Drexel University
Dorsife School of Public Health

Principal Investigators:
Mariana Chilton, PhD, MPH
Sandra Bloom, MD

EVIDENCE BRIEF

SYSTEMS FOR ACTION

The Impact of Integrating Behavioral Health with Temporary Assistance for Needy Families to Build a Culture of Health across Two-Generations

ABOUT S4A

Systems for Action (S4A) aims to discover and apply new evidence about ways of aligning the delivery and financing systems that support the Robert Wood Johnson Foundation's vision to build a Culture of Health. S4A seeks to identify system-level strategies for enhancing the reach, quality, efficiency, and equity of services and supports that promote health and well-being on a population-wide basis.

THE RESEARCH

Aiming to break the cycle of poverty, a program helps families on welfare develop financial empowerment and build savings while addressing the traumas that accompany poverty. It serves caregivers of young children, mostly women, who receive Temporary Assistance for Needy Families (TANF).

Systems for Action
National Coordinating Center
Systems and Services Research to Build a Culture of Health

WWW.SYSTEMSFORACTION.ORG

WHAT'S THE PROBLEM BEING ADDRESSED?

Approximately 1 in 6 children in the U.S. lives in poverty,[1] and low-income families face many barriers to achieving financial stability. Low-income parents report substantial barriers to employment, high rates of depression, and other unaddressed social needs.[2] They also report high rates of exposure to community and family violence[3,4,5] and adverse childhood experiences (ACEs), which are strongly linked to work-limiting conditions such as depression and chronic disease.[6,7]

There is a growing body of evidence on the toxic consequences of chronic stress for mental and physical health as well as cognitive function. Socially- and economically-disadvantaged families experience higher levels of toxic stress[8] and have fewer protective resources to mitigate the stress response. Existing programs that aim to assist low-income families in achieving self-sufficiency, including Temporary Assistance for Needy Families (TANF), do not commonly address mental well-being of families or tackle key barriers that prevent parents living in poverty from finding steady employment. Programs that emphasize job searching and work participation without attention to adversity and mental health set participants up for failure.

African Americans and Hispanic Americans are disproportionately impacted by poverty in the U.S. African Americans receiving TANF have less stable employment and are more likely to return to TANF, reflecting inequities in employment practices and structural discrimination.[2] In order to build economic stability and overall wellbeing for those experiencing poverty and address long-standing inequities in wealth and health status, programs must address financial and behavioral health needs.

SOLUTION TESTED

The **BUILDING WEALTH AND HEALTH NETWORK** is a new model for achieving health & wellbeing through self-sufficiency programming. It is a workforce development program that attends to both behavioral and financial health.

Developed in Philadelphia, PA, the Building Wealth and Health Network program aims to address family hardships associated with adversity and exposure to violence, social isolation, and low financial capability. By integrating approaches that address trauma and build resilience, the Network supports TANF-eligible caregivers in building long-term financial skills for workplace and personal success.

CORE ELEMENTS OF THE PROGRAM

Trauma-informed peer support that has adapted components from the S.E.L.F. groups psychoeducation model, one of many tools from the Sanctuary Model. [9,10] It consists of creating a common language around four domains: creating personal, emotional, moral and physical safety (S), processing and managing emotions (E), recognizing loss and letting go (L), and developing goals for a sense of future (F).[11, 12]

Financial empowerment classes in weekly, 3-hour sessions that focused on strategies for achieving self-sufficiency and saving for education, housing, entrepreneurial activities, and retirement.

Help for program participants to open individual savings accounts at a local non-profit federal credit union, with a 1:1 financial match up to $20 per month over 12 months.

THE RESEARCH

Researchers originally conducted a randomized controlled trial of the Building Wealth and Health Network, with a control group that participated in standard TANF activities and an intervention group that participated in the Network. The Systems for Action funding helped to bring evidence from the follow up, Phase II Study, a single-arm cohort study to identify ways in which mental and behavioral health could be improved through participation in a TANF funded program.

The team hypothesized that from baseline to 12-month follow-up, participation in the Network would reduce caregiver depression and child developmental risk, increase income and employment rates, and reduce probability of returning to TANF. The researchers also made comparisons using the single-arm cohort design, looking at Network participants who attended four or more sessions of Network programming when compared with those who had low or no participation.

KEY FINDINGS

TANF PARTICIPANTS FACE HIGH UNMET SOCIAL NEEDS & BARRIERS TO EMPLOYMENT

Families with young children participating in the research study had high rates of exposure to ACEs, community violence, and depression. Depression is a commonly reported barrier to employment. Over 30% reported very low household food security, over five times the national rate. About 65% reported housing insecurity.[12] Utilizing data from 103 participants in the Building Wealth and Health Network, the research team evaluated the relationship between depression, ACEs and exposure to community violence. They found that exposure to ACEs and community violence were both highly prevalent and strongly associated with depression. Each increase in number of ACEs was associated with an 83% increase in risk of depression [OR = 1.83 (1.37-2.45), p<0.0001].[13]

FULL PARTICIPATION IN THE NETWORK WAS ASSOCIATED WITH IMPROVEMENTS IN SELF-EFFICACY, DEPRESSION, AND ECONOMIC HARDSHIP [14]

In the original randomized controlled trial, caregivers who were randomized to the full intervention group (receiving financial empowerment education, matched savings accounts, and peer support group via the Network) reported improved self-efficacy and depressive symptoms and reduced economic hardship at 15 months of follow-up.[4] Results from the Phase II intervention, where those who fully participated were compared to people who did not fully participate. The Network significantly reduced depressive symptoms (−1.245; p = 0.027) and alcohol use (−0.557; p= 0.012) while improving economic security and self-efficacy.[15]

MORE PARTICIPATION IN THE NETWORK WAS ASSOCIATED WITH IMPROVED FOOD SECURITY

In the single-arm cohort study, participants who attended four or more sessions of Network programming had significant improvements in food security at 12 months independent of participation in other public assistance programs and employment status, when compared with those who had low or no participation. The Network intervention significantly reduced household food insecurity by 55% (AOR = 0.45; CI, 0.22–0.90).[16]

FINANCIAL HEALTH IS AN IMPORTANT FACTOR IN WELLBEING

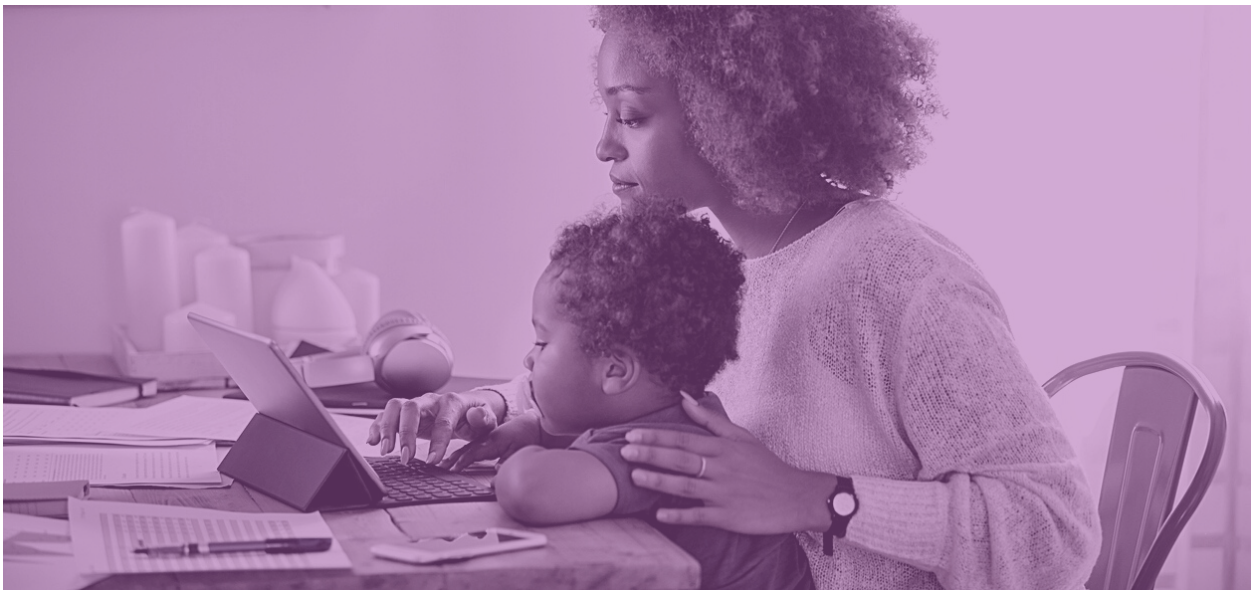
The research demonstrated that four domains of financial health – spend, save, borrow, and plan – can be defined and measured, and that two of the domains, borrow and plan, are associated with both mental and physical health. A higher score in owing money (borrow) was associated with greater odds of depression and fair/poor health, while a higher score in financial planning (plan) was associated with lower odds of depression and fair/poor health. There were no significant associations found with the spend or save domains. [17]

Overall, these results suggest that programming with attention to FINANCIAL EMPOWERMENT, TRAUMA, AND ADVERSITY can lead to improved outcomes above standard TANF services.

The research has several limitations. The Network was conducted in one city (Philadelphia) and class participation was limited (averaging 23.6% for the full intervention, a level comparable to standard TANF programming), which may have hindered the researchers' ability to assess potential effects of the full intervention. Measures of family behavioral health, economic hardship and labor market outcomes were based on self-report and thus subject to recall bias. Additionally, for the single-arm cohort intervention, the researchers compared those with full participation to those with low to no participation, and loss to follow up was high. While the groups were highly similar, there may have been unmeasured differences between those who fully participated and those who did not. The attrition rate seen for the Network is comparable to many interventions with populations experiencing significant hardship. Replication in other settings and longer-term follow-up is needed to understand the durability of improvements in health and economic stability.

RECOMMENDED ACTION

These research findings demonstrate the need for integrating trauma-informed approaches and financial empowerment models into programs that promote economic security for low-income families. Families with young children experiencing poverty have many challenges that may negatively impact their ability to succeed in the job market. High rates of depression and exposure to violence among low-income families are substantial barriers to employment. Traditional welfare-to-work programs do not address behavioral health and violence prevention but are likely to achieve greater results for families if they incorporate these elements.



There are, however, major challenges to systems change at this level. The research team encountered a variety of challenges in working within the constraints of academic research coupled with state-funded public assistance programming. Challenges were (1) TANF's culture of compliance, (2) societal and systems-level forces rooted in racism and discrimination, (3) misaligned partnerships (values, priorities, structure, and capability). These challenges can be overcome with greater incentives to states to innovate programming, develop new partnerships, and promote racial equity.[18]

RECOMMENDED ACTION CONT'D

Policymakers, TANF administrators, and other leaders of economic security initiatives should drive changes in programming to incorporate trauma-informed approaches, given research showing these approaches are associated with improvements in health and income. Policymakers and state TANF administrators have the opportunity to expand the goals of public assistance programs to include promoting health and well-being.

States have some degree of flexibility in how they administer the TANF program. During the COVID-19 pandemic, many states have expanded their options for fulfilling work requirements, including allowing participation in supportive services like case management or mental health services.[19] States should evaluate the impact of these changes on achieving program goals. Additional work is needed to strengthen measurement of outcomes in TANF programming, so that mental health, economic security, and longer-term indicators are captured, not just short-term employment metrics.

The federal government sets the definition for "work activities" that counts towards TANF's work participation rate. Federal policymakers could expand this definition to include financial empowerment education and trauma-informed peer-support.

This would allow states more flexibility in addressing barriers to work and promoting true economic stability for program participants. The research suggests that in order to achieve longer-term improvements in health and income among participants, states should be incentivized to incorporate two-generational approaches that address both the health and development of children, along with the mental health and social needs of caregivers.

[1] U.S. Census Bureau. Income and Poverty in the United States: 2018. Available at: https://www.census.gov/library/publications/2019/demo/p60-266.html

[2] Bloom D, Loprest, PJ, Zedlewski, SR (2011). TANF recipients with barriers to employment. Washington, DC: The Urban Institute. Temporary Assistance for Needy Families Program—Research Synthesis Brief. Available at: https://www.urban.org/research/publication/tanf-recipients-barriers-employment.

[3] Bowie SL and Dopwell DM. (2013). Metastressors as barriers to self-sufficiency among TANF-reliant African American and Latina women. Affilia, 0886109913484693.

[4] Cheng TC (2013). Intimate Partner Violence and Welfare Participation A Longitudinal Causal Analysis. Journal of interpersonal violence, 28(4), 808-830.

[5] Duncan GJ and Brooks-Gunn J. (2000). Family poverty, welfare reform, and child development. Child Dev, 71(1), 188-196.

[6] Chilton M, Knowles M, and Bloom S. (2016). The intergenerational circumstances of household food insecurity and adversity. Journal of Hunger and Environmental Nutrition, In Press. doi:10.1080/19320248.2016.1146195

[7] Anda RF et al (2004). Childhood Abuse, Household Dysfunction, and Indicators of Impaired Adult Worker Performance. Perm J, 8(1).

[8] Blair C, Raver CC. (2016) Poverty, Stress, and Brain Development: New Directions for Prevention and Intervention. Acad Pediatr. 16(3 Suppl):S30-S36. doi:10.1016/j.acap.2016.01.010

[9] Bloom SL. (1997) Creating Sanctuary: Toward the Evolution of Sane Societies. New York, NY: Routledge.

[10] Bloom SL and Sreedhar SY. (2008). The sanctuary model of trauma-informed organizational change. Reclaiming Children and Youth, 17(3), 48–53.

[11] Rivard JC, Bloom SL, McCorkle D, Abramovitz, R. (2005) Preliminary results of a study examining the implementation and effects of a trauma recovery framework for youths in residential treatment. Therapeutic Community: The International Journal for Therapeutic and Supportive Organizations 26(1): 83-96. Available at: https://www.researchgate.net/publication/228625605_Preliminary_results_of_a_study_examining_the_implementation_and_effects_of_a_trauma_recovery_framework_for_youths_in_residential_treatment.

[12] Sun J, Patel F, Kirzner R, Newton-Famous N., Owen C, Welles S, Chilton MM. (2016) The Building Wealth and Health Network: Methods and Baseline Characteristics from a randomized controlled trial for families with young children participating in Temporary Assistance for Needy Families (TANF). BMC Public Health, 16:583 http://dx.doi.org/10.1186/s12889-016-3233-4

[13] Welles S, Patel F, Chilton M. (2017) Does Employment-Related Resilience Affect the Relationship between Childhood Adversity, Community Violence and Depression? J Urban Health 94:233-243.

[14] Booshehri L, Dugan J, Patel F, Bloom S, Chilton M. (2018) Trauma-Informed Temporary Assistance for Needy Families (TANF): A Randomized Controlled Trial with a Two-Generation Impact. J Child Fam Stud 27:1594-1604.

[15] Dugan J, Booshehri LG, Phojanakong P, Weida E, Bloom S, Chilton MM. (2020) Effects of a trauma-informed curriculum on depression, self-efficacy, economic security, and substance use among TANF participants: Evidence from the Building Health and Wealth Network Phase II. Soc Sci Med;258:113136. https://doi.org/10.1016/j.socscimed.2020.113136

[16] Phojanakong P, Welles S, Dugan J, Booshehri L, Brown Weida E, Chilton MM. (2020) Trauma-Informed Financial Empowerment Programming Improves Food Security Among Families With Young Children. J Nutr Educ Behav;52(5):465-473. https://doi.org/10.1016/j.jneb.2020.02.008

[17] Weida EB, Phojanakong P, Patel F, Chilton M. (2020) Financial Health as a Measurable Social Determinant of Health. Plos One 15(5): e0233359.

[18] Weida E, Egan V, Chilton MM (2021). How trauma-informed programming to treat social determinants unveils challenges to systems alignment. Journal of Health Care for the Poor and Underserved. Vol 32, No. 1.

[19] Shantz K et al, "Changes in State TANF Policies in Response to the COVID-19 Pandemic." The Urban Institute. Available at: https://www.urban.org/sites/default/files/publication/102684/changes-in-state-tanf-policies-in-response-to-the-covid-19-pandemic-1.pdf.