Children's Hospital of Philadelphia PolicyLab

Pilot Grants

Understanding the Impact of Cash Transfers on Low-income Caregivers of Preterm Infants

Health Equity

Statement of Problem

Poverty is prevalent in the United States, with nearly 1 in 6 children growing up in households with incomes below the federal poverty line. Children who experience poverty, particularly during the earliest years, are at risk of various adverse health and developmental outcomes during childhood and throughout their lives. As the connection between poverty and poor health outcomes is well-described, there is now an urgent need to move beyond merely outlining health disparities for low-income children and toward developing interventions that improve health outcomes.

Preterm infants and their families are one pediatric population for which exposure to poverty may be particularly detrimental. Among preterm infants, evidence suggests that low income is associated with poorer long-term health. Additionally, caregivers of preterm infants experience added economic strain due to the out-of-pocket costs of having a baby in the Neonatal Intensive Care Unit (NICU), such as transportation and lost wages, and the costs of their infant's care after discharge. Because poverty-associated poor outcomes are disproportionately experienced by racial and ethnic minority populations, addressing the root cause of these disparities is crucial for advancing health equity.

A growing body of literature suggests that recurring unconditional cash transfers (UCTs)—or no strings attached cash payments—to families with low incomes may be an effective intervention to reduce financial strain, improve caregiver psychological health and improve children's health. However, only a single pilot randomized controlled trial to date has measured the impact of UCTS in the preterm population, and we know very little about the feasibility of delivering monthly UCTs in the NICU setting.

Description

Through this project, we plan to establish the feasibility and acceptability of randomizing monthly UCTs in the NICU, understand caregivers' lived experiences, and explore the efficacy of monthly UCTs on caregiver psychological stress and ability to invest time in their infant's care.

We will do this by randomizing 24 low-income caregivers of preterm infants hospitalized in the NICU to either a high-value UCT ($325 a month), or a low-value UCT ($25 a month), beginning in the first month of life and continuing for a 4-month period.

We will collect data via longitudinal surveys at baseline and again at two months and four months after enrollment. We will also conduct semi-structured caregiver interviews at 4-months post-enrollment to examine caregiver perspectives of the impact of having a preterm infant on their finances and the perceived impact, if

any, of the payments on their finances, costs, and overall experiences of care both during and after the NICU hospitalization.

Next Steps

Prior to launching the pilot, we are developing a relationship with a community partner, the Philadelphia Office of Community Empowerment and Opportunity, to ensure families can receive counseling on how the UCTs may impact their benefits.

We are also convening with a multidisciplinary group to advise the implementation of the pilot including:

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This project page was last updated in March 2023.

Suggested Citation

Children's Hospital of Philadelphia, PolicyLab. *Understanding the Impact of Cash Transfers on Low-income Caregivers of Preterm Infants* [Online]. Available at: http://www.policylab.chop.edu [Accessed: plug in date accessed here].

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