Increasing Access to EITC to Reduce ACEs

Final Report

Oct 1, 2020 – Sept 30, 2023

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Executive Summary

The 2022-2023 fiscal year was the final year of implementation of the EITC Access Project. During this time, many successes and some challenges were encountered. This report includes process information for the entire grant period (2020-2023) and pre- and post-test findings from home visiting families.

The main take-aways from the Local Council approach include:

- Local Councils again distributed significantly more flyers than expected. Local Councils distributed 25,610 flyers, compared to our goal of 7,130.
- Local Councils provided 6,945 Spanish copies of the flyer, 730 in Arabic, 390 in Burmese, and 115 in French.
- There was uneven flyer distribution across counties.

The main take-aways from the Home Visiting approach include:

- Overall, we collected 335 surveys, 215 pre-test and 120 post-test surveys over the period of 2020-2023 fiscal years.
- Since the University of Michigan took over data collection for most sites beginning at the end of August 2022, the number of completed surveys has increased significantly.
- In the 2022-2023 fiscal year, we conducted 34 qualitative interviews with participants from the treatment group.
- The University of Michigan provided gift card incentives to families for completing surveys and participating in qualitative interviews. These incentives positively impacted response rates.
- At the end of the fiscal year 2022-2023, there were 120 families (69 treatment, 51 control) with matched pre-post test data to assess program impacts. The findings suggest that the intervention is related to increased knowledge of, application for, and receipt of EITC, as well as reduced child neglect.
- The findings from the qualitative interviews indicate that the intervention promoted financial literacy and management skills, stress relief, and improved family relationships in addition to providing child development support and social support.

Introduction

Adverse childhood experiences (ACEs) include economic hardship, parental separation due to divorce or parental death, parental incarceration, physical child abuse, child sexual abuse, child neglect, parental mental health problems, and parental substance use (Felitti et al., 1998). Earned Income Tax Credit (EITC) has shown promise for reducing poverty, child maltreatment, and parental mental health problems (Evans & Garthwaite, 2014; Klevens et al., 2017). Despite its positive impacts, 1 in 5 eligible Americans does not receive EITC (Thomson, 2020).

The EITC Access Project involves a two-level strategy across 44 counties in the state of Michigan. Thirty-five counties are receiving Level 1, a community education only strategy, including culturally appropriate flyers and informational materials regarding EITC. These include Alpena, Antrim, Barry, Branch, Charlevoix, Crawford, Delta, Emmet, Genesee, Grand Traverse, Gratiot, Hillsdale, Huron, Ingham, Isabella, Jackson, Kalkaska, Kent, Leelanau, Livingston, Mackinac, Macomb, Mason, Menominee, Midland, Missaukee, Muskegon, Oakland, Oceana, Ottawa, Presque Isle, Roscommon, Saginaw, Shiawassee, and Wexford.

The informational materials are intended to destigmatize receipt of EITC and provide critical details on who is eligible and how to apply. Level 2 includes the community-education strategy and one-on-one concentrated benefits advocacy in 7 counties (Baraga, Houghton, Keweenaw, Calhoun, St. Clair, Sanilac, and Wayne). The benefits advocacy will be layered into existing Parents As Teachers (Wagner & Clayton, 1999) home visiting programs. It will involve motivational interviewing techniques, assessing potential EITC eligibility, and assistance in scheduling and attending a meeting with a Volunteer Income Tax Assistance (VITA) volunteer. Two counties, Washtenaw and Kalamazoo, serve as the control group for Level 2. The logic model for the EITC Access Project is included in Figure 1.

Funding was received from the US Department of Health and Human Services Office of Minority Health beginning October 1, 2020, to initiate the EITC Access Project. From October 1, 2020, through March 31, 2021, the EITC Access Program was in a planning phase to get the program up and running. Beginning April 1, 2021, the Level 1 Strategy was implemented. Level 2 was implemented on June 1, 2021, after some minor delays with the Institutional Review Board.

The current report includes information from the period of October 1, 2020 – September 30, 2023.

Figure 1. Logic Model

Inputs	Outputs		Outcomes		
	Activities	*Participation*	*Short*	*Medium*	*Long*
OMH Grant Children's Trust Fund Staff Michigan Department of Health and Human Services Office of Equity and Minority Health Partner University of Michigan School of Social Work Evaluation Partner Existing CTF-funded programs for which the benefits advocacy will be layered into e.g. home visiting program VITA volunteers Motivational Interviewer Trainers	Educational activities through local boards -culturally-relevant and sensitive flyers provided to families and hung in commonly accessed public places e.g. libraries -radio public service announcements -local newspaper advertisements Training for home visitors Concentrated benefits advocacy with individual parents receiving Parents As Teachers home visiting program	Local health departments, the Great Start Collaboratives throughout the state, Michigan Department of Health and Human Services, faith-based entities, Head Start and Early Head Start, local Child Advocacy Centers in 44 counties Home visitors in 9 counties for concentrated benefits advocacy 333 Parents receiving concentrated benefits advocacy 16,913 Parents in 44 counties receiving community education public health approach	Increased awareness of EITC (survey questions)	Increased take-up of EITC (as measured by self-report and county-level take-up rates) Increased protective factors (as measured by Protective Factors Survey)	Improved economic well-being (as measured by self-reported income and economic hardship) Decreased child maltreatment (as measured by the Brief Child Abuse Potential Inventory [BCAPI] and Multi-Dimensional Neglect Behavior Scale [MNBS], linkage to CPS records, and county-level CPS rates) Decreased intimate partner violence (as measured by Revised Conflict Tactics Scale Short version [CTS2S]) Decreased mental health problems in parents (as measured by Composite International Diagnostic Interview [CIDI] short form)

IMPACT: To increase economic well-being of families and decrease adverse childhood experiences in children and the impact of adverse childhood experiences on adults.

Local Council Approach

Numbers served

Overall, Local Councils have far exceeded the year 3 goal for flyer distribution. Specifically, we had a goal of distributing 7,130 flyers in the 2022-2023 fiscal year. By the end of the fiscal year, Local Councils distributed 25,610 flyers. There were differences in the number of flyers distributed by county. Figure 2 displays the flyer distribution by county.

Figure 2. Local Council Flyer Dissemination in 2022-2023 by County

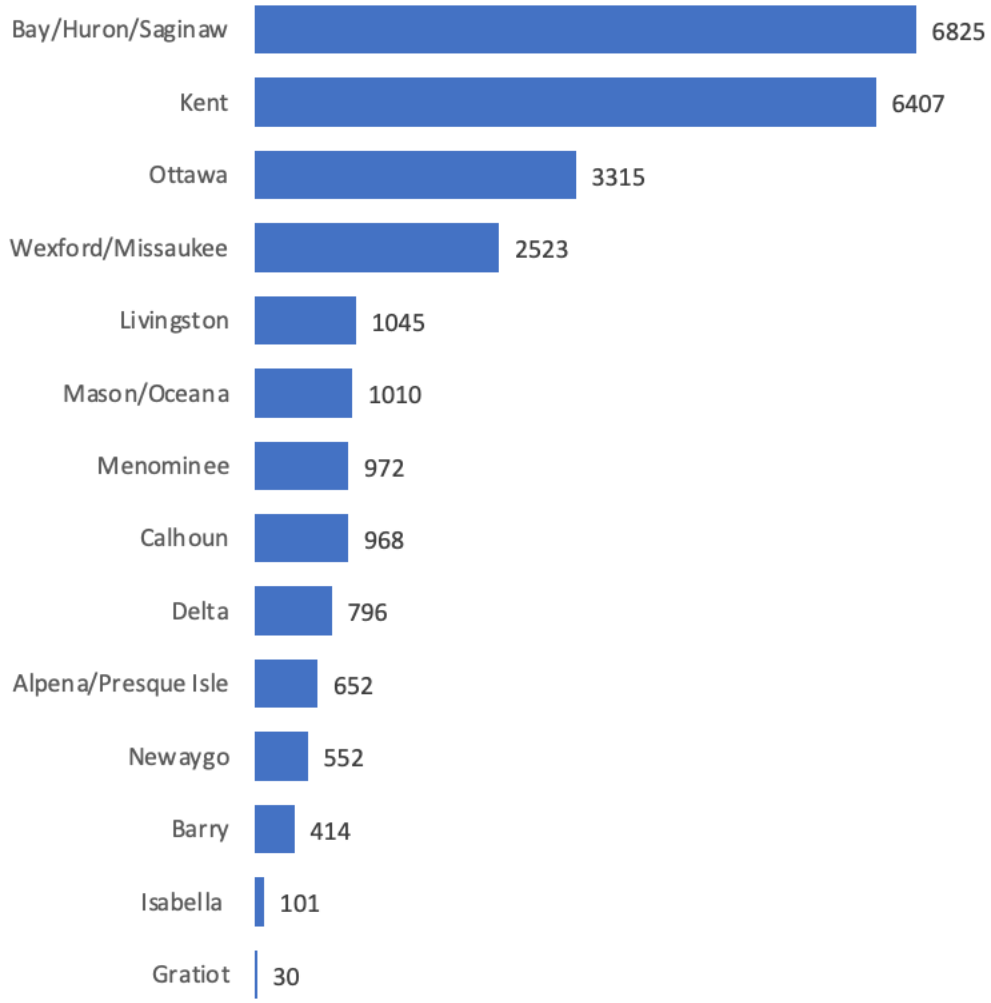


Figure 3. Local Council Flyer Dissemination in 2022-2023 by County by Goal

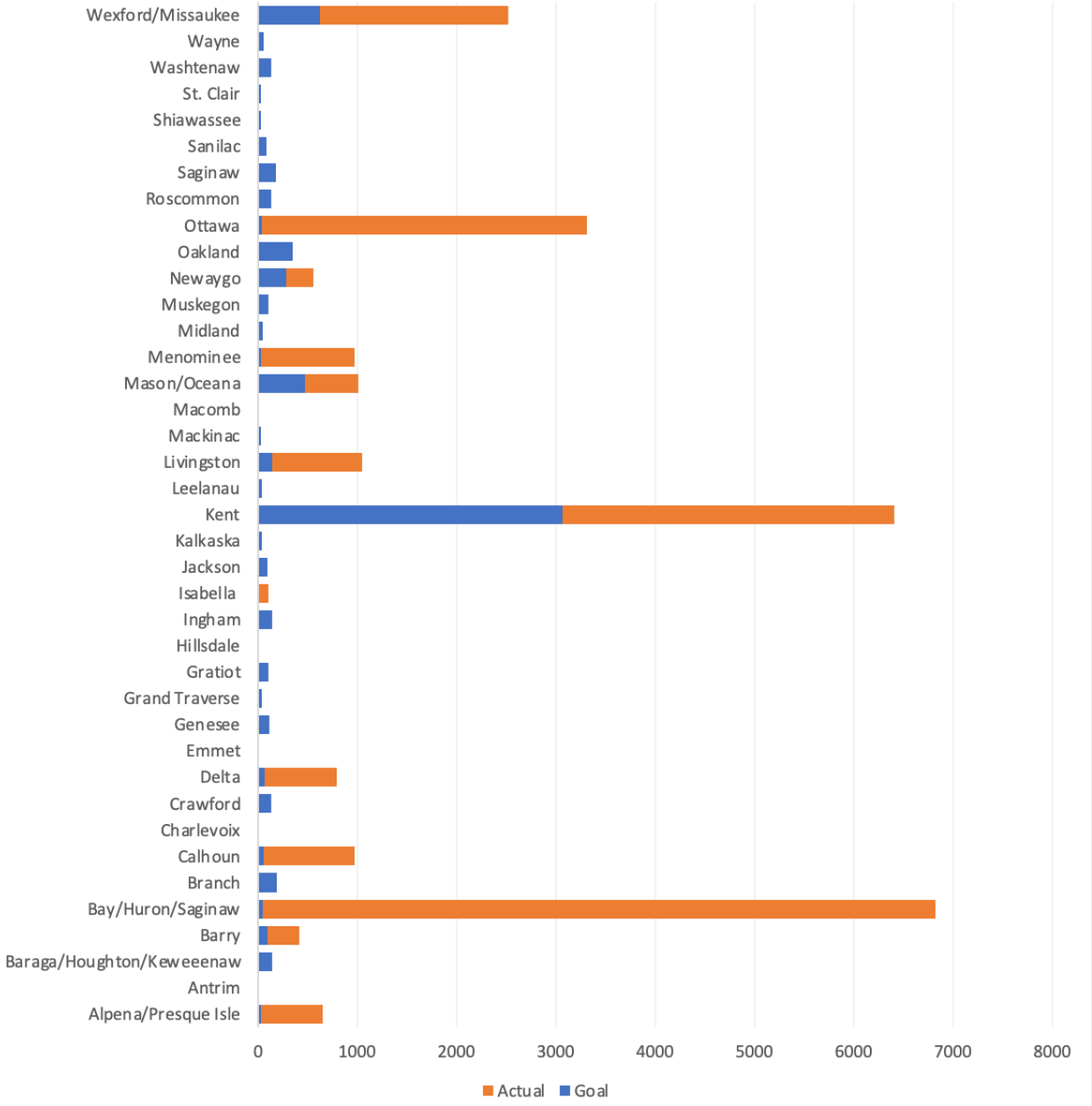
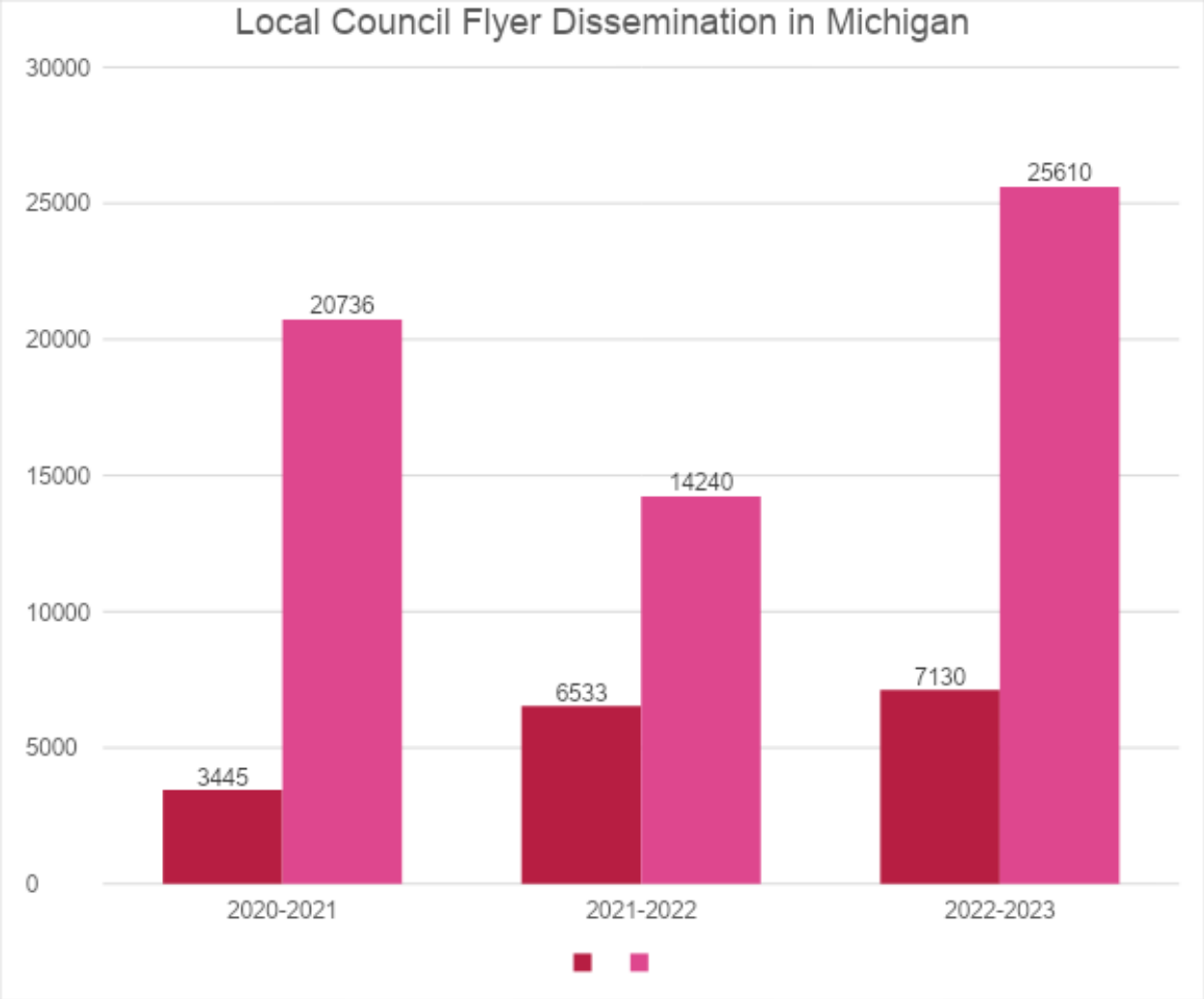
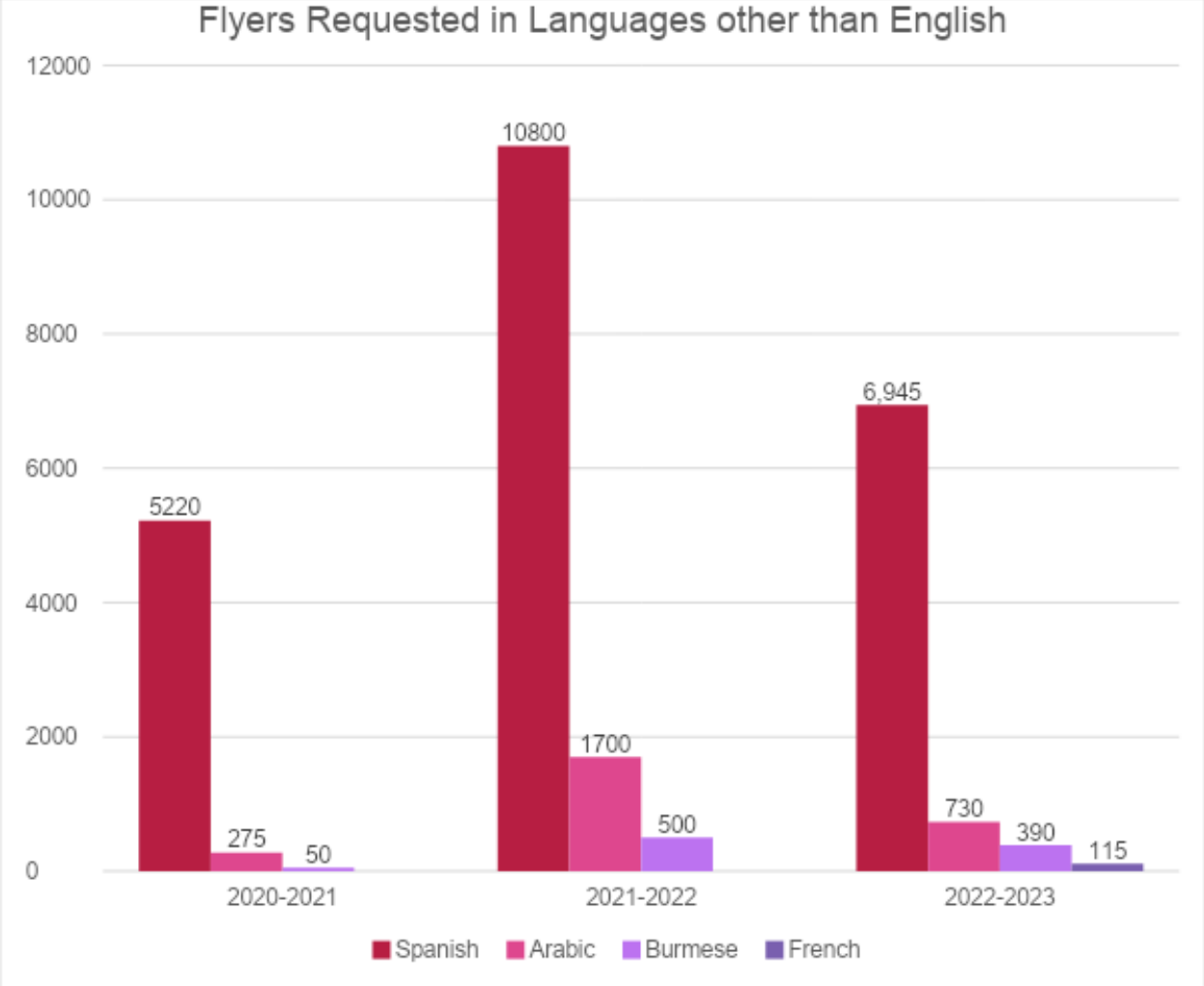


Figure 4. Statewide Local Council Flyer Dissemination by Fiscal Year (Goal vs. Attainment)



As illustrated in Figure 4, the achievement in the dissemination of flyers in the state of Michigan substantially surpassed the established goal.

Figure 5. Flyers Requested in Languages other than English (2020-2023)



Flyers were translated into Spanish, Burmese, Arabic, and French. In the 2022-2023 fiscal year, 18 Local Councils requested digital copies of the Spanish version, 6 requested digital copies of the Burmese version, 6 requested a digital copy of the Arabic version, and 4 requested digital copies of the French version. Figure 5 above displays the number of physical copies of flyers requested by Local Councils over the three years. There were 6,945 Spanish copies distributed to Local Councils, 730 Arabic copies, 390 Burmese, and 115 French copies in the 2022-2023 fiscal year.

Home Visiting Approach

2022-2023 Activities

In the third year of the EITC Access Project, the University of Michigan collected data for most study counties. Home visitors continue to collect surveys in St. Clair, Baraga, Houghton, and Keweenaw Counties because the home visitors and supervisors in those counties preferred to collect their own data, and the programs had a demonstrated track record of successfully doing so. Two home visitors in Kalamazoo County and one in Calhoun County continue to conduct their own surveys because they are working with non-English-speaking families. We also collected qualitative data through in-depth interviews with participating families from the treatment group.

Numbers Served

Overall, we collected 335 surveys, 215 pre-test, and 120 post-test surveys throughout the grant period. This included surveys from Baraga/Houghton/Keweenaw (5 pre-test, 2 post-tests); Calhoun (29 pre-tests, 20 post-tests); Kalamazoo (71 pre-test, 38 post-tests); Sanilac (13 pre-tests; 11 post-tests); St. Clair (23 pre-tests, 21 post-tests); Washtenaw (37 pre-tests; 14 post-tests); and Wayne (37 pre-tests, 14 post-tests).

Demographic Information

Families are asked to complete pre- and post-test surveys as part of the home visiting intervention evaluation. They complete pre-tests at program initiation and then post-test surveys every six months over two years, for a maximum of four total survey time points. Tables 1 and 2 display descriptive information from the pre- and post-tests completed.

Table 1. Participants' Demographic Characteristics (at pre-test)

	Treatment Group (n=109)		Control Group (n=106)	
	Frequency or Mean (SD)	**Percentage or Range**	**Frequency or Mean (SD)**	**Percentage or Range**
Gender				
Female	100	91.7%	95	89.6%
Male	9	8.3%	11	10.4%
Race and Ethnicity				
Caucasian/White	55	50.5%	39	36.8%
African American/Black	37	33.9%	42	39.6%
Latino/Hispanic***	2	1.8%	17	16.0%
Asian***	12	11.0%	0	0.0%
Native Hawaiian/Pacific Islander	1	0.9%	0	0.0%
Middle Eastern	0	0.0%	1	0.9%
Mixed Race	2	1.8%	2	1.9%
Other (Option to Specify)	0	0.0%	3	2.8%
Prefer Not to Say	0	0.0%	2	1.9%
Education Level				
Some High School*	30	27.5%	15	14.2%
High School (GED or Equivalent)	30	27.5%	40	37.7%
Some College	29	26.6%	28	26.4%
Trade School	2	1.8%	3	2.8%
Associate Degree	8	7.3%	7	6.6%
Bachelor's Degree or Higher	9	8.3%	9	8.5%
Missing Data	1	0.9%	4	3.8%
Relationship Status				
Single	42	38.5%	47	44.3%
Divorced/Separated	3	2.8%	7	6.6%
Widowed	1	0.9%	0	0.0%
Living with a Partner	26	23.9%	13	12.3%
Partnered, but not living together	2	1.8%	3	2.8%
Married	34	31.2%	36	34.0%
Missing Data	1	0.9%	0	0.0%
Number of Children*	2.27 (1.50)	0-7	2.63 (1.52)	0-7

Of the overall sample, 92% of the treatment group participants and 90% of the control group participants were female. In terms of race and ethnicity, about 51% of the treatment group and 37% of the control group were Caucasian/White. 34% of the treatment group and 39% of the control group were African American/Black. 11% of the treatment group and none of the control group were Asian. 2% of the treatment group and 16% of the control group were Latino/Hispanic. 1% of the treatment group and none of the control group were Native Hawaiian/Pacific Islander. None of the treatment group and 1% of the control group were Middle Eastern. 2% of the treatment group and 2% of the control group

were mixed race. Of the control group, 3% identified as other races, and 2% preferred not to report their race and ethnicity.

Regarding education level, approximately 27% of the treatment group had some college, and 16% reported having an associate or bachelor's degree or higher education. Of the control group, 26% had some college, and 15% had an associate or bachelor's degree or higher education. Among the treatment group participants, 28% reported high school completion via GED or equivalent, and 28% reported some high school education. Of the control group, 38% reported high school completion via GED or equivalent, and 14% reported having some high school education. Relationship status varied throughout the sample. In the treatment group, 39% were single; the control group was slightly higher at 44%. 3% of the treatment group and 7% of the control group reported being divorced or separated. 24% of the treatment group were living with a partner; 2% were partnered but not living together. In the control group, only 13% reported living with a partner, with 3% partnered and not living together. 31% of the treatment group and 34% of the control group were married. The number of children per family in the control group was higher (2.63) compared to the treatment group (2.27).

Table 2 Participants' Demographic Characteristics (at post-test)

	Treatment Group (n=69)		Control Group (n=51)	
	Frequency or Mean (SD)	**Percentage or Range**	**Frequency or Mean (SD)**	**Percentage or Range**
Gender				
Female	66	95.7%	45	88.2%
Male	3	4.3%	6	11.8%
Race and Ethnicity				
Caucasian/White	38	55.1%	21	41.2%
African American/Black	17	24.6%	20	39.2%
Latino/Hispanic	2	2.9%	6	11.8%
Asian*	9	13.0%	0	0.0%
Native Hawaiian/Pacific Islander	0	0.0%	0	0.0%
Middle Eastern	0	0.0%	1	2.0%
Mixed Race	2	2.9%	1	2.0%
Other (Option to Specify)	0	0.0%	0	0.0%
Prefer Not to Say	1	1.4%	2	3.9%
Education Level				
Some High School	14	20.3%	10	19.6%
High School (GED or Equivalent)	17	24.6%	11	21.6%
Some College	19	27.5%	16	31.4%
Trade School	3	4.3%	3	5.9%
Associate Degree	8	11.6%	3	5.9%
Bachelor's Degree or Higher	8	11.6%	8	15.7%
Missing Data	0	0.0%	0	0.0%
Relationship Status				
Single	22	31.9%	19	37.3%
Divorced/Separated	4	5.8%	2	3.9%
Widowed	1	1.4%	0	0.0%
Living with a Partner	16	23.2%	10	19.6%
Partnered, but not living together	0	0.0%	1	2.0%
Married	26	37.7%	19	37.3%
Missing Data	0	0.0%	0	0.0%
Number of Children	2.18 (1.42)	1-6	2.34 (1.67)	1-7

Table 3 Economic information on home visiting participants at pre-test

	Treatment Group (n=109)		Control Group (n=107)	
	Frequency or Mean (SD)	**Percentage or Range**	**Frequency or Mean (SD)**	**Percentage or Range**
Work Status				
Full time	26	23.9%	30	28.0%
Part time	9	8.3%	16	15.0%
Not working, but looking	15	13.8%	14	13.1%
Not working	58	53.2%	47	43.9%
Missing data	1	0.9%	0	0.0%
% Worked in the Last Month	39	35.8%	45	42.1%
Reported income from the Last Month	$923.62 ($1531.17)	$0-$9167	$1052.99 ($1397.37)	$0-$6600

	Treatment Group (n=109)		Control Group (n=107)	
	Frequency or Mean (SD)	**Percentage or Range**	**Frequency or Mean (SD)**	**Percentage or Range**
Work Status				
Full time	26	23.9%	30	28.0%
Part time	9	8.3%	16	15.0%
Not working, but looking	15	13.8%	14	13.1%
Not working	58	53.2%	47	43.9%
Missing data	1	0.9%	0	0.0%
% Worked in the Last Month	39	35.8%	45	42.1%
Reported income from the Last Month	$923.62 ($1531.17)	$0-$9167	$1052.99 ($1397.37)	$0-$6600

As shown in Table 3, 24% of the treatment group and 28% of the control group worked full-time at pre-test. 8% of the treatment group and 15% of the control group worked part-time. 14% of the treatment group and 13% of the control group reported that they were not working but were looking for employment. 53% of the treatment group and 44% of the control group were not working and not looking for employment. 36% of the treatment group and 42% of the control group reported that they had worked at all in the past month. The reported monthly income was about $924 on average for the treatment group, compared to about $1,053 for the control group.

Table 4 Economic information on home visiting participants at post-test

	Treatment Group (n=69)		Control Group (n=51)	
	Frequency or Mean (SD)	**Percentage or Range**	**Frequency or Mean (SD)**	**Percentage or Range**
Work Status				
Full time	22	31.9%	10	19.6%
Part time	10	14.5%	10	19.6%
Not working, but looking	7	10.1%	7	13.7%
Not working	30	43.5%	24	47.1%
Missing data	0	0.0%	0	0.0%
% Worked in the Last Month	34	49.3%	21	41.2%
Reported income from the Last Month	$1024.86 ($1364.03)	$0-$5530.04	$914.12 ($1499.46)	$0-$7250

Economic information at post-test is shown in Table 4. 24% of the treatment group and 28% of the control group worked full time at pre-test. 8% of the treatment group and 15% of the control group worked part time. 14% of the treatment group and 13% of the control group reported that they were not working but were currently looking for employment. 53% of the treatment group and 44% of the control group were not working and not looking for employment. 36% of the treatment group and 42% of the control group reported working at all in the past month. The reported monthly income was about $924 on average for the treatment group, compared to about $1053 for the control group.

Over the 2022-2023 fiscal year, there were post-tests completed that had a matched pre-test during the program period. This included treatment group families and control group families. Although these numbers are too small to assess statistical significance, the remaining tables contain comparisons of matched pre- and post-test data for families by treatment and control group, for descriptive purposes.

Table 5. Information regarding Earned Income Tax Credit among Home Visiting Participants

	Treatment Group (n=69)						Control Group (n=51)					
	Pre-test		Post-test		⊗		Pre-test		Post-test		⊗	
	#	%	#	%	Diff	p	#	%	#	%	Diff	p
Heard of EITC*	37	53.6%	61	88.4%	34.8%	<0.001	37	72.5%	36	70.6%	-1.9%	0.62
Previously Filed* for EITC	22	32.4%	34	48.5%	16.1%	0.02	17	34.7%	20	38.8%	4.1%	0.31
Previously Received EITC*	20	38.1%	27	61.9%	23.8%	0.01	12	32.0%	13	28.0%	-4.0%	0.71
Experienced Barriers Applying	3	4.5%	6	9.1%	4.6%	0.13	2	4.1%	1	2.0%	-2.1%	0.72

Among the home visiting participants, the percentage of families that had heard of EITC significantly increased in the treatment group from pre-test to post-test (from 53% to 88%; $p<0.001$) but remained similar in the control group (from 73% to 71%; $p>0.05$). The percentage of families that previously filed for EITC significantly increased from pre-test to post-test (32% to 49%; $p<0.05$) in the treatment group. However, the increase from 33% to 17% in the control group was nonsignificant. In comparing those who previously filed for EITC and those who received it, 20 of the 22 treatment group families who had previously filed for it received it in the pre-test, and 27 of 34 families that applied for it received it in the post-test. Among the control group families, 12 of 17 families who applied for EITC received it in the pre-test, and 13 of 20 families that applied for it received it in the post-test. Finally, the percentage of families that experienced barriers when applying for EITC remained the same in the treatment group from pre-test to post-test (5%) and similar in the control group (4% and 2%; differences were statistically nonsignificant). No significant decrease in barriers applying among the treatment group may be due to more families in the treatment group applying for EITC after the intervention.

Table 6. Adverse Childhood Experiences Outcomes and Protective Factors among Home Visiting Participants

	Treatment Group				Control Group				
	Pre	Post			Pre	Post			
	Mean (SD)	Mean (SD)	N	*p*	Mean (SD)	Mean (SD)	N	*p*	Scale Range
Economic Hardship	2.11 (2.19)	2.07 (1.93)	57	0.45	2.09 (2.51)	1.96 (2.18)	45	0.29	0-11
Depression	0.69 (0.53)	0.83 (0.56)	59	0.97	0.95 (0.64)	0.82 (0.62)	45	0.05	0-3
Anxiety	0.83 (0.78)	0.89 (0.73)	58	0.72	1.18 (0.97)	0.97 (0.87)	42	0.05	0-3
Child Abuse Risk	6.70 (5.93)	7.79 (5.60)	66	0.97	6.79 (5.21)	6.93 (5.64)	42	0.57	0-26
Family Conflict	0.44 (0.93)	0.53 (0.92)	66	0.75	0.36 (0.86)	0.31 (0.76)	45	0.33	0-3
Neglect*	2.46 (6.05)	0.42 (2.39)	26	0.03	1.47 (7.42)	0.41 (2.23)	32	0.21	0-125
Intimate Partner Violence	1.24 (0.79)	1.27 (0.55)	38	0.59	1.27 (0.56)	1.22 (0.92)	26	0.34	1-6
Protective Factors									
Family Functioning	5.06 (1.36)	5.02 (1.34)	69	0.62	5.12 (1.42)	5.48 (1.53)	47	0.03	1-7
Social Supports	5.70 (1.30)	5.40 (1.52)	69	0.96	5.48 (1.60)	5.65 (1.61)	47	0.23	1-7
Concrete Supports	5.59 (1.49)	5.40 (1.61)	69	0.80	5.61 (1.58)	5.47 (1.75)	48	0.71	1-7
Nurturing & Attachment	6.27 (0.69)	6.41 (0.64)	68	0.07	6.19 (0.85)	6.49 (0.72)	46	0.002	1-7
Child Development	5.64 (1.01)	5.77 (0.91)	68	0.10	5.83 (0.93)	6.12 (0.81)	46	0.03	1-7

Table 6 presents the pre- and post-test scores for ACEs and protective factors, with varying sample sizes for each measure. This variance in sample size arises from participants having the choice to selectively answer questionnaires depending on their comfort level.

The average economic hardship scores were 2.11 at pre-test and 2.07 at post-test in the treatment group and 2.09 at pre-test and 1.96 at post-test in the control group. Depression scores among participants in the treatment group were 0.69 at pre-test and 0.83 at post-test. These scores translate to symptoms during the last week ranging from "rarely or none of the time (less than one day)" to "some or a little of the time (1-2 days)." The mean

depression scores in the control group were 0.95 at pre-test and 0.82 at post-test, both of which suggest a response between "rarely or none of the time (less than one day)" and "some or a little of the time (1-2 days)." Regarding anxiety, the treatment group scored on average 0.83 at pre-test and 0.89 at post-test, ranging between "not at all" and "several days" when asked about their symptoms within the last two weeks. The control group answered an average of 1.18 at pre-test, ranging between "several days" and "more than half the days," and 0.97 at post-test, ranging between "not at all" and "several days." For child abuse potential, the mean of the total score was calculated, and any score above 9.00 is an indicator of potential child abuse. The treatment group scored a mean total of 6.70 at pre-test and 7.79 at post-test, while the control group scored 6.79 at pre-test and 6.93 at post-test. When calculating neglect, the mean of the total score was taken. The neglect score of the treatment group significantly decreased from 2.46 at pre-test to 0.42 at post-test, indicating that neglect occurred less than once within the last year at post-test. The control group answered an average of 1.47 at pre-test and 0.41 at post-test, but the difference was not statistically significant. On the scale for intimate partner violence, the treatment group answered a mean of 1.24 at pre-test and 1.27 at post-test, indicating that respondents mostly answered between "somewhat disagree" and "strongly disagree," with stronger agreement more indicative of battering. The control group scored a mean of 1.27 at pre-test and 1.22 at post-test, both mean scores indicating respondents answered between "somewhat disagree" and "disagree a little."

Regarding Protective Factors, the treatment group answered a mean of 5.06 at pre-test and 5.02 at post-test on family functioning, both indicating an answer of their family "frequently" participating in related concepts. The control group responded with a mean of 5.12 at pre-test and 5.48 at post-test, suggesting a response between "frequently" and "very frequently" in both pre- and post-tests when considering their family's participation in activities connected to family functioning. For social supports, the treatment group scored a mean of 5.70 at pre-test and 5.40 at post-test, suggesting a response between "slightly agree" and "mostly agree" when offered questions related to social support. The mean scores for social support in the control group were 5.48 at pre-test and 5.65 at post-test, indicating a response between "slightly agree" and "mostly agree." Respondents were also surveyed on the availability of concrete supports. The treatment group answered an average of 5.59 at pre-test and 5.40 post-test, and the control group averaged 5.61 at pre-test and 5.47 at post-test, all indicating an answer of "slightly agree" to "mostly agree" when offered questions related to concrete supports. When assessed for nurturing and

attachment, the treatment group responded with an average of 6.27 at pre-test and 6.41 at post-test, and the control group responded with a mean of 6.19 at pre-test and 6.49 at post-test. These responses translate to answers between "very frequently" and "always," reflecting how often they self-identified as participating in activities related to the concept. Finally, the treatment group answered an average of 5.64 pre-tests and 5.77 post-tests on child development, translating to a response between "frequently" and "very frequently." The control group answered an average of 5.83 at pre-test, indicating a response between "frequently" and "very frequently" and 6.12 at post-test, suggesting a response between "very frequently" and "always."

Qualitative Findings

We selected participants for in-depth qualitative interviews based on their prior involvement in the online survey for the EITC program. We contacted them via phone, text, and email and scheduled interviews with only those who could recall the EITC or Your Money, Your Goals (YMYG) program. A total of 56 potential study participants were contacted, and 34 individuals completed the interview. Semi-structured interviews, lasting approximately 15 to 20 minutes, were conducted by three research assistants via Zoom or phone. All interviews were audio-recorded and subsequently transcribed.

Participants positively spoke about their experiences with the EITC and YMYG program. They reported on the benefits of the program, including but not limited to child development support, social support, financial literacy and independence, increased purchasing power, stress relief, and improved family relationships.

Child Development Support

One parent reported, "[Home visitor] 's been active in making sure my daughter is on the right developmental path and making sure we're taking the right steps going forward." Many parents appreciated the home visitors providing various developmentally appropriate activities for their children. Some parents also mentioned that home visitor's tips on parenting practices and information about child development were helpful.

Social Support

Most parents showed appreciation for their home visitors as being a great source of social support. One single parent stated that the program was, "just tremendously helpful and stress relieving. [Home Visitor] 's given me so many different strategies and definitely just even a person to talk to, so I don't feel so alone when I'm dealing with all these different feelings as a single parent." Many parents reported how supportive, helpful, and understanding their home visitors had been.

Financial Literacy & Financial Management Skills

Parents reported on notable benefits of YMYG program regarding their financial competence. Parents learned about budgeting, which they started implementing. Many parents spoke of opening a savings account and started saving for the future. For example, one parent who opened bank accounts for her children mentioned, "every year, I set a certain amount. I ask my partner like, "Can I have certain amount of money to put in their college education fund?" Until they turn 18, some of the child credit will go into their accounts. Something I learned from the home visiting is to think about their future." Further, parents started sharing financial knowledge with their children, other family members, and friends about finances. Some parents also reported that they gained a sense of control due to their financial competence.

Increased Purchasing Power

Extra income from receiving EITC allowed families to afford diverse activities with children outside the home. One parent stated, "We got to go on a family vacation after taking care of all of our bills and other things." Also, increased disposable income due to better financial management skills obtained through the program participation allowed parents to engage in various activities outside the home and better provide for their children. Some parents also reported paying bills with extra income from EITC, and how that helped reduce their stress. For example, one parent reported, "Extra money helps pay the bills and stuff that we need to get paid off, so it takes less stress off of us as parents."

Improved Family Relationships

Parent-child relationships were improved as the parents understood their children better, had resources and activities from home visitors, and were less stressed about money. For

example, one parent said, "I'm more connected with my son in a way because I understand his feelings better, and then mine as well. So, we're better, we're less stressed, and we're better off essentially." Additionally, parents had greater financial transparency with their spouses after gaining financial literacy through the program. Some parents began to make financial decisions jointly with their partners.

Conclusions

Year 3 was the final year of the EITC Access Program. 25,610 flyers were distributed across 44 counties in the state of Michigan in the fiscal year 2022-2023. Over the three-year span (2020 to 2023), a total of 60,586 educational flyers were distributed.

Over the entire grant period from 2020 to 2023, we collected 335 surveys, 215 pre-test (106 in the control group and 109 in the treatment group), and 120 post-test (51 in control group and 69 in the treatment group) surveys to examine the effects of the EITC Access Program participation. Additionally, we conducted 34 qualitative interviews to assess the impact of the program in greater depth.

Both quantitative and qualitative findings suggest a positive impact of the EITC Access Program. Quantitative findings from the pre-test and post-test surveys provide evidence of the program's benefits, particularly families' knowledge of, application for, and receipt of EITC as well as the potential to reduce child neglect. Qualitative findings show various beneficial aspects of the program, including child development support, social support, financial competence, reduced stress, increased purchasing power, and improved family relationships. The EITC Access Program, coupled with the financial empowerment program such as YMYG, can be an effective strategy to promote financial empowerment, prevent child neglect, and improve family relationships in families with low income.

Year 3 focused on sustainability, transition, and dissemination efforts. The project findings have been presented at ResilienceCon, the American Professional Society on the Abuse of Children, the Society of Social Work Research, and the Home Visiting Applied Research Collaborative. Additionally, we have submitted a manuscript on our quantitative findings to a peer-reviewed academic journal, and it is currently under review. Concurrently, we are actively working on manuscripts focusing on our qualitative findings, with the intention of

submitting them for journal publications. Dissemination of the findings from the EITC Access program holds promising potential for informing and positively impacting future initiatives to increase economic security and reduce ACEs in families.

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