



DATA BRIEF | DECEMBER 2024

Ohio Survey Respondents Struggle to Afford High Health Care Costs; Worry about Affording Health Care in the Future; Support Government Action Across Party Lines

KEY FINDINGS

A survey of more than 1,600 Ohio adults, conducted from September 26 to October 14, 2024, found:

- Over 2 in 3 (69%) experienced at least one health care affordability burden in the past year;
- 4 in 5 (80%) worry about affording health care in the future;
- Over 2 in 3 (67%) of all respondents delayed or went without health care due to cost in the last twelve months;
- Low-income respondents and respondents with a disability or living in a household with a person with a disability reported higher rates of going without care due to cost and incurring medical debt, depleting savings, and/or sacrificing basic needs due to medical bills; and
- Across party lines, respondents express strong support for government-led solutions.

A RANGE OF HEALTH CARE AFFORDABILITY BURDENS

Like many Americans, Ohio adults experience hardship due to high health care costs. In the past twelve months, nearly seven out of ten (69%) respondents experienced at least one of the following health care affordability burdens:

1) BEING UNINSURED DUE TO HIGH COSTS

Greater than half (55%) uninsured respondents cited cost (“too expensive”) as the primary reason for being uninsured, surpassing other potential responses such as “don’t need it” and “don’t know how to get it.” Likewise, 53% of respondents without dental insurance and 43% of those without vision insurance cited cost as the main reason for not having coverage.

2) DELAYING OR GOING WITHOUT HEALTH CARE DUE TO COST

Well over half (67%) of all respondents reported delaying or going without health care during the prior 12 months due to cost:

- 26%—Delayed going to the doctor or having a procedure done
- 26%—Cut pills in half, skipped doses of medicine or did not fill a prescription¹
- 24%—Skipped needed dental care
- 21%—Skipped a recommended medical test or treatment
- 14%—Avoided going to the doctor or having a procedure done altogether
- 14%—Skipped needed vision services
- 13%—Had problems getting mental health care or addiction treatment²
- 6%—Skipped needed hearing services
- 5%—Skipped or delayed getting a medical assistive device

Ohio respondents most frequently cited cost as the reason that they or their family members did not receive care services in the past year (21%), followed by not being able to get an appointment (16%), and not having insurance (13%). These causes were reported more often than a host of other barriers like getting time off work, transportation, and lack of childcare.

3) STRUGGLING TO PAY MEDICAL BILLS

Other times, respondents got the care they needed but experienced a cost burden due to the resulting medical bill(s). Over one-third (36%) of respondents reported experiencing one or more of these struggles to pay their medical bills:

- 13%—Used up all or most of their savings
- 13%—Were contacted by a collection agency
- 11%—Were unable to pay for basic necessities like food, heat or housing
- 9%—Borrowed money, got a loan or another mortgage on their home
- 8%—Racked up large amounts of credit card debt
- 8%—Were placed on a long-term payment plan
- 5% - Asked for donations (GoFundMe campaigns)

HIGH LEVELS OF WORRY ABOUT AFFORDING HEALTH CARE IN THE FUTURE

Ohio respondents also exhibit high levels of worry about affording health care in the future. Four in five (80%) reported being “worried” or “very worried” about affording some aspect of health care in the future, including:

- 65% – Cost of nursing home or home care services
- 62% – Medical costs when elderly
- 61% – Health insurance will become unaffordable
- 59% – Medical costs in the event of a serious illness or accident
- 53%— Prescription drugs will become unaffordable
- 50% – Cost of dental care
- 45% – Cost of needed vision services
- 41% – Cost of needed hearing services

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 younger respondents. More than two in every three respondents between the age of 25 and 34 (68%) and 74% of respondents aged 45-54 reported being worried about affording medical care when elderly. Additionally, at least 60% of all respondents under the age of 65 reported being concerned about affording nursing home or home care costs. This suggests that Ohio respondents may be worried about affording the cost of care for both aging relatives and themselves.

Likewise, worry about affording health care was highest among respondents living in low-income households, those with a disabled household member, and those in the Southwest Ohio area (see Table 1). Overall, 87% of respondents with an annual household income between \$50,000 and \$75,000 reported worrying about affording some aspect of coverage or care in the past year. However, 75% of those earning over \$100,000 per year also reported concerns.³ In fact, concerns were consistent across all respondent income levels, education levels, races, ethnicities, geographic settings, and abilities.

Table 1

Percent Worried or Very Worried about Affording Health Care, by Income Group, Geographic Setting, Race/Ethnicity, and Disability

	Any Health Care Affordability Worry
Income	
Less than \$50,000	82%
\$50,000 - \$75,000	87%
\$75,000 - \$100,000	77%
More than \$100,000	75%
Geographic Setting	
Northwest Ohio	78%
Southwest Ohio	82%
Central Ohio	79%
Eastern Ohio	80%
Race/Ethnicity	
Respondents of Color*	83%
White Alone, Non-Hispanic/Latino	79%
Insurance Type	
Health insurance through my or a family members employer	84%
Health insurance that I buy on my own	87%
Medicare, coverage for seniors and those with disabilities	69%
Ohio Medicaid	80%
Disability**	
Household does not include a person with at least one disability	76%
Household includes a person with at least one disability	89%

Source: 2024 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

* The Respondents of Color category includes respondents who are: Black or African American, Hispanic or Latino, American Indian or Native Alaskan, Asian, Native Hawaiian or another Pacific Islander. The quantity of responses for individual groups not shown above were insufficient to report reliable estimates. We regret that we were not able to provide reliable estimates for each individual group to better represent the diverse communities of Ohio.

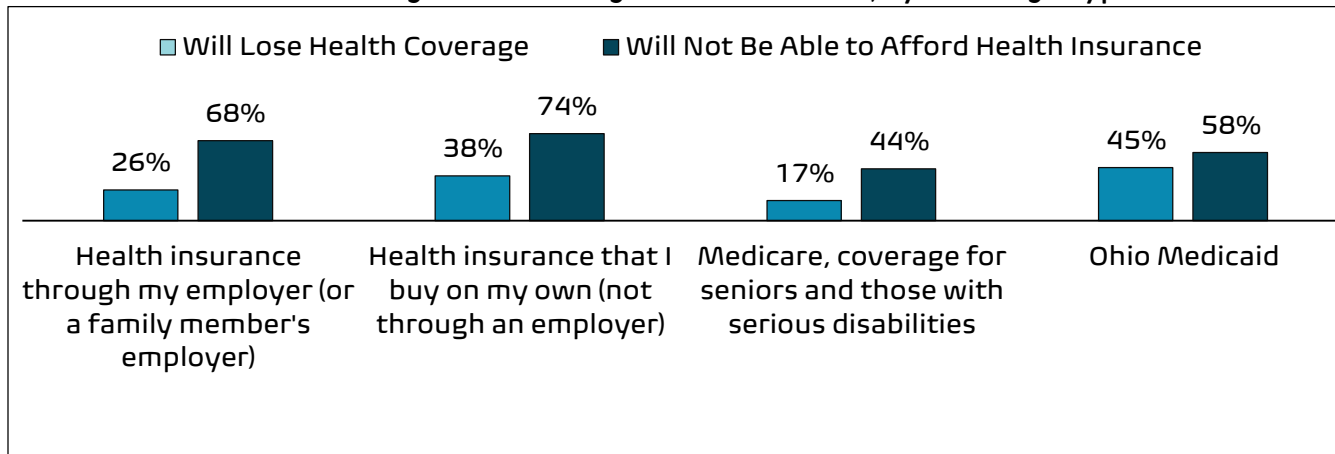
** Respondents were asked if they or someone in their household identifies as having a disability or long-term health condition related to mobility, cognition, independent living, hearing, vision, and self-care.

Respondents reported concerns that health insurance will become unaffordable more frequently than worry about losing coverage across all income levels, regions, races/ethnicities, and coverage types. Concern that health insurance will become unaffordable was most prevalent among respondents living in Southwest Ohio, Hispanic or Latino respondents, and respondents that purchase their coverage independently, such as through the health insurance marketplace (see Figure 1).

Although concerns about affording coverage surpassed fears about losing coverage, certain respondents were more concerned about losing their health insurance coverage than others. Concerns about losing health insurance coverage were most prevalent among respondents enrolled in Ohio Medicaid, respondents living in Southwest and Eastern Ohio, and respondents that purchase their coverage independently, such as through the health insurance marketplace (see Table 2).

Figure 1

Percent Worried about Losing and Affording Health Insurance, by Coverage Type



Source: 2024 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Table 2

Percent Worried about Losing Health Insurance and Worried about Health Insurance Becoming Unaffordable, by Income, Geographic Setting, Race/Ethnicity, Disability, and Insurance Type

	Losing Health Insurance	Health Insurance Becomes Unaffordable
Income		
Less than \$50,000	36%	59%
\$50,000 - \$75,000	34%	69%
\$75,000 - \$100,000	23%	64%
More than \$100,000	25%	58%
Geographic Setting		
Northwest Ohio	28%	58%
Southwest Ohio	33%	63%
Central Ohio	25%	60%
Eastern Ohio	33%	61%
Race/Ethnicity		
Respondents of Color*	42%	67%
White Alone, Non-Hispanic/Latino	27%	59%
Disability**		
Household does not include a person with a disability	24%	58%
Household includes a person with a disability	46%	67%
Insurance Type		
Health insurance through my or a family members employer	26%	68%
Health insurance that I buy on my own	38%	74%
Medicare, coverage for seniors and those with disabilities	17%	44%
Ohio Medicaid	45%	58%

Source: 2024 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

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** 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.

DIFFERENCES IN HEALTHCARE AFFORDABILITY BURDENS

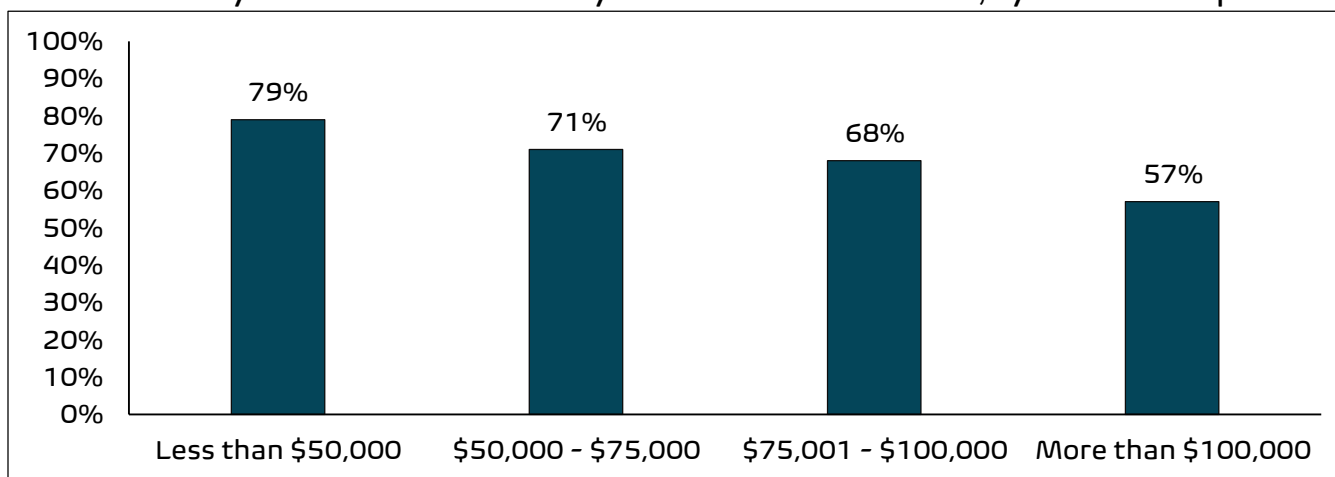
The survey also revealed differences in how Ohio respondents experience health care affordability burdens by income, age, geographic setting, disability, race and ethnicity.

INCOME AND AGE

Respondents at the lowest end of the income spectrum most frequently reported experiencing one or more health care affordability burdens. Nearly four out of five (79%) respondents earning less than \$50,000 per year reported struggling to afford some aspect of coverage or care in the past 12 months (see Figure 2). This may be related, in part, to respondents in this income group reporting higher rates of postponing or going without care due to cost (see Figure 3).

Figure 2

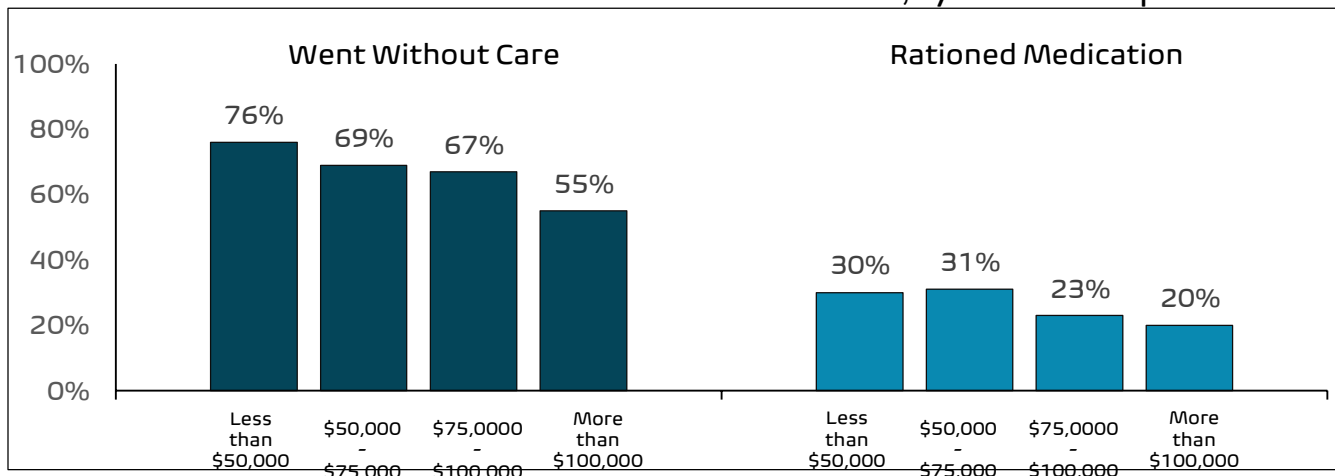
Percent with Any Health Care Affordability Burden in Prior 12 Months, by Income Group



Source: 2024 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Figure 3

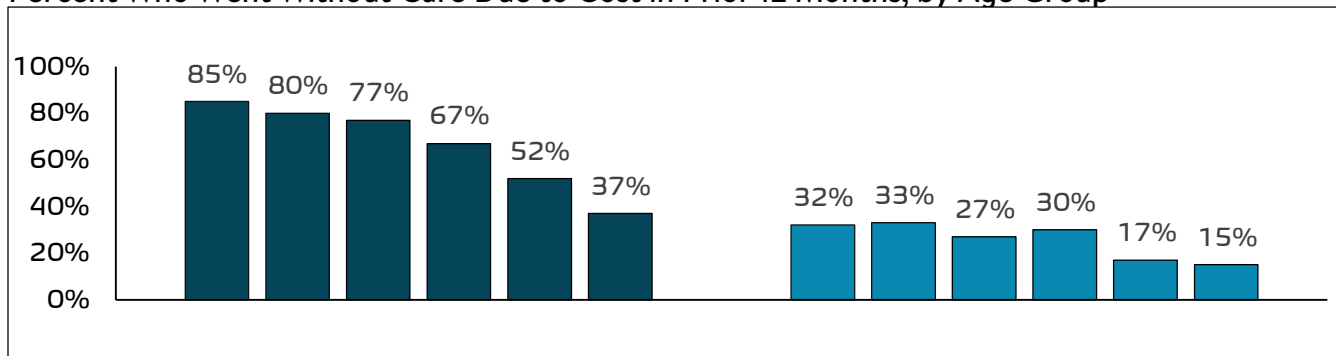
Percent Who Went Without Care Due to Cost in Prior 12 Months, by Income Group



Source: 2024 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Further analysis found that Ohio respondents aged 18-24 reported the highest rates of forgoing care due to cost. However, at least half of all respondents under the age of 65 reported going without care due to financial barriers, signaling that the issue extends across age groups (see Figure 4).

Figure 4
Percent Who Went Without Care Due to Cost in Prior 12 Months, by Age Group



Source: 2024 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

DISABILITY

Respondents with a disability or living in a household with a person with a disability reported the highest rates forgoing care and rationing medication due to cost. Of those included in this group, **81%** reported going without some form of care and **35%** reported rationing medication due to cost in the past year. In contrast, fewer respondents living in a household *without* a person with a disability reported forgoing care (**61%**) and rationing medication (**22%**) due to cost (see Table 4).

These respondents also more frequently reported skipping necessary mental health, addiction treatment, vision and dental care services due to cost compared to respondents living in households without a person with a disability (see Table 3). People with disabilities face health care affordability burdens unique to their disabilities— **11%** of respondents with a disability or with a disabled household member reported delaying getting a medical assistive device such as a wheelchair, cane/walker, hearing aid, or prosthetic limb due to cost. Only **3%** of respondents in households without a disabled person reported this experience.

Table 3
Percent Who Went Without Select Types of Care Due to Cost, by Disability

	Household Does Not Include a Person with a Disability	Household Includes a Person with a Disability
Avoided going to the doctor or having a procedure done altogether	13%	17%
Problems getting mental health care	6%	17%
Problems getting addiction treatment	3%	9%
Skipped needed dental care	23%	27%
Skipped or delayed getting a medical assistive device	3%	11%
Skipped needed vision services	12%	19%

Source: 2024 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

* 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.

INSURANCE TYPE

People with different types of insurance navigate the health care system in different ways. For example, people with private insurance may face higher premiums and out-of-pocket costs, while individuals enrolled in Medicaid or Medicare generally have lower costs but may encounter limited provider options, greater restrictions around covered services, and longer wait times for services.

In Ohio, respondents enrolled in Medicaid reported going without care due to cost more frequently than respondents enrolled in other coverage types. Respondents with coverage they purchased on their own, such as through the health insurance Marketplace, reported rationing their medication the most (see Table 4). Respondents enrolled in Medicare, coverage for seniors and people with certain disabilities, reported the lowest incidence of rationing medication or going without care due to cost.

RACE AND ETHNICITY

Overall, respondents of color in Ohio reported going without care and rationing medication due to cost more frequently than white respondents. In Ohio, eighty-one percent (81%) of respondents of color reported going without care due to cost in the past twelve months compared to 63% of white alone, non-Hispanic/Latino respondents (see Table 4). However, further analysis showed that respondents that are white alone, not Hispanic, reported slightly higher rates of skipping dental services and challenges receiving mental health care, while respondents of color reported going without other types of care at the same at an elevated rate relative to white respondents (see Figure 5). Postponing care and rationing medication often negatively impacts health status, demonstrating the importance of minimizing cost-related barriers to care in efforts to alleviate health disparities.

Table 4

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

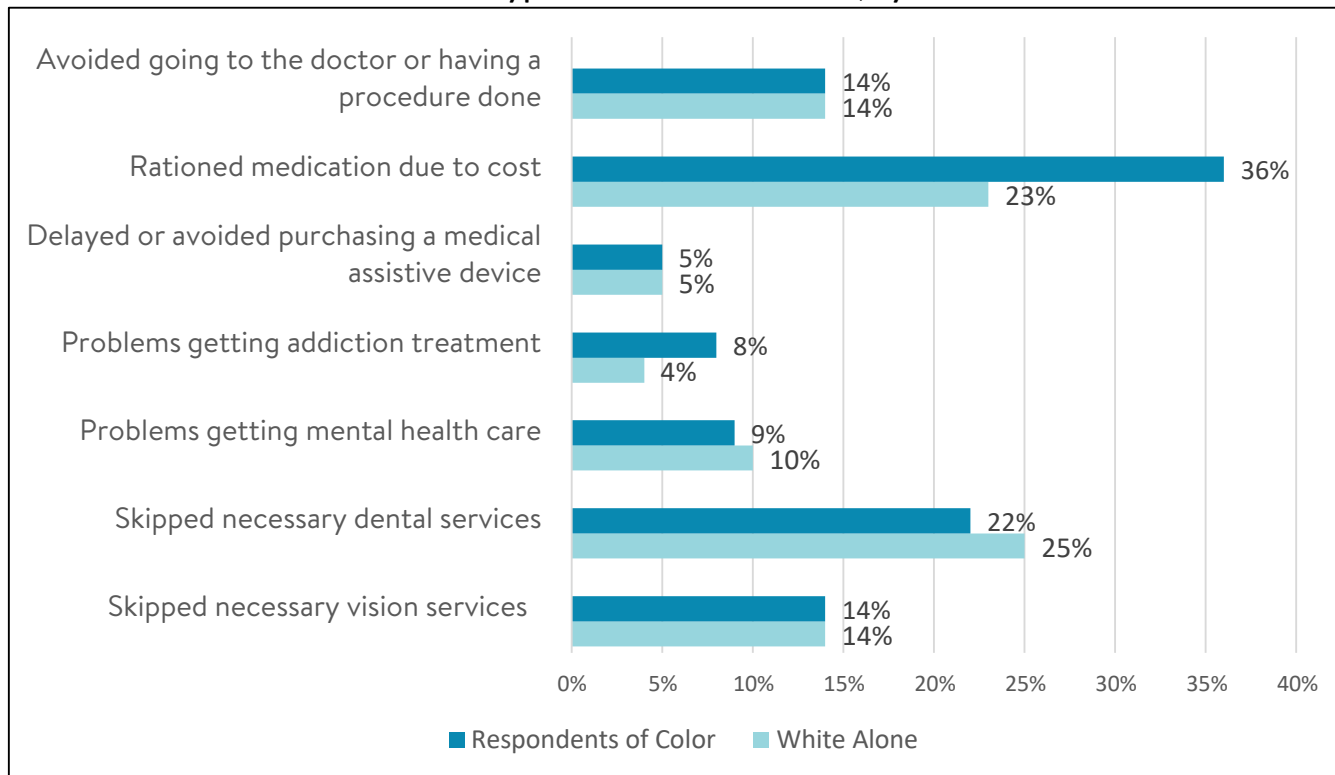
	Went Without Care Due to Cost	Did Not Fill a Prescription, Cut Pills in Half or Skipped a Dose Due to Cost
Geographic Setting		
Northwest Ohio	62%	21%
Southwest Ohio	70%	30%
Central Ohio	63%	21%
Eastern Ohio	69%	26%
Race/Ethnicity		
Respondents of Color*	81%	36%
White Alone, Non-Hispanic/Latino	63%	23%
Insurance Type		
Health insurance through my or a family members employer	68%	25%
Health insurance that I buy on my own	71%	35%
Medicare, coverage for seniors and those with disabilities	47%	20%
Ohio Medicaid	79%	31%
Disability**		
Household does not include a person with a disability	61%	22%
Household includes a person with a disability	81%	35%

Source: 2024 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

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



Source: 2024 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

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The high cost of health care impacts everyone. Respondents asked to describe a time that they were unable to get health care due to cost to illuminate the various ways that these barriers can manifest (see Table 5). These anecdotes highlight affordability challenges, underscore the impact of health care costs on individuals, and emphasize the need for solutions to reduce financial barriers to care.

Table 5
Select Responses to: “Please describe a time that you did not get a health care service due to cost in the last twelve months,” by Insurance Status

Health Insurance through an Employer
<ul style="list-style-type: none"> • “A few months ago, my sister was diagnosed with cancer and the cost for chemotherapy was really high, so she decided to stay at home surrounded by people she loved.” • “Had to put off a colonoscopy for a couple months.” • “My husband has put off eye appointment for several years due to lack of money for new prescription.” • “I delayed scheduling a medical appointment due to concerns about the out-of-pocket costs associated with the visit and potential treatment.” • “I have a rare bone disease that is supposed to be monitored annually by having a full body MRI. The cost of that for me is \$1200 that I couldn’t afford so I have not had that test.” • “I have osteoarthritis in my knee and because cortisone shots no longer help with the pain, the next step is a gel injection which is \$1500 that my insurance will not pay for. This is a typical next step in treatment of my issue, not anything out of the ordinary.”

Insurance Purchased by the Respondent

- “I don’t have any serious medical issues or concerns presently but I have chosen not to get routine physicals and screenings because of the cost that may be not covered by my insurance.”
- “I had chronic nose bleeds that was accompanied by chronic eye twitching but i couldn’t afford any treatment.”
- “I had to stop getting mental health treatment for my PTSD because of the cost.”
- “I need physical therapy to deal with an issue that is impacting my ability to walk and exercise, but the physical therapy is not adequately covered by my insurance. I would need to pay \$200/visit, with at least 1 visit per week recommended, which is not possible.”
- “I needed to visit the hospital for blood work and couldn’t find a location near the public transit route.”

Medicare, Coverage for Seniors and Individuals with Disabilities

- “I currently need to see a general surgeon, a plastic surgeon, a physical therapist and a dermatologist. I’m not seeing any of them because I don’t know how to balance whatever is ahead of me.”
- “I delayed a second surgery (non-emergency) until I could pay down prior surgery’s copays.”
- “I have any extremely high vision prescription, so I delay eye exams as long as possible because glasses and contacts are so expensive.”
- “I have delayed a knee replacement.”
- “When I broke my wrist, I could not afford to pay for my surgery.”

Ohio Medicaid

- “I do not have a car. I have a PCP in my town, but when I have to make appointments (about 4-5 times a year), the nearest specialist that takes my insurance is at least 30-40 minutes away. I can sometimes get my friends/family to give me rides to/from appointments, but they need gas money and that is high.”
- “I had a partial amputation of a big toe done. The podiatrist who performed it in the hospital became my primary aftercare podiatrist. And found out my insurance refused to cover it because he did not have an office in the hospital.”
- “Went to the hospital for help and couldn’t get all my prescriptions because I couldn’t afford it so I had to choose which one I thought I needed the most.”
- “I need to get my teeth checked for cracks and breaking but didn’t have the coverage from my insurance.”

No Insurance Coverage/Uninsured

- “I cannot get insurance, so I do not go to the doctor at all. I have Hypothyroidism and RA, but I am homeless, and they won’t insure me because I don’t have an address.”

Source: 2024 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

ENCOUNTERING MEDICAL DEBT

In the absence of affordable care options, individuals may find themselves burdened by medical costs. Survey participants were asked whether they have had to do any of the following due to the cost of medical bills in the past twelve months: use up all or most of their savings; sacrifice basic necessities, such as food, heat, or housing; borrow money, get a loan or take out another mortgage; use a crowdfunding platform to solicit donations; interact with a collections agency; go into credit card debt; be placed on a long-term payment plan; or declare bankruptcy.

The survey results revealed that respondents of color reported experiencing at least one of the previous medical cost burdens more frequently than white respondents. Likewise, respondents with a disability or who live with a person with a disability also reported navigating medical cost burdens more frequently than respondents without a disabled household member, and respondents with Medicaid coverage reported the highest rates of the above burdens due to medical bills (48%) compared to respondents with all other insurance types (see Table 6).

Table 6

Percent who Experienced a Medical Cost Burden in the Previous 12 Months, by Income, Geographic Setting, Race/Ethnicity, Insurance Type, and Disability Status

	Experienced a Medical Cost Burden
Income	
Less than \$50,000	43%
\$50,000 - \$75,000	34%
\$75,000 - \$100,000	30%
More than \$100,000	31%
Geographic Setting	
Northwest Ohio	33%
Southwest Ohio	35%
Central Ohio	34%
Eastern Ohio	39%
Race/Ethnicity	
Respondents of Color	43%
Hispanic/Latino, Any Race	42%
White Alone, Non-Hispanic/Latino	34%
Insurance Type	
Health insurance through my or a family members employer	36%
Health insurance that I buy on my own	45%
Medicare, coverage for seniors and those with disabilities	20%
Ohio Medicaid	48%
Disability Status	
Household does not include a member with at least one disability	28%
Household includes a member with at least one disability	55%

Source: 2024 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

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** 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.

IMPACT OF AND WORRY RELATED TO HOSPITAL CONSOLIDATION*

In addition to the above health care affordability burdens, a small share of Ohio respondents reported being negatively impacted by health system consolidation. From 2017 to 2023, there were five changes in ownership (CHOW) involving Ohio hospitals through mergers, acquisitions, or another CHOW.^{4,5}

Ohio requires that the State Attorney General be notified of nonprofit hospital transactions, and grants authority to approve or deny transactions.⁶ However, for the first five years following the transaction, the state does require nonprofit hospitals to provide annual reports indicating that the change in ownership has not negatively impacted access to health services in the affected communities.

In the past year, **22%** of respondents reported that they were aware of a merger or acquisition in their community. Nearly a quarter (**22%**) of those respondents reported that they or a family member were unable to access their preferred health care organization because of barriers arising due to the merger, such as the change made their preferred organization out-of-network.

Among those who reported losing access their preferred health care provider due to a merger:

- **36%** skipped filling a prescription medication;
- **35%** changed their preferred doctor or hospital to one that is in-network;
- **33%** skipped one or more recommended follow-up appointment(s) due to a merger;
- **30%** delayed or avoided going to the doctor or having a procedure done because they could no longer access their preferred health care organization due to a merger; and
- **9%** had to change their preferred provider due to a merger resulting in a service closure.

Out of those who reported that the merger caused an additional burden for them or their families, the top three most frequently reported issues were:

- **42%** reported that the merger created an added wait time when searching for a new provider;
- **18%** reported that the merger created a gap in the continuity of my care; and
- **15%** reported that the merger created an added financial burden

While a smaller portion of respondents reported being unable to access their preferred health care organization because of a merger, far more respondents (**53%**) reported being somewhat, moderately or very worried about the impacts of mergers in their health care organizations. When asked about their largest concern, respondents most frequently reported:

- **29%** – I'm concerned I will have fewer choices of where to receive care
- **25%** – I'm concerned my doctor may no longer be covered by my insurance
- **22%** – I'm concerned I will have to pay more to see my doctor
- **10%** – I'm concerned I will have a lower quality of care
- **8%** – I'm concerned I will have to travel farther to see my doctor

*Note: The sample size of respondents who said they were affected by a closure was not large enough to report reliable estimates, so the values in this section should be interpreted with caution.

DISSATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

In light of Ohio respondents' health care affordability burdens and concerns, it is not surprising that they are dissatisfied with the health system. Of the respondents surveyed:

- Just **35%** 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 respondents to share their perspectives on both personal and governmental actions to address the high health costs.

PERSONAL ACTIONS

Ohio respondents see a role for themselves in addressing health care affordability. When asked about specific actions they could take:

- 53% of respondents reported researching the cost of a drug beforehand, and
- 80% 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 health care affordability (out of ten options), the most common responses were:

- 72% – Take better care of my personal health
- 41% – Research treatments myself before going to the doctor
- 34% – Do more to compare provider cost and quality before getting services
- 26% – There is nothing I can do personally to make our health system better
- 24% – Contact my state representatives asking them to address high healthcare prices and lack of affordable coverage options

GOVERNMENT ACTIONS

Ohio respondents see government as the key stakeholder that needs to act to address health system problems. Moreover, addressing health care 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. Respondents most frequently chose:

- 50% – Economy/Joblessness
- 43% – Health care
- 38% – Affordable Housing

When asked about the top three health care priorities the government should address, respondents most frequently chose:

- 49% – Address high health care costs, including prescription drugs
- 36% – Improve Medicare, coverage for seniors and those with serious disabilities
- 35% – Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition
- 33% – Get health insurance to those who cannot afford coverage

Out of fifteen possible options, Ohio respondents most frequently reported believing that the reason for high health care costs is unfair prices charged by powerful industry stakeholders, such as:

- 76% – Drug companies charging too much money
- 71% – Insurance companies charging too much money
- 67% – Hospitals charging too much money

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

- 94% – The government should exhibit what a fair price would be for specific procedures
- 92% – Require drug companies to provide notice of price increases and to justify those increases
- 92% – Require insurers to provide up-front cost estimates to consumers
- 92% – Make it easier to switch insurers if your health plan stops covering your provider
- 91% – Require hospitals and doctors to provide upfront patient cost estimates
- 91% – Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes

- 90% – Cap out-of-pocket costs for life-saving medications, such as insulin

SUPPORT FOR ACTION ACROSS PARTY LINES

There is remarkable support for change regardless of respondents' political affiliation (see Table 7). The high burden of health care affordability, along with high levels of support for change, suggest that elected leaders and other stakeholders need to make addressing this consumer burden a top priority. Annual surveys can help assess whether progress is being made.

Table 7
Percent Who Agreed or Strongly Agreed that the Government Should Employ Select Strategies, by Political Affiliation

Selected Survey Statements/Questions	Total Percent	Do you consider yourself a...		
		Republican	Democrat	Neither
<i>We have a great healthcare system in the U.S.</i>	35%	41%	36%	27%
<i>The U.S. healthcare system needs to change.</i>	73%	65%	81%	74%
The government should show what a fair price would be for a specific procedure.	94%	92%	95%	94%
The government should require drug companies to provide advance notice of price increases and information to justify those increases.	92%	90%	95%	90%
The government should require insurers to provide up-front cost estimates to consumers.	92%	91%	94%	91%
The government should make it easy to switch insurers if a health plan drops your doctor.	92%	91%	94%	92%
The government should require hospitals and doctors to provide up front patient cost estimates.	91%	92%	92%	90%
The government should authorize the Attorney General to take legal action to prevent price gouging or unfair prescription drug price hikes.	91%	86%	96%	90%
The government should cap out-of-pocket costs for life-saving medications, such as insulin.	90%	87%	94%	90%
Fund home and community-based programs for people with disabilities so that everyone can access affordable long-term services and supports	90%	86%	96%	86%

Source: 2024 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

NOTES

1. Of the 67% of respondents who encountered one or more cost-related barriers to getting health care during the past twelve months, 19% did not fill a prescription and 11% cut pills in half or skipped doses of medicine due to cost.
2. Ten percent (10%) had problems getting mental health care and 5% had problems getting addiction treatment.
3. Median household income in Ohio is \$69,680 (2019-2023). U.S. Census, *Quick Facts*. Retrieved from: U.S. Census Bureau QuickFacts, [U.S. Census Bureau QuickFacts: Ohio](https://www.census.gov/quickfacts/ohio).
4. Centers for Medicare and Medicaid Services. (2023). Hospital Change of Ownership. Retrieved June 5, 2024, from <https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/hospital-change-of-ownership>.
5. A CHOW typically occurs when a Medicare provider has been purchased (or leased) by another organization. The CHOW results in the transfer of the old owner's identification number and provider agreement (including any Medicare outstanding debt of the old owner) to the new owner...An acquisition/merger occurs when a currently enrolled Medicare provider is purchasing or has been purchased by another enrolled provider. Only the purchaser's CMS Certification Number (CCN) and tax identification number remain. Acquisitions/mergers are different from CHOWs. In the case of an acquisition/merger, the seller/former owner's CCN dissolves. In a CHOW, the seller/former owner's CCN typically remains intact and is transferred to the new owner. A consolidation occurs when two or more enrolled Medicare providers consolidate to form a new business entity. Consolidations are different from acquisitions/mergers. In an acquisition/merger, two entities combine but the CCN and tax identification number (TIN) of the purchasing entity remains intact. In a consolidation, the TINs and CCN of the consolidating entities dissolve and a new TIN and CCN are assigned to the new, consolidated entity. Source: Missouri Department of Health and Senior Services, Change of Ownership Guidelines—Medicare/State Certified Hospice. Retrieved August 23, 2023, from <https://health.mo.gov/safety/homecare/pdf/CHOW-Guidelines-StateLicensedHospice.pdf>
6. The Source on Healthcare Price and Competition, Merger Review, Retrieved August 23, 2023 from <https://sourceonhealthcare.org/market-consolidation/merger-review/>

ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from RWJF and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high health care 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 health care.

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**HEALTHCARE VALUE HUB**

METHODOLOGY

Altarum’s Consumer Healthcare Experience State Survey (CHES) is designed to elicit respondents’ views on a wide range of health system issues, including confidence using the health system, financial burden and possible policy solutions. This survey, conducted from September 26 to October 14, 2024, used a web panel from Dynata with a demographically balanced sample of approximately 1,700 respondents who live in Ohio. 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 1,670 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

Demographic Characteristic	Frequency	Percentage	Demographic Characteristic	Frequency	Percentage
Gender/Orientation			Household Income		
Woman	950	57%	Under \$20K	287	17%
Man	704	42%	\$20K - \$29K	206	12%
Transwoman	1	<1%	\$30K - \$39K	186	11%
Transman	5	<1%	\$40K - \$49K	162	10%
Genderqueer/Nonbinary	6	<1%	\$50K - \$59K	176	11%
LGBTQ+ Community	156	9%	\$60K - \$74K	149	9%
Insurance Type			\$75K - \$99K	170	10%
Health insurance through my or a family member’s employer	522	31%	\$100K - \$149K	207	12%
Health insurance I buy on my own	124	7%	\$150K+	127	8%
Medicare, coverage for seniors and those with serious disabilities	525	31%	Education Level		
Ohio Medicaid	380	23%	Some high school	70	4%
TRICARE/Military Health System	11	<1%	High school diploma/GED	474	28%
Department of Veterans Affairs	16	<1%	Some college or training/certificate program	371	22%
No coverage of any type	67	4%	Associate degree	204	12%
I don’t know	25	1%	Bachelor’s degree	309	19%
Race			Some graduate school	37	2%
American Indian/Native Alaskan	30	2%	Graduate degree	205	12%
Asian	12	<1%	Self-Reported Health Status		
Black or African American	220	13%	Excellent	197	12%
Native Hawaiian/Other Pacific Islander	10	<1%	Very Good	481	29%
White	1,399	84%	Good	618	37%
Prefer Not to Answer	9	<1%	Fair	302	18%
Two or More Races	42	3%	Poor	72	4%
Ethnicity			Disability		
Hispanic or Latino	29	2%	Mobility	313	19%
Non-Hispanic or Latino	1,641	98%	Cognition	171	10%
Age			Independent Living	137	8%
18-24	153	9%	Hearing	124	7%
25-34	233	14%	Vision	86	5%
35-44	306	18%	Self-Care: Difficulty dressing or bathing	84	5%
45-54	299	18%	No disability or long-term health condition	1119	67%
55-64	354	21%	<i>Source: 2024 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey</i>		
65+	319	19%			
Party Affiliation					
Republican	611	37%			
Democrat	569	34%			
Neither	490	29%			

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.