

**Title:**

Using Condition Cash Transfer Programs for Engaging Low-Income Parents in Health Promoting Programs

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**Session Title:**

Supporting the Needs of Low-Income Families to Improve Parent and Child Outcomes

**Slot:**

D 03: Friday, 28 July 2017: 10:45 AM-12:00 PM

**Scheduled Time:**

11:25 AM

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**Keywords:**

Health promotion, Low-income families and Parenting

**References:**

Fernald, L.C., Gertler, P.J., Neufeld, L.M. (2008). Role of conditional cash transfer programmes for child health, growth, and development. *Lancet*, 371, 828-837.

Garvey, C., Julion, W., Fogg, L., Kratovil, A., & Gross, D. (2006). Measuring participation in a prevention trial with parents of young children. *Research in Nursing & Health*, 29, 212-222.

Gross, D., Garvey, C., Julion, W., Fogg, L., Tucker, S., & Mokros, H. (2009). Efficacy of the Chicago Parent Program with low-income African-American and Latino parents of young children. *Prevention Science*, 10, 54-65.

Gross, D., Johnson, T., Ridge, A., Garvey, C., Julion, W., Brusius, A., Breitenstein, S., & Fogg, L. (2011). Cost-effectiveness of childcare discounts on parent participation in preventive parent training in low-income communities. *Journal of Primary Prevention*, 21, 283-298.

National Academies of Sciences, Engineering, and Medicine (2016). *Parenting Matters: Supporting Parents of Children Ages 0-8*. Washington, DC: The National Academies Press.

**Abstract Summary:**

Nurses often struggle to engage parents from low-income communities in programs designed to promote their children's health and wellbeing. This session describes a study of one innovative strategy that boosted parent participation and improved children's behavioral health outcomes.

**Learning Activity:**

<b>LEARNING OBJECTIVES</b>	<b>EXPANDED CONTENT OUTLINE</b>
Learner will describe the qualities of an effective conditional cash transfer program based on the principles of behavioral economics	Presentation will describe (a) the key principles of behavioral economics as it relates to health behavior change, (b) primary elements of developing an effective conditional cash transfer program highlighting the target behavior (i.e., behavior needs to be within the individual's control), the timing of the transfer (i.e., the more immediate, the better), and the magnitude of the amount of the transfer (i.e., the larger the incentive, the more effective but need to consider potential for coercion or "gaming the system"), and (c) current evidence from studies conducted in low-resource countries that have used conditional cash transfers demonstrating their effects on child health, physical development, cognitive development, and behavior.
Learner will describe how conditional cash transfers were associated with higher parent engagement in an evidence-based parenting intervention designed to strengthen parenting skills and parent-child relationships and implemented in public schools serving low-income families.	Presentation will describe research findings as they pertain to the impact of the condition cash transfers on participation rates, rates of completing the skill building parent "homework" assignments, quality of participation during the parent group sessions, and parent perceptions of the extent to which the conditional cash transfers motivated their enrollment and attendance. I will also present the impact of parent attendance on improvements in their children's behavior problem scores ( $p < .001$ ). Parent satisfaction data showing how their participation in the parent program affected their perceptions of their child, their child's school, relationships with people other than their child, and their interpersonal relationships will also be presented.
Learner will critically examine the advantages and disadvantages of a conditional cash transfer program for promoting healthy behavior in vulnerable populations from an individual and societal perspective	I will present the theoretical, political, and practical considerations inherent in sustaining conditional cash transfer programs. This will include a discussion about the importance of examining the costs and benefits (at a societal level) of health promoting programs with conditional cash transfers to support

	sustaining similar programs in low-income communities.
The learner will apply the findings from this study to other community-based programs struggling to engage low-income families in health behavior change.	I will describe the use of bank debit cards that can be easily applied in a range of settings and electronically managed. I will describe the cost to implement and how parents have used the debit cards to supplement their incomes to purchase basic necessities such as food, transportation, and clothing.

### Abstract Text:

**Introduction:** To boost participation rates in health promotion/prevention interventions, researchers typically pay participants cash incentives for enrolling, attending, or completing assessments. Cash incentives help meet recruitment targets and maintain statistical power. But they diminish external validity when under-resourced agencies cannot offer the same incentives for attaining comparable parent participation and adherence rates. Indeed, research shows that under real-life conditions, most parents invited to participate in parenting programs do not attend, limiting the impact and cost-effectiveness of evidence-based programs. The purpose of this study is to examine the feasibility, acceptability, sustainability, and impact of a conditional cash transfer (CCT) program for raising parent participation rates in a 12-session parenting skills training program, called the Chicago Parent Program, offered in Baltimore City schools serving low-income families. CCT programs use a behavioral economics model and provide cash incentives conditioned on completing a set of desired activities. CCT programs have been used in over 30 low resource countries and shown to improve a range of child health outcomes. However, they are rarely used in the United States to promote healthy behavior in low-income communities.

**Method:** Parents of 4-year old pre-kindergarten (preK) children in 9 Baltimore City Public Schools serving a low-income families (>92% low-income; 96% African American or Latino) were given a bank issued debit card and offered up to \$230 to participate in the parenting groups at their child's school; \$15 for each 2 hour session attended and \$5 for each weekly skill building "homework" assignment completed and submitted. These amounts were based on prior research estimating the opportunity costs for parents to attend a 2-hour parent group session. Group leaders submitted weekly attendance and "homework" completion records electronically within 24 hours of the parenting sessions; incentives were loaded electronically onto parents' debit cards within 48 hours of the session. Data were collected on attendance, homework assignment completion, quality of parent engagement in the parenting sessions, parents' motivations for enrolling in the program, importance of cash incentives on their decision to enroll and attend the program, and how cash incentives were used. Parent reports of child behavior problems were also obtained at baseline and post-intervention (3 months later) using the Eyberg Child Behavior Inventory, a standardized measure of child behavior problems. Results were compared with participation rates previously obtained in published validation studies conducted with comparable parent samples.

**Results:** To date, 213 parents of 4-year old preK students have enrolled in the parenting skills training program (56.5% single-parent households; 70% African American; 67% report annual household incomes <\$20,000). Across schools, 80% of parents who enrolled attended at least one parent group session (M attendance= 65% of sessions) and 60% completed weekly homework assignments; a four-fold increase in homework completion rates without CCTs. Although 68% of parents reported that the debit cards influenced their decision to enroll, the most important reasons parents cited for signing up were to "learn better ways to manage my child's behavior" (94%) and "always looking for ways to be a better parent" (96%). At baseline, 42% of the preschool children had behavior problems in the "clinical range" (defined as scores greater than 1 SD above the mean). At post-intervention, 22% of the children had behavior problems in the "clinical range," representing a 48% decline in child behavior problems ( $p<.001$ ). Parents

who identified the CCTs as an important motivator for signing up for the program tended to have higher attendance rates ( $F=2.8$ ,  $p=.07$ ). The most common reason for not attending parent groups (53.3%) was a change in their work schedule that conflicted with the time of the group session. Observed quality of parent participation during group sessions was high and comparable to results obtained when no CCT's were provided. Parents used debit cards for food, clothing, gas, school supplies, medicine, and other basic necessities.

**Conclusion:** The importance of a responsive and nurturing caregiving environment may never be more important than during the first 5 years life when children's brain architecture is first developing and when most of what children learn centers on the home environment. Promoting healthy caregiving environments, particularly among families struggling with the stress of raising young children in poverty, is an important role for nurses. However, even the most effective interventions cannot work if parents do not participate. The results of this study suggest that CCT programs are feasible, acceptable, and useful for improving parent participation rates in health promoting programs in low-income communities. However, CCT's remain controversial in the U.S. Features of high impact CCT programs and efforts for sustaining CCT programs in schools will be discussed.