

Systems for Action

National Coordinating Center

Systems and Services Research to Build a Culture of Health



Strategies to Achieve Alignment, Collaboration, and Synergy across Delivery and Financing Systems

Impact of Integrating Behavioral Health with TANF to Build a Culture of Health

Research In Progress Webinar

Wednesday, September 21, 2016 12:00-1:00pm ET/9:00-10:00am PT

Funded by the Robert Wood Johnson Foundation



Agenda

Welcome: **Anna Hoover, PhD**, Co-Director, RWJF [Systems for Action](#)
National Coordinating Center, U. Kentucky College of Public Health

Impact of Integrating Behavioral Health with TANF to Build a Culture of Health

Presenter: **Mariana Chilton, PhD, MPH**, Professor, Dept. of Health
Management & Policy, Drexel University Dornsife School of Public
Health mmc33@drexel.edu

Commentary: **JudyAnn Bigby, MD**, Senior Fellow, Mathematica
Policy Research and S4A National Advisory Committee Member
JBigby@mathematica-mpr.com

Sandra Bloom, MD, Associate Professor, Dept. of Health Management
& Policy, Drexel University Dornsife School of Public Health
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Questions and Discussion

RWJF Systems for Action Program
to build a national Culture of Health
<http://www.systemsforaction.org/>

Overview

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Mission: Widen the lens beyond health care & public health systems

Rigorous research to identify novel mechanisms for aligning delivery and financing systems in **medical care**, **public health**, and **social & community services** in ways that improve **health** and **wellbeing**, achieve **efficiencies** in resource use, and reduce **inequities**.

www.systemsforaction.org



Wide lens: implicated sectors

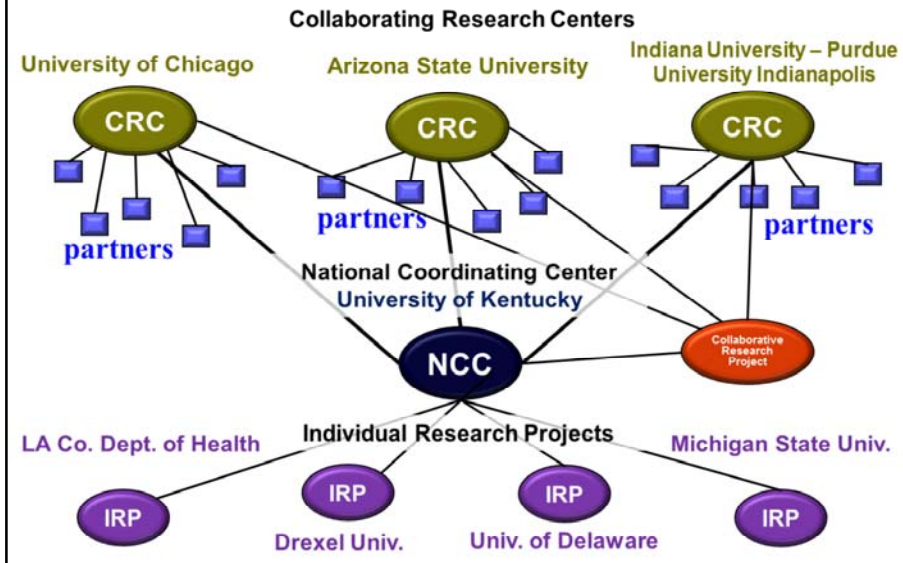
- Public health
- Medical care: ACOs, PCMCs, AHCs
- Income support
- Nutrition and food security
- Education and workforce development
- Housing
- Transportation
- Criminal justice
- Child and family services
- Community development and finance



Study novel mechanisms for aligning systems and services across sectors

- Innovative alliances and partnerships
- Inter-governmental and public-private ventures
- New financing and payment arrangements
- Incentives for individuals, organizations & communities
- Governance and decision-making structures
- Information exchange and decision support
- New technology: m-health, tele-health
- Community engagement, public values and preferences
- Innovative workforce and staffing models
- Cross-sector planning and priority-setting

S4A Program Structure



Collaborating Research Centers

- **University of Chicago:** Randomized trial of a Comprehensive Care, Community and Culture program
- **Arizona State University:** Analysis of medical, mental health, and criminal justice system interactions for persons with behavioral health disorders
- **IUPUI:** Evaluating integration and decision support strategies for a community-based safety net health care and public health system
- **University of Kentucky:** Measuring multi-sector contributions to public health services and population health outcomes.

Individual Research Projects

- **Michigan State University:** Randomized trial of Community Complex Care Response Team
- **Los Angeles Department of Health:** Evaluation of Housing for Health initiative, which provides permanent housing and supportive services for vulnerable populations
- **University of Delaware:** Randomized trial to test the efficacy of using the team approach to leverage different financing systems and services
- **Drexel University: Evaluation of Building Wealth and Health Network within anti-poverty programming**

Presenter



Mariana Chilton, PhD, MPH

Professor, Department of Health
Management & Policy, Drexel University
Dornsife School of Public Health

Director, Center for Hunger-Free
Communities

Principal Investigator, Building Wealth
and Health Network

Co-Principal Investigator, Children's
HealthWatch mmc33@drexel.edu



Impact of Integrating Behavioral Health with TANF to Build a Culture of Health

RWJF Systems for Action

PI Co-PI

Mariana Chilton, PhD, MPH Sandra Bloom, MD



DREXEL UNIVERSITY
Center for
Hunger-Free Communities



DREXEL UNIVERSITY
Dornsife
School of Public Health



The Building Health and Wealth Network promotes a Culture of Health within TANF programming by helping caregivers develop capabilities to heal from trauma and adversity and build financial and executive functioning skills necessary for self-sufficiency. The overall goals of The Network are to improve health and wealth.

As a reminder, most TANF education and training programs have strict work requirements in order for participants to receive income assistance.

Our project began out of the recognition that exposure to trauma and adversity, and lack of opportunities to build assets, can get in the way of self-sufficiency.

The strong emphasis on work participation within TANF policies limits or bars the system's ability to pay for trauma-informed peer support services for people deemed "work mandatory." Yet there are limited opportunities to tap into Medicaid funding for sub-threshold PTSD and depression for a person without a diagnosis. This Systems for Action study builds on The Network's ongoing program and research. Two years ago, the Network began with a randomized controlled trial pilot. After a redesign, we launched Phase II in October 2015.

With the Systems for Action mechanism, we will investigate the effectiveness of the Building Wealth and Health Network to reduce depression, promote child health **and** to improve income and employment success. We also seek to identify potential cost savings of the Network, through savings in both TANF and Medicaid expenditures. Finally, we will work with multiple stakeholders to build a culture of health into TANF programming.

Research and Program Teams



PI: Mariana Chilton, PhD, MPH
Professor, Dornsife School of
Public Health
Director, Center for Hunger-Free
Communities



Co- PI: Sandra Bloom, MD
Associate Prof, Dornsife School of
Public Health
Founder, Sanctuary Institute



Co-I: Jerome Dugan, PhD
Assistant Prof, Drexel College of
Nursing
H.E.A.L.



Co-I: Layla Booshehri, PhD
Assistant Prof, Drexel College of
Nursing
H.E.A.L.



Falguni Patel, MPH
Research Manager
Building Wealth and Health Network



Nijah Famous, MPA
Program Manager



Kevin Thomas
SELF Empowerment Coach



Alie Huxta, MSW
SELF Empowerment Coach



Michael Moody
Participant Liaison

Overview

- **Background**
 - TANF & challenges to economic success
 - Trauma & trauma-informed practice
- **The Building Wealth and Health Network**
 - Description of the program
 - *Pre S4A / Preliminary results*
- **Systems 4 Action: Impact of Integrating Behavioral health with TANF**
 - Study design
 - Goals



Background: #TANFat20

- **TANF reaches about 30% of those eligible; this varies by state (from < 10% to > 40%)** ¹
 - PA -> 31% eligible participating and this is declining
- **Work participation for caregivers w. children < 6yrs = 20hrs; varying/disappointing success** ²
 - Return to TANF / Churning
- **Barriers to Work among TANF participants**
 - 33% report work-limiting health condition³
 - 43% report disability⁴
 - 74% Intimate Partner Violence (Compared to 31% general pop)⁵
 - High involvement w. criminal justice system⁶

1. Pavetti, 2015: *TANF continues to weaken as a safety net*
2. Ctr Study of Social Policy, 2016: *20 Years of TANF*
3. Kneipp et al 2011: *Public Health Nursing Case Management*

4. Loprest & Maag 2009: *Disabilities among TANF recipients*
5. Cheng 2013: *IPV & Welfare Participation*
6. Bloom et al, 2011: *TANF recipients w. barriers to employment*



Background:
What Do We Really Mean By Trauma?

- **Toxic Stress**
 - Overwhelming relentless stress for young children without adequate support to overcome it
 - Homelessness / poverty
 - Adverse Childhood Experiences (abuse, neglect, household dysfunction)
 - Impact on development
- **Traumatic Stress**
 - Internal and external factors insufficient to cope with external threat
 - Central nervous system overwhelmed
 - Helplessness

Witness to Childhood


There can be positive stress and destructive stress.

Traumatic stress is a type of destructive stress that has an overwhelming effect on the mind, the body, and on society.

Toxic stress during childhood, defined as prolonged activation of stress response systems in relation to adversity such as homelessness, hunger, or neglect, is one of the most significant predictors of poor health and continued poverty among low-income families. When toxic stress and a related set of exposures called 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.

**ADVERSE CHILDHOOD EXPERIENCES (ACEs)
10 questions**

Category	Subcategory	Example Question
Abuse	Emotional	Emotional Abuse (Did a parent or other adult in the household...) Often or very often swear at you, insult you, put you down, or humiliate you? OR act in a way that made you afraid you might be physically hurt?
	Physical	
	Sexual	
Neglect	Emotional	
	Physical	
Household Instability	Parental Separation	
	Mother Abused	
	Mental Illness	
	Substance Abuse	
	Incarceration	



The Adverse Childhood Experience Scale is a reliable, retrospective 10-point scale that we used to measure childhood adversity among the participants.

The table depicts the domains of adversity from the ACEs survey, and an example question.

A cumulative score is calculated based on each participants' exposure to different types of adverse childhood events.

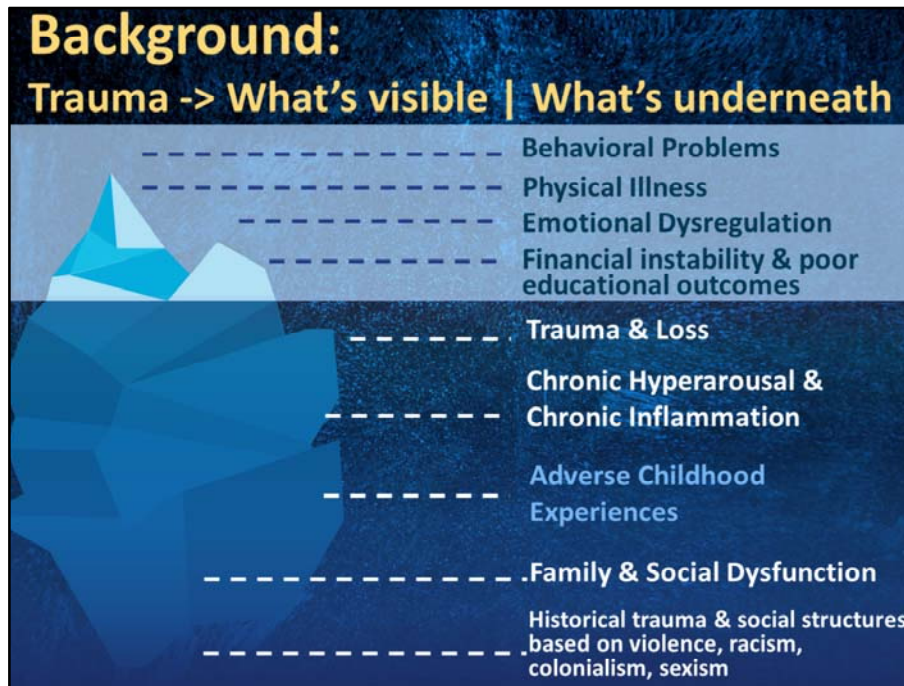
For more information, see Felitti, V., et al., *Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) study*. *American Journal of Preventive Medicine*, 1998. **14**(4): p. 245-258.



ACEs have very strong negative health and socio-emotional consequences. Such adversity during childhood is associated with later onset of chronic disease, adult depression, and increased risk for attempted suicide. Adverse childhood experiences (ACEs) have also been associated with household food insecurity among adult caregivers of young children even when accounting for the strong association between food insecurity and maternal depressive symptoms.

Caregivers' ACEs affects also the birth outcomes and socio-emotional health of their children. And our recent research has shown that ACEs is associated with developmental risk.

Given these strong effects, human services providers should work to integrate trauma-informed approaches, and seek every opportunity to take a two-generation approach, where both the caregiver and the child can receive services, or, where the caregiver can receive assistance in ways that help to promote the health and wellbeing the family.



Trauma causes major health and social problems over the lifespan, and our other research has shown that that trauma can also be transferred to the next generation. See for instance:

Chilton, M., Knowles, M., & Bloom, S. (2016). The intergenerational circumstances of household food insecurity and adversity. *Journal of Hunger and Environmental Nutrition*,. doi:10.1080/19320248.2016.1146195
https://www.researchgate.net/publication/301907599_The_Intergenerational_Circumstances_of_Household_Food_Insecurity_and_Adversity

And

Sun, J., Patel, F., Knowles, M., Kirzner, R., Famous, N., Welles, S., & Chilton, M. (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*.
https://www.researchgate.net/publication/284227023_Childhood_Adversity_and_Adult_Reports_of_Food_Insecurity_Among_Households_With_Children

What is Trauma-Informed practice?

- **Realizes**
 - Widespread impact on trauma; paths to recovery
- **Recognizes**
 - Signs & Symptoms trauma in clients, families, staff, and systems
- **Responds**
 - Fully integrate knowledge about trauma into policies, procedures and practice
- **Resist**
 - Actively resists “re-traumatization”

For more info, go here →



For more info,

1. visit <http://www.samhsa.gov/nctic/trauma-interventions>
2. Also, specific to TANF providers, the Peer TA network has some basic information on trauma & TANF as well. <https://peerta.acf.hhs.gov/>

The Agency for Children and Families is beginning to introduce the concept of trauma informed services that go beyond integrating in the foster care system, and substance abuse and mental health.

For more information see:

1. Cancian M. Vision for a primer on trauma-informed care for human services professionals. In: Agency for Children and Families, ed. Research and Evaluation Conference on Self-Sufficiency (RECS). Washington, D.C.; 2016.
2. US Department of Health and Human Services, *Strengthening TANF Outcomes by Developing Two-Generation Approaches*, Administration for Children and Families, Editor. 2016, Information Memoranda TANF-ACF-IM-2016-03,: Washington DC.

The Sanctuary Model® *by Dr. Sandra L. Bloom*

Theory-based, trauma-informed, evidence-supported, whole culture approach for creating / changing an organizational culture.

KNOWLEDGE: Trauma Adversity Attachment
 VALUES: Sanctuary Commitments
 LANGUAGE: S.E.L.F.
 PRACTICE: Sanctuary Toolkit

Books by Dr. Sandra L. Bloom

			
Creating Sanctuary Creating Sanctuary: Toward the Evolution of Sane Societies	Destroying Sanctuary Destroying Sanctuary: The Crisis in Human Service Delivery Systems	Restoring Sanctuary A New Operating System for Trauma-Informed Systems of Care	Additional Books Review the entire library of published books with Dr. Sandra L. Bloom

The Sanctuary Model is a

Dr. Bloom, CO-PI, has written several books on how trauma affects human and organizational behavior, and has much to say regarding how our social service delivery systems can be complicit in re-traumatizing individuals through inadequate, fragmented funding mechanisms, and unrealistic demands on clients and professionals. The Sanctuary model has tools and organizational practices that can positively influence how we can restructure our service delivery systems into systems of care that can restore a sense of health and wellness for participants and staff alike. Currently, we know of no other TANF education and training program that is utilizing a trauma-informed approach, and this is the only example we know of that is integrating the Sanctuary model into TANF programming.



The Network was developed through a 2-year planning process that involved partnership with the Commonwealth of Pennsylvania and collaboration with experts in the fields of asset building, trauma-informed behavioral health interventions, and research and evaluation from the Agency for Children and Families (ACF) within the Health and Human Services Department (the agency that administers and oversees TANF).

The Network provides Financial SELF Empowerment classes for 16 weeks, a 1:1 match into members' savings accounts for one year, individualized financial coaching, and social work referral.

This is our recruitment flyer, with three members who graduated from our pilot program, and who continue to assist us in making our program responsive and effective

1. Curriculum (16 weeks)


Building assets and resiliency

Trauma-informed peer support

- S.E.L.F.
 - Safety
 - Emotions
 - Loss
 - Future

Financial Education

1. Bank Accounts 101
2. Savings / Reducing Debt
3. Credit Score
6. Tax help
7. Business planning
8. Planning for an education / home
9. Negotiating with your boss
10. Setting financial goals

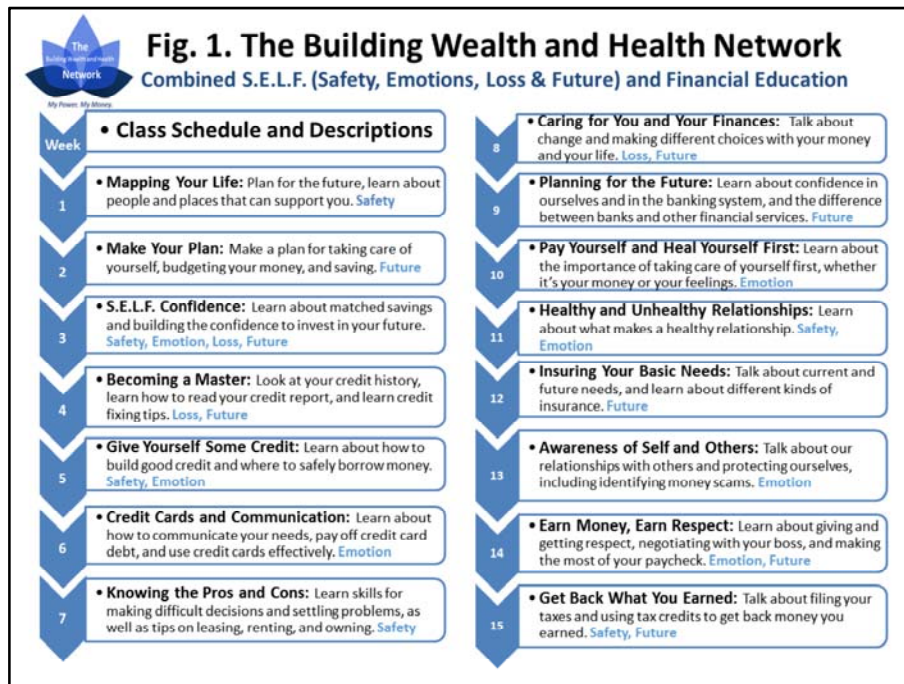


The 16-week curriculum seeks to build on resilience and to help build financial knowledge and assets.

After an RCT in 2014, we worked with our participants to re-design our program , and I am describing to you the program that we have currently.

Classes meet once a week for 3 hours.

The Financial SELF Empowerment curriculum is run by two professional facilitators in a peer-learning format that includes co-learning and empowerment education. It combines financial education material and the Sanctuary Model[®] trauma-informed approach to social services. Within the Sanctuary Model[®], facilitators use the SELF tool, which stands for Safety, Emotion, Loss, and Future. In class, Network members use SELF to navigate personal challenges related to finance, employment, family, and community. In addition to learning money management tools and ways to problem solve, Network members also gain peer support by sharing their knowledge, experience, and emotional, social or practical help with each other both inside and outside of classes.



This is just a quick glance at our curriculum.

In week 5: you can see how we meld the concept of credit with issues around physical, moral and social safety

In week 14: you can see how we help people to negotiate with their boss for a good salary or a raise, this is integrated into issues of emotional management, and investing in one's future.

Week 16 (not listed here) is graduation and celebration.

2. Savings Match w/ Credit Union (Shareholders)

- \$5 per wk
- 1:1 match
- = ~ \$500 per yr



At the fourth week of the program, members open their savings accounts with The Network partner the American Heritage Federal Credit Union. Together with the members, The Network deposits \$15 up front to help open the account and establish bank membership. From there, The Network provides a 1-1 match for members, as well as directly deposited incentives for savings, participation, and graduation. With this match, members can save up to \$500 dollars in the first year. These matched savings accounts help members to become shareholders of the Credit Union, create a habit of saving money, and build assets. In the Financial SELF Empowerment classes, members create individual savings goals for their matched savings accounts such as starting a business, paying tuition, saving to participate in a homeownership program, or paying off debt. Also, each group cohort develops their own group goals.

The photo at the bottom of the slide is a photo of Network Members visiting the local credit union with whom we partner.

The photo at the top is an example of the unique group goals that each group creates. This is a drawing that the Network Members envisioned for their group goal setting. The Sea animals represent \$25 saved by the group as a whole, the closer they get to their larger goal, the closer the “merman” (Idris Elba) gets to this lovely paradise Island....

The
Building Wealth and Health
Network
My Power. My Money.

**All participants become
Network MEMBERS**

Member Advisory Council (20 members)
Provides ongoing feedback on program & helps
with dissemination

All participants in the Network receive a membership card, and are considered “members” of the Network.

Members who successfully graduate from The Network are invited to serve a one-year term on the 20-member Member Advisory Board to ensure ongoing reciprocal feedback on the effectiveness of programming, evaluation, and dissemination. Members self-nominate to serve on the Board, and receive an honorarium for participation. They attend at least four meetings throughout the year to discuss successes and challenges of The Network’s programmatic aspects, provide guidance on new components to be introduced, and identify opportunities for dissemination of the model.

Pre-S4A (2014-2015)

Pilot: Randomized Controlled Trial

- Participants: 103 Caregivers of young child under age 6
- All TANF: “Work Mandatory”
- Recruited on site from 3 County Assistance Offices (randomized into 3 groups)
- Baseline and 3 month follow up → 15 months
 - ACASI (Audio Computer-Assisted Self-Interviews)

Pre-S4A: Pilot Phase I Outcomes Measured (ACASI)

Baseline, 3 month intervals to 15 months

- 1. Income, Education & Program Participation**
- 2. Financial Wellbeing**
 - Assets, savings patterns
- 3. Economic Security**
 - Food Insecurity
 - Housing Insecurity
 - Energy Insecurity
- 4. Maternal & Child Health and Development**
 - CES-D (Center for Epidemiologic Studies - Depression)
 - Self-Rated Health
 - PEDS (Parents' Evaluation of Developmental Status Survey)
 - Caregiver rated Health

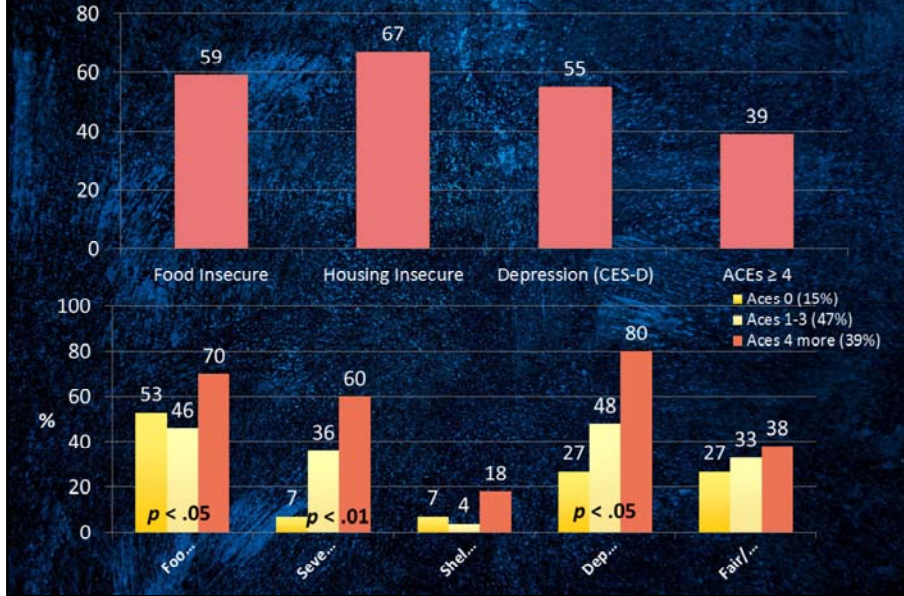
[See Sun et al \(2016\) BMC Public Health](#)

In 2014, we put the Network Through a Randomized Controlled Trial to establish proof of concept.

Caregiver mental health: CES-D = 10-item depression screening scale developed by Center for Epidemiologic Studies Depression (CES-D).

Child developmental risk measured by the Parents' Evaluation of Developmental Status Survey which has 91-97% sensitivity, 73-86% specificity. Participants are asked ten questions about their child's developmental issues: global/cognitive, expressive language and articulation, fine-motor, gross motor, behavior, social-emotional, self-help, school, and any other concerns. Children for whom two significant concerns are reported at a young age are 20 times more likely to have a disability than children of parents without concerns

Pre-S4A: The Network: Pilot RCT Baseline Hardships
N=103 (2014). See Sun et al (2016) BMC Public Health



Pre S4A: Exposure to Community Violence *See*
Sun et al (2016) BMC Public Health
 Network Pilot N= 103



Pre-S4A: Promising results....

- Improvements in employment
- Increases in Income
- Reductions in Depression (CES-D)*
- Reductions in poor child health*

Pre-S4A: Network Redesign (2015)

- Shortened the program
- Strengthened the curriculum
- Some changes in State TANF E&T Provision

Network Goals responding to S4A

To investigate the implementation and impact of strategies designed to reduce and eliminate health inequities through cross-system alignment, collaboration, and synergy.

1. Assess effects of trauma-informed peer support built into education and training on health and economic security for participants in The Network
2. Identify cost savings to **TANF and Medicaid** & make a case for linking these systems.
3. Engage multiple stakeholders to promote a Culture of Health within anti-poverty programming through a strategic **public dissemination effort**.

The Building Wealth and Health Network

Phase II S4A Research Design

(N=500 | MIXED PUBLIC ASSISTANCE & TANF)

<p>GROUP A N = 250 (Curr. 84 Members) Mixed Public Assistance 1. Matched savings 2. Financial SELF Empowerment</p>	<p>GROUP B N = 250 (Curr. 140 Members) TANF Only 1. Matched savings 2. Financial SELF Empowerment</p>	<p>Comparison Group N = 15,000 Matched to similar families in County-level administrative data</p>
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Participants: Caregivers of children < 6 yrs

16 weeks of programming

1. Financial SELF Empowerment Classes (Combined)
2. Matched savings

Data Sources:

ACASI: (Baseline, 3mo, 6mo, 9mo, 12mo)
Administrative Data: on all participants in Philadelphia (monthly reports on TANF, SNAP, Medicaid participation; employment; Medicaid billing data)
Financial Data: Savings patterns, credit score, earned income

Recruitment Ongoing Since October 2015:

GROUP A: Recruited through fliers at child care centers & community organizations.

GROUP B: Referred through three County Assistance Offices.

S4A Goals

1. Assess effects of trauma-informed peer support built into education and training on health and economic security for participants in The Network

1. (N= 500 ACASI within & post-program data) Fixed Effects (FE)/Cox Proportional Hazard.

We hypothesize the Network Program will...

- demonstrate reduced within- and post-program incidence of depression (CES-D) among adults and developmental risk (PEDS)
- demonstrate increased within- and post-program income and incidence of employment
- demonstrate evidence of decreased post-program participation in TANF compared to similar non-participant caregivers

Our first goal is to assess the effects of trauma-informed peer support built into education and training on health and economic security for participants in The Network.

Based on strong preliminary results, our working hypotheses are related to both health and wealth: *Hypothesis 1.1. Participation in The Network program will demonstrate reduced within- and post-program incidence of depression among adults and developmental risk among children.*

Building on previous studies that utilize administrative data to examine disaggregated policy effects we exploit the longitudinal structure of the dataset to estimate fixed effects regression models that assess the within-program (3 month) and post-program (6,9 &12 month) impacts of The Network intervention on the odds of depression and developmental risk.

Hypothesis 1.2. Participation in The Network program will demonstrate increased within- and post-program income and incidence of employment.

We will utilize fixed effects regression to examine the impact of The Network on hourly wages and fixed effects logistic regression to examine the participant's odds of obtaining employment from the start of the intervention. Building on previous time dimension studies that have focused on examining the length of TANF spells we utilize survival analysis, a method for studying the time between entry and a subsequent event, to examine the time it takes for a participant to obtain employment, where time-to-employment is measured as the number of days from the baseline a respondent takes to obtain employment.

Hypothesis 1.3. Participation in the Network program will demonstrate evidence of decreased post-program participation in TANF compared to similar non-participant caregivers.

In order to measure impact of the Network intervention on re-enrollment in TANF, we will utilize fixed effects logistic regression and Cox regressions to examine the probability (and time-to) re-enrollment in TANF.

S4A Goals

2. Identify cost savings to **TANF** and **Medicaid** & make a case for linking these systems. (ACASI n=500 & DHS admin data for Philadelphia n=15,000) Difference-in-difference (DD) / propensity score matching

- Reductions in depression, child development issues and TANF participation, and increases in income and employment will reduce costs to both the **TANF** and **Medicaid** programs.

Our second goal is to identify cost savings to TANF and Medicaid. We hypothesize that participation in Network activities will demonstrate significant savings in TANF expenditure per person, as well as reduce costs for behavioral health.

Hypothesis 2.1. Potential reductions in depression, child development and TANF participation, and increases in income and employment will reduce costs to TANF.

ACASI data will be combined with DHS administrative data to construct a panel dataset that tracks TANF utilization patterns 12 months prior and 12 month after the start of an individual's participation in the Network intervention. We will utilize a difference-in-difference (DD) matching model that uses propensity score matching to construct a control group to directly measure the impact of the Network intervention on TANF program costs.

Hypothesis 2.2. Potential reductions in depression, child development and TANF participation, and increases in income and employment will reduce costs to Medicaid

The Medicaid cost analysis uses a cross-sectional analog to the model developed in Hypothesis 2.1; however, in this model the dependent variable measures the length of time Network program participants reported depression multiplied by the Medicaid reimbursement of treating depression in a traditional environment during the same time period. The cost of developmental risk is calculated using a similar approach. In order to assign the level of Medicaid reimbursement in a traditional provider environment, each individual will be matched to an ICD-10 code based on their self-assessed level of depression or child's development risk and the cost of treating an individual during a given time period will be tabulated. The results of this analysis provide cost estimates that will allow us determine cost savings from Medicaid reimbursing the treatment of depressive symptoms and developmental risks within the Network intervention versus a traditional environment.

S4A Goals

3. Engage multiple stakeholders to promote a Culture of Health within anti-poverty programming through a strategic public dissemination effort.

- ◆ Webinars, policy briefs, peer reviewed articles, community forums

Network Advisory Committee

Meets 4 times per year

		<p>Tamila Lay Director PA Employment & Training Dept. of Human Services</p>		<p>Ana Diez Roux, PhD Dean, Dornsife School of Public Health at Drexel University Advisory Member of RWJF</p>
<p>Member Advisory Council - Subcommittee The Building Wealth and Health Network Center for Hunger-Free Communities</p>		<p>Arthur Evans, PhD Commissioner Phila. Dept. of Behavioral Health & DisAbility Services</p>		<p>LaDonna Pavetti, PhD Vice Pres. For Family Income Support Policy Center on Budget and Policy Priorities</p>

Our third goal is to engage low-income caregivers, state human services officials, and key decision-makers in identifying ways to improve systems of support and promote a Culture of Health within anti-poverty programming through a strategic public dissemination effort. We have a 12-member Network Advisory Committee consisting of 4 Network Graduates, the 4 investigators (Drs. Chilton, Bloom, Dugan and Booshehri), and 4 external advisors (Ms. Lay, and Drs. Evans, Pavetti, and Diez Roux) we will achieve the following.

Activity 1. We will answer the following questions: what are the best ways to address trauma-related symptoms and behaviors and to promote self-sufficiency for caregivers who are required to work through the TANF program, and what are the funding mechanisms that can facilitate this? How can a culture of health be integrated into the education and training focus of TANF? What are the best strategies for disseminating our findings?

Activity 2. We will implement activities of our dissemination strategy based on our above findings. Building on already strong partnerships, we will catalyze the conversation across the country by disseminating findings among agency administrators, community leaders, and federal officials.

S4A Timeline: Check Back for Details

- **July–November 2016**
 - Ongoing recruitment/Program participation/data analysis
 - Finalize data use agreement
- **December 2016-May 2017**
 - Preliminary Results (on Network ACASI – no administrative data)
- **June 2017-Nov 2017**
 - Mid-term results with administrative data
 - policy-briefs, peer-reviewed papers, community forums
- **December 2017-May 2018**
 - Final results w. all data
 - Policy-briefs, peer-reviewed, community forums



solutions based on science
and the human experience

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Project Updates

go to: <http://systemsforaction.org/projects/impact-integrating-behavioral-health-temporary-assistance-needy-families-build-culture-health-across>

The screenshot shows the Systems for Action website. At the top, there is a navigation bar with links for Public Health Services, ReadyTalk Conferencing, Frontiers in Public Health, Systems for Action, and Canvas Sign In. Below this is the main header with the title 'Systems for Action' and a search bar. The main content area features a blue banner with the project title: 'The Impact of Integrating Behavioral Health with Temporary Assistance for Needy Families to Build a Culture of Health across Two-Generations'. Below the banner, there is a detailed description of the study, which involves the Building Wealth and Health Network in Pennsylvania. To the right of the description is a 'Project Details' sidebar with fields for Year (2018), Status (Active), Primary Investigator (Marlene O'Neil), and the Drexel University Dornsife School of Public Health logo. At the bottom, there is a 'Related Content' section with a table listing other projects.

Title	Year	Status	Type
Four Research Teams to Evaluate New Ways to Strengthen Health Care Delivery	2018/2019	Completed	Communication

Commentary



JudyAnn Bigby, MD

Senior Fellow, Mathematica Policy
Research

S4A National Advisory Committee Member

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Questions and Discussion

Webinar Archives & Upcoming Events

go to: <http://systemsforaction.org/research-progress-webinars>

Upcoming Webinars

October 12, 2016, 12 pm ET

[INCOME AND HEALTH INEQUALITIES AND THEIR RELATIONSHIP TO POPULATION HEALTH DELIVERY SYSTEMS](#)

Glen Mays, PhD, MPH, Director, Systems for Action National Coordinating Center, College of Public Health and James P. Ziliak, PhD, MA, Director, Center for Poverty Research, University of Kentucky

October 20, 2016, 1 pm ET

[ACCREDITATION AND MULTI-SECTOR CONTRIBUTIONS TO POPULATION HEALTH ACTIVITIES: A DIFFERENCE-IN-DIFFERENCE ANALYSIS](#)

Richard C. Ingram, DrPH, MPH, Assistant Professor, Department of Health Management and Policy, U. of Kentucky College of Public Health

November 9, 2016, 12 pm ET

[FINANCING AND SERVICE DELIVERY INTEGRATION FOR MENTAL ILLNESS AND SUBSTANCE ABUSE](#)

William J. Riley, PhD, School for Science of Health Care Delivery, and Michael Shafer, PhD, School of Criminology and Criminal Justice, Arizona State University

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Thank you for participating in today's webinar!



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For more information about the webinars, contact:

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Speaker Bios

Mariana Chilton, PhD, MPH, is a Professor at the Dornsife School of Public Health at Drexel University. She is the Director of the Center for Hunger-Free Communities and is Co-Principal Investigator of Children's HealthWatch, a national research network that investigates the impact of public assistance programs on the health and well-being of young children and their caregivers. Dr. Chilton founded Witnesses to Hunger, a participatory action study to increase women's participation in the national dialogue on hunger and poverty. She is Principal Investigator of the Building Wealth and Health Network, which is a trauma-informed peer support and asset building program designed to incentivize entrepreneurship and self-sufficiency among families with young children participating in the Temporary Assistance for Needy Families program. Dr. Chilton has testified before the U.S. Senate and U.S. House of Representatives on the importance of child nutrition programs and other anti-poverty policies, and has served as an advisor to Sesame Street and to the Institute of Medicine.

JudyAnn Bigby, MD, is an internationally recognized health policy expert with a broad range of public and community health care experience, including more than 25 years of primary care internal medicine practice. Her areas of expertise include primary care design and integration with public health; state health policy; primary care transformation; and integration of physical and behavioral health, with a special focus on women's health, minority health, and disparities. Dr. Bigby led a project for the Ohio Department of Health to assess the effect of Medicaid expansion under the Affordable Care Act on public health programs, and an evaluation of the Oregon 1115 Medicaid waiver demonstration on how the demonstration transforms the delivery of health care to improve access and quality. Before joining Mathematica, Dr. Bigby served as secretary of health and human services for the Commonwealth of Massachusetts, where she was responsible for implementing many aspects of the 2006 Massachusetts health care reform law. She served as a director of Brigham and Women's Hospital's community health programs, and directed the Center of Excellence in Women's Health at Harvard Medical School, in addition to designing clinical programs and conducting community-based research to eliminate health disparities among low-income and minority women, particularly related to breast and cervical cancer.

Sandra L. Bloom, MD, is a Board-Certified psychiatrist, and an Associate Professor at the School of Public Health at Drexel. In addition, she is President of CommunityWorks, an organizational consulting firm committed to the development of nonviolent environments. Dr. Bloom currently serves as Distinguished Fellow of the Andrus Children's Center in Yonkers, NY. From 1980-2001, Dr. Bloom served as Founder and Executive Director of the Sanctuary programs, inpatient psychiatric programs for the treatment of trauma-related emotional disorders. In partnership with Andrus Children's Center, Dr. Bloom has established a training institute, the Sanctuary Leadership Development Institute, to train a wide variety of programs in the Sanctuary Model®. The Sanctuary Model® is being applied in residential and multi-service treatment programs for children, inpatient mental health programs, schools, domestic violence shelters, group homes, homeless shelters, juvenile justice programs, schools and communities across the United States and internationally.