

The Alameda County Prosperity Project

Prosperity in Practice Case Study:

*Integrating Financial Empowerment into
Maternal, Paternal, Child and Adolescent Health
Home Visiting Programs*

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The *Alameda County Prosperity Project* was a two-year project (2011-2013) funded by the Robert Wood Johnson Foundation to improve health and financial well-being in our community by increasing availability and access to fair financial services and products where predatory financial services are disproportionately located. Through a multi-level approach in policy, education and service delivery, the project worked to ensure that all residents, in Alameda County, regardless of race or place of residence, can build wealth and economic security necessary to lead a long and healthy life.

Partner Organizations: Alameda County Public Health Department's Maternal, Paternal, Child and Adolescent Health Unit, Building Blocks for Health Equity, Urban Strategies Council/Alameda County Community Asset Network, and Place Matters Local Policy Initiative.

Background

Economic security is a key social determinant of health.¹ The more income and assets individuals and families have, the greater their access to resources and opportunities for good health. Conversely, those with fewer economic resources are more likely to face barriers to health. How much money one makes or has in the bank should not dictate how long one lives, but it often does.²

In Alameda County, for-profit check cashers, payday lenders and other predatory services target low-income communities, diverting hard-earned income away from households' basic needs. These predatory services leech money out of the pockets of hard-working families and local communities. Inevitably these neighborhoods bear a disproportionate burden of poor health, including higher rates of adverse maternal and child health (MCH) outcomes. Without financial tools to support their needs, it is difficult for families to weather emergencies, save for the future, or help the next generation.



\$3.89 million is stripped from Oakland communities each year from payday lenders*

*ACPHD estimates based on data from Bank on Oakland, FDIC and Pew Charitable Trust

A Multi-Level Approach

We know that a healthy and vibrant Alameda County starts with keeping more money in our communities. Traditional current asset development work is focused on individual choices and education, not on systemic change in banking policies or financial empowerment strategies.³ The Alameda County Prosperity Project, funded by a two-year grant from the Robert Wood Johnson Foundation, sought collaboration between the county, non-profit asset-building organizations, city

¹ Commission on Social Determinants of Health (CSDH), *Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health*. 2008, World Health Organization: Geneva.

² <http://www.acphd.org/media/213313/economic%20inequality%20fact%20sheet-headers%20.pdf>

³ CFED. January 2011. *Building Economic Security in Americas Cities: New Municipal Strategies for Asset Building and Financial Empowerment*



agencies, and residents to promote economic opportunities and system reforms against predatory financial practices for residents.

This project employed a multi-level approach:

- 1) *Policy* - leveraging county resources to advocate for healthy banking products;
- 2) *Community education* - developing the *Savvy Consumer Toolkit*, a financial educational tool to raise critical consciousness around existing predatory products or services while promoting low-cost alternatives); and
- 3) *Service delivery* - integrating financial empowerment into our Maternal, Paternal, Child, and Adolescent Health (MPCAH) home visiting programs, and engaging staff and clients in policy advocacy efforts.

The service delivery component tied the multi-level approaches of this project together by incorporating financial empowerment and policy advocacy in the practice of MPCAH home visiting programs to address social determinants of health.

The Alameda County Public Health Department's (ACPHD) Place Matters Local Policy Initiative led the advancement of policy change efforts. The Urban Strategies Council's Alameda County Community Asset Network (AC CAN) was responsible for creating and marketing the Savvy Consumer Toolkit product to support the policy and systems change work through community education. Building Blocks for Health Equity (BB4HE), a unit of ACPHD's Family Health Services Division that bridges the work of MPCAH programs to broader systems change to promote health equity,⁴ oversaw the service delivery component.

This case study focuses on the Service Delivery component of the project.

Service Delivery Approach: Prosperity in Practice

The goal of this approach was to improve the financial health of clients participating in perinatal home visiting programs, by: 1) incorporating the use of financial coaching tools during staff home visits; and 2) engaging staff & clients in the policy advocacy efforts of the larger Prosperity Project.

The first project goal to build capacity of staff to address client financial issues was inspired and informed by the Contra Costa Health Services' Building Economic Security Today project.⁵ The second goal to build capacity for policy advocacy was influenced by Building Movement Project's Social Change for Service Providers framework which points to the growing urgency for service organizations to incorporate strategies that look at broader social change to improve client outcomes.⁶

In early 2012, four representatives from ACPHD's MPCAH programs,

Prosperity in Practice Workgroup included representatives from:

- Black Infant Health (BIH)
- MADRE
- Special Start
- Improving Pregnancy Outcomes Program (IPOP) and the IPOP Peer Leaders program
- Your Family Counts
- WIC
- Brighter Beginnings
- UCSF/UC Berkeley Medical Student
- Prosperity Project staff
- ACPHD evaluator consultant

⁴ Alameda County Public Health Department definition of health equity is that everyone in Alameda County, no matter where you live, how much money you make, or the color of your skin, should have opportunities to lead a healthy, fulfilling and productive life.

⁵ Dailey, D. E., Parthasarathy, P., Pies, C., Lam, C., Young, M. D. (2014). Building Economic Security Today: Making the Health–Wealth Connection in Contra Costa County's Maternal and Child Health Programs. *Maternal and Child Health Journal*, 18(2), 396–404. doi: 10.1007/s10995-013-1309-7

⁶ Building Movement Project. Social Service and Social Change: A Process Guide. 2006. http://www.buildingmovement.org/reports/entry/social_service_and_social_change_a_process_guide



two partners from community-based home visiting programs, one UCSF/UC Berkeley Medical student, one Urban Strategies Council staff person, an ACPHD evaluator and one dedicated Prosperity Project staff person from the Building Blocks for Health Equity Unit formed the Prosperity in Practice workgroup (PIP) to design and implement strategies to meet the goals stated above. This group met on a monthly basis and sometimes more frequently, and was led and facilitated by the dedicated Prosperity Project staff person from the Building Blocks for Health Equity unit.

Strategy #1: Incorporating Financial Tools in MPCAHA programs

We conducted a three part process to learn what financial tools should be implemented into our home visiting programs. First, we held staff listening sessions to learn about client's financial experiences. Second, we developed a financial tools package based off of listening session themes. Third, we piloted the tools package with two home visiting programs to make adjustments and plan for future efforts (Figure 1).



Figure 1. Our 3-part process used to develop and refine the MPCAHA financial pilot

Listening Sessions

The PIP workgroup conducted six listening sessions (Figure 2) with home visiting staff, and one with current and former clients to learn about clients' financial experiences. The PIP workgroup then analyzed the session findings, identified themes, narrowed down relevant financial topics, and identified new resources in response to the findings. The listening sessions revealed that while the *Savvy Consumer Toolkit* (developed by Prosperity Project partner, the Alameda County Community Asset Network) educated around predatory practices and low cost alternatives, its content did not meet the immediate needs of MPCAHA clients, who are often very low-income. The listening sessions elucidated that MPCAHA

Figure 2. Findings from Listening Sessions

Qualitative information was collected through listening sessions with over 50 program staff and former clients from the following home visiting programs: Black Infant Health (BIH), Improving Pregnancy Outcomes Program (IPOP) & IPOP Peer Leaders, MADRE, Special Start and Your Family Counts. Questions included how staff felt discussing finances, common financial scenarios and clients' challenges, strengths and goals.

Common Themes

- Finances come up a lot during home visits! But not always first. Clients are constantly in survival mode trying to meet basic needs (e.g., food, housing, clothing, medical care, etc.)
- Clients struggle to navigate service systems (i.e., SSA, housing)
- Clients are resourceful and enterprising
- Staff want to build on clients' existing strengths, and meet them where they are at now
- Staff want to support clients to plan ahead, build self-esteem, feel empowered and promote mental health
- Staff want help "talking about finances" with their clients
- Staff "are only as good as" their resource referrals



staff required broader and more flexible tools to enter into conversations about finances and provide financial resources that are tailored to their client population.

Tailored financial tools and approaches

The results of the listening sessions informed the development of a flexible financial tools package to better empower staff and clients in addressing financial situations.

The financial tools consisted of:

- A day-long financial coaching training
- Two financial coaching debrief sessions
- 10 user-friendly financial factsheets
- A *Savvy Consumer Toolkit* training
- Technical assistance based on requests from staff participating in the pilot

Popular Education Approach

We used Paolo Freire's *popular education* theory for the Prosperity Project to help clarify our intent around financial empowerment. Freire championed that education is an equal, respectful and collective process and that learning and action begin with the experience of the learner. The popular education framework is about practicing to think critically through dialogue and embracing participants' experience as expertise, thereby empowering their ability to make change. The staff reticence in broaching the topic of money with clients (surfaced during listening sessions), lent itself to this popular education approach because it emphasizes to staff that during dialogue, the clients are the experts and are able to address their own financial challenges.

Financial Coaching Training

Financial coaching is about understanding one's own relation to money (i.e., attitudes, behaviors or beliefs) and not imposing those beliefs on others unconsciously. Financial coaching does not mean turning home visiting staff into financial experts; it is about providing a structure for clients to develop their own solutions. Driven by the client's goals, coaching helps clients improve on their skills and behaviors independently.⁷ Financial coaching principles are similar to popular education in reinforcing that staff work through their own mental barriers around this sensitive

topic and that they

Financial Coaching Training Goals

- Address staff confidence in broaching the topic of money
- Understand the relationship between oneself and money
- Understand the role of a financial coach
- Practice strategies to dialogue with clients about finances in a no shame space

(Source: <http://sagefinancialsolutions.org/financial-program-consulting/financial-coach-training-2/>)



are not going to be the expert on all financial topics.⁸ The staff's role then is to encourage the client's own critical thinking and ability to make choices and empower them to navigate the path that will ultimately reach their desired goal.

⁷ Asset Funder's Network funder briefs. 2014. Financial Coaching: An Asset Building Strategy. [http://assetfunders.org/images/pages/AFN_FinacialCoaching\(WEB_version\).pdf](http://assetfunders.org/images/pages/AFN_FinacialCoaching(WEB_version).pdf)

⁸ Consumer Financial Protection Bureau report. September 2013. Financial Empowerment Training for Social Service Programs



User-Friendly Factsheets

In addition to the financial coaching training, the PIP workgroup developed user-friendly factsheets on basic financial topic areas: credit, credit scores, improving credit, budgeting, identification tips and opening a savings or checking account. Home visiting staff must often decide between providing direct information to the client and referring the client to another organization or resource. To address this challenging decision, the factsheets cover key points, initial steps to take action and relevant low cost alternatives to refer clients to. The factsheets are designed to initiate facilitate dialogue with clients and to be used flexibly, example: to answer a client's question, have a discussion, or suggest a financial resource listed on the factsheet. The simplicity of the factsheets serve as a reminder to staff that it is not their role to be financial experts but rather to nurture their clients' power in making financial decisions and achieving their goals.



Technical Assistance

Pilot staff were also offered technical assistance, including monthly check-ins, presentations on credit building tools such as secured credit cards and to partner with community financial organizations to test products, such as lending circles.

Financial Tools Pilot

We piloted the financial tools package with two of our home visiting programs: MADRE and Special Start. Both were chosen because they work with clients over the long term, sometimes up to two years, which allows them to establish trusted relationships with clients which is an especially important foundation for discussing financial health. Special Start is a relationship-based family support program, designed to address the health, developmental and social support needs families whose babies have been hospitalized in an Alameda County neonatal intensive care nursery. The MADRE program assists with access to care for underserved women who have experienced the tragedy of losing a baby either during pregnancy or at birth. The purpose of the program is to improve the health of women and couples before conception or during subsequent pregnancies in order to improve their birth outcomes.



Several months before the pilot began BB4HE staff communicated with and prepared MPCA leadership, program managers and program staff about the project and expectations. It was integral to incorporate pilot activities into staff's current work flow and to ensure clear expectations for their participation in the pilot. Out of respect for home visitors' time constraints and workloads, the pilot groups were mandated to participate in just two aspects of the program: the financial coaching training and post-training debrief sessions. The financial factsheets, *Savvy Consumer Toolkit* and technical assistance were also available,



but optional. BB4HE staff checked in regularly to offer technical assistance and suggest additional resources.

At the end of the pilot, the BB4HE staff person collected feedback through focus groups with home visitors, factsheet tracking forms, training evaluation surveys and informal check-ins to help evaluate what elements worked to inform project recommendations (Figure 3). The BB4HE staff convened the PIP workgroup monthly to discuss pilot progress, to troubleshoot staff challenges and to review pilot findings.

Figure 3. Pilot Findings: Pilot Staff Feedback

- ❖ Staff said financial coaching principles are helpful, especially elements of meeting clients where they are at, acknowledging clients' successes, supporting clients' financial decisions, and checking staff's own attitudes about finances.
- ❖ Staff suggested that simple, short, optional screening tools could help begin conversation.
- ❖ Staff found the factsheets useful because
 - they were brief, had visuals and were written at a basic reading level
 - clients learned new information, often asked questions, used listed resources or requested additional information
- ❖ Staff suggested that the factsheets
 - be translated in multiple languages to be more accessible to different clients served
 - list more referrals to low cost alternatives
- ❖ Staff suggested developing established, reliable community partnerships for client-tailored services that address their clients' needs.
- ❖ Staff wanted access to different content experts and services, such as offering financial counseling for staff or having resource fairs for staff and/or clients where community partners can highlight specific financial tools and navigate product application with clients on site.

Most common factsheet topics used:

- Why credit is important
- What makes up credit
- About credit scores & building credit
- Credit Unions

Strategy #2: Engage staff and clients in policy advocacy

More and more service organizations are recognizing the importance of engaging service providers and clients in addressing systemic problems in their communities. Doing so requires building a deeper understanding of root causes, and building capacity and leadership for social change. The Prosperity Project Photovoice project is one example of linking direct service to advocacy by engaging clients from our Maternal Child Health programs in addressing the social determinants of health.

Early in the project, home visitors were hesitant to be involved in policy efforts underway in the Prosperity Project, mainly because the policy being advocated for, a *responsible banking ordinance*, didn't feel urgent or relevant to them or their clients. Staff felt this was not a priority for clients when clients are constantly operating in survival mode trying to take care of basic needs such as food, rent or hospital care. While this specific policy issue did not resonate with staff, staff vocalized the need to address issues that more directly impacted their clients, such as advocating for more housing for their clients, updating public benefits policies, or increasing access to entrepreneurship programs. Staff clearly understood changes should be made to improve the economic and social conditions in one's environment. As a



result, BB4HE staff conducted informational phone interviews with similar direct service organizations across the country to learn the successes and challenges they had engaging in policy advocacy. The Building Movement Project is one organization that has captured examples of successful service delivery programs that engage in policy advocacy around the nation.⁹ A few foundational lessons from these examples emphasized the need to,

1. Define and standardize the terms *advocacy* and *organizing* for the organization in order to create a culture that embraces engaging in social change
2. Explore the possible strategies and actions that can be taken by the organization
3. Build opportunities for staff to engage in the strategies and actions developed

Ultimately, these lessons expressed the importance of building a strong foundation and culture as a first step to identifying long-term strategies that link direct service to advocacy in one's organization.

A Photovoice project was undertaken as one way to begin this service to advocacy dialogue within the MPCA unit. In early 2012, ACPHD partnered with Jessica Chow, a UCSF/UC Berkeley medical student, to conduct a Photovoice project to engage clients from our MPCA programs in addressing the social determinants of health. The UCSF/UC Berkeley medical student and a BB4HE staff were the Photovoice project facilitators. Photovoice is a participatory based research method that blends a grassroots approach to photography with the intent to create social change.¹⁰ This qualitative method uses visual imagery and storytelling to promote a participatory and empowering way of sharing common expertise and knowledge about an issue that affects participants.



Figure 4.

During 2012-2013, the Photovoice facilitators recruited two cohort groups of five women each. The majority of participants were recipients of one MPCA program, the Improving Pregnancy Outcomes Program (IPOP), or (in the second cohort) were invited by previous Photovoice participants. Participants were incentivized with small stipends, bus passes, food, child-care and leadership skills trainings. To promote a safe space, sessions were held during the daytime every other week at the main youth community center. Our clients used photography and storytelling to answer the question: "If you had the opportunity to talk to city leaders about economic conditions in your neighborhood, what pictures would you take that would tell that story?" Throughout

⁹ Building Movement Project. Making Social Chang Report. 2009.

http://www.buildingmovement.org/reports/entry/making_social_change_case_studies_of_nonprofit_service_providers

¹⁰ <http://www.photovoice.org/whatwedo/info/background-to-the-field>



the sessions, participants received leadership skills trainings from the Photovoice project facilitators (UCSF/UC Berkeley medical student and BB4HE staff) in public speaking, using camera equipment, role playing scenarios, storytelling, and data analysis. Participants put these learned skills to use weekly. Participants used the SHOWD question method to help them capture what story their picture emoted by answering the SHOWD questions (Figure 4).

Top Themes across Visual Stories	
Issues Categorized	Solutions per Category
<ol style="list-style-type: none"> 1. Economic breakdown and poverty 2. Neglected Neighborhoods 3. Personal and Community Development 4. Improving Systems (<i>i.e., ongoing issues of racism & classism, limited advancement, irregular public assistance</i>) 5. Decision Makers not being accountable (<i>i.e., obstacles in honoring resident engagement, city leaders not representing from community served, lack of safety</i>) 	<ol style="list-style-type: none"> 1. Increase employment opportunities and entrepreneurship 2. Improve physical environment and access to community services 3. Increase community and personal assets 4. Increase knowledge and access to external resources and opportunities to participate in community 5. Change policies and hold city leaders accountable

In June 2013, the photovoice facilitators brought together over 70 community stakeholders to celebrate the women's hard work, view the photography in a gallery format, learn about preliminary findings and discuss ways to take action. We received such a positive response from the exhibition event that we partnered with community organizations to host smaller scale mini-exhibitions at their sites. In addition, host sites along with photovoice participants led informal discussion circles with residents as a way to engage the community. Many of the participants continue to remain engaged in local leadership opportunities and projects in the community, including participating in the Brighter Beginnings Leadership Academy and Family Independence Initiative or presenting at the Building Blocks Collaborative, Youth Uprising and Community Check Cashing.

The Photovoice project is one example of how to empower clients to understand the root causes of an issue and how they can play a role in taking action. Approaches like this encourage empowerment and leadership development as an opportunity for staff and clients to address the social determinants of health.



Moving Forward

Building on the work started through the Prosperity Project, we are actively working with our Maternal Paternal Child and Adolescent Health Director and the Maternal Paternal Child and Adolescent Health Coordinator to integrate financial empowerment into MPCAHA programs and bridge the gap between service delivery and systemic change. This includes leveraging opportunities that build staff and client capacities to create a culture of shared knowledge/strengths through:



- Expanding the financial coaching training into a training schedule for all home visiting programs
- Defining expectations and standards around financial coaching for home visitors (i.e. during case conferences, in care plans, in reflective practice, in departmental protocols, etc.)
- Collaborating with the MPCAHA Director and coordinator to develop strategies for MPCAHA staff to communicate about policy-related issues they face in their work
- Developing a body in the MPCAHA unit to address the social determinants of health in a concrete way (e.g., advocating for affordable housing, cultivating effective partnerships to tailor reliable financial products for clients, highlighting staff doing health equity work)



This next phase of the work is now known as the Health Equity & Resource Advocates (HERA) Initiative. HERA is engaging MPCAHA staff to develop client-focused solutions to address the social factors that impact the health of the pregnant women, men and families with young children who are receiving our services. This new evolution of the work represents a commitment to addressing the root causes of health within our department's existing services and moves us forward in achieving health equity in Alameda County.

Summary

The Prosperity Project allowed us to explore concepts of financial empowerment and policy engagement within the context of home visiting programs, and explore the needs of programs, staff, and clients. This process was collaborative and adaptable in its approach to find opportunities to build on what existed in programs.

Integrating financial empowerment and policy advocacy into home visiting programs benefited from a multi-level approach. Through policy, this project advocated for changes to current mainstream banking products, practices and services to provide more accessible low-cost alternatives across Alameda County. Through education, the project developed educational tools to connect residents to reliable financial products and services as well as engaging their critical thinking skills when making financial decisions. And through service delivery, the project incorporated financial empowerment and policy engagement strategies as part of home visiting practices to address health inequities that clients face. This multi-level approach was a beneficial concurrent process where each level interacted with, learned from, and responded to one another in order to identify impactful strategies that promote economic well-being across low-income communities.

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