



I will go to college
and graduate,
Class of
2037



LIFT



HOW WE LIFT



Parents find LIFT through a trusted community partner



Parents work with LIFT coaches who provide support on career, education and finances



Parents and coaches connect virtually and in-person



With their coach, parents build a Goal Action Plan and meet monthly to make progress toward their goals



LIFT provides funds to meet emergency needs and support long-term goals



LIFT connects parents to a broader community of LIFTERS, including peers and volunteer mentors



LIFT provides access to curated local resources and partnerships



After two years, parents graduate from LIFT with the skills, connections and hope they need to start planning for a brighter future



HOPE

PERSONAL WELL-BEING

MONEY

BETTER JOBS, DIRECT CASH TRANSFERS

LOVE

SOCIAL CONNECTIONS



OUR IMPACT

- 100,000 families and individuals served since 1998. In the past year:
- Ninety-two percent of the families that walked through our doors made progress on their career and financial goals
- For LIFT parents who increased their income, the average annual increase was \$14,360
- Parents who improved their savings and debt reduction reported \$1,140 increase in savings and \$1,750 decrease in debt
- 59% of parents with low levels of hope increased their hope and confidence; 65% of parents with high levels of stress decreased their feelings of stress; 65% of parents with low social support increased their social supports
- How do parents feel about LIFT?
 - 91% believe they can turn to LIFT in a time of need
 - 100% feel they are treated with courtesy, dignity and respect at LIFT
 - 100% get new and useful information at LIFT
 - 96% would recommend LIFT to a friend or relative



WHY WE LIFT



CHANGE PRACTICE

CHANGE PRESENCE

CHANGE POLICY





WHY THIS MATTERS

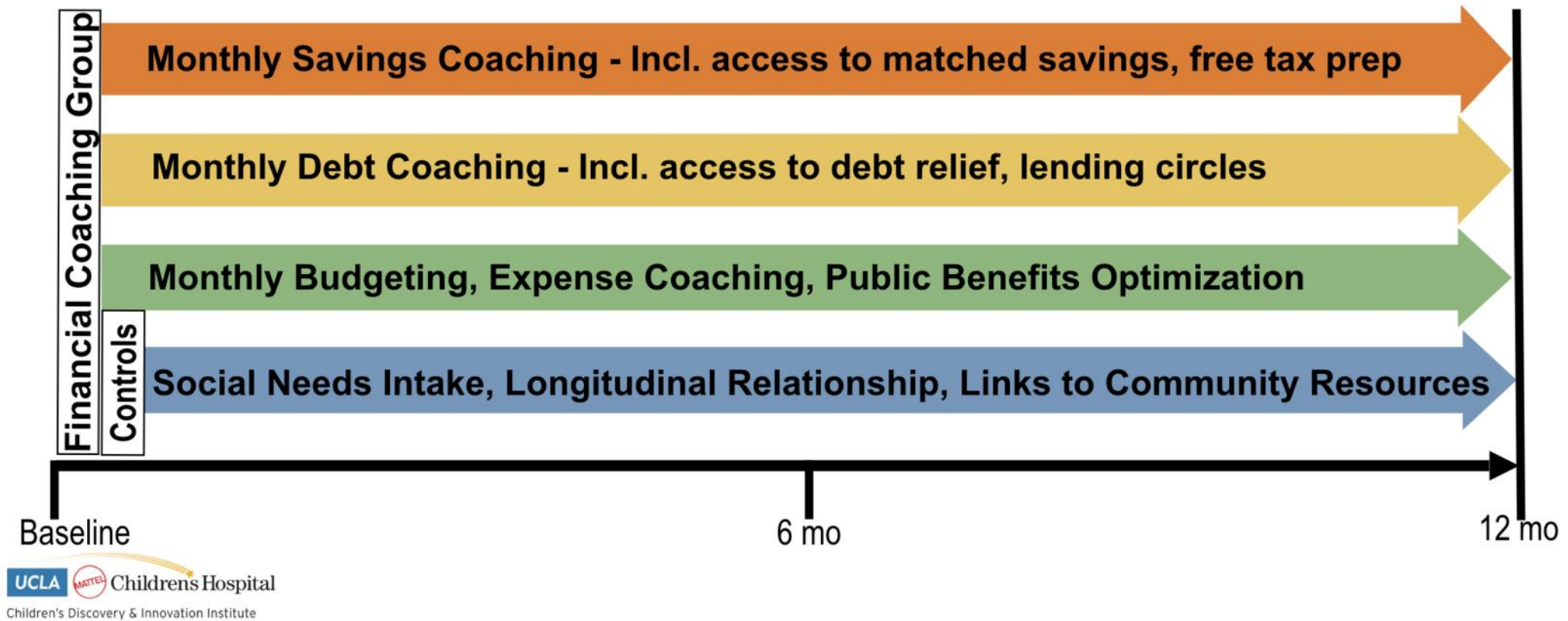
- Connection between socioeconomic factors and health outcomes
- Chronic scarcity and toxic stress
- Evidence to establish the problem but not yet the solutions
- LIFT as a pioneer



HEALTH-
WEALTH
MEDICINE:

A PATIENT
STORY



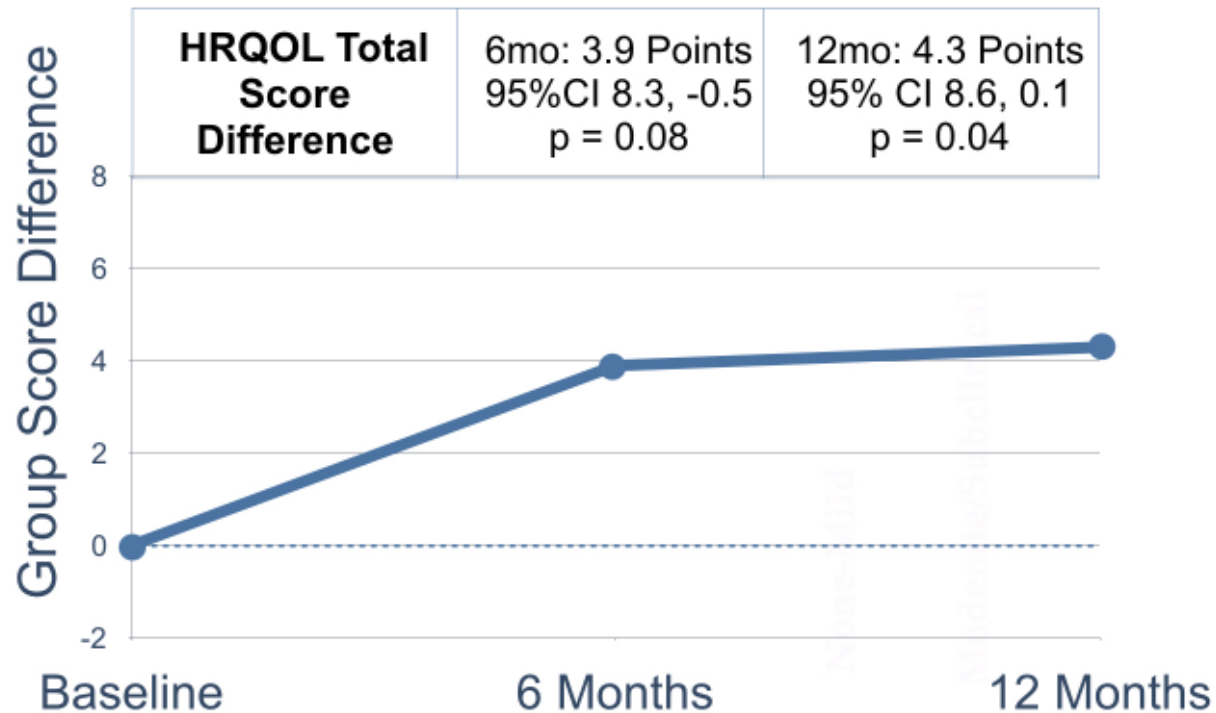


COMMUNITY RCT DESIGN & TIMELINE

RANDOMIZED
ENCOURAGEMENT TRIAL



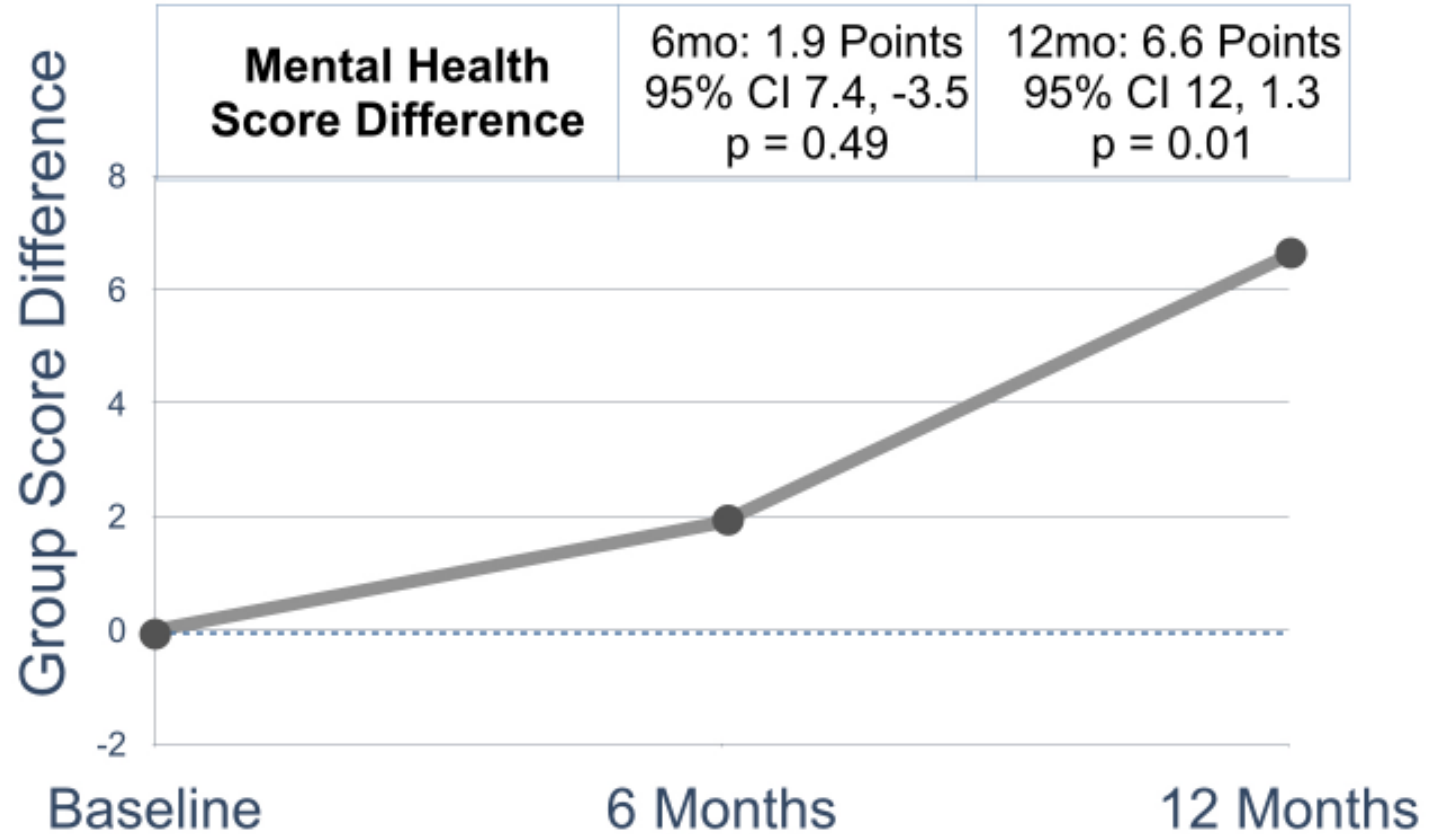
COMMUNITY-BASED RCT RESULTS: HRQOL TOTAL



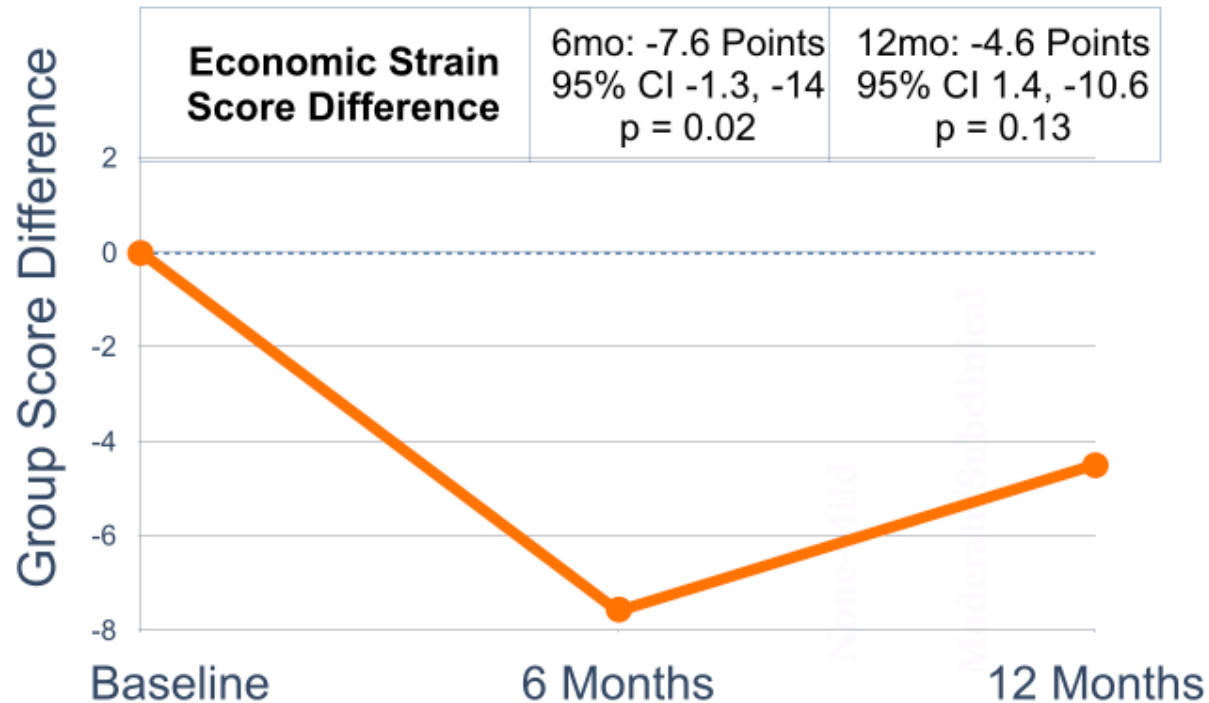
Health Related Quality of Life (HRQoL) PROMIS-10 Total Score improved over a third standard deviation (4.3 points) by a year

COMMUNITY- BASED RCT RESULTS: MENTAL HEALTH

PROMIS-10 Mental
Health Sub-Scale
improved 6.6 points
by one year



COMMUNITY-BASED RCT RESULTS: FINANCIAL STRAIN



Family
Economic Strain
Scale Score
improved by
six months

PILOT RCT RESULTS SUMMARY

- This study suggests parents receiving financial coaching reported better health and quality of life
- The benefit appears to be driven by mental health
- Greater engagement in financial coaching was linked to greater health benefit
- Reductions in financial strain among parents receiving financial coaching explained much of the improvements in health ratings, as expected



A NEW MODEL OF HEALTH CARE

Clinicians treat symptoms of poverty and financial stress every day.

**Why not treat
the root cause?**

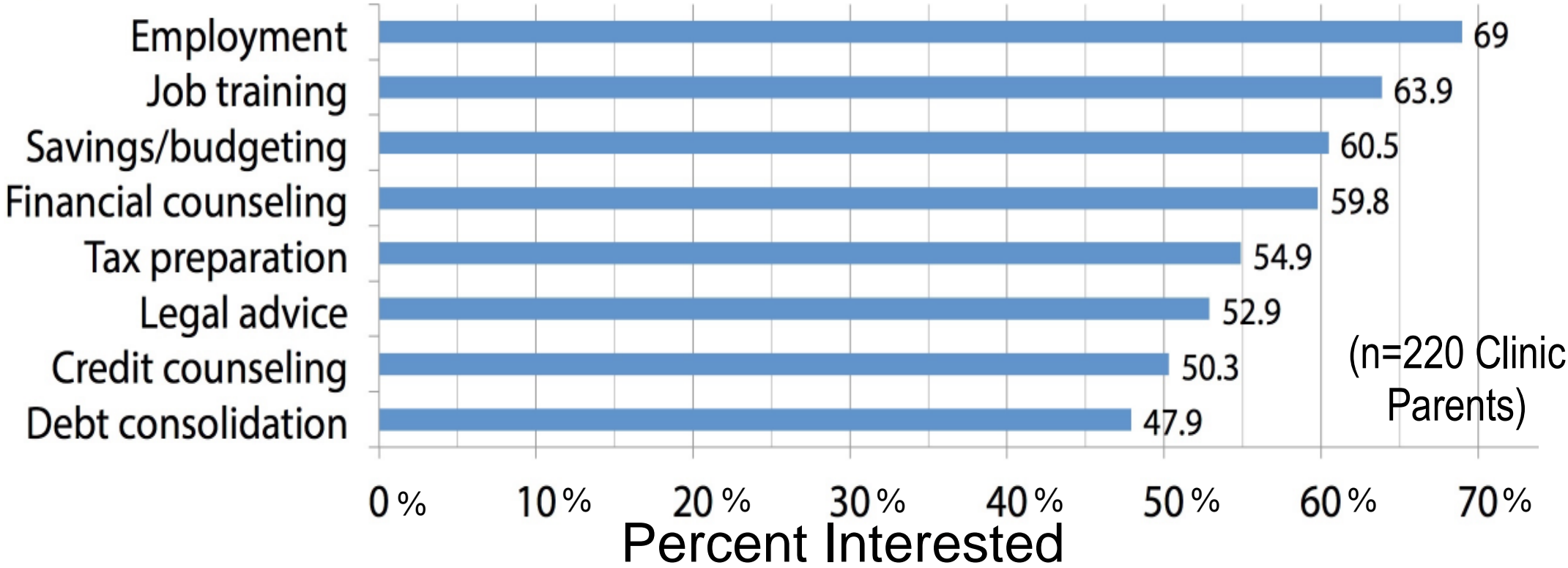




INTEGRATING ANTI-POVERTY & HEALTH CARE SERVICES AT HARBOR

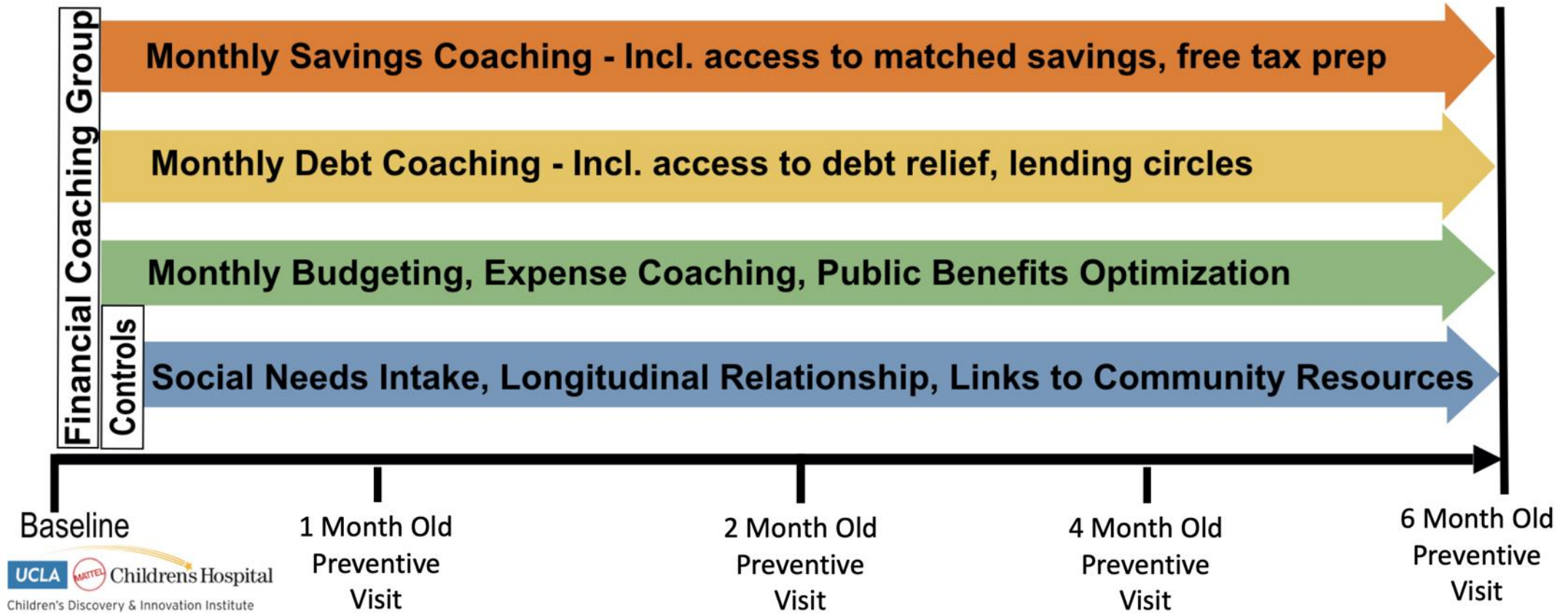


Parent Interest in Financial Services, Harbor-UCLA Pediatrics



READINESS FOR HEALTH-WEALTH CARE





CLINICAL TRIAL DESIGN & TIMELINE

RANDOMIZED CLINICAL TRIAL



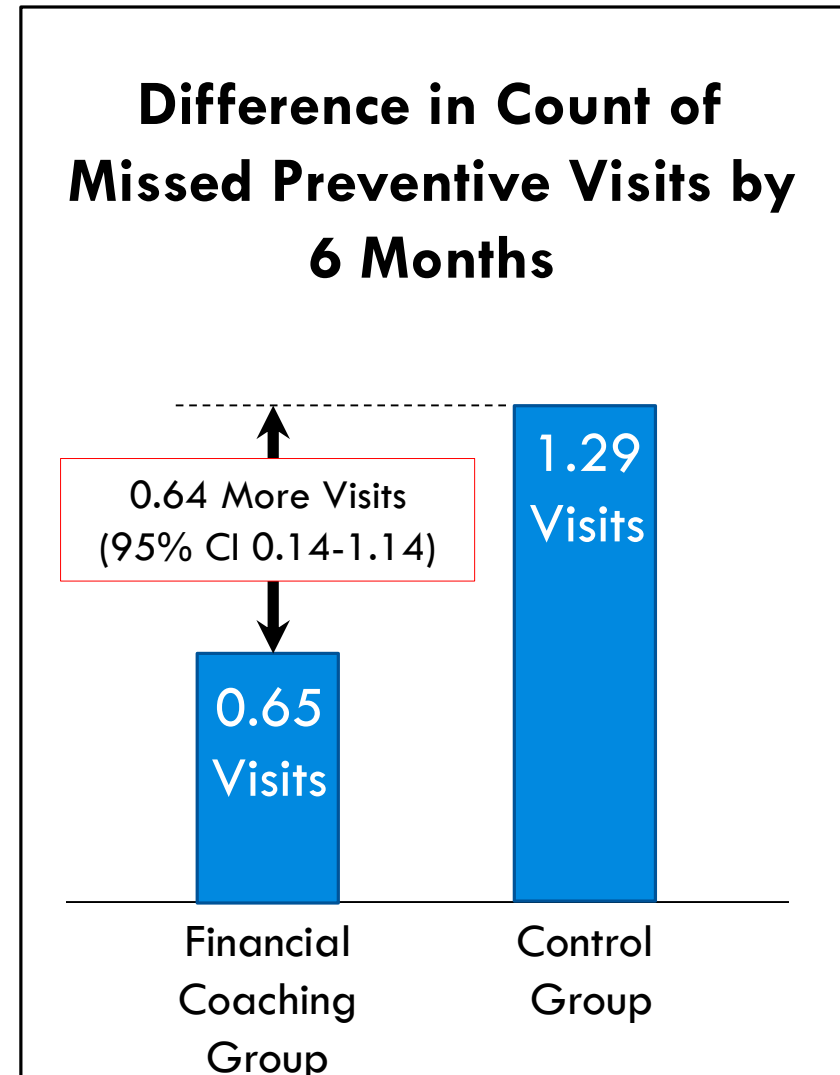
CLINICAL RCT RESULTS: NO SHOW RATES

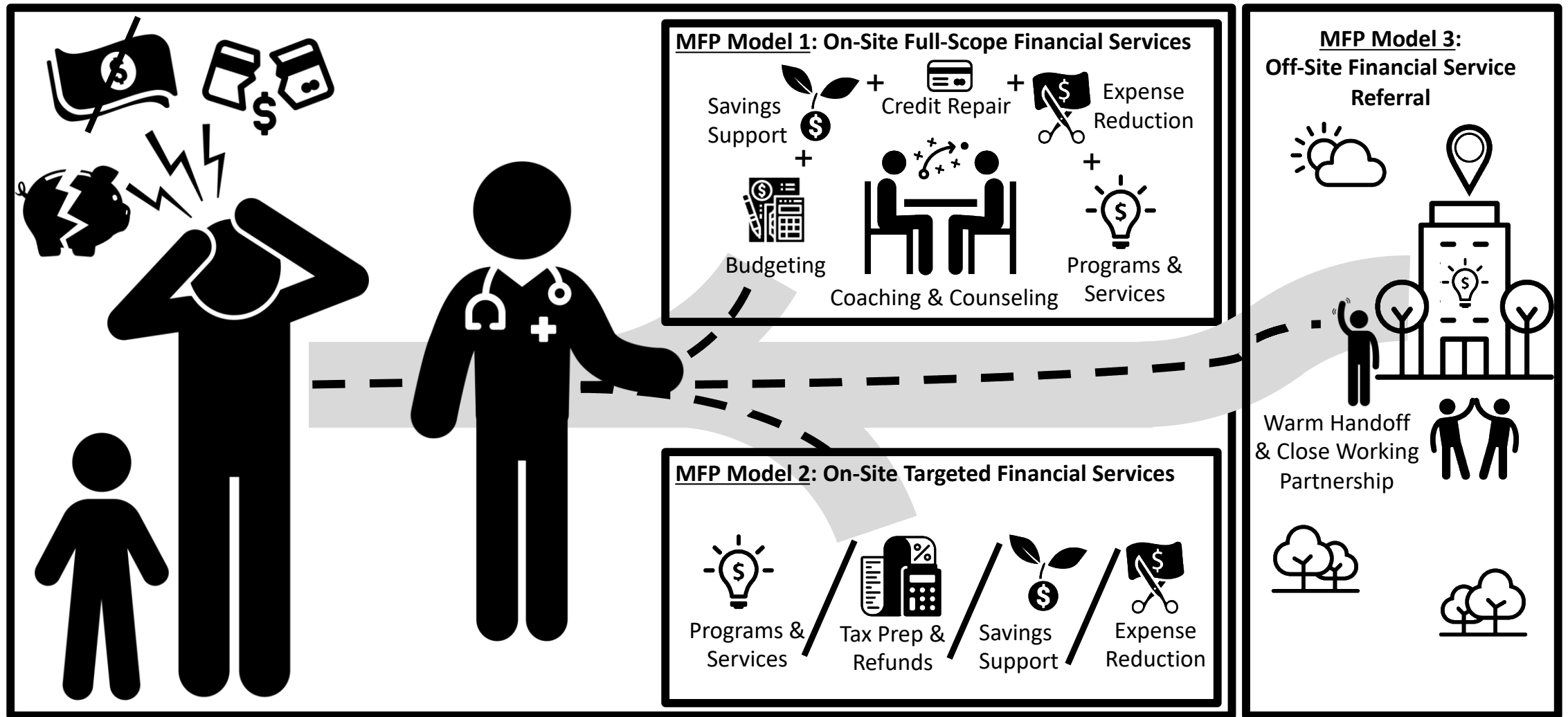
Missed Preventive Visit Count by 6 Months:

- Financial Coaching group showed half as many missed preventive visits as control group
- On average, intervention families missed 0.64 fewer visits ($p=0.013$) than controls by 6 months

On a Per Preventive Clinic Visit Basis:

- Intervention families were just under 20% more likely to attend each preventive visit than controls (RR 1.19, 95% CI 1.004-1.4)





MEDICAL-FINANCIAL PARTNERSHIPS

BUILDING CROSS-SECTOR PARTNERSHIPS IN HEALTH CARE

WHERE WE GO FROM HERE

Scenario 1: Business as Usual

- Innovation constrained by medical model
- Medicalization of midstream interventions
- Screening data used for social risk adjustment
- Healthcare crowds out Human Services Sector
- Consolidation of services and profit in health care without improving public health



BUILDING CROSS-SECTOR PARTNERSHIPS IN HEALTH CARE

WHERE WE GO FROM HERE

Scenario 2: Upstream Progress

- Values partner agency/community expertise
- Shaped by upstream needs & community strengths not confined to health care structures
- Funds partner agencies delivering services
- Public Health, Health Care, & Human Services fields grow in concert for collective impact



RECOMMENDATIONS & CALL TO ACTION

- Creating more cross-sector partnerships that work
- Engagement with clients, patients, & communities
- Equitable payment models
- Policy shifts needed:
 - Data sharing tools
 - Referral & linkage systems
 - Reimbursement to human service organizations
- Client- & patient-led policy change for equity





THANK YOU



@liftcommunities | whywelift.org

