DATA BRIEF | DECEMBER 2024

Ohio Survey Respondents Bear Health Care Affordability Burdens Unequally; Distrust of/Disrespect by Health Care Providers Leads Some to Delay/Go Without Needed Care

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;
- Respondents living in households with a person with a disability more frequently reported rationing medication due to cost compared to respondents living in households without a person with a disability (**35%** versus **22%**); delaying or going without care due to cost (**81%** versus **61%**); and experiencing a cost burden due to medical bills (**55%** versus **28%**).
- Thirty-two percent of respondents of color skipped needed medical care due to distrust of or feeling disrespected by health care providers, compared to **15%** of white alone, non-Hispanic respondents; and
- Fifty-seven percent of all respondents think that people are treated unfairly based on their race or ethnic background somewhat or very often in the U.S. health care system.

DIFFERENCES IN AFFORDABILITY BURDENS & CONCERNS

RACE AND ETHNICITY

Health disparities and a lack of affordable care negatively impact many communities of color, particularly Black, Hispanic and Latino communities.[1,2] Ohio respondents of color reported higher rates of many affordability burdens when compared to white alone, non-Hispanic/Latino respondents, including cost burdens due to medical bills (see Table 1).[3]

A small share of respondents also reported barriers to care that were unique to their ethnic or cultural backgrounds. Thirty-one (**3**% of) respondents reported not getting needed medical care because they couldn't find a doctor of the same race, ethnicity or cultural background as them and 18 (**1**% of) respondents reported not getting needed care because they couldn't find a doctor who spoke their language.

Table 1

Percent Who Experienced Health Care Affordability Burdens, by Racial and Ethnicity Group

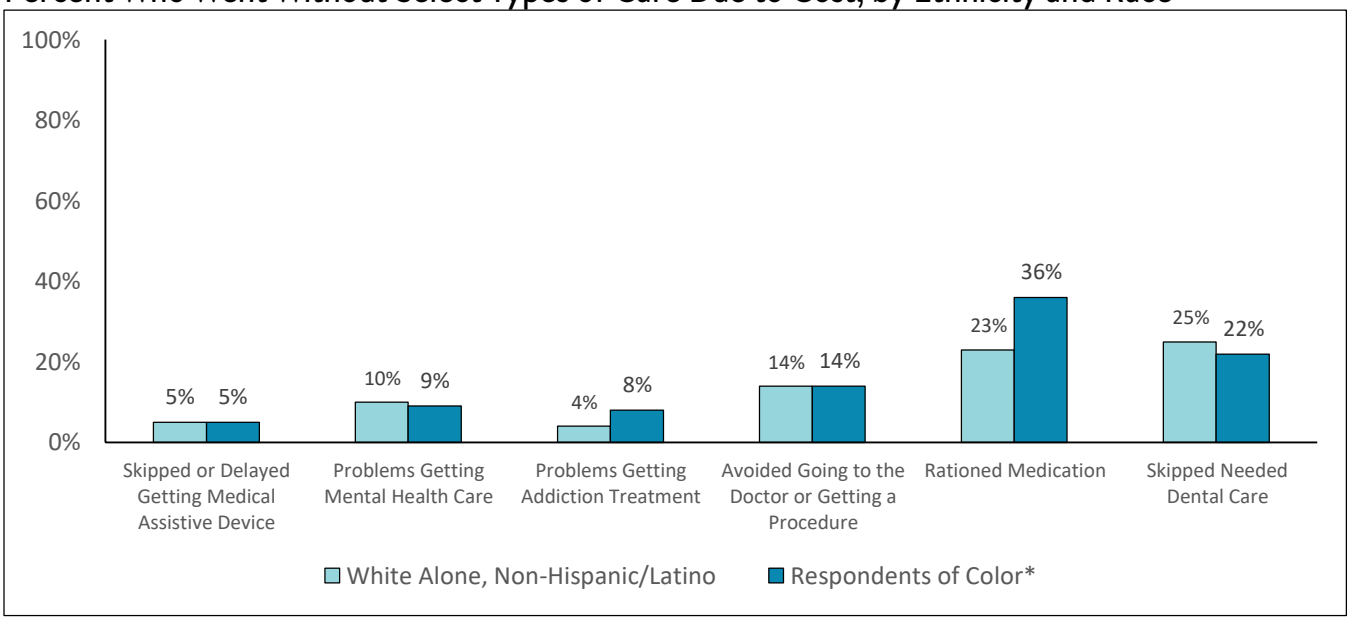
	White Alone, Non-Hispanic/Latino	Respondents of Color*
Any Health Care Affordability Burden	66%	82%
Any Health Care Affordability Worry	79%	83%
Rationed Medication Due to Cost	23%	36%
Delayed or Went Without Care Due to Cost	63%	81%
Experienced a Cost Burden due to Medical Bills	34%	43%

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.

Figure 1

Percent Who Went Without Select Types of Care Due to Cost, by Ethnicity and Race



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.

INCOME AND EDUCATION

The survey also highlighted differences in health care affordability burdens between different income and educational levels. Respondents living in households earning below $50,000 per year most frequently reported experiencing an affordability burden, with **79%** struggling to afford health care in the past twelve months (see Table 2). Additionally, **30%** of respondents with an annual household income of $50,000 or less reported not filling a prescription, skipping doses, or cutting pills in half due to cost.

These respondents also more frequently reported experiencing a cost burden due to medical bills, such as incurring medical debt, depleting savings or sacrificing basic needs like food, heat, or housing compared to those earning $100,000 or more annually (**43%** versus **31%**). Still, over half of respondents living in higher income households also faced affordability issues, indicating that these burdens affect all income groups. At least **75%** of respondents across all income levels expressed concern about affording health care now or in the future.

Table 2

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	79%	71%	68%	57%
Any Health Care Affordability Worry	82%	87%	77%	75%
Rationed Medication Due to Cost	30%	31%	23%	20%
Delayed or Went Without Care Due to Cost	76%	69%	67%	55%
Experienced a Cost Burden due to Medical Bills	43%	34%	30%	31%

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

Similarly, Ohio 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 who did not pursue additional education beyond a high school diploma or GED reported experiencing a health care affordability burden (**76%**), and a health care cost burden due to medical bills (**42%**) more frequently than other respondents (see Table 3).

The relationship between education and income is well established, however higher education is also associated with better health outcomes, lower morbidity and greater health care affordability.[4] This disparity is influenced by various mediators such as economic status and the likelihood of being employed in a position which offers employee benefits including paid time off, sick leave and health insurance, which are associated with greater utilization of preventive health care.[5]

Table 3

Percent Who Experienced Health Care Affordability Burdens, by Education Level

	High School Diploma or GED	Some College, Training, or Certificate Program	Associate Degree	Bachelor's Degree	Graduate School
Any Health Care Affordability Burden	76%	75%	76%	64%	57%
Any Health Care Affordability Worry	80%	83%	83%	82%	73%
Rationed Medication Due to Cost	29%	26%	36%	21%	21%
Delayed or Went Without Care Due to Cost	72%	73%	73%	62%	56%
Experienced a Cost Burden Due to Medical Bills	42%	39%	36%	30%	31%

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

*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.

DISABILITY STATUS

People with disabilities interact with the health care system more often than those without disabilities, which frequently results in greater out-of-pocket costs.[6] Additionally, individuals who receive disability benefits face unique coverage challenges that impact their ability to afford care, such as losing coverage if their income or assets exceed certain limits (e.g., after marriage).[7]

In Ohio, respondents with disabilities or respondents who live with someone with a disability reported more frequent affordability burdens compared to others (see Table 4). These respondents also reported greater worries about health care affordability in general compared to respondents without a disability or who do not live with a person with a disability (**89%** versus **76%**) and losing health insurance compared to respondents without a disability or who do not live with a person with a disability (**46%** versus **24%**).

Table 4

Percent Who Experienced Health Care Affordability Burdens, by Disability Status

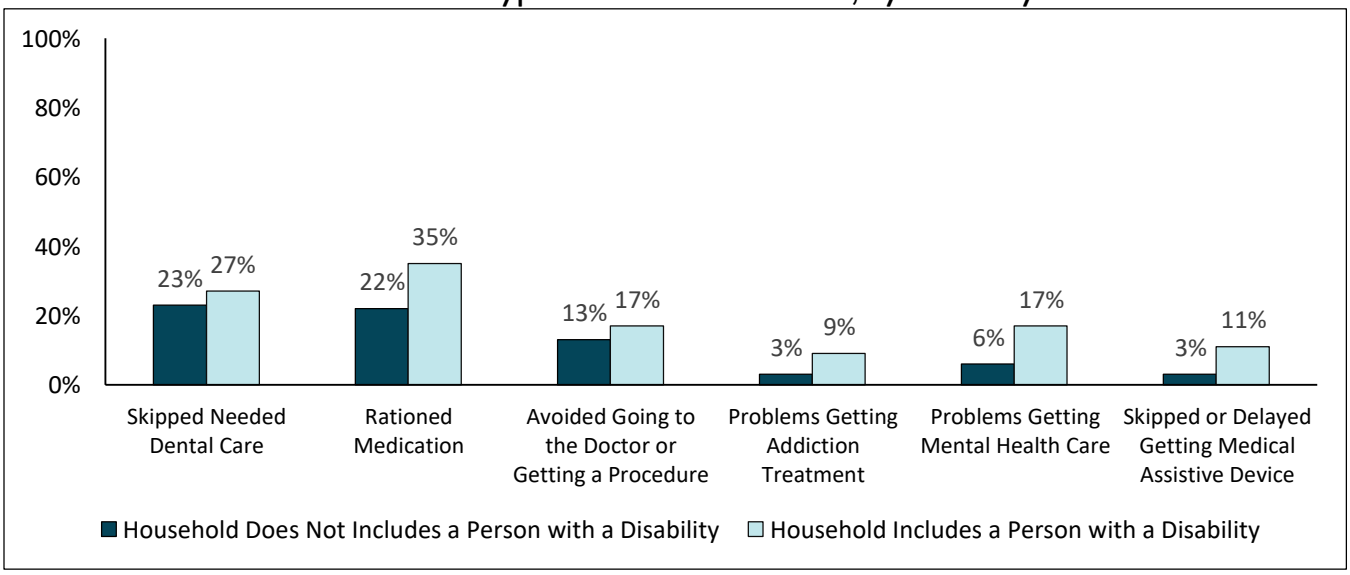
	Household Includes a Person with a Disability	Household Does Not Include a Person with a Disability
Any Health Care Affordability Burden	83%	63%
Any Health Care Affordability Worry	89%	76%
Rationed Medication Due to Cost	35%	22%
Delayed or Went Without Care Due to Cost	81%	61%
Experienced a Cost Burden due to Medical Bills	55%	28%

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

Eleven percent (**11%**) of respondents with a disability or who live with a person with a disability also 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 **3%** of respondents without a disability who may have required one of these tools for temporary support (see Figure 2). Additionally, **17%** of respondents with a disability in their household reported problems accessing mental health care, compared to **6%** of those without a disability.

Figure 2

Percent who Went Without Select Types of Care Due to Cost, by Disability Status



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

GENDER AND SEXUAL ORIENTATION

The survey revealed notable differences in health care affordability burdens and concerns based on gender and sexual orientation. Women reported higher rates of experiencing at least one affordability burden in the past year compared to men (**70%** versus **68%**) (see Table 5). They also 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 women reported being worried about affording some aspect of coverage or care compared to men (**83%** versus **77%**), although a slightly higher percentage of men reported experiencing a cost burden due to medical bills (36% versus 37%).

Table 5
Percent Who Experienced Health Care Affordability Burdens, by Gender Identity

	Women	Men
Any Health Care Affordability Burden	70%	68%
Any Health Care Affordability Worry	83%	77%
Rationed Medication Due to Cost	27%	25%
Delayed/Went Without Care Due to Cost	68%	66%
Experienced a Cost Burden due to Medical Bills	36%	37%

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

The survey also revealed that LGBTQIA+ respondents more frequently experienced affordability burdens, with **33%** reporting rationing medication due to cost compared to **25%** of other respondents (see Table 6). Members of the LGBTQIA2S+ community may encounter unique challenges accessing health care and medications, including limited insurance coverage and discrimination within the health care system.[8,9] State and federal policies, particularly regarding gender-affirming treatments, can further hinder access or limit coverage, exacerbating financial strain and health disparities.[10] Unfortunately, due to the small sample size, this survey could not produce reliable estimates exclusively for transgender, genderqueer or nonbinary respondents.

Table 6
Percent Who Experienced Health Care Affordability Burdens, by LGBTQIA2S+ Status

	LGBTQIA2S+*	Not LGBTQIA2S+
Any Health Care Affordability Burden	82%	68%
Any Health Care Affordability Worry	82%	80%
Rationed Medication Due to Cost	33%	25%
Delayed/Went Without Care Due to Cost	80%	65%
Experienced a Cost Burden due to Medical Bills	52%	34%

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

*Respondents were asked if they are a member of the LGBTQIA2S+ community, including lesbian, gay, bisexual, transgender/nonbinary/gender expansive, queer and/or questioning, intersex, asexual, and Two-Spirit respondents, and any people who identify as part of a sexuality, gender or sex diverse community but who do not identify with one of those specific identities.

DISTRUST AND MISTRUST IN THE HEALTH SYSTEM

Whether a patient trusts or feels respected by their health care provider may influence their willingness to seek necessary care. In Ohio, more than a quarter (**28%**) of respondents reported feeling that their health care providers never, rarely or only sometimes treat them with respect.

When asked *why* they felt that health care providers did not treat them with respect, respondents most frequently cited income or financial status (**48%**), disability (**24%**), race (**24%**), gender or gender identity (**16%**), ethnic background (**14%**) and educational attainment (**19%**). In lesser numbers, some respondents also cited sexual orientation (**10%**), experience with violence or abuse (**9%**) and religion (**5%**) as the primary reason.

When asked to describe *how* their identities or circumstances have impacted their ability to access affordable health care, respondents offered examples of how they perceived their race, income, insurance status, gender and ethnicity to impact their health care (see Table 7).

Table 7

Select Responses to: "Over the last 12 months, how have your identities and/or circumstances impacted your ability to get affordable health care?"

- "Cognitive disability impacted my ability to go through process of finding reputable insurance that helps me, insurance is an intimidating thing that is not clear for people with cognitive disability and the process can sometimes be hard to explain to people that have trouble processing these things."
- "My age just played a major factor in being disrespected by my health care provider. They look at you like an old woman who couldn't possibly have anything intelligent to say."
- "I do not trust providers because of the lack of care and how the health care system treats low-income African Americans."
- "I was kicked out of the orthopedic clinic because I have an accent and based on the country of my origin. I have a very limited orthopedic Sport Medicine providers in my area, who accept my insurance. Therefore, I must live with severe knee pain."
- "I'm a recovering addict and because of that people can be judgmental and not give the same quality care or respect as someone who does not have addiction issues."
- "I'm just getting out of prison has made everything more difficult, health care is no exception. I don't think doctors respect me as much once they know I'm on Medicaid."
- "LGBT individuals are reluctant to provide private details out of concern for bad or no health care."
- "Financial constraints often limit my options, while experiences related to my race/ethnicity or gender can affect the quality of care I receive. Additionally, navigating the healthcare system can be challenging due to cultural barriers, making it harder to find providers who understand my needs."
- "My long-time dentist still calls Medicare (& Obamacare) "socialized medicine." Since he won't join or accept my insurance plan, I have postponed such things as X-Rays since I'd have to wholly pay for them myself."
- "My cultural background sometimes complicates communication with providers. Additionally, navigating the system as a member of a marginalized group has led to disparities in care and coverage options. Overall, these factors have created barriers that affect my healthcare access and quality."
- "Some providers treat you differently because of your race, sex age, and finances. They ignore what you tell them, pretend they care and are listening to you. I have been complaining about the same things for years. They made me feel like hypochondriac, finally after more testing, the doctor realized my medication was too high a dose. I'm looking for a new doctor now."
- "When you look poor, a black person, or a woman your needs are dismissed. You're told you are overreacting."

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

The survey also revealed differences in the frequency of respondents who reported forgoing care because they distrusted or felt disrespected by their health care provider by coverage type, income, educational attainment, gender identity, orientation, disability, race and ethnicity. For instance, **27%** of respondents enrolled in the Ohio Medicaid program reported going without care due to distrust or perceived disrespect, compared to only **20%** of individuals with employer-sponsored insurance (see Table 8).

INDIVIDUAL & SYSTEMIC RACISM

Respondents believe that both individual *and* systemic racism exist in the U.S. health care system. Fifty-seven percent reported that they believe that people are treated unfairly by the health care system due to their race or ethnicity either somewhat or very often. When asked what they think causes health care systems to treat people unfairly, respondents most frequently responded with the following:

- **15%** cited policies and practices built into the health care system;
- **16%** cited the actions and beliefs of individual health care providers; and
- Greater than two in five (**43%**) believe it is an equal mixture of both.

Table 8

Percent who Distrusted/Felt Disrespected by a Health Care Provider in the Last Year, by Race and Disability Status

	Distrusted or Felt Disrespected by a Health Care Provider	Went Without Care Due to Distrust or Disrespect
All Respondents	41%	19%
Race/Ethnicity		
Respondents of Color*	59%	32%
White, Non-Hispanic/Latino	36%	15%
Disability Status		
Household does not include a person with a disability	33%	12%
Household includes a person with a disability	59%	34%
Insurance Type		
Health insurance through my or a family members employer	40%	20%
Health insurance I buy on my own	48%	21%
Medicare, coverage for seniors and those with disabilities	21%	9%
Ohio Medicaid	58%	27%
Income		
Less than $50,000	49%	22%
$50,000 - $75,000	41%	21%
$75,000 - $100,000	34%	15%
More than $100,000	34%	15%
Education Level**		
High School Diploma/GED	50%	25%
Some College, Training, or Certificate Program	41%	15%
Associate Degree	46%	24%
Bachelor's Degree	32%	10%
Graduate School	35%	19%
Gender/Sexual Orientation***		
Female	39%	18%
Male	43%	20%
LGBTQIA2S+	57%	35%
Non-LGBTQIA2S+	39%	17%

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 are a member of the LGBTQIA2S+ community, including lesbian, gay, bisexual, transgender/nonbinary/gender expansive, queer and/or questioning, intersex, asexual, and Two-Spirit respondents, and any people who identify as part of a sexuality, gender or sex diverse community but who do not identify with one of those specific identities.

DISATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

Given this information, it is not surprising that **73%** of Ohio respondents agree or strongly agree that the U.S. health care system needs to change. Recognizing how the health care system disproportionately harms some groups of people over others is key to creating a fairer and higher value system for all.

Making health care affordable for all residents is an area ripe for policymaker intervention, with widespread support for government-led solutions across party lines. For more information on the types of strategies Ohio residents want their policymakers to pursue, see: *Ohio 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 (December 2024).

NOTES

1. Fadeyi-Jones, Tomi, et al., *High Prescription Drug Prices Perpetuate Systemic Racism. We Can Change It*, Patients for Affordable Drugs Now (December 2020), https://patientsforaffordabledrugsnow.org/2020/12/14/drug-pricing-systemic-racism/
2. Kaplan, Alan and O'Neill, Daniel, "Hospital Price Discrimination Is Deepening Racial Health Inequity," *New England Journal of Medicine—Catalyst* (December 2020), https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0593
3. Survey participants were asked whether they have experienced 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.
4. Raghupathi, V., Raghupathi, W., "The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015," Arch Public Health 78, 20 (2020), https://doi.org/10.1186/s13690-020-00402-5
5. Suhang S., et al., "Exploring the association of paid sick leave with healthcare utilization and health outcomes in the United States: a rapid evidence review," Global Health Journal, 7, 1 (2023), https://doi.org/10.1016/j.glohj.2023.01.002
6. 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/
7. 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
8. 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
9. 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.
10. Baker K., Restar A., "Utilization and Costs of Gender-Affirming Care in a Commercially Insured Transgender Population," J Law Med Ethics, 2022;50(3):456-470, doi:10.1017/jme.2022.87

ABOUT THE ALTARUM HEALTHCARE VALUE HUB

With support from Robert Wood Johnson 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 (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 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
Gender/Orientation		
Woman	950	57%
Man	704	42%
Transwoman	1	<1%
Transman	5	<1%
Genderqueer/Nonbinary	6	<1%
LGBTQ+ Community	156	9%
Insurance Type		
Health insurance through my or a family member's employer	522	31%
Health insurance I buy on my own	124	7%
Medicare, coverage for seniors and those with serious disabilities	525	31%
Ohio Medicaid	380	23%
TRICARE/Military Health System	11	<1%
Department of Veterans Affairs	16	<1%
No coverage of any type	67	4%
I don't know	25	1%
Race		
American Indian/Native Alaskan	30	2%
Asian	12	<1%
Black or African American	220	13%
Native Hawaiian/Other Pacific Islander	10	<1%
White	1,399	84%
Prefer Not to Answer	9	<1%
Two or More Races	42	3%
Ethnicity		
Hispanic or Latino	29	2%
Non-Hispanic or Latino	1,641	98%
Age		
18-24	153	9%
25-34	233	14%
35-44	306	18%
45-54	299	18%
55-64	354	21%
65+	319	19%
Party Affiliation		
Republican	611	37%
Democrat	569	34%
Neither	490	29%

Demographic Characteristic	Frequency	Percentage
Household Income		
Under $20K	287	17%
$20K-$29K	206	12%
$30K - $39K	186	11%
$40K - $49K	162	10%
$50K - $59K	176	11%
$60K - $74K	149	9%
$75K - $99K	170	10%
$100K - $149K	207	12%
$150K+	127	8%
Education Level		
Some high school	70	4%
High school diploma/GED	474	28%
Some college or training/certificate program	371	22%
Associate degree	204	12%
Bachelor's degree	309	19%
Some graduate school	37	2%
Graduate degree	205	12%
Self-Reported Health Status		
Excellent	197	12%
Very Good	481	29%
Good	618	37%
Fair	302	18%
Poor	72	4%
Disability		
Mobility	313	19%
Cognition	171	10%
Independent Living	137	8%
Hearing	124	7%
Vision	86	5%
Self-Care: Difficulty dressing or bathing	84	5%
No disability or long-term health condition	1119	67%

Source: 2024 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.