

OAKLAND PROMISE BRILLIANT BABY

6-Month Follow-up Report



OAKLAND PROMISE BRILLIANT BABY



PARTNERS

NORC at the University of Chicago has partnered with the Oakland Promise and the University of California, San Francisco Benioff Children's Hospital Oakland to conduct a **longitudinal, randomized controlled trial (RCT) evaluation of the Brilliant Baby Program.**



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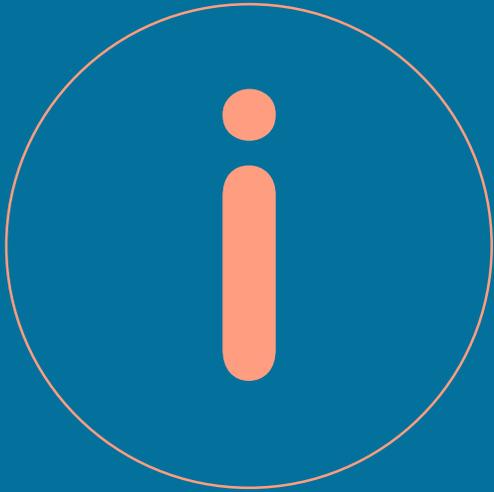
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INTRODUCTION

Oakland Promise



INTRODUCTION



Oakland Promise

BACKGROUND

Launched in 2016 in Oakland, California, the mission of the Oakland Promise is to engage the Oakland community to **advance equity and economic mobility through cradle to college and career achievement**. Through direct services, partnerships, and policy initiatives, Oakland Promise seeks to ensure that every child will graduate from high school with the expectations, resources, and skills to complete college and be successful in the career of their choice.

PROGRAMS

Oakland Promise operates **four programs** to promote educational attainment for children from birth through college. **This report will focus exclusively on the Brilliant Baby program.**



Supports parents of MediCaid-eligible babies to raise healthy, kindergarten-ready children 0-5 years of age by providing funds for college, financial coaching, and parent supports.



Partners with 70+ elementary and middle schools to build a college-going culture and establish early college scholarship funds for students.



Provides college and career planning services in OUSD high schools



Offers multi-year scholarships, mentors, and advising for students enrolled in post-secondary education.

INTRODUCTION



Oakland Promise Brilliant Baby

PURPOSE

Brilliant Baby is **Oakland Promise's early childhood program**, which supports the **healthy socioemotional and cognitive development of children from ages 0 to 5**, laying a strong foundation for success in school and life.

BACKGROUND

Brilliant Baby began in **2017**, with the goal of extending its resources to all babies born in Oakland to Medi-Cal eligible families.

Today, the program provides babies with **529 college savings accounts seeded with \$500** and engages parents and caregivers in financial empowerment, parent leadership, and community-building.

Over a dozen early childhood programs offer Brilliant Baby to families they serve, including the University of California San Francisco Benioff Children's Hospital Oakland's Claremont Primary Care Clinic, La Clinica de La Raza, Alameda County Public Health Department infant home visiting programs, Early Head Start operators.

UPDATE

As of May 2021, Brilliant Baby had established **college savings accounts for more than 900 infants** from Medi-Cal eligible families and **provided financial services to 600 adults**.

Collectively, Brilliant Baby families across Oakland have **\$560,000 invested** in post-secondary education.



INTRODUCTION



Elements of the Brilliant Baby Program

529 COLLEGE SAVINGS ACCOUNTS



529 college savings accounts (CSAs) are tax-advantaged savings/investment accounts designed to encourage saving for future education expenses. Investments made through these accounts can grow over time and thus **increase funding for a child's higher education expenses**.

There is strong empirical evidence that **CSAs also provide indirect benefits** for children and parents. For example, having a CSA for a child from birth helps **parents view their child as college-bound**, boosting parental **hope and aspirations** for the future, improving **socio-emotional development** in young children (1), and having positive effects on **early academic achievement** (2).

FAMILY ENGAGEMENT



Program and community efforts to **engage with families** include **educational workshops** (virtual and in-person) that encourage **participation in early childhood services** and teach parents about **early childhood development and education**. Family engagement utilizes social media, a monthly e-newsletter, e-birthday cards for children, and an annual Brilliant Baby community celebration.

Family engagement activities lead **to community building**, an increased sense of **shared community values**, and strengthened **expectations for children's education and college-bound future**.

FINANCIAL COACHING

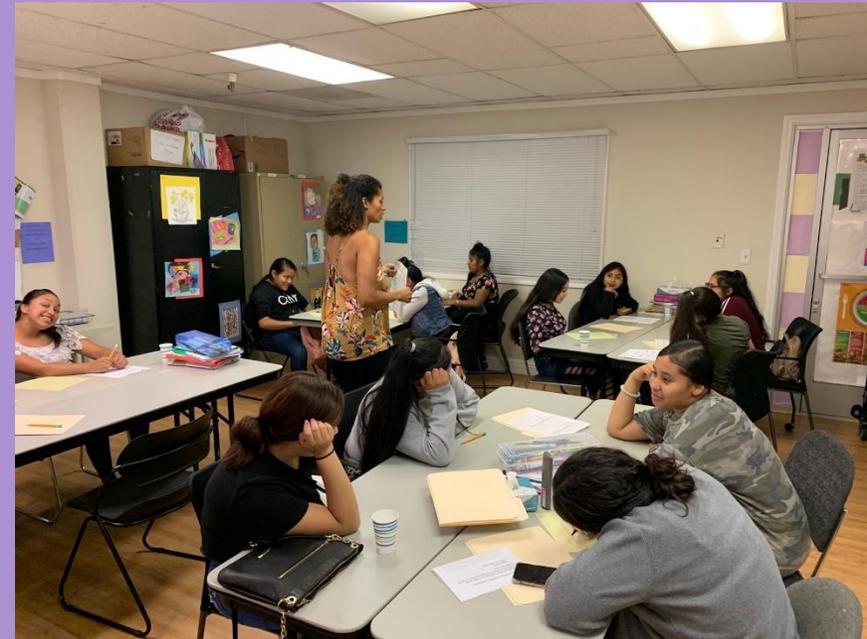


Experiences with **financial instability** among low-income families **can exacerbate financial and psychological stress in the household** (3,4). In addition to impacting the family's ability to meet tangible needs (e.g., paying bills, acquiring enough food), this instability can also hinder parents' capacities to be responsive and warm—**stress that can strain parenting behaviors and thereby affect children's psychological health and brain development** (4,5).

Financial coaching—is a client-driven approach to supporting parents to identify and pursue their own financial goals—may be one method for addressing financial instability, poverty, and their related adverse outcomes.



BRILLIANT BABY RCT



BRILLIANT BABY RCT



Randomized Controlled Trial (RCT) Methods

METHODS



Eligible Brilliant Baby **families with 2-9 month old children** were recruited from UCSF Benioff Children's Hospital Oakland to participate in a **randomized controlled trial (RCT)** to assess the impact of the Brilliant Baby program.

Enrollment took place **from May 9, 2018 through March 12, 2020**. All families were recruited prior to the first lockdowns in California related to the COVID-19 pandemic, and only about 20% of the 6-month follow-up data was collected during the pandemic.

After enrollment, RCT measures are collected over time until the baby reaches age 5. This report **examines the initial program impact from baseline through 6-months post-enrollment**. Data will continue to be collected at additional time points, such as when the enrolled children are 18 and 36 months old.

RANDOM ASSIGNMENT



Children were randomly assigned upon enrollment to one of three groups:

- **Control group:** This group receives “standard of care” at UCSF Benioff Children's Hospital Oakland and no Brilliant Baby programming.
- **CSA only group:** In addition to receiving standard of care, a **529 College Savings Account (CSA) seeded with \$500** was established for each child.
- **CSA + coaching group:** In addition to receiving standard of care and a CSA, parents are contacted by a financial coach who answers questions they may have and encourages them to participate in one-on-one and financial coaching sessions.

HYPOTHESES



Brilliant Baby is expected to:

- Increase **parents' expectations** about their child's ideal and actual **level of educational attainment**
- Increase parent **hope**
- Improve **health** and reduce parental **stress**
- Increase family **income** and **financial well-being**

BRILLIANT BABY RCT



CSA + Coaching Group

IMPLEMENTATION

In recognition of the many demands placed on families with newborn infants, Brilliant Baby offered families in the CSA + coaching condition one full year to begin financial coaching.

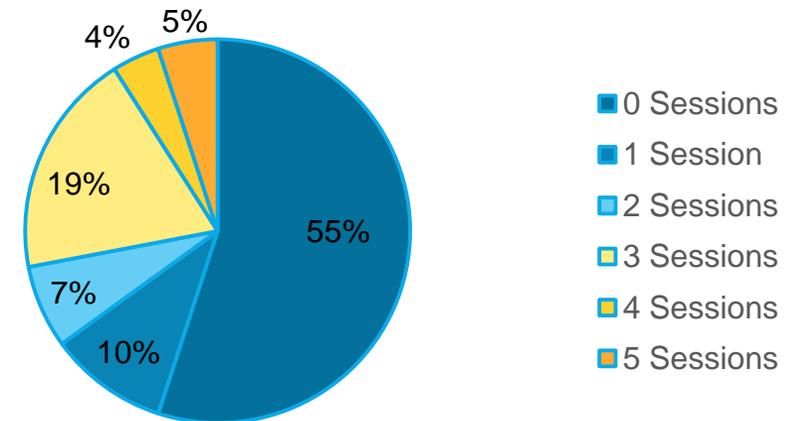
At 6 months after study enrollment, only 44% of parents in the CSA + coaching group had engaged in one or more coaching sessions. Of those who participated in coaching, the majority attended 3 sessions.

Due to the large amount of families that had not yet accessed coaching (55%) and experienced the full intervention, we do not present results for this group at 6 months post-enrollment. The CSA + coaching group will be included in our next report when children have reached 18-months of age and families have had the opportunity to fully participate in financial coaching).

DOSAGE

More than half of families had not yet engaged in coaching at the 6 month follow-up.

Number of Coaching Sessions Attended



BRILLIANT BABY RCT



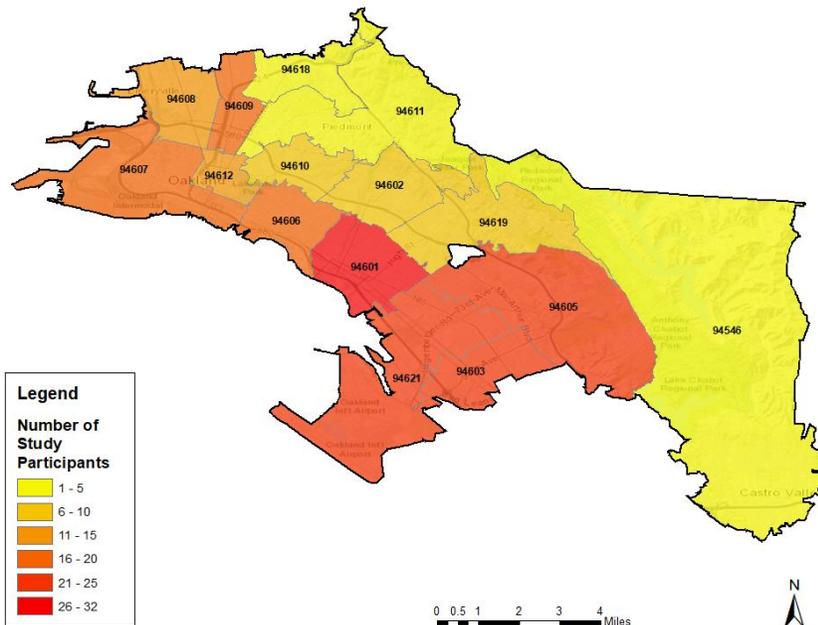
RCT Sample Demographics

POPULATION AREAS REPRESENTED



Participating RCT families were recruited from all 14 zip codes in Oakland, California. Of those who participated in the 6-month follow-up, 96% still resided in Oakland and 4% had relocated outside of Oakland.

Study Participants by Zip Code in Oakland



CHILD RACE/ETHNICITY



Eighty-eight percent of children enrolled in the RCT are Black/African American, Hispanic/Latino, or more than one race/ethnicity.

Race/ethnicity	Percent at Enrollment	Percent at 6-month Follow-up
Black/African American only	47%	45%
Hispanic/Latino only	22%	21%
More than one race/ethnicity	19%	19%
White only	6%	6%
Asian only	4%	5%
Other	4%	4%
Total	100%	100%

Note: The percent of Hispanic/Latino children is 28% at enrollment and 27.9% at 6-month follow-up when combining Hispanic/Latino only with those who are Hispanic/Latino and one or more races.

BRILLIANT BABY RCT



RCT Sample Demographics at Enrollment

PARENT EDUCATIONAL ATTAINMENT



At enrollment, participating parents most often had a high school degree/GED or some college education (no degree).

Educational Attainment	Percent	N
8 th grade or less	7%	11
9 th -12 th grade, no diploma	16%	26
High school graduate or GED	25%	40
Some college, no degree	28%	45
Associate degree (AA, AS)	9%	15
Bachelor's degree (BA, BS, AB)	10%	16
Graduate or professional degree	4%	6
Don't know	1%	2
Total	100%	161

PARENT HOUSEHOLD INCOME



At study enrollment, parent household income was most often less than \$15,000.

Household Income	Percent	N
Less than \$15,000	46%	67
\$15,000 - \$19,999	12%	17
\$20,000 - \$24,999	11%	16
\$25,000 - \$29,999	5%	8
\$30,000 - \$49,000	18%	26
\$50,000 - \$74,999	7%	11
\$75,000 - \$94,000	1%	2
Total	100%	147

Note: Families were eligible for Brilliant Baby if they were Medi-Cal eligible. Having a household income at or below 138% of the federal poverty level is one of several pathways to Medi-Cal eligibility (i.e., it is sufficient, but not necessary for qualification). See the Appendix for further information.



FINDINGS



FINDINGS



Overall Summary of Findings

Those receiving Brilliant Baby programming in the CSA only group **show the following benefits, compared to the control group:**



Increased parent expectations over time about **the level of educational attainment they expect their child to actually complete**



Increased parent **hope** for the future over time



Lower parent **stress** at 6-month follow-up



Increased **household income** over time
Increased markers of **financial well-being** over time at 6-month follow-up

Compared to control group families, families receiving Brilliant Baby programming in the CSA only group show

MULTIPLE BENEFITS

across domains of beliefs about their child's future education, hope, health, and financial well-being.



BELIEFS ABOUT CHILD'S FUTURE

FINDINGS: BELIEFS ABOUT CHILD'S FUTURE



Actual Education Expectations for Child

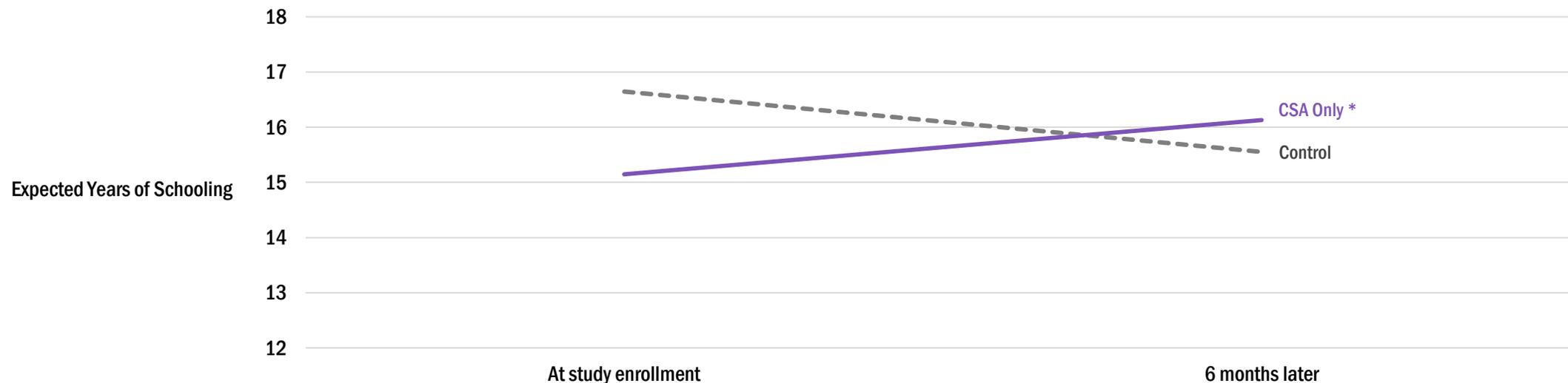
Item from the National Education Longitudinal Survey of 1988

Question Text: Sometimes children do not get as much education as we would like. How much schooling do you expect that your child will really complete?

From baseline to 6-months post-enrollment, parents assigned to the CSA only group showed an increase in how much schooling they actually expect their child to complete, whereas control parents showed a decline in these expectations for their child's education.

1 year

Compared to baseline, at 6 months post-enrollment parents in the CSA only group now expect that their children will actually complete on average 1 additional year of education.



Note: Groups significantly different from the control group ($p < .05$) are starred.



HOPE

FINDINGS: HOPE

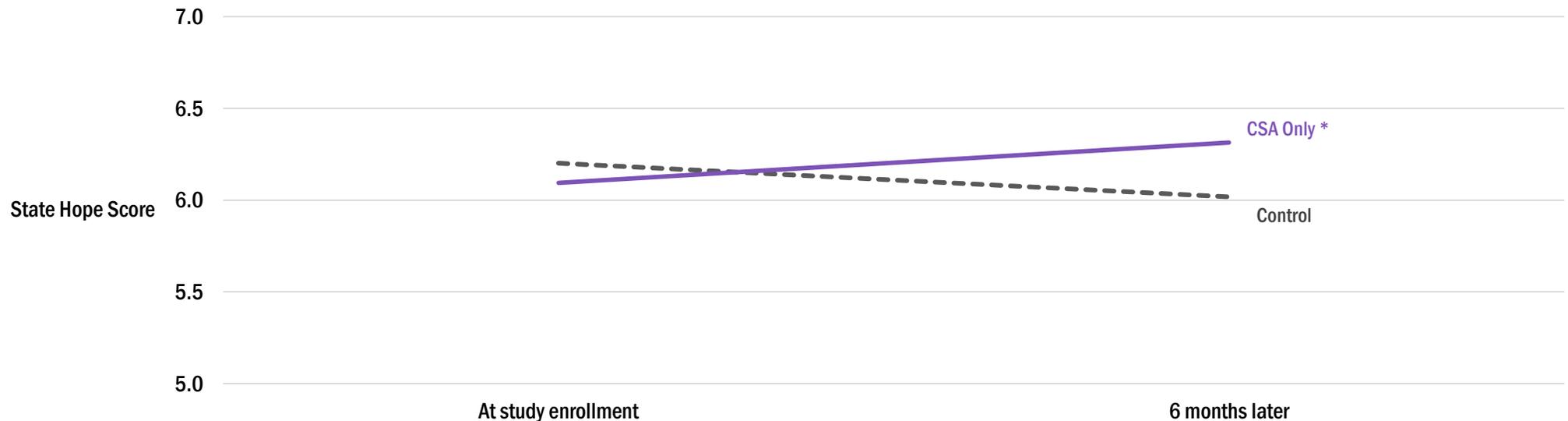


Parent Hope

State Hope Scale

The **State Hope Scale** is an average score created from 3 items that measures goal-directed thinking, including both feelings of determination and planning to meet one's goals (7). From baseline to 6-month follow-up, hope scores increased among CSA only parents, whereas hope decreased somewhat among the control group.

Parents in the CSA only group reported **INCREASED HOPE** whereas control parents appeared to lose some hope over time.



Note: Groups significantly different from the control group ($p < .05$) are starred.

FINDINGS: HOPE



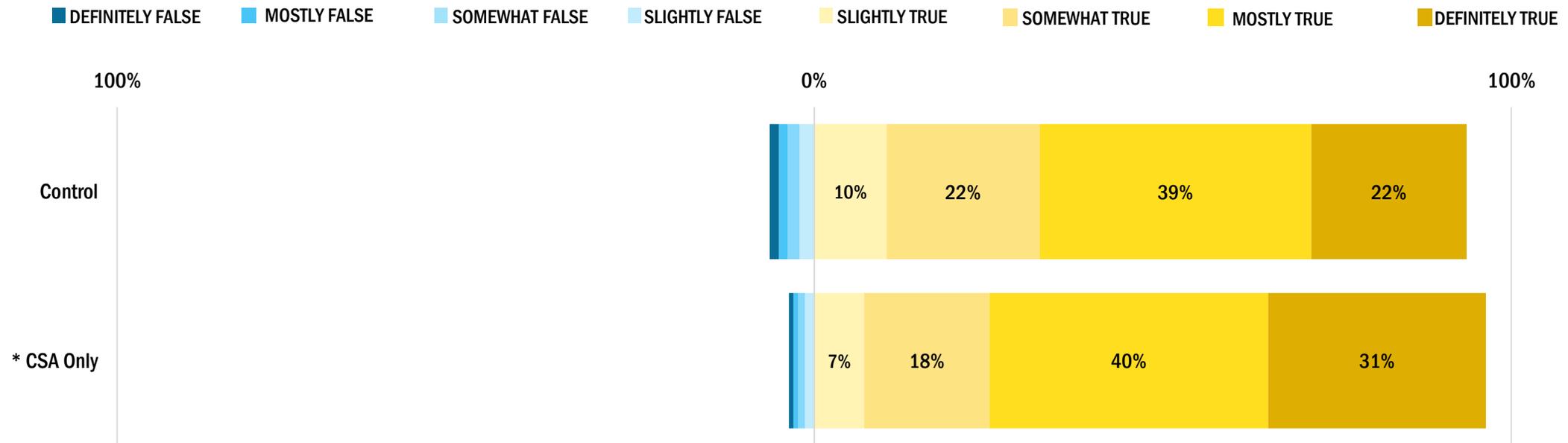
Parent Hope

Item from the State Hope Scale

Question Text: If I should find myself in a jam, I could think of many ways to get out of it.

At 6 months post-enrollment, **71%** of CSA only parents say it is definitely or mostly true that they could think of many ways to get out of a jam if they should find themselves in one, compared to **61%** of control group parents.

1/3 Over one-third (41%) more of parents in the CSA only versus control group say they could definitely get themselves out of a jam, should they find themselves in one.



Note: Groups were equivalent at baseline observation. Percentages less than 5% are not shown. Groups significantly different from the control group ($p < .05$) are starred.

FINDINGS: HOPE



Parent Hope

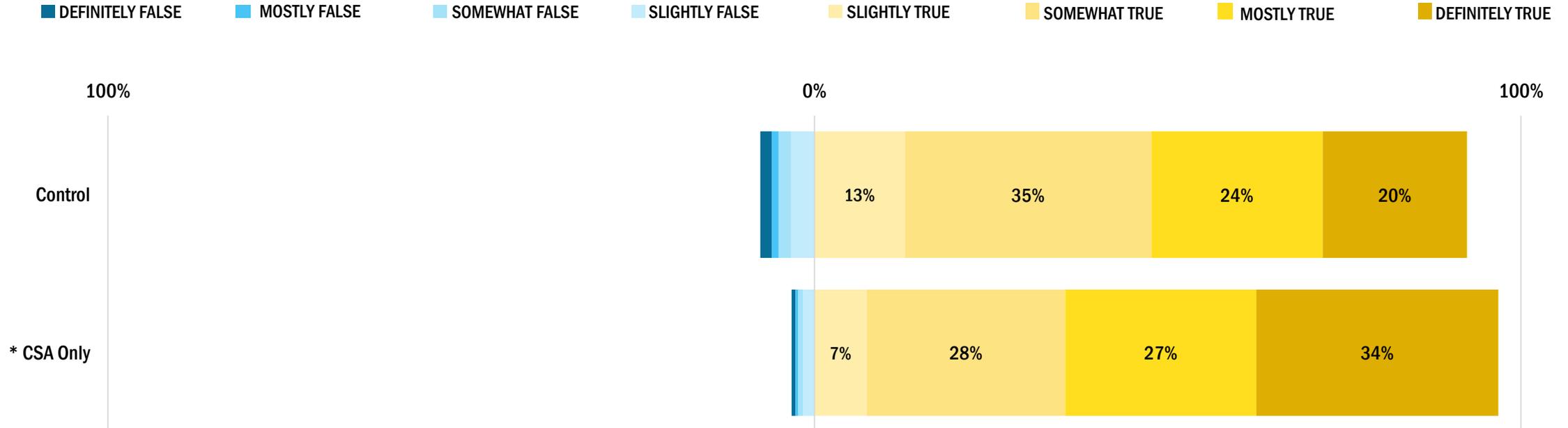
Item from the State Hope Scale

Question Text: I can think of many ways to reach my current goals.

At 6 months post-enrollment, **34%** of CSA only parents say it is definitely true that they can think of many ways to reach their current goals, compared to **20%** of control group parents.

1/3

More of CSA only versus group parents say it is mostly or definitely true that they can think of many ways to reach their current goals.



Note: Groups were equivalent at baseline. Percentages less than 5% are not shown. Groups significantly different from the control group ($p < .05$) are starred.



HEALTH

FINDINGS: HEALTH



Parent Stress

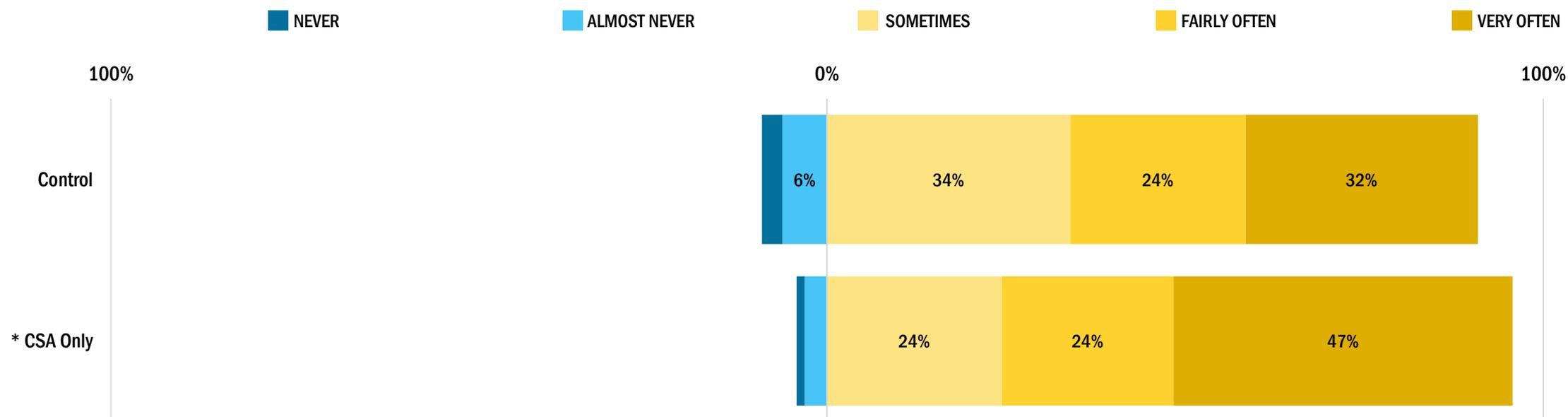
Item from the Perceived Stress Scale (8)

Question Text: In the last month, how often have you been able to control irritations in your life?

At 6 months post-enrollment, more parents in the CSA only group say they can very often control the irritations in their life (47%), compared to control group parents (32%).

A quarter more

Of CSA only parents say they can fairly or very often control irritations in their life (71%), compared to control group parents (57%).



Note: Groups were equivalent at baseline. Percentages less than 5% are not shown. Groups significantly different from the control group ($p < .05$) are starred.



FINANCIAL WELL- BEING

FINDINGS: FINANCIAL WELL-BEING

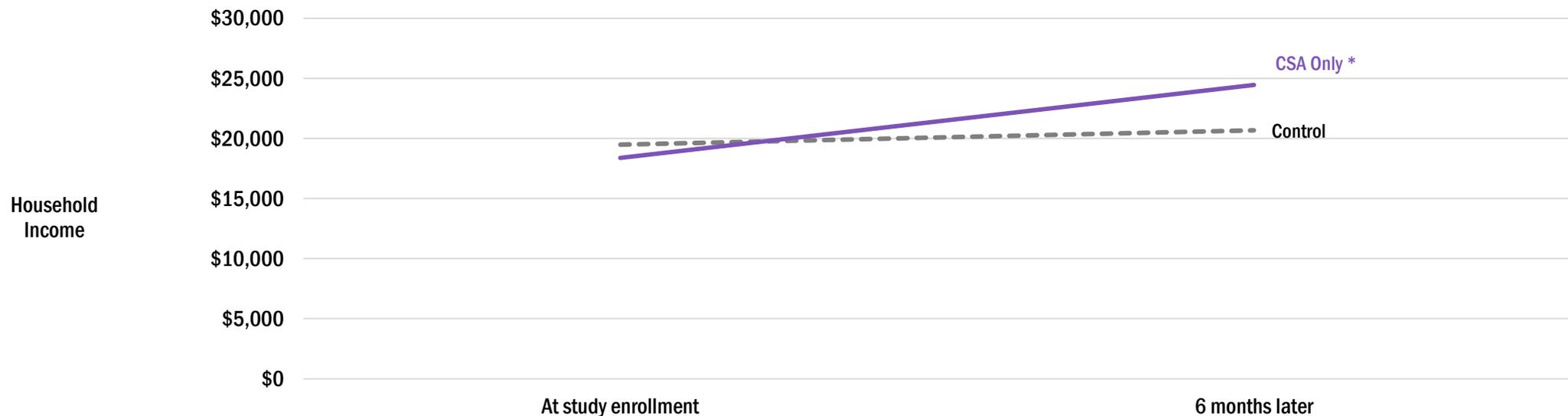


Household Income

Household Income

From baseline to 6-month follow-up, the CSA only group showed a greater increase in household income (from \$18,382 to \$24,443) than the control group (from \$19,494 to \$20,687).

6X
The increase in household income from baseline to 6-month follow-up was 6 times greater among the CSA only group than the control group (an increase of about \$6,000 vs. \$1,000).



Note: Groups significantly different from the control group ($p < .05$) are starred.

FINDINGS: FINANCIAL WELL-BEING



Financial Well-being

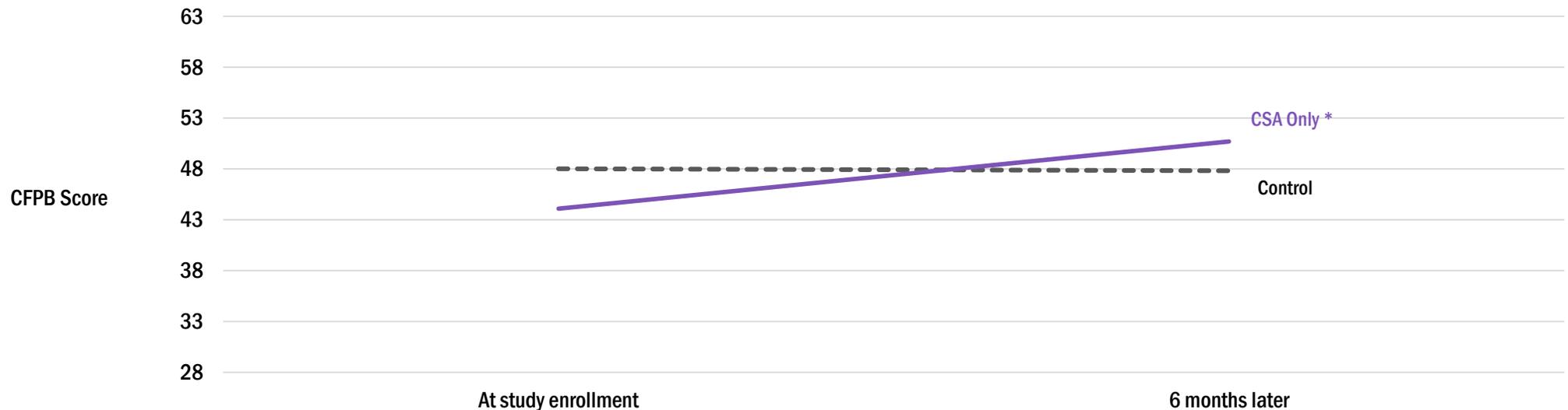
CFPB (Consumer Financial Protection Bureau) Financial Well-Being Score

The **CFPB (Consumer Financial Protect Bureau) Financial Well-Being** measure is derived from the sum of 7 items that are indicative of financial well-being (9). The CFPB scale creators define financial well-being as “a state of being wherein a person can fully meet current and ongoing financial obligations, can feel secure in their financial future, and is able to make choices that allow them to enjoy life.”

From baseline to 6-month follow-up, the CSA only group showed an improvement in financial well-being, whereas the control group showed no significant change.

IMPROVEMENT

In financial well-being was shown from baseline to 6-month follow-up among the CSA only group.



Note: Groups significantly different from the control group ($p < .05$) are starred.

FINDINGS: FINANCIAL WELL-BEING



Finances

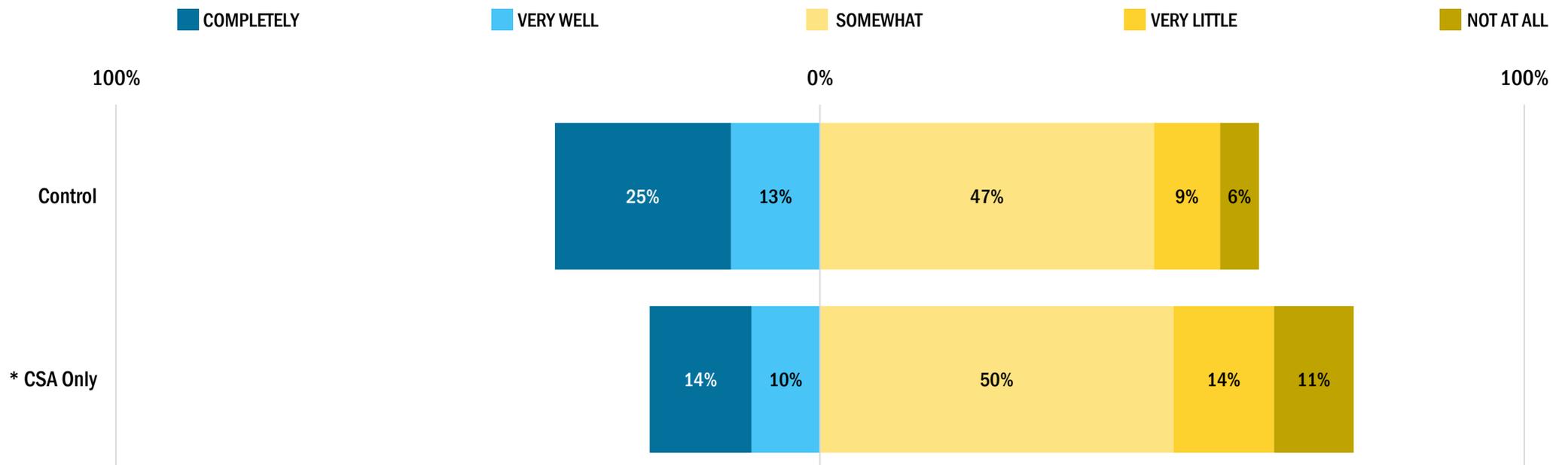
Item from the CFPB Financial Well-Being Scale

Question Text: I am just getting by financially.

At 6 months post-enrollment, responses of “*completely*” or “*very well*” to the statement “I am just getting by financially,” were about 58% higher among the control group (38%) than the CSA only group (24%).

Nearly
twice

As many parents in the control group responded “completely” to “I am just getting by financially,” compared to the CSA only group (25% vs. 14%).



Note: Groups were equivalent at baseline. Percentages less than 5% are not shown. Groups significantly different from the control group ($p < .05$) are starred.

FINDINGS: FINANCIAL WELL-BEING



Finances

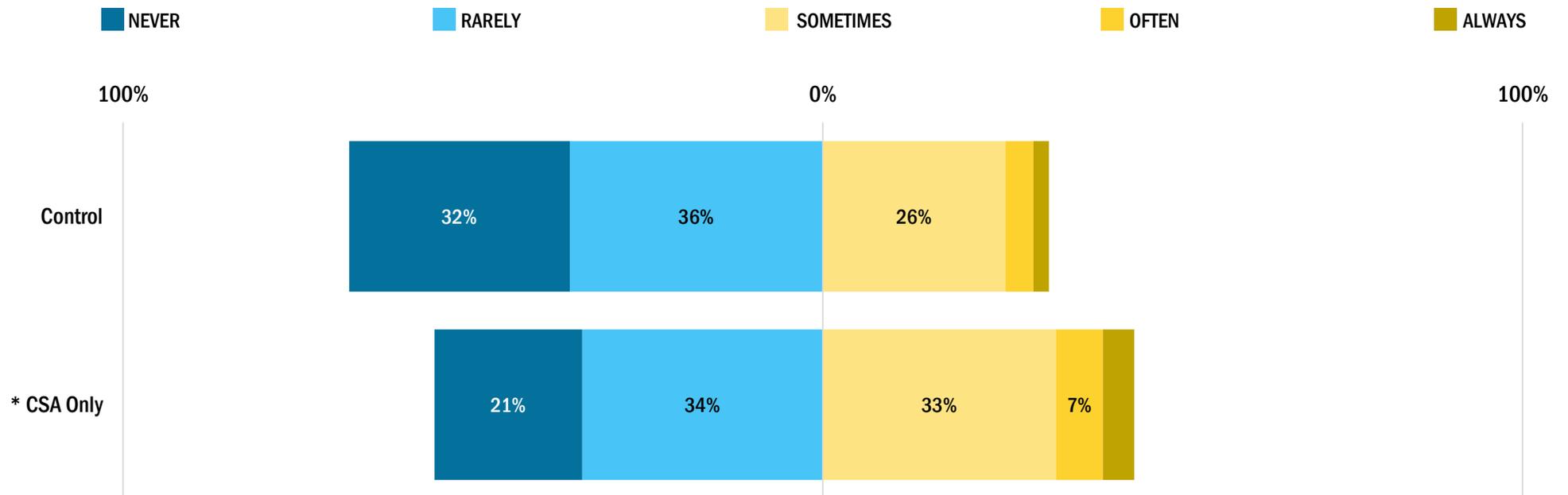
Item from the CFPB Financial Well-Being Scale

Question Text: I have money left over at the end of the month.

At 6 months post enrollment, more parents in the CSA only group say they *at least sometimes* have money left over at the end of the month (**45%**), compared to control group parents (**32%**).

1/3

Fewer parents in the CSA only group report never having money left over at the end of the month (21%), compared to the control group (32%).



Note: Groups were equivalent at baseline. Percentages less than 5% are not shown. Groups significantly different from the control group ($p < .05$) are starred.

FINDINGS: FINANCIAL WELL-BEING



Finances

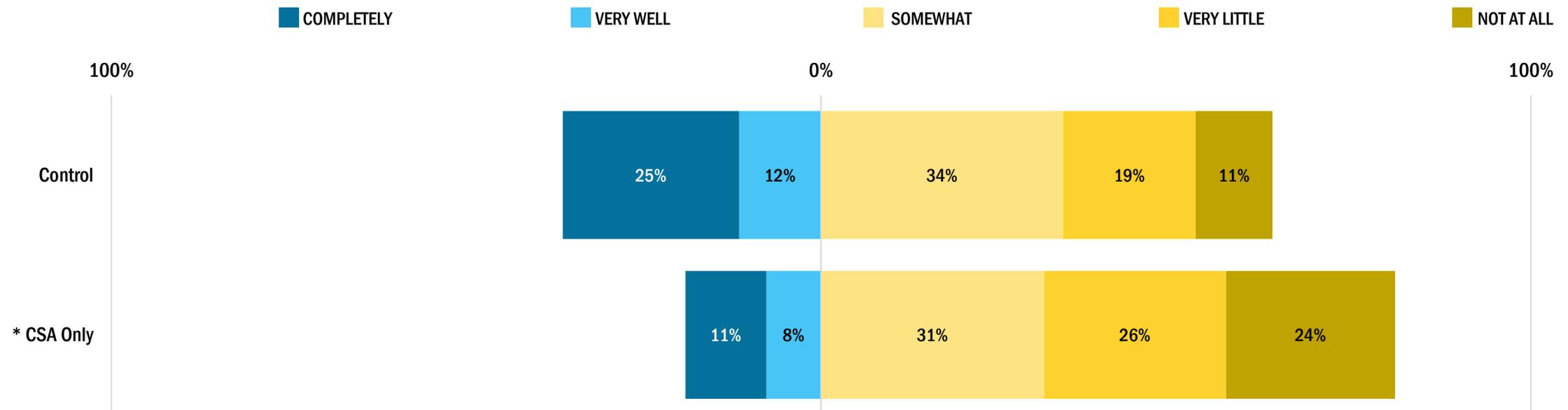
Item from the CFPB Financial Well-Being Scale

Question Text: I am concerned that the money I have or will save won't last.

At 6 months post-enrollment, over twice as many control group parents report being *completely concerned* that the money they have or will save won't last (25%), compared to those in the CSA only group (11%).

2x

Over twice as many parents in the CSA group say they are not at all concerned that the money they have or will save won't last (24%), compared to those in the control group (11%).



Note: Groups were equivalent at baseline. Percentages less than 5% are not shown. Groups significantly different from the control group ($p < .05$) are starred.



PRELIMINARY IMPLICATIONS

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Preliminary Implications of Findings

The early findings of this research point to positive impacts from infants having a college savings account on their parents' expectations about how much education their child will complete, parents' sense of hope, optimism and level of stress, as well as improved financial well-being.



IMPLICATIONS

- These early findings add to a growing body of evidence reflecting the positive association between Child Savings Accounts and educational outcomes of children from low-income backgrounds (10).
- Embedding sign up for college saving accounts in pediatric primary care clinics offers a resource for providers and community members to be part of the solution to addressing key determinants of health in order to improve developmental, educational, and health outcomes for children. The findings of this research indicate the potential benefit for expanding Medicaid-covered services to include CSA and primary care based interventions including education about financial health, discussions about hopes and dreams for a college bound future, and care coordination using community health workers.
- For parents of CSA eligible children, there is strong evidence that securing a college savings account for your child can be a powerful tool to support your aspirations for your child's healthy development and educational attainment.



ACKNOWLEDGMENTS



ACKNOWLEDGEMENTS

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The families participating in this research

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Lekha Venkataraman, NORC at the University of Chicago

William Elliott, School of Social Work, University of Michigan, and founder of the Center on Assets, Education, and Inclusion





APPENDIX

In this chapter we present further detail about the research methodology.



RCT ELIGIBILITY AND PANDEMIC RESPONSE



RCT Eligibility Criteria and Response to COVID-19 Pandemic

ELIGIBILITY CRITERIA

Eligibility criteria for enrollment in the Brilliant Baby RCT included:

1. Infants 2 to 9 months of **age**
2. Infants born in **Oakland, California**
3. Eligible for **Medi-Cal benefits** via one or more of the following qualifications (note: this list is not exhaustive):
 - a. Low income respective to household size—specifically, at or below 138% of the federal poverty guidelines from the U.S. Department of Health and Human Services
 - b. Under age 21
 - c. Pregnant
 - d. A parent or caretaker relative of an age-eligible child
 - e. Disabled
 - f. Enrolled in one of the following programs: CalFresh, SSI/SSP, CalWorks (AFDC), Refugee Assistance, Foster Care or Adoption Assistance Program
4. Receiving primary pediatric care from **UCSF Benioff Children's Hospital Oakland**

RESPONSE TO COVID-19 PANDEMIC

Responding to the COVID-19 pandemic, **Brilliant Baby promptly and seamlessly shifted 100% of financial education and coaching from in-person to video and phone platforms**. Since then, the program has seen a **dramatic increase in participation**. In Q4 of 2020, Brilliant Baby delivered 16 web-based financial education workshops with a total attendance of 218 parents. This is almost double the attendance for the same number of in-person workshops offered in Q4 of 2019.



EXPERIMENTAL METHODOLOGY



Detailed Randomization Procedure and Experimental Groups

Random assignment: After confirming eligibility, parents were consented and **randomly assigned to one of the following three experimental groups:**

CONTROL

This group receives “standard of care” at UCSF Benioff Children’s Hospital Oakland and no Brilliant Baby programming. Standard of care includes both medical care and assessment of family social services needs with referrals.

A branded welcome bag with program materials, diapers, a book, and a toy is given to families at enrollment.



EXPERIMENTAL METHODOLOGY



Detailed Randomization Procedure and Experimental Groups

Random assignment: After confirming eligibility, parents were consented and **randomly assigned to one of the following three experimental groups:**



CSA ONLY

In addition to the control group standard of care received from UCSF Benioff Children’s Hospital Oakland, in this group, a 529 College Savings Account (CSA) seeded with \$500 was established for each infant. All accounts are held at my529 and invested in an “Age-Based Moderate Risk” portfolio of funds. If the account values grows an average of 6% annually, each child will have \$1,400 for post-secondary expenses. Program enrollment and opening the CSA are an integrated, online, paperless process. Families receive quarterly financial statements in the mail from my529 and can view their child’s CSA balance online at will.

Family Leadership Group meetings focus on building parents’ understanding of child development, school readiness, and navigating Pre-K and Kindergarten enrollment. These events are offered bi-monthly in English, Spanish, and Cantonese. Target gift cards of \$20 are given to participants in all group activities.

Brilliant Baby provides active and content rich social media on Instagram, Facebook, and Twitter, as well as a monthly e-newsletter.

“Family Fun Day at Children’s Fairyland” is the program’s flagship event. Happening annually since 2017, this celebration includes free entry to Fairyland (a landmark toddler park in Oakland), a resource fair, musical entertainment, and lunch for all Brilliant Baby families. Given the COVID-19 pandemic, Brilliant Baby is shifting to an online celebration for 2020, with music and storytelling for the 3-5 year olds and their families.

EXPERIMENTAL METHODOLOGY



Detailed Randomization Procedure and Experimental Groups

Random assignment: After confirming eligibility, parents were consented and **randomly assigned to one of the following three experimental groups:**

CSA PLUS COACHING

In addition to the control and CSA only group activities, in this group, after enrollment, parents were contacted by a Brilliant Baby financial coach who answered questions and encouraged them to participate in financial coaching: up to six sessions, 1:1 with a certified coach. Financial coaching is a client-centered approach this is highly personalized and adaptive to the needs and learning styles of the client. Coaches work with parents to help them set concrete and realistic financial goals, develop a pathway to achieve the goals, and identify appropriate financial products and services

Group financial coaching sessions are also provided, and are organized around a set of shared goals held by participants or when translation services are needed for a cohort of parents. A cash payment (stipend) of \$100 per month is paid to parents during their first 3 months of coaching.

Although all families in this group are invited to participate in all coaching sessions, participation in each session is completely voluntary. Thus, not all families receive all sessions and some may elect not to receive any.

Community Connections workshops cover topics such as self-care, resource sharing, financial education, and parenting education. These highly-interactive workshops are facilitated by financial coaches and offered over Zoom weekly (in English), bi-monthly (in Spanish), and monthly (in Cantonese). Target gift cards of \$20 are given to participants in all group activities.



LIMITATIONS



Limitations of the Brilliant Baby RCT

LIMITATIONS OF THE RCT

Although all families participating in the Brilliant Baby RCT were randomized to one of the three groups at the time of enrollment, there were some statistically significant differences between the groups at baseline. However, these baseline differences were relatively small ($SDs < 0.25$) and all analyses adjusted for demographic variables of interest, mitigating this potential concern.

A second potential limitation of the RCT is that the COVID-19 pandemic began while data collection was still underway for some families. However, only about 20% of the 6-month follow-up data was collected during the pandemic. In addition, all analyses presented here were repeated in additional models that included as a covariate the number of days since the start of the pandemic that had passed by the time that the particular data point was collected. All findings in this report remained significant. That is, the overall pattern of results remained robust after statistically accounting for the duration of the pandemic.

Finally, it is notable that this report examines an early implementation of the Brilliant Baby program. Since first launching, the program has continued to evolve and mature over the period of data collection examined here (and beyond). Therefore, the estimates of early program impact presented here may not reflect the impact of the program at full implementation.



REFERENCES



References Included in this Report

REFERENCES

1. Huang, J., Sherraden, M., Kim, Y., & Clancy, M. (2014). Effects of child development accounts on early socio-emotional development: An experimental test. *JAMA Pediatrics, 168*(3), 265-267.
2. Elliot, W., Jung, H., & Friedline, T. (2010). Math achievement and children's savings: Implications for child development accounts. *Journal of Family and Economic Issues, 31*(2), 171-184.
3. Gennetian, L. A., & Shafir, E. (2015). The persistence of poverty in the context of financial instability: A behavioral perspective. *Journal of Policy Analysis and Management, 34*(4), 904-936.
4. Gennetian, L. A., & Hirsh-Pasek, K. (2020). Where's the rallying cry? America's children are unequally prepared to absorb the impacts of COVID-19, *Brookings*, accessed January 12, 2021.
5. Nelson III, C. A. (2017). Hazards to early development: The biological embedding of early life adversity. *Neuron, 96*(2), 262-266.
6. Rutherford, T. (2015). Emotional well-being and discrepancies between child and parent education expectations and aspirations in middle and high school. *International Journal of Adolescence and Youth, 20*(1), 69-85.
7. Snyder, C. R., Simpson, S. C., Ybasco, F. C., Borders, T. F., Babyak, M. A., & Higgins, R. L. (1996). Development and validation of the State Hope Scale. *Journal of Personality and Social Psychology, 70*(2), 321-335.
8. Cohen, S., Janicki-Deverts, D. (2012) Who's stressed? Distributions of psychological stress in the United States in probability sample from 1983, 2006, and 2009. *Journal of Applied Social Psychology, 42*, 1320-1324.
9. Consumer Financial Protection Bureau: CFPB Financial Well-Being Scale: Scale Development Technical Report. May 26, 2017.
10. Elliott, W., Kite, B., O'Brien, M., Lewis, M., & Palmer, A. (2018). Initial elementary education findings from Promise Indiana's Children's savings account program. *Children and Youth Services Review, 85*, 295-306.