



DATA BRIEF NO. 135 | NOVEMBER 2022

## Washington 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 Washington adults, conducted from August 3 to August 16, 2022, found that respondents are worried about affording healthcare and are looking to policymakers to address healthcare costs. Notably:

- 3 in 5 (62%) respondents experienced at least one healthcare affordability burden in the past year;
- 4 in 5 (81%) worry about affording healthcare in the future;
- Lower-income respondents, respondents with disabilities and Black/African American and Hispanic/Latinx respondents reported higher rates of going without care and incurring 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, Washington adults experience hardship due to high healthcare costs. All told, well over half (62%) of respondents experienced one or more of the following healthcare affordability burdens in the prior 12 months:

#### 1) BEING UNINSURED DUE TO HIGH COSTS

Overall, 43% 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

More than half (56%) of all respondents reported delaying or going without a variety of healthcare services during the prior 12 months due to cost:

- 36%—Skipped needed dental care
- 33%—Delayed going to the doctor or having a procedure done
- 29%—Avoided going to the doctor or having a procedure done altogether
- 27%—Cut pills in half, skipped doses of medicine or did not fill a prescription<sup>1</sup>
- 27%—Skipped a recommended medical test or treatment
- 25%—Had problems getting mental healthcare or addiction treatment
- 16%—Skipped or delayed getting a medical assistive device

Moreover, cost was the most frequently cited reason for not getting needed medical care (reported by 24% of respondents), exceeding a host of other barriers like difficulty getting an appointment, 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. Nearly two in five (39%) experienced one or more of these struggles to pay their medical bills:

- 19%—Used up all or most of their savings
- 14%—Were contacted by a collection agency
- 13%—Were unable to pay for basic necessities like food, heat or housing
- 12%—Racked up large amounts of credit card debt
- 12%—Borrowed money, got a loan or another mortgage on their home
- 8%—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 Washington respondents seek these services. Trouble paying for dental bills may reflect lower rates of coverage for these services.

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

Washington respondents also exhibit high levels of worry about affording healthcare in the future. Four in five (81%) reported being “worried” or “very worried” about affording some aspect of healthcare in the future, including:

- 64%—Cost of nursing home or home care services
- 62%—Medical costs when elderly
- 60%—Health insurance will become unaffordable
- 58%—Medical costs in the event of a serious illness or accident
- 53%—Cost of dental care
- 50%—Prescription drugs will become unaffordable
- 34%—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 35-64. This finding suggests that Washington 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 who are American Indian or Native Alaskan, Asian or Native Hawaiian or other Pacific Islander; Hispanic/Latinx respondents; and those living in households with a person with a disability (see Table 1).

More than 4 in 5 (84%) of respondents with household incomes of less than \$75,000 per year<sup>2</sup> reported worrying about affording some aspect of coverage or care in the past year. Still, the vast majority of Washington respondents of all incomes, races, ethnicities and levels of ability statewide are somewhat or very concerned about the cost of healthcare.

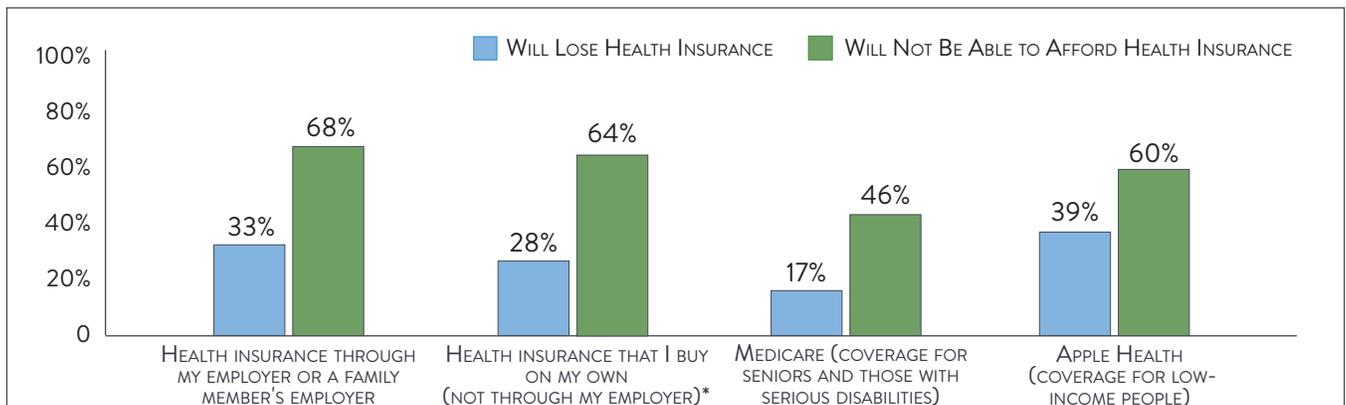
Concern that health *insurance* will become unaffordable is also more prevalent among certain groups of Washington adults. By insurance type, respondents with coverage through their employer are most frequently reported worrying about affording coverage, followed by respondents who buy their insurance on their own and those with Apple Health (see Figure 1).

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

	ANY HEALTHCARE AFFORDABILITY WORRY
ALL RESPONDENTS	81%
<b>INCOME</b>	
LESS THAN \$50,000	84%
\$50,000 - \$75,000	84%
\$75,000 - \$100,000	81%
MORE THAN \$100,000	78%
<b>GEOGRAPHIC SETTING</b>	
RURAL	85%
NON-RURAL	80%
<b>ETHNICITY</b>	
HISPANIC/LATINX	89%
NON-HISPANIC/LATINX	80%
<b>RACE<sup>3</sup></b>	
AMERICAN INDIAN OR NATIVE ALASKAN, ASIAN AND NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	88%
BLACK/AFRICAN AMERICAN	76%
WHITE	81%
<b>DISABILITY STATUS<sup>4</sup></b>	
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	78%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	88%

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

**Figure 1**  
**Worry about Losing or Affording Health Insurance, by Coverage Type**



Source: 2022 Poll of Washington 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 between \$50,000 and \$75,000 reported the highest rates of worry about affording coverage. Black/African American respondents reported the highest rates of worry about losing coverage, while respondents in the American Indian or Native Alaskan, Asian and Native Hawaiian or other Pacific Islander group reported the highest rates of worry about affording coverage. Additionally, respondents living in households with a person with a disability were more likely to be concerned about losing health insurance specifically than their non-disabled counterparts (see Table 2).

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

**Table 2**

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

	WORRY ABOUT LOSING HEALTH INSURANCE	WORRY ABOUT HEALTH INSURANCE BECOMING UNAFFORDABLE
ALL RESPONDENTS	30%	60%
<b>INCOME</b>		
LESS THAN \$50,000	31%	60%
\$50,000 - \$75,000	31%	65%
\$75,000 - \$100,000	35%	60%
MORE THAN \$100,000	28%	59%
<b>GEOGRAPHIC SETTING</b>		
RURAL	41%	66%
NON-RURAL	27%	59%
<b>ETHNICITY</b>		
HISPANIC/LATINX	46%	73%
NON-HISPANIC/LATINX	28%	58%
<b>RACE</b>		
AMERICAN INDIAN OR NATIVE ALASKAN, ASIAN AND NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	38%	73%
BLACK/AFRICAN AMERICAN	40%	58%
WHITE	28%	58%
<b>DISABILITY STATUS</b>		
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	22%	57%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	48%	67%

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

## DIFFERENCES IN HEALTHCARE AFFORDABILITY BURDENS

The survey also revealed differences in how Washington respondents experience healthcare affordability burdens by income, insurance type, age, 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 nearly three-quarters (70%) of those

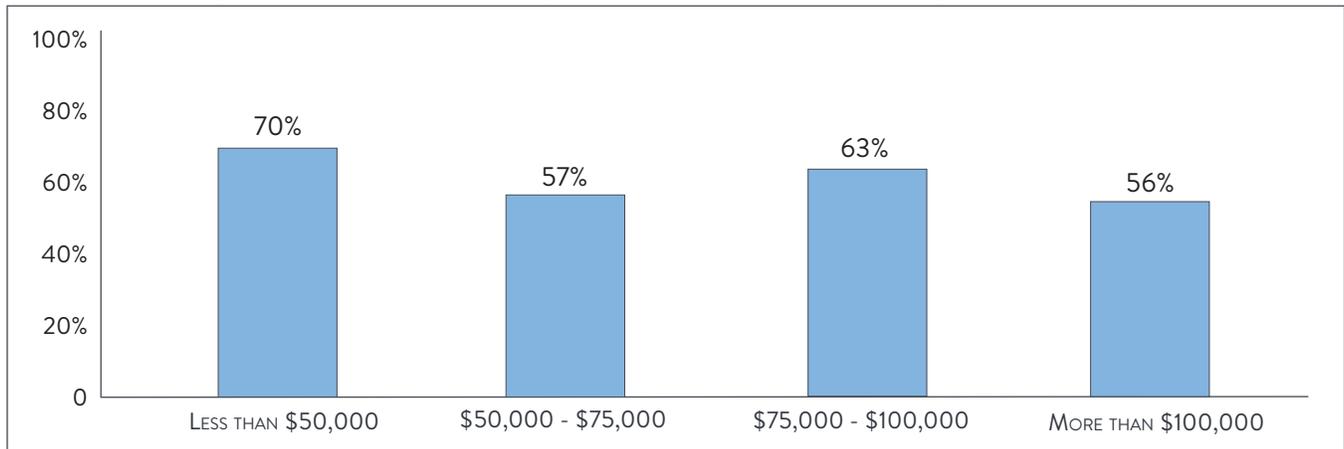
earning less than \$50,000 per year struggling to afford some aspect of coverage or care in the past 12 months (see Figure 2). This may be, in part, due to respondents in this income group reporting high rates of going without care and rationing their medication due to cost (see Figure 3).

Further analysis found that Washington respondents ages 18-44 are more likely to go without care and ration medication due to cost than respondents ages 45 and up (see Figure 4).

**Insurance Type**

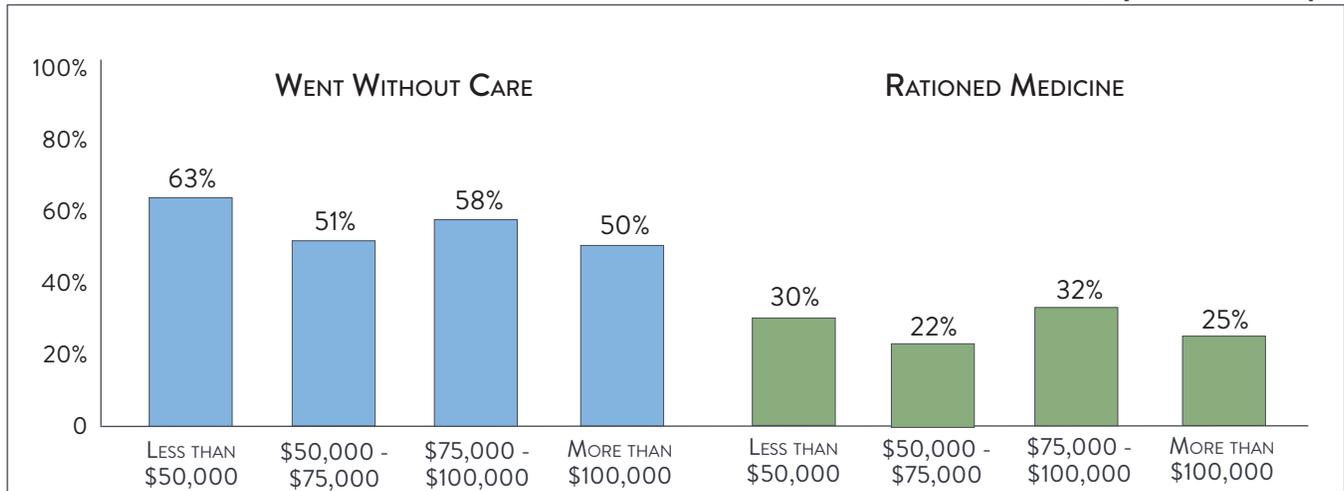
Respondents with Apple Health, Washington’s Medicaid program for people with low incomes, reported the highest rates of going without care due to cost (70%) and the highest rate of rationing medication (37%) (see Table 3). Still, more than half of respondents with employer-sponsored or self-purchased insurance went without care due to cost (57%) and more than 1 in 4 respondents with employer-sponsored or self-purchased insurance reported rationing medication due to cost (28%).

**Figure 2**  
**Percent with Any Healthcare Affordability Burden in Prior 12 Months, by Income Group**



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

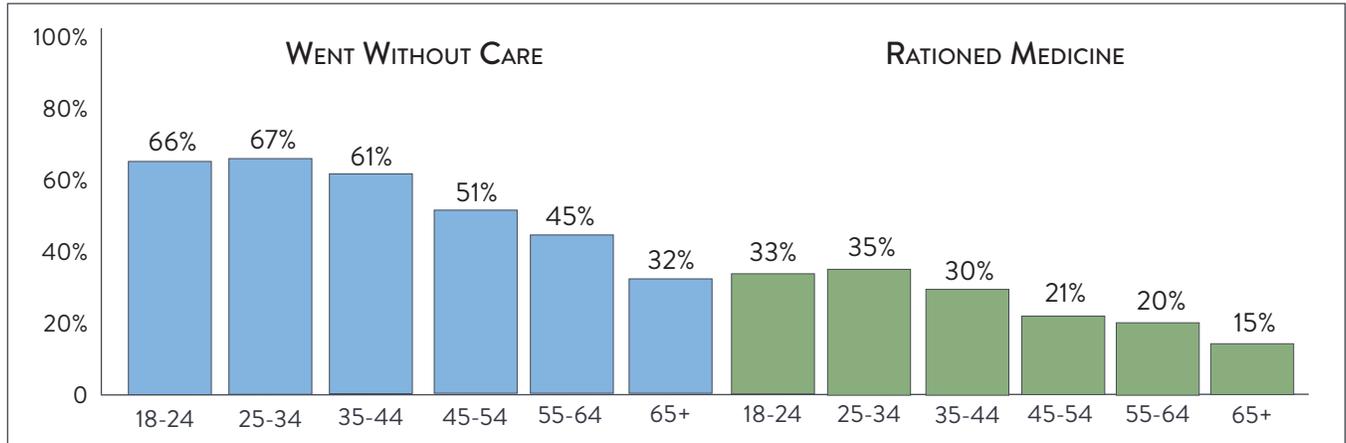
**Figure 3**  
**Percent Who Went Without Care or Rationed Medicine Due to Cost in Prior 12 Months, by Income Group**



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

**Table 3**

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

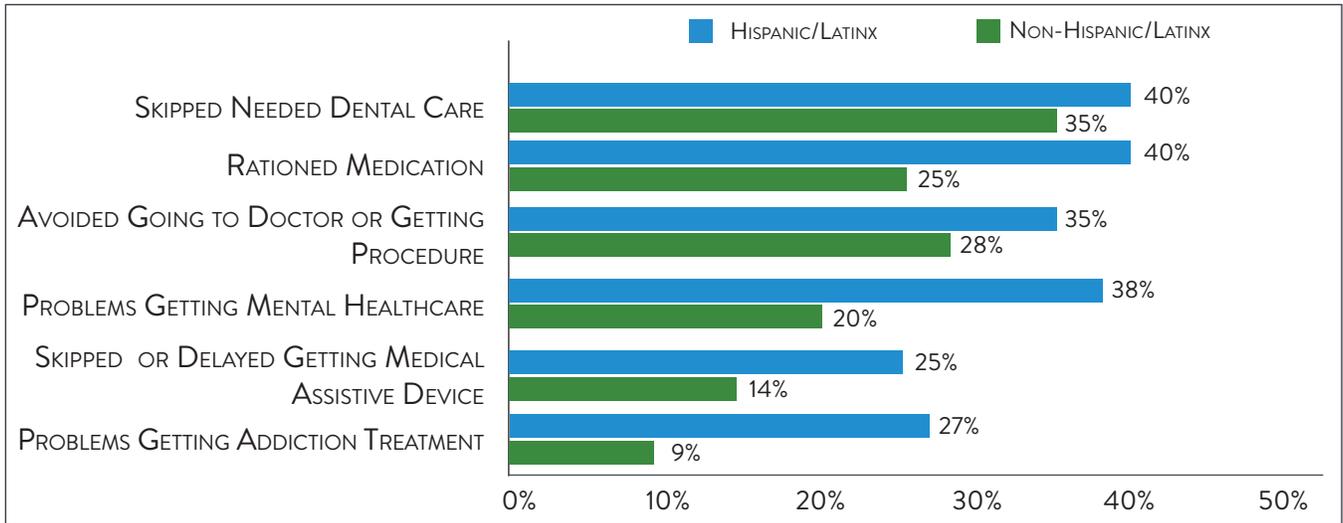
	WENT WITHOUT CARE DUE TO COST	EITHER DID NOT FILL A PRESCRIPTION, CUT PILLS IN HALF OR SKIPPED A DOSE DUE TO COST CONCERNS
ALL RESPONDENTS	56%	27%
<b>RACE</b>		
AMERICAN INDIAN OR NATIVE ALASKAN, ASIAN AND NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	54%	28%
BLACK/AFRICAN AMERICAN	60%	37%
WHITE	55%	27%
<b>ETHNICITY</b>		
Hispanic/Latinx	65%	40%
Non-Hispanic/Latinx	54%	25%
<b>GEOGRAPHIC SETTING</b>		
RURAL	65%	37%
NON-RURAL	53%	24%
<b>DISABILITY STATUS</b>		
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	46%	18%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	75%	46%
<b>INSURANCE TYPE</b>		
PRIVATE INSURANCE: EITHER HEALTH INSURANCE THROUGH MY EMPLOYER OR A FAMILY MEMBER'S EMPLOYER OR HEALTH INSURANCE I PURCHASE ON MY OWN	57%	28%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	43%	20%
APPLE HEALTH, COVERAGE FOR LOW-INCOME PEOPLE	70%	37%

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

**Race/Ethnicity**

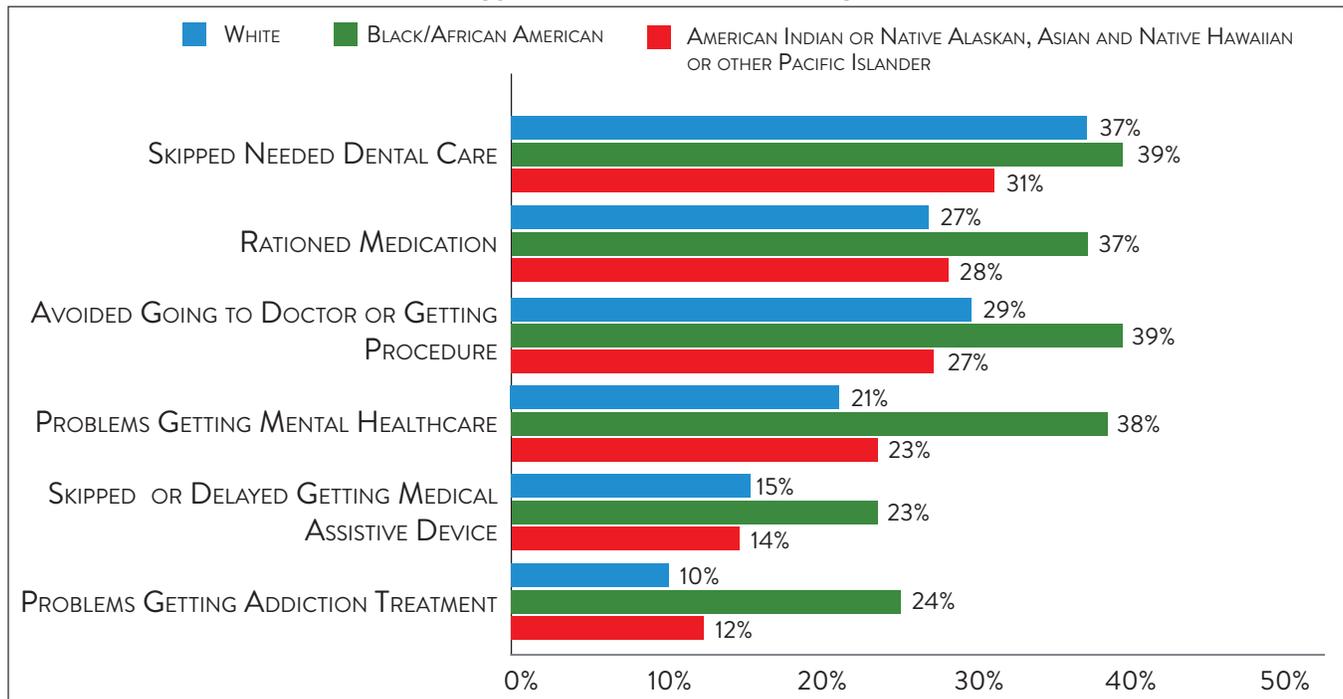
Respondents of color reported higher rates of rationing medication due to cost when compared to white respondents (see Table 3). Further analysis showed that respondents of color also had slightly higher rates of problems getting mental health care, problems getting addiction treatment and skipping needed dental care (see Figures 5 and 6).

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



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

### 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. Three in four (75%) of respondents in this group went without some form of care and almost half (46%) rationed medication compared to 18% of respondents living in households without a person with a disability (see Table 3). 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).

**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	23%	42%
PROBLEMS GETTING MENTAL HEALTHCARE	15%	39%
PROBLEMS GETTING ADDICTION TREATMENT	6%	21%
SKIPPED NEEDED DENTAL CARE	29%	49%
SKIPPED OR DELAYED GETTING A MEDICAL ASSISTIVE DEVICE	8%	32%

Source: 2022 Poll of Washington 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—32% 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 8% 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.

### Encountering Medical Debt

The survey also found 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 and disability status. Fifty-six percent of Black/African-American respondents and 54% of Hispanic/Latinx respondents reported going into debt, depleting savings or going without other needs due to medical bills, as well as 40% of American Indian or Native Alaskan, Asian and Native Hawaiian or other Pacific Islander, compared to 36% of white respondents (see Table 5).

Similarly, respondents living in households with a person with a disability had an even greater disparity, with 3 in 5 respondents (61%) reporting going into debt or going without other needs due to medical bills, compared to just over 1 in 4 (28%) of respondents living in households without a disabled member. In addition, respondents insured through Apple Health reported the highest rate of the above financial burdens due to medical bills (47%), followed by employer-sponsored insurance or self-purchased insurance (43%).

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

	INCURRED MEDICAL DEBT, DEPLETED SAVINGS AND/OR SACRIFICED BASIC NEEDS DUE TO MEDICAL BILLS
ALL RESPONDENTS	39%
<b>INCOME</b>	
LESS THAN \$50,000	41%
\$50,000 - \$75,000	38%
\$75,000 - \$100,000	40%
MORE THAN \$100,000	37%
<b>GEOGRAPHIC SETTING</b>	
RURAL	50%
NON-RURAL	35%
<b>ETHNICITY</b>	
HISPANIC/LATINX	54%
NON-HISPANIC/LATINX	36%
<b>RACE</b>	
AMERICAN INDIAN OR NATIVE ALASKAN, ASIAN AND NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	40%
BLACK/AFRICAN AMERICAN	56%
WHITE	36%
<b>DISABILITY STATUS</b>	
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	28%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	61%
<b>INSURANCE TYPE</b>	
PRIVATE INSURANCE: EITHER HEALTH INSURANCE THROUGH MY EMPLOYER OR A FAMILY MEMBER'S EMPLOYER OR HEALTH INSURANCE I PURCHASE ON MY OWN	43%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	25%
APPLE HEALTH, COVERAGE FOR LOW-INCOME PEOPLE	47%

Source: 2022 Poll of Washington 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 Washington respondents' healthcare affordability burdens and concerns, it is not surprising that they are dissatisfied with the health system:

- Just 33% agreed or strongly agreed that “*we have a great healthcare system in the U.S.*”
- While 73% 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

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

- 51% 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.

However, 24% of respondents chose the response “There is not anything I can do personally to make our health system better.”

### GOVERNMENT ACTIONS

Washington respondents see the 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:

- 46%—Healthcare
- 44%—Economy/Joblessness
- 39%—Affordable Housing

When asked about the top four *healthcare* priorities the government should work on, respondents said policymakers should:

- 48%—Address high healthcare costs, including prescription drugs
- 37%—Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition
- 34%—Improve Medicare, coverage for seniors and those with serious disabilities
- 30%—Get health insurance to those who cannot afford coverage

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

- 76%—Drug companies charging too much money
- 68%—Hospitals charging too much money
- 68%—Insurance companies charging too much money

When it comes to tackling costs, respondents endorsed a number of strategies, including that the government should:

- 92%—Require insurers to provide up-front cost estimates to consumers
- 92%—Show what a fair price would be for specific procedures
- 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
- 90%—Require hospitals and doctors to provide up-front cost estimates to consumers
- 87%—Impose price controls on contracts between insurers and healthcare providers
- 82%—Set limits on healthcare spending growth and penalize payers or providers that fail to curb excessive spending growth

**SUPPORT FOR ACTION ACROSS PARTY LINES**

Washington respondents also showed remarkable support for change regardless of 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."	33%	39%	37%	25%
"THE U.S. HEALTHCARE SYSTEM NEEDS TO CHANGE"	73%	63%	82%	70%
THE GOVERNMENT SHOULD REQUIRE INSURERS TO PROVIDE UP-FRONT COST ESTIMATES TO CONSUMERS	92%	89%	94%	92%
THE GOVERNMENT SHOULD SHOW WHAT A FAIR PRICE WOULD BE FOR A SPECIFIC PROCEDURE	92%	92%	95%	89%
THE GOVERNMENT SHOULD REQUIRE HOSPITALS AND DOCTORS TO PROVIDE UP-FRONT COST ESTIMATES TO CONSUMERS	90%	87%	91%	91%
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	90%	89%	92%	89%
THE GOVERNMENT SHOULD IMPOSE PRICE CONTROLS ON CONTRACTS BETWEEN INSURERS AND HEALTHCARE PROVIDERS	87%	81%	93%	84%
THE GOVERNMENT SHOULD STRENGTHEN POLICIES TO DRIVE MORE COMPETITION IN HEALTHCARE MARKETS TO IMPROVE CHOICE AND ACCESS	87%	88%	89%	85%
THE GOVERNMENT SHOULD LOWER THE AMOUNT PATIENTS ARE CHARGED FOR THE TREATMENT AND MAINTENANCE OF CONDITIONS THAT DISPROPORTIONATELY AFFECT DISADVANTAGED GROUPS OF PEOPLE, SUCH AS DIABETES	86%	80%	91%	84%
THE GOVERNMENT SHOULD SET LIMITS ON HEALTHCARE SPENDING GROWTH AND PENALIZE PAYERS OR PROVIDERS THAT FAIL TO CURB EXCESSIVE SPENDING GROWTH	82%	77%	88%	78%
THE GOVERNMENT SHOULD 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	81%	75%	86%	79%

Source: 2022 Poll of Washington 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 across political parties, suggests that elected leaders and other stakeholders need to make addressing healthcare costs and the consumer burden a top priority. A wide variety of policy recommendations received support from respondents, including setting limits on healthcare spending growth, imposing price controls on contracts between insurers and healthcare providers, and strengthening policies to drive more competition in healthcare markets. 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 56% of Washington respondents who encountered one or more cost-related barriers to getting healthcare during the prior 12 months, 20% did not fill a prescription, while 20% cut pills in half or skipped doses of medicine due to cost.
2. Median household income in Washington was \$77,006 (2016-2020). U.S. Census, *Quick Facts*. Retrieved from: [U.S. Census Bureau QuickFacts: Washington](#)
3. Regarding race/ethnicity categories, the survey separates Black/African American, Hispanic/Latinx and White respondents because there were at least 100 responses for each group. Rather than grouping and labeling the remaining respondents who were American Indian or Native Alaskan, Asian and Native Hawaiian or other Pacific Islander into an “Other” category, this brief instead listed them out together in a single remaining category.
4. Regarding disability status, 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.



### 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.

This survey, conducted from August 3 to August 16, 2022, used a web panel from online survey company Dynata with a demographically balanced sample of approximately 1,502 respondents who live in Washington. 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 1,347 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	213	16%
\$20K - \$30K	129	10%
\$30K - \$40K	144	11%
\$40K - \$50K	110	8%
\$50K - \$60K	130	10%
\$60K - \$75K	131	10%
\$75K - \$100K	173	13%
\$100K - \$150K	190	14%
\$150K+	127	9%
<b>Age</b>		
18-24	245	18%
25-34	296	22%
35-44	186	14%
45-54	173	13%
55-64	205	15%
65+	230	17%
<b>HEALTH STATUS</b>		
EXCELLENT	198	15%
VERY GOOD	429	32%
GOOD	443	33%
FAIR	213	16%
POOR	64	5%
<b>DISABILITY</b>		
MOBILITY: SERIOUS DIFFICULTY WALKING OR CLIMBING STAIRS	220	16%
COGNITION: SERIOUS DIFFICULTY CONCENTRATING, REMEMBERING OR MAKING DECISIONS	164	12%
INDEPENDENT LIVING: SERIOUS DIFFICULTY DOING ERRANDS ALONE, SUCH AS VISITING A DOCTOR’S OFFICE	124	9%
HEARING: DEAFNESS OR SERIOUS DIFFICULTY HEARING	127	9%
VISION: BLINDNESS OR SERIOUS DIFFICULTY SEEING, EVEN WHEN WEARING GLASSES	111	8%
SELF-CARE: DIFFICULTY DRESSING OR BATHING	85	6%
NO DISABILITY OR LONG-TERM HEALTH CONDITION	890	66%

DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
<b>GENDER</b>		
WOMAN	801	59%
MAN	516	38%
TRANSWOMAN	2	<1%
TRANSMAN	4	<1%
GENDERQUEER/NONBINARY	19	1%
<b>INSURANCE TYPE</b>		
HEALTH INSURANCE THROUGH EMPLOYER OR FAMILY MEMBER’S EMPLOYER	475	35%
HEALTH INSURANCE I BUY ON MY OWN	92	7%
MEDICARE	388	29%
APPLE HEALTH (MEDICAID)	264	20%
TRICARE/MILITARY HEALTH SYSTEM	31	2%
DEPARTMENT OF VETERANS AFFAIRS (VA) HEALTH CARE	17	1%
NO COVERAGE OF ANY TYPE	50	4%
I DON’T KNOW	30	2%
<b>RACE/ETHNICITY</b>		
AMERICAN INDIAN OR NATIVE ALASKAN	92	7%
ASIAN	96	7%
BLACK OR AFRICAN AMERICAN	126	9%
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	24	2%
WHITE	1,034	77%
PREFER NOT TO ANSWER	20	1%
TWO OR MORE RACES	75	6%
<b>HISPANIC OR LATINX</b>		
HISPANIC OR LATINX – YES	176	13%
HISPANIC OR LATINX - NO	1,171	87%
<b>PARTY AFFILIATION</b>		
REPUBLICAN	294	22%
DEMOCRAT	506	38%
NEITHER	547	41%
<b>Geographic Setting</b>		
Rural	339	25%
Non-Rural	1,008	75%

Source: 2022 Poll of Washington 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.