Ohio Survey Respondents Receive Unexpected Medical Bills, Incur Medical Debt, and Express Bipartisan Support Government Action

Executive Summary

Medical debt remains a common consequence of high and unpredictable out-of-pocket medical costs. Findings from the Consumer Healthcare Experience State Survey (CHESS) illustrate how unexpected medical bills and affordability challenges contribute to financial strain for many Ohio households.

This brief describes findings from a survey of more than 1,400 Ohio adults, conducted by Altarum's Healthcare Value Hub from June 30 to July 6, 2026, to examine experiences with unexpected medical bills, financial burden, medical debt, and support for policy solutions.

Key findings include:

- **Unexpected medical bills are not uncommon:** 26% received an unexpected medical bill in the past year.
- **Financial strain affects many households:** 36% experienced financial burdens due to medical bills, including using up all or most of their savings, going without basic necessities, accumulating credit card debt, or being contacted by a collection agency.
- **Medical debt persists despite coverage:** 26% reported that they or a family member had outstanding medical bills; among those with medical debt, 21% reported their insurance plan did not cover the service, and 24% reported their deductible was too high.
- **Large debts exist but the majority of debt is under $5,000:** 13% of respondents reported owing at least $10,000 in medical debt.59% of respondents reported owing less than $5,000.
- **Support for solutions across party lines**: Respondents across political affiliations express strong support for government-led solutions to reduce out-of-pocket costs and increase price transparency.

Together, these findings show that medical debt is closely tied to unpredictable medical bills and unaffordable out-of-pocket costs, even among insured Ohio respondents, and highlight broad public support for policies that prevent medical debt.

Background

In the absence of affordable care options, individuals may find themselves burdened by medical costs. In 2024, nearly 100 million Americans owed over $220 billion in medical debt.[1] Medical debt is largely driven by unaffordable bills: many Americans with private coverage must pay thousands of dollars in out-of-pocket expenses to get care, including increasingly high premiums, deductibles, co-insurance, and copayments.[2,3,4] This lack of affordability is reflected in national survey findings showing that many medical debts stem from one-time or short-term medical expenses that are often unexpected,[5] and that roughly half of adults say they could not pay a $500 unexpected medical bill, and would either have to incur debt to pay it or would not be able to pay the bill at all.[6] These factors negatively impact long-term financial security and ability to afford care in the future.

The aim of this brief is to present findings from the Ohio CHESS survey on unexpected medical bills, financial burdens due to medical costs, medical debt, and support for policy solutions. Detailed information on the survey methods, sampling approach, and study population is provided in the **Appendix.**

Unexpected Medical Bills

Twenty-six percent (26%) of Ohio respondents received an unexpected medical bill in the past year. Among respondents who received an unexpected bill, experiences varied by coverage. Respondents enrolled in Medicare (80%), most frequently reported an unexpected medical bill followed by Ohio Medicaid (78%), employer-sponsored (71%) and individually purchased insurance (e.g., through the health care Marketplace (62%).

Financial Burdens due to Medical Cost

More than one-third of Ohio respondents (36%) reported experiencing at least one financial burden due to medical costs in the last year. Financial burdens were not evenly distributed across the population. Higher rates of medical cost-related burden were reported among younger adults, respondents of color, respondents with a disability or who live with a person with a disability, and respondents with Medicaid. The findings in Ohio are consistent with what we see across the National CHESS data set regarding the impact of financial burdens from medical costs (**Table 1**).

Respondents reported a range of strategies and consequences when trying to manage medical expenses. Thirteen percent reported being contacted by a collection agency. Twelve percent (12%) reported going without basic necessities like food, heat or housing due to medical bills, 11% reported using up all or most of their savings. Fewer respondents reported borrowing money or taking out a loan or another mortgage on their home (9%), being placed on a long-term payment plan (9%) or accumulating large amounts of credit card debt (8%).

Table 1. Percent of Respondents Who Experienced a Financial Burden Related to Medical Bills, by Selected Characteristics

	Ohio Financial Burden Due to Medical Bills	National CHESS Financial Burden Due to Medical Bills
Household Characteristics		
Household Income		
≤ $50,000 annually	43%	46%
$50,001 - $75,000 annually	35%	43%
$75,001 - $100,000 annually	38%	44%
$100,000 – $150,000 annually	30%	37%
≥ $150,000 annually	--	29%
Physical or Cognitive Impairment		
Household includes a person with physical or cognitive impairment	29%	58%
Household does not include a person with physical or cognitive impairment	54%	32%

	Ohio Financial Burden Due to Medical Bills	National CHESS Financial Burden Due to Medical Bills
Demographic Characteristics		
Age		
18-24	52%	50%
25-34	49%	57%
35-44	44%	52%
45-54	33%	42%
55-64	24%	30%
65+	8%	14%
Race/Ethnicity		
Respondents of Color (Total)	44%	49%
Black or African American, Non-Hispanic/Latino	58%	53%
Hispanic or Latino, any race	51%	51%
White Alone, Non-Hispanic/Latino	34%	34%
Insurance Type		
Employer-based health insurance	37%	40%
Health insurance purchased individually	54%	56%
Medicare, coverage for older adults	24%	25%
Ohio Medicaid	42%	44%

Source: 2026 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: 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. The Disability Status category includes respondents who responded that 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.

Medical Debt and Health Insurance

Twenty- five percent (25%) of Ohio respondents reported that they or a family member currently have outstanding medical bills (**Table 2**). Among respondents with medical debt, the most commonly reported amount was $1,000-$2,499 (24%), followed by less than $500 (21%), $500 - $999 (15%), $2,500 - $4,999 (13%), and $5,000 - $7,499 (10%). Still, more than 1 in 10 respondents (13%) report owing over $10,000 in medical debt.

Medical debt frequently occurred despite insurance coverage. Some respondents with medical debt (26%) reported having health insurance at the time they incurred the debt, and three in four respondents (84%) had no gaps in coverage in the past 12 months. At the time of the survey, just under half (40%) reported being covered by employer-sponsored insurance, followed by Ohio Medicaid (18%), Medicare (13%), insurance bought on the Marketplace exchange (9%). Medical debt affects both insured and uninsured respondents (**Table 2**).

Table 2. Percent with Outstanding Medical Bills in the Previous 12 Months, by Insurance Type

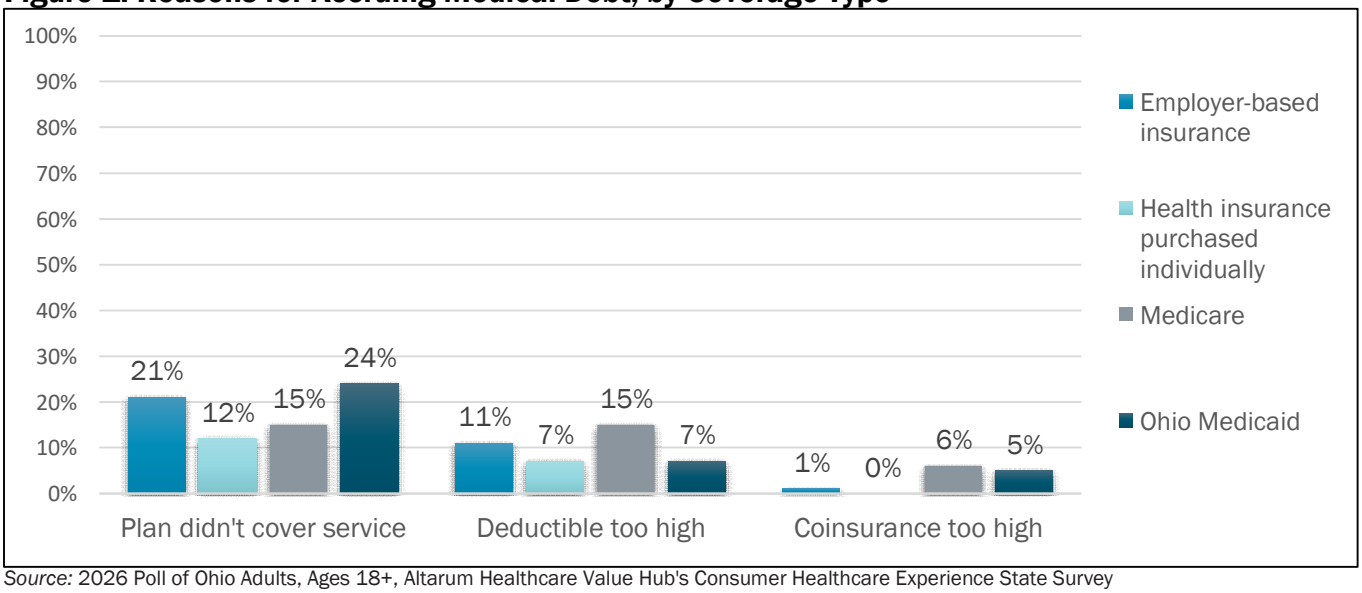
	Outstanding Medical Bills
Employer-based health insurance	26%
Health insurance purchased individually	35%
Medicare, coverage for older adults	23%
Health First Ohio, state Medicaid program	27%

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

Respondents identified multiple reasons for incurring medical debt, reflecting differences in insurance coverage (**Figure 1**). Fifty-seven (57%) stated my insurance only covered a portion of the service, and the remaining bill is too high. Followed by my insurance didn't cover the service at all (10%), my deductible was too high to meet (10%), and 3% reported that their coinsurance was too high. Notably, larger shares of those with Ohio Medicaid reported their insurance plan did not cover the service, while those with Medicare more frequently reported high deductibles as the primary reason for debt.

Respondents most frequently identified hospital services (64%) and doctor or technician services in the hospital (35%) as the source of their medical debt. Other commonly reported sources included laboratory services (lab tests, x-rays, scans) (28%), doctor or technician services not in hospital (22%), and urgent care centers (14%). Smaller proportions cited dental offices (13%), mental healthcare or addiction treatment (12%), physical therapy or pain management services (9%) and pregnancy-related expenses (7%), as the source of their medical debt.

Figure 1. Reasons for Accruing Medical Debt, by Coverage Type



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

Why This Matters

Medical debt can occur across insurance types for different reasons. Uninsured individuals are responsible for the full cost of care,[6,7] while those with employer-based, individual, or Marketplace coverage may face high cost-sharing.[8] Although Medicaid and Medicare often have lower cost-sharing, limited covered services or difficulty finding participating providers can still result in out-of-pocket costs.[9,10]

Differences in Amount and Reasons for Medical Debt

While insurance coverage plays a central role in how medical debt occurs, the prevalence and severity of medical debt also vary across income, age, disability status, and race and ethnicity.

Income

Medical debt was reported across income levels, though both the likelihood of having medical debt and the amounts owed varied by household income (**Table 3**). Among respondents with a household income below $50,0000, 1 in 4 (25%) reported having $2,500 or less in medical debt, while over 1 in 10 (13%) owe more than $10,000. Notably, a higher proportion of respondents with household incomes above $100,000 per year report owing at least $10,000 in debt (14%) than respondents in any other income bracket.

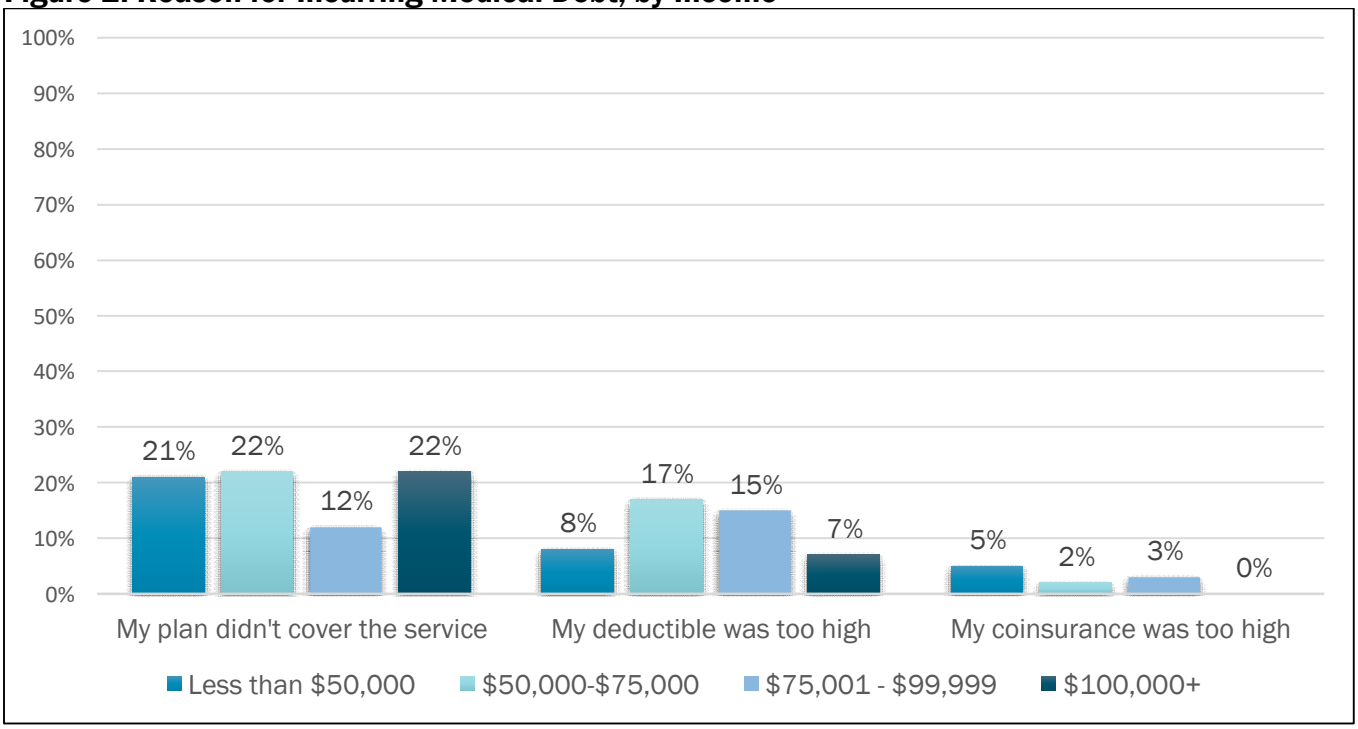
Table 3. Percent of Respondents with Outstanding Medical Bills in the Previous 12 Months, by Income

	Outstanding Medical Bills
≤ $50,000 annually	28%
$50,001 - $75,000 annually	25%
$75,001 - $100,000 annually	30%
≥ $100,000 annually	20%

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

Differences were also observed in the reasons respondents reported for incurring medical debt. While respondents across income groups cited similar reasons overall (**Figure 2),** lower-income respondents more frequently reported incurring medical debt because services were not covered by their insurance (22%), whereas respondents in higher income brackets more often cited high deductibles as a contributing factor (17%). Coinsurance was reported as a contributing factor across income groups.

Figure 2. Reason for Incurring Medical Debt, by Income



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

Age

Medical debt prevalence varied by age (**Table 4**). Respondents ages 35-44 reported the highest rates of medical debt (35%), followed by those ages 25-34 (32%) and 18-24 (25%). In contrast, those ages 65+ reported lower rates of medical debt (8%). Across all age groups, respondents most often reported lower amounts of medical debt, although a smaller share in each age group reported owing $10,000 or more.

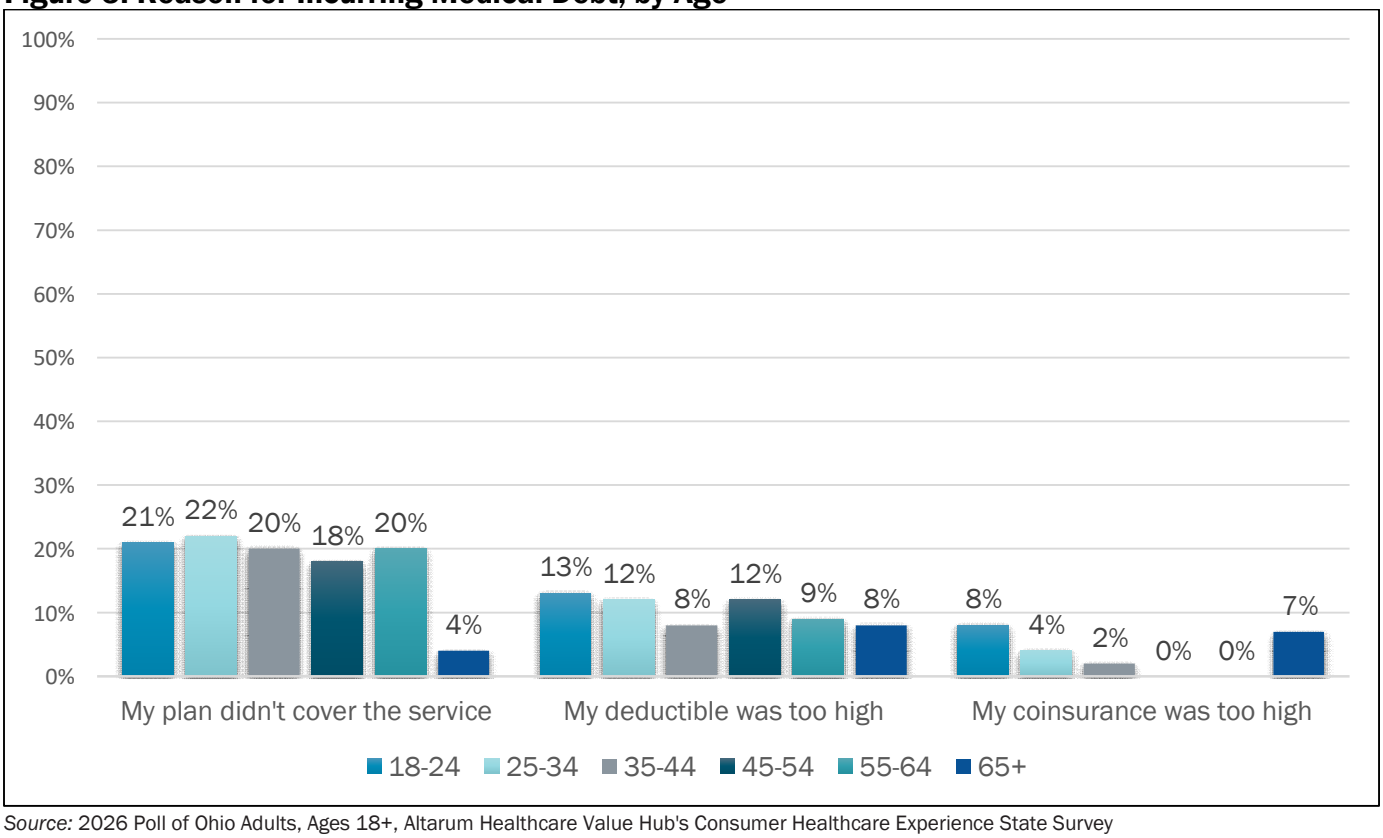
Table 4. Percent of Respondents with Outstanding Medical Bills in the Previous 12 Months, by Age

Age Range	Outstanding Medical Bills
18-24	25%
25-34	32%
35-44	35%
45-54	24%
55-64	19%
65+	8%

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

Reasons for incurring medical debt were generally similar across age groups, though the relative importance of specific factors varied (**Figure 3**). Respondents ages 18-24 (21%) and 25-34 (22%) report incurring medical debt because their insurance plan didn't cover the service(s) they received. Higher rates of medical debt due to high deductibles were reported among respondents ages 18-24 (13%) and ages 45-54 (12%), while respondents age 18-24 more frequently cited high coinsurance (8% respectively).

Figure 3. Reason for Incurring Medical Debt, by Age



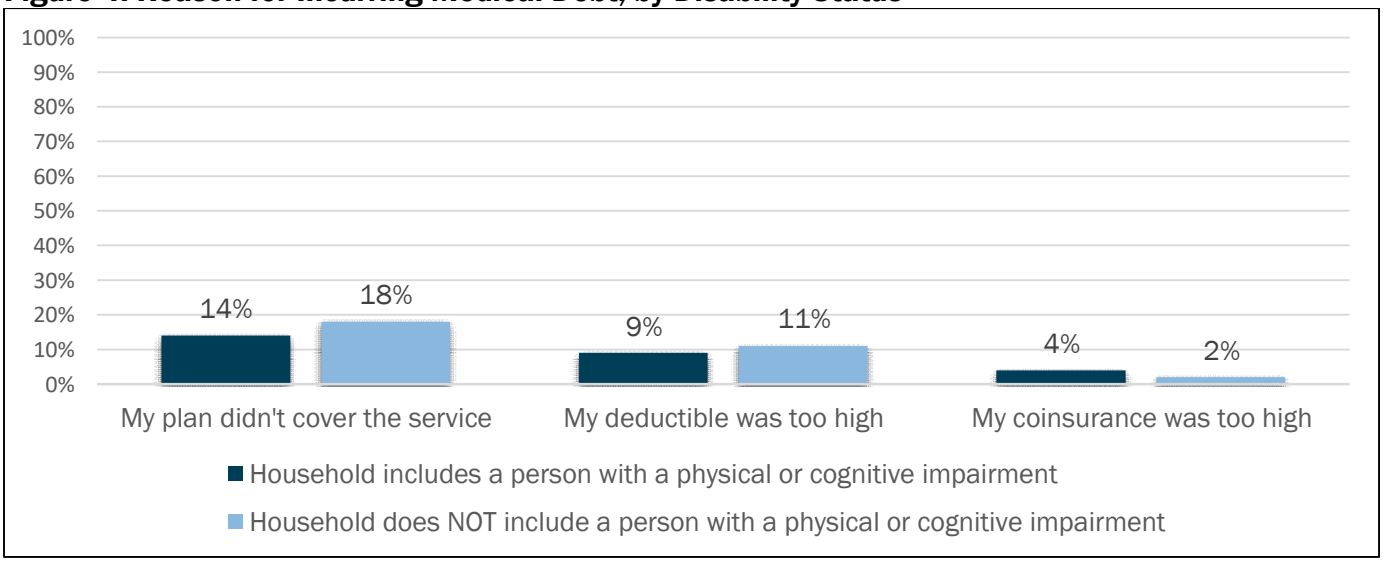
Source: 2026 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Disability

Some of the highest rates of medical debt were seen among households that include a person with a disability. Respondents whose households included a member with a disability reported higher rates of medical debt for themselves or their family (37%) compared to those without a disabled household member (20%).

Reasons for incurring medical debt were similar among respondents with or without a household member with a disability. Compared with respondents without a disabled household member, respondents with a disabled household member reported similar rates of medical debt due to non-covered services (14% vs 18%), deductibles (9% vs 11%) and coinsurance (4% vs 2%) (**Figure 4**).

Figure 4. Reason for Incurring Medical Debt, by Disability Status



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

Race and Ethnicity

Differences in medical debt exposure were also seen across racial/ethnic groups (**Table 5**). Respondents of color reported higher rates of medical debt (28%) compared to White alone non-Hispanic respondents (24%). Hispanic/Latino respondents most commonly report owing less than $2,500 in medical debt (53%), followed by Black/African American respondents (35%) and white alone non-Hispanic respondents (18%).

Table 5. Percent who Had Outstanding Medical Bills in the Previous 12 Months, by Race and Ethnicity

	Outstanding Medical Bills
Respondents of Color (Total)	28%
Black or African American, Non-Hispanic/Latino	28%
Hispanic or Latino, any race	47%
White Alone, Non-Hispanic/Latino	24%

Source: 2026 Poll of Ohio Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey
Note: 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. The Disability Status category includes respondents who responded that 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.

Why This Matters

Differences in the amount and reasons for medical debt often reflect variation in financial resources, life stage, and exposure to health care costs. Lower income households may be less able to absorb uncovered services or cost-sharing,[6,7] and younger and middle aged adults may face higher combined costs related to family responsibilities.[11] People with disabilities and chronic health conditions may have more frequent health care needs and out-of-pocket costs, and may also experience income disruptions that make medical bills harder to manage.[7,12,13] Prior research has also documented racial and ethnic disparities in medical debt linked to differences in income, insurance design, and access to care.[14,15] Across groups, medical debt can have lasting effects on financial security, including depleted savings, damaged credit, and delayed major life decisions.[11,16]

Support for Solutions Across Party Lines

Support for addressing medical debt extended across political affiliations, with respondents expressing strong support for policy approaches aimed at reducing out-of-pocket costs, increasing price transparency, and preventing unexpected medical bills (**Table 6**). Taken together, these findings indicate that medical debt is widely viewed as a shared affordability challenge and that there is broad public support for policy efforts to prevent medical debt before it occurs.

Why This Matters

Support for addressing medical debt across political affiliations underscores that health care affordability is a shared concern. Bipartisan support for policies that reduce out-of-pocket costs, increase price transparency, and prevent unexpected medical bills points to opportunities for policy action with broad public backing.

Table 6. Percent Who Agreed or Strongly Agreed that the Government Should Employ Select Strategies, 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

Taken together, these findings show how unexpected medical bills and unaffordable out-of-pocket costs can translate into financial strain and medical debt for many Ohio households. The combination of widespread experiences and broad support for prevention-focused policies underscores the importance of strategies that reduce the likelihood of medical debt before it occurs.

Conclusion

Findings from the Ohio Consumer Healthcare Experience State Survey show that unexpected medical bills, financial strain, and medical debt are common experiences for Ohio residents. Many respondents reported significant financial burdens related to medical costs, including using savings, taking on credit card debt, or carrying unpaid medical bills.

Medical debt was most often driven by unaffordable out-of-pocket costs, even among respondents with health insurance. Many respondents incurred medical debt because their insurance plan did not cover the service, or because their deductible or co-insurance was too high to afford. Differences in exposure to medical debt were

observed across income, age, disability status, and race and ethnicity, underscoring that medical debt affects a wide range of Ohio households.

Respondents across the political spectrum expressed support for policies aimed at reducing out-of-pocket costs, increasing price transparency and preventing unexpected medical bills. Together, these findings highlight medical debt as a shared affordability challenge and point to broad public support for efforts to prevent medical debt before it occurs.

By grounding policy discussions in Ohio residents' lived experiences, these findings can help state policymakers identify and evaluate strategies that protect consumers from unaffordable out-of-pocket costs and prevent medical debt. For more information on healthcare affordability in Ohio and strategies that survey respondents support, please see the Ohio Health Care Affordability Consumer Healthcare Experience State Survey, August 2026.

Notes

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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.

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

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Appendix. Methodology & 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 30 to July 6, 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.