



DATA BRIEF NO. 146 | JANUARY 2023

Indiana Residents Struggle to Afford High Healthcare Costs; Worry about Affording Healthcare in the Future; Support Government Action across Party Lines

KEY FINDINGS

A survey of 1,249 Indiana adults, conducted from October 6 to October 11, 2022, found that:

- Nearly 3 in 4 (72%) of respondents agreed or strongly agreed that “*the system needs to change.*”
- More than 3 in 5 (63%) experienced at least one healthcare affordability burden in the past year;
- More than 4 in 5 (83%) worry about affording healthcare in the future;
- Lower-income respondents and respondents with disabilities are more likely to go without care and incur debt due to healthcare costs; and
- Across party lines, respondents express strong support for government-led solutions.

A RANGE OF HEALTHCARE AFFORDABILITY BURDENS

Like many Americans, Indiana adults experience hardship due to high healthcare costs. All told, well over half (63%) of respondents¹ experienced one or more of the following healthcare affordability burdens in the prior 12 months:

1) BEING UNINSURED DUE TO HIGH COSTS

Nearly one-half (49%) of uninsured respondents cited “too expensive” as the major reason for not having coverage, far exceeding other reasons like “don’t need it” and “don’t know how to get it.”

2) DELAYING OR GOING WITHOUT HEALTHCARE DUE TO COST

More than half (56%) of all respondents reported delaying or going without healthcare during the prior 12 months due to cost:

- 37%—Skipped needed dental care
- 33%—Delayed going to the doctor or having a procedure done
- 30%—Cut pills in half, skipped doses of medicine or did not fill a prescription¹
- 27%—Avoided going to the doctor or having a procedure done altogether
- 26%—Skipped a recommended medical test or treatment
- 19%—Had problems getting mental healthcare or addiction treatment
- 13%—Skipped or delayed getting a medical assistive device

Moreover, 24% of all respondents cited cost as the most frequently cited reason for them or a family member not getting needed medical care in the past year, exceeding a host of other barriers like difficulty getting an appointment, transportation and lack of childcare.

3) STRUGGLING TO PAY MEDICAL BILLS

Other times, respondents got the care they needed but struggled to pay the resulting bill. Two in five (40%) experienced one or more of these struggles to pay their medical bills:

- 19%—Were contacted by a collection agency
- 15%—Used up all or most of their savings
- 13%—Were unable to pay for basic necessities like food, heat or housing
- 11%—Racked up large amounts of credit card debt
- 11%—Borrowed money, got a loan or another mortgage on their home
- 9%—Were placed on a long-term payment plan

Of the various types of medical bills, the ones most frequently associated with an affordability barrier were doctor bills, dental bills and prescription drugs. The high prevalence of affordability burdens for these services likely reflects the frequency with which Indiana respondents seek these services. Trouble paying for dental bills likely reflects lower rates of coverage for these services.

HIGH LEVELS OF WORRY ABOUT AFFORDING HEALTHCARE IN THE FUTURE

Indiana respondents also exhibit high levels of worry about affording healthcare in the future. Four in five (83%) reported being “worried” or “very worried” about affording some aspect of healthcare in the future, including:

- 66%—Cost of nursing home or home care services
- 66%—Health insurance will become unaffordable
- 64%—Medical costs when elderly
- 63%—Medical costs in the event of a serious illness or accident
- 55%—Prescription drugs will become unaffordable
- 54%—Cost of dental care
- 34%—Cost of treatment for coronavirus/COVID-19

While two of the most common worries—affording the cost of nursing home or home care services and medical costs when elderly—are applicable predominantly to an older population, they were most frequently reported by respondents ages 35-54. This finding suggests that Indiana respondents may be worried about affording the cost of care for both aging parents and themselves.

Worry about affording healthcare, generally, was highest among respondents living in lower- and middle-income households, respondents of color and those living in households with a person with a disability (see Table 1). More than 4 in 5 (85%) of respondents with household incomes of less than \$50,000 per year³ reported worrying about affording some aspect of coverage or care in the past year. Still, the vast majority of Indiana respondents of all incomes, races, ethnicities and levels of ability statewide are somewhat or very concerned.

Concern that health insurance will become unaffordable is also more prevalent among certain groups of Indiana respondents. By insurance type, respondents with coverage that they have purchased on their own through the healthcare marketplace and not through their employer, most frequently reported worrying about affording coverage, followed by respondents with coverage through their employer and those with Indiana Medicaid (see Figure 1).

Table 1
Percent Worried or Very Worried, by Income Group, Geographic Setting, Race, Ethnicity and Disability Status

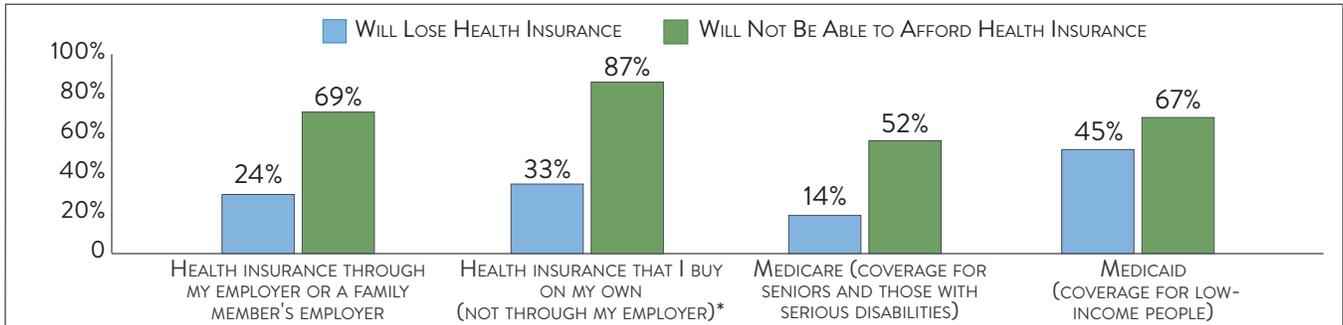
	ANY HEALTHCARE AFFORDABILITY WORRY
INCOME GROUP	
LESS THAN \$50,000	85%
\$50,000 - \$75,000	84%
\$75,000 - \$100,000	79%
MORE THAN \$100,000	81%
GEOGRAPHIC SETTING	
RURAL	81%
NON-RURAL	86%
RACE	
RESPONDENTS OF COLOR*	83%
WHITE	83%
DISABILITY STATUS**	
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	82%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	86%

Source: 2022 Poll of Indiana 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, American Indian or Native Alaskan, Asian, Native Hawaiian or other Pacific Islander, or Hispanic/Latino/a. The quantity of responses for all groups other than Black or African American respondents were not large enough 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 Indiana.

** Respondents were asked if 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.

Figure 1
Worry about Losing or Affording Health Insurance, by Coverage Type



Source: 2022 Poll of Indiana Adults, Ages 18+, Altarum Healthcare Value Hub’s Consumer Healthcare Experience State Survey

*Note: Responses from people who buy health insurance on their own did not meet the threshold to produce a reliable result. Use this estimate with caution.

Respondents with household incomes below \$50,000 per year reported the highest rates of worry about losing coverage, while those with household incomes between \$50,000 and \$75,000 reported the highest rates of worry about affording coverage. Non-rural respondents and those living in households with a person with a disability were more likely to be concerned about losing health insurance specifically than their rural and non-disabled counterparts (see Table 2).

Concerns about *affording* coverage exceeded fears about *losing* coverage across all income groups, disability statuses, geographic settings and coverage types.

Table 2
Worry About Losing Health Insurance and Health Insurance Becoming Unaffordable, by Income Group, Geographic Setting, Race, Insurance Type and Disability Status

	WORRY ABOUT LOSING HEALTH INSURANCE	WORRY ABOUT HEALTH INSURANCE BECOMING UNAFFORDABLE
INCOME GROUP		
LESS THAN \$50,000	32%	65%
\$50,000 - \$75,000	30%	69%
\$75,000 - \$100,000	17%	64%
MORE THAN \$100,000	22%	65%
GEOGRAPHIC SETTING		
RURAL	26%	64%
NON-RURAL	29%	68%
RACE		
RESPONDENTS OF COLOR	35%	63%
WHITE	26%	66%
INSURANCE TYPE		
PRIVATE INSURANCE, EITHER THROUGH MY EMPLOYER OR A FAMILY MEMBER'S EMPLOYER OR PURCHASED THROUGH THE MARKETPLACE	26%	72%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	14%	52%
MEDICAID, COVERAGE FOR LOW-INCOME PEOPLE	45%	67%
DISABILITY STATUS		
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	24%	66%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	34%	64%

Source: 2022 Poll of Indiana Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

DIFFERENCES IN HEALTHCARE AFFORDABILITY BURDENS

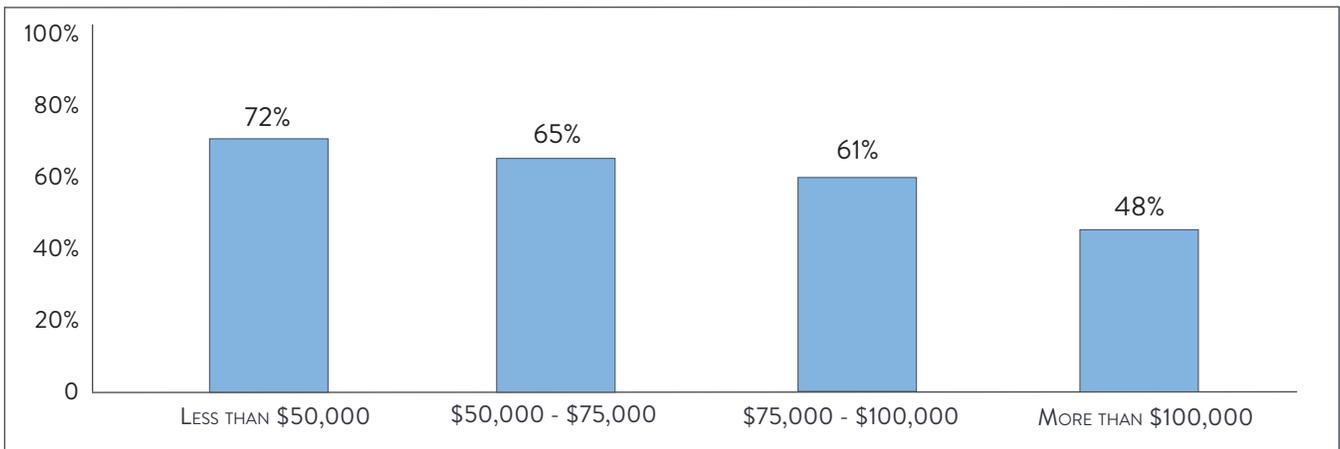
The survey also revealed differences in how Indiana respondents experience healthcare affordability burdens by income, age, geographic setting and disability status.

Income and Age

Unsurprisingly, respondents at the lowest end of the income spectrum most frequently reported experiencing one or more healthcare affordability burdens, with nearly three-quarters (72%) of those earning less than \$50,000 per year reporting struggling to afford some aspect of coverage or care in the past 12 months (see Figure 2). This may be due, in part, to respondents in this income group reporting high rates of going without care and rationing their medication due to cost (see Figure 3).

Figure 2

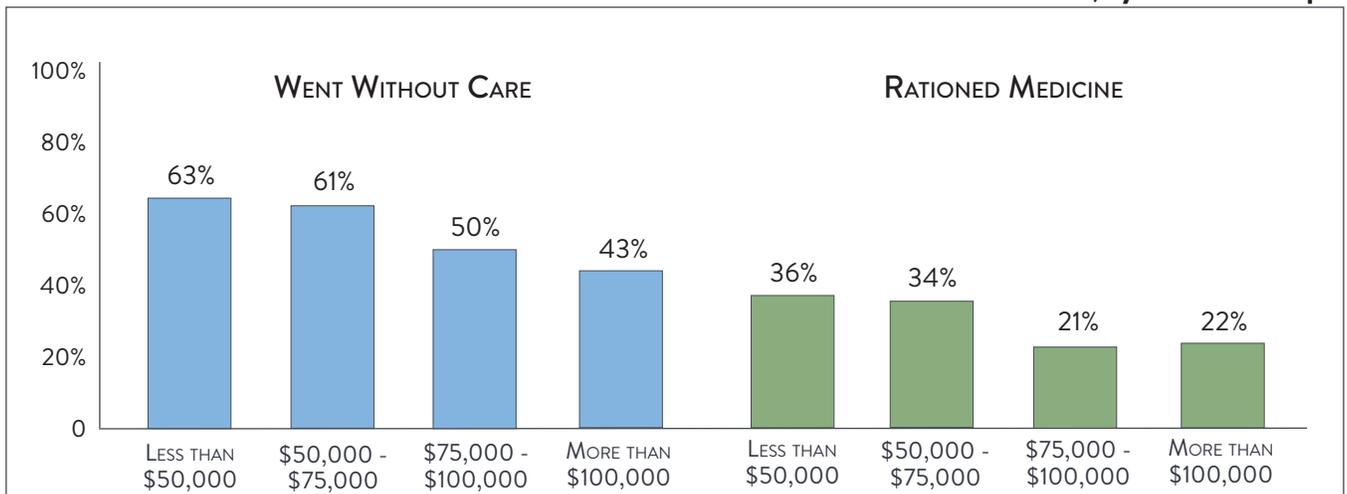
Percent with Any Healthcare Affordability Burden in Prior 12 Months, by Income Group



Source: 2022 Poll of Indiana Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Figure 3

Percent Who Went Without Care or Rationed Medicine Due to Cost in Prior 12 Months, by Income Group

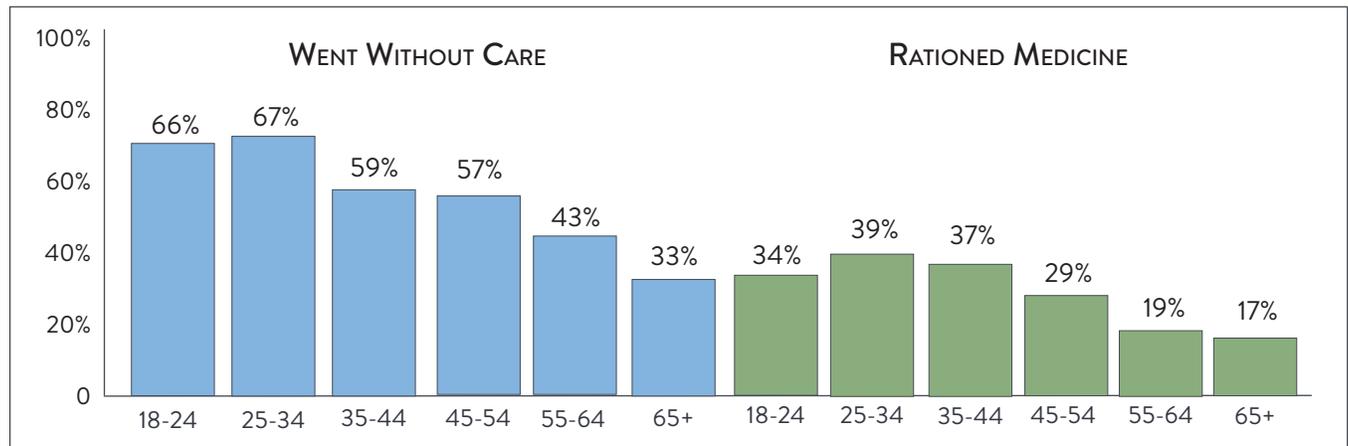


Source: 2022 Poll of Indiana Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Further analysis found that Indiana respondents ages 18-44 were more likely to go without care due to cost than respondents ages 45 and up (see Figure 4). Respondents ages 18-44 also most frequently reported rationing medication due to cost, compared to other age groups.

Figure 4

Percent Who Went Without Care or Rationed Medicine Due to Cost in Prior 12 Months, by Age Group



Source: 2022 Poll of Indiana Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Insurance Type

Respondents with Indiana Medicaid coverage reported the highest rates of going without care due to cost and rationing medication (see Table 3). Still, over half of respondents with private insurance coverage went without care due to cost (53%).

Race

Indiana respondents of color reported higher rates of rationing medication and forgoing care than white respondents. Fifty-nine percent of respondents of color reported going without care due to cost, compared to 55% of white respondents (see Table 3). Further analysis showed that respondents of color also reported slightly higher rates of challenges receiving mental health care, challenges receiving addiction treatment and skipping needed dental care (see Figure 5).

Disability Status

Of all the demographic groups measured, respondents living in households with a person with a disability reported the highest rates of going without care and rationing medication due to cost in the past 12 months. Nearly 7 in 10 (68%) respondents in this group reported going without some form of care and 40% reported rationing medication, compared to 50% and 25% of respondents living in households without a person with a disability, respectively (see Table 3). Respondents living in households with a person with a disability also more frequently reported delaying or skipping getting mental healthcare, addiction treatment and dental care, among other healthcare services, than those in households without a person with a disability due to cost concerns (see Table 4).

Those with disabilities also face healthcare affordability burdens unique to their disabilities—22% of respondents reporting a disability in their household reported delaying getting a medical assistive device such as a wheelchair, cane/walker, hearing aid or prosthetic limb due to cost. Just 9% of

Table 3
Percent Who Rationed Care in Prior 12 Months, by Geographic Setting, Race, Disability Status and Insurance Type

	WENT WITHOUT CARE DUE TO COST	EITHER DID NOT FILL A PRESCRIPTION, CUT PILLS IN HALF OR SKIPPED A DOSE DUE TO COST CONCERNS
GEOGRAPHIC SETTING		
RURAL	56%	29%
NON-RURAL	55%	32%
RACE		
RESPONDENTS OF COLOR	59%	34%
WHITE	55%	29%
DISABILITY STATUS		
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	50%	25%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	68%	40%
INSURANCE TYPE		
PRIVATE INSURANCE, EITHER THROUGH EMPLOYER OR A FAMILY MEMBER'S EMPLOYER OR PURCHASED THROUGH THE MARKETPLACE	53%	28%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	42%	22%
MEDICAID, COVERAGE FOR LOW-INCOME PEOPLE	74%	44%

Source: 2022 Poll of Indiana Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

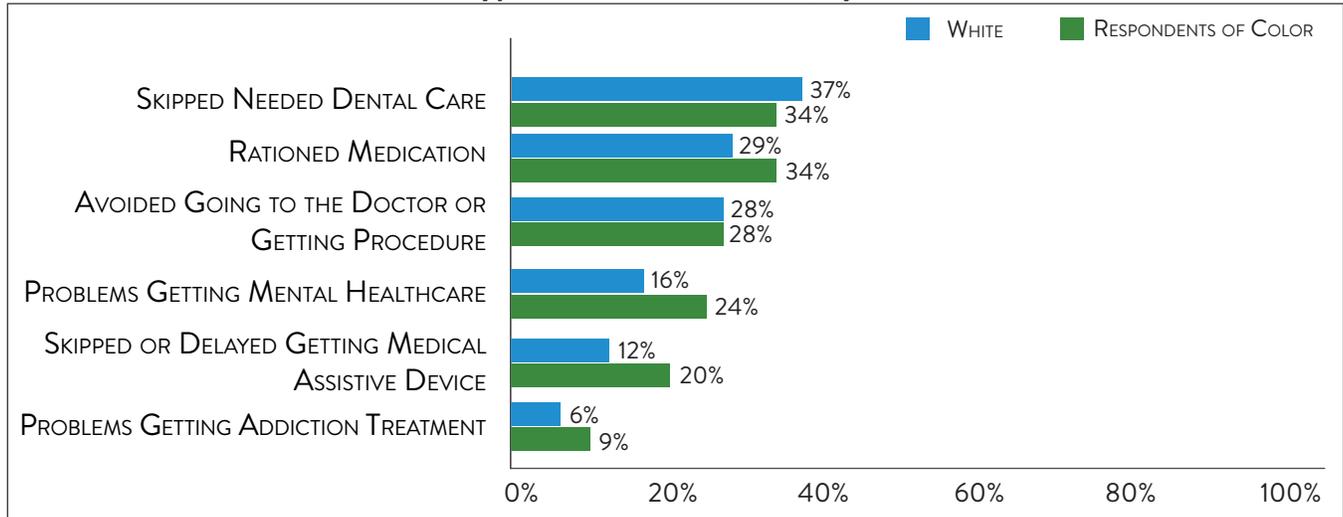
Table 4
Percent Who Went Without Care Due to Cost, by Disability Status

	HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY
AVOIDED GOING ALTOGETHER TO THE DOCTOR OR HAVING A PROCEDURE DONE	24%	34%
PROBLEMS GETTING MENTAL HEALTHCARE	15%	22%
PROBLEMS GETTING ADDICTION TREATMENT	4%	11%
SKIPPED NEEDED DENTAL CARE	32%	46%
SKIPPED OR DELAYED GETTING A MEDICAL ASSISTIVE DEVICE	9%	22%

Source: 2022 Poll of Indiana Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Figure 5

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



Source: 2022 Poll of Indiana Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

Table 5

Percent Who Incurred Debt, Depleted Savings and/or Sacrificed Basic Necessities Due to Medical Bills in Prior 12 Months, by Income Group, Geographic Setting, Race, Disability Status and Insurance Type

	INCURRED MEDICAL DEBT, DEPLETED SAVINGS AND/OR SACRIFICED BASIC NEEDS DUE TO MEDICAL BILLS
INCOME GROUP	
LESS THAN \$50,000	46%
\$50,000 - \$75,000	45%
\$75,000 - \$100,000	38%
MORE THAN \$100,000	29%
GEOGRAPHIC SETTING	
RURAL	40%
NON-RURAL	43%
RACE	
RESPONDENTS OF COLOR	55%
WHITE	38%
DISABILITY STATUS	
HOUSEHOLD DOES NOT INCLUDE A PERSON WITH AT LEAST ONE DISABILITY	35%
HOUSEHOLD INCLUDES A PERSON WITH AT LEAST ONE DISABILITY	53%
INSURANCE TYPE	
PRIVATE INSURANCE, EITHER THROUGH MY EMPLOYER OR A FAMILY MEMBER'S EMPLOYER OR THROUGH THE MARKETPLACCE	43%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	23%
MEDICAID, COVERAGE FOR LOW-INCOME PEOPLE	53%

Source: 2022 Poll of Indiana Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

respondents without a person with a disability, who may have needed such tools temporarily or may not identify as having a disability, reported having this experience.

Encountering Medical Debt

The survey also showed differences in the prevalence of financial burdens due to medical bills, including going into medical debt, depleting savings and being unable to pay for basic necessities (like food, heat and housing) by income, race, disability status and geographic setting. Fifty-five percent of respondents of color reported going into debt, depleting savings or going without other needs due to medical bills, compared to **38%** of white respondents (see Table 5).

The rate of financial burden is even higher for respondents who have or live with a person with a disability, with more than half (**53%**) reporting going into debt or going without other needs due to medical bills, compared to **35%** of respondents living in households without a disabled member.

Geographically, Indiana respondents living in non-rural counties reported higher rates of going into debt or going without other needs due to medical bills (**43%**) than respondents from rural counties (**40%**). In addition, respondents with Indiana Medicaid reported the highest rate of the above financial burdens due to medical bills (**53%**) compared to respondents with all other insurance types.

DISSATISFACTION WITH THE HEALTH SYSTEM AND SUPPORT FOR CHANGE

In light of Indiana respondents' healthcare affordability burdens and concerns, it is not surprising that they are dissatisfied with the health system:

- Just **28%** of respondents agreed or strongly agreed that “*we have a great healthcare system in the U.S.*,”
- While **72%** of respondents agreed or strongly agreed that “*the system needs to change.*”

To investigate further, the survey asked about both personal and governmental actions to address health system problems.

PERSONAL ACTIONS

Indiana respondents see a role for themselves in addressing healthcare affordability. When asked about specific actions they could take:

- **54%** of respondents reported researching the cost of a drug beforehand, and
- **80%** said they would be willing to switch from a brand name to an equivalent generic drug if given the chance.

When asked to select the **top three** personal actions they felt would be most effective in addressing healthcare affordability (out of ten options), the most common responses were:

- **69%**—Take better care of my personal health
- **41%**—Research treatments myself, before going to the doctor
- **31%**—Do more to compare doctors on cost and quality before getting services
- **27%**—There is not anything I can do personally to make our health system better

GOVERNMENT ACTIONS

But far and away, Indiana respondents see government as the key stakeholder that needs to act to address health system problems. Moreover, addressing healthcare problems is one of the top priorities that respondents want their elected officials to work on.

At the beginning of the survey, respondents were asked what issues the government should address in the upcoming year. The top vote getters were:

- 50%—Economy/Joblessness
- 48%—Healthcare
- 34%—Taxes

When asked about the top three *healthcare* priorities the government should work on, the top vote getters were:

- 53%—Address high healthcare costs, including prescription drugs
- 35%—Preserve consumer protections preventing people from being denied coverage or charged more for having a pre-existing medical condition
- 33%—Get health insurance to those who cannot afford coverage⁴
- 32%—Improve Medicare, coverage for seniors and those with serious disabilities

Of more than 20 options, Indiana respondents believe the reason for high healthcare costs is unfair prices charged by powerful industry stakeholders:

- 75%—Drug companies charging too much money
- 72%—Hospitals charging too much money
- 69%—Insurance companies charging too much money

When it comes to tackling costs, respondents endorsed a number of strategies, including:

- 93%—Make it easy to switch insurers if a health plan drops your doctor
- 92%—Require insurers to provide up-front cost estimates to consumers
- 92%—Show what a fair price would be for specific procedures
- 92%—Require hospitals and doctors to provide up-front cost estimates to consumers
- 92%—Require drug companies to provide advanced notice of prices increases and information to justify those increases
- 92%—Ensure patients can't be charged out-of-network prices if they encounter an out-of-network provider through no fault of their own
- 91%—Authorize the Attorney General to take legal action to prevent price gouging or unfair prescription price hikes
- 91%—Expand health insurance options so that everyone can afford quality coverage
- 91%—Cap out-of-pocket costs for life-saving medications, such as insulin

SUPPORT FOR ACTION ACROSS PARTY LINES

There is also remarkable support for change regardless of respondents' political affiliation (see Table 6).

The high burden of healthcare affordability, along with high levels of support for change, suggest that elected leaders and other stakeholders need to make addressing this consumer burden a top priority. Moreover, the COVID crisis has led state residents to take a hard look at how well health and public health systems are working for them, with strong support for a wide variety of actions. Annual surveys can help assess whether or not progress is being made.

Table 6
Percent Who Agreed/Strongly Agreed, by Political Affiliation

SELECTED SURVEY STATEMENTS/QUESTION	TOTAL PERCENT OF RESPONDENTS	GENERALLY SPEAKING, DO YOU THINK OF YOURSELF AS...		
		REPUBLICAN	DEMOCRAT	NEITHER
THE GOVERNMENT SHOULD MAKE IT EASY TO SWITCH INSURERS IF A HEALTH PLAN DROPS YOUR DOCTOR.	93%	93%	91%	94%
THE GOVERNMENT SHOULD REQUIRE INSURERS TO PROVIDE UP-FRONT COST ESTIMATES TO CONSUMERS.	92%	93%	92%	91%
THE GOVERNMENT SHOULD REQUIRE HOSPITALS AND DOCTORS TO PROVIDE UP-FRONT COST ESTIMATES TO CONSUMERS.	92%	92%	93%	91%
THE GOVERNMENT SHOULD SHOW WHAT A FAIR PRICE WOULD BE FOR A SPECIFIC PROCEDURE.	92%	92%	93%	92%
THE GOVERNMENT SHOULD REQUIRE DRUG COMPANIES TO PROVIDE ADVANCE NOTICE OF PRICE INCREASES AND INFORMATION TO JUSTIFY THOSE INCREASES.	92%	90%	95%	91%
THE GOVERNMENT SHOULD ENSURE PATIENTS CAN'T BE CHARGED OUT-OF-NETWORK PRICES IF THEY ENCOUNTER AN OUT-OF-NETWORK PROVIDER THROUGH NO FAULT OF THEIR OWN.	92%	93%	93%	90%
THE GOVERNMENT SHOULD CAP OUT-OF-POCKET COSTS FOR LIFE-SAVING MEDICATIONS, SUCH AS INSULIN	91%	89%	93%	91%
THE GOVERNMENT SHOULD EXPAND HEALTH INSURANCE OPTIONS SO THAT EVERYONE CAN AFFORD QUALITY COVERAGE.	91%	90%	93%	90%
AUTHORIZE THE ATTORNEY GENERAL TO TAKE LEGAL ACTION TO PREVENT PRICE GOUGING OR UNFAIR PRESCRIPTION DRUG PRICE HIKES	91%	88%	95%	91%

Source: 2022 Poll of Indiana Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

NOTES

- Percentages included in this brief are out of total number of respondents (N = 1,249) unless stated otherwise.
- Of the current 56% of Indiana respondents who encountered one or more cost-related barriers to getting healthcare during the prior 12 months, 24% did not fill a prescription, while 18% cut pills in half or skipped doses of medicine due to cost.
- Median household income in Indiana was \$58,235 (2016-2020). U.S. Census, *Quick Facts*. Retrieved from: [U.S. Census Bureau QuickFacts: Indiana](#)
- Nearly 2 in 3 (65%) of respondents said that they would consider using their tax forms to sign up for free or low-cost health insurance if they or their family needed it. This high level of interest persisted across racial, and income groups, with the highest levels of interest among Black/African American group respondents (72%) and those earning less than \$50k annually (66%).



ABOUT ALTARUM'S HEALTHCARE VALUE HUB

With support from Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare 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 healthcare.

Contact the Hub: 3520 Green Court, Suite 300, Ann Arbor, MI 48105
 (734) 302-4600 | www.HealthcareValueHub.org | [@HealthValueHub](https://twitter.com/HealthValueHub)

Methodology

Altarum's Consumer Healthcare Experience State Survey (CHESS) is designed to elicit respondents' unbiased 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 October 6 to October 11, 2022, used a web panel from online survey company Dynata with a demographically balanced sample of approximately 1,335 respondents who live in Indiana. 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 1,249 cases for analysis. After those exclusions, the demographic composition of respondents was as follows, although not all demographic information has complete response rates:

Demographic Composition of Survey Respondents

DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
GENDER		
WOMAN	725	58%
MAN	492	39%
TRANSWOMAN	3	<1%
TRANSMAN	10	1%
GENDERQUEER/NONBINARY	15	1%
INSURANCE STATUS		
HEALTH INSURANCE THROUGH EMPLOYER OR FAMILY MEMBER'S EMPLOYER	434	35%
HEALTH INSURANCE I BUY ON MY OWN	90	7%
MEDICARE, COVERAGE FOR SENIORS AND THOSE WITH SERIOUS DISABILITIES	303	24%
MEDICAID, COVERAGE FOR LOW INCOME EARNERS	299	24%
TRICARE/MILITARY HEALTH SYSTEM*	14	1%
DEPARTMENT OF VETERANS AFFAIRS (VA) HEALTH CARE*	19	2%
NO COVERAGE OF ANY TYPE*	60	5%
I DON'T KNOW	30	2%
RACE/ETHNICITY		
AMERICAN INDIAN OR NATIVE ALASKAN	40	3%
ASIAN	23	2%
BLACK OR AFRICAN AMERICAN	128	10%
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	4	<1%
WHITE	1,057	85%
PREFER NOT TO ANSWER	16	1%
TWO OR MORE RACES	35	3%
HISPANIC OR LATINX – YES	95	8%
HISPANIC OR LATINX - NO	1,154	92%
AGE		
18-24	237	19%
25-34	242	20%
35-44	209	17%
45-54	186	15%
55-64	209	17%
65+	152	12%

DEMOGRAPHIC CHARACTERISTIC	FREQUENCY	PERCENTAGE
HOUSEHOLD INCOME		
Under \$20K	218	17%
\$20K - \$30K	167	13%
\$30K - \$40K	157	13%
\$40K - \$50K	134	11%
\$50K - \$60K	123	10%
\$60K - \$75K	115	9%
\$75K - \$100K	147	12%
\$100K - \$150K	127	10%
\$150K+	61	5%
SELF-REPORTED HEALTH STATUS		
EXCELLENT	149	12%
VERY GOOD	336	27%
GOOD	473	38%
FAIR	219	18%
POOR	72	6%
DISABILITY		
MOBILITY: SERIOUS DIFFICULTY WALKING OR CLIMBING STAIRS	249	20%
COGNITION: SERIOUS DIFFICULTY CONCENTRATING, REMEMBERING OR MAKING DECISIONS	129	10%
INDEPENDENT LIVING: SERIOUS DIFFICULTY DOING ERRANDS ALONE, SUCH AS VISITING A DOCTOR'S OFFICE	106	8%
HEARING: DEAFNESS OR SERIOUS DIFFICULTY HEARING	93	7%
VISION: BLINDNESS OR SERIOUS DIFFICULTY SEEING, EVEN WHEN WEARING GLASSES	65	5%
SELF-CARE: DIFFICULTY DRESSING OR BATHING	80	6%
NO DISABILITY OR LONG-TERM HEALTH CONDITION	811	65%
PARTY AFFILIATION		
REPUBLICAN	432	35%
DEMOCRAT	330	26%
NEITHER	487	39%

Source: 2022 Poll of Indiana Adults, Ages 18+, Altarum Healthcare Value Hub's Consumer Healthcare Experience State Survey

* The sample size for uninsured respondents and those who received coverage through TRICARE and/or the VA was not large enough to report reliable estimates. We regret that we were not able to provide reliable estimates for each group to better represent the diverse communities of Indiana.

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.