



TRANSCRIPT- Rx Kids: A Prescription for Improved Child Health & Well-Being in Flint, Michigan

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Funder-to-Funder Conversation

(Moderator) Bob Ross, The California Endowment: Thank you, Sarah. Good morning, everyone. I'm dialing in from Los Angeles. I feel like an interloper with this panel. Michigan is in the house, y'all today. Michigan is in the house. Well represented. And University of Michigan football is making noise in the national rankings. Even the Detroit Lions are off to a good start, which hasn't happened in quite some time. But the best possible news is what we're going to hear today about coming out of Flint, Michigan. And it's just amazing. My first question is going to be to Dr. Mona, but I have to say Flint, Michigan has not exactly been a font of optimistic news for children and families and neighborhoods over the last five years, particularly with the water crisis and then other bits of community violence and other news that we hear. But we're going to hear something different this morning, Dr. Mona. We're going to hear about a super optimistic, incredible collaborative partnership for young people called RX Kids. So I'm going to leave it up to you, Dr. Mona, to give our audience the top line view in broad strokes, can you describe what RX Kids is and what's it about for young people?

Dr. Mona Hanna-Attisha, Rx Kids/Michigan State University: Yeah. Thank you, Bob, for that introduction. Thank you to the Campaign for Great Level Reading for this opportunity to talk about this really exciting and joyful program. And we're going to share a snippet and we look forward to engaging with all of you afterwards. So I'm still a pediatrician. I was in clinic yesterday and I had a four-week-old come in for their wall child check and this baby was in my arms.

And after the water crisis, we as a community working hand in hand with our partners and the nonprofit sector and government have really tried to throw everything at our kids to improve their health and development. Expanded reach out and read. I know there's some reach out and read peeps out there. Started imagination. Library, home visiting programs, trauma informed care, mental health services, expanded Medicaid, the Flint registry. We've done so much good for our kids. Things that our kids needed for a while; things that kids need everywhere. Really kind of leaning on that prenatal to preschool time where we know that's so important for life course trajectory. And as I shared all those things with that little baby in my arm yesterday, I felt that my hands were tied. I felt that so much of what we do as a band aid. And I have felt for a long time, that we do good, but we often fail to really address root cause issues. And in Flint and communities across the nation, one of the most toxic, one of the most pathogenic root cause issues that predicts the success of our children, our families, is poverty. Flint's, the poorest city in our state, and the poverty numbers that just came out last week, Flint's child poverty rate doubled to 69%. And for younger families, it's even harder. So, RX Kids is this bold, never been done effort to eliminate poverty before it starts to improve health equity and to promote opportunity for our kids. RX Kids will be providing every pregnant mom in Flint with unconditional cash allowances in mid pregnancy and every baby, once they're born, a \$500 monthly cash allowance for that first year of life. It is universal and it's unconditional. And that we hope, in addition to improving health equity and achievement and reading and all this

important stuff, we hope that that sends a strong message to our families that they are seen, and they are heard, and they are loved. And we hope that it works to rebuild the social contract and improve trust in government and institutions and send a message that this is how we are supposed to care for each other. So that's broadly what RX Kids it's the first ever citywide maternal and infant universal and unconditional cash allowance program.

(Moderator) Bob Ross, The California Endowment: Beautiful. I'm reminded. Some years ago, I visited the French PMI. The French Maternal and Child Health System. And that's exactly the set of conditions that I haven't been to France recently to visit the program. So I'm not sure all of those components are still there. But you're describing what it looks like to guarantee success for young people and their families and so beautifully described. Mona Luke, for you, as I learned from our colleague and a mentor from many of us, Ralph Smith of the campaign, when pursuing policy change, no numbers without stories and no stories without numbers, right? And your shop, as the head of Poverty Solutions, you've been orchestrating what the research and database looks like for an effort behind this. Why? Cash allowances, as Dr. Mona mentioned. Why this particular period of pregnancy and infancy? Can you talk a little bit about the research and database that undergirds RX Kids?

Luke Shaefer, University of Michigan: Well, that's a big reason why I was so excited to hear from Mona and her colleagues about interest in doing this because the evidence base is so strong. And Dr. Ross. You mentioned it overseas. This is not a new and utterly novel idea. It's actually been tried all over the world, country after country. And the logic of cash allowances is pretty simple. It's that raising kids is expensive and society has a reason to come alongside parents in that work. In every country that's adopted something like this, a monthly or a quarterly payment, \$250 maybe per month to buy books and to buy toys or to buy diapers or to put food on the table, have seen child poverty rates plummet. They've seen food hardship decline, and they've seen kids do better on so many fronts. And I got to be a part of the design of doing this for one year in the United States. So, in 2021, the expanded Child Tax Credit, it took this exact same logic and said, raising kids is expensive and we should do this in the United States, too. And it provided, for a short period of time, monthly payments to families. And once again, we saw child poverty plummet to a historic low in the United States. We saw food hardship plummet to the lowest level we'd ever had. We have other experiments that show that many families actually use these dollars to invest in things like books. And actually, it drives them to spend more time with their children, reading, engaging with their children. So, so much evidence for this. And at the federal level, there's a lot of support, but it fell a vote short of becoming law of the land.

So as we took these lessons, looking to see what to do, I think RX kids is the exact next step. Right? This is where we should be taking this work. It is incredibly expensive to do it for all kids. I know we would love to do this for every kid in Flint, but if you have to focus on one period of time, this first year of life, and not just that, but that prenatal period are so consequential. I get to learn from Mona and all my pediatrician friends that babies brains double in size in that period. And so much of the life course is shaped during that time. So this uses huge amounts of evidence from around the world and right here in the United States, a

tremendous amount of evidence about early life development and brings it into something that's never been done in the United States. There's lots of basic income experiments going on all across the country where we're experimenting with this idea that sometimes cash is the best way to help families, but usually they're 30 people or 100 people, and it's picked by a lottery. And just like picking folks through a means test, right, only giving it to folks who are low income, that has consequences. A lottery like that has consequences too. So this says we're going to do this for all the babies, every baby in the city of Flint. And if you're not in the city of Flint and you want it, then you should come move there.

(Moderator) Bob Ross, The California Endowment: Yeah. And I just want to thank you very much, Luke. Note to Selves on this. You are witnessing what is the embodiment of a new narrative around the matter of child and family poverty in the nation. For so long, we've been fighting a pill against the welfare frame and the charity frame. This is an investment and prevention frame, and I suspect has led to some of the policy success that you've had in Michigan.

And I want to turn to our colleagues from very proud of the CS Mott Foundation, the role they've played here. And, Neal, can you share your thoughts from a funder perspective about RX Kids and say a little bit about the opportunities for framing a new narrative around child poverty and well-being, not just for Michigan, but for the nation?

Neal Hegarty, C.S. Mott Foundation: Yeah, absolutely. And first off, thanks to Campaign for Grade Level Reading, we've been huge fans and friends with Ralph and with the campaign for years and have been proud to support it. So it's just wonderful to see these two conversations coming together about RX Kids and the work that we're doing there and the campaign at the foundation. We were excited from day one when Mona and Luke came in and talked to us about this and the local nonprofit that they're collaborating with as they were developing it, it was still an idea that was really in formation. They were eager to get our reactions, but they hadn't solved all the questions yet, and they hadn't put every piece together with our CEO and a number of our staff, our Flint based staff. We chatted about this, and I think they were a little surprised that our reaction almost immediately was like, yes, we're in. We're into the degree at staff level. We can say we're in. We have to bring it to our board, of course. But we were 100% enthused almost from the get go because we felt like it was the right idea for this community. But as you say, the narrative. We felt it was right conversation nationally, and that this was an idea that could scale and go beyond just this community of Flint. And as Dr. Schaeffer said, the notion of doing something that was really scaling for all children without being means tested or having a lottery or having some sort of gatekeeping to come into it. The only gate here is the city of Flint. If you live in the city of Flint, you're going to be eligible for this program.

So as the conversation went, we're not a health funder per se at the Mott Foundation. We do a lot of funding around education, and we have a long history around poverty. But we really needed to get their expertise and understand more about the maternal and child health issues that Dr. Mona is an expert on and the poverty and cash benefit cash assistance programs that Dr. Schaefer is expert on. And the rigor

and the answers were there even as they were developing the program. And so we took it to our board. We brought it to the board with the knowledge that it didn't fit neatly into any of our boxes. There was not a particular program plan, I think, that any foundation could have that this would fall right into. It's a little bit policy, a little bit poverty, a little bit child and maternal health, a little bit community development. It's all these different things. But what we said to our board is that it's innovative, it's aggressive, it's sound, and it's logical and that it's going to work both locally and scale nationally. So we didn't know how our board would react, but they were also 100% enthusiastic. We had unanimous approval at the first discussion when we brought it to them and made a \$15 million matching grant to get the thing rolling and get it started.

(Moderator) Bob Ross, The California Endowment: Yeah, just kudos to you, Neal and the board. We in philanthropy have been rightly accused of having boxes and things have got to fit in a box. And if something fits in a box, then we know how to say yes or no and pull the trigger on it. But you actually put the family first. That was the box. And challenge the board to look at this more comprehensively. How was the response to the Challenge grant going, by the way?

Dr. Mona Hanna-Attisha, Rx Kids/Michigan State University: We met it. So, we had to raise another \$15 million to unlock the gift from the Mott Foundation. And to date, we have raised about \$40 million in about seven months, which is unreal. There is so much joy and enthusiasm.

(Moderator) Bob Ross, The California Endowment: and that's public and private, right, Dr. mona?

Dr. Mona Hanna-Attisha, Rx Kids/Michigan State University: Yeah, absolutely.

(Moderator) Bob Ross, The California Endowment: So, talk about leveraging the TANF funds. That was a big damn deal, right? And getting public dollars leveraged. It's been a bit easier in California than I imagine for many states across the country, particularly with the political divides that we've seen these days. Getting both sides of a legislature to agree on anything these days is quite an uphill battle. But talk about for our audience, what were the fundamentals to the success of leveraging those TANF dollars with this private effort?

Dr. Mona Hanna-Attisha, Rx Kids/Michigan State University: I'll start and then I'll pass it to Luke because he's the know before, as we were envisioning this program, we wanted to start it in Flint, but we didn't want to end it in Flint. This is not a place-based program. This is something from the very onset that we planned on sharing. And one of the reasons that we wanted to do it in Flint is because we have this track record of turning practice into policy. We informed the Farm Bill and now there's a \$40 million nutrition prescription

program based on our work in Flint. The Infrastructure Act, which is replacing lead pipes across the country, was informed by our advocacy and our work. So, we know that there are kids in communities across the nation that have the same kinds of issues that we do. So, from the onset, we wanted to figure out how we could sustain this and scale this. And the logical fit was support from TANF, which is a Temporary Assistance for Needy Families, which is the welfare program. And this is where I'm going to pitch it to Luke to tell us more about TANF.

Luke Shaefer, University of Michigan: So TANF is the block grant that came out of the 1996 welfare reform that many of you may remember. And at the time, we all thought it was getting rid of a cash assistance entitlement program where families proved they were low income. They could get a small amount of money every month into a time limited work requirement type cash assistance program where states had more flexibility. But it turns out what it really did was turn that cash entitlement into a very flexible block grant that states can use for many different kinds of purposes. So you can provide cash assistance, and some states still do that, California being one of the very few. But if you don't want to provide cash assistance, you can use the money for any number of other things. In many cases, it just has to be justified as supporting children in their homes, but also all sorts of things that are written into the law, like promoting marriage or reducing out of marriage births. And if states use the funds for those types of purposes, they really don't have to justify or sort of evaluate the effectiveness of anything they do. So over time, the majority of the money that used to go to families in the form of cash assistance has been routed to other things. Lots of states use it to balance their budget for things they were going to pay for otherwise. And in Michigan, out of about \$850,000,000 that comes to the state for TANF, only about 55 million. That's about 6% of that total was going to cash assistance.

So this was the very first effort that we're aware of that said, you know what? We should bring some of those dollars back into the pockets of families, but we should do it in a fundamentally different way, rather than going back to sort of this program that really did bring a lot of stigma and had a huge amount of history. RX kids, as Mona mentioned, sort of it offers a different vision of the social contract. Now, there are all sorts of rules for giving cash to families through TANF. It's kind of ironic that you have to jump through many, many hoops to give families money, but really no hoops at all if you want to do one of these other things. But there is a provision for non-recurrent short-term benefits written into the law. NRST is the acronym that says if you only support families for four months during a moment of acute crisis, you can waive work requirements and time limits and all of those other provisions. And so very quickly, as we were doing the work, it became clear that usually the biggest economic crisis that families go through in this nation is the birth of a child. You can see that poverty spikes to the very highest level as families lose income from work and they take on additional expenses of a baby and all of the special things of all the special expenses of bringing a new child into your family. And so because we had a very close relationship with the state of Michigan department of health and Human Services that had looked at these issues and really was ready for a change in the state budget office and support of the governor, we were able to make the case that this could chart a new path of providing the support to families during this critical, acute, economic challenging time that's so developmentally important and complement that with the incredible philanthropic support of CS, Mott and the other foundations.

And one more really wonky point is that by having this mix of public and private funds, we're actually able to protect the RX kids allowances from counting against any of their other programs. So recipients don't have to worry that they're going to lose any of their food assistance or their Medicaid coverage or a variety of other programs.

(Moderator) Bob Ross, The California Endowment: beautiful, beautiful. Yeah, I mean a couple of observations from this perch. Luke. And I welcome you. Or Dr. Mona. Or Neal to weigh in. One is sometimes leadership is about playing the hand you're dealt. In this case, you've heard a partnership that played the TANF hand and a number of you heard that are probably a bit older will recall when the welfare reform conversation shifted to a block grant kind of conversation. Many of us and myself included progressives who were interested in the health and well-being of children, were very concerned with the flexibility that states would use and that we would see a race to the bottom for families. Right. And some of that has happened. But in this case, you all leveraged the block grant flexibility to do something that, again, ushers in a new narrative around investing in children. And so just congratulations on that. I suspect there's more behind the curtain of this fight of getting those TANF dollars approved, Luke and Mona but I have to imagine, Neal, that the Mott Foundation's lead gift, lead pledge of commitment must have played a significant role in the hearts and minds of some of the legislators. Did that turn out to be the case? That was a good lead argument, was it not?

Neal Hegarty, C.S. Mott Foundation: I think so. I hope it was. I mean, that was our hope and our intent that making a strong and significant commitment at the front end and not hedging at all about that, but challenging others that we need more money for this, I think, sent that signal, and I hope it did. I mean, in some ways this makes me reflect back to when I started in philanthropy and our old Pathways Out of Poverty program at the foundation more than 20 years ago was really about testing and demonstrating at a local level around the country, programs that were going to work in an anti poverty frame. And you had willing participants at state and federal level to scale and bring those up that seemed to disappear for a long time. And it seemed like we were kind of in philanthropy on the defensive of trying to be asked by government to take the role and responsibility for programs that used to be publicly funded. So it felt really good that this is kind of like a return to a model that used to work in this country to scale really good, really good community based programs.

But one other thing about the money is I don't want to leave anybody on the call or any funders on the video thinking that the fundraising is finished because we've had some success with the TANF fundraising. And as Dr. Mona mentioned, we have technically made the match as it was laid out. Fundraising is ongoing. There's still needs for more money. Just because a match was made doesn't mean that everything's finished. And so there's other foundations that are still in conversation and other private donors as well as public sector agencies that we're going to be continuing to work through. And by and large, funders have been really responsive to this. They've been enthusiastic. They think it's great. The two barriers are ones that have already been mentioned. But making sure they don't think of it as just a Flint

program but really understand about a seminal moment and the sort of national narrative, as you said, Dr. Ross is probably the main thing. And then, like I mentioned, thinking about it outside of the box we put ourselves in as funders and thinking more holistically about how many different sort of attributes this program matches that can line up for funders' interests.

(Moderator) Bob Ross, The California Endowment: Beautiful. In addition, this effort has not been just a top down thing, right? You've had community partners. Can Dr. Mona and Luke talk about the community partnerships and some of the grassroots involvement here?

Dr. Mona Hanna-Attisha, Rx Kids/Michigan State University: So I put a link in the chat of when the budget was signed. We had babies, Flint babies, endorse the budget with their handprints and we presented that endorsement of the budget to the governor and lieutenant governor. And these babies and their mamas and their dads have been part of Rx kids from the beginning. They informed the idea. They came up with the idea. We have been working with moms and babies for over a year on this. And that is because our work in Flint from the onset is community partnered. And that is important wherever you are working, but especially in a place like Flint that lost democracy and the people didn't have a seat at the table. And that's not uncommon in so many of our communities, especially majority-minority communities, where those voices aren't heard and aren't seen. So it's been our mission for years to listen.

I have a parent partner group. Parents have been advising me for years. I have a group of kids, the Flint Youth Justice League, that advises me. And it's hard because I have to shut my mouth, and I love talking, but I shut my mouth and I listen. And so, these ideas came from families, came from patients, also came from data. I run the Flint Registry, and hardship keeps coming up to the top how hard it is to make ends meet. So, it's patient driven. It is data driven, kid driven, mom driven. And throughout the entire process, our patients, our families, our moms especially, have been framing the design, the implementation, what logo we should go with, when we should launch it. It's going to be launched on Valentine's Day next year because it's all about love. So all of this is hand in hand with so many other community partners degraded from the Health Coalition is one of our kind of outstanding partners that is kind of an umbrella of so many other organizations.

(Moderator) Bob Ross, The California Endowment: Beautiful. Yeah. And congratulations to you all for navigating what can be a tough act, because you mentioned that this was not what you were bringing forward, was not merely a place based initiative for Flint. Right. Which was important for a variety of reasons. However, it is rooted, and this is why we had well, more than a tone of water in place based work here in California. And part of it know what? Our colleague Brian Stevenson at the Equal Justice Initiative talks about the importance of being proximate to injustice, the families and children who are proximate to injustice who live that know, day in, day out. Dr. Mona, you started your comments today about the baby, the four week old that you were holding in your hand. So when you come into a policy conversation, you're thinking about that baby and that family, and you're bringing that to the forefront. So how do we remain

proximate to families and their experiential wisdom of how they're dealing with injustice, but at the same time talk about the universality of this as a for? All right, so very important narrative lessons that we're learning from our colleagues here. About a few more minutes of conversation. We're going to open it up to our commentator and then some questions, of course, we want to know about. So,

Luke, are you the best person to ask about how an effort like this is being evaluated? Do you have a dashboard? Do you have metrics? Do you have any stories? Do you have numbers? How are you evaluating this?

Luke Shaefer, University of Michigan: Yeah, I've gotten to work with Mona and her team on evaluation. The nice thing about this is that our goal, as Neal was saying, we'd like to do this for five years. We have about three years funded, and so that's where we're looking for funders to be a part of this. And we promise it's like the most fun that you will have funding a project. Neal can attest to that, maybe.

And the evaluation, because we have five years, we're going to be able to just look at a whole lot of things and see if we see those impacts over the course of that period. Flint has this incredible community research infrastructure built up so there's a lot of access to administrative data and that's where a lot of our evaluation is going to be. We're going to be able to see if this program where most families are going to enroll through going to their prenatal doctor's visit. Whether or not that impacts prenatal doctor visits. Does it impact the postnatal doctor visit for mom, which we know is a huge appointment for confronting maternal mortality after birth? We are going to be able to see if it impacts the relationship between providers and families. And then we're going to use evidence from surveys to find out how families are doing. Does it impact stress? Does it impact those investments in kids, those books and toys and time spent with kids through a series of surveys that will go to folks who are getting the benefit and families who live in similar communities that are not inside Flint.

Finally, we're really going to be looking at the impact on the social contract. So, Bob, I think you mentioned just some of the costs of forcing families to prove that they're low income. So much of what we're learning is when you make it universal, when you tell families to come, whether or not instead of like come and we'll decide if you're deemed worthy enough, it actually increases participation among the families who would have been eligible in the first place. Right. When it's more simple, there's no fear of rejection. We're not sending a signal that you are getting this money because you can't take care of your family. Right. Instead we're sending a message that this money is being provided because you know what your families need most and we know how expensive it is to raise kids. So, we're going to be able to assess the impact on the social contract and the simple economic development part of this where we're talking about 9 million additional dollars flowing through the Flint economy. So, we're talking with colleagues at the Federal Reserve that can help us actually track those dollars and see what that flow does for the city of Flint. That's a very bottom up type of economic development approach versus often economic development is done from the top down. So, this is very much an exploratory phase. We're very focused on rolling this out as effectively as possible and utilizing all sorts of data to see does it impact health; does it impact relationships and how does it impact the community as a whole?

(Moderator) Bob Ross, The California Endowment: Yeah. I'm thrilled to hear, Luke, that you're focusing on some of the upstream measures and not just the way downstream. And I applaud you for particularly in this political environment using the term social contract which is a very powerful concept for this nation. The Declaration of Independence was a social contract. Right? Invoking social contract is not the same as being a wild eyed liberal for socialism. This is different. Right? There was a question in the chat which I think you answered Mona, but let's make sure everybody hears about it. And the question was how are you incentivizing participants and families in survey participation? So Mona, you want to speak to that? Dr. Mona?

Dr. Mona Hanna-Attisha, Rx Kids/Michigan State University: Yeah so another partner that we haven't mentioned yet is Give Directly. So they're an international organization that does cash transfers. They started in Africa and Kenya and they do this all over the world and now they're actually doing it domestically. They run most of the cash transfer pilots in the US and they were thrilled to be part of Rx Kids and I think they mentioned that we are the largest cash transfer program now in the US in terms of kind of money raised and money to be raised. So they are the administrators of surveys. They are the administrators. They will enroll people, they'll do the pregnancy verification, they'll make sure that they're a resident. It's all mobile, friendly, easy to use. They get people their prepaid, debit cards, customer service benefits, counseling, fraud detection. So this is what they do and very efficiently. So there's surveys, there's program surveys like did you get your money? Everything okay. But then there's the research surveys that will be part of this and it's going to be run through their system but separately. We'll be developing the surveys but it'll be seamless for the participants and the folks that participate all via consent if they want to participate will receive a cash incentive and that will just be added to the cash allowances. So it's also very easy for them to get the survey incentive. There'll also be survey incentives for the control group which will be given separately as well. So people who participate in research will be consented and obviously valued for their time.

(Moderator) Bob Ross, The California Endowment: Great. And hey Dr. Mona, just a word of advice for you going forward. Don't tone down your passion. Your passion shows passion matters. This is why it's good to have smart people and savvy people and politically smart people but passion matters and your. Passion shows

Dr. Mona Hanna-Attisha, Rx Kids/Michigan State University: we're all super passionate. Look at Neal and Luke, they're glowing too.

(Moderator) Bob Ross, The California Endowment: Okay so your next step this is an open question Luke, Mona and Neal, next steps in bringing this mean as we all know innovation is a thing of beauty but scaling is an entirely different animal and so talk about the transformational scaling opportunities here. If we're in this panel discussion five years from now what would you want to have said that happened?

Dr. Mona Hanna-Attisha, Rx Kids/Michigan State University: I'll start and maybe I'll pass it on. So like I said we are launching this program with the intent that it is going to start in Flint but go all over. The money from the state was really kind other there's lots of other cities in Michigan and they gave it to Flint. They want us to prove that we can do this so that we can quickly scale it and share it with other communities. Flint's the poorest city in the state, but we don't have the highest number of poor kids. That would be in Detroit. And there's rural parts of the state that also need this program. So it is our goal to get fully funded, which we're not yet there yet we still need about \$15 million. So to get fully funded, to launch, to quickly evaluate and to be able to share this. So we see a pathway with TANF and working really hand in hand with our TANF office at the state. And then we also see I think Luke and I are now getting almost kind of weekly emails from communities all over the nation in blue states and red states all over that want to do this. Especially that want to figure out the TANF playbook. So we're working on kind of writing that up because that could be done right away. Other places can use we didn't have to create new regulations or new policies. The rules on the book, that flexibility you talked about, Bob, that flexibility that's often used for bad, we're using it for good and others communities can do the same thing.

So we're working to write that up. We also are having conversations with our legislators in Congress to look at some sort of RX kids bill to do RX kids for the whole nation, for every baby on Medicaid is only \$10 billion. And that's fairy dots at the federal level. That's not a lot of money to ensure all kids have a healthy start. So there's lots of pathways for scalability and we're looking at lots of different things. But Luke, you probably have more to say.

Luke Shaefer, University of Michigan: No, you hit every point I was going to make. Just one of the things that excites me the most is how many different paths there are to this scalability where we could see it in different parts of the state. So other communities might not have a CS Mott that can make a commitment like CS Mott did. But as Mona mentioned, we can take the TANF dollars and do this kind of program in other communities. We've already talked to legislators in Saginaw that are really interested. We hear all the time from Detroit saying we need this here. You could imagine this in rural communities in and then you know, I've been working at cash transfers for a long time and I've just never seen the broad based interest that I've seen with Rx Kids. It's just incredible know, we'll be talking to some folks in Indiana, some folks in Ohio, some folks in North Carolina already who think maybe there's a path to do this. The ten, \$11 billion, we can do this nationally for every baby on Medicaid or if we wanted to just take those four months of TANF, it's about the same price tag to do it for every baby in the country. So this is something that could be done in a short amount of know, we could eliminate deep infant poverty in the United States and you wouldn't even notice a change in federal spending, right? Because as Mona mentioned, it's such a tiny fraction of what we're talking about.

(Moderator) Bob Ross, The California Endowment: Hey, Luke, just out of curiosity, I'm more familiar with here in California former Stockton Mayor Michael Tubbs's efforts around universal basic income, which is

beginning to take off here in California. But also are you guys at all in partnership with that effort or at least keeping track?

Luke Shaefer, University of Michigan: Yeah, absolutely. There's, I think, really interesting things happening with basic income. A number of experiments and somebody had mentioned how will we reach out to families? And we have a big plan on that. But a really interesting thing about cash, and this is going to shock you, but somehow in all these programs, interest takeup is close to 100%, right? Families actually like it. And I think that's something we should listen to, right? How many times have we rolled out a program and we're like, gosh, we just have to advertise it more? Families don't know about it, but when we advertise cash, it gets taken up. And can we use that too? We absolutely don't believe in putting conditions on aid because that goes back to sort of the signals you want to send and are we trusting families? Are we coming alongside families? Or are we saying, you're not doing what you need to do and so we're going to put conditions on this, but you can offer something that's unconditional and then if it really has an impact on the social contract, we're going to be watching very closely with our kids. Does it increase the take-up in other benefits where families are willing to have another look because they've been offered something that they value, something that is community based, that's been driven by the community, and maybe they'll take a look at some of the other benefits as well.

(Moderator) Bob Ross, The California Endowment: Hey, Neal's, suggestion for you for your next board meeting, brother, get the tape of this panel discussion and show it to your board.

Neal Hegarty, C.S. Mott Foundation: That's a great

(Moderator) Bob Ross, The California Endowment: This is what boldness can mean. Mott could have said, well, aspirations a little too big. Can we start with a scale back neighborhood? And that's not what your board did. Your board came in big and came in strong. And so just congratulations to you and the board. But anything else around the aspirational trajectory of this effort having impacted Flint, having impacted Michigan and potentially impact nationally across other states. But anything else you want to mention before I turn to our commentator?

Dr. Mona Hanna-Attisha, Rx Kids/Michigan State University: I'm. Going to answer Josh's question on the chat. Hey, Josh. So his question was the concern that having federal legislation on RX kids might interfere with expanding the child tax credit. And we have thought about that. They don't compare. We absolutely want the child tax credit to be expanded. This can happen with that. So it can be complementary to really address the perinatal poverty issue. So we don't see it as an alternative. We see it as a complement to the Expand child tax credit. The price tag is absolutely a lot less. It could be something that folks support now because it's easier to support because of price tag, but it should not be viewed as an alternative. We also

see that RX kids, because of the prenatal allowance brings both sides of the aisle to the table. There is a lot of interest, especially in this kind of post Roe world, for that prenatal allowance. So we have kind of unexpected allies. In this work, too.

(Moderator) Bob Ross, The California Endowment: Good play the hand you go. Neal, anything else before I turn to our commentator?

Neal Hegarty, C.S. Mott Foundation: The only other thing to add is just that we'll obviously be working it through funder networks and donor communities and we're still thinking through how to do all of that. But clearly there's an interest from the funders who come from all around the country supporting this about how they can take the early lessons and early observations and work them into their policy goals in their communities. So if anybody's on the fence about becoming a funder or donor, there's another pitch to get early and real time information coming out of the researchers and the project.

(Moderator) Bob Ross, The California Endowment: Beautiful. Let's turn to our commentator. And our commentator is Dona Ponepinto, who serves as the President CEO of United Way on the other side of the country, united Way of Pierce County in Tacoma, Washington, where she has led a groundbreaking three state research project. On the financial stability of families, spearheading the creation of the yearly From Poverty to Possibilities Summit and launched the center on Strong Families, which focuses on helping families increase their income and strengthen their financial sustainability.

So, Dona, I can only imagine that at least a part of your heart is glowing from this conversation today. But weigh in and what is this? Any observations for us from your perspective?

Dona Ponepinto, United Way of Pierce County: Thank you, Bob, and thanks to all the panelists. Yes, my heart is glowing. And as I was listening and reflecting, some words came to mind joy, love, storytelling, trust and dignity. And it was just really powerful to hear each presenter and their role in this. And one of the things that Dr. Mona, the first thing that she said so much of what we do as funders and as the public system is about Band-aids and we fail to address those root causes.

And one of the things our United Way actually is part of a pilot that's doing a guaranteed well, we were part of a demonstration with the MGI, the Mayors for Guaranteed Income, doing a pilot here in Tacoma. And it made me think about what Luke was saying when he said, yes, there's lots of programs, there's lots of pilots out there with specific populations. And one of the things that we ran into was the whole idea of narrative. Changing that narrative from the welfare to the charity frame was really challenging. And so what you're going to do in Flint, where it's all pregnant women, to me that really kind of stops that changes that narrative right away. Which I think is fantastic because it really is talking about this prevention focus.

But I also think, and I didn't hear this in the conversation, but I also think it's a moral thing but it's also an economic thing - doing this really changes communities. It changes families. Monies are going back into communities.

The other thing that I reflected on is a lot of what Neal was saying that his board, he was in right away. His board was in. The same thing with my board at United Way. As soon as Mayor of Tacoma called me before she finished, I was like, yes, let's do this. And my board right away was, yes, let's do this. And how do we find those dollars? So we were fortunate because we had some dollars through the Mayors for Guaranteed Income, but we also had to convince other funders to put dollars in in addition to the city again, because we were targeting a specific population. That was the challenge. Why are you giving it to some and not others? And so making something citywide again sounds so exciting to me.

One of the things that we are doing is we have received some appropriations from the state, 1.9 million. So we're doing something here in Tacoma that actually is getting state attention that I think will continue to help change that narrative and build that case like we're all trying to do. The other thing is about the TANF funds. As soon as I read all of the information, I sent an email off to the folks that lead TANF in our state saying, we've got to talk, we've got to do something. Because I think that's where we can find some of the resources to do these scalable efforts and build that case for why this is important to families, why it's important to communities.

And we know, as Luke mentioned, the child care tax credit, we were able to decrease child poverty significantly. And there's things happening around the world where we know it's making a difference. And so, again, what I'm leaving with in the conversation is that this is doable. The resources are there and how do we know the benefits of this cash assistance system? And how can we affect policy at a national level and utilize public and private resources in different ways to really address some of these root causes of poverty, starting from birth and breaking that intergenerational cycle of poverty?

(Moderator) Bob Ross, The California Endowment: Hey, Dona, thank you for that. I knew you'd be thrilled to hear about this. One of the beauties of the way most United Way boards are constructed is that you have business and corporate presence in those boardrooms. So can you say a little bit about how business leaders or corporate leaders on your board are responding to your child poverty efforts. Is there optimism there?

Dona Ponepinto, United Way of Pierce County: Yeah, there is more optimism now because we have evidence. We have evidence that shows when you do certain things in communities and you invest your dollars in certain ways that we can change the trajectory. Our particular United Way put a stake of the ground on lifting 15,000 households out of poverty by 2028. That wasn't an easy journey. We look at Alice families, I don't know how many communities are familiar with Alice asset, limited income, constrained, employed. And so these are families that are getting up every day and working and can't make ends meet. And so we were able to put a face to the person that's selling you your coffee in the morning, to childcare

workers, to teachers in some instances. Right. And so it made a case for business leaders. Now, I will say that it did have some negative consequences in some ways, especially when we started talking about really looking at inequities in systems and looking at giving people money for free. And that would be a question I would have to the panel when you start talking about giving individuals cash assistance and targeting specific Alice populations. There was some pushback from some donors that we had, but not our board. Our board was all in and they stood behind us the entire way, and we've actually gained more donors and other foundations as a result.

(Moderator) Bob Ross, The California Endowment: Well, I don't know, Dona. I think I see a Tacoma Flint Handshake partnership.

Dona Ponepinto, United Way of Pierce County: I would love it. I think a site visit is in your future.

Dr. Mona Hanna-Attisha, Rx Kids/Michigan State University: Yes, definitely.

(Moderator) Bob Ross, The California Endowment: But the news we're hearing this morning, folks, just counteracts all of the negative headlines that we've seen in the last year in this country. Feeling really inspired by what I'm hearing this morning. Dona, are you good? Any other specific questions for our panelists?

Dona Ponepinto, United Way of Pierce County: Oh, I have lots of questions for panel, and I wish we had an hour just to sit and chat more. So some of the questions I have, each family is going to get the \$1,500 and they're going to get the \$500 for the first year of the child's life. What about the other support services? What other types of wraparound services supports do you see being provided to families to ensure that when that year is over that they're not backtracking and that they're able to move forward?

Dr. Mona Hanna-Attisha, Rx Kids/Michigan State University: That's a great question. Nothing. We're not providing anything else except cash. However, there's benefits, counseling and referrals to support services. We anticipate an uptake of all of these awesome programs that we have in the community, like WIC and Nurse Family Partnership and Head Start and Snap and Medicaid and Imagination Library. So we anticipate an uptake in all these things because of being able to come in earlier to their prenatal appointments and getting referred and having the bandwidth and the decreased stress to even learn about these programs and to sign up. So this program is just cash. It is just unconditional cash.

You don't have to go to a parent program or a breastfeeding class or you don't have to sign up. It is just the cash. And I wanted to touch on something else that we talked a bit about, the kind of reframing of the narrative, and that's a big part of our messaging. And there's only kind of so much that stories can share, and there's only so much that science can share. So Rx Kids is also going to lean into the arts in this work. So we are having ten murals painted around the city for RX Kids. The logo, which is almost finalized, is all about hearts and love. And I mentioned we're launching on Valentine's Day, and it's going to be Love Songs

to Flint. It's going to be a concert. So local artists, a national artist and spoken word. So really kind of leveraging the power of the arts and humanities and music to also change that narrative, which is a big part of this.

(Moderator) Bob Ross, The California Endowment: Powerful, powerful.

Neal Hegarty, C.S. Mott Foundation: Can I add to what Dr. Mona was saying about the program focusing only on the kids and the cash transfer is 100% true, but there's context in the community of a lot of supports for kids and families and out of the tragedy of the water crisis, which the community still is struggling in many ways and families to come to grips with and deal with. A lot of great programs have come in and the notion from a lot of folks, both public and private sector, that Flint Kids really matter and deserve the best. So the context will be some best in class early childhood programs that are in this community, some best in class food and nutrition programs. Dr. Mona is the Associate dean of a best in class public health program with a lot of research and practitioners that are uniquely community focused and community driven in their public health work. So while the program is not doing a lot of other things, our foundation and a lot of other funders and a lot of other public sector partners have created a really good dynamic in this community for this program to fit.

(Moderator) Bob Ross, The California Endowment: Beautiful.

Luke Shaefer, University of Michigan: I may just add in one more quick point on this, which is I actually initially favored a phasing out of the benefits over a couple of months, where it might go from 500 to 300. Mona and our friends at Give Directly actually convinced me that it's better to be clear. So I think a big lesson for me is that when you're communicating with families, life is so complicated, the clearer things are, the better. So it's better to just say every time, especially in the last month, it's going to say, this is your second to last payment. This is your third to last payment. So families know exactly what to expect. We're not tapering benefits. And they're like, Why am I only getting 300 what's going on, just clear making things as simple as possible that fits the bill and that makes it easier for families to know exactly what's coming. I really came around on this and believed this is the better way to do things.

(Moderator) Bob Ross, The California Endowment: That's right. There's power and simplicity. Hey, folks. Thank you so much, Dona, for joining and for your comments. Let's shift to a more open set of questions now. Our friend Sarah offered to handle the questions popping up in the chat. Sarah, I hope you're still up to that. I took you up on your offer because, quite simply, we all know women are much better multitaskers than men are. And so I see the Q A to you. Are you okay with that?

Sarah Torian, CGLR: Sure thing. Although I'm not sure I agree with you about my multitasking capacity. I've been so focused on this amazing conversation. I'm still as excited and still as hopeful as I was in the opening of today's conversation.

It seems like we've gotten some kind of nuts and bolts questions that have come in the chat. And I know that Mona, I think you've been really good at answering some of these in writing, but wanted to also share them out so that those who are listening in and might not have seen them in writing know a little bit more clarity around the enrollment.

Luke, you were talking about a lot of this. That cash. People hear it, they know it, they respond to it. But ways that you're getting the word out, community partners that you're helping to reach and engage families, knowing where pregnant moms are, new moms and new families are. Can you tell us a little bit more about that engagement enrollment kind of getting reaching families?

Dr. Mona Hanna-Attisha, Rx Kids/Michigan State University: Yeah. So it's called RX Kids, and we've housed it in healthcare for several reasons. But we imagine the most common point of entry will be at your prenatal visit. We anticipate that moms will come into prenatal visits earlier. Once they find out they're pregnant, they can sign up for RX Kids on our website, Flintrxkids.com, in January when it opens, that will take them to the kind of give directly kind of platform where they will be able to upload verification of pregnancy.

So there has to be some sort of verification of pregnancy so they must go to a prenatal care provider. And that's one of our goals. We want to improve prenatal visits. We want them to have an impact on maternal infant health disparities. We want to decrease maternal morbidity and mortality. We think that's one of our earliest markers that we will see in terms of intervention so they'll get information, they'll be able to sign up after that prenatal visit. But moms and babies, if they miss that, they can sign up when the baby is born. They can sign up until six months of age for that infant. So we want to give people a window because. We know that access and transportation. There's also other reasons why they may not have heard about it.

So that's pretty much enrollment. It's very user friendly, it's mobile. You can upload stuff. We're also going to have the ability to upload baby selfies, obviously with parent consents to share as part of the arts of this program and kind of sharing the stories and the joy and the birthdays of these kiddos too. So everything will be done mobile friendly, online, but it will start with the prenatal provider. There will be media and marketing and bus signs and promotions and working with the healthcare folks to make sure and working with our state, working with vital records, the birth certificate people. Our state is also really interested in making sure that we don't miss any babies that are born in Flint. So lots of efforts at recruitment. But once again, we don't think we're going to have to do a lot of advertising. We are, but we don't think we're going to have to because we think. That people are going to sign up.

Sarah Torian, CGLR: And I just love the baby selfies. This will go viral. I mean, it will go viral both in Flint, but then I could also see the potential for it going viral beyond Flint and really helping to change the narrative. As you were saying, Bob, getting more folks in more communities, more states engaged in seeing the potential of this. That's amazing.

So Luke, I got maybe a couple questions for you in terms of some of the policy stuff. Love to hear a little bit more about child tax credit and the impact that we saw. But first, some folks were asking about the TANF piece for this. So you're using the flexibility of TANF to pay for the first four months or just four months of the twelve months? Kind of. How are you managing kind of the policy side of that?

Luke Shaefer, University of Michigan: Yeah, so as I mentioned briefly, the provision is non recurrent, short-term benefits. And so it's once again sort of taking advantage of laws that are on the books that really haven't been used by states to say that there's this provision that says I can, without triggering time limits or work requirements, help a family in an acute moment of need with a non-recurrent type of need. So, the legislation is trying to sort of differentiate between a monthly check that families would get over and over again and something in an acute moment of crisis. States really haven't ever used this provision to a meaningful extent. Some states put up what are called diversion programs so that uses the same rules. But the diversion programs were usually meant to say we'll give you four months of benefits if you promise not to get benefits again. In this case, actually, families can both receive the Standard TANF program which is called the Family Independence Program in Michigan and get the RX kids benefits. But it has to be short, and you have to define this acute moment of crisis.

So you could use this, for example, in families who are facing eviction, there's really not a lot in the rules that sort of stipulates what that acute crisis has to be. In our case, we have these incredible charts on the website and in the packets showing how much income plummets right around the birth of a child. And anyone who has a child knows that the expenses are only going up. And so that was the argument that we made. And it can only be four months, but it is actually beneficial to pair it with the private philanthropic dollars for the second issue of Benefits Cliffs. So anyone who's worked in cash transfers knows that families are really protective of their benefits, like Snap, Food Assistance, maybe WIC, and by commingling in those private know, it provides a path to get an exemption.

Now USDA, for example, will say we're not going to count these dollars as income for families so that it won't impact their benefits. And partially that sort of builds on the broader design to say in the safety net that we have, we introduce a lot of instability. If you go to work, you lose thirty cents on the dollar of your Snap. If you're lucky enough to have a housing voucher, which is a very tiny fraction of families who are eligible, you're going to start having to pay thirty cents on the dollar towards rent. That adds up pretty quickly. And some of our tax credits are meant to counteract that.

With RX kids, we basically said your benefit is going to stay the same. This is something that you can count on \$1,500 a month in pregnancy and then \$500 a month until your baby turns age one, you know exactly what's coming. So you can put it to the best uses because we think you know what your child needs best.

And that was actually the design that we put in place with the expanded child tax credit as well, to say it's \$250 per kid, 300 per young kid. You can be in deep poverty, you can be right around the poverty line. You're in that Alice population. Everybody has expenses around childhood. By making it stable, it's going to interfere less, it's going to cause less instability and interfere less. Was the decision that families have about do I go to work, do I not go to work?

Sarah Torian, CGLR: Some people were asking about other block grant programs and is there the same kind of flexibility with those that you were able to kind of leverage to better support kids and families, or infants and families with the TANF dollars?

Luke Shaefer, University of Michigan: I think it's a really terrific question, and I don't know the other block grant programs well enough to know for sure, but often they're pretty simple because the logic is to provide more flexibility.

Could some of our programs around Childcare actually be converted to cash transfers to families? I think that's a super interesting question. Hopefully, one of the benefits would be having a huge impact on states that really want to come alongside families in this more dignified way of providing aid to explore what are the auspices that they can do that.

Dr. Mona Hanna-Attisha, Rx Kids/Michigan State University: I would just add that I think my favorite part of this program is the TANF work is the systems change work. And Luke's been living in the world of TANF for a long time, and it's fairly new to me, and I've been learning a lot about its history. And it's a very racist, exclusionary, reactive program. It was created to kind of not support folks, and especially not to support black moms. And what we've been able to do. Is make it antiracist and make it. Inclusive and make it preventative. So I love how we've been able to change TANF, especially considering its history and hopefully replicate that.

Luke Shaefer, University of Michigan: Sarah, you mentioned the child tax credit, and I think everyone is familiar with this huge decline in child poverty that we saw in 2021. Just a couple of other facts about that year. 2021, when we did more for families with kids and more cash than we'd ever done before. Food insecurity also plummeted to the lowest level among families with children. The fraction of families reporting they were doing okay financially hits the all time high that we've ever had. The fraction of families reporting they could cover a \$400 expense also hit the all time high. We saw this huge drop in Eviction filings. We don't have a long pre trend on that, but it's well below pre pandemic levels, even after all of the moratoriums were set to expire. So families used money to pay their rent, just like we thought. And then one of my favorites, the number of Americans with bad credit fell to an all time low again, because family used some of the money to pay down their debts. So it's really remarkable that you could have a policy that had such an impact on so many markers of the well being of families. And so I think with where we are as a

country, Rx kids is the clear sort of next step in this work. And that it says we're not just going to sort of give up because it wasn't extended at the federal level, but communities that want to lead the nation and how we come alongside our families with kids like Flint, they're going to lead the way.

Sarah Torian, CGLR: So, Bob, you were getting at this a little bit Earlier when you were talking about kind of the narrative change around this work, and Luke is touching on. The child tax credit had such an incredible impact, and it was just shocking to me that we could not as a nation, kind of make the commitment to continue that to support children, to slash child poverty in half. I'm wondering if any of you all have thoughts or reflections on kind of the narrative change that we're seeing around RX kids and the potential for kind of building on that and making a case for the broader investment. Yes, the broader investment in RX kids beyond Flint, but also in kids beyond the first twelve months is so important and critical. But kids can be expensive for a lot more than past their first birthday and families need support beyond that first birthday. Any thoughts from any of you all about that.

Dr. Mona Hanna-Attisha, Rx Kids/Michigan State University: I can chime in. When the Expand child tax credit happened during COVID, we proved that we can do this. We proved that we can be a nation that takes care of children. We proved that child poverty is a policy choice and we proved that we have the capacity to fix it and fix it quickly. It didn't take years to fix it. We fixed it quickly. And I think at least for me, this is why our kids is so important. As Luke said, we are keeping this concept of child allowances back in the public imagination. We are doing something at scale that hasn't been done before to continue these conversations as we are doing today. Because we can do it. We proved we can do it and we can do it again. And hopefully this provides more data, more research, more evidence, more stories, more public support for why this is.

Dona Ponepinto, United Way of Pierce County: One of the things that we often talk about here in Washington is that poverty is not a personal failure but a systems failure. And so how do we look at the systems that are really meant to kind of keep people at a status quo? And so that's why I think the narrative change is so challenging. But again, I think with Rx Kids because it's not limiting a population, it's talking about all women that are pregnant, I would think that the narrative would be much more positive. We struggle with the narrative and really making sure that people understand the benefits in creating this financial floor for families. So I think how do we change? I also say we also have to change who the narrator and a lot of times the narrator are the politicians, right? And they're driving that narrative if we really want to change the policies so we can do all of this work. But how do we get to those folks that are actually making those decisions? That's why it's so wonderful to see what happened in Michigan with regards to TANF and how can we get that to scale in other.

(Moderator) Bob Ross, The California Endowment: I just agree with what's been said. There are a couple of different ways to look at scale and systems change through scale. One way, which is the way that most of us, certainly as a pediatrician and public health person, and even many of us in philanthropy have been trained, is let the data and the science convince you what scale looks like. The problem with that is, well, a couple of problems with that. One is one is data and science seem to have limited capacity to change hearts and minds these days. And waiting for the seven to ten to 15 years to show that grade level reading scores are improved as a result of this initiative. This is why the matter of narrative becomes even more important.

I'm thrilled to hear, and I think both in the states of Michigan and the states of Washington, the opportunity you have is twofold. One is for the experiential wisdom of families, for the narrative to be anchored in their wisdom and their language. This is not just top down clever messaging. That's why it's different than just hiring a strategic communications firm.

Secondly, rural poverty. We have got to find a way to marry and unify the narrative of families in poverty, be they in Flint, Michigan, or more urban setting Tacoma, with what rural families are dealing with in terms of poverty. And so there's an opportunity to do that. And when that happens, then you'll get more public policy support, legislative support, congressional support, gubernatorial support for these kinds of efforts because they're not stereotyped as an inner city poverty program for black people. So thrilled to hear that framing.

Sarah Torian, CGLR: Just flagging that the evaluation poll that Sierra, our Webinar producer, mentioned at the start of this conversation just popped up. So all of you, all who are listening and just encourage you to take just a couple of moments as we continue the conversation, fill this out. We really pay attention to the feedback that you give us, and it helps us to inform our future planning.

But we're going to continue the conversation for a few more minutes while I still have you. Your comments, Bob, about rural poverty reminded me of something. I can't remember if it was Mona or Luke, I think, saying earlier about the constant calls that both of you are receiving from folks in red states and blue states. And I know that rural poverty covers both of them, but I'm wondering if you can share a little bit thinking about kind of making the case, changing the narrative for this to reach and engage folks on both sides of the aisle. Like what you're hearing from folks in red and blue states as they're reaching out to replicate this model. Both of you are in Dona and RX kids are in blue states largely in terms of gubernatorial leadership. But any kind of insights on what you're hearing in more red states and or purple states, whether it's rural poverty or others.

Luke Shaefer, University of Michigan: I'll say briefly a couple of things. One is we do know that for rural poverty, we actually have a lot of difficulty as a nation getting services there, right? And so providing cash transfers is actually a much more equitable way of delivering social services to rural America.

The second is I mentioned I've been doing cash transfers for a long time, and I think there's more agreement in coming alongside families in that first year. And I think that being focused on that first year sort of sidesteps some of the questions that you invariably get about how is this going to affect work effort and is it going to become some sort of lifestyle? So I think the parameters actually open it up some, but there's also just been a much more a broadening of the tent and people who say this think this is the right way to do things. So it goes all the way back to Milton Friedman, and he was the one who was one of the first proponents of saying the best way to help families is probably cash. Mitt Romney had a very interesting child allowance proposal in the last couple of years, and we've seen it from some others on the right of the spectrum too. And so we're in an interesting time. Also, sometimes there are folks on the left who are not comfortable with cash and want to take a more paternalistic approach. So it's an interesting time to see where we are and how it sort of splits some of the political divides. But the support is just for this, for our kids, has been much broader than anything I've ever been a part of.

Sarah Torian, CGLR: Wonderful to hear. Also, just wanted to make sure that everybody saw Mona made a pitch for your recent book that just came out that does touch on issues around rural poverty. So *Injustice of Place*. That link is in there. And then, Dona, I wanted to see if you wanted to share a little bit more about the legislation that's been proposed to study guaranteed basic income.

Dona Ponepinto, United Way of Pierce County: Yeah, we just heard about this probably a couple of weeks ago in the House of Representatives. Representative Watson Coleman, representative out of New Jersey, is looking for additional co-sponsors for a bill to further study the impacts of guaranteed income across the US. When I hear about further studies, it's like, okay, we've got lots of studies, right? But they want to target, I think, 20,000 participants. I don't know all of the details, but I did put the link to the bill in the chat. So at least there's some interest at the national level. But I think with all the studies that are going on, we have plenty of information that shows the benefits of these kinds of efforts. We just need to put the money towards doing it.

Sarah Torian, CGLR: Agreed. Well, you are now coming up close to the end of our 90 minutes together. So just wanted to say a huge thank you to all of you, all of our panelists today. To Dr. Mona Hanna-Attisha, to Neal Hegerty, to Luke Schaefer, to Dona Ponepinto, and to Bob Ross for moderating today's conversation.

Wanted to make sure everybody who's with us today knows about all of our other upcoming sessions that we have planned one later on this afternoon. That's looking at kind of what can be learned in terms of learning loss and where we've had a chance to accelerate learning, equitable learning recovery, looking at rural schools, urban schools, charter schools, Catholic schools. And I think that's it. But anyway, we've got a robust lineup of conversations in the coming months.

We're thinking about coming back to this topic of cash allowances in a future funder to funder conversation. So thank you again for helping to spark today's conversation. To today's panelists, we really appreciate it. We really appreciate the leadership that you're all taking. And I'd like to officially invite you back here with everybody listening to tell us more about this after the launch next Valentine's Day, as you start releasing this report about kind of how other communities can tap into Tana, funding what you're learning as you really begin to roll this out. This is incredibly a powerful and transformational approach that you all are helping to promote. So thank you so much for sharing it with our network. Thank you.

Dr. Mona Hanna-Attisha, Rx Kids/Michigan State University: It was our pleasure.

Luke Shaefer, University of Michigan: Thank you.

(Moderator) Bob Ross, The California Endowment: Thanks everybody.

Dona Ponepinto, United Way of Pierce County: Thank you.

---End of Transcript