Atrius Health Equity Foundation (AHEF)

Medical Debt Capacity-Building Pilot: Evaluation Findings









September 2026

Jessica Santos, PhD, Director, Leah Zallman Center
Claire Connacher, MPP, Consultant
Denice Villar, Research Associate

LEAH ZALLMAN CENTER FOR IMMIGRANT HEALTH RESEARCH
A CENTER AT
INSTITUTE FOR COMMUNITY HEALTH

Objectives

AHEF's pilot project was designed to build the capacity of Financial Opportunity Centers (FOCs) and other key partners to provide in-house medical debt counseling and/or referral pathways to Health Law Advocates (HLA) for legally complex cases.

Evaluation focus

Preliminary Impacts

Implementation insights

Implications for scale & replication

Methods

Qualitative Interviews

- **3 Group Interviews (n=11 participants)**
  Health Law Advocates, Lawrence Community Works, The Neighborhood Developers
- **9 Individual Interviews**
  - Health Law Advocates - 2
  - The Neighborhood Developers - 2
  - Lawrence Community Works - 3
  - Brazilian American Center (BRACE) - 1
  - Women Encouraging Empowerment - 1

Client Survey

- **19 Medical Debt Client Responses**
  - The Neighborhood Developers - 10
  - Lawrence Community Works - 9

(fielded over phone in Spanish and English)

Data Analysis

- Survey Data: Descriptive analysis in Microsoft Excel
- Qualitative Interview Data: Thematic Framework Analysis
- Meaning-making with AHEF

PRELIMINARY FINDINGS

Preliminary Impacts

- PARTICIPANT IMPACTS
- ORGANIZATIONAL IMPACTS

PRELIMINARY IMPACTS

PARTICIPANT EXPERIENCES AND IMPACTS

‘I am very grateful for those girls. They make you feel like you are family. They support you in an excellent manner. The employees are always involved and attentive. They always completed tasks for me and never abandoned me.”

‘I am satisfied because they helped me communicate with resources as someone who doesn't speak English.”

Participant survey findings revealed preliminary impacts in the following areas:

- **Reduced or resolved medical debt**
  - **74% of clients** strongly agreed or agreed that their financial coach helped them address their medical debt/bill, while 26% disagreed or strongly disagreed.
  - **53% of surveyed clients’ debt was resolved,** 21% is still pending, and 26% didn’t know or chose “other.”

- **Increased social support** - most clients (even some whose debt was not resolved) spoke positively about their personal interactions with staff, calling them **“friendly, attentive, trustworthy, and welcoming.”**

- **Receiving linguistically and culturally responsive care** - TND and LCW offered counseling services in English and Spanish (90% of surveyed clients are Hispanic or Latine/a/o/x and were interviewed in Spanish).

PRELIMINARY IMPACTS

PARTICIPANT EXPERIENCES AND IMPACTS, CONTINUED

‘The debt made me really worried. Now, I feel more relaxed.”

‘’I have a bill of a thousand dollars…and I haven't paid it. So, I'm not going to the dentist even though I have something hard in my mouth’…We don't want people to get into that. We want…to prevent and resolve, but mostly prevent.”

Participant survey findings revealed preliminary impacts in the following areas:

- **Reduced stress**
  - **74%** of surveyed clients agreed or strongly agreed with the statement “**As a result of the help I received from TND/LWC, I have less stress about medical debt**, while 26% were neutral, disagreed, or strongly disagreed.

- **Self advocacy and self care**
  - **84%** agreed or strongly agreed with the statement **“As a result of the help I received from TND/LCW, I feel more able to advocate for myself** if I get a medical bill I don’t understand.

PRELIMINARY IMPACTS

ORGANIZATIONAL IMPACTS

‘I feel really, really comfortable to work with my clients [on their] medical debt.”

FOCs have developed ‘the ability to advocate and be attentive of the needs of clients.”

‘The ability to empower the coaches … has been very powerful for the women who have done this work.”

Participating organizations (both FOCs and CBOs) increased their skills and ability to counsel clients with medical debt. This includes increased knowledge about health systems, insurance coverage, and holding providers accountable.

- **Increased skill level in medical debt counseling at the FOCs and CBOs** including detailed knowledge about health systems, insurance coverage, how to read medical bills, and how to communicate with companies to resolve debt.
- **Increased confidence levels at the FOCs** in holding hospitals and providers accountable and advocating for clients.
- **FOCs have created new organizational programming** such as medical debt counseling and workshops that were not previously offered.
- **HLA deepened community-specific knowledge** such learning how to approach specific hospitals to discuss and resolve debt, and identifying key trends facing clients.

PRELIMINARY FINDINGS

Implementation insights (from provider and client perspectives)

- OUTREACH AND ONBOARDING
- MEDICAL DEBT COUNSELING
- REFERRALS TO HLA
- TRAINING & MENTORSHIP

IMPLEMENTATION INSIGHTS

OUTREACH AND ONBOARDING

Outreach and onboarding includes:

- **Education with existing clients,** especially those in crisis, to focus on medical debt
- **Ongoing communication** and engagement
- **Referrals from service providers and word of mouth** in the community

> "I think the challenge for me has been like the outreach to get people... [to] understand, 'Oh, this is very important. This is something that can be a barrier in my way to financial stability.'"

> When clients come in for services "they're also being asked if they'd like to talk to somebody about medical debt."

Table 1: How did you learn that TND/LWC can help people with medical bills or debt? Select all that apply. (N=19)

I came to The Neighborhood Developers for help on something else	42.1% (8)
I was referred by a social services or community organization	21.1% (4)
Flyer or other FOC outreach	21.1% (4)
I was referred by a hospital or health care provider	0.0% (0)
I learned about it on social media	0.0% (0)
I heard about it from a friend or family member	0.0% (0)

IMPLEMENTATION INSIGHTS

MEDICAL DEBT COUNSELING

- Providers and counselors are **grateful for the opportunity to help community members** with an additional aspect of debt for financial stability.

- Participant survey findings indicated **positive medical debt counseling experiences with some communication challenges.**
  - **83% of clients** strongly agreed or agreed that **TND/LCW kept them updated about the status of their case**, while 17% felt neutral or disagreed.

- **Not all medical debt can be resolved**, and some participants felt that they learned from the coaches and were able to understand the debt better. Others were unclear of the details, but as one staff member pointed out, a clear yes/no is **still an outcome that is better than remaining in a state of stress and confusion.**

‘This program has allowed [organization] to now be help in an area they were not able to help their community.

‘[Coach] helped me understand how I had to pay my bill and explained why my health insurance wasn't able to cover it.”

‘It was not able to be resolved. I don't remember why but it wasn't possible to reduce the debt.”

IMPLEMENTATION INSIGHTS

REFERRALS TO HLA

Referring clients to HLA is critical in specific cases, but can also cause confusion with an additional layer of people, organizations, and fear/trust dynamics. HLA and the FOCs have established referral procedures but ongoing consultation about specific cases is still needed.

"I think I've seen this kind of communication breakdown in situations where people have trauma and don't want to engage in certain communication and will just agree with you not even processing what's being explained and then create a different idea of what was said."

For some cases, it is a challenge for the CBO or FOC to handle the case because while the debt should just be billed to the insurance, the provider will not do that for some reason. HLA needs to be involved in these cases because they have the tools and connections to escalate it by reporting the provider to the attorney general's office, while it would be more difficult for the other organziations to do this since they do not have regular contact with that office.

Table 2: Did TND/LCW refer you to Health Law Advocates for help with your medical debt or bill? (N=19)

Yes	42.1% (8)
No	21.1% (4)
Don’t know	31.6% (6)

IMPLEMENTATION INSIGHTS

TRAINING AND MENTORSHIP

- **HLA trained and is mentoring FOCs** on an ongoing basis to ensure staff have core content expertise around medical debt counseling, health insurance, and negotiating debts with providers.
- A significant percentage of medical debt exists in the first place because it was **not originally billed correctly to insurance by the provider.**
- Resolving medical debt requires a **unique combination of detail orientation, knowledge about changing insurance guidelines, and advocacy** or navigating bureaucratic barriers and challenges.

"**Their trainings have really helped us to do this work for our community.** We have developed a process flow due to their help."

"The biweekly meetings that we have with [HLA]...**What I really appreciate from them is the feedback that they provide, the support, the follow-up.** It's great. And the deadlines, I love that."

IMPLEMENTATION INSIGHTS

TRAINING AND MENTORSHIP: WHAT WAS MOST HELPFUL?

- The **first in-person training was very helpful in teaching the basics of how to read a medical bill and identify errors**, but FOCs felt they needed the continued support.
- **The use of real life case scenarios** in the second HLA-led in person training was particualrly helpful for FOCs and CBOs because they were able to learn about what to do in real life situations.
- **Regular meetings** with an HLA contact, and the **ability to contact that person when they ran into issues** or had questions about a case.
- **Online access to the resources and templates** HLA provided helped FOCs and CBOs carry out the work.

"[The first in person training] was minimal. Even though I felt more empowered, there was a lot missing. What I've noticed is over the last year with more and more trainings, it's like layers of a foundation and still have some questions... But we know how to ask better questions now."

"Having those real scenarios and having facilitators at each table [at the in-person training]...That was very helpful"

PRELIMINARY FINDINGS

Implications for Scale & Replication

- SERVICE INTEGRATION, CAPACITY & DEMAND
- PROGRAM RECOMMENDATIONS FOR SCALE
- BENEFICIAL ORGANIZATIONAL CHARACTERISTICS
- SYSTEMIC ISSUES & SOLUTIONS

SCALE & REPLICATION

SERVICE INTEGRATION, CAPACITY, and DEMAND

When clients come in for services 'they're also being asked if they'd like to talk to somebody about medical debt."

'As coaches, we're being segmented to do so many things that we can't. We don't have the brainpower capacity to be switching from here to that to that to there and know everything that we need to provide the best care, the best service on all these different aspects."

Respondents shared that overall integration of medical debt counseling has been smooth. However, they expressed concerns that this integration won't be able to handle future need/scale.

- Both FOCs have **integrated their medical debt work into their normal workflows,** including adding a question on their intake forms that asks new clients if they have medical debt.
- **Staffing is inadequate to handle high demand.** Medical debt cases sometimes take a lot of work hours... In these cases, organizations may require more staffing to handle the workload.
- **Medical debt work may prevent other coaching work** when staff feel they don't have the capacity to carry out all the work... some coaches also spoke about the value of spending a lot of time with clients who need it.
- Some see **low demand within communities that may be avoiding medical debt issues.**
- **Fear of increased demand in 2027** with upcoming changes to Medicaid eligibility and reporting requirements.

SCALE & REPLICATION

PROGRAM RECOMMENDATIONS FOR SCALE

Respondents had **specific suggestions for improving programming as AHEF and partners** weigh specific trade-offs and look to scale and replicate in the future.

- **Continue to improve the referral model** so that organizations handle simple cases internally, and then consult with HLA about specific cases before referring.
- **Provide additional support** to FOCs and CBOs with high demand including additional staffing and training.
- **Assess trade-offs between efficiency and trust** - having a single point of contact is key, some online mechanisms may help (referral pathway) but cannot replace trust.
- **Approach outreach and scale with patience** - community trust is first, building demand and long-term engagement takes time.

*'I want to say that yes, **technology...can really help build efficiencies,** but the reality is that we're also **working with a population where trust is low.** And so no matter what we do technologically, we still need to make sure that we're not creating hurdles or boundaries...*

SCALE & REPLICATION

BENEFICIAL ORGANIZATIONAL CHARACTERISTICS

"When talking about anything financial, trust is paramount. And if the clients don't trust the person who's on the other side of that call, then they're not going to engage.

‘There's always going to be a knowledge gap for anyone who starts doing this work’

Although a wide range of organizations could potentially counsel people to resolve medical debt, **respondents agreed that certain organizational characteristics** would be beneficial and set new organizations entering this space up for success.

- **Community connections, trust, cultural and linguistic affinity, and lived experience** so that trust is already established and can be extended to working with people on finances.
- Having staff with a **background in finance or healthcare.**
- **Willingness to learn about medical debt**, attend trainings, and assess how it fits into the lives of participants as well as organizational processes.
- **Having staff who are persistent and willing to be “aggressive”** as they work with providers, insurance companies, and debt collectors to resolve debt.

SCALE & REPLICATION

SYSTEMIC ISSUES & SOLUTIONS

Respondents revealed insights into **systemic issues and corresponding solutions** that they feel would improve programming or reduce medical debt in communities but may or may not be feasible within the current capacity of the program.

Issue:
Difficulties with certain providers

Solution:
Develop relationships and partnerships with providers and insurance companies

Issue:
Lack of knowledge about US health system

Solution:
Prevention of medical debt through community education

Issue:
Cultural and linguistic incongruence with U.S. systems

Solution:
Educate and empower immigrant communities

Final Reflections

The pilot established a new promising model. This pilot has created “new front doors” for clients to have medical debt resolved.

Trust is key. The model is successful due to client-facing spaces that are familiar and trusted, linked to knowledge and skills

Capacity remains a question. There is a need to continue considering how to scale while delivering holistic servcies

There is a strong need and appetite for **prevention, accountability, and education.**

The model has the potential to have **systemic impact by identifying trends.**

THANK YOU

Q&A

Jessica Santos, PhD, Director, Leah Zallman Center, jsantos@icommunityhealth.org
Claire Connacher, MPP, Consultant, cconnacher@icommunityhealth.org
Denice Villar, Research Associate, dvillar@icommunityhealth.org

LEAH ZALLMAN CENTER FOR IMMIGRANT HEALTH RESEARCH
A CENTER AT
INSTITUTE FOR COMMUNITY HEALTH