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Increasing Access to Earned Income Tax Credits to Reduce Adverse Childhood Experiences

Atticus Solomon, LLMSW; Kathryn Maguire-Jack, MSW, MPA, PhD; Suzanne Greenberg, BA; Olivia D. Chang, BA; Heidi Coggins, MA, IMH-E; Jacquetta Hinton, MS

The Earned Income Tax Credit

The earned income tax credit (EITC) is commonly referred to as the number one anti-poverty strategy in the United States. It aims to lift families with children out of poverty by replacing welfare benefits with income achieved through increased work and a tax credit (Eamon et al., 2009).

According to the Internal Revenue Service (IRS), as of December 2021, 25 million workers and their families received approximately \$60 billion from the EITC (2022). Additionally, the EITC has shown to have protective effects against child maltreatment (Berger et al., 2017; Biehl & Hill, 2018; Klevens et al., 2017; Rostad et al., 2020), mental health problems (Boyd-Swan et al., 2016; Evans & Garthwaite, 2014), and intimate partner violence (IPV) (Spencer et al., 2020).

Despite these positive elements, only four out of five people eligible receive the EITC (IRS, 2019). Data from the IRS (2019) suggest that those less likely to claim the credit included those who were

- Living in rural areas
- Self-employed
- Receiving certain disability pensions or had children with disabilities
- Self-employed
- Without a qualifying child
- Not proficient in English
- Grandparents raising their grandchildren
- Recently divorced, unemployed, or experienced other changes to their marital, financial, or parental status



The EITC Access Project

To address access challenges and investigate the positive impacts of the EITC, Children Trust Michigan (CTM), University of Michigan (UM), and the Office of Equity and Minority Health (OEMH) of Michigan have collaborated on the EITC Access Project, a two-level strategy intended to provide information about the EITC, reduce stigma associated with take-up, and connect families to volunteer income tax assistance (VITA) volunteers. Level 1 is a public health approach, including dissemination of a flyer and other materials related to EITC to the general public of the selected county. Level 2 layers on concentrated financial empowerment that is delivered by Parents as Teachers home visitors (using an evidence-based, parent education model) during their normal visits. UM provides the analysis of collected data, CTM funds prevention partners who implement the Parents as Teachers home visiting program, and OEMH provides support related to assuring materials and training are culturally appropriate.

Goals and Objectives

Given the research suggesting the benefits of EITC in reducing adverse childhood experiences, the EITC Access Project is an intervention that seeks to increase take-up of EITC, and the research team is assessing the extent to which the intervention improves family outcomes. The EITC Access Project's first goal is to increase economic security by increasing awareness of the EITC, reducing barriers to receiving the EITC, and increasing receipt of the EITC for eligible participants. The second goal is to increase protective factors by increasing parental resilience and increasing concrete supports in times of need. Finally, the third goal of the EITC Access Project is to decrease adverse childhood experiences (ACEs).

The intervention consists of two levels, which provide varying degrees of intensiveness of the intervention. The first level involves a "light touch" approach of public education materials provided universally to families. The second level is more intensive and involves one-on-one education surrounding EITC and financial empowerment activities delivered through a home visiting approach. The two levels are summarized below.

Level One

Level One utilizes 35 of Children Trust Michigan's (CTM) funded primary prevention partners who serve 43 counties in Michigan. These prevention partners include stand-alone prevention organizations, health departments, Great Start Collaboratives, the Michigan Department of Health and Human Services (MDHHS), faith-based entities, Head Start and Early Head Start, local child advocacy centers, and others. The strategy is a public health initiative that consists of culturally appropriate EITC information flyers that are intended to destigmatize receipt of the EITC with language such as "It's Your Money." Flyers also provide information about who is eligible to receive the EITC, basic material surrounding the payout for recipients, and a link to where lower-income individuals can file their taxes for free. It was found that a direct link to a file system was more successful in connecting participants to a free file resource, as opposed to directions to call 2-1-1 because recipients would reference the flyer when calling.

Flyers are disseminated directly to potential recipients of the EITC by CTM's primary prevention partners through their regular programming. This dissemination includes adding the EITC flyer to parent education packets, new baby packets, car seat information, and other information packets as well as placement of the flyer in public places and sharing with other collaboration partners in the specific county. Primary prevention partners were also able to extend their reach to the county population by sharing the flyer on their website and social media.

Level Two

Level Two involves the Level One strategy with the addition of concentrated financial empowerment advocacy. Level Two is implemented by six of CTM's secondary prevention partners serving nine counties through Parents as Teachers and its home visiting program. Home visitors work directly with families and personally assess any barriers or ease concerns of potential EITC applicants. Trained in motivational interviewing and on EITC information, home visitors use the Consumer Financial Protection Bureau (CFPB)'s financial empowerment toolkit, *Your Money, Your Goals* (n.d.). The toolkit aims to help participants meet their financial goals and the home visitor applies

it during a regularly scheduled Parents as Teachers visitation. Home visitors also address information on the flyer directly with participants, personally connecting them to a VITA volunteer and providing transportation to appointments, as necessary. Seven counties serve as the treatment group, or receive the concentrated financial empowerment advocacy, and two counties serve as the control group.

Study Design

The study design is a pretest-posttest nonequivalent groups design in which there is a treatment group that is given the pretest, the intervention, and then a posttest while a control group is given the pretest, no intervention, and then a posttest. The intervention in this case is the concentrated financial benefits advocacy given by Parents as Teachers home visitors. It is used to compare population-level measures of Level Two treatment counties with Level One counties and Level Two control counties to estimate the public health approach effects, alone, and the effects of the additional concentrated financial empowerment advocacy. Level Two also utilizes a pretest-posttest in which all participant families complete a pretest survey for a baseline and follow-up posttest tests every 6 months for a total of four time points. Level Two treatment counties will be compared with Level Two control counties for these data.

Outcome Measures

Level One uses administrative data from MDHHS and the Michigan Department of Treasury to examine county-level rates of child maltreatment and take-up of the EITC for the period of 3 years before the intervention was implemented and 3 years after its completion. Measures to assess success of the approach consisted of (1) whether take-up of the EITC was increased, (2) whether receipt of the EITC was increased, and (3) whether child maltreatment decreased.

Level Two uses measures that assess the benefit of the addition of financial empowerment advocacy to *Parents as Teachers* home visiting. The research team created several survey questions to determine EITC knowledge and take-up. The FRIENDS National Resource Center Protective Factors Survey (PFS) (2011) was used to evaluate protective factors.

Economic hardship was assessed by the Material Hardship Questionnaire (Mayer & Jenks, 1989). Child maltreatment was evaluated using the Brief Child Abuse Potential Inventory (Milner, 1986) and the five-item neglect subscale of the Parent-Child Conflict Tactics Scale (PCCTS) (Straus et al., 1998). Intimate partner violence was assessed using a revised, gender-neutral version of the Women's Experiences with Battering Scale (WEB) (Smith et al., 1995). Finally, depression and anxiety of the participant were assessed using the Center for Epidemiological Studies Depression Scale (Eaton et al., 2004) and the Generalized Anxiety Disorder (GAD) -7 (Spitzer et al., 2006).

Data Sources and Data Collection Procedures

The following data sources were utilized:

1. Administrative data from the Department of Treasury on take-up of the EITC—pulled annually
2. Administrative data from Michigan Department of Health and Human Services (MDHHS)'s Statewide Child Welfare System (SACWIS) on child maltreatment reports by county—pulled annually
3. In-depth surveys with Level Two participants—University of Michigan completes the survey with participants identified by Parents as Teachers program for home visitors.

Statistical Plan

The analyses of the program were done in three sets. First, a comparison of Level One counties assessed the success of the approach in increasing take-up of the EITC and in reducing child maltreatment. Second, administrative data in Level One counties were compared with Level Two counties. This comparison illuminates the impact of the addition of concentrated financial empowerment with the Level One approach. Finally, a set of analyses examined any benefits to the Level Two treatment counties compared with control counties. Analytical methods utilized included paired samples t-tests, McNemar tests, ANOVA, and regression.

Next Steps

The State of Michigan has shown interest in implementing the EITC Access Project long term if promising beneficial impacts are shown in analyses. Level One primary prevention partners would continue to implement the approach through their contracts with CTM. There is negligible cost to the program, so no additional funding would be required—although some primary prevention partners need support in printing capacity.

The Level Two approach would require expanded funding to deliver training to other Parents as Teachers programs. CTM is seeking partnerships and funding opportunities to sustain Level Two across the state.

Conclusion

Increasing access to economic supports is likely to have substantial impacts on the primary prevention of child maltreatment. For more information on the importance of economic benefits, a recent review (Maguire-Jack et al., 2021) summarizes the state of the research on key economic support programs in the United States. Individuals interested in learning more about strategies for improving public policies locally are encouraged to go to the Prenatal-to-3 Policy Impact Center website (pn3policy.org) as well as examine the Center for Disease Control's (CDC) technical prevention package on violence prevention (Fortson et al., 2016). Finally, advocating for increases to the generosity of EITC, simplifying application processes, and raising awareness of the credit to families are critical steps for improving outcomes for children and families.

ABOUT THE AUTHORS

Atticus Solomon, LLMSW, is a macro social worker focused on primary and secondary prevention of child abuse and neglect. They have experience in the child welfare system and now work for Children Trust Michigan as their Data Coordinator. Contact: SolomonA1@michigan.gov

Kathryn Maguire-Jack, MSW, MPA, PhD, is Associate Professor at the University of Michigan School of Social Work. She studies macro-level factors predicting geographic variation in child maltreatment and child maltreatment prevention strategies. She teaches courses in social welfare policy, family violence, needs assessment, and program evaluation. She has expertise in advanced statistics, program evaluation, and public policy. Contact: kmjack@umich.edu

Suzanne Greenberg, BA currently serves as Executive Director for the MI Children's Trust Fund in Lansing, which is Michigan's agency solely focused on the prevention of child abuse and neglect through 100+ prevention programs serving the 83 counties across Michigan. Contact: GreenbergS@michigan.gov

Olivia D. Chang, BA is a combined MSW and joint PhD student in social work and developmental psychology at the University of Michigan. She studies (1) how family relations and contexts (e.g., poverty, parental behavior, racial discrimination) shape children's socioemotional adjustment and (2) the role of parents in the resilient development of vulnerable youth. Drawing on psychological and social work frameworks, her work takes an interdisciplinary approach to transforming child welfare. Contact: ochang@umich.edu

Heidi Coggins, MA, IMH-E, has over 20 years of early childhood experience coupled with extensive knowledge of the Strengthening Families Protective Factors Framework and Adverse Childhood Experiences (ACEs). She is a certified trainer in Strengthening Families, a Master ACE Trainer, and a certified H.O.P.E facilitator. Heidi has a Master of Arts in Early Childhood from Western MI University and an endorsement from Michigan Association for Infant Mental Health as an Infant Family Associate. She currently works as Direct Services Coordinator at Children Trust Michigan. Contact: CogginsH@michigan.gov



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590 Avenue of the Americas, 14th Floor, New York, NY, 10011

(Toll Free) 877-402-7722 www.apsac.org

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