ALTARUM
HEALTHCARE VALUE HUB

DATA BRIEF NO. 134 | OCTOBER 2022

Connecticut Residents Bear Healthcare Affordability Burdens Unequally; Distrust of/Disrespect by Healthcare Providers Leads Some to Delay/Go Without Needed Care

A survey of more than 1,300 Connecticut adults conducted from July 22 to August 12, 2022 revealed that:

- More than half (**55%**) of Connecticut respondents have experienced one or more healthcare affordability burdens in the past 12 months. Nearly four in five (**78%**) worry about affording some aspect of healthcare now or in the future.
- Respondents of color experienced greater affordability burdens than their white, non-Hispanic/Latinx counterparts: **78%** of American Indian or Native Alaskan, Asian, Native Hawaiian or other Pacific Islander and **69%** of Black/African American respondents have experienced one or more healthcare affordability burdens in the past 12 months, compared to **48%** of white respondents and **67%** of Hispanic/Latinx respondents have experienced one or more healthcare affordability burdens, compared to **52%** of non-Hispanic/Latinx repsondents.
- Respondents living in households with a person with a disability more frequently reported affordability burdens than respondents without a disabled household member, including: rationing medication due to cost (**40%** versus **16%**); delaying or going without care due to cost (**67%** versus **39%**); and going into medical debt, depleting savings or sacrificing basic needs due to medical bills (**54%** versus **26%**).
- Thirty-eight percent of respondents of color skipped needed medical care due to distrust of or feeling disrespected by healthcare providers, compared to **14%** of white respondents.
- Sixty-one percent of all respondents think that people are treated unfairly based on their race or ethnic background somewhat or very often in the U.S. healthcare system.

Difference in Affordability Burdens and Concerns

Race

Racial disparities in healthcare and affordability issues impact access to care and beget financial burdens for communities of color, particularly Black and Hispanic/Latinx communities.[1,2] In Connecticut, respondents of color reported higher rates of affordability burdens than white respondents, including higher rates of rationing medication due to cost; delaying or going without care due to cost; and incurring medical debt, depleting savings or sacrificing basic needs (like food, heat and housing) due to medical bills (see Table 1).

In addition to rationing medication, respondents of color more frequently reported difficulty getting mental health treatment and delaying/going without medical assistive devices due to cost, alongside problems getting addiction treatment and going without dental care (see Figure 1 and 2).[3]

Table 1

Percent Who Experienced Healthcare Affordability Burdens, by Race/Ethnicity

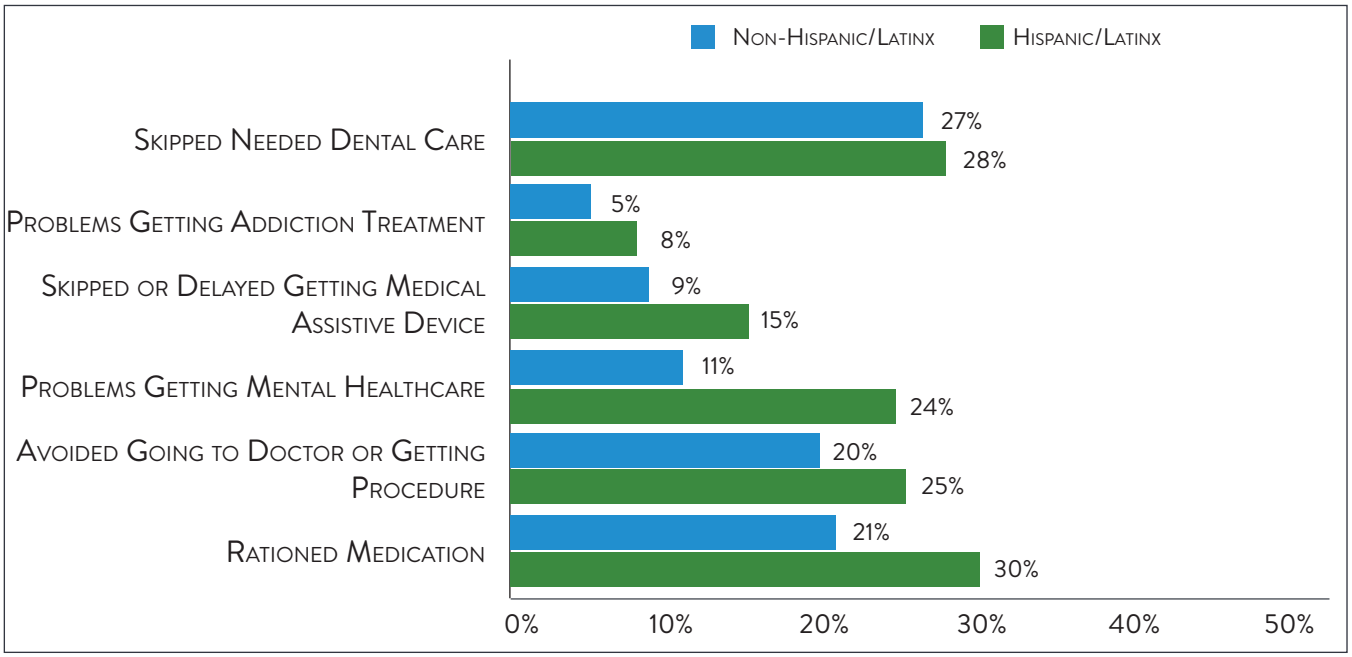
	American Indian or Native Alaskan, Asian, Native Hawaiian or other Pacific Islander*	Black/ African American	White	Hispanic/ Latinx	Non-Hispanic/ Latinix
Any Healthcare Affordability Burden	78%	69%	48%	67%	52%
Any Healthcare Affordability Worry	92%	76%	76%	86%	76%
Rationed Medication Due to Cost	37%	33%	19%	30%	21%
Delayed/Went Without Care Due to Cost	61%	57%	42%	55%	44%
Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills	59%	49%	27%	47%	30%

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.

Figure 1

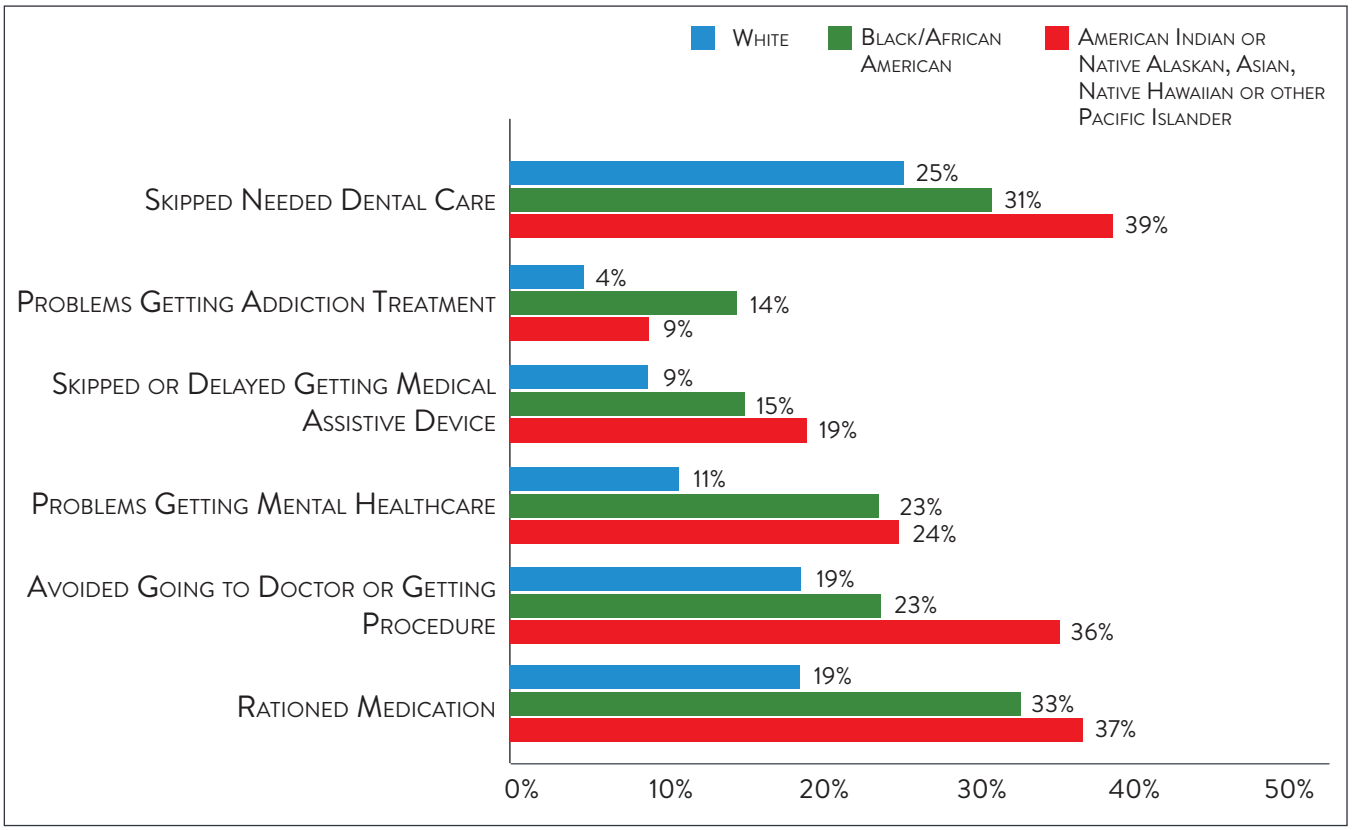
Percent Who Went Without Select Types of Care Due to Cost, by Ethnicity



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

Figure 2

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

Income

The survey also revealed differences in how Connecticut respondents experience healthcare affordability burdens by income. Unsurprisingly, respondents at the lowest end of the income spectrum most frequently reported affordability burdens, with two-thirds (**67%**) of those with household incomes of less than $50,000 per year struggling to afford healthcare in the past 12 months (see Table 2). Still, roughly half of respondents living in middle- and high-income households reported struggling to afford some aspect of coverage or care, demonstrating that affordability problems go far up the income ladder. At least **66%** of respondents in each income group reported being worried about affording healthcare either now or in the future.

Respondents living in lower-income households also more frequently reported rationing care due to cost. More than half (**57%**) of lower-income earners reported delaying or going without at least one healthcare service or treatment due to cost in the past year, compared to less than half (**37%** to **43%**) of those earning over $75,000. Additionally, over 1 in 4 (**28%**) of respondents with household incomes of $50,000 or less reported not filling a prescription, skipping doses of medicines or cutting pills in half due to cost, compared to fewer than 1 in 5 respondents in other higher income brackets.

Lower-income individuals also most frequently reported financial consequences after receiving healthcare services—up to **46%** of individuals who earn less than $75,000 a year either went into medical debt, depleted their savings or sacrificed other basic needs (like food, heat or housing) due to medical bills, compared to up to **27%** of those earning over $75,000.

Table 2

Percent Who Experienced Healthcare Affordability Burdens, by Income

	Less than $50K	$50K-$75K	$75K-$100K	More than $100K
Any Healthcare Affordability Burden	67%	62%	48%	45%
Any Healthcare Affordability Worry	86%	88%	82%	66%
Rationed Medication Due to Cost	28%	26%	15%	19%
Delayed/Went Without Care Due to Cost	57%	52%	43%	37%
Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills	42%	46%	27%	24%

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

Disability Status

People with disabilities interact with the healthcare system more often than those without disabilities and, as a result, tend to face more out-of-pocket costs.[4] Additionally, people who receive disability benefits face unique coverage challenges that impact their ability to afford needed care, such as the possibility of losing coverage if their household income or assets increase over a certain amount (for example, after getting married).[5]

Connecticut respondents who have or live with a person with a disability more frequently reported a diverse array of affordability burdens compared to others (see Table 3). These individuals also more frequently reported worrying about healthcare affordability in general (**86%** versus **75%**) and losing health insurance specifically (**43%** versus **22%**).

Table 3

Percent Who Experienced Healthcare Affordability Burdens, by Disability Status

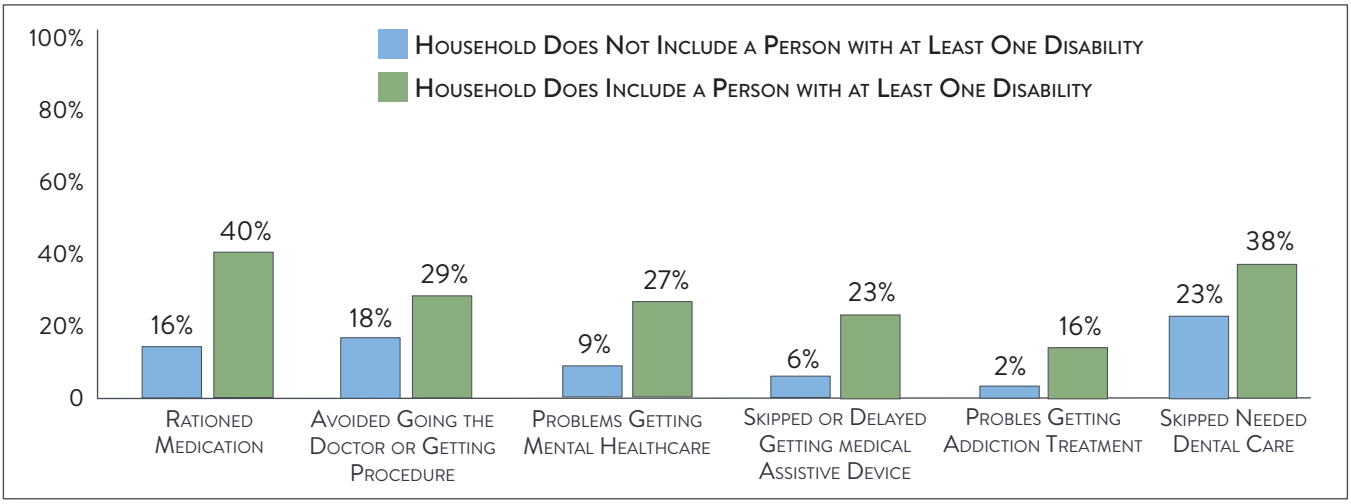
	Household Does Not Include a Person with at Least One Disability	Household Includes a Person with at Least One Disability
Any Healthcare Affordability Burden	47%	77%
Any Healthcare Affordability Worry	75%	86%
Rationed Medication Due to Cost	16%	40%
Delayed/Went Without Care Due to Cost	39%	67%
Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills	26%	54%

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

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 disability (who may have needed such tools temporarily or may not identify as having a disability) reported this experience (see Figure 3). Similarly, **27%** of respondents reporting a disability in their household reported problems getting mental health care compared to **9%** of households without a person with a disability.

Figure 3

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



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

Gender

The survey also surfaced differences in healthcare affordability burdens and worry by gender. Women who responded to the survey were more likely to report having experienced at least one affordability burden in the past year than those identifying as men (**56%** versus **53%**) (see Table 4). While women more frequently reported delaying or going without care due to cost in general, men reported higher rates of rationing their medications by not filling a prescription, skipping doses or cutting pills in half.

While most respondents of both genders reported being somewhat or very concerned, a higher percentage of women reported worrying about affording some aspect of coverage or care than men (**82%** versus **73%**).

Due to the small sample size, this survey could not produce reliable estimates exclusively for transgender or genderqueer/nonbinary respondents. However, it is important to note that these groups experience unique healthcare affordability burdens—**1%** of survey respondents (16 respondents) reported that they or a family member had trouble affording the cost of gender-affirming care, such as hormone therapy or reconstructive surgery.

Table 4

Percent Who Experienced Healthcare Affordability Burdens, by Gender Identity

	Men	Women
Any Healthcare Affordability Burden	53%	56%
Any Healthcare Affordability Worry	73%	82%
Rationed Medication Due to Cost	24%	22%
Delayed/Went Without Care Due to Cost	45%	48%
Incurred Medical Debt, Depleted Savings and/or Sacrificed Basic Needs due to Medical Bills	34%	33%

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

Note: Due to small sample sizes, we could not produce reliable statistics exclusively for individuals who identify as transgender or genderqueer/nonbinary. We regret that we were unable to supply additional information on healthcare affordability issues in these communities.

Disrespect and Mistrust in the Health System

Whether a patient trusts and/or feels respected by their healthcare provider may impact whether they seek needed care. In Connecticut, over 1 in 4 (27%) of respondents reported that their provider never, rarely or only sometimes treats them with respect. When asked *why* they felt healthcare providers did not treat them with respect, four out of ten respondents cited their income or financial status (40%), followed by race (30%), ethnic background (24%), physical, mental or cognitive disability (22%) and gender/gender identity (20%). In lesser numbers, respondents cited experience with violence or abuse (12%) and sexual orientation (10%) as reasons for the disrespect.

Respondents of color and those with a person with a disability in their household more frequently reported distrust in and feeling disrespected by their healthcare providers than their white or non-disabled counterparts (see Table 5). They also more frequently went without medical care due to that distrust and/or disrespect. Thirty-eight percent of respondents of color skipped needed medical care due to distrust of or feeling disrespected by healthcare providers, compared to 14% of white respondents. Additionally, 39% of respondents who have/are living with a person with a disability went without care due to distrust or disrespect, compared to 15% of those without a household member with a disability.

In addition, respondents covered through HUSKY Medicaid (coverage for low-income people) reported higher rates of distrusting or feeling disrespected by a healthcare provider compared to those with private insurance and Medicare. Respondents earning less than $50,000 most frequently reported distrust/disrespect as well as going without care due to distrust/disrespect.

Individual and Systemic Racism

Respondents perceived that both individual *and systemic* racism exist in the U.S. healthcare system. Sixty-one percent of respondents believe that people are treated unfairly based on their race or ethnic background, either somewhat or very often. When asked what they think causes healthcare systems to treat people unfairly based on their race or ethnic background:

- 1 in 5 (21%) cited policies and practices built into the healthcare system;
- 1 in 4 (25%) cited the actions and beliefs of individual healthcare providers; and
- Nearly half (48%) 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 70% of respondents agree or strongly agree that the U.S. healthcare system needs to change. Understanding how the healthcare system disproportionately harms some groups of people over others is key to creating a fairer and higher value system for all.

Making healthcare 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 Connecticut residents want their policymakers to pursue, see: *Connecticut Residents Struggle to Afford High Healthcare Costs; Worry About Affording Healthcare in the Future; Support a Range of Government Solutions Across Party Lines*, Healthcare Value Hub, Data Brief No. 133 (October 2022).

Table 5

Percent who Distrusted/Felt Disrespected by a Healthcare Provider in the Last Year, by Race, Ethnicity, Disability Status, Insurance Type and Income

	Distrusted or Felt Disrespected by a Healthcare Provider	Went without Needed Care Due to Distrust of/ Disrespect by a Healthcare Provider
All Respondents	38%	21%
Ethnicity		
Non-Hispanic/Latinx	33%	18%
Hispanic/Latinx	55%	34%
Race		
American Indian or Native Alaskan, Asian, Native Hawaiian or other Pacific Islander	59%	44%
Black/African American	60%	36%
White	29%	14%
Disability Status		
Household Includes a Person with at Least One Disability	59%	39%
Household Does Not Include a Person with at Least One Disability	30%	15%
Insurance Type		
Private Insurance: Either health insurance through my employer or a family member's employer or health insurance I purchase on my own	39%	23%
Medicare, Coverage for Seniors and Those with Serious Disabilities	24%	11%
HUSKY Medicaid, Coverage for Low-Income People	49%	28%
Income		
Less than $50k	49%	29%
$50k - $75k	43%	27%
$75k - $100k	35%	17%
More than $100k	28%	14%

Source: 2022 Poll of Connecticut 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).

2. Kaplan, Alan and O'Neill, Daniel, "Hospital Price Discrimination Is Deepening Racial Health Inequity," *New England Journal of Medicine—Catalyst* (December 2020).

3. A small share of respondents also reported barriers to care that were unique to their ethnic or cultural backgrounds. Two percent reported not getting needed medical care because they couldn't find a doctor of the same race, ethnicity or cultural background as them and three percent because they couldn't find a doctor who spoke their language.

4. Miles, Angel L., *Challenges and Opportunities in Quality Affordable Health Care Coverage for People with Disabilities*, Protect Our Care Illinois (February 2021),

5. A 2019 Commonwealth Fund report noted that people with disabilities risk losing their benefits if they make more than $1,000 per month. According to the Center for American Progress, in most states, people who receive Supplemental Security are automatically eligible for Medicaid. Therefore, if they lose their disability benefits they may also lose their Medicaid coverage. Forbes has also reported on marriage penalties for people with disabilities, including fears about losing health insurance. See: Seervai, Shanoor, Arnav Shah and Tanya Shah, *The Challenges of Living with a Disability in America, and How Serious Illness Can Add to Them*, Commonwealth Fund (April 2019); Fremstaf, Shawn, and Rebecca Valles, *The Facts on Social Security Disability Insurance and Supplemental Security Income for Workers with Disabilities*, Center for American Progress (May 2013); and Pulrang, Andrew, "*A Simple Fix For One Of Disabled People's Most Persistent, Pointless Injustices*," *Forbes* (April 2020).

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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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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%
Hispanic or Latinx – Yes	358	27%
Hispanic or Latinx - No	948	73%
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.