Assessing Financial Stress and the Implementation of a Novel QR-Based Public Benefits Explorer Tool (BET) at a Los Angeles Pediatric Safety Net Clinic

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Learning Objective

This work aims to qualitatively determine the patient-family need for various public benefit programs at Olive View-UCLA Pediatric Clinic, assess patient perception of the implementation of a novel QR-Based Public Benefits Explorer Tool (BET), and dynamically improve the BET through real-time patient feedback.

Background

- 1 in 5 children live below the federal poverty line. Toxic financial stress exposes children to higher risk of chronic illness, disability, trauma, and early mortality.
- Access to anti-poverty programs is poor: only 7 of 10 public benefit applications online, 3 of 10 mobile-friendly, and 54% of states do not have a consolidated benefits application, including California.
- Mobile applications that connect patient families to public benefit programs may help address poverty and financial stress when offered in a trusted setting that 95% of low-income families access in their children's preschool years.
- We examined interest in and attitudes toward accessing public benefits applications in a pediatric clinic and an online tool to help patients reach benefits applications.

Methods

- The Benefits Explorer Tool (BET), a QR code-accessible website that connects families to public benefit programs, was developed for use in a clinical care setting
- Patient families from Olive View-UCLA Pediatrics completed a questionnaire assessing financial stress as well as public benefit program enrollment and interest
- Participants were recruited for semi-structured focus groups to assess financial stress and to introduce the BET. Patient perceptions of the tool were recorded.
- Questionnaire data were analyzed with Stata 16 IC. Key themes regarding financial need and BET perceptions were extracted from interview transcripts.

Results

- 227 patients completed the questionnaire (**Table 1**) and 8 patients participated in focus groups interviews.
- Patients present an average CFPB financial well-being score of 57.4 with a standard deviation of 12.8 (**Figure 1**) and 99% of families on aggregate demonstrate significant interest in connecting with public benefits in clinic (**Figure 2**)
- Excluding Medi-Cal, 53.4% of families are already enrolled or would like to enroll in public benefit programs (**Figure 3**).
- In focus groups, families report barriers to public benefits are immigration status, limited time, and eligibility confusion. Reported sequelae to financial stress are food insecurity, health care disparities, and employment challenges (**Figure 4**).
- From family interviews, BET perception is highly positive, with patients citing convenience, ease of use, and accessibility as primary facilitators of use (**Figure 5**).

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TABLE 1: DEMOGRAPHIC CHARACTERISTICS OF QUESTIONNAIRE PARTICIPANTS

CLINICAL SETTING			GENDER		
Pediatrics	176	79%	Female	182	85%
HUB	48	21%	**RACE/ETHNICITY**		
PRIMARY LANGUAGE			Hispanic/Latinx	139	64%
English	174	77%	White	36	17%
Spanish	53	23%	African-American	18	8%
AGE			**HIGHEST EDUCATIONAL LEVEL**		
Under 21	15	7%	Less than High School	35	17%
21-30	60	30%	High School Graduate	62	30%
31-40	74	36%	Some College	62	30%
Over 40	56	27%	College Grad/More	49	23%

FIGURE 1: FAMILY FINANCIAL WELL-BEING SCORES

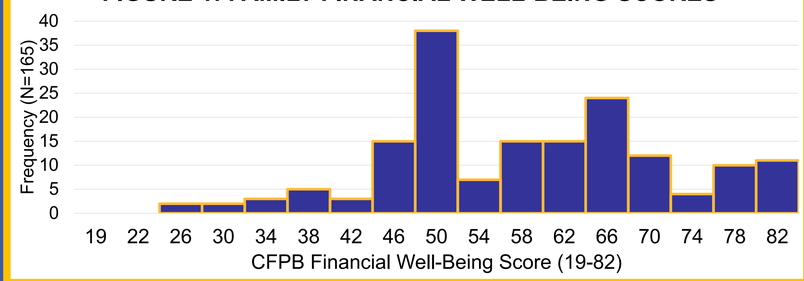

FIGURE 2: PATIENT INTEREST IN PUBLIC BENEFIT PROGRAMS IN-CLINIC

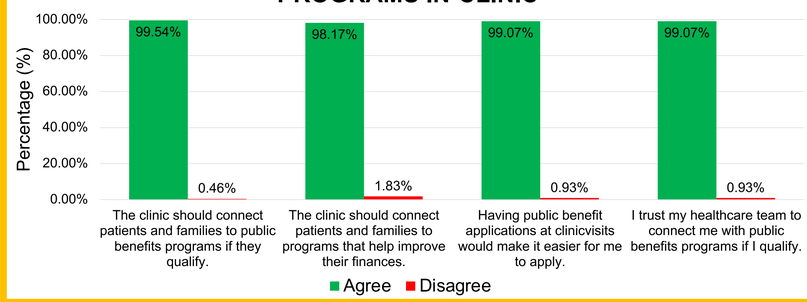

FIGURE 3: HOUSEHOLD ENROLLMENT AND INTEREST IN PUBLIC BENEFIT PROGRAMS

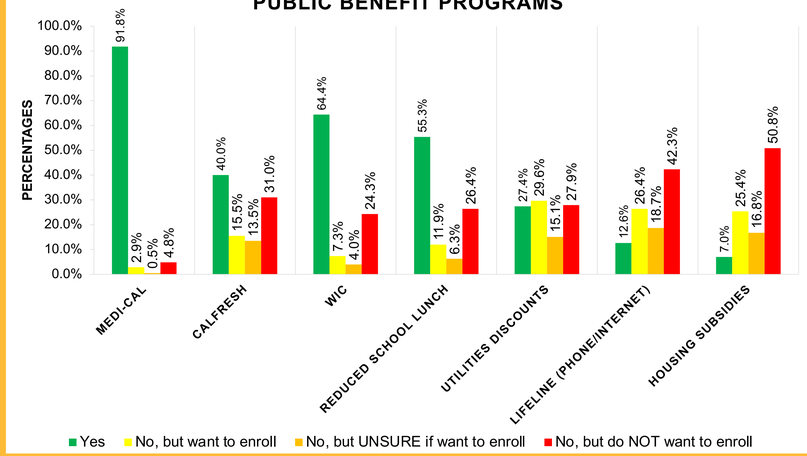

FIGURE 4: INTERVIEW THEMES AROUND FINANCIAL STRESS AND PUBLIC BENEFITS

On financial stress:

"[Many] families that are struggling and lost their jobs after this pandemic, **if they get access to the programs, it's just going to help them a little bit more."**

"For example, **I'm diabetic, so it's kind of hard to just buy sugar-free** […] because they're more expensive than regular."

"If we don't have the finances, then that makes it a little bit **harder for us to get the quality care we need."**

On applying for public benefits:

"I have **no time** yet. I am a single mother, that's why."

"Calling them constantly and trying to get ahold of them [social services] was hard."

"First, I wasn't aware. And second, I'm not a citizen. So I thought maybe I'm not eligible for this programs."

"Most of the time [**immigration] is a big barrier** for us to apply on anything."

FIGURE 5: BENEFIT EXPLORER TOOL FEEDBACK

"If you're a parent and not financially stable, it's very **helpful to have that hope** that you can apply for more help."

"…if you have **concerns for immigration status, it explains that applying won't affect you**."

"**With certain phones, they don't have a QR-Scanner,** so some [families] have to download an app and don't know how"

"It was **hassle-free** for me, because you could just scan and […] qualify for all different types of discounts."

"I just find it a lot more convenient. It might interest [families] more to look and see if they do qualify for any of the programs. I liked that. I feel like they're not talked about much. **There are certain programs where people might not know**."

Discussion and Limitations

- Substantial financial stress scores and strong patient interest in connecting with public benefits programs demonstrate a need for low-barrier financial resources
- Barriers to public benefit program entry still exist, such as lack of resource centralization, eligibility confusion, and time-consuming application process.
- The greatest facilitators of the BET were convenience, simplicity of use and reassurance of safety regardless of immigration status
- Because QR-codes are relatively new, families may have trouble utilizing the BET and future iterations may need to include web links to the tool.
- The lack of clinical anti-poverty technology represents an opportunity to further research other modalities of addressing toxic financial determinants of health.

Conclusion

- Financial stressors are prevalent among patient families at OV-UCLA Pediatric Clinic and interest the BET in-clinic solution is high.
- Piloting novel technology-based solutions in clinic may help families easily apply for benefits and address upstream financial determinants of health in clinic.
- More analyses of the BET within a clinic setting are needed to ascertain the success of connecting patients to need-based programs.
- If the BET demonstrates significant benefit, it may be utilized as a model for combating poverty in other safety net clinics.