HEALTHCARE VALUE HUB

Data Brief | August 2026

Ohio Survey Respondents Struggle to Afford High Health Care Costs, Worry about Affording Health Care in the Future, and Express Bipartisan Support for Policy Solutions

Executive Summary

Health care affordability remains a persistent challenge for many Ohio residents. Findings from the Consumer Healthcare Experience State Survey (CHESS) illustrate how high health care costs contribute to delayed care, financial strain, and widespread concern about affording care in the future.

This brief describes findings from a survey of more than 1,400 Ohio adults, conducted by Altarum's Healthcare Value Hub from June 6 to July 30, 2026, to examine experiences with health care affordability burdens, worry about affording care, medical debt, and support for policy solutions.

Key Findings Include:

- **Health care affordability burdens are common:** Over two in three respondents (68%) experienced at least one health care affordability burden in the past year.
- **Cost leads to delayed or skipped care:** Two in three respondents (66%) delayed or went without health care due to cost in the last twelve months.
- **Worry about affording care is widespread:** Four in five respondents (75%) reported being worried about affording health care in the future.
- **Affordability burdens are not evenly experienced:** Higher rates of going without care, medical debt and related financial strain were reported by respondents with lower incomes and those with disabilities or disabled household members.
- **Broad support for policy solutions:** Across party lines, respondents express strong support for policy-based solutions to address high health care costs.

Together, these findings show that health care affordability is a shared challenge affecting access to care and financial security. The findings also highlight broad public support for policies that reduce cost barriers and improve access to affordable care in Ohio.

Background

Health care is expensive in the U.S., and Ohio is no exception; across the country 68% of all CHESS respondents surveyed have reported some form a health care affordability burden. Despite the fact that the U.S. spends substantially more on health care per person than other high-income countries, this higher spending does not consistently translate into better population health outcomes, such as longer life expectancy or lower rates of avoidable illness and death.[1,2,3]

Health care costs continue to rise faster than wages and household income,[4,5] placing growing pressure on household budgets. Many of the policies that shape how health care is financed, delivered, and regulated operate at the state level, making states a key arena for addressing affordability.[6] State-level data on affordability helps policymakers and advocates understand how national cost pressures are experienced locally,

identify which populations face the greatest burden, and evaluate policy options aimed at improving access and reducing financial strain.

Detailed information on methods and the respondents who took this survey are available in the **Appendix.**

A Range of Health Care Affordability Burdens

In Ohio, two in three (66%) of respondents reported that they, or a family member, skipped or delayed medical care due to cost. This figure is slightly lower than the nationwide percentage; 69% of CHESS respondents across all states surveyed reported forgoing or delaying care due to cost. Among those reporting affordability challenges in Ohio, the most common experiences reported were:

- 26% Delayed going to the doctor or having a procedure done;
- 29% Cut pills in half, skipped doses of medicine or did not fill a prescription;
- 12% Had problems getting mental health care;
- 22% Skipped a recommended medical test or treatment;
- 16% Avoided going to the doctor or having a procedure done altogether;
- 5% Skipped needed maternity or reproductive health care; and
- 8% Skipped or delayed getting a medical assistive device.

Cost was the most commonly cited reason for delaying or foregoing care (22%). However, other barriers also played a role, including inability to get an appointment (14%) or service not covered by insurance (13%). Among uninsured respondents, 46% cited the high cost of insurance as the primary reason they remained without coverage, surpassing other commonly reported reasons such believing coverage was unnecessary or not knowing how to enroll.

Why This Matters

When people delay or go without care, treatment may occur later than recommended or at a more advanced stage of illness. Prior research shows skipping visits, rationing medications, or postponing recommended services is associated with worsening health outcomes, higher rates of hospitalization, and increased health care costs over time.[7,8,9]

Differences in Health Care Affordability Burdens

Health care affordability burdens may be experienced differently across income, employment status, insurance coverage, race and ethnicity, age, and disability status. High frequencies of affordability burdens have been reported by CHESS respondents across the country; as a whole, 71% of CHESS respondents across all states surveyed have reported experiencing one or more health care affordability burden(s).

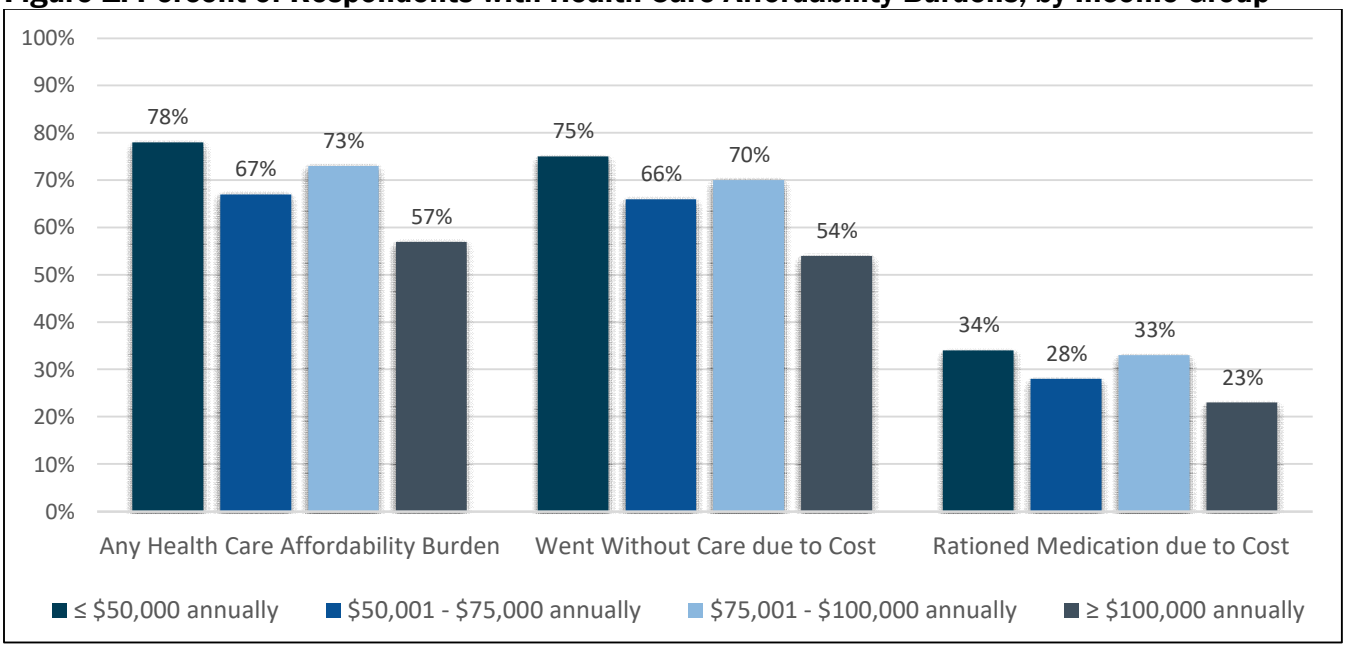
Income and Employment

Respondents with lower household incomes reported higher rates of health care affordability burdens than those with higher incomes. In Ohio, over three in four respondents (78%) with an annual household income of less than $50,000 reported experiencing at least one health care affordability burden in the last year. These respondents also reported delaying or forgoing care due to cost more frequently than respondents with higher incomes (**Figure 1**).

Affordability challenges also varied by employment status. Respondents that were unemployed full-time and those who were employed full-time reported higher rates of experiencing any health care affordability

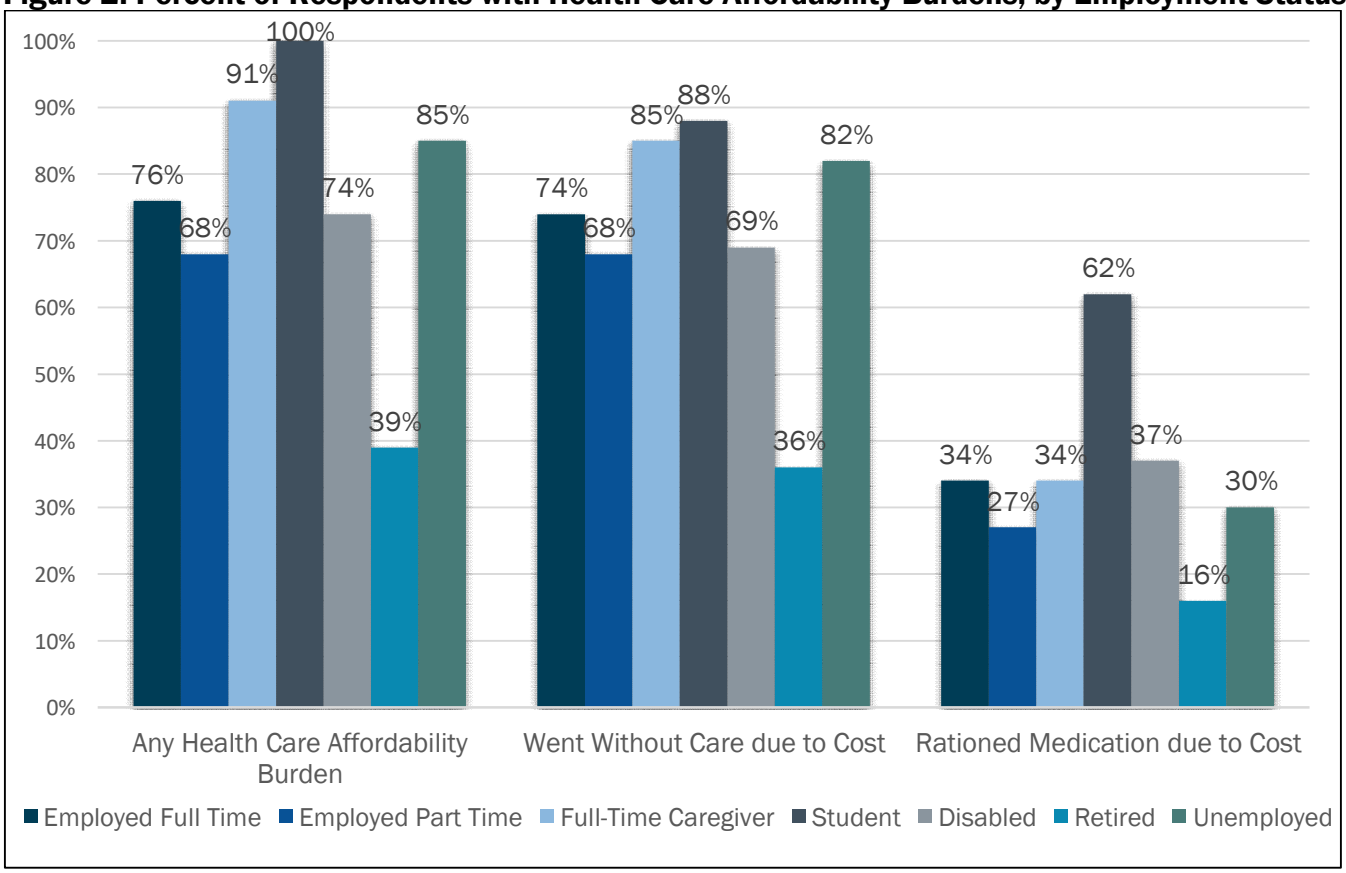
burden, while respondents who were unemployed reported higher rates of going without care or rationing medication due to cost (**Figure 2**).

Figure 1. Percent of Respondents with Health Care Affordability Burdens, by Income Group



Source: 2026 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Figure 2. Percent of Respondents with Health Care Affordability Burdens, by Employment Status



Source: 2026 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Insurance Coverage and Type

Respondents with different forms of coverage reported distinct patterns of cost-related barriers, reflecting differences in premiums, cost-sharing, and access to covered services. In the National CHESS data set respondents without health insurance coverage, those that purchase their health insurance on the Marketplace, and those on Medicaid experience higher rates of skipping or rationing care. Approximately a fifth of Ohio's population (21%) is covered by Medicaid or the Children's Health Insurance Program (CHIP), which provides subsidized health insurance to people with lower incomes or disabilities.[10] Many respondents expressed strong support for maintaining and strengthening the Medicaid program, including ensuring access for low-income individuals, people with disabilities, and families. Despite this support, respondents enrolled in Ohio Medicaid reported going without care due to cost more frequently than respondents with other forms of coverage (Table 1). Respondents with coverage they purchased individually, such as through the health insurance Marketplace, reported the highest rates of medication rationing, while respondents enrolled in Medicare reported the lowest incidence of rationing medication or going without care due to cost (Table 1).

Table 1. Percent of Respondents Skipping or Rationing Care By Coverage Type

	Went without Care due to Cost	Rationed Medication due to Cost
Employer-Sponsored health insurance	68%	28%
Health insurance purchased individually	77%	44%
Medicare, coverage for older adults	48%	22%
Ohio Medicaid, state Medicaid program	77%	35%

Source: 2026 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

When asked to describe their experiences, some survey participants shared personal accounts of being unable to access necessary health care because of cost. While individuals without health insurance coverage often face the most severe affordability burden, respondents with employer-sponsored coverage, individually purchased plans, Medicare, and Medicaid also described difficulties accessing care due to cost (Table 2).

Table 2. Sample 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 Type

Health Insurance through Employer
• "I don't have $5500 to over out of pocket cost after insurance." • "I did not get my diabetes medication and supplies for myself, or my child's needed medications because it cost too much." • "I didn't have surgery on my knee, now I am disabled." • "I have not had a wheelchair for over a year now because I cannot afford to get to the appointments, insurance to pay for the wheelchair, or out of pocket costs, and cannot work enough without a wheelchair to make enough money to cover any of these expenses." • "I need surgery for endometriosis. I can't afford the deductible and copay-- so I suffer in pain." • "I was pregnant and needed weekly ultrasounds, they were about $600 each, I skipped one. I also had my induction scheduled earlier so that I could avoid an ultrasound appointment to save money. $2400 for a month of ultrasound was almost all my monthly income." • "Could not afford a diagnostic test with a specialist for our child, so we are saving up for it." • "My husband has an autoimmune disease, and the medicine is $8,000 a month, so we can't get the medicine he needs, and it is so painful for him."

Insurance Purchased by the Respondent
• "I can't afford the specialist co-pay of $90 or physical therapy cost." • "I can't afford care for my PCOS visits." • "I need thyroid medications, and to see a specialist-- which I can't find one in my area that accepts my insurance plan." • "I need to see a neurologist and cardiologist, and they don't take my insurance, so I am letting my body suffer because I can't afford either." • "I need physical therapy, but my deductible is $7,000." • "I skip needed dental care because I just can't afford it." • "I was recommended for a breast MRI following a mammogram--but last time it cost $1200 despite being "needed", I skip them." • "My doctor recommended a treatment for my knee. Insurance company denied and it was too expensive for me to pay out of pocket."
Medicare, Coverage for Seniors and Individuals with Disabilities
• "I needed an ablation to my cervical spine and 3 days prior to the procedure they quoted a $340 co-pay. Insisted I need 3 ablations for $340 each. All done in a 6-week period. $1,020 — I get $1,039 a month from Social Security. I cancelled the procedures. How do I live, eat, pay my bills when 3 co-pays consume my entire check." • "$1000 in facility fess to see a new pain management doctor." • "My insulin is over $900 and is not covered, so my blood sugar is all out of control."
Ohio Medicaid
• "I need a cyst removed, but I can't afford it still." • "My doctor wants to put me on a GLP-1 medicine for my diabetes, but insurance doesn't want to cover it." • "There was a time I needed to go to the hospital and couldn't afford to pay the bill, so I ended up not going because I didn't want to be in more debt." • "Was unable to fill my prescription at the time due to cost-related issues." • "I had a severe ear infection, I had to have a specific and expensive medication, that I couldn't afford."
No Insurance Coverage/Uninsured
• "I could not afford my $600 a month blood thinner, or my father and we both need it." • "I've avoided going to the hospital multiple times because I couldn't afford it." • "I skip making any appointments, due to no longer having insurance." • "I haven't been to the gynecologist or primary care doctor, because I can't afford them."

Race and Ethnicity

Nationwide CHESS data demonstrates significant differences in respondents' ability to afford health care. While 71% of all CHESS respondents across all states surveyed report experiencing any health care affordability burden, this figure increases to 82% of all Hispanic, Latino, Black or African American respondents and 84% of all American Indian or Alaskan Native respondents across all states.

Mirroring the nationwide CHESS figures, respondents of color in Ohio reported higher rates of going without care and rationing medication due to cost than white, non-Hispanic respondents. In the past year, 77% of respondents of color reported forgoing care due to cost, compared to 63% of white, non-Hispanic respondents (**Table 3**).

Table 3. Percent of Respondents with Select Health Care Affordability Burdens, By Race and Ethnicity

	Went without Care due to Cost	Rationed Medication due to Cost
Respondents of Color*	77%	38%
Black or African American	76%	36%
Hispanic or Latino*	99%	62%
White, alone non-Hispanic	63%	27%

Source: 2026 Poll of Ohio 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.

Age and Disability

Affordability burdens varied across age groups (**Table 4**). In Ohio, young adults aged 18-24 reported the highest rates of forgoing care due to cost, though affordability concerns extended across age groups. More than half of respondents under age 55 reported skipping care in the past year due to financial constraints. Young adults also reported the highest rates of medication rationing due to cost.

Respondents with a disability, or who lived with someone with a disability, reported higher rates of health care affordability burdens than those in households without a disability. Among this group, 78% reported going without some form of care and 40% reported rationing medication due to cost in the past year, compared to 61% and 25%, respectively.

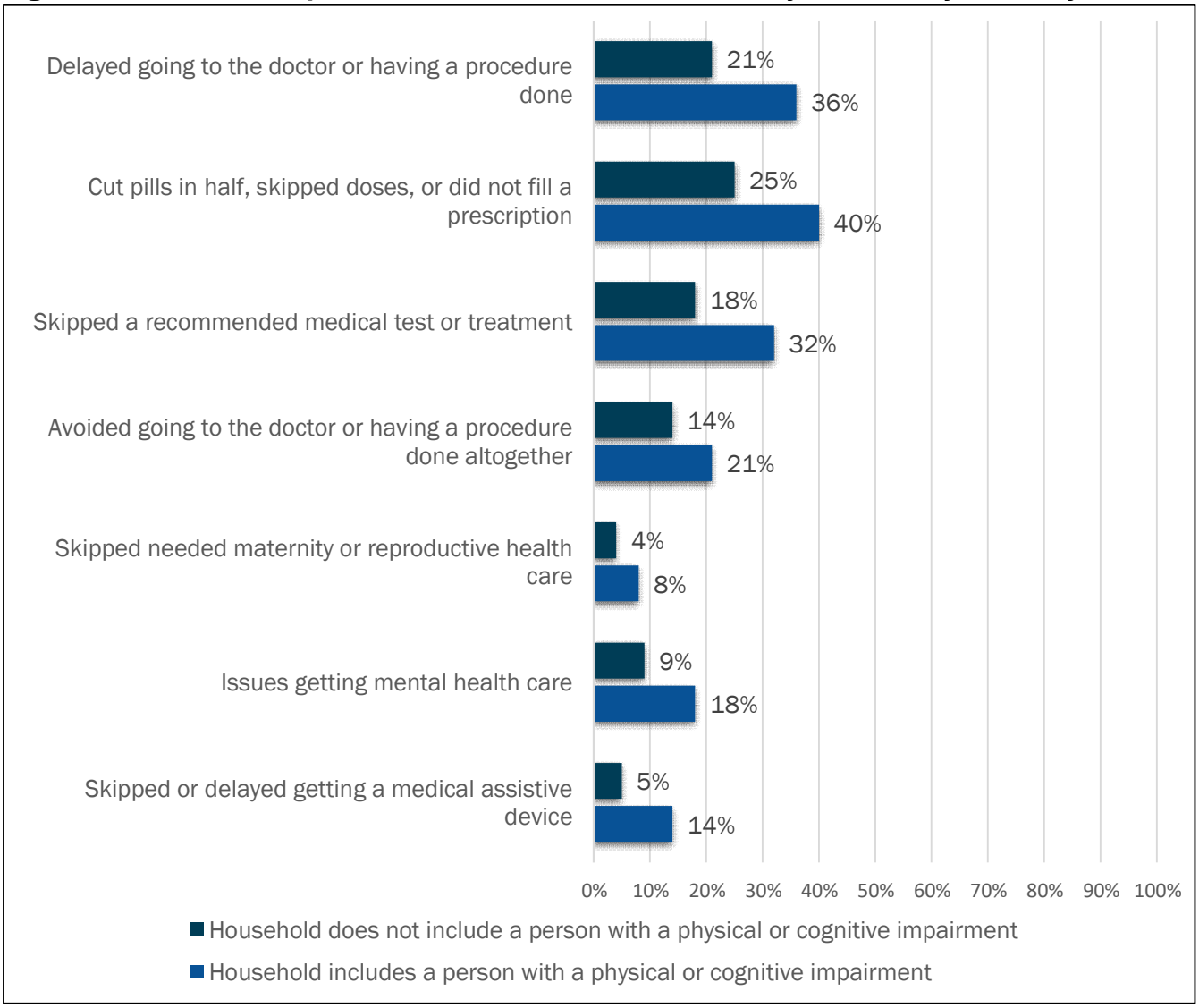
Nationwide, 81% of CHESS respondents with a disability, or who live with a person with a disability, across all states surveyed reported forgoing or delaying care due to cost, compared to 64% of all CHESS respondents across all states surveyed who do not have a disability or do not live with a person with a disability. These differences were also reflected in disability-related health needs: 14% of respondents with a disability or with a disabled household member reported delaying the purchase of a medical assistive device (like a wheelchair, cane/walker, hearing aid, or prosthetic limb) due to cost, compared to only 5% of respondents in households without a disability (**Figure 3**).

Table 4. Percent of Respondents with Select Health Care Affordability Burdens, By Age Group

Age	Went without Care due to Cost	Rationed Medication due to Cost
18-24	86%	36%
25-34	82%	36%
35-44	77%	39%
45-54	65%	25%
55-64	52%	24%
65+	28%	12%

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

Figure 3. Percent of Respondents with Health Care Affordability Burdens, By Disability Status



Source: 2026 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Why This Matters

Differences in affordability burdens reflect underlying factors that shape people's ability to manage health care costs:

- **Income:** Lower incomes limit the ability to absorb premiums, deductibles, and other out-of-pocket costs.[7,11,12]
- **Employment:** Unstable or part-time employment can reduce access to coverage and contribute to gaps in insurance.[13]
- **Insurance coverage and type:** Plan design, including deductibles and cost sharing, affects out-of-pocket exposure, even among insured individuals.[12]
- **Age:** Younger and working-age adults may face different affordability pressures than older adults with Medicare coverage.[14]
- **Disability:** Higher health care needs and more frequent service use can lead to greater cumulative costs.[15]
- **Race and ethnicity:** Structural differences in income, coverage, and access contribute to disparities in affordability and medical debt.[7]

Together, these factors help explain why affordability challenges are not evenly distributed and highlight the importance of targeted policy approaches to reduce cost barriers.

Encountering Medical Debt

Although many respondents reported delaying, forgoing, or rationing care due to cost, others did receive care but experienced financial hardship from the resulting medical bills. More than a third of respondents (36%) reported experiencing at least one significant financial burden related to medical costs, including being contacted by a collection agency (13%), going without basic necessities (12%), using up savings (11%), or borrowing money (9%).

Medical debt-related financial burdens were more common among lower-income respondents, with roughly 4 in 10 respondents earning $50,000 reporting a financial burden due to medical bills, compared to about 3 in 10 among those with incomes of $100,000 or more. Respondents with disabilities or disabled household members (54%) and respondents of color (44%) also reported higher rates of medical debt-related burdens than their counterparts (29% and 34%, respectively).

Among respondents who reported medical debt, most (26%) reported having health insurance at the time the debt was incurred. Common reasons cited included:

- 57%—My insurance only covered a portion of the service, and the remaining bill is too high;
- 20%—My insurance didn't cover the service at all;
- 10%—My deductible was too high, and I was not able meet it;
- 3%—My coinsurance was too high, and I could not afford to pay it; and
- 3%—The interest rate on the debt is too high.

High Levels of Worry about Affording Care and Coverage

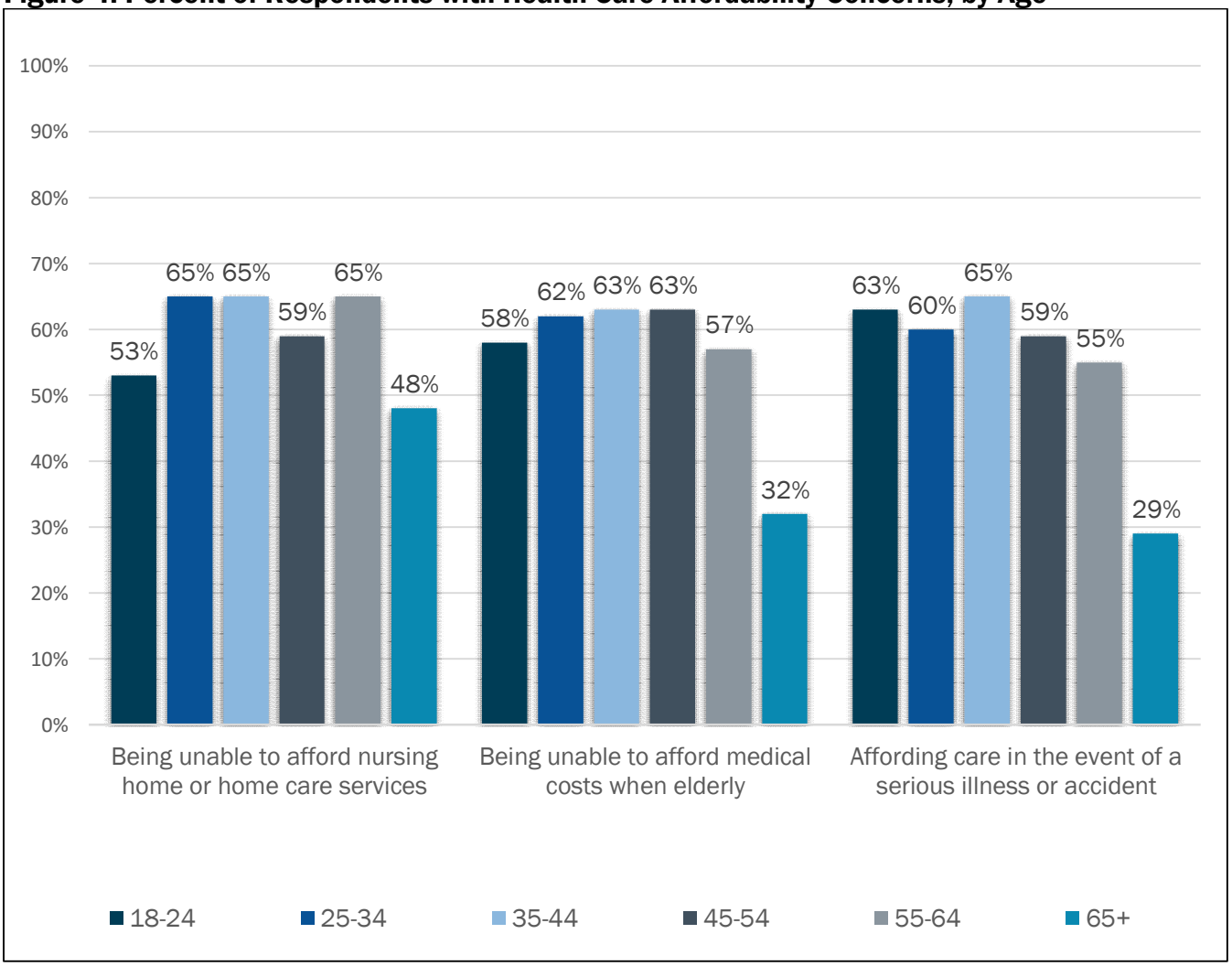
Most respondents in Ohio report concern about their ability to afford care. These results align with national surveys showing that worry about affording health care is widespread across the U.S., even among insured adults.[7,11] Across the country, 79% of all CHESS respondents reported concerns about affording the cost of

care. This figure slightly exceeds the percentage of Ohio respondents; 75% of Ohio respondents reported being either “worried” or “very worried” about affording some aspect of care in the future.

Respondents most commonly reported worry about affording nursing or home care and medical costs in older age (59% and 56% respectively), as well as the cost of care following a serious illness (56%). Concerns afford an ambulance ride in the event of an emergency (48%), about prescription drugs (46%), and maternity and reproductive health care (27%) were also reported.

Although concerns about long-term care and medical costs are often associated with older adults, these worries were more frequently reported by younger respondents. For example, 62% of respondents aged 25–34 and 63% of those aged 45–54 expressed concern about being able to afford medical costs when they are older. More than half of all respondents under age 65 (59%) reported being worried about paying for some form of long-term care (**Figure 4**).

Figure 4. Percent of Respondents with Health Care Affordability Concerns, by Age



Source: 2026 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Healthcare Consolidation and Consumer Concerns

In the past year, 22% of respondents reported that they were aware of a merger or acquisition in their community. Among those who noticed changes following a merger or acquisition, respondents commonly reported higher out-of-pocket costs (28%), fewer choices of providers (26%), providers removed from insurance networks (25%), and perceived declines in care quality (16%).

When asked about their largest concern related to health care consolidation, respondents most frequently reported:

- 23%—I'm concerned I will have to pay more to see my doctor;
- 21%—I'm concerned my doctor may no longer be covered by my insurance;
- 21%—I'm concerned I will have fewer choices of where to receive care;
- 14%—I'm concerned I will have a lower quality of care; and
- 13%—I'm concerned I will have to travel farther to see my doctor

Together, these concerns highlight how health care consolidation can affect patients' access, choice, and out-of-pocket costs.

Support for Policy Solutions

Respondents expressed strong support for changes to address high and rising health care costs. Nearly three-quarters (73%) agreed or strongly agreed that "the system needs to change."

When asked which issues the government should prioritize in the coming year, respondents most frequently identified health care (55%), the economy and joblessness (52%), and affordable housing (41%). Among health care-specific priorities, respondents most often selected addressing high health care costs, including ensuring everyone has access to healthcare (44%), lowering healthcare and hospital cost (40%), improving affordability of the private health insurance market (35%), improving Medicare and coverage for seniors and people with serious disabilities (34%), and prescription drugs cost (30%).

Respondents most frequently identified drug companies (73%), health insurance companies (68%), and hospitals (55%) as responsible for high healthcare costs, while 44% also viewed state government as playing a role.

Support for policy approaches to address health care costs was strong across political affiliations. Respondents across parties endorsed a range of strategies to reduce out-of-pocket costs, increase price transparency, promote competition, and strengthen access to coverage (**Table 5**).

Table 5. Percent of Respondents Who "Agree" or "Strongly Agree" with Selected Statements, by Political Affiliation

Selected Survey Statement	Total Percent	Republican	Democrat	Independent
Prohibit extra fees that aren't connected to the cost of your care, like hospitals charging facility fees at offices and clinics miles away from the hospital campus	**92%**	93%	92%	90%
Limit the price of expensive prescription drugs	**91%**	91%	94%	89%
Prevent hospitals from charging more for routine health care services that are most often provided in a doctor's office	**90%**	91%	91%	89%
Rein in how quickly prescription drug prices can increase in the private health insurance market (Medicare and Medicaid already do this)	**89%**	89%	93%	86%
Limit the prices at expensive hospitals in the private health insurance market (Medicare and Medicaid already set hospital prices for their markets	**89%**	87%	93%	88%
Increase investment in primary care	**89%**	90%	90%	88%
Integrate the Medicaid and Medicare programs for people who are eligible for both to make it simpler for them to navigate those programs	**88%**	84%	94%	87%
Change the way we pay doctors and hospitals to reward quality outcomes rather than quantity of services	**86%**	86%	90%	83%
Make it easier for people to apply for and renew their Medicaid coverage	**85%**	79%	94%	84%
Allow your pharmacist to substitute for a lower cost prescription drug option, if available, without needing to get permission from your prescriber	**84%**	86%	83%	82%
Allow the government to limit and prevent health care mergers that could reduce competition and increase health care prices	**84%**	83%	88%	81%
Everyone should have access to the health services they need, when and where they need them, without financial hardship	**83%**	78%	90%	82%
The state government should implement policies aimed at lowering the high and rising costs of health care	**82%**	81%	87%	78%
Medicaid plays a critical role in giving eligible patients access to necessary medical care	**77%**	73%	85%	74%
The state government should invest in improving health status in low-income communities	**73%**	65%	86%	71%
Potential price increases should be factored in when the state government is deciding whether to allow a health system to consolidate, grow, or close	**72%**	72%	76%	67%
Racial inequities in health care are a major issue, causing people of color to receive lower-quality care compared to others	**51%**	35%	69%	54%

Source: 2026 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Why this Matters

Support for policy solutions across political affiliations indicates that concerns about health care affordability are widely shared. This bipartisan agreement may create opportunities for policy action to reduce out-of-pocket costs, increase price transparency, and prevent affordability barriers before they lead to delayed care or financial hardship.

Conclusion

Findings from the Ohio Consumer Healthcare Experience Survey show that high health care costs remain a significant barrier to accessing care and maintaining financial security for many residents. While affordability challenges were widespread, some groups experienced a disproportionate burden.

At the same time, respondents across political affiliations shared common concerns about rising health care costs and expressed broad support for policy approaches to improve affordability, including lowering out-of-pocket costs, increasing price transparency, strengthening coverage, and promoting competition.

Together, these findings highlight health care affordability as a shared concern with implications for access, financial security, and long-term health, and demonstrate how state-level data can inform efforts to improve access to affordable, high-quality care.

Notes

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About the 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.

Contact the Hub:
(734) 302-4600 | www.HealthcareValueHub.org

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Appendix. Methodology and Population

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 June 6 to July 30, 2026, used a web panel from Dynata with a demographically balanced sample of approximately 1,400 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 1,393 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	572	41%
Man	821	59%
Sexual Diverse	145	10%
Insurance Type		
Health insurance through my or a family member's employer	424	30%
Health insurance I buy on my own	109	8%
Medicare, coverage for seniors and those with serious disabilities	182	13%
Ohio Medicaid	316	23%
TRICARE/Military Health System	11	<1%
Department of Veterans Affairs	15	<1%
No coverage of any type	71	5%
I don't know	27	2%
Race		
American Indian/Native Alaskan	31	2%
Asian	17	1%
Black or African American	203	15%
Native Hawaiian/Other Pacific Islander	2	<1%
White	1,157	83%
Prefer Not to Answer	6	<1%
Two or More Races	52	4%
Ethnicity		
Hispanic or Latino	32	2%
Non-Hispanic or Latino	1,361	98%
Age		
18-24	150	11%
25-34	214	15%
35-44	267	19%
45-54	243	17%
55-64	255	18%
65+	249	18%
Party Affiliation		
Republican	471	34%
Democrat	435	31%
Neither	487	35%

Demographic Characteristic	Frequency	Percent
Household Income		
Under $20K	276	20%
$20K-$29K	163	12%
$30K - $39K	149	11%
$40K - $49K	125	9%
$50K - $59K	142	10%
$60K - $74K	125	9%
$75K - $99K	152	11%
$100K - $149K	166	12%
$150K+	95	7%
Education Level		
Some high school	63	5%
High school diploma/GED	432	31%
Some college or training/certificate program	318	23%
Associate degree	146	10%
Bachelor's degree	249	18%
Some graduate school	28	2%
Graduate degree	157	11%
Self-Reported Health Status		
Excellent	146	10%
Very Good	364	26%
Good	551	40%
Fair	278	20%
Poor	54	4%
Disability		
Mobility	282	20%
Cognition	148	11%
Independent Living	104	7%
Hearing	116	8%
Vision	76	5%
Self-Care: Difficulty dressing or bathing	70	5%
No disability or long-term health condition	906	65%

Source: 2026 Poll of Ohio 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.