HEALTHCARE VALUE HUB

Data Brief | October 2025

Oklahoma Survey Respondents Report Variations in Health Care Worry, Confidence and Affordability Burdens

Summary

According to a survey of more than 1,300 Oklahoma adults conducted from August 13 to September 12, 2025, many residents have had inconsistent experiences accessing and affording the health care system in the past year. Among those respondents:

- Nearly 3 in 4 (72%) experienced at least one health care affordability burden in the past year;
- 3 in 4 (75%) worry about affording health care in the future;
- 64% are not confident they have enough money to cover the cost of major unexpected illness or injury in their households;
- 59% are not confident they have enough health insurance coverage to cover the cost of a major unexpected illness or injury in their households;
- Respondents living in households that include a person with a physical or cognitive impairment ration medication due to cost more frequently than respondents living in households without a person with a physical or cognitive impairment (43% versus 26%); delay or go without care due to cost more frequently (76% versus 65%); and experience more cost burdens due to medical bills (55% versus 32%); and

Variations in Health Care Affordability Between Households

Factors like household income and composition impact how a person navigates the health care system. For example, Oklahoma respondents in households earning less than $50,000 a year reported experiencing a health care affordability burden more frequently than wealthier households (see Table 1). The median household income in Oklahoma in 2024 was $66,148.[1]

Table 1

Percent Who Experienced Health Care Affordability Burdens, by Income Group

	Less than $50k	$50,000 – $75,000	$75,001- $99,999	More than $100k
Any Health Care Affordability Burden	83%	75%	73%	55%
Any Health Care Affordability Worry	83%	76%	74%	65%
Rationed Medication Due to Cost	40%	36%	31%	17%
Delayed or Went Without Care Due to Cost	80%	73%	69%	50%
Skipped a recommended medical test or treatment	29%	25%	29%	14%
Avoided Visiting a Doctor or Having a Procedure Done	30%	21%	26%	13%
Delayed going to the doctor or having a procedure done	34%	34%	30%	25%
Challenges Accessing Mental Health Care	14%	15%	14%	6%
Skipped or Delayed Getting a Medical Assistive Device	12%	8%	9%	6%

Results from Altarum's Consumer Healthcare Experience State Survey

Cost Burden due to Medical Bills	49%	39%	41%	27%
Current Have Outstanding Medical Bills	32%	24%	33%	18%

Source: 2025 Poll of Oklahoma Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Respondents that earn less than $50,000 annually also more frequently reported experiencing a cost burden due to medical bills, like incurring medical debt, depleting savings, or sacrificing basic needs like food, heat, or housing compared to those earning $100,000 or more annually (49% versus 27%). Still, over half of respondents living in higher income households also faced affordability issues, indicating that these burdens affect all income groups. 75% of respondents across all income levels expressed concern about affording health care now or in the future.

Similar to income, household composition can also influence the types of challenges that people are exposed to when navigating the health care system. People with a physical or cognitive impairment, for instance, interact with the health care system more often than others, which frequently results in greater out-of-pocket costs.[2] Oklahoma respondents with a physical or cognitive impairment, or who live with a person with a physical or cognitive impairment, reported experiencing an affordability burden or concern more frequently than other respondents (see Table 2).

Additionally, 16% of respondents with a physical or cognitive impairment, or who live with a person with a physical or cognitive impairment, reported that they or their household member delayed getting a medical assistive device such as a wheelchair, cane, walker, hearing aid, or prosthetic limb due to cost, compared to only 6% of respondents without a physical or cognitive impairment who may have required one of these tools for temporary support.[3]

Table 2

Percent who Experienced a Health Care Affordability Burdens, Households that Include and Households that do not Include a Person with a Physical or Cognitive Impairment

	Household *includes* a person with a physical or cognitive impairment	Household *does not* include a person with a physical or cognitive impairment
Any Health Care Affordability Burden	80%	69%
Any Health Care Affordability Worry	81%	73%
Rationed Medication Due to Cost	43%	26%
Delayed or Went Without Care Due to Cost	76%	65%
Skipped a recommended medical test or treatment	31%	20%
Avoided Visiting a Doctor or Having a Procedure Done	24%	22%
Delayed going to the doctor or having a procedure done	37%	28%
Challenges Accessing Mental Health Care	17%	9%
Skipped or Delayed Getting a Medical Assistive Device	16%	6%
Experienced a Cost Burden due to Medical Bills	55%	32%
Currently Have Outstanding Medical Bills	39%	20%

Source: 2025 Poll of Oklahoma Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Variations in Health Care Affordability Between Demographic Groups

Research has shown that demographic differences persist in self-reported health status, access and affordability.[4] This survey also revealed variations in reported affordability burdens between demographic groups. For example, Oklahoma respondents with a Bachelor's or graduate degree reported experiencing a health care affordability burden less frequently than respondents with lower educational attainment. In contrast, respondents an Associate degree reported experiencing a health care affordability burden (83%), and a health care cost burden due to medical bills (57%) more frequently than other respondents (see Table 3).

Table 3

Percent Who Experienced Health Care Affordability Burdens, by Educational Attainment

	High School Diploma or GED	Some College, Training, or Certificate Program	Associate Degree	Bachelor's Degree	Graduate School
Any Health Care Affordability Burden	82%	75%	83%	68%	53%
Any Health Care Affordability Worry	79%	81%	77%	72%	66%
Rationed Medication Due to Cost	38%	36%	35%	24%	23%
Delayed or Went Without Care Due to Cost	79%	80%	63%	70%	50%
Skipped a recommended medical test or treatment	25%	25%	32%	25%	14%
Avoided Visiting a Doctor or Having a Procedure Done	26%	28%	37%	17%	12%
Delayed going to the doctor or having a procedure done	30%	35%	38%	30%	24%
Challenges Accessing Mental Health Care	11%	14%	22%	10%	7%
Skipped or Delayed Getting a Medical Assistive Device	10%	10%	9%	9%	6%
Cost Burden Due to Medical Bills	44%	43%	57%	34%	25%
Currently Have Outstanding Medical Bills	30%	32%	41%	21%	12%

Source: 2025 Poll of Oklahoma Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: Respondents who reported completing some high school, graduating from high school or receiving a GED are represented in the "High School Diploma or GED" row; respondents who reported that they attended some or completed a graduate degree program are represented in the "Graduate School" row.

Likewise, respondents of color reported higher rates of many affordability burdens compared to white alone, non-Hispanic respondents (see Table 4). A small share of respondents also reported unique challenges to care that were unique to their backgrounds. Thirty-two (2% of) respondents reported not getting needed medical care because they couldn't find a doctor of the same background as them and twenty (1% of) respondents reported not getting needed care because they couldn't find a doctor who spoke their language.

Table 4

Percent Who Experienced Health Care Affordability Burdens, White Alone, Non-Hispanic and Respondents of Color

	White Alone, Non-Hispanic	Respondents of Color
Any Health Care Affordability Burden	67%	81%
Any Health Care Affordability Worry	74%	79%
Rationed Medication Due to Cost	28%	38%
Delayed or Went Without Care Due to Cost	63%	78%
Skipped a recommended medical test or treatment	19%	31%
Avoided Visiting a Doctor or Having a Procedure Done	19%	30%
Delayed going to the doctor or having a procedure done	31%	30%
Challenges Accessing Mental Health Care	10%	16%
Skipped or Delayed Getting a Medical Assistive Device	8%	11%
Experienced a Cost Burden due to Medical Bills	34%	48%
Currently Have Outstanding Medical Bills	24%	30%

Source: 2025 Poll of Oklahoma Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: The Respondents of Color category reflects the combined responses from survey participants who are Black or African American, Hispanic or Latino, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander. The response rate for one or more of those demographic categories was not sufficient to report reliable estimates.

Differences in the frequency of reported health care affordability burdens and concerns by sex also emerged in the survey results (see Table 5). Women reported higher rates of experiencing at least one affordability burden in the past year (76% versus 68%); more frequently reported delaying or forgoing care due to cost; and reported higher rates of rationing medications by not filling prescriptions, skipping doses, or cutting pills in half. Although many respondents expressed concerns about health care costs, a higher percentage of female respondents reported being worried about affording some aspect of coverage or care compared to male respondents (83% versus 68%). Additionally, females reported experiencing a cost burden due to medical bills more frequently than male respondents (44% versus 35%).

Table 5

Percent Who Experienced Health Care Affordability Burdens, by Sex

	Female Respondents	Male Respondents
Any Health Care Affordability Burden	76%	68%
Any Health Care Affordability Worry	83%	68%
Rationed Medication Due to Cost	38%	25%
Delayed/Went Without Care Due to Cost	72%	64%

Skipped a recommended medical test or treatment	27%	21%
Avoided Visiting a Doctor or Having a Procedure Done	25%	21%
Delayed going to the doctor or having a procedure done	36%	25%
Challenges Accessing Mental Health Care	14%	10%
Skipped or Delayed Getting a Medical Assistive Device	11%	7%
Experienced a Cost Burden due to Medical Bills	44%	35%
Currently Have Outstanding Medical Bills	32%	21%

Source: 2025 Poll of Oklahoma Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Respondents that identify as sexually diverse also experienced affordability burdens, with 49% reporting rationing medication due to cost compared to 29% of respondents that are not a part of a sexual minority group (see Table 6). Members of these communities experience higher rates of disability and encounter unique challenges accessing health care and medications.[5,6,7]

Table 6

Percent Who Experienced Health Care Affordability Burdens, by Sexual Diverse Respondents

	Sexual Diverse	Not Sexual Diverse
Any Health Care Affordability Burden	82%	71%
Any Health Care Affordability Worry	87%	74%
Rationed Medication Due to Cost	49%	29%
Delayed/Went Without Care Due to Cost	81%	67%
Skipped a recommended medical test or treatment	24%	25%
Avoided Visiting a Doctor or Having a Procedure Done	34%	22%
Delayed going to the doctor or having a procedure done	32%	31%
Challenges Accessing Mental Health Care	10%	24%
Skipped or Delayed Getting a Medical Assistive Device	8%	9%
Experienced a Cost Burden due to Medical Bills	54%	38%
Currently Have Outstanding Medical Bills	29%	26%

Source: 2025 Poll of Oklahoma Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: Respondents were asked if they are a member of the Sexual Diverse community, including lesbian, gay, bisexual, transgender.

Over three in every four (79% of) Oklahoma respondents agreed or strongly agreed that the U.S. health care system needs to change. Interestingly, there is bipartisan support for government-led solutions for more information on the types of strategies Oklahoma residents support, see: *Oklahoma Residents Struggle to Afford High Health Care Costs; Worry about Affording Health Care in the Future; Support Government Action across Party Lines*, Healthcare Value Hub, Data Brief (October 2025).

Notes

[1] U.S. Census Bureau, U.S. Department of Commerce. (2025). Oklahoma Income in the Past 12 Months (in 2024 Inflation-Adjusted Dollars). American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1901. Retrieved January 19, 2026, from https://data.census.gov/profile/Oklahoma?g=040XX00US40

[2] Miles, Angel L., *Challenges and Opportunities in Quality Affordable Health Care Coverage for People with Disabilities*, Protect Our Care Illinois (February 2021), https://protectourcareil.org/index.php/2021/02/26/challenges-and-opportunities-in-quality-affordable-health-care-coverage-for-people-with-disabilities/

[3] As of 2024, most people with disabilities risk losing their benefits if they earn more than $1,550 a month. According to the Center for American Progress, in most states, people who receive Supplemental Security are automatically eligible for Medicaid. Therefore, if they lose their disability benefits, they may also lose their Medicaid coverage. Forbes has also reported on marriage penalties for people with disabilities, including fears about losing health insurance. See: Seervai, Shanoor, Shah, Arnav, and Shah, Tanya, "The Challenges of Living with a Disability in America, and How Serious Illness Can Add to Them," Commonwealth Fund (April 2019), https://www.commonwealthfund.org/publications/fund-reports/2019/apr/challenges-living-disability-america-and-how-serious-illness-can; Fremstaf, Shawn and Valles, Rebecca, "The Facts on Social Security Disability Insurance and Supplemental Security Income for Workers with Disabilities," Center for American Progress (May 2013), https://www.americanprogress.org/article/the-facts-on-social-security-disability-insurance-and-supplemental-security-income-for-workers-with-disabilities/; and Pulrang, Andrew, "A Simple Fix For One Of Disabled People's Most Persistent, Pointless Injustices," Forbes (April 2020), https://www.forbes.com/sites/andrewpulrang/2020/08/31/a-simple-fix-for-one-of-disabled-peoples-most-persistent-pointless-injustices/?sh=6e159b946b71

[4] Mahajan, S., Caraballo, C., Lu, Y., et al. (2021). Trends in differences in health status and health care access and affordability by race and ethnicity in the United States, 1999-2018, *JAMA,* 326*(7)*, 637-648. Trends in Differences in Health Status and Health Care Access and Affordability by Race and Ethnicity in the United States, 1999-2018 | Health Disparities | JAMA | JAMA Network

[5] Alex Montero, Liz Hamel, Samantha Artiga, & Lindsey Dawson. (2024). LGBT Adults' Experiences with Discrimination and Health Care Disparities: Findings from the KFF Survey of Racism, Discrimination, and Health. KFF. https://www.kff.org/racial-equity-and-health-policy/poll-finding/lgbt-adults-experiences-with-discrimination-and-health-care-disparities-findings-from-the-kff-survey-of-racism-discrimination-and-health/

[6] Bosworth, Arielle, et al., *Health Insurance Coverage and Access to Care for LGBTQ+ Individuals: Current Trends and Key Challenges*, ASPE Office of Health Policy (July 2021), https://www.aspe.hhs.gov/sites/default/files/2021-07/lgbt-health-ib.pdf

[7] Casanova-Perez R, Apodaca C, Bascom E, et al, "Broken down by bias: Healthcare biases experienced by BIPOC and LGBTQ+ patients," AMIA Annu Symp Proc. 2022;2021:275-284, Published 2022 Feb 21.

About the Altarum Healthcare Value Hub

With support from the Robert Wood Johnson Foundation 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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Methodology

Altarum's Consumer Healthcare Experience State Survey (CHESS) 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 August 13 to September 12, 2025, used a web panel from Dynata with a demographically balanced sample of approximately 1,500 respondents who live in Oklahoma. 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 1,383 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	Percent
Sex		
Woman	942	68%
Man	441	32%
Insurance Type		
Health insurance through my or a family member's employer	434	31%
Health insurance I buy on my own	143	10%
Medicare, coverage for seniors and those with serious disabilities	149	11%
Oklahoma Medicaid	328	24%
TRICARE/Military Health System	28	2%
Department of Veterans Affairs	16	1%
No coverage of any type	101	7%
I don't know	44	3%
Race		
American Indian	184	13%
Native Alaskan	5	<1%
Asian	21	2%
Black or African American	115	8%
Native Hawaiian/Other Pacific Islander	3	<1%
White	1101	80%
Two or More Races	25	2%
Ethnicity		
Hispanic or Latino	53	4%
Non-Hispanic or Latino	1,330	96%
Age		
18-24	251	18%
25-34	247	18%
35-44	278	20%
45-54	231	17%
55-64	221	16%
65+	148	11%
Party Affiliation		
Republican	523	38%
Democrat	320	23%
Neither	540	39%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	340	25%
$20K-$29K	156	11%
$30K - $39K	174	13%
$40K - $49K	122	9%
$50K - $59K	117	8%
$60K - $74K	132	10%
$75K - $99K	148	11%
$100K - $149K	132	10%
$150K+	62	4%
Education Level		
Some high school	83	6%
High school diploma/GED	404	29%
Some college or training/certificate program	350	25%
Associate degree	150	11%
Bachelor's degree	249	18%
Some graduate school	24	2%
Graduate degree	123	9%
Self-Reported Health Status		
Excellent	148	11%
Very Good	387	28%
Good	534	39%
Fair	242	17%
Poor	72	5%
Disability		
Mobility	271	20%
Cognition	153	11%
Independent Living	116	8%
Hearing	119	9%
Vision	101	7%
Self-Care: Difficulty dressing or bathing	89	6%
No disability or long-term health condition	880	64%

Source: 2025 Poll of Oklahoma 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.