



DATA BRIEF NO. 133 | OCTOBER 2022

Connecticut 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 1,300 Connecticut adults, conducted from July 22 to August 12, 2022, found that:

- Over half (55%) experienced at least one healthcare affordability burden in the past year;
- Nearly 4 in 5 (78%) 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, Connecticut adults experience hardship due to high healthcare costs. All told, over half (55%) of respondents experienced one or more of the following healthcare affordability burdens in the prior 12 months:

1) BEING UNINSURED DUE TO HIGH COSTS

One-third (34%) 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 (46%) of all respondents reported delaying or going without the following types of healthcare due to cost during the prior 12 months:

- 27%—Skipped needed dental care
- 27%—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
- 21%—Avoided going to the doctor or having a procedure done altogether
- 20%—Skipped a recommended medical test or treatment
- 16%—Had problems getting mental healthcare or addiction treatment
- 10%—Skipped or delayed getting a medical assistive device

Despite many respondents reporting affordability burdens, the most frequently cited reason for not getting needed medical care over the past 12 months (reported by 20% of respondents) was not being able to get an appointment, exceeding a host of other barriers like cost, transportation and lack of childcare. This may be due to high demand for healthcare services that were delayed during the height of the COVID-19 pandemic or due to a lack of available providers, particularly in the case of mental healthcare.

3) STRUGGLING TO PAY MEDICAL BILLS

Other times, respondents got the care they needed but struggled to pay the resulting bill. One-third of respondents (33%) experienced one or more of these struggles to pay their medical bills:

- 12%—Were contacted by a collection agency
- 11%—Used up all or most of their savings
- 11%—Were unable to pay for basic necessities like food, heat or housing
- 9%—Borrowed money, got a loan or another mortgage on their home
- 11%—Racked up large amounts of credit card debt
- 6%—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 Connecticut 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

Connecticut respondents also exhibit high levels of worry about affording healthcare in the future. Nearly four in five (78%) reported being “worried” or “very worried” about affording some aspect of healthcare in the future, including:

- 62%—Cost of nursing home or home care services
- 61%—Medical costs when elderly
- 60%—Health insurance will become unaffordable
- 57%—Medical costs in the event of a serious illness or accident
- 51%—Cost of dental care
- 51%—Prescription drugs will become unaffordable
- 37%—Cost of treatment for coronavirus/COVID-19

Unsurprisingly, the most common worry—affording the cost of nursing home or home care services—was most frequently reported by respondents ages 55-64. However, the second most common worry—affording medical costs when elderly—was most frequently reported by respondents ages 35-54, even though these services are applicable predominantly to an older population. This finding suggests that Connecticut 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- and middle-income households, respondents of color and those living in households with a person with a disability (see Table 1). More than 4 in 5 (88%) of 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, the vast majority of Connecticut 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 Connecticut adults. By insurance type, respondents with coverage they purchase on their own most frequently reported worrying about both losing and affording coverage, followed by respondents who have HUSKY Medicaid coverage and those with health insurance through their employer (see Figure 1).

Table 1

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

INCOME	ANY HEALTHCARE AFFORDABILITY WORRY
LESS THAN \$50,000	86%
\$50,000 - \$75,000	88%
\$75,000 - \$100,000	82%
MORE THAN \$100,000	66%
ETHNICITY	
NON-HISPANIC/LATINX	76%
HISPANIC/LATINX	86%
RACE*	
AMERICAN INDIAN OR NATIVE ALASKAN, ASIAN, NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	92%
BLACK/AFRICAN AMERICAN	76%
WHITE	76%
DISABILITY STATUS**	
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	75%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	86%

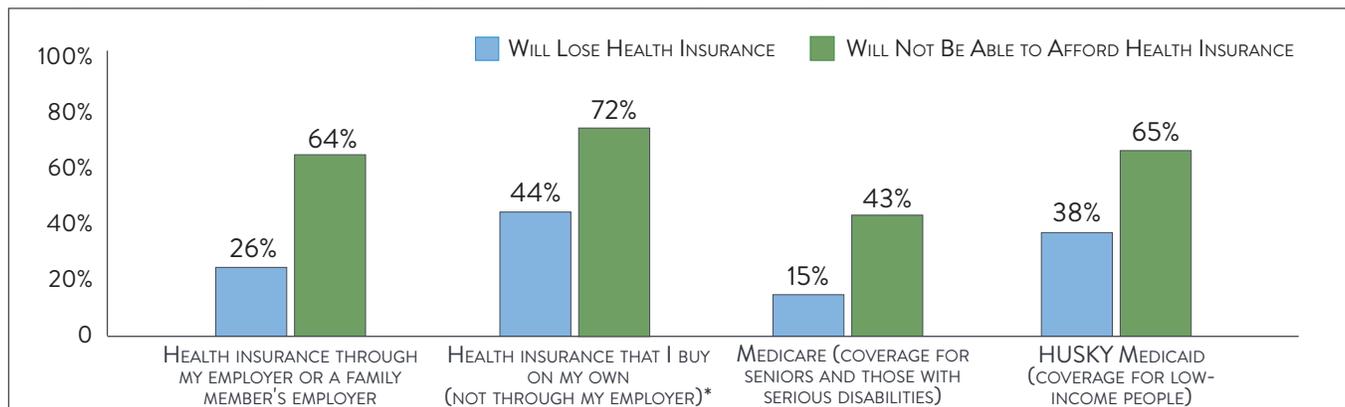
Source: 2022 Poll of Connecticut Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

* Due to small sample sizes under 100 responses, results could not be evaluated separately for respondents who were American Indian or Native Alaskan (51 respondents), Asian (65 respondents) or Native Hawaiian or other Pacific Islander (15 respondents). Respondents who identified as one of these race groups were grouped together.

** 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 Connecticut 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 below \$50,000 reported the highest rates of worry about both losing AND affording coverage compared to higher-income respondents, while Hispanic/Latinx 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-Hispanic/Latinx and non-disabled counterparts (see Table 2).

Table 2**Worry About Losing Health Insurance and Health Insurance Becoming Unaffordable, by Income, Ethnicity, Race and Disability Status**

INCOME	WORRY ABOUT LOSING HEALTH INSURANCE	WORRY ABOUT HEALTH INSURANCE BECOMING UNAFFORDABLE
LESS THAN \$50,000	38%	66%
\$50,000 - \$75,000	36%	69%
\$75,000 - \$100,000	20%	63%
MORE THAN \$100,000	20%	50%
ETHNICITY		
NON-HISPANIC/LATINX	24%	57%
HISPANIC/LATINX	45%	72%
RACE		
AMERICAN INDIAN OR NATIVE ALASKAN, ASIAN, NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	53%	77%
BLACK/AFRICAN AMERICAN	33%	56%
WHITE	22%	57%
DISABILITY STATUS		
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	22%	57%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	43%	68%

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

Concerns about *affording* coverage exceeded fears about *losing* coverage across all income groups, disability statuses, race/ethnicity groups and coverage types.

DIFFERENCES IN HEALTHCARE AFFORDABILITY BURDENS

The survey also revealed differences in how Connecticut respondents experience healthcare affordability burdens by income, age, race/ethnicity groups, insurance type and disability status.

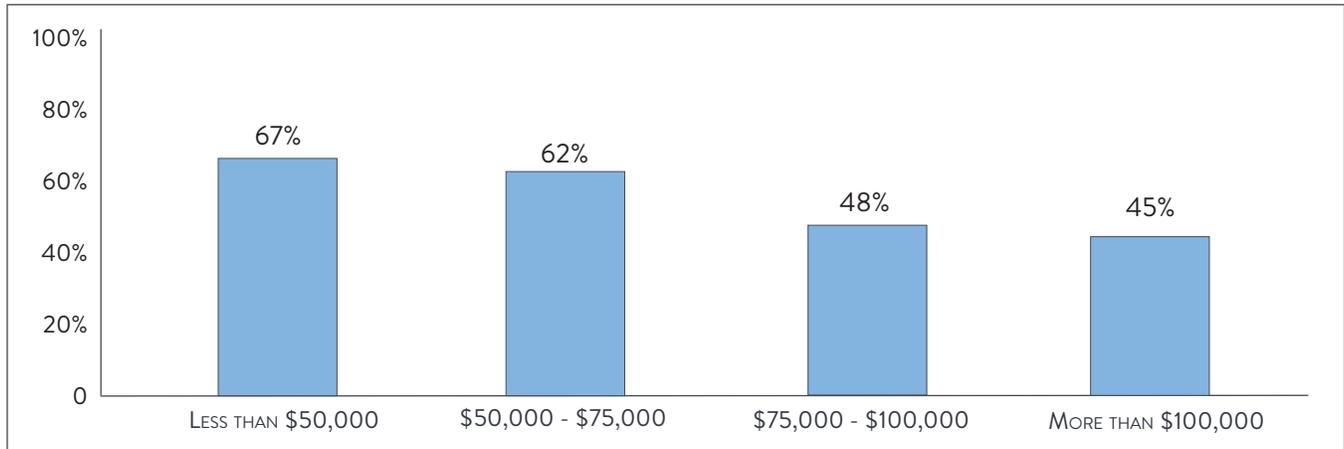
Income and Age

Unsurprisingly, respondents at the lowest end of the income spectrum most frequently reported experiencing one or more healthcare affordability burdens, with two-thirds (67%) 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 is, in part, due to respondents in this income group reporting the highest rates of going without care and rationing their medication due to cost (see Figure 3).

Further analysis found that Connecticut respondents ages 18-44 are more likely to go without care due to cost than respondents ages 45 and up (see Figure 4). Respondents ages 25-34 most frequently rationed medication due to cost, compared to other groups.

Figure 2

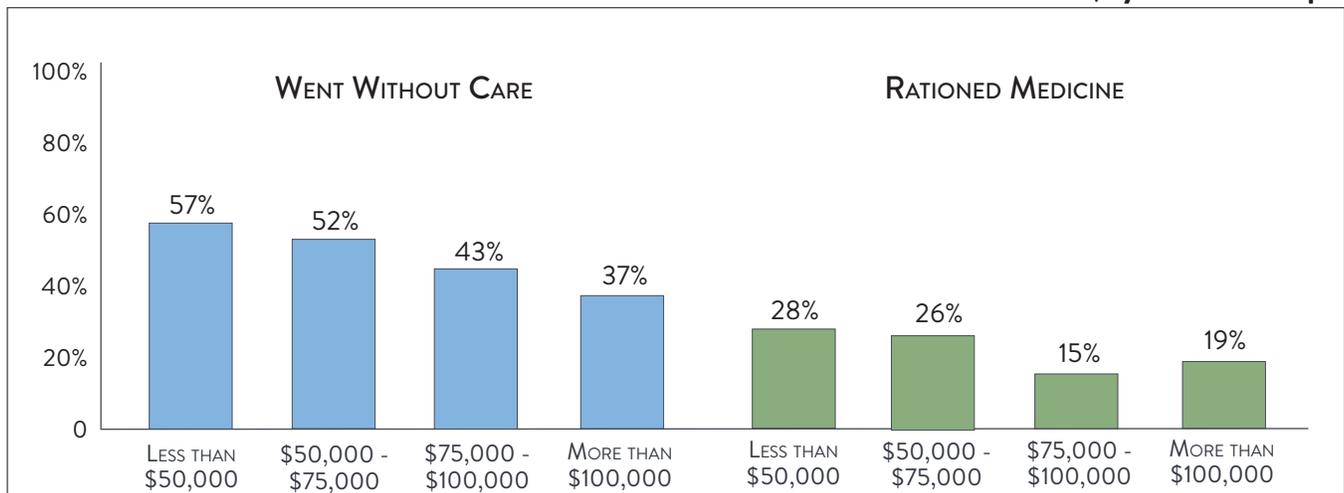
Percent with Any Healthcare Affordability Burden in Prior 12 Months, by Income Group



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

Figure 3

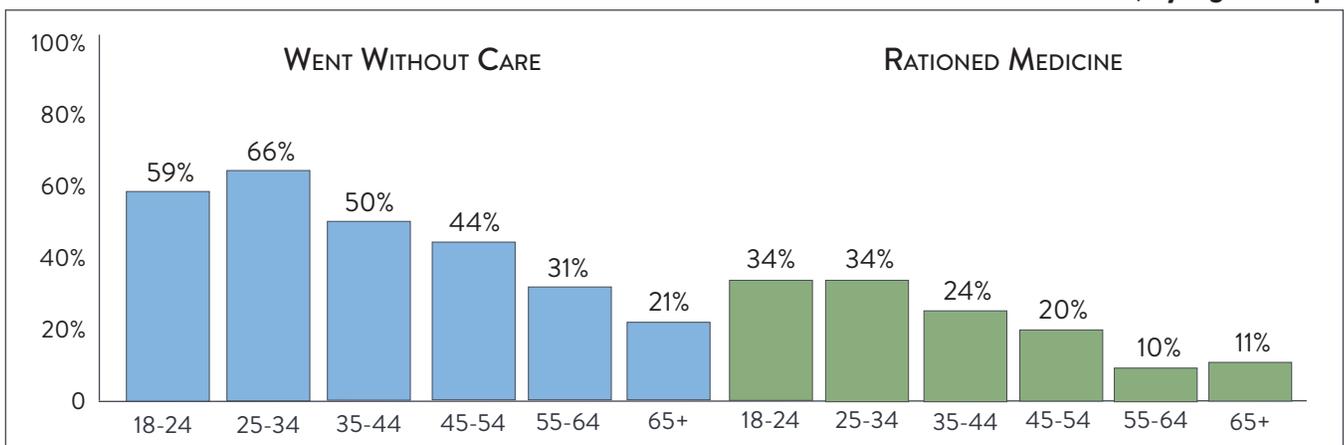
Percent Who Went Without Care or Rationed Medicine Due to Cost in Prior 12 Months, by Income Group



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

Figure 4

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



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

Insurance Type

Respondents with the HUSKY Medicaid program reported the highest rates of going without care due to cost AND the highest rates of rationing medication compared to other insurance types, followed by those with employer-sponsored insurance or insurance they purchased on their own (see Table 3). Still, nearly half of respondents with employer-sponsored insurance or insurance they purchased on their own went without care due to cost.

Table 3**Percent Who Went Without Care Due to Cost in Prior 12 Months, by Ethnicity, Race, Disability Status and Insurance Type**

ETHNICITY	WENT WITHOUT CARE DUE TO COST	EITHER DID NOT FILL A PRESCRIPTION, CUT PILLS IN HALF OR SKIPPED A DOSE DUE TO COST CONCERNS
NON-HISPANIC/LATINX	44%	21%
HISPANIC/LATINX	55%	30%
RACE		
AMERICAN INDIAN OR NATIVE ALASKAN, ASIAN, NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	61%	37%
BLACK/AFRICAN AMERICAN	57%	33%
WHITE	42%	19%
DISABILITY STATUS		
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	39%	16%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	67%	40%
INSURANCE TYPE		
PRIVATE INSURANCE: EITHER HEALTH INSURANCE THROUGH MY EMPLOYER OR A FAMILY MEMBER'S EMPLOYER OR HEALTH INSURANCE I PURCHASE ON MY OWN	51%	26%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	31%	13%
HUSKY MEDICAID, COVERAGE FOR LOW-INCOME PEOPLE	55%	28%

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

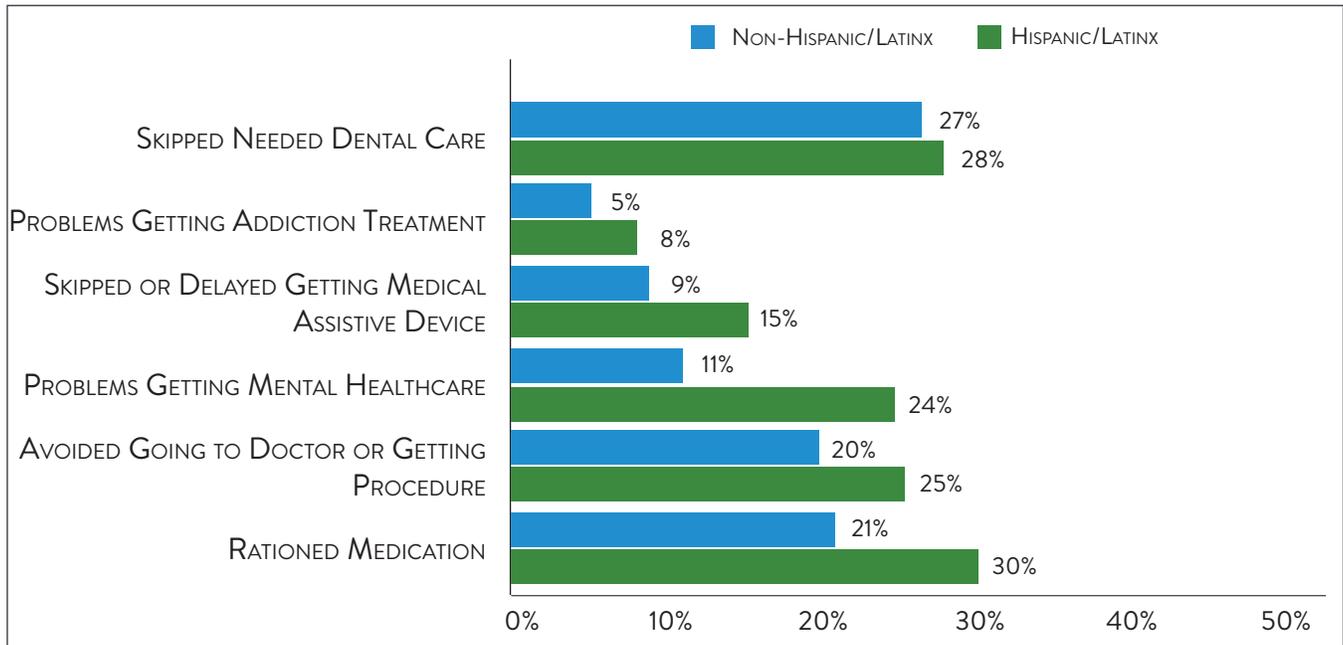
Ethnicity and Race

Respondents of color reported higher rates of going without care and rationing medication due to cost when compared to white and non-Hispanic/Latinx respondents (see Table 3). Further analysis showed that respondents of color had slightly higher rates of problems getting mental health care, problems getting addiction treatment and skipping needed dental care (see Figures 5 and 6).

Disability Status

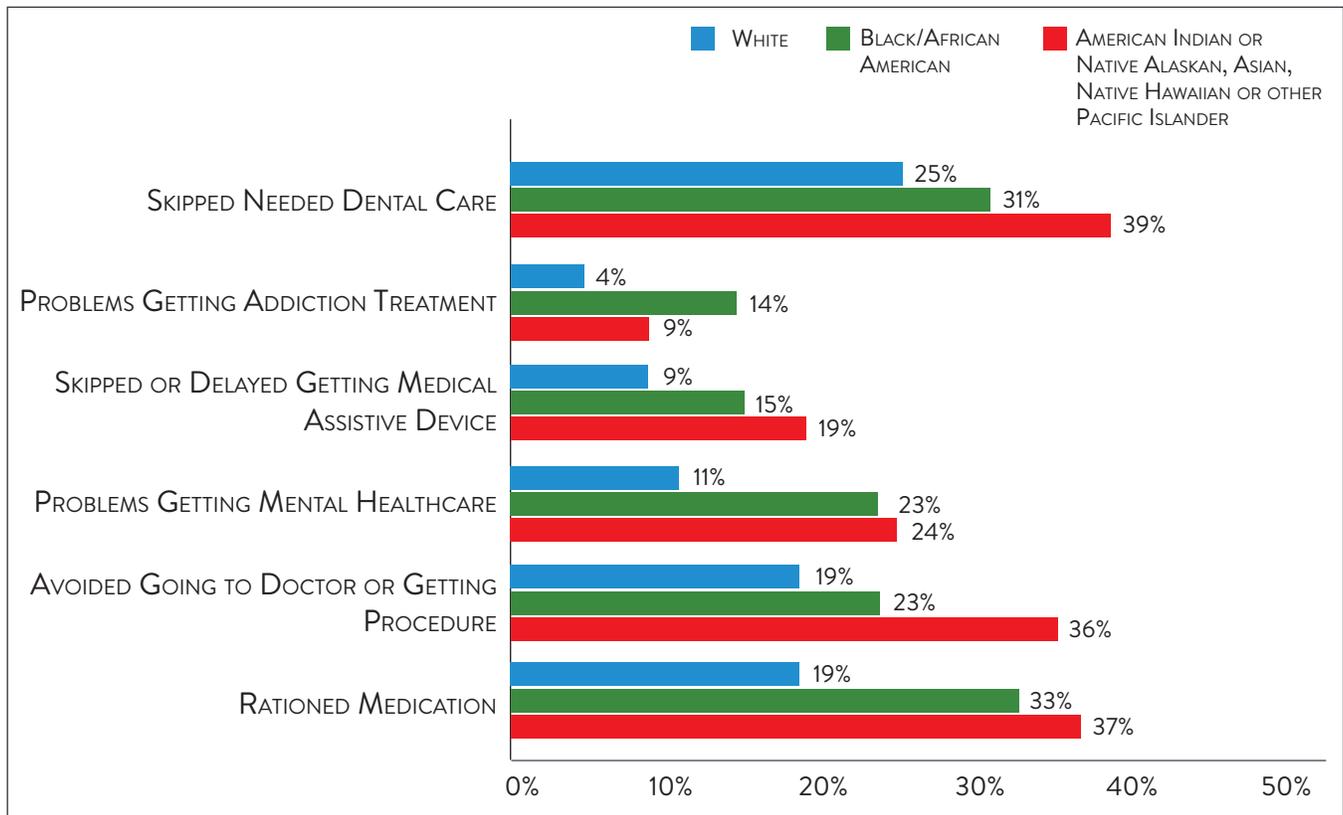
Of all the demographic groups measured, respondents living in households with a person with a disability reported the highest rates of going without care and rationing medication due to cost in the past 12 months. More than 6 in 10 (67%) of respondents in this group went without some form of care and almost one-third (30%) rationed medication, compared to 39% and 21% of respondents living in households without a person with a disability, respectively (see Table 3).

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



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

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).

Those with disabilities also face healthcare affordability burdens unique to their disabilities—23% 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 person with a disability (who may have needed such tools temporarily or may not identify as having a disability) reported having this experience.

Table 4
Percent Who Went Without Care Due to Cost, by Disability Status

WENT WITHOUT CARE DUE TO COST	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	18%	29%
PROBLEMS GETTING MENTAL HEALTHCARE	9%	27%
PROBLEMS GETTING ADDICTION TREATMENT	2%	16%
SKIPPED NEEDED DENTAL CARE	23%	38%
SKIPPED OR DELAYED GETTING A MEDICAL ASSISTIVE DEVICE	6%	23%

Source: 2022 Poll of Connecticut 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, ethnicity, race, disability status and insurance type (see Table 5). Respondents living in households with a person with a disability had an even greater disparity, with more than half (54%) reporting going into debt or going without other needs due to medical bills, compared to 1 in 4 (26%) of respondents living in households without a disabled member. In addition, respondents on HUSKY Medicaid reported the highest rate of the above financial burdens due to medical bills (39%) compared to all other insurance types, followed by those who have private health insurance (36%).

Healthcare affordability burdens often occur alongside systemic mistreatment in the health system, making it even more difficult for marginalized communities to access care. For further details, see: [Connecticut Residents Bear Healthcare Affordability Burdens Unequally; Distrust of/Disrespect by Healthcare Providers Leads Some to Delay/Go Without Needed Care](#), Data Brief No. 134 (October 2022).

DISSATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

In light of Connecticut 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 70% agreed or strongly agreed that “the system needs to change.”

Table 5**Percent Who Incurred Debt, Depleted Savings and/or Sacrificed Basic Necessities Due to Medical Bills in Prior 12 Months, by Income, Ethnicity, Race, Disability Status and Insurance Type**

INCOME	INCURRED MEDICAL DEBT, DEPLETED SAVINGS AND/OR SACRIFICED BASIC NEEDS DUE TO MEDICAL BILLS
LESS THAN \$50,000	42%
\$50,000 - \$75,000	46%
\$75,000 - \$100,000	27%
MORE THAN \$100,000	24%
ETHNICITY	
NON-HISPANIC/LATINX	30%
HISPANIC/LATINX	47%
RACE	
AMERICAN INDIAN OR NATIVE ALASKAN, ASIAN, NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	59%
BLACK/AFRICAN AMERICAN	49%
WHITE	27%
DISABILITY STATUS	
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	26%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	54%
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	22%
HUSKY MEDICAID, COVERAGE FOR LOW-INCOME PEOPLE	39%

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

To investigate further, the survey asked about both personal and governmental actions to address health system problems.

PERSONAL ACTIONS

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

- 47% of respondents reported researching the cost of a drug beforehand, and
- 72% 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
- 29%—Write to or call my STATE representative asking them to take action on high healthcare prices and lack of affordable coverage options

GOVERNMENT ACTIONS

But far and away, Connecticut respondents see government as the key stakeholder that needs to act to address health system problems. Moreover, addressing healthcare problems is a top priority 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:

- 46%—Economy/Joblessness
- 43%—Healthcare
- 38%—Taxes

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

- 51%—Address high healthcare costs, including prescription drugs
- 36%—Get health insurance to those who cannot afford coverage³
- 33%—Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition
- 31%—Improve Medicare, coverage for seniors and those with serious disabilities

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

- 70%—Drug companies charging too much money
- 65%—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:

- 91%—Make it easy to switch insurers if a health plan drops your doctor
- 91%—Require drug companies to provide advanced notice price increases and information to justify those increases
- 90%—Show what a fair price would be for specific procedures
- 90%—Set standard prices for drugs to make them affordable
- 90%—Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes
- 90%—Require insurers to provide up-front cost estimates to consumers
- 90%—Ensure patients can't be charged out-of-network prices if they encounter an out-of-network provider through no fault of their own

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
"WE HAVE A GREAT HEALTHCARE SYSTEM IN THE U.S."	32%	47%	30%	25%
"THE U.S. HEALTHCARE SYSTEM NEEDS TO CHANGE"	70%	68%	75%	67%
AUTHORIZE THE ATTORNEY GENERAL TO TAKE LEGAL ACTION TO PREVENT PRICE GOUGING OR UNFAIR PRESCRIPTION DRUG PRICE HIKES	90%	87%	93%	89%
THE GOVERNMENT SHOULD SET STANDARD PRICES FOR DRUGS TO MAKE THEM AFFORDABLE	90%	87%	93%	88%
THE GOVERNMENT SHOULD SHOW WHAT A FAIR PRICE WOULD BE FOR A SPECIFIC PROCEDURE	90%	90%	92%	89%
REQUIRE HOSPITALS AND DOCTORS TO PROVIDE UP FRONT PATIENT COST ESTIMATES	89%	85%	89%	84%
EXPAND HEALTH INSURANCE OPTIONS SO THAT EVERYONE CAN AFFORD QUALITY COVERAGE	89%	87%	93%	87%
FUND HOME AND COMMUNITY-BASED PROGRAMS FOR PEOPLE WITH DISABILITIES TO ENSURE EVERYONE CAN ACCESS AFFORDABLE LONG-TERM SERVICES AND SUPPORTS, REGARDLESS OF INCOME	88%	82%	93%	88%
CREATE A PRESCRIPTION DRUG AFFORDABILITY BOARD TO EXAMINE THE EVIDENCE AND ESTABLISH ACCEPTABLE COSTS FOR DRUGS	87%	84%	91%	86%
SET STANDARD PAYMENT TO HOSPITALS FOR SPECIFIC PROCEDURES	87%	84%	90%	86%
LOWER THE AMOUNT PATIENTS ARE CHARGED FOR THE TREATMENT AND MAINTENANCE OF CONDITIONS THAT DISPROPORTIONATELY AFFECT DISADVANTAGED GROUPS OF PEOPLE, SUCH AS DIABETES	87%	78%	92%	87%
PROHIBIT DRUG COMPANIES FROM CHARGING MORE IN U.S. THAN ABROAD	86%	85%	89%	84%
REQUIRE A MINIMUM AMOUNT OF SPENDING THAT PAYERS AND PROVIDERS IN THE STATE MUST DEVOTE TO SERVICES THAT KEEP PEOPLE HEALTHY, SUCH AS PRIMARY CARE	84%	81%	87%	82%
SET LIMITS ON HEALTH CARE SPENDING GROWTH AND PENALIZE PAYERS OR PROVIDERS THAT FAIL TO CURB EXCESSIVE SPENDING GROWTH	82%	73%	88%	81%
SET A MINIMUM AMOUNT THAT NONPROFIT HOSPITALS MUST SPEND ON COMMUNITY BENEFIT AND REQUIRE THEM TO DEVOTE A PORTION OF THE FUNDS TO PROGRAMS INTENDED TO REDUCE HEALTH DISPARITIES	81%	76%	87%	79%

Source: 2022 Poll of Connecticut 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 46% of Connecticut respondents who encountered one or more cost-related barriers to getting healthcare during the prior 12 months, 15% did not fill a prescription, while 15% cut pills in half or skipped doses of medicine due to cost.
2. Median household income in Connecticut was \$79,855 (2016-2020). U.S. Census, *Quick Facts*. Retrieved from: [U.S. Census Bureau QuickFacts: Connecticut](#)
3. Nearly 2 in 3 (64%) 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 (66%) and those earning between \$50,000 and \$75,000 (72%).



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](https://twitter.com/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 views on fixes that might be needed.

The survey used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Connecticut. 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 1,306 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
HOUSEHOLD INCOME		
Under \$20K	252	19%
\$20K - \$30K	159	12%
\$30K - \$40K	137	10%
\$40K - \$50K	108	8%
\$50K - \$60K	136	10%
\$60K - \$75K	124	9%
\$75K - \$100K	141	11%
\$100K - \$150K	166	13%
\$150K+	83	6%
AGE		
18-24	410	32%
25-34	278	22%
35-44	209	16%
45-54	155	12%
55-64	122	10%
65+	107	8%
HEALTH STATUS		
EXCELLENT	220	17%
VERY GOOD	447	34%
GOOD	412	32%
FAIR	188	14%
POOR	39	3%
DISABILITY		
MOBILITY: SERIOUS DIFFICULTY WALKING OR CLIMBING STAIRS	180	14%
COGNITION: SERIOUS DIFFICULTY CONCENTRATING, REMEMBERING OR MAKING DECISIONS	149	11%
INDEPENDENT LIVING: SERIOUS DIFFICULTY DOING ERRANDS ALONE, SUCH AS VISITING A DOCTOR’S OFFICE	108	8%
HEARING: DEAFNESS OR SERIOUS DIFFICULTY HEARING	85	7%
VISION: BLINDNESS OR SERIOUS DIFFICULTY SEEING, EVEN WHEN WEARING GLASSES	82	6%
SELF-CARE: DIFFICULTY DRESSING OR BATHING	60	5%
NO DISABILITY OR LONG-TERM HEALTH CONDITION	860	66%

DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
GENDER		
WOMAN	832	64%
MAN	431	33%
TRANSWOMAN	5	<1%
TRANSMAN	11	1%
GENDERQUEER/NONBINARY	29	2%
INSURANCE TYPE		
HEALTH INSURANCE THROUGH EMPLOYER OR FAMILY MEMBER’S EMPLOYER	484	37%
HEALTH INSURANCE I BUY ON MY OWN	95	7%
MEDICARE	210	16%
HUSKY MEDICAID	388	30%
TRICARE/MILITARY HEALTH SYSTEM	19	1%
DEPARTMENT OF VETERANS AFFAIRS (VA) HEALTH CARE	9	1%
NO COVERAGE OF ANY TYPE	50	4%
I DON’T KNOW	51	4%
RACE/ETHNICITY		
AMERICAN INDIAN OR NATIVE ALASKAN	51	4%
ASIAN	65	5%
BLACK OR AFRICAN AMERICAN	274	21%
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	15	1%
WHITE	802	61%
PREFER NOT TO ANSWER	75	6%
TWO OR MORE RACES	42	4%
PARTY AFFILIATION		
REPUBLICAN	244	19%
DEMOCRAT	480	37%
NEITHER	582	45%

Source: 2022 Poll of Connecticut 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.

Note on comparisons: We do not conduct statistical calculations to determine the significance of differences in findings. Comparisons are for conversational purposes only and are determined 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 .30.