INDIANA
COMMUNITY ACTION
POVERTY INSTITUTE

GETTING PAST "JUST OVERWHELMING:"

Equipping La Porte County Residents to Respond to Medical Bills

Introduction

In 2020, the Institute worked with Indiana's 22 Community Action Agencies to conduct community needs assessments and understand barriers to financial well-being. Among the 5,822 survey respondents (low-income Hoosiers), nearly half reported that they had medical debt and almost a third had medical debt in collections. These results encouraged us to explore this pressing financial concern for Indiana residents further, which culminated in a published report, *Medical Debt in Indiana,* in 2022. The report explores the negative impact medical debt has on credit scores, ability to meet basic needs, decisions about whether to seek health care, and mental health. It also illuminates the fact that Indiana is an outlier when it comes to medical debt both nationally and in comparison to other Midwest states: nationally, Indiana has the eleventh highest share of its population with a medical debt in collection and in the Midwest, Indiana has the highest share of its population with a medical debt in collections compared to our Midwest neighbors.

Inspired by this previous research on medical debt in Indiana, this project combined research and advocacy to empower local residents to claim their rights when facing medical debt.

This project is supported by a grant from Health Foundation of La Porte.

We engaged with the La Porte community to understand how residents currently manage medical debt - including their gaps in knowledge - to develop targeted materials to teach individuals how to protect their financial well-being from medical debt.

La Porte County Context

While medical debt is experienced across our state, 11.8 percent or about 8 out of 100 residents of La Porte County have medical debt in collections.[i] La Porte County has several unique factors that could contribute to someone acquiring medical debt. There has been a significant increase in rates of cancer within La Porte's Medicare population, as well as oral cavity and pharynx cancers in the broader community population. In the U.S., cancer is the second leading cause of death and poor health. Costly treatment for chronic conditions (heart disease, diabetes, cancer) are also a common cause of medical debt.[ii] About 7.3 percent of residents in La Porte County lack health insurance and nearly one in five residents of La Porte live under the poverty level.[iii] When considering the poverty level by age, those between the ages of 0-24 years of age are more often living below poverty level in La Porte County.[iv] These individuals are especially vulnerable to a health shock that could derail their financial well-being due to medical debt, leading to even more residents struggling to meet basic needs.

Furthermore, the median household income in La Porte County, while trending upwards, still lags for specific populations such as those in the Black/African American community who make close to half of the county median household income ($38.675 vs $66,854).[v] In other words, young, low-income Black/African American citizens of La Porte County could be at particular risk for harm from medical debt, especially if they do not have health insurance coverage.

- These contextual factors indicate a clear need for the La Porte community to be empowered to advocate for their healthcare rights, and a need for further understanding of who struggles with medical debt and how efforts can be improved to support those most impacted.

This project was created to address the pressing concerns of medical debt for La Porte County residents and empower them with integral information to advocate for their rights. To ensure the creation of any educational materials were grounded within the community needs and context, the Indiana Community Action Poverty Institute took a two-pronged approach:

- **Research:** We assessed the current understanding of La Porte County residents in relation to their rights and medical debt. Findings influenced the formulation of both print educational materials and training.
- **Action:** We promoted and shared the materials with the community.

Research: Audience Analysis

To ensure that materials created through this project were grounded in the specific needs of La Porte County residents, we took an applied audience analysis approach. Our research team focused on gathering foundational data and understanding:

- La Porte County residents' experiences with medical debt,
- the communication channels that residents trust
- information delivery strategies that could best assist them

We also used audience feedback on the draft print materials to ensure they both reflected their needs and could be easily understood by the public.

We promoted the research arm of this project through multiple means, including:

1. sending the opportunity to our listserv of La Porte County residents who opted to receive research opportunity emails
2. outreach to La Porte County churches, non-profits, school, township trustees and local resources via email and/or phone (total of 80 entities)
3. promotion through the local Community Action Agency in La Porte County and
4. promotion through Health Foundation of La Porte.

Invited participants completed an intake survey to confirm that those selected for interviews were residents of La Porte County, to collect general demographic information, and to solicit basic information on experiences with medical debt. In total, 21 La Porte County residents completed the intake survey.

In-depth interviews were conducted on a rolling basis, and the project lead conducted an ongoing review of the collected qualitative interview data, with the goal of determining what information and strategies would be useful to the formulation of Know Your Rights (KYR) print materials and training. This included exploring the medical debt experiences of La Porte County residents, awareness of their rights related to medical debt, strategies and approaches they have taken, communication channels and information and skills they would like to learn more about related to medical debt. Once thematic saturation was achieved (meaning no new patterns of relevance to this project's aims emerged) we ended recruitment for this phase of the project.

Once the draft educational materials were completed, interviewees were invited to provide additional feedback via survey, which helped the team make final adjustments to those items before final design and printing. We also requested feedback from our advisory council of 13 people with lived experience with financial hardship to bolster our efforts and confirm the accessibility of materials. Several members of the advisory council also took part in a run-through of the medical debt Know Your Rights training to help ensure accessibility and point out areas to improve our explanations.

Intake Survey Themes

A full demographic breakdown of the 21 residents who completed the intake survey can be found in Appendix A. Of note, almost every person who completed our intake survey indicated that they were currently insured (n=20). Later engagement during the follow-up interview process reinforced that insurance providers lacked comprehensive coverage, residents had high-deductible plans and limited insurance coverage was provided for those interviewed.

Sources and Status of Medical Debt

In a multiple option response question, residents were asked where they currently have or had previously experienced healthcare/medical debt:

- Over half indicated that hospital (76%) and medical providers (62%) were the source of debt
- The next most common was debt due to medicine (24%)
- Dental debt was also common (19%)

For those who completed our intake survey, most had active healthcare debt, medical bills or medical debt (n=18) with a smaller number indicating they previously had such forms of debt (n=3).

For those with present medical bills/debt or healthcare costs:

- A third (33%) were behind on their bills, but no action had been taken to report them to the credit bureau or garnish their wages.
- An even split (19% each) reported that they were
    - behind on their bills, and the providers or a debt collector has reported their debt to the credit bureau and/or their wages are being garnished,
    - current on their bills but making payments is difficult.
- Only a small percentage (10%) reported that they were current/up to date on making payments on medical bills and that such payments fit comfortably within their budget.

Barriers to Repayment

When considering the barriers that made it difficult for La Porte County respondents to address their medical debt, the most frequent response in a checklist question (meaning they could select many barriers from the list provided, therefore % will not equal up to 100%) was that they simply did not have enough income to pay bills (76%). This was followed closely by an increase in cost of rent and food or other basic necessities (62%). Additional barriers shown through the intake survey data included:

- An unexpected cost preventing them from addressing their medical debt (33%)
- and an even share (29% for each of the following) of
    - experiencing a loss of job/unemployment
    - being confused about how to negotiate medical bills,
    - and the inability to pay due to being too sick to work.

Having limited time to address medical debt was also noted, which during interviews was reinforced with the number of interviewees expressing restrictions on time due to work or caregiving tasks.

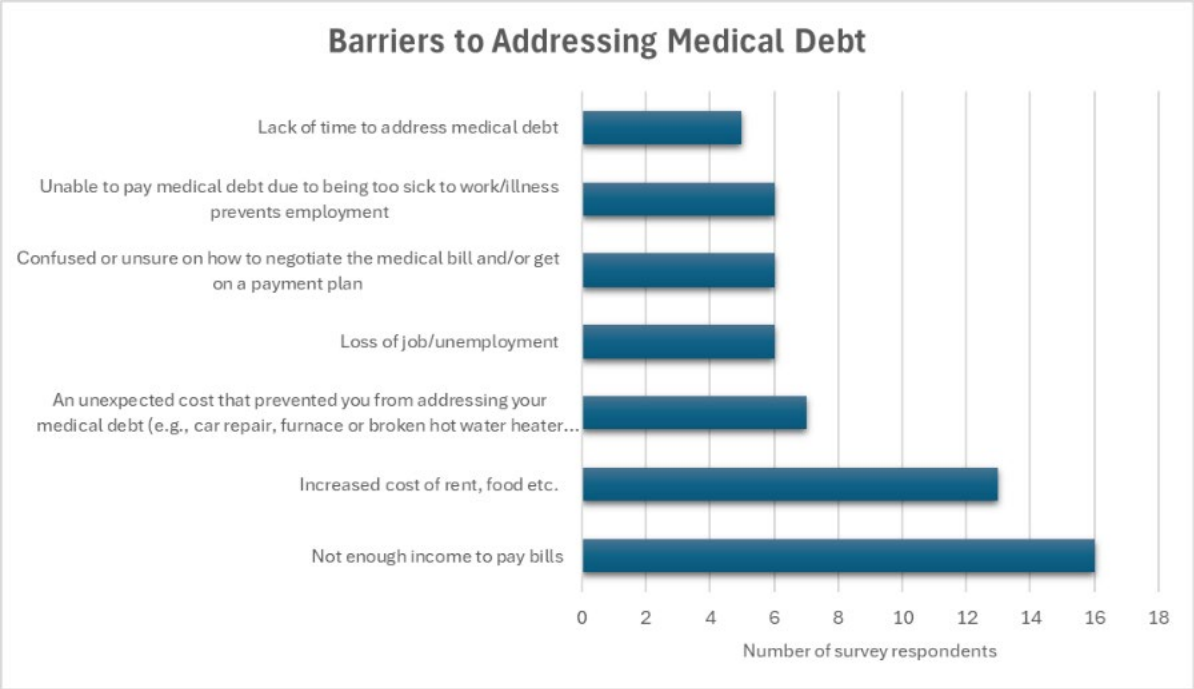

Figure 1: Barriers to Addressing Medical Debt

Information Seeking & Preferred Communication Channels

In response to another checklist question about where they have sought information from to address their medical debt, La Porte County residents who responded to the intake survey indicated the following:

- Over half (86%) had engaged with healthcare providers and facilities,
- their immediate social circle of family members (43%),
- peers/friends (34%) and co-workers (34%).

The clarity of information provided to help them address their medical debt appears mixed in accessibility with an almost even split Yes (52%) and No (48%) in their ability to clearly understand and use the information.

Support Desired to Address Medical Debt

When asked what support La Porte County respondents wished they had for addressing their medical debt, the top responses to the checklist indicated that there was:

- a need for financial assistance for medical debt forgiveness (71%)
- a desire to be aware of any financial assistance programs (38%) and
- skills building, as (52%) expressed wanting to learn negotiation strategies.

These findings show a strong desire for both direct relief but also skill building, strategies, and information on what resources may exist to assist them with addressing their medical debt.

Interview Themes

Interviews conducted with ten La Porte County residents during the spring of 2025 provided additional insights and shaped the action arm of the project.

Medical Debt's Immediate Impacts

"I'm stressed that I got nothing extra for anything."

Medical debt had clear immediate impacts on the financial, physical, and mental well-being of La Porte residents interviewed. Living paycheck to paycheck was not unusual for those engaged in our project. As one participant shared, *"everything is budgeted and it's paycheck to paycheck, you know?"* (P2).

Those interviewed for this study were not reluctant to pay down valid debts, but in many instances lacked the financial means. "*I tried to pay as much as I can on it. You know, what I can afford"* (P1). Many of the residents in La Porte interviewed for this project expressed being on "*fixed income, social security disability, [you] only get you a certain amount of money and I have other bills such as my car insurance, my mortgage"* (P9) or having to heavily budget their present income. It was even indicated for those on fixed income that general medical costs,

such as co-payments, were a significant medical burden and became medical debt, "*I'm on a fixed income, so the medical bills are co-pays"* (P2).

Due to the burden of medical debt, many residents interviewed for this project indicated they were unable to prepare for emergency situations: *"When it [an emergency situation], if it happens, you know, we're not really ready for it"* (P10). Mental and emotional exhaustion were frequently mentioned in relation to their medical debt. Many factors influenced this for interviewees, including:

- the feeling of it "*hanging over our heads"* (P8),
- the *"time-consuming"* (P2) nature of having to work through healthcare systems to address their medical debt,
- depression, "*I just felt nothing but despair"* (P4),
- embarrassment *"it's hard to realize that you can't [pay your bills] ... It's embarrassing"* (P3), and
- constant stress "*knowing you got debtors out there you owe money to"* (P6).

Triaging Basic Needs

Due to the financial burdens of medical debt, those interviewed in La Porte were having to make difficult decisions, such as triaging basic needs.

Medical Needs. Some indicated not being able to obtain medical needs due to their debt, "*I have to pay for some medications or certain types of... bandages... like for a wheelchair or just anything I can't afford"* (P7).

Housing. Securing and maintaining stable housing was also expressed as a challenge. "*It stops you from getting a decent apartment"* (P7). Another shared, *"It's a choice between having a house... a roof over your head or, uh, you know, being on medication out in the streets*" (P6).

Transportation. Lacking the financial buffer to deal with emergency or emerging needs also led to delays in repairs to vehicles: *"we don't have the money to fix our car because we're paying the hospital ...I mean, we probably have extra money in our pockets if we didn't have to pay for the medical stuff"* (P10). This lack of emergency funds led to one La Porte resident not making integral car repairs but still having to use the vehicle due to needing to access resources for other basic needs: *"My car has no brakes. I need new rotors and pads and a wheel bearing, so I can't drive that. But I do drive it to the food pantry on Thursday, but I shouldn't be driving it"* (P6).

Impact on Life Trajectories

These additional financial pressures for some end up being so significant that the potential for additional medical debt affected major life choices, with one interviewee deciding not to have another child due to medical debt from the birth of her first child.

"It [the previous medical debt] made me decide not to have another baby because I couldn't afford the medical bills. It took me two and a half years to pay off my birth and that payment plan was more than my car payment." (P4)

Difficulty Navigating Complex Healthcare Systems

"Sometimes I couldn't understand what they were asking."

It was not uncommon for the residents we spoke with to share confusion over the complexity of healthcare billing systems. Having to contend with multiple bills coming in the mail from multiple providers and, at times, also from various locations caused confusion and frustration. This was "*overwhelming"* (P2), as one La Porte County resident expressed; *"I'm getting bills from both places, and then the doctors and then your anesthesiologist are separate bills [that] come in and I don't know which to pay first. I am behind on all of them"* (P2). The lack of a single combined bill caused additional problems as interviewees were unsure when bills would stop coming in or what their total charges were, leading to additional struggles tracking their bills. As one resident stated, *"I really don't know how much we really owe, and they don't send us anything in the mail like a receipt or anything every time they get their payment*" (P10). This experience of being completely overwhelmed clearly negatively impacted residents' ability to respond to address their medical bills and therefore could contribute to them later experiencing medical debt.

Uncertain of Rights & Protections

"The anesthesiologist is out of network, so I have to pay that separately."

Residents interviewed also experienced what could be instances of violations of their rights in relation to healthcare costs, and confusion about when such protections apply or when exemptions are in place. For instance, one participant described a separate bill from an anesthesiologist when the interviewee had no choice of provider for anesthesiology. Additionally, confusion existed among some interviewees about what exemptions to protections like the No Surprises Act existed, such as ground ambulances not being covered and participants being unaware of this exemption. These mistakes in providing incorrect information (by providers) can lead to families unsure of what protections they have, resulting in higher healthcare costs and bills, which they could potentially later struggle to pay.

Issues with Communication from Insurance

When considering engagement with insurance companies and healthcare entities, communication issues were apparent. A number of those interviewed who had insurance expressed frustration with the constant back and forth they experienced frequently with their insurance companies. One shared that their insurance would claim they obtained injuries from, *"car accidents when they weren't. So, the insurance would refuse to pay for it... I had to prove it wasn't that and end[ed] up getting billed for it"* (P4) or that the insurance would end up messing up things on their end and lead to them losing access to their medications.

Issues with Billing Departments

Having to deal with third-party billing departments was particularly exhausting for those trying to handle their medical bills. This was especially hard for those with children to keep up with due to the time commitment required for constantly following up with billing departments and dealing with wait times. As shared by one interviewee:

> ***"I could not figure out how to get ahold of anyone ...I kept, like, a log of all the messages I was leaving and the names of people that talked to me and didn't call me back…I can't just put on hold 2 or 3 hours a day working and having children It's just ridiculous, you know?" (P4)***

Additionally, it was often noted that interviewees did not receive any information or option of applying to financial assistance programs that could had existed in the healthcare facility, *"I haven't heard of any charity care, I don't know of any [but] anything would be helpful"* (P2). Although, when they called in to talk about their medical bill(s), they were frequently quickly pushed to make a payment by the billing department staff.

Strategies Used to Address Medical Debt

The La Porte County residents we interviewed took various steps to reduce their healthcare cost burdens and pay for their care within their means.

Some best practice approaches that they used included:

- setting up payment plans,
- working to be in constant communication with healthcare facility billing departments, and
- using community resources as needed (e.g., Township Trustees, food pantries, church emergency assistance funds).

Even when these approaches were used, interviewees still struggled and many times played bill roulette, juggling what to put a payment on monthly. "*I made a payment plan with [Name of Healthcare Facility] for like $30 a month, which is still a lot, you know? But it's something. I mean, they wouldn't take anything lower"* (P10).

Other strategies used to address their medical debt that can be riskier included:

- using credit cards to pay medical bills, "*I've used my credit card... [my] high interest credit card. Just to avoid being sued"* (P4) and
- opening low-interest cards, *"[I have] multiple like zero interest credit cards"* then they would, "*just been rolling that"* (P8) to another new card with the same interest zero rate when possible.

These are risky approaches as financial conditions may shift, making it hard to make payments on such credit cards and in turn ending up with additional high APR fees and debt on top of their medical debt.

Preferred Communication Channels

Close social connections were most trusted by La Porte County residents to obtain information on how to address medical debt.

Co-Workers. Co-workers were noted as helpful; when they had the same insurance providers, they could then coordinate efforts to better understand what was covered in their insurance plans collaboratively.

> *"My coworkers, because we all have the same insurance company... [have been] trying to figure out ways to make it so that we don't have to pay as much"* (P3).

Co-workers functioned as a peer-to-peer information sharing network on both insurance coverage as well as additional resources and strategies that individuals could try, such as:

- *"places that had assistance available"* (P9) and
- informing others of asking for *"a payment plan option"* (P5) for medical bills.

Family Members. Another key place to obtain guidance related to handling their medical debt was family members; they were seen as providing general support in determining next steps or, at times, having more in-depth knowledge due to previous positions on strategies:

> *"I think my mom told me about that [payment plan] ... Double check your EOBs [explanation of benefits] ... My mom also previously worked a job at an insurance agency, so she gained a little knowledge there"* (P8).

Neighbors. In addition to family members, some La Porte residents interviewed engaged with their neighbors about their struggles and were provided valuable information on potentially supportive local resources, *"my neighbor actually...told me about... the trustee and the church group there in town... she also told me about 211"* (P6).

Online Communities & Resources. Residents interviewed also expressed seeking information online as another way of obtaining peer information. These outlets provided a space for additional information gathering and support for those who didn't have anyone in their immediate social circles who could provide guidance.

> *"Posting on social media and asking if anyone had gotten...a crazy bill like this from this place, or what did you do when you had a birth? How did you figure out how to pay for that? Or has anyone else been sued by [healthcare facility]? ...Then people would either refer to a personal experience or tell me what they did... Like that's how I found out about those things was from social media"* (P4).

Finding peer-specific guidance clearly was highly valued by those interviewed as well as obtaining information from those who experienced medical debt on what they should do or consider. This knowledge was taken forward into the creation of our educational materials and promotional efforts.

Information & Skills Wanted to Help Address Medical Debt

"Having access to that information will help you be prepared if you have unexpected medical bills."

Finally, those interviewed for this project were asked what information or skills would help them in understanding how to address their medical debt.

Interviewees shared wanting to know:

- what *"laws exist to protect me"* (P4),
- *"how to negotiate* [medical bills]" (P8) and
- having one consolidated area to access key information whenever needed; *"something that's straightforward"* (P2) or stepwise.

These combined findings from the qualitative data noted above and intake survey data directed both the creation of our print medical debt Know Your Rights (KYR) materials as well as what aspects should be covered for the full KYR Training curriculum. Interviewees were given an opportunity to provide us with feedback on our drafted materials and a brief review of feedback obtained will be presented in the next section.

Audience Feedback on Print Materials

A total of 8/10 residents interviewed completed the print material feedback survey, which helped us further refine our materials created with an additional check over of materials also being completed by our advisory council. Two key materials were presented for review, which included the three-fold pamphlet and the larger infographic. Questions focused on the clarity of the materials, helpfulness of the information, ways they could be improved, if they would share these materials with others, and additional topics that should be covered.

Pamphlet Feedback

For respondents from La Porte, the drafted pamphlet scored high on clarity, with the majority indicating it was **very easy to easy to understand (87.5%).** When asked if the information provided helped them learn more about how to address their medical debt, the majority (87.5%) indicated "yes." All La Porte County resident respondents stated that they would share the information with those they know to assist with their medical debt.

Additionally, the open-ended responses confirmed accessibility of the pamphlet with participants reflecting back in their own words what the pamphlet was trying to tell them, such as:

- *"the pamphlet is providing helpful information and tips to assist in paying hospital bills,*" and
- *"ways to lower your medical debt."*

The conciseness and clarity of information provided, layout, and presentation were all seen as positive aspects of the drafted pamphlet. These findings were further reinforced by our advisory council review; all members who reviewed the materials indicated that the pamphlet draft was very easy or easy (100%) to understand. When considering areas for adjustment, La Porte County respondents indicated a few areas that could further improve accessibility, including:

- changing colors for higher contrast
- shortening the title, and
- adding contact/website information to the print materials (intended to be added once finalized).

This feedback was integrated into the finalized pamphlet copy and was taken forward into the two additional materials created (small infographic and hand-out cards).

Infographic Feedback

In addition to a review of the pamphlet, feedback was requested for the large infographic focused on specific steps to take before and after a planned medical need to help address medical debt. From the La Porte County respondents, feedback indicated it was **very easy to understand (71%)** for most respondents, which was echoed by our advisory council members, who generally rated the infographic as easy (67%) to understand.

According to the open-ended questions for the infographic, aspects that were helpful included:

- *"it's informative"*
- "*liking the layout"*
- "*it's in numerical order with easy steps to follow" and*
- *"it* [the infographic] *addresses the strain medical debt can have on mental health."*

When asked what changes could be made to help improve this educational material, suggestions included *"have a website or contact information listed"* (was done on the finalized materials).

When asked what was clear about the infographic, residents expressed increased awareness of:

- *"how and where to find information about your rights*" and
- "*what's clear is that there are other options to address medical debt."*

Additional insight was requested on other topics related to medical debt that could be helpful for La Porte Country residents and they expressed interest in the following:

- "*maybe a script to follow when talking to billing,*" and
- information related to, *"if there was a forgiveness program for debt."*

These additional noted areas of interest - when within the scope of this project - were integrated into the medical debt Know Your Rights training (e.g., script, guidance on where to find additional assistance on applying for charity care/financial assistance) and related educational items (e.g., pamphlet, infographics, other materials not tested) before the finalization of project materials.

Media Kit Creation

Another output of our formative research work was the creation of a media kit, which helped guide the promotion of the created KYR materials. This kit included social media graphics and text, context for the work we are doing, and relevant Know Your Rights materials. Feedback from respondents on the educational materials was proactively integrated into the design of media kit graphics. Additionally, several media kit graphics were based on respondent quotes. This was critical to ensure we were authentically amplifying community voice; however, due to privacy concerns, we could not share all possible quotes/responses with respondents in selecting and designing graphics.

The hope is that our media kit will continue to be circulated among community leaders, interested members of the public, and non-profit circles to raise awareness around this critical issue. Towards this goal, the media kit is shared in Appendix B of this report to ensure that it is accessible to anyone seeking to amplify the topic of medical debt in their communities and the relevant resources we have created.

Action Arm: Putting Research into Practice

After the completion of the research arm of this project and finalization of both print and the medical debt Know Your Rights (KYR) training materials, the focus of this project shifted to promotion of materials and facilitation of trainings.

Finalized Know Your Rights Print Materials

A number of items were created for this project for both the educational materials and the KYR training component, including:

- A pamphlet focused on three key steps individuals could take to deal with their medical debt
- A larger infographic that provided more in-depth information
- A smaller infographic focused on eight steps a person could take towards negotiating their medical debt
- A small informational business card with a QR code that directs individuals to the medical debt Know Your Rights page hosted on the Indiana Community Action Poverty Institute website.

Distribution of Educational Print Materials

Due to the findings from the formative research arm of this project, having indicated via the survey/interviews that residents had limited time and ability to address their medical debt (i.e., caregiving responsibilities, work commitments/restrictions, transportation issues etc.) our team requested to shift in-person engagements to tabling events. This allowed us to bring educational materials to the public at events they attend in their off time, supported the communication channel of preference by distribution at in-person events, and in turn encouraged peer-to-peer sharing. Additionally, at these events, **ten local organizations were also provided with packets of educational materials** to share with La Porte community members.

La Porte County 4-H Fair

Two Day Tabling
[51 Direct Engagements]

During the La Porte County 4-H Fair tabling, due to the slower nature of the event, a member of our team (Lauren Murfree) was able to conduct additional in-depth engagements with community members.

This included answering questions specific to their context and the materials, walkthroughs of handouts and listening to their stories.

Michigan City Back to School Bash

Single Day Tabling
[311 Engagements]

The other in-person engagement was the Michigan City Back to School Bash, which functioned differently than the 4-H fair, by requiring each attendee to obtain signatures from organizations tabling on a bingo card to then obtain a backpack of materials at the end. Due to this structure, the number of engagements at this event was significant and provided an opportunity for direct education with local parents on ways to prevent/address medical debt and practices that debt collectors are not allowed to do in line with the Fair Debt Collection Practices Act (FDCPA).

Promotion of Know Your Rights Online Trainings

Multiple avenues were taken to promote the created KYR medical debt training opportunities (and recording when relevant) and educational materials, with the goal to maximize their reach within the county. This included:

- sharing information on our listserv of 2,377 subscribers,
- sending requests for sharing to partner organizations,
- conducting social media promotion and in-person engagement opportunities, and
- emailing a listserv specific to La Porte of non-profits and community organizations.

Using the media kit, we conducted pre- and post-training outreach during the promotional period (July- start of October 2025) with a total of 60 social media posts created across our five social media platforms.

Before the first scheduled training that was held on July 30, significant promotion was done culminating with a reach of 8,655 on social media, with additional targeted advertising that reached 1,631 individuals specifically within La Porte County. The next major social media push was made for the 2nd KYR training held on August 7th, which had a reach of 1,103, and again another targeted ad campaign was conducted to La Porte County residents, reaching an additional 1,300 individuals. After the completion of these two social media promotions focused on our KYR medical debt trainings, additional efforts were made to increase awareness of the recorded training and created materials. During this post-training promotional period, our social media posts had a total reach (as of the date of this report on Oct. 3rd, 2025) of 1,529, with another targeted ad was made for La Porte County residents, reaching an additional 3,800 individuals to ensure local residents were aware of our project materials.

Lastly, at the time of this report, there have been a total of 7,075 Know Your Right on medical debt website hits and 81 views on the recorded KYR medical debt training on our YouTube channel.

Media Coverage

As part of our promotional efforts, our team created a press release to inform the media of created materials. Targeted promotion was made to **fifteen reporters and news stations that cover the La Porte County area/region.** Through these efforts we obtained **six earned media spots across the state** that helped increase the reach of our trainings and the educational materials we created. Entities such as 211 also promoted our August workshop.

Medical Debt Know Your Rights (KYR) Trainings

Our team conducted two medical debt know your rights (KYR) trainings were online and recorded these for retention. A finding from the research arm of this project indicated that while information on specific relevant rights (e.g., ACA Preventative care provision, Fair Debt Collection Practices Act, etc.) was important to have in the KYR trainings, additional support was needed on strategies and approaches that La Porte County residents could take to address their medical debt. This led to the creation of additional materials for the training component of this project that walk through in detail the various actions one could take when tracking incoming medical bills, reviewing them, and making payments. These tracking sheets became a component within the KYR training and can be found at the end of the INCAP **medical debt KYR page** under the heading **"bill tracking sheets;"** variations were made for those who have insurance and those who do not.

Two online virtual KYR on medical debt trainings were offered during the summer of 2025 (July-August). A total **of 22 individuals participated in our online training opportunity** for our in-depth medical debt KYR. An additional follow-up email with a link to an unlisted recording of the training, with additional survey mechanisms sent to those who registered for the training but did not attend the live training to ensure they had the opportunity to participate. The total number of views that are presently on this recorded training on YouTube as of October 6th, 2025, is 81, with 7,075 visits to our KYR on medical debt website with the video embedded.

Impact of Trainings on Participants

A pre- and post-test assessment was conducted on those who participated in our virtual training to determine the impact of the training and effectiveness. A total of nine responses were collected for the pre-test and for the post-test response rate was slightly lower (expected attrition) with a total of eight respondents (out of 22 individuals trained).

Findings from the pre-test indicated that:

- all respondents (check list question) indicated that protections related to medical debt or medical bills and debt collection were the top interest (100%), followed by
    - steps they can take to help lower their healthcare costs, guidance on what to do when they get a medical bill (both 56%) follow by
    - how to check their medical bills for any errors or issues (44%).
- Attendees were predominately those who had a friend or family member with medical debt/medical bills (44%) or that they had medical debt/medical bills (33%).

When looking at comparing a core pre/post-test outcome of confidence (self-efficacy) in handling their medical debt, the figures below show a marked increase in confidence from the pre-test self-assessment (Figure 2) and post-test (Figure 3), in handling their medical debt.

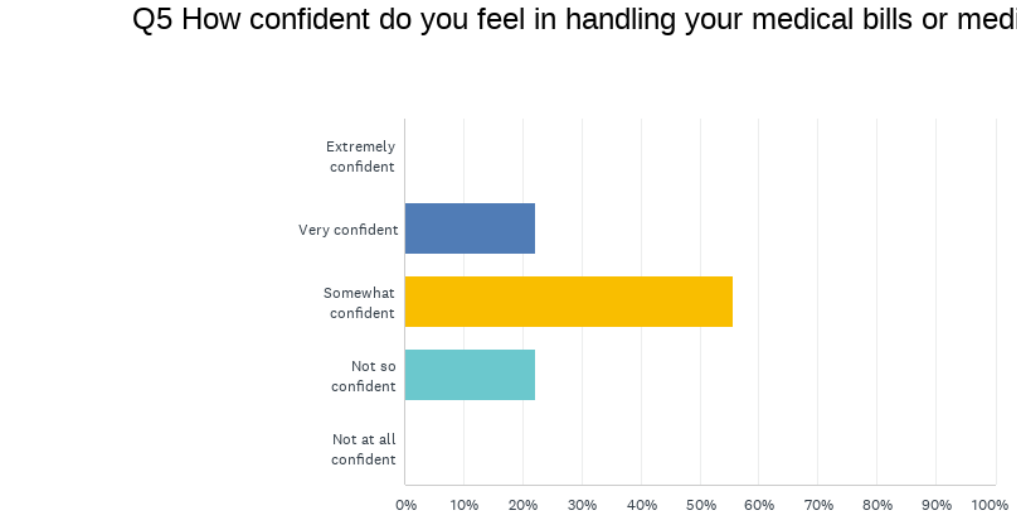

Figure 2: Pre-Test Responses

Figure 3: Post-Test Responses

Post-test results also indicate that those who participated in the training and responded to the post-test survey:

- Found the training to be extremely useful (50%) or very useful (50%), and
- where very likely use it (88%) or would likely use it (13%) to address their medical bills.
- Half (50%) indicated an action plan for asking for financial assistance and/or plan to ask for a payment plan (38%).
- Two-thirds (75%) indicated "Yes," that what they learned at the training would help them have an easier time paying for food and
- Over half (63%) indicated "Yes," that what they learned at the training would help them have an easier time paying for housing costs, such as rent/mortgage the findings.

The particularly helpful aspects of the training noted by attendees were:

- *"The process, FARMER method* [this is an acronym our team made to recall the steps when reviewing a medical bill] *and the tracking forms.*"
- *"Step by step instructions* [and] *links to resources"*
- *"Info about the No Surprises Act and my rights"*
- *"Surprise billing"*
- *"The tracking sheets"*

Findings from the training assessments indicate that respondents found the training to be useful, that it was effective in increasing the confidence of participants in handling their medical bills/debt, and helped them think through action planning steps they could take for their specific context to address their medical bills/debt.

Retainment of KYR materials

To ensure the accessibility of materials for the public, all public-facing materials created for this project have been uploaded to the Institute website on their own standalone page. This includes all the educational print materials, a recording of one of the virtual medical debt KYR trainings as well as additional tools created to help support Hoosiers through the process of handling their medical debt (e.g., tracking, reviewing and payment documentation tools). All of these materials can be found at the following **link** **here.**

Suggested Next Steps

While this project helps provide a grounding of conditions on medical debt in La Porte County as well as a kickoff of awareness raising and education for the public, additional efforts are needed to continue to address the issue of medical debt in the area. This report will wrap up with a brief review of potential suggestions the community could take to continue forward with this work.

1. **Promote Educational Materials**
    - Use media kit (Appendix B) to spread awareness of information and resources (also on the website here).
    - Encourage social service providers to print and distribute/have on hand the educational print materials for clients who may need them
    - Share materials in peer-to-peer networks such as between family members, friends, and co-workers as well as through local community social media groups/pages
2. **Advocate for Neighbors in Need to Local Healthcare Entities**
    - Educate and advocate to local healthcare entities of La Porte County residents struggles with medical debt
        - Advocate for increased transparency for consumers of healthcare facilities' financial assistance policies
        - Encourage internal policies for reasonable payment plans for lower/moderate income households
        - Promote a standardized process for financial assistance requests among healthcare entities
3. **Create Programs for Local Need for Medical Debt Relief**
    - Fundraise or advocate for a local city/county medical debt relief program to help residents in need of financial relief for medical bills
    - Conduct targeted outreach to low/moderate income residents on any program created specifically through peer-to-peer events (e.g., large community gatherings/tabling) or through local niche community gatherings in key locations

Appendices

Appendix A: Demographics Table

	%	Count
Age		
18-24	5%	1
24-34	24%	5
35-44	24%	5
45-55	29%	6
56-64	10%	2
65+	10%	2
Gender		
Female	81%	17
Male	19%	4
What education do you have?		
Up to 8th grade	10%	2
High school/GED	48%	10
Technical or trade school degree	5%	1
4-year college degree	29%	6
Graduate level degree (e.g., masters, PhD, JD)	10%	2
Do you consider yourself:		
White	71%	15
Bi-Racial or Multi-Racial	10%	2
Black of African American	10%	2
Middle Eastern or North African	5%	1
Other	5%	1
Are you part of the LGBTQIA+ Community?		
Yes	10%	2
No	91%	19
Do you have a disabling condition?		
Yes	48%	10
No	52%	11
What was your approximate yearly income?		
$0-$9,999	24%	5
$10,000-$24,999	33%	7
$25,000-$49,999	33%	7
$50,000-$74,999	10%	2

Appendix B: Media Kit

Background & Context

Medical Debt Nationwide:

In 2024, an estimated 15 million Americans across the country have medical debt on their credit reports. This population of individuals struggling with medical debt, a population larger than that of Indiana's by more than a factor of two, encompasses Americans across race, place, income bracket, household size, religion, and medical conditions. Their unifier is the inability to afford healthcare to the degree that they require it to survive. A study by KFF estimates that 41% of Americans have a form of medical or dental debt, whether that be because of treatment needed for themselves, children, a spouse, or another dependent. This means that over four in ten Americans struggle to afford daily necessities such as food, housing, and other essentials, even as they pull from retirement accounts, drain savings, change living situations, delay life milestones such as education and house-purchasing, and even take out loans with predatory conditions in order to pay off the debt. These cumulative effects lead to worse health outcomes and higher mortality rates for individuals impacted by medical debt. Legislation such as the No Surprises Act (in effect as of January 1, 2022) has taken aim at one of the core causes of medical debt–emergency services and out-of-network insurance charges–by limiting costs that can be charged to consumers. Legislation like this ultimately takes aim at patching up a large financial drain that harms households across the nation, blocking social mobility and preventing millions from accessing the American Dream.

Medical Debt in Indiana and LaPorte County:

While medical debt is experienced across our state, 5 percent of residents of LaPorte County have medical debt in collections according to 2024 calculations, with a median amount owed of $1,374. In addition to the above calculation of LaPorte County residents with medical debt, there are countless others who have medical debt that doesn't appear in official data records–either because they paid for it with a credit card, have an amount smaller than can be listed on credit reports in collections, are waiting for the year-long grace period to expire, or other financial nuances that prevent their detection. Estimates for the county are likely closer to those made by KFF of 41% of the population within the U.S. having such a burden. High uninsurance rates (5%) and poverty rates (15%) exacerbate the burden borne by LaPorte residents when it comes to affording and accessing healthcare. Additionally, while 100,000 Hoosiers in Central Indiana had their medical debt paid off by nonprofits in 2024, LaPorte County was not included in this disbursement.

Not from LaPorte? No problem. Check out the Urban Institute's Interactive Medical Debt map to the medical debt burden of your county.

The Need to Know Your Rights:

Consumer protections around medical debt and legislation around ensuring healthcare access are two highly-fraught areas of policy, with complex and jargon-filled laws that change often. Understanding these laws, however, is crucial to accessing care in a timely and affordable manner, and in a way that ensures the laws are being upheld and financial drains to consumers are minimized. Indeed, research indicates that over half of those likely eligible for medical financial assistance programs do not apply, largely as a result of how complex and confusing the process is made to be. The result is that only 29% of individuals with medical bills that they cannot pay off are offered alternatives such as charity care.

Studies also show that while many marginalized identities, including women, people of color, people with disabilities, and low-income individuals feel uncomfortable interacting with legal and financial systems, this is a perception that can shift. The Institute, alongside community partners, hopes to be a part of that shift by encouraging individuals to speak up and engage with these systems as part of efforts to increase healthcare access.

Goals of This Media Kit:

Supported by Health Foundation of La Porte, this multi-pronged project will facilitate lasting community well-being by studying experiences with medical debt, amplifying the voices of county residents who struggle to afford health care, and conducting a Know Your Rights campaign with workshops related to healthcare access, charity care, ACA coverage, and surprise bill resources. We thank Health Foundation of La Porte for their support.

Resources

While we have prepared graphics and media relations content below, the Indiana Community Action Poverty Institute is not a provider of financial or legal advice or services. Any and all resources produced as a part of this Know Your Rights campaign are not intended to serve or be construed as legal advice. Individuals unsure of how their rights apply in a specific situation are advised to explore the resources below or contact legal counsel.

State and Federal Low-Income Health Insurance Information:

Indiana offers a Healthy Indiana Plan to Hoosiers earning below given income thresholds. While these are adjusted each year, eligibility can be checked online at www.in.gov/fssa/hip/ or by calling 877-GET-HIP9 (877-438-4479). You can also contact the State Health Insurance Assistance Program to ask questions about Medicare enrollment at www.in.gov/ship/ or by calling (800) 452-4800 to speak individually with a counselor.

Community Resources:

For Know Your Rights materials in English, go to
https://institute.incap.org/medical-debt-know-your-rights
For additional Know Your Rights materials in English from Community Catalyst, visit
communitycatalyst.org/resource/guide-6-my-unpaid-medical-bill-was-sent-to-collection-agency/

Legal Resources:

To ask specific questions about the No Surprises Act and report violations of this law, contact the Centers for Medicare & Medicaid Services No Surprises Help Desk at (800) 985-3059 (open 8am EST to 8pm EST) or file a complaint online at www.cms.gov/medical-bill-rights (also a resource page for understanding the No Surprises Act).

To see examples of the No Surprises Act in action, an FAQ, and further details on the No Surprises Act, visit the Indiana Family and Social Services Administration at www.in.gov/healthcarereform/no-surprises-act/

To learn about debt collection laws and rulings of the Consumer Financial Protection Bureau, visit www.consumerfinance.gov/consumer-tools/debt-collection/

Social Media Samples

Copy (Can be used on X/BlueSky/Facebook/Instagram/etc.)

- The #NoSurprisesAct is a promise to patients nationwide to be billed fairly for emergency medical care and get a good-faith estimate for care for non-emergency procedures. Learn more about your rights at https://institute.incap.org/medical-debt-know-your-rights
- We all want ourselves and our loved ones to be able to access healthcare when we need it. Cost is often a barrier, but laws such as the #NoSurprisesAct support patients in reducing financial burdens. Learn more about laws that protect patients from medical debt at https://institute.incap.org/medical-debt-know-your-rights
- Did you know? Indiana hospitals are not required to tell patients about charity care options, but many low-income families are eligible for these free or low-cost care options. Learn more about other ways to reduce medical debt at https://institute.incap.org/medical-debt-know-your-rights
- The #NoSurprisesAct helps both insured and uninsured patients access the care they need. Look up the rights you have under this federal law and learn how it applies at www.in.gov/healthcarereform/no-surprises-act/
- #SharingIsCaring – that's why we believe in sharing the knowledge that medical overbilling can happen to anyone – and that your first step to resolving this issue is to ask for an itemized bill and ensure only your treatment is there. Download a blank template for tracking medical debt through our online Know Your Rights Center: https://institute.incap.org/medical-debt-know-your-rights
- Our #LoveLanguage is ensuring access to healthcare in emergency situations. The #NoSurprisesAct does just that! Learn more about your rights at https://institute.incap.org/medical-debt-know-your-rights
- Concerned about health care cost? Speak with your medical provider's billing center to learn about charity care and payment plan options that may not be presented to you unless you reach out. Learn more about other tips and tricks at https://institute.incap.org/medical-debt-know-your-rights
- #KnowledgeIsPower. Take a minute to learn about your rights under the #NoSurprisesAct and other medical debt protection laws at https://institute.incap.org/medical-debt-know-your-rights
- Medical debt can be a confusing and isolating experience. That's why we made resources to help you navigate the process, all available for free online at https://institute.incap.org/medical-debt-know-your-rights

- Medical debt can happen to anyone. That's why it's important to know your rights around medical debt before anything happens. Learn more at https://institute.incap.org/medical-debt-know-your-rights
- We believe in a world in which everyone can access the care they need. Medical debt stands in the way of that. Even as we push for policy change, it's important to learn about ways to prevent medical debt for yourself and your loved ones by knowing your rights: https://institute.incap.org/medical-debt-know-your-rights

Hashtags and Tags

For the No Surprises Act: #NoSurprisesAct #NoSurprises
For the Audience: #MedicalCare #Medicine #Hospitals #Insurance #Healthcare #AffordableHealthcare #HealthcareAccess #Recovery #MedicalDebt #Debt #KnowYourRights

- Instagram Tag: @in.institute
- X Tag: @INInstitute
- Facebook Tag: @IndianaCommunityActionPovertyInstitute
- Blue Sky Tag: @incap
- LinkedIn Tag: Indiana Community Action Poverty Institute

Graphics in English
Download directly from Canva!

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