



## RESEARCH REPORT | JUNE 2020

# BUILDING WEALTH AND HEALTH NETWORK

## Phase III Outcomes: October 2017 to September 2019

### OVERVIEW

The Building Wealth and Health Network (The Network) is a trauma-informed, healing-centered financial empowerment program focused on improving health and economic security for parents and caregivers of young children. The curriculum includes lessons on finances, political advocacy, and goal setting and focuses on healing from individual and collective trauma. Classes are provided in a peer support group format following the Sanctuary Model®'s trauma-informed approach to social services which utilizes the language of safety, emotional management, loss and letting go, and developing a sense of future and freedom. The Network makes one-to-one matches in members' savings accounts for all deposits up to \$20 per month and deposits incentives for program participation.

### WHY THE NETWORK?

Toxic stress during childhood, which includes severe responses to experiences of adversity, such as homelessness and hunger, has lifelong effects on a person's health and well-being.<sup>1</sup>

When toxic stress and a related set of exposures known as Adverse Childhood Experiences (ACEs) are unaddressed, children are more likely to have physical, mental, and behavioral health problems that negatively affect their ability to learn in school, gain employment, and be financially secure later in life. ACEs include experiences of abuse, neglect, and household instability.<sup>2,3</sup>

Financial wellness programs within public assistance are often ineffective because they rely on sanction-based incentive systems that are re-traumatizing. The Network helps parents and caregivers of young children interrupt the cycle of trauma by pairing financial education curriculum with a peer support format designed intentionally to promote individual and collective healing.

The Network uses a two-generation approach working with parents and caregivers to develop tools to break out of poverty. It gives caregivers the chance to both use information about financial wellness for themselves and to also pass down that information to their children.

### OUTCOMES

The Network measured family economic hardship, health, and financial outcomes over 12 months (baseline N = 303) during phase three of the program. All participants, including those with high childhood adversity (4+ ACEs, n=64), showed significant ( $p < 0.05$ ) improvements in outcomes up to one year after program participation. These results demonstrate the importance of trauma-informed programming, particularly for those who experience high levels of adverse childhood experiences. Pilot<sup>4,5,6</sup> and phase two<sup>7</sup> outcomes can be viewed at [centerforhungerfreecommunities.org/network/outcomes](http://centerforhungerfreecommunities.org/network/outcomes).

### Health

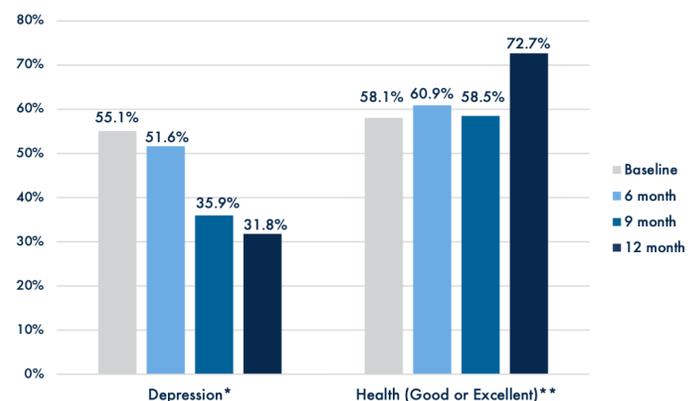
Network participants demonstrated improved mental and physical health outcomes after program participation. Caregivers reporting experiences of depressive symptoms declined from 55 to 32 percent after one year. Caregivers reporting "good" or "excellent" health increased from 58 to 73 percent after one year. Both rates indicate a positive impact on mental and physical health.

\*All findings were statistically significant at  $p < 0.01$

\*\*All findings were statistically significant at  $p < 0.001$

\*\*\*All findings were statistically significant at  $p < 0.0001$

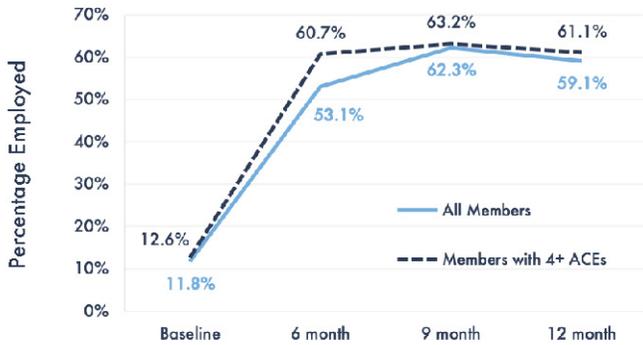
### CAREGIVER MENTAL AND PHYSICAL HEALTH



## Finances

Participants reported improvements in financial outcomes, such as increases in employment, use of bank accounts, and use of budget planning. Members with four or more ACEs began the program with lower financial capability scores but improved above the average within one year.

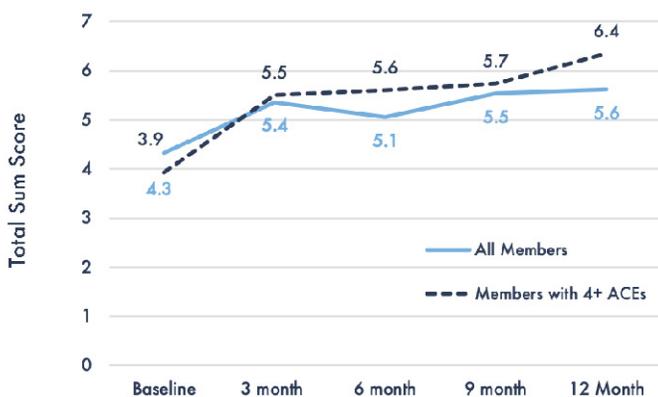
### EMPLOYMENT \*\*



### BANKING \*\*



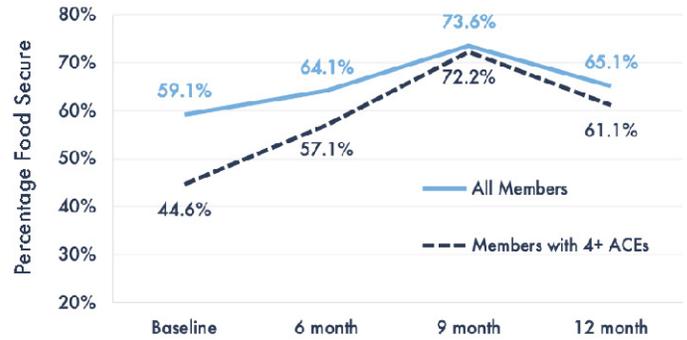
### FINANCIAL CAPABILITY \*\*\*



## Economic Hardship

Network participants reported increases in measures related to economic security such as household food security, housing security, and savings in case of an emergency. These improvements were also seen in participants with four or more ACEs.

### HOUSEHOLD FOOD SECURITY \*\*



### HOUSING SECURITY \*



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