Reflective Narrative

During the pilot year of the implementation of the Connect to Collect program with the University of Utah’s College of Social and Behavioral Science during the 2020 tax season, my team comprised of professors/department chairs, student researchers, and community partners realized that the key to increasing the currently markedly low uptake of the Earned Income Tax Credit (EITC) in the state of Utah (5% lower uptake than the national average) requires more than simply doling out information and that trust seems to play an integral role – this finding on information not being enough agrees with that of Linos et al. (2020) and the suggestion of trust being key agrees with that of Marcil et al. (2018). In particular, we were pleasantly surprised to discover that our very own Connect to Collect Hotline that was staffed by only three individuals including myself was by far the most successful route for completing EITC Eligibility Surveys and further signing individuals up for free IRS-certified tax preparation via Volunteer Income Tax Assistance (VITA) appointments as compared to the other methods. Upon further investigation, we found that these survey-and-appointment-completing participants repeatedly praised the welcoming experience they had with the individuals staffing the hotline and that they were consequently referring their friends, family, and other loved ones to Connect to Collect; thereby resulting in the greater numbers and breadth of outreach than the other possible sources.

Consequently, our interest was sparked in researching the available literature on the subject of trust in the messenger on the uptake of various governmental resources (e.g., tax credits) in the United States, thus leading to our inception of a scoping review research project on the effects of trust on the uptake of government resources to address social determinants of health. As it stands, we are working on completing the scoping review protocol (which is very nearly finished) that will then lead into the actual scoping review. During this time, although my team has decades of research experience (combined), we have all learned a great deal in the way of what goes into conducting a scoping review. Admittedly, although they are not as in-depth as systematic reviews, scoping reviews require substantial effort in drafting the scoping review protocol – and, what was most striking to me was that such scoping review protocols can be published in literary journals as standalone pieces before starting the scoping reviews; when, in other research projects, the protocol is included as part of the finished product to ensure validity.

Remarkably, although our pilot year of the program was somewhat hampered by being rolled out during the COVID-19 pandemic, this fortunately allowed us to continually make associations between the uptake of both COVID-19 vaccinations and tax credits during the initial leg of our trust-related discussions in devising the scoping review protocol – trust in the messenger appears to be the key. One such example of this is with such trusted sources as Community Health...
Workers: evidence from the World Health Organization (2021) shows that “many people prefer to be vaccinated in a setting they know, rather than travel to an unfamiliar place to be vaccinated by a stranger. Media messaging encouraging vaccination should be coupled with previously used strategies that place vaccines where people usually receive care. It should also be accompanied by motivational guidance from local nurses and doctors, whom most people name surveys as the most trusted sources of health information.” Hence, drawing from the similarities, to increase the uptake of the EITC (and other valuable government resources), it would appear to be prudent to follow the groundwork of relationships already set in place by established trusted individuals and community partners. Finally, it almost goes without saying that the effects of the EITC go far beyond merely giving individuals more disposable income – the effects of the EITC are felt throughout the lifespan by initially addressing the Social Determinant of Health (SDOH) of poverty and go on to serve the wider community in the process of being disbursed back into the economy in a multitude of ways.

REFERENCES

