



DATA BRIEF NO. 121 | AUGUST 2022

Missouri Residents Struggle to Afford High Healthcare Costs; Worry about Affording Healthcare in the Future; Cite Unfair Prices Charged by Powerful Industry Stakeholders; Support Government Action across Party Lines

KEY FINDINGS

A survey of more than 1,100 Missouri adults, conducted from April 1 to April 18, 2022, found that:

- 3 in 5 (62%) experienced at least one healthcare affordability burden in the past year;
- 4 in 5 (82%) worry about affording healthcare in the future;
- Lower-income respondents and respondents with disabilities 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, Missouri 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

More than half (56%) 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.” In addition, 10% of uninsured respondents said they were uninsured because they were not eligible for Medicaid, and 7% of uninsured respondents said they were uninsured because they did not qualify for an open enrollment period in the health insurance exchange/marketplace.

2) DELAYING OR GOING WITHOUT HEALTHCARE DUE TO COST

More than half (55%) of all respondents reported delaying or going without healthcare during the prior 12 months due to cost:

- 36%—Skipped needed dental care
- 32%—Delayed going to the doctor or having a procedure done
- 30%—Cut pills in half, skipped doses of medicine or did not fill a prescription¹
- 30%—Avoided going to the doctor or having a procedure done altogether
- 25%—Skipped a recommended medical test or treatment
- 22%—Had problems getting mental healthcare or addiction treatment
- 14%—Skipped or delayed getting a medical assistive device

Moreover, cost was the most frequently cited reason for not getting needed medical care (reported by 26% 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. More than 2 in 5 (42%) experienced one or more of these struggles to pay their medical bills:

- 22%—Were contacted by a collection agency
- 14%—Used up all or most of their savings
- 12%—Were unable to pay for basic necessities like food, heat or housing
- 10%—Borrowed money, got a loan or another mortgage on their home
- 9%—Racked up large amounts of credit card debt
- 7%—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 Missouri 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

Missouri respondents also exhibit high levels of worry about affording healthcare in the future. Four in five (82%) 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
- 63%—Medical costs when elderly
- 60%—Health insurance will become unaffordable
- 60%—Medical costs in the event of a serious illness or accident
- 55%—Cost of dental care
- 52%—Prescription drugs will become unaffordable
- 36%—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 35-54 (as well as respondents ages 18-35 regarding worry about affording care when they are elderly). This finding suggests that Missouri 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 \$50,000 per year² reported worrying about affording some aspect of coverage or care in the past year. Still, the vast majority of Missouri 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 Missouri adults. By insurance type, respondents with coverage through MO HealthNet most

frequently reported worrying about both losing and affording coverage, followed by respondents who buy their insurance on their own and those with employer-sponsored insurance (see Figure 1).

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

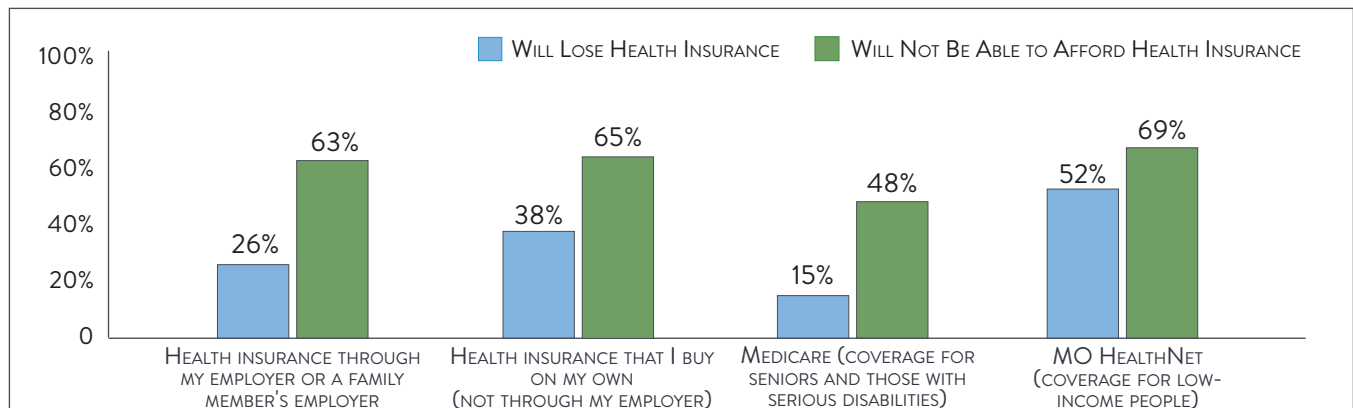
INCOME	ANY HEALTHCARE AFFORDABILITY WORRY
LESS THAN \$50,000	88%
\$50,000 - \$75,000	86%
\$75,000 - \$100,000	81%
MORE THAN \$100,000	70%
GEOGRAPHIC SETTING	
RURAL	81%
NON-RURAL	83%
RACE*	
PEOPLE OF COLOR	87%
WHITE	82%
DISABILITY STATUS**	
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	80%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	86%

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

* Race: Due to small sample sizes under 100 responses, results could not be evaluated separately for respondents who were Black or African American (87 respondents), Hispanic/Latinx (73 respondents), American Indian or Native Alaskan (38 respondents), Asian (34 respondents) or Native Hawaiian or other Pacific Islander (3 respondents). Respondents who identified as a race other than white were grouped into the "People of Color" category.

**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.

Figure 1
Worry about Health Insurance, by Coverage Type



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

Those with household incomes below \$50,000 per year reported the highest rates of worry about both losing AND affording coverage compared to higher-income respondents, while non-rural respondents and those living in households with a person with a disability reported higher rates of being concerned about losing health insurance specifically than those living in rural areas and those not living with 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 and coverage types.

Table 2

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

INCOME	WORRY ABOUT LOSING HEALTH INSURANCE	WORRY ABOUT HEALTH INSURANCE BECOMING UNAFFORDABLE
LESS THAN \$50,000	41%	68%
\$50,000 - \$75,000	24%	60%
\$75,000 - \$100,000	22%	58%
MORE THAN \$100,000	17%	48%
GEOGRAPHIC SETTING		
RURAL	27%	59%
NON-RURAL	34%	62%
RACE/ETHNICITY		
PEOPLE OF COLOR	32%	61%
WHITE	29%	60%
DISABILITY STATUS		
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	24%	59%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	41%	63%

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

DIFFERENCES IN HEALTHCARE AFFORDABILITY BURDENS

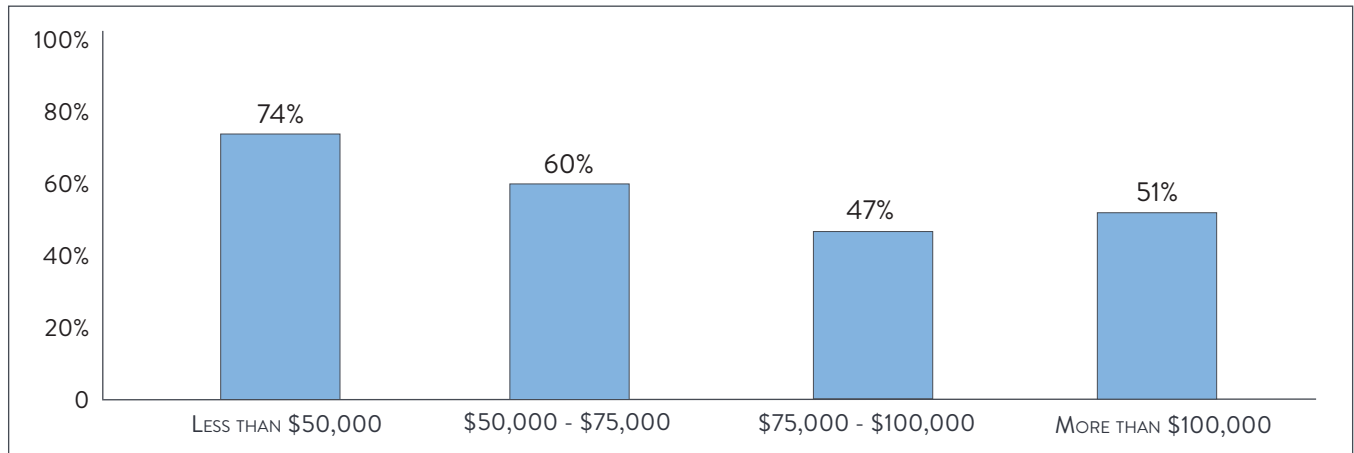
The survey also revealed differences in how Missouri respondents experience healthcare affordability burdens by income, age, geographic setting and disability status.

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 (74%) of those earning less than \$50,000 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).

Figure 2

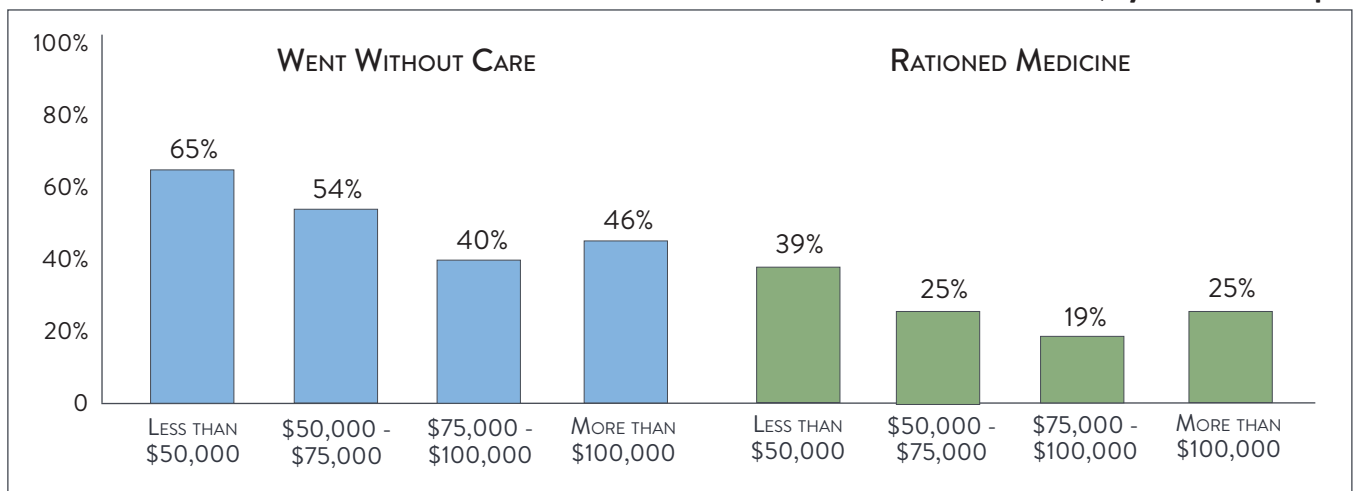
Percent with Any Healthcare Affordability Burden in Prior 12 Months, by Income Group



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

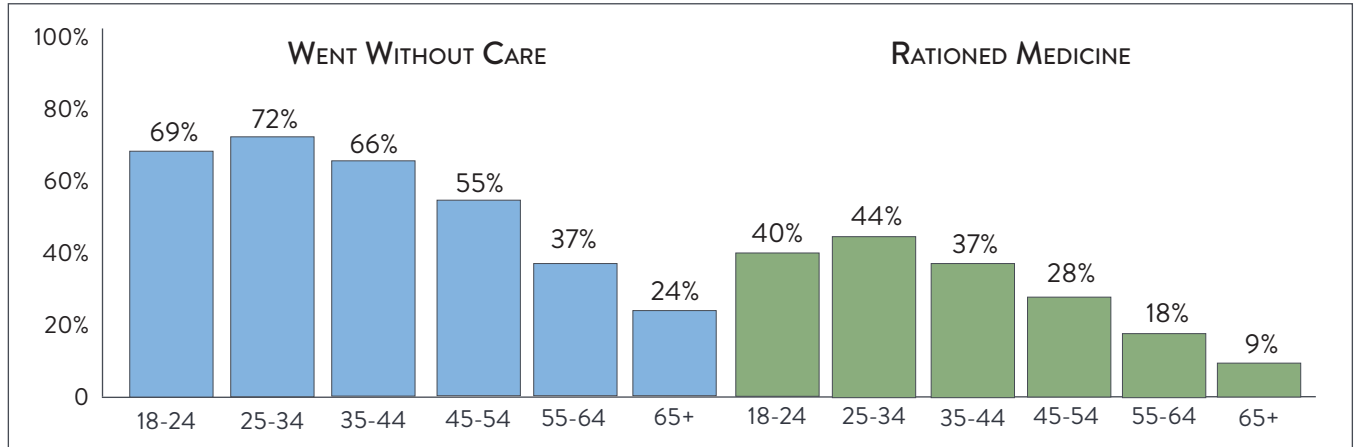
Further analysis found that Missouri respondents ages 18-44 reported higher rates of going without care due to cost than respondents ages 45 and up (see Figure 4). Respondents ages 25-34 most frequently rationed medication due to cost, compared to other groups.

Insurance Type

Uninsured respondents reported the highest rates of going without care due to cost AND the highest rates of rationing medication by a large margin compared to other insurance types, followed by those with MO HealthNet (see Table 3). Still, nearly 3 in 5 respondents with employer-sponsored insurance or insurance they purchased on their own went without care due to cost.

Figure 4

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



Source: 2022 Poll of Missouri 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 Geographic Setting, Race/Ethnicity, Disability Status and Insurance Type

GEOGRAPHIC SETTING	WENT WITHOUT CARE DUE TO COST	EITHER DID NOT FILL A PRESCRIPTION, CUT PILLS IN HALF OR SKIPPED A DOSE DUE TO COST CONCERNS
RURAL	51%	28%
NON-RURAL	63%	36%
RACE/ETHNICITY		
PEOPLE OF COLOR	57%	34%
WHITE	55%	30%
DISABILITY STATUS		
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	47%	23%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	73%	45%
INSURANCE TYPE		
HEALTH INSURANCE THROUGH MY EMPLOYER OR A FAMILY MEMBER'S EMPLOYER	58%	33%
HEALTH INSURANCE I PURCHASE ON MY OWN	61%	32%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	36%	18%
MO HEALTHNET, COVERAGE FOR LOW-INCOME PEOPLE	72%	38%
UNINSURED	79%	53%

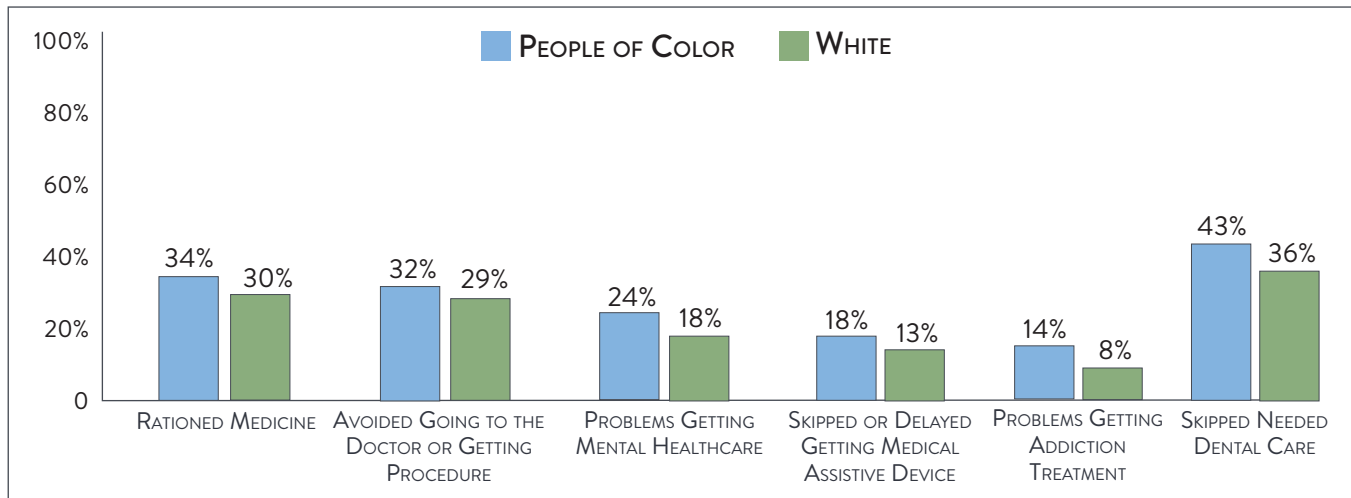
Source: 2022 Poll of Missouri Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Race

Respondents of color reported higher rates of going without care and rationing medication due to cost when compared to white 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 Figure 5).

Figure 5

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



Source: 2022 Poll of Missouri 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. More than 7 in 10 (73%) of respondents in this group went without some form of care and almost half (45%) rationed medication, compared to 47% and 23% of respondents living in households without a person with a disability, respectively (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 health care 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	24%	42%
PROBLEMS GETTING MENTAL HEALTHCARE	14%	29%
PROBLEMS GETTING ADDICTION TREATMENT	5%	17%
SKIPPED NEEDED DENTAL CARE	29%	51%
SKIPPED OR DELAYED GETTING A MEDICAL ASSISTIVE DEVICE	8%	26%

Source: 2022 Poll of Missouri 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—26% 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.

Likelihood of 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, disability status and geographic setting. Forty-five percent of respondents of color reported going into debt, depleting savings or going without other needs due to medical bills, compared to 31% of white respondents (see Table 5).

Table 5

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

INCOME	INCURRED MEDICAL DEBT, DEPLETED SAVINGS AND/OR SACRIFICED BASIC NEEDS DUE TO MEDICAL BILLS
LESS THAN \$50,000	50%
\$50,000 - \$75,000	41%
\$75,000 - \$100,000	33%
MORE THAN \$100,000	33%
GEOGRAPHIC SETTING	
RURAL	37%
NON-RURAL	51%
RACE/ETHNICITY	
PEOPLE OF COLOR	45%
WHITE	41%
DISABILITY STATUS	
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	33%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	60%
INSURANCE STATUS	
HEALTH INSURANCE THROUGH MY EMPLOYER OR A FAMILY MEMBER'S EMPLOYER	47%
HEALTH INSURANCE I BUY ON MY OWN	52%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	25%
MO HEALTHNET, COVERAGE FOR LOW-INCOME PEOPLE	48%
UNINSURED	59%

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

Respondents living in households with a person with a disability had an even greater disparity, with more than half (57%) 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. Geographically, Missouri respondents living in non-rural counties reported higher rates of going into debt or going without other needs due to medical bills (51%) than respondents from rural counties (37%). In addition, uninsured respondents reported the highest rate of the above financial burdens due to medical bills (59%) compared to all other insurance types, followed by those who purchased insurance on their own (52%).

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: *Equity Issues in Missouri Healthcare Affordability and Mistreatment in the Health System*.

DISSATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

In light of Missouri 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 71% 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

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

- 59% of respondents reported researching the cost of a drug beforehand, and
- 81% 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
- 37%—Research treatments myself, before going to the doctor
- 29%—There is not anything I can do personally to make our health system better
- 28%—Do more to compare doctors on cost and quality before getting services

GOVERNMENT ACTIONS

Missouri 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 responses were:

- 53%—Healthcare
- 48%—Economy/Joblessness
- 38%—Taxes

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

- 52%—Address high healthcare costs, including prescription drugs
- 37%—Get health insurance to those who cannot afford coverage³
- 36%—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

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

- 75%—Drug companies charging too much money
- 72%—Hospitals charging too much money
- 66%—Insurance companies charging too much money

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

- 94%—Make it easy to switch insurers if a health plan drops your doctor
- 94%—Show what a fair price would be for specific procedures
- 93%—Ensure the cost of widely needed vaccines are affordable for all
- 92%—Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes
- 92%—Require insurers to provide up-front cost estimates to consumers
- 92%—Require hospitals and doctors to provide up-front cost estimates to consumers

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 should make addressing this consumer burden a top priority. Moreover, the current 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 current 55% of Missouri respondents who encountered one or more cost-related barriers to getting healthcare during the prior 12 months, 24% did not fill a prescription, while 21% cut pills in half or skipped doses of medicine due to cost.
2. Median household income in Missouri was \$57,290 (2016-2020). U.S. Census, *Quick Facts*. Retrieved from: <https://www.census.gov/quickfacts/MO>
3. Nearly 2 in 3 (63%) 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 (62%) and those earning between \$50,000 and \$75,000 (68%).

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%	40%	35%	24%
"THE U.S. HEALTHCARE SYSTEM NEEDS TO CHANGE"	71%	62%	79%	72%
THE GOVERNMENT SHOULD MAKE IT EASY TO SWITCH INSURERS IF A HEALTH PLAN DROPS YOUR DOCTOR	94%	93%	97%	92%
THE GOVERNMENT SHOULD SHOW WHAT A FAIR PRICE WOULD BE FOR A SPECIFIC PROCEDURE	94%	93%	97%	91%
THE GOVERNMENT SHOULD ENSURE THE COST OF WIDELY NEEDED VACCINES ARE AFFORDABLE FOR ALL	93%	91%	97%	92%
THE GOVERNMENT SHOULD AUTHORIZE THE ATTORNEY GENERAL TO TAKE LEGAL ACTION TO PREVENT PRICE GOUGING OR UNFAIR PRESCRIPTION DRUG PRICES	92%	93%	93%	91%
THE GOVERNMENT SHOULD REQUIRE HOSPITALS AND DOCTORS TO PROVIDE UP-FRONT COST ESTIMATES TO CONSUMERS	92%	94%	93%	89%
THE GOVERNMENT SHOULD REQUIRE INSURERS TO PROVIDE UP-FRONT COST ESTIMATES TO CONSUMERS	92%	94%	93%	89%
THE GOVERNMENT SHOULD REQUIRE DRUG COMPANIES TO PROVIDE ADVANCE NOTICE OF PRICE INCREASES AND INFORMATION TO JUSTIFY THOSE INCREASES	91%	90%	95%	89%
THE GOVERNMENT SHOULD IMPROVE PUBLIC HEALTH EMERGENCY PREPAREDNESS	91%	89%	95%	89%
THE GOVERNMENT SHOULD EXPAND HEALTH INSURANCE OPTIONS SO THAT EVERYONE CAN AFFORD QUALITY COVERAGE	90%	88%	93%	90%
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%	94%	87%
THE GOVERNMENT SHOULD SET STANDARD PRICES FOR DRUGS TO MAKE THEM AFFORDABLE	90%	90%	92%	87%
THE GOVERNMENT SHOULD CREATE A PRESCRIPTION DRUG AFFORDABILITY BOARD TO EXAMINE THE EVIDENCE AND ESTABLISH ACCEPTABLE COSTS FOR DRUGS	89%	85%	94%	87%
THE GOVERNMENT SHOULD SET STANDARD PAYMENT TO HOSPITALS FOR SPECIFIC PROCEDURES	89%	86%	95%	86%

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



ABOUT ALTARUM'S HEALTHCARE VALUE HUB

With support from the Robert Wood Johnson Foundation, 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 1,250 respondents who live in Missouri. 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 1,191 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	DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
HOUSEHOLD INCOME			GENDER		
Under \$20K	243	20%	WOMAN	741	63%
\$20K - \$30K	145	12%	MAN	423	36%
\$30K - \$40K	129	11%	TRANSWOMAN	1	<1%
\$40K - \$50K	113	9%	TRANSMAN	3	<1%
\$50K - \$60K	99	8%	GENDERQUEER/NONBINARY	9	1%
\$60K - \$75K	92	8%	INSURANCE STATUS		
\$75K - \$100K	128	11%	HEALTH INSURANCE THROUGH EMPLOYER OR FAMILY MEMBER'S EMPLOYER	403	34%
\$100K - \$150K	155	13%	HEALTH INSURANCE I BUY ON MY OWN	96	8%
\$150K+	87	7%	MEDICARE	365	31%
AGE			MO HEALTHNET (MEDICAID)	163	14%
18-24	157	13%	TRICARE/MILITARY HEALTH SYSTEM	20	2%
25-34	215	18%	DEPARTMENT OF VETERANS AFFAIRS (VA) HEALTH CARE	21	2%
35-44	188	16%	NO COVERAGE OF ANY TYPE	100	8%
45-54	172	15%	I DON'T KNOW	23	2%
55-64	244	21%	RACE/ETHNICITY		
65+	207	17%	AMERICAN INDIAN OR NATIVE ALASKAN	27	2%
HEALTH STATUS			ASIAN	23	2%
EXCELLENT	156	13%	BLACK OR AFRICAN AMERICAN	84	7%
VERY GOOD	350	29%	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	5	<1%
GOOD	416	35%	WHITE	1,059	89%
FAIR	206	17%	PREFER NOT TO ANSWER	13	1%
POOR	63	5%	TWO OR MORE RACES	28	2%
DISABILITY			PARTY AFFILIATION		
MOBILITY: SERIOUS DIFFICULTY WALKING OR CLIMBING STAIRS	226	19%	REPUBLICAN	392	33%
COGNITION: SERIOUS DIFFICULTY CONCENTRATING, REMEMBERING OR MAKING DECISIONS	122	10%	DEMOCRAT	369	31%
INDEPENDENT LIVING: SERIOUS DIFFICULTY DOING ERRANDS ALONE, SUCH AS VISITING A DOCTOR'S OFFICE	99	8%	NEITHER	430	36%
HEARING: DEAFNESS OR SERIOUS DIFFICULTY HEARING	90	8%			
VISION: BLINDNESS OR SERIOUS DIFFICULTY SEEING, EVEN WHEN WEARING GLASSES	71	6%			
SELF-CARE: DIFFICULTY DRESSING OR BATHING	61	5%			
NO DISABILITY OR LONG-TERM HEALTH CONDITION	792	66%			

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

Notes: 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. 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.

Geographic Regions: Rural and Non-Rural counties were defined by the Missouri Foundation for Health. Non-Rural Counties: Boone, Christian, Cole, Greene, Jefferson, Newton, St. Charles, St. Louis, St. Louis City, Cape Girardeau, Platte, Buchanan, Clay, Jackson, Cass, Jasper. Rural Counties: Adair, Andrew, Atchison, Audrain, Barry, Barton, Bates, Benton, Bollinger, Butler, Caldwell, Callaway, Camden, Carroll, Carter, Cedar, Chariton, Clark, Clinton, Cooper, Crawford, Dade, Dallas, Daviess, De Kalb, Dent, Douglas, Dunklin, Franklin, Gasconade, Gentry, Grundy, Harrison, Henry, Hickory, Holt, Howard, Howell, Iron, Johnson, Knox, Laclede, Lafayette, Lawrence, Lewis, Lincoln, Linn, Livingston, Macon, Madison, Maries, Marion, McDonald, Mercer, Miller, Mississippi, Moniteau, Monroe, Montgomery, Morgan, New Madrid, Nodaway, Oregon, Osage, Ozark, Pemiscot, Perry, Pettis, Phelps, Pike, Polk, Pulaski, Putnam, Ralls, Randolph, Ray, Reynolds, Ripley, St. Clair, Ste. Genevieve, St. Francois, Saline, Schuyler, Scotland, Scott, Shannon, Shelby, Stoddard, Stone, Sullivan, Taney, Texas, Vernon, Warren, Washington, Wayne, Webster, Worth, Wright.