



Benefits Screening Tool – Phase 2 Final Report

July 2019

Taxes and Access to
Benefits



The **Benefits Screening Tool Project – Phase 2** is funded by the Maytree Foundation, the Canadian Institutes of Health Research and St. Michael’s Hospital Foundation.

This project is a collaboration with Dr. Andrew Pinto, a family physician and founder of The Upstream Lab at The Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute, St. Michael’s Hospital.



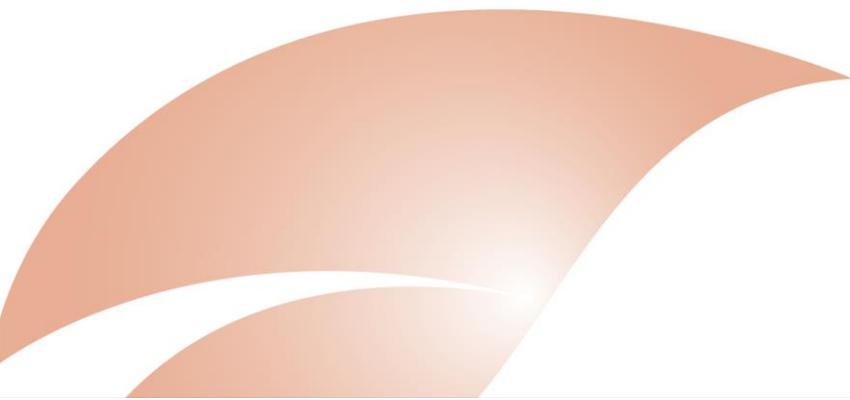
St. Michael’s

Inspired Care.
Inspiring Science.



Executive summary

This final report provides information on the results of Phase 2 of the Benefits Screening Tool project.



Executive summary



The online Benefits Screening Tool (BST) enables healthcare practitioners to screen patients for poverty and suggests additional income benefits they may be eligible for, but not receiving.

In Phase 2, Prosper Canada conducted service design research to:

- **better understand the benefits application process and experience** for people living on low incomes and healthcare practitioners, and
- **enhance the tool to include user-friendly features and functionalities** to support successful applications for government benefits and integration into frontline healthcare delivery.

The results from the research informed the following outputs:

- ✓ a **typology** of 60+ income-related benefits
- ✓ seven **infographics** displaying service design insights
- ✓ a service design **blueprint** for integrating the tool into Community Health Centre services.

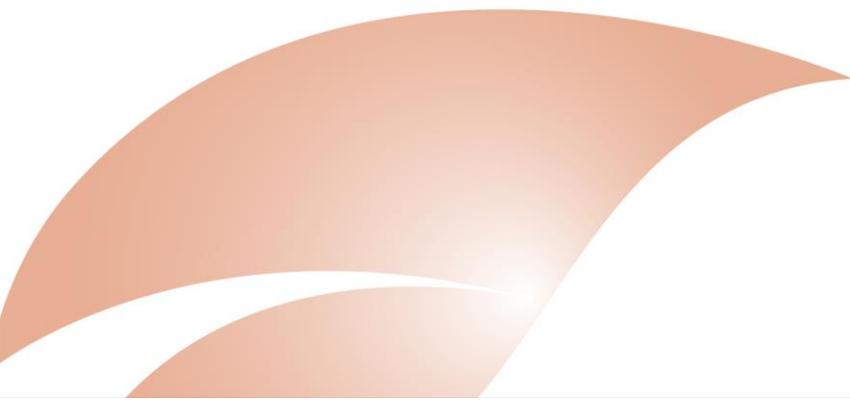
The results also led to significant **technological modifications** to the tool and informed **resource and training development** for Navigators i.e. staff who administer the tool with patients.

Pilots have started and data collection is currently underway. Upstream Lab will complete the pilot by **March 2020** and will provide a confidential report.

In 2020, the **SPARK Study** will expand the pilot to **28** new sites in Ontario, Saskatchewan, Manitoba, Nova Scotia, and Newfoundland and Labrador to use the tool and follow-up with an estimated **1,540** participants nationwide.

Project overview

This section outlines
the project's background,
objective(s) and activities.



Background

The problem



- **There are strong causal linkages between poverty and poor health.**
- Individuals miss out on income by not filing taxes and not accessing benefits they are eligible for.

The idea



- **Screening for poverty and benefits eligibility, combined with hands-on assistance with tax-filing and applying for benefits, can boost incomes.**
- Doctors at St. Michael's Hospital, the University of Toronto, and the Ontario College of Family Physicians developed a paper-based tool to screen patients for poverty and benefits eligibility during patients' clinical assessment.

Our project



- In Phase 1, **Prosper Canada and the above partners created and piloted the online tool.**
- Phase 2 built on this work, **using service design to identify needed enhancements, make changes, and build the training/resources organizations need** to successfully implement the tool.

Background

How the BST works



Current features

- Permits **centralized updating** to ensure accuracy of all program and resource information.
- Provides individuals with **personalized benefits information**.
- Connects users to online benefit application processes.
- Includes data analytics to track client profiles, recommended benefits, and benefits of interest.
- Offers an easy-to-use interface that doesn't require extensive user training or benefits knowledge.

Background

Service design is a methodology that asks designers of programs, services, or products to:

- 1 Better understand clients and organizations
- 2 Set aside their assumptions
- 3 Discover people's experiences
- 4 Empathize with pain points
- 5 Create evidence-based solutions
- 6 Address problems

We used service design to:

1. better **understand benefits application processes** and **experiences** of patients living on low incomes and the healthcare providers who support them.
2. enhance the tool so that it:
 - a) had **user-friendly** features and functionalities, including easy access to applications for government benefits and
 - b) could be **integrated** into frontline healthcare delivery.

Project objective

To enable healthcare providers to help patients with low incomes to identify and access income benefits they may be eligible for, but not receiving.



Deliverables



- ✓ **Conducted** service design research
- ✓ **Improved** the BST
- ✓ **Built** additional supports and training materials
- ✓ **Developed** partnerships to promote broader uptake of the tool
- ✓ **Created** knowledge products on the service design process and its application
- **Expanded** pilot testing to six sites in Ontario (in progress, expected completion by March 2020)

Activities

1. Used service design methodology to identify enhancements to the BST and explore its optimal integration into frontline healthcare delivery.

- ✓ **Developed service design research approach and plan.**
- ✓ **Secured project advisory partners:** Bridgeable, BEAR, 211, and Centre for Effective Practice.
- ✓ **Conducted 28 client interviews** to understand barriers to benefit uptake.
- ✓ **Conducted 25 administrator interviews** to understand who in community health centres is best placed to administer the BST.
- ✓ **Developed seven infographics** to share service design insights.
- ✓ **Developed a service blueprint and implementation plan** approved by project partners.
- ✓ **Facilitated two co-creation days with 29 stakeholders** (patients, healthcare providers, Prosper Canada staff, project partners, and other strategic guests).



Activities

2. Made tool improvements — added new features, content, and referral supports – based on service design results.

- ✓ **Refined 17 screening questions.**
- ✓ **Added new benefits and updated content** for all 67 federal, Ontario, and Toronto benefits in 2019.
- ✓ **Created eight benefit categories:** health, housing, disability, income, retirement, family, education, and transportation.
- ✓ **Revised logic matrices** for federal and Ontario benefits (2019) and Manitoba benefits (2017).
- ✓ **Displayed level of difficulty** for each application process: easy, moderate, and hard.
- ✓ **Reconstructed backend architecture** to enhance features and performance, including application programming interface (API).
- ✓ **Added local resources** for each pilot site, including adult literacy programs, Community Volunteer Income Tax Programs, community centres, housing supports, libraries, legal clinics, and more.
- ✓ **Added customization features:** build your own results from recommendations, prioritize the results based on your needs, save and continue later, as well as download, print, or email.
- ✓ **Integrated Findhelp** (formerly Ontario 211) which uses benefit categories and user's postal code to identify closest local help.

Activities

3. Built training and resources to enable frontline organizations to successfully administer the tool.

- ✓ **Updated and refined the tool training manual** and accompanying online handbook, including a visual walkthrough of key steps.
- ✓ **Developed additional Navigator training resources** to accompany in-person training on the BST, including information on benefits access (easy/moderate/hard) and one-on-one financial conversation skills.
- ✓ **Conducted learning needs assessment calls** to identify site-specific training needs.
- ✓ **Identified local resources** near each pilot site.
- ✓ **Compiled all provincial (Ontario), City of Toronto, and federal benefits information** included in the tool into a single benefits guide.
- ✓ **Provided Navigator training** to five of six pilot sites:
 - Access Alliance Community Health Centre
 - East End Community Health Centre
 - North York General Family Health Team (training on July 17)
 - Platinum Medical Clinic
 - Queen’s Family Health Team
 - Southeast Toronto Family Health Team.

Activities

4. Created service design knowledge products – the process and its application for nonprofits.



Final project report
(PowerPoint)



Webpage introducing service design methodology, its benefits and application, showcasing work from BST Phase 2 and other Prosper Canada projects



Animated video



Webinar for community of practice (August 2019)

Findings

Research questions



1. Can we develop a typology for benefits and how they are accessed?



2. What do people with low incomes experience when applying for benefits?



3. Who is best placed in the healthcare setting we explored to administer the BST and help patients navigate benefit application processes?



4. How can we improve the BST website (from Phase 1) to improve people's experience accessing benefits?



Findings

1. Can we develop a typology for benefits and how they are accessed?

What we did: Reviewed application processes for **60+** federal, Ontario, and City of Toronto income-related benefits, identified key steps involved, and grouped benefits by length and complexity of the application process.

What we found:

1. There are **easy, moderate, and complicated pathways** to accessing benefits:

EASY

File taxes and submit application, or automatically generated through tax-filing.

MODERATE

Involve a few touchpoints – e.g. visiting a healthcare provider, obtaining documents from professionals, or visiting a financial institution.

COMPLICATED

Multi-part applications with many touchpoints requiring significant time and resources.

2. The **healthcare sector plays a major role** in helping people access government benefits.

3. **Benefit pathways involving healthcare professionals are moderate or complicated** – never easy.

See Appendix 1 for infographics of benefit pathways with examples.



Findings

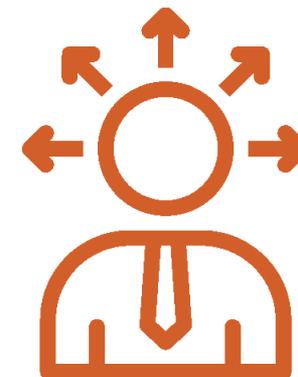
2. What do people with low incomes experience when applying for benefits?

What we did: Interviewed **14** people with low incomes to ask about their experiences when applying for government benefits.



What we found: There are **significant challenges and pain points** for people trying to access government benefits, such as the Ontario Disability Support Program (ODSP). For example:

- ☹ Benefit applications are filled with **jargon** and **technical terms**.
- ☹ Require many **resources** (computer, printer, or phone).
- ☹ Many **touchpoints** (phone, online, and in-person).
- ☹ **Delayed** for months while people are waiting to receive money.
- ☹ **Frustration and anxiety** during these processes.
- ☹ Some become too **discouraged** to continue applying.



See Appendix 2 for client journey maps for the ODSP application and appeal processes and applicant personas.



Findings

3. Who is best placed in the healthcare setting we explored to administer the BST and help patients navigate benefit application processes?

What we did: Conducted **12** interviews with different healthcare practitioners (social workers, health promoters, doctors, nurse practitioners, registered nurses, and settlement workers) at **Access Alliance Community Health Centre** and explored their role in helping patients to access benefits.

What we found:



- ✓ **Integral to benefits applications:** Healthcare practitioners write many forms, provide signatures, advocate for patients, and can identify when someone may have low income.
- ✗ **Busy:** Require appointments to focus on health needs. It is important to keep them in the service flow, but they cannot guide patients through their applications.



- ✓ **Settlement worker:** Is the best placed Navigator.
- ✓ **Already talks to patients about money:** Helps them apply for benefits, has flexibility to discuss non-health topics, can establish trusting relationships, and will advocate for patients.

See Appendix 3 for infographics depicting workflow of diverse healthcare practitioners we interviewed



Findings

Analysis of four staff members at Access Alliance Community Health Centre.

Doctor



Plays a **major role** in helping patients access benefits through:

- 1) Determining the duration of benefits.
- 2) Filling out benefit forms.
- 3) Connecting patients with affordable treatment solutions.
- 4) Writing advocacy letters.

Nurse-Practitioner



Plays a **major role** in helping patients access benefits through:

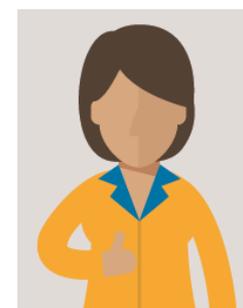
- 1) Determining the duration of benefits.
- 2) Filling out benefit forms.
- 3) Connecting patients with affordable treatment solutions.
- 4) Writing advocacy letters.

Registered Nurse



Plays a **minor role** in helping patients access benefits. However, they are able to identify patients who are struggling to make ends meet and refer them to other health-care providers or resources.

Settlement Worker



Plays a **significant role** in helping patients access benefits through:

- 1) Determining patients' needs and benefits eligibility.
- 2) Connecting patients with resources when they are not eligible.
- 3) Helping patients apply for benefits.
- 4) Providing information about applications steps and timelines.
- 5) Communicating with service providers on behalf of patients.



Findings

4. How can we improve the BST website (from Phase 1) to improve people's experience accessing benefits?

What we did: Conducted **14** interviews with people living on low incomes and one focus group with **13** healthcare practitioners.

1

We **walked people through the website** and current benefit screening process.



2

We **captured their feedback** about what they liked and disliked, and suggestions for improvement.



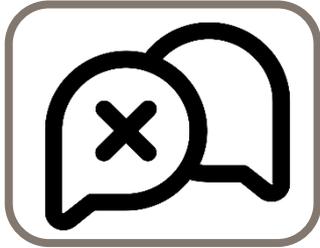
3

Based on feedback, we **made three significant changes** to the tool.





Findings



Feedback: Practitioners found questions hard, awkward, formal, and long.

Our response: Reframed the screening questions in plain language and made them easier to ask and answer.



Feedback: Patients wanted their benefits printout to be plain language, accurate, and easy to follow.

Our response: Added small behavioural elements like checkboxes, notes section, personalized greeting, and technical elements such as e-mailing the printout to yourself.



Feedback: Both groups found the benefits process frustrating and challenging, and people felt isolated.

Our response: Biggest change. Connected with Findhelp to embed links to relevant local resources (e.g. libraries, food banks, government offices) directly into the website.

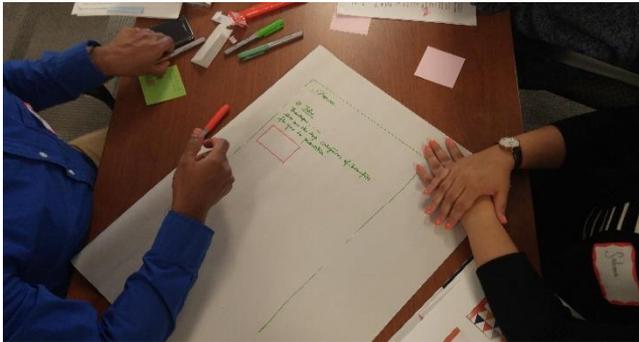


Findings

What we did: Convened stakeholders from St. Michael's Hospital, Access Alliance, Prosper Canada, Behavioural Economics @ Rotman, as well as people living on low incomes to jointly understand benefit access problems, generate insights, and help design possible solutions.



Day One



Co-created the improved website and new features.

Day Two

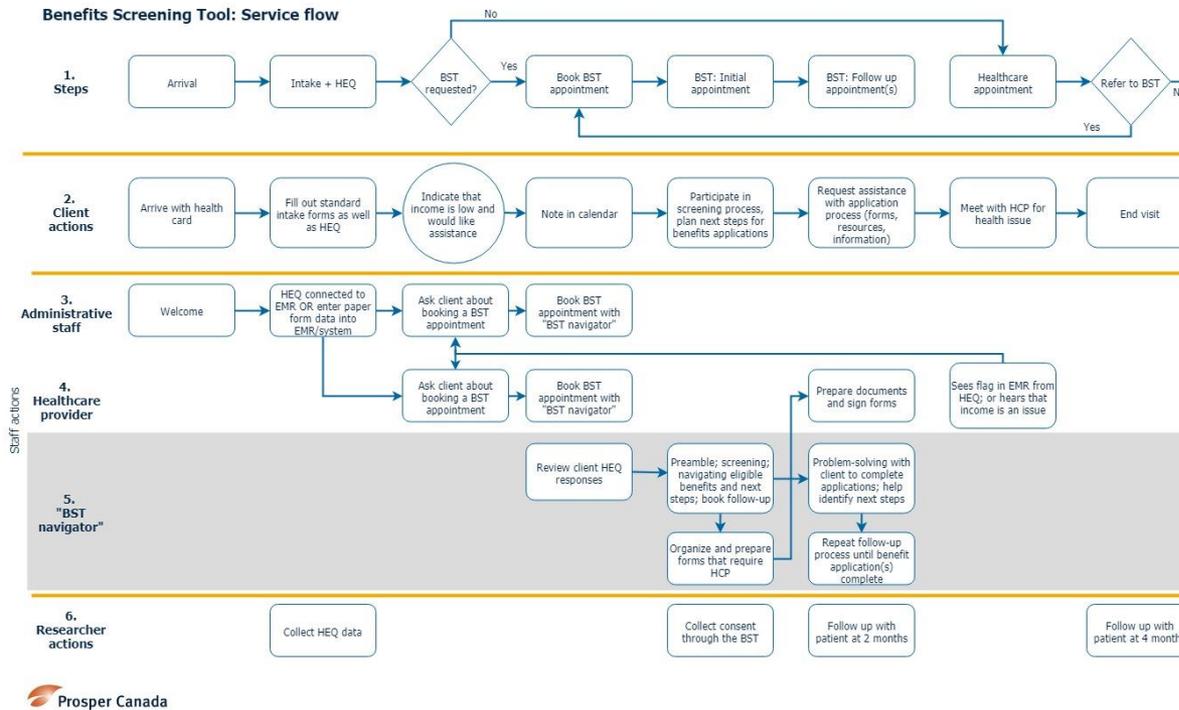


Co-created a seamless service with administrative and healthcare staff in a Community Health Centre setting.



Findings

We used co-creation insights to develop a **service blueprint**. This gave a detailed breakdown of patient interactions with Community Health Centre staff and proposed a **new service flow for appointments with the tool woven in** and administered by the best-placed staff person.

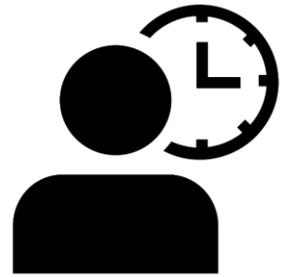


Lessons learned

Service Design

- **Service design is a valuable methodology for designing programs in frontline service organizations, with both the user and service provider in mind.** Multiple perspectives from clients, staff, and management can be built into a program from the beginning of its design. This helps to eliminate pain points in the design process and reduce likelihood of future service problems.
- **However, service design also requires human and financial resources** for honoraria, infographics, and posters created in-house or externally, printing costs, and other facilitation needs like catering and office supplies. It also requires a trained and dedicated team who can carry out service design activities, work together to check assumptions and conduct research, and facilitate engaging activities.

Lessons learned – service design (cont'd)

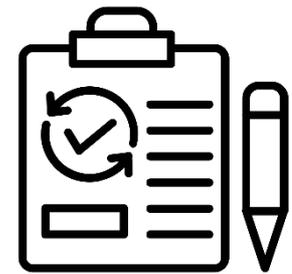


- **Service design requires the collaboration of all key problem/program stakeholders.** Service design should include management, staff, clients, and external stakeholders like funders and policymakers. **It is important to consider who is affected by the problem or program, who funds it, who developed policies for it, and who delivers it.**
- **Service design works well when organizations are committed to a client-centred approach.** Organizations who seek client perspectives and want to create an ideal experience are more likely to build service design time, resources, and commitment into projects and funding early on, when it can have the most impact. Without this commitment, there may be greater constraints placed on using service design, like proposals and contracts with non-negotiable deliverables. These deliverables may have a number of assumptions about the problem, ignore pain points for stakeholders, and predict the ideal solution for clients – thus making service design impossible. **Building a client-focus into projects from conception and into all key conversations with funders, partners, and consultants is necessary to ensure a successful service design process and results.**

Lessons learned

Tool development

- **Healthcare providers told us the tool needed to be user friendly in different healthcare settings, like waiting rooms and private offices.** In response, **we made the tool responsive so that it displays well on tablets and mobile devices, not just desktop computers.**
- **The initial tool backend architecture was too simple for the new features and functions that emerged from the service design process.** The tool needed to: store benefit content; create a questionnaire and process the responses; recommend eligible benefits; allow users to select the most relevant benefits for their needs/circumstances; prioritize benefits users wanted to work on; print, email, or download the results; and connect to the Findhelp integration; -- all while collecting data on the user as they moved through the tool. **To accommodate these changes, we modified the backend architecture.**



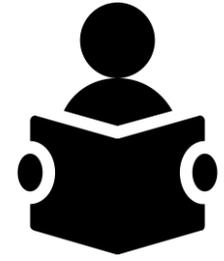
Lessons learned – tool development (cont'd)

- **We learned from the Research Ethics Board that postal codes cannot be collected for the pilot because it can identify patients and is considered “Patient Health Information.”** The screening questionnaire initially asked patients to input their postal code, which would feed information to the Findhelp integration and generate local resources, like nearby libraries and community services. **To protect patient privacy, the tool now uses healthcare site geo-location data as a substitute for patient postal codes.**
- **Service design results indicated that recommended benefits needed to be shown in a way that was easy to navigate.** In response, we considered and tested several ways of organizing the display of the benefit information to eliminate the need for patients to review a long, overwhelming, laundry list of recommended benefits. **Recommended benefits are now grouped by category and are displayed as visual tiles.** The tool also shows the recommended benefits under each category, lists the benefits in alphabetical order, and more.

Lessons learned

Navigator training development

- Navigators are staff selected by each healthcare site to administer the tool with patients. These staff range from dietitians to community health workers. All Navigators received training on the tool before the pilot began. Most Navigators had experience providing one-on-one support, like case management and counseling. **However, there was a wider range of experience when it came to government benefits assistance – some were providing benefits help for many years, while others learned about benefits for the first time at the training.** For this reason, training materials and resources were designed for Navigators at all skill levels, including those who were not familiar with benefits and had a steeper learning curve. Currently, the Navigator training includes a walk-through of the tool, case studies, activities, resources, and an online manual. Navigators were also encouraged to practice before using the tool with patients and were provided a printout of all benefits listed on the tool. Easy access to the different benefits was helpful, even for experienced Navigators who could look up key details from time to time.



Lessons learned – navigator training development (cont'd)

- **Sites that have pre-existing benefits assistance capacity, benefit from community relationships and financial literacy knowledge developed over time.** Navigators at these sites are generally more connected with local resources like legal clinics and housing supports. They are also knowledgeable about other financial literacy topics like credit, debt, and taxes, and make referrals to credit counsellors and certain bankruptcy trustees. **To support sites that do not have community referrals or have limited financial literacy knowledge, we identified local resources near each site and integrated that information as a feature of the tool.** These local resources include adult literacy programs, Community Volunteer Income Tax Programs, community centres, libraries, and more.

Way forward

1. After BST Phase 2 pilots, the **Upstream Lab will begin the SPARK Study***, a 4-yr randomized controlled trial with **28** sites in **5** provinces (MB, NS ON, SK, NL)
 - Prosper Canada will add benefits from the new provinces to the BST and develop train-the-trainer materials and resources for all sites.
2. We have **adapted the BST for use by community organizations** providing social services to people with low incomes and are piloting it with **8** partners:
 - Ontario Financial Empowerment Champions (four sites)
 - The Stop Community Food Centre
 - Community Food Centres Canada (three sites)
3. We are **working with Toronto Public Library to build financial empowerment into its services** and exploring benefit screening as one option.
 - Toronto has the largest public library system in North America with **100** locations, **972,213** registered cardholders, and **17.5M** visits a year.

* http://webapps.cihr-irsc.gc.ca/decisions/p/project_details.html?applId=378481&lang=en

Prosper Canada

60 St. Clair Avenue East, Suite 700
Toronto, ON M4T 1N5
(416) 665-2828
www.prospercanada.org

Marlene Chiarotto

Director, Program Delivery and
Integration
mchiarotto@prospercanada.org
416.665.2828 Ext. 2236

Trisha Islam

Senior Program Delivery and
Integration Officer
tislam@prospercanada.org
416.665.2828 Ext. 2228