (see Table 2).

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

Table 2
Worry About Losing Health Insurance and Health Insurance Becoming Unaffordable, by Income Group, Geographic Setting, Race, Ethnicity, Insurance Type and Disability Status

	WORRY ABOUT LOSING HEALTH INSURANCE	WORRY ABOUT HEALTH INSURANCE BECOMING UNAFFORDABLE
INCOME GROUP		
LESS THAN \$50,000	47%	68%
\$50,000 - \$75,000	35%	75%
\$75,000 - \$100,000	26%	63%
MORE THAN \$100,000	27%	63%
GEOGRAPHIC SETTING		
NORTH JERSEY	40%	69%
CENTRAL JERSEY	30%	64%
SOUTH JERSEY	32%	66%
RACE		
NATIVE AMERICAN AND ALASKAN NATIVE, ASIAN, NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	39%	69%
BLACK/AFRICAN AMERICAN	42%	67%
WHITE	30%	65%
ETHNICITY		
NON-HISPANIC/LATINX	31%	64%
HISPANIC/LATINX	46%	76%
INSURANCE TYPE		
PRIVATE INSURANCE*	33%	70%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	20%	52%
NEW JERSEY MEDICAID, COVERAGE FOR LOW-INCOME PEOPLE	53%	68%
DISABILITY STATUS		
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	28%	66%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	53%	69%

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

*Private insurance includes both those with insurance provided by their employer or a family member's employer and insurance purchased individually.

DIFFERENCES IN HEALTHCARE AFFORDABILITY BURDENS

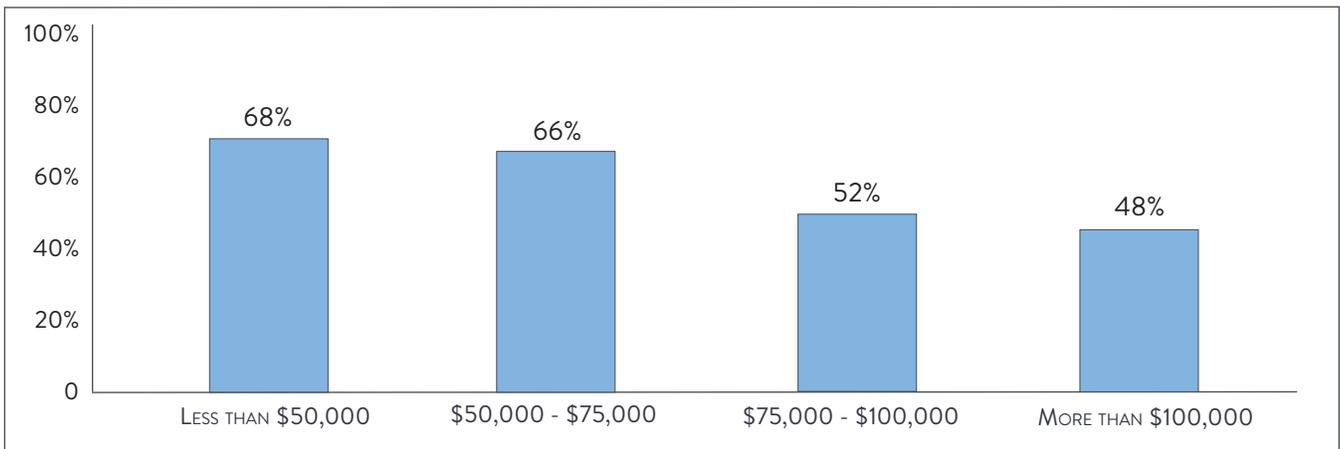
The survey also revealed differences in how New Jersey respondents experience healthcare affordability burdens by income, age, geographic setting, race, ethnicity and disability status.

Income and Age

Unsurprisingly, respondents at the lowest end of the income spectrum most frequently reported experiencing one or more healthcare affordability burdens, with more than two-thirds (68%) of those earning less than \$50,000 per year reporting struggling to afford some aspect of coverage or care in the past 12 months (see Figure 2). This may be due, in part, to respondents in this income group reporting higher rates of going without care and rationing their medication due to cost (see Figure 3).

Figure 2

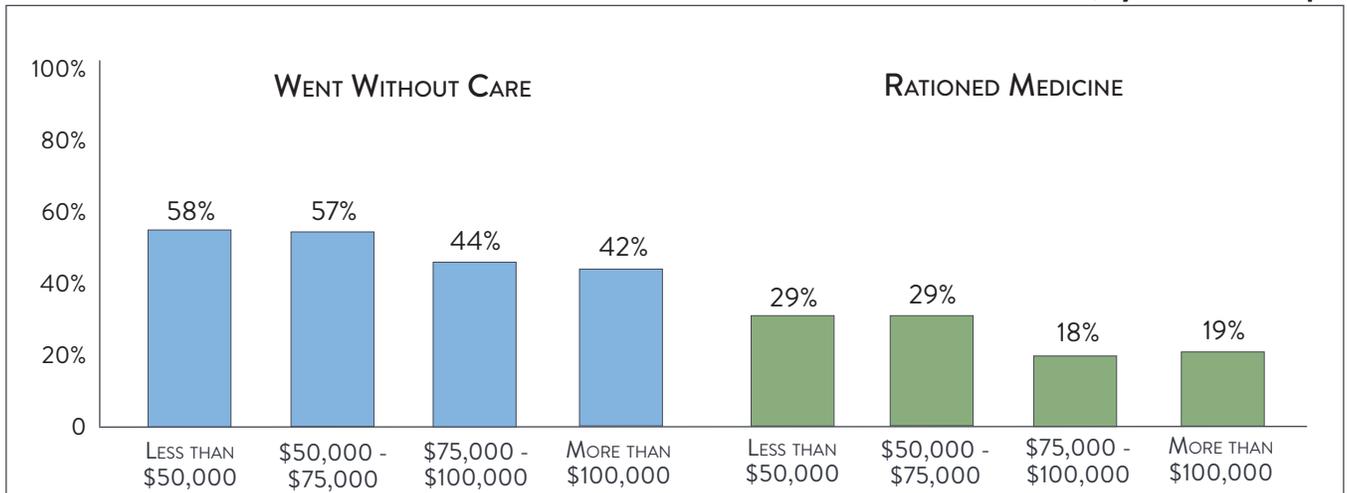
Percent with Any Healthcare Affordability Burden in Prior 12 Months, by Income Group



Source: 2022 Poll of New Jersey 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

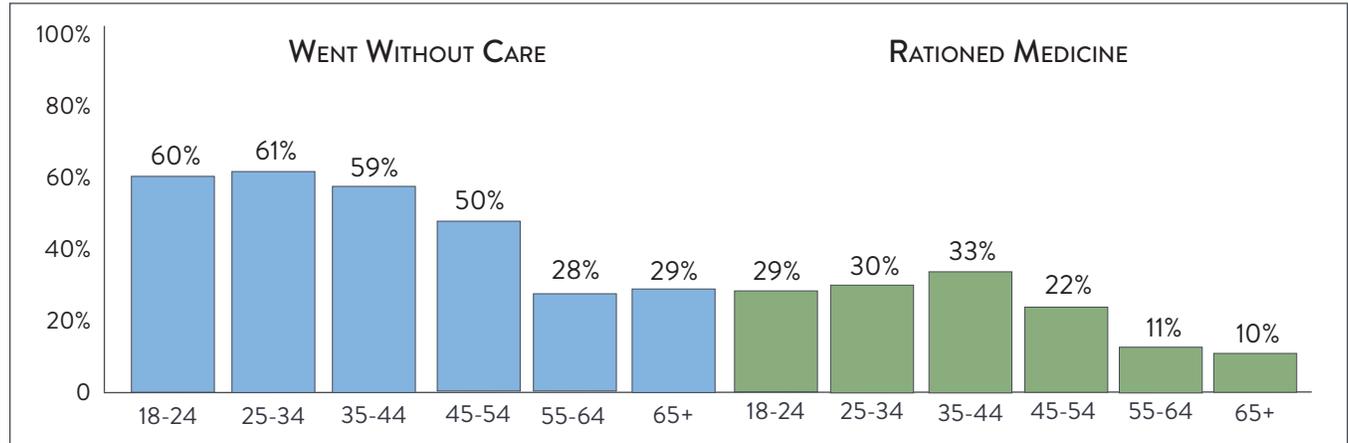


Source: 2022 Poll of New Jersey Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

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

Figure 4

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



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

Disability Status

Those with disabilities also face healthcare affordability burdens unique to their disabilities—26% 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 6% of respondents without a person with a disability (who may have needed such tools temporarily or may not identify as having a disability) reported having this experience.

Table 3

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 ALTOGETHER TO THE DOCTOR OR HAVING A PROCEDURE DONE	17%	28%
PROBLEMS GETTING MENTAL HEALTHCARE	12%	26%
PROBLEMS GETTING ADDICTION TREATMENT	5%	14%
SKIPPED NEEDED DENTAL CARE	25%	39%
SKIPPED OR DELAYED GETTING A MEDICAL ASSISTIVE DEVICE	6%	26%

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

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. Nearly 7 in 10 (68%) respondents in this group reported going without some form of care and 39% reported rationing medication, compared to 43% and 18% of respondents living in households without a person with a disability, respectively (see Table 4). 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 3).

Insurance Type

Respondents with New Jersey Medicaid coverage reported the highest rates of going without care due to cost and rationing medication, followed by respondents with private insurance (see Table 4). Still, nearly two-fifths of respondents with Medicare went without care due to cost in the twelve months prior to taking the survey.

Table 4
Percent Rationed Care in Prior 12 Months, by Geographic Setting, Race, Ethnicity, Disability Status and Insurance Type

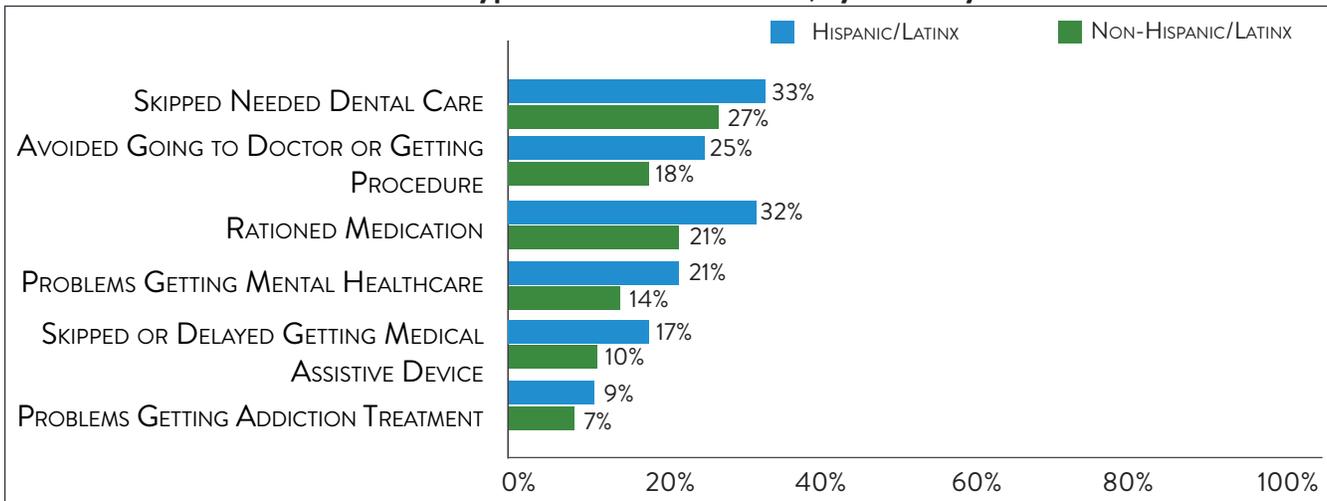
	WENT WITHOUT CARE DUE TO COST	EITHER DID NOT FILL A PRESCRIPTION, CUT PILLS IN HALF OR SKIPPED A DOSE DUE TO COST CONCERNS
GEOGRAPHIC SETTING		
NORTH JERSEY	51%	24%
CENTRAL JERSEY	46%	22%
SOUTH JERSEY	50%	24%
RACE		
NATIVE AMERICAN AND ALASKAN NATIVE, ASIAN, NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	50%	25%
BLACK/AFRICAN AMERICAN	54%	27%
WHITE	45%	20%
ETHNICITY		
NON-HISPANIC/LATINX	47%	21%
HISPANIC/LATINX	58%	32%
DISABILITY STATUS		
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	43%	18%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	68%	39%
INSURANCE TYPE		
PRIVATE INSURANCE	49%	25%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	38%	15%
NEW JERSEY MEDICAID, COVERAGE FOR LOW-INCOME PEOPLE	58%	29%

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

Race and Ethnicity

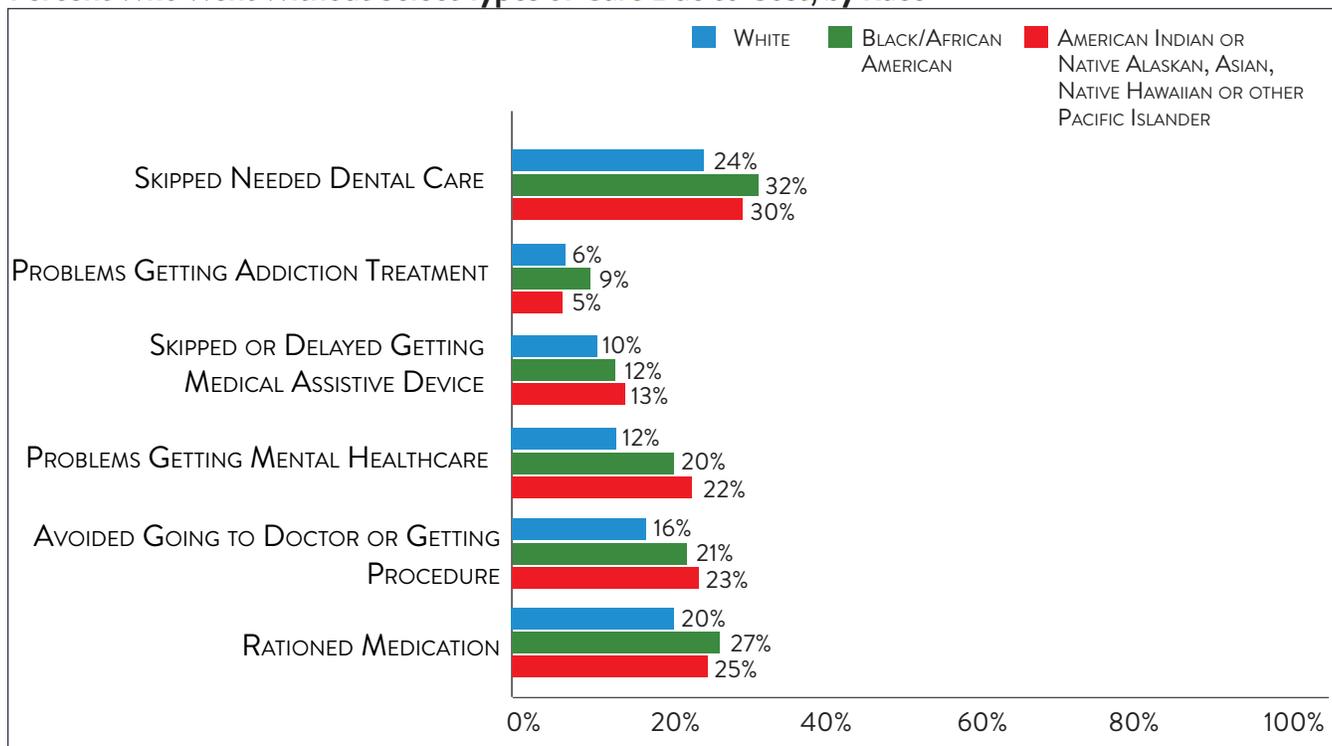
New Jersey respondents of color reported higher rates of rationing medication and forgoing care than white respondents. Fifty-four percent of Black respondents and 50% of Native American and Alaskan Native, Asian, Native Hawaiian or other Pacific Islander went without care due to cost in the past twelve months (see Table 4). Further analysis showed that respondents of color also reported higher rates of challenges receiving mental health care and skipping needed dental care (see Figure 5 and 6).

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



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

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 percent of Black respondents and 36% of Native American and Alaskan Native, Asian, Native Hawaiian and other Pacific Islanders reported going into debt, depleting savings or going without other needs due to medical bills, compared to 28% of white respondents (see Table 5).

Table 5

Percent Who Incurred Debt, Depleted Savings and/or Sacrificed Basic Necessities Due to Medical Bills in Prior 12 Months, by Income Group, Geographic Setting, Race, Ethnicity, Disability Status and Insurance Type

	INCURRED MEDICAL DEBT, DEPLETED SAVINGS AND/OR SACRIFICED BASIC NEEDS DUE TO MEDICAL BILLS
INCOME GROUP	
LESS THAN \$50,000	44%
\$50,000 - \$75,000	44%
\$75,000 - \$100,000	29%
MORE THAN \$100,000	29%
GEOGRAPHIC SETTING	
NORTH JERSEY	36%
CENTRAL JERSEY	35%
SOUTH JERSEY	36%
RACE	
NATIVE AMERICAN AND ALASKAN NATIVE, ASIAN, NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	36%
BLACK/AFRICAN AMERICAN	50%
WHITE	28%
ETHNICITY	
NON-HISPANIC/LATINX	33%
HISPANIC/LATINX	47%
DISABILITY STATUS	
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	28%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	58%
INSURANCE TYPE	
PRIVATE INSURANCE: EITHER HEALTH INSURANCE THROUGH MY EMPLOYER OR A FAMILY MEMBER'S EMPLOYER OR HEALTH INSURANCE I PURCHASE ON MY OWN	36%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	26%
NEW JERSEY MEDICAID, COVERAGE FOR LOW-INCOME PEOPLE	40%

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

The rate of financial burden is even higher for respondents who have or live with a person with a disability, with nearly three-fifths (58%) 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, residents across New Jersey reported similar rates of going into debt or going without other needs due to medical bills. In addition, respondents with New Jersey Medicaid reported the highest rate of the above financial burdens due to medical bills (40%) compared to respondents with all other insurance types.

DISSATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

In light of New Jersey respondents' healthcare affordability burdens and concerns, it is not surprising that they are dissatisfied with the health system:

- Just 32% agreed or strongly agreed that “*we have a great healthcare system in the U.S.*”
- While 72% 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

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

- 54% of respondents reported researching the cost of a drug beforehand, and
- 69% 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:

- 67%—Take better care of my personal health
- 40%—Research treatments myself, before going to the doctor
- 32%—Do more to compare doctors on cost and quality before getting services
- 25%—There is not anything I can do personally to make our health system better

GOVERNMENT ACTIONS

But far and away, New Jersey 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:

- 47%—Economy/Joblessness
- 44%—Healthcare
- 36%—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
- 34%—Improve Medicare, coverage for seniors and those with serious disabilities
- 33%—Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition
- 33%—Get health insurance to those who cannot afford coverage³

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

- 74%—Drug companies charging too much money
- 74%—Hospitals charging too much money
- 72%—Insurance companies charging too much money

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

- 91%—Make it easy to switch insurers if a health plan drops your doctor
- 90%—Require insurers to provide up-front cost estimates to consumers
- 90%—Show what a fair price would be for specific procedures
- 90%—Cap out-of-pocket costs for life-saving medications, such as insulin
- 89%—Require hospitals and doctors to provide up-front cost estimates to consumers
- 89%—Require drug companies to provide advanced notice of price increases and information to justify those increases
- 89%—Ensure patients can't be charged out-of-network prices if they encounter an out-of-network provider through no fault of their own
- 89%—Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription price hikes
- 89%—Expand health insurance options so that everyone can afford quality coverage

SUPPORT FOR ACTION ACROSS PARTY LINES

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

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 progress is being made.

NOTES

1. Of the 49% of respondents who encountered one or more cost-related barriers to getting healthcare during the prior 12 months, 16% did not fill a prescription, while 15% cut pills in half or skipped doses of medicine due to cost.
2. Median household income in New Jersey was \$85,245 (2016-2020). U.S. Census, *Quick Facts*. Retrieved from: [U.S. Census Bureau QuickFacts: New Jersey](#)
3. Over 2 in 3 (70%) of respondents said that they would consider using their tax forms to sign up for free or low-cost 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 Black/African group respondents (77%) and those earning between \$50,000-\$75,000 annually (73%).

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

SELECTED SURVEY STATEMENTS/QUESTION	TOTAL PERCENT OF RESPONDENTS	GENERALLY SPEAKING, DO YOU THINK OF YOURSELF AS...		
		REPUBLICAN	DEMOCRAT	NEITHER
"WE HAVE A GREAT HEALTHCARE SYSTEM IN THE U.S."	32%	46%	34%	19%
"THE U.S. HEALTHCARE SYSTEM NEEDS TO CHANGE."	72%	65%	77%	71%
THE GOVERNMENT SHOULD MAKE IT EASY TO SWITCH INSURERS IF A HEALTH PLAN DROPS YOUR DOCTOR.	91%	91%	91%	90%
THE GOVERNMENT SHOULD REQUIRE INSURERS TO PROVIDE UP-FRONT COST ESTIMATES TO CONSUMERS.	90%	90%	91%	88%
THE GOVERNMENT SHOULD SHOW WHAT A FAIR PRICE WOULD BE FOR A SPECIFIC PROCEDURE.	90%	90%	91%	88%
THE GOVERNMENT SHOULD CAP OUT-OF-POCKET COSTS FOR LIFE-SAVING MEDICATIONS, SUCH AS INSULIN	90%	91%	91%	88%
THE GOVERNMENT SHOULD REQUIRE HOSPITALS AND DOCTORS TO PROVIDE UP-FRONT COST ESTIMATES TO CONSUMERS.	89%	89%	91%	88%
THE GOVERNMENT SHOULD REQUIRE DRUG COMPANIES TO PROVIDE ADVANCE NOTICE OF PRICE INCREASES AND INFORMATION TO JUSTIFY THOSE INCREASES.	89%	91%	90%	87%
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.	89%	90%	90%	87%
THE GOVERNMENT SHOULD EXPAND HEALTH INSURANCE OPTIONS SO THAT EVERYONE CAN AFFORD QUALITY COVERAGE	89%	87%	91%	88%
THE GOVERNMENT SHOULD AUTHORIZE THE ATTORNEY GENERAL TO TAKE LEGAL ACTION TO PREVENT PRICE GOUGING OR UNFAIR PRESCRIPTION DRUG PRICE HIKES	89%	89%	89%	88%

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



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 | @HealthValueHub

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 2 to October 24, 2022, used a web panel from online survey company [Dynata](#) with a demographically balanced sample of approximately 1,231 respondents who live in New Jersey. 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 1,139 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
GENDER		
WOMAN	650	57%
MAN	464	41%
TRANSWOMAN	2	<1%
TRANSMAN	2	<1%
GENDERQUEER/NONBINARY	9	1%
INSURANCE STATUS		
HEALTH INSURANCE THROUGH EMPLOYER OR FAMILY MEMBER'S EMPLOYER	483	42%
HEALTH INSURANCE I BUY ON MY OWN	98	9%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	281	25%
NEW JERSEY MEDICAID, COVERAGE FOR LOW INCOME EARNERS	163	14%
TRICARE/MILITARY HEALTH SYSTEM	7	1%
DEPARTMENT OF VETERANS AFFAIRS (VA) HEALTH CARE	6	1%
NO COVERAGE OF ANY TYPE	62	5%
I DON'T KNOW	39	3%
RACE/ETHNICITY		
AMERICAN INDIAN OR NATIVE ALASKAN	24	2%
ASIAN	97	9%
BLACK OR AFRICAN AMERICAN	315	28%
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	7	1%
WHITE	645	57%
PREFER NOT TO ANSWER	31	3%
TWO OR MORE RACES	29	3%
HISPANIC OR LATINX – YES	241	21%
HISPANIC OR LATINX - NO	898	79%
AGE		
18-24	227	20%
25-34	207	18%
35-44	183	16%
45-54	158	14%
55-64	188	17%
65+	171	15%

DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
HOUSEHOLD INCOME		
Under \$20K	149	13%
\$20K - \$30K	85	7%
\$30K - \$40K	103	9%
\$40K - \$50K	84	7%
\$50K - \$60K	100	9%
\$60K - \$75K	138	12%
\$75K - \$100K	158	14%
\$100K - \$150K	179	16%
\$150K+	143	13%
SELF-REPORTED HEALTH STATUS		
EXCELLENT	185	16%
VERY GOOD	404	35%
GOOD	357	31%
FAIR	165	14%
POOR	28	2%
DISABILITY		
MOBILITY: SERIOUS DIFFICULTY WALKING OR CLIMBING STAIRS	149	13%
COGNITION: SERIOUS DIFFICULTY CONCENTRATING, REMEMBERING OR MAKING DECISIONS	94	8%
INDEPENDENT LIVING: SERIOUS DIFFICULTY DOING ERRANDS ALONE, SUCH AS VISITING A DOCTOR'S OFFICE	86	8%
HEARING: DEAFNESS OR SERIOUS DIFFICULTY HEARING	55	5%
VISION: BLINDNESS OR SERIOUS DIFFICULTY SEEING, EVEN WHEN WEARING GLASSES	45	4%
SELF-CARE: DIFFICULTY DRESSING OR BATHING	49	4%
NO DISABILITY OR LONG-TERM HEALTH CONDITION	828	73%
PARTY AFFILIATION		
REPUBLICAN	247	22%
DEMOCRAT	502	44%
NEITHER	390	34%

Source: 2022 Poll of New Jersey 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.