

Basic Needs Are Out of Reach for Many Michiganders: Findings from the 2025 Cover Michigan Survey

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Executive Summary

The 2025 Cover Michigan Survey reveals that Michigan residents are struggling to afford basic needs. While 94% of residents have health insurance, 31% skipped necessary care, primarily due to cost. Beyond healthcare, many Michiganders struggle with financial stability (58%), food insecurity (33%), and transportation (27%). These health-related social needs (HRSN) disproportionately affect uninsured residents, Medicaid enrollees, Hispanic and Black communities, younger adults, and individuals with disabilities. Federal policy shifts, including the "One Big Beautiful Bill Act," could reduce health insurance access and affordability for 300,000 Michiganders, likely deepening these vulnerabilities. Facing an unstable funding environment, healthcare and community-based organizations should focus on preserving social safety nets, furthering partnerships in sectors like housing and economic development, and centering the voice of populations experiencing disparate outcomes.

Introduction

Since 2010, the Center for Health and Research Transformation (CHRT) has administered the Cover Michigan survey to gauge public opinion on a variety of healthcare topics.¹ This report summarizes findings from the 2025 Cover Michigan Survey covering health-related social needs (HRSN). It presents overall statewide results and examines disparities across key demographic categories—insurance status, insurance type, age, race/ethnicity, and employment—highlighting which groups face the greatest risks and where targeted policy interventions may be most effective.

Health-related social needs (HRSN) are the social and economic factors that directly impact the health of individuals. Transportation, financial stability, access to food, housing and utilities, health care access and

health insurance coverage are examples of HRSN that impact the prevalence of chronic conditions and health outcomes.² HRSNs are a complex, interdependent system that impacts the health and wellness of individuals. When someone faces challenges in any one of these areas, it often triggers a cascade of difficulties across others. Addressing social needs, therefore, requires coordinated efforts across multiple sectors beyond public health and healthcare.

Public Law 119-21, known as the "One Big Beautiful Bill Act" (OBBBA), passed by Congress in 2025, is projected to cut federal Medicaid spending by \$900 billion over a decade.³ In Michigan, these changes could impact health insurance affordability and accessibility for 300,000 residents.⁴ Changes to Medicaid eligibility, renewal and enrollment requirements, and potential loss of Marketplace plan premiums subsidies will increase Michigan's uninsured rate and cause gaps in coverage. Gaps and loss of coverage will increase the number of Michigan residents delaying or skipping care.⁵

Findings

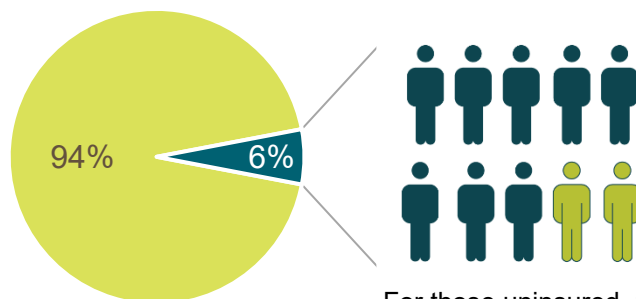
Responses to the 2025 Cover Michigan survey highlight that many Michiganders are struggling with access to health care, housing, transportation, and financial stability. This economic stress and challenges in meeting HRSNs are not being experienced equally across the population. There are significant variations across insurance status, age, race/ethnicity and employment status. If federal policies relating to Medicaid and the ACA do indeed increase the numbers of uninsured, it is likely that these struggles with affording basic needs will be exacerbated and grow.

Affordability is a Major Barrier to Insurance Coverage and Access to Care

Cost and affordability are a major barrier to health insurance coverage in the United States. High health insurance premiums often lead people to go without health insurance, or to select plans with lower premiums and a much higher deductible. Both being uninsured and carrying a plan with a high deductible lead people to skip or delay care, especially preventative care, out of concerns over cost.^{6,7}

Figure 1

Ninety-four percent of Cover Michigan respondents have health insurance.

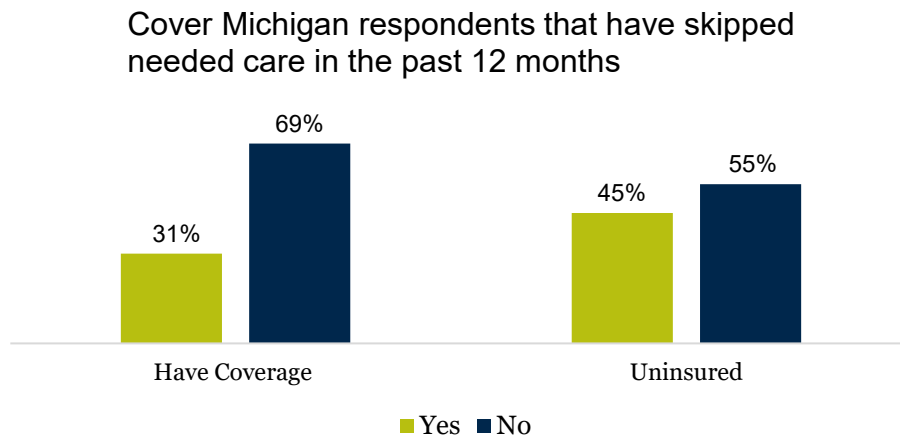


For those uninsured, more than 80% don't have coverage due to affordability or eligibility.

Data Source: Cover Michigan 2025

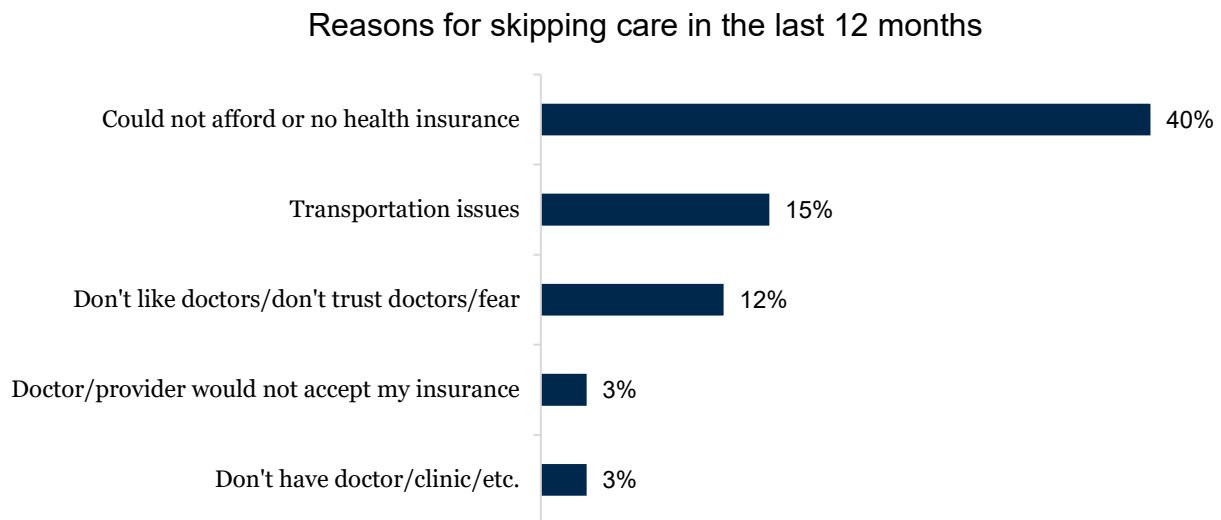
Among the 6% of Cover Michigan respondents that reported not having insurance, 80% cited affordability and cost as the main reason (Figure 1). Despite most Michigan residents (94%) having health insurance, nearly **one in three respondents (31%)** reported skipping necessary medical care in the past year (Figure 2). The primary reason for skipping care was **affordability (33%)**, followed by transportation issues (15%), and a lack of trust in healthcare providers (12%) (Figure 3).

Figure 2



Data Source: Cover Michigan 2025

Figure 3



Data Source: Cover Michigan 2025

Financial and Socio-Economic Insecurity are Relatively Common Experiences

Beyond healthcare, Americans are struggling with affordability across many domains. A 2025 National poll found that 45% of respondents are struggling to pay for groceries, 31% struggle with utility costs, 38% with mortgage and rental costs, and 13% with transportation costs.⁸ The Cover Michigan results mimic these national trends and show many Michiganders are struggling with meeting these basic social and economic needs.

Figure 4



Financial Stability: More than half of residents (58%) reported difficulty making their money last as long as needed in the past year.



Food Insecurity: One-third (33%) of respondents worried about their food running out before they had money to buy more.



Transportation: Roughly 27% of respondents struggled with transportation to work, childcare, or appointments in the last six months.



Housing and Utilities: Nearly one in five (19%) expressed concern about losing their housing, and 14% faced a threat or actual shutoff of utility services

Data Source: Cover Michigan 2025

Struggles to Meet Basic Needs Affect All Groups but not Equally

Socio-economic insecurity and challenges in meeting HRSNs are not experienced equally across the population. There are significant variations by insurance status, age, race/ethnicity and employment status (Figure 5).

Figure 5



Data Source: Cover Michigan 2025

It's important to note that these economic stressors are not limited to those without coverage or those that are unemployed. Among insured Michiganders, the Cover Michigan data reveal widespread economic stress - 32% worried about food running out, 58% had difficulty making money last, and 18% expressed concern about losing their housing. For respondents that are employed, 28% worried about running out of food, 56% had difficulty making money last, and 27% had transportation problems. Similarly, retired respondents reported concerns about food running out (24%) and making money last (47%).

This pattern reflects a national trend. The Commonwealth Fund's 2023 Health Care Affordability Survey found that among adults with private insurance, 30% reported health care costs made it harder for pay for household bills and food, and 26% reported impact on paying for housing cost and car payments and

loans. The impact of healthcare costs on affordability was greater for those with public insurance, with 40% reporting impact on household bills and food and 31% reporting impact on housing costs and car payments and loans.⁹ For residents already struggling to make ends meet, a loss of coverage could compound existing financial pressures and make it harder to meet basic needs.

Looking Ahead: Addressing Growing Population Needs and Building System Capacity

The Cover Michigan data discussed here highlights that Michigan residents are facing affordability challenges for health-related social needs including housing and utilities, food, transportation, and health care. These impacts are disproportionately affecting the uninsured, Medicaid enrollees, Hispanic and Black residents, younger adults, and disabled and unemployed residents.

Analysis shows that after federal health insurance policy shifts in 2017—most notably eliminating the ACA’s individual mandate penalty and weakening Marketplace outreach and enrollment supports—incentives for and assistance with obtaining coverage were reduced, contributing to a gradual rise in the uninsured rate.

A second uptick in the uninsured rate followed the 2023 “Medicaid unwinding,” when the return to regular eligibility redeterminations led some residents to lose Medicaid coverage (often for procedural reasons), pushing the uninsured rate higher and underscoring how coverage restrictions and administrative barriers can quickly increase uninsurance.¹⁰

The data presented in this brief were collected in March-April 2025, capturing the experiences of Michiganders before the implementation of Public Law 119-21 policy changes. In the next decade, the effects of federal policy to Medicaid and the Affordable Care Act Marketplace could impact health insurance affordability and accessibility for 300,000 Michigan residents.⁴ As coverage losses, uninsurance, and underinsurance increase in the coming months, the vulnerabilities documented here will only deepen, placing greater strain on households already struggling with affordability, housing stability, food security, and access to care.

When individuals delay or forgo care due to cost or coverage loss, manageable conditions often progress to acute crises requiring emergency department visits or inpatient hospitalization, the most expensive points of care in the health system. Research consistently shows that uninsured and underinsured patients are more likely to present to emergency departments with advanced-stage illness, driving up costs for health systems, payers, and ultimately taxpayers.¹¹

At the same time, health systems and community-based organizations equipped to respond are facing funding cuts and instability in federal funding mechanisms. As federal policy changes reduce health insurance coverage and funding streams, the very infrastructure needed to address escalating social needs faces budget constraints and reduced capacity. This creates a widening gap between the magnitude of need and available resources to address it.

Future Considerations

Strengthen the safety net before it is further strained. Michigan communities must protect and expand funding for community-based organizations that provide essential services, including food assistance, housing support, transportation programs, and health navigation. Investments in care coordination infrastructure are critical to connecting individuals to services across healthcare, social services, and community supports. Preserving Medicaid coverage and access is particularly urgent, as the Cover Michigan data demonstrate that Medicaid enrollees face the most acute social needs across all domains.

Center equity in all response strategies. Solutions must be co-designed with communities experiencing the greatest disparities, including Hispanic, Black, unemployed, and disabled Michiganders. Interventions should be culturally responsive and address the specific barriers faced by different populations. Continued disaggregation of data by race, ethnicity, insurance type, and other key demographics is essential to monitor disparities and evaluate the effectiveness of interventions over time.

Build partnerships across sectors and diversify funding sources. Because these social needs domains are deeply interrelated—with challenges in one area triggering cascading difficulties in others—addressing them requires collaboration among healthcare providers, public health departments, social service agencies, transportation providers, housing organizations, and other service provider. At a time when traditional healthcare, public health, and philanthropic funding streams are strained, investment from other sectors becomes critical. Economic development, workforce development, housing, transportation, and education sectors all have a stake in addressing these interconnected challenges and should be engaged as both partners and funders. Developing shared data systems and referral pathways will facilitate seamless connections to services. Health systems and community-based organizations should coordinate efforts to screen for and respond to social needs to strengthen the safety net for community members.

Conclusion

The findings from the 2025 Cover Michigan Survey document widespread social and economic vulnerability among Michigan residents—challenges that exist even among those with insurance coverage and will intensify as federal policy changes take effect. The prevalence of these hardships underscores the urgent need for coordinated, multi-sector action that addresses root causes and strengthens community-based systems. Solutions must be co-designed with the people experiencing these challenges and the providers responding to them, centering equity and drawing resources from sectors beyond traditional healthcare and public health funding streams.

¹ Information about the Cover Michigan Survey can be found at <https://chrt.org/surveys/cover-michigan-survey/>

² “Social Drivers of Health and Health-Related Social Needs | CMS.” Accessed February 24, 2026. <https://www.cms.gov/priorities/innovation/key-concepts/social-drivers-health-and-health-related-social-needs>.

³ Horstman, Celli, and Akeiisa Coleman. 2025. “States Are Planning Their Responses to H.R. 1 Cuts in Medicaid Funding — Will Enrollees Lose Benefits?” [Commonwealthfund.org](https://doi.org/10.26099/4bk8-jj06), October. <https://doi.org/10.26099/4bk8-jj06>.

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- ⁴ Burns, Alice, Jared Ortaliza, Justin Lo, Matthew Rae, and Cynthia Cox. 2025. "How Will the 2025 Reconciliation Law Affect the Uninsured Rate in Each State? | KFF." KFF. August 20, 2025. <https://www.kff.org/uninsured/how-will-the-2025-reconciliation-law-affect-the-uninsured-rate-in-each-state/>.
- ⁵ Department of Insurance and Financial Services. "Federal Budget Reconciliation Could Result in 120,000 Michiganders Losing Health Insurance." June 13, 2025. https://www.michigan.gov/difs/-/media/Project/Websites/difs/Insurance/DIFS_HR1_Analysis.pdf?rev=896f52ed7cbd4f2d8658f778203bc48d&hash=F3EF8A1A5B36929EB5B48B7F0CE98B63
- ⁶ Navigating an Unaffordable Health Insurance Market | Johns Hopkins Bloomberg School of Public Health." 2026. Johns Hopkins Bloomberg School of Public Health. January 29, 2026. <https://publichealth.jhu.edu/2026/navigating-an-unaffordable-health-insurance-market>.
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