

# Financial coaching for parents in clinics yields higher attendance at their kids' well-child health care visits

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Implementing financial coaching for parents of infants in a pediatric

primary care setting reduced missed well-child care visit rates by half and significantly improved receipt of vaccinations at a timely age, according to a new community-partnered pilot study led by UCLA researchers.

The study, published in *Pediatrics*, is the first to examine the effectiveness of delivering financial [coaching](#) and its impact on preventive care visits and vaccination in infants' first six months of life, among families with low income who often face economic stress.

"Improving the continuity and quality of pediatric care has been a focus for pediatric care nationally, and the medical-financial partnership approach offers a novel strategy," said the study's lead author, Dr. Adam Schickedanz, an assistant professor of pediatrics at the David Geffen School of Medicine at UCLA.

"Early childhood [financial hardship](#) has a significant impact on health. Infancy is full of new expenses and financial challenges that families grapple with. Having a new baby in the family can increase eligibility for a number of anti-poverty public benefits programs, and [young children](#) and their parents have relatively frequent visits to their physician, so the [health care system](#) has more contact with children and families in the preschool years than any other family-facing system. This makes health care a great setting for delivering financial guidance and supports to young families. What our study shows is that this in-clinic financial coaching leads to improvements in clinical care continuity and quality too."

Poverty-related social needs and other measures of patient financial hardship are among the most consistent predictors of missed health care visits, yet interventions to increase patient visit attendance have tended not to focus on underlying financial needs of children and families. In this new study, conducted at the Harbor-UCLA pediatric primary care

clinic, parents received financial coaching in exam rooms during their infants' well-child visits while waiting for their pediatrician and other health care team members.

The financial coaches, who have backgrounds in [social work](#), were trained in the foundations of financial coaching by LIFT Inc., a national nonprofit that works to break intergenerational cycles of poverty. Through ongoing supervision and education from clinician supervisors, as well as LIFT's financial coaching training, financial coaches were equipped to help parents identify their financial goals, plan action steps and ultimately achieve greater financial stability.

The coaches connected parents to public benefits and cost-saving services such as low-cost childcare, nutrition assistance programs, free tax preparation and other public resources. Coaches also followed up remotely with parents at least monthly to track progress toward goals.

The researchers enrolled 81 parents recruited from clinic waiting areas or exam rooms who were randomized to either receive clinic-based financial coaching plus usual care (the intervention group of 35) or usual care (the control group of 46). The parents were primarily mothers and over half were Latina.

Over the first months of their infants' lives, parents and children in the intervention group had half the rate of missed primary care pediatric visits compared to those in the control group. They were also 26% more likely to be current with immunizations each visit and had fewer missed vaccinations overall by the end of the six-month visit period. Parents who received financial coaching also reported increased monthly household income relative to when they enrolled in the program.

"When we approached the parents in clinic to offer this service and support them with their financial goals, many already recognized that

their finances and the health of their child were intertwined. It made sense, from their perspective, to receive financial coaching services in combination with their child's health care," Schickedanz said.

"Once they began receiving the intervention service, many parents shared that they felt supported by their coach. This supportive relationship with that coach as a key new member of their health care team may have given parents more motivation to stick with the clinic for their pediatric visits over time."

"We have found that the strong social connection between parent and coach is an integral part of the success of the service," added co-author Michelle Rhone-Collins. "Coaching breaks down the goals of parents into concrete action steps alongside a partner to cheer them on, hold them accountable and offer them hope."

The authors note the study has some limitations, including its small size at a single site and the inability to do a blinded study. A concurrent study of the influence of financial coaching on participating parents' health outcomes remains ongoing.

Still, the results "suggest that addressing financial goals and needs can improve preventive visit care adherence and vaccinations," the authors write. "This may partially offset costs to clinics of implementing medical-financial partnership programs, in addition to optimizing the host of health, developmental and psychosocial benefits of preventive pediatric care."

**More information:** Clinic-Based Financial Coaching and Missed Pediatric Preventive Care: A Randomized Trial, *PEDIATRICS* (2023).

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