CHILDREN'S HOSPITAL ASSOCIATION

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

WEALTH IS HEALTH

INTEGRATING ECONOMIC OPPORTUNITY INTO PEDIATRIC HEALTH CARE

November 5, 2026

CHILDREN'S HOSPITAL ASSOCIATION

Purpose

Children are the key to our future.

Mission

To drive informed and actionable progress for children's health.



American Academy of Pediatrics

- We are 67,000 pediatricians committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults.
- Poverty and Child Health Patient Care Webpage LINK
  - Poverty and Child Health in the United States Policy Statement
  - Mediators and Adverse Effects of Child Poverty in the United States Technical Report
  - Promoting Food Security Policy Statement
  - Providing Care for Children and Adolescents Facing Homelessness and Housing Insecurity

American Academy of Pediatrics
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HEALTH × WEALTH
COLLECTIVE

The Health by Wealth Collective

A national movement building economic opportunity into prenatal & pediatric care



Rachel Sagor, MD; Lucy Marcil, MD, MPH; John Feister, MD, MS

November 5, 2026



Agenda

- Welcome and Introductions
- Financial Equity and Health Equity
- Embedding Economic Opportunity into Pediatric Health Care
- Strategies for Implementation
- Q + A

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Introductions



Lucy Marcil, MD, MPH

Associate Professor of Pediatrics, Boston University Chobanian & Avedisian School of Medicine

Executive Director, StreetCred and Health x Wealth Collective

Pediatrician, Children's National - THEARC



John Feister, MD, MS

Assistant Professor of Pediatrics, University of Cincinnati College of Medicine

Attending Neonatologist, Cincinnati Children's Hospital Medical Center

Cincinnati Children's Tax Site Founder



Rachel Sagor, MD

Clinical Associate Professor of Pediatrics, Boston University Chobanian & Avedisian School of Medicine

Medical Director, StreetCred and Health x Wealth Collective

Primary Care Pediatrician, Boston Medical Center

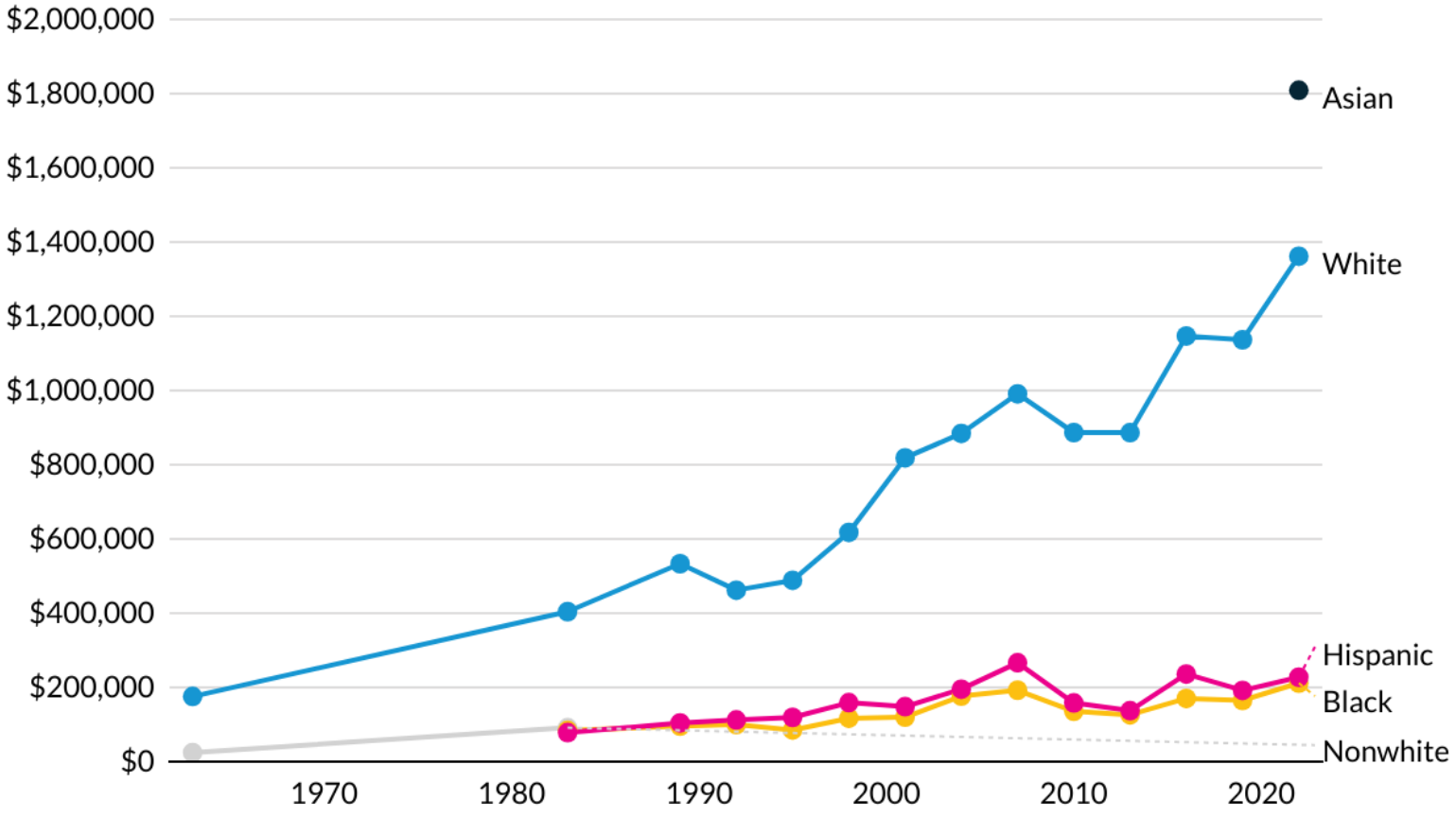
Financial security is a key driver of health.



Financial equity directly impacts health equity.



Average Family Wealth, by Race and Ethnicity, 1963–2022



Source: Urban Institute calculations from the Survey of Financial Characteristics of Consumers 1962, the Survey of Changes in Family Finances 1963, and the Survey of Consumer Finances 1983–2022.

Notes: 2022 dollars. Until 1983, the surveys categorized all people of color as "nonwhite." The Survey of Consumer Finances began disaggregating data for Black and Hispanic families starting in 1983 and for Asian families starting in 2022. We used inflation adjustment factors from *Changes in U.S. Family Finances from 2019 to 2022: Evidence from the Survey of Consumer Finances*. No comparable data are available between 1963 and 1983.

URBAN · INSTITUTE

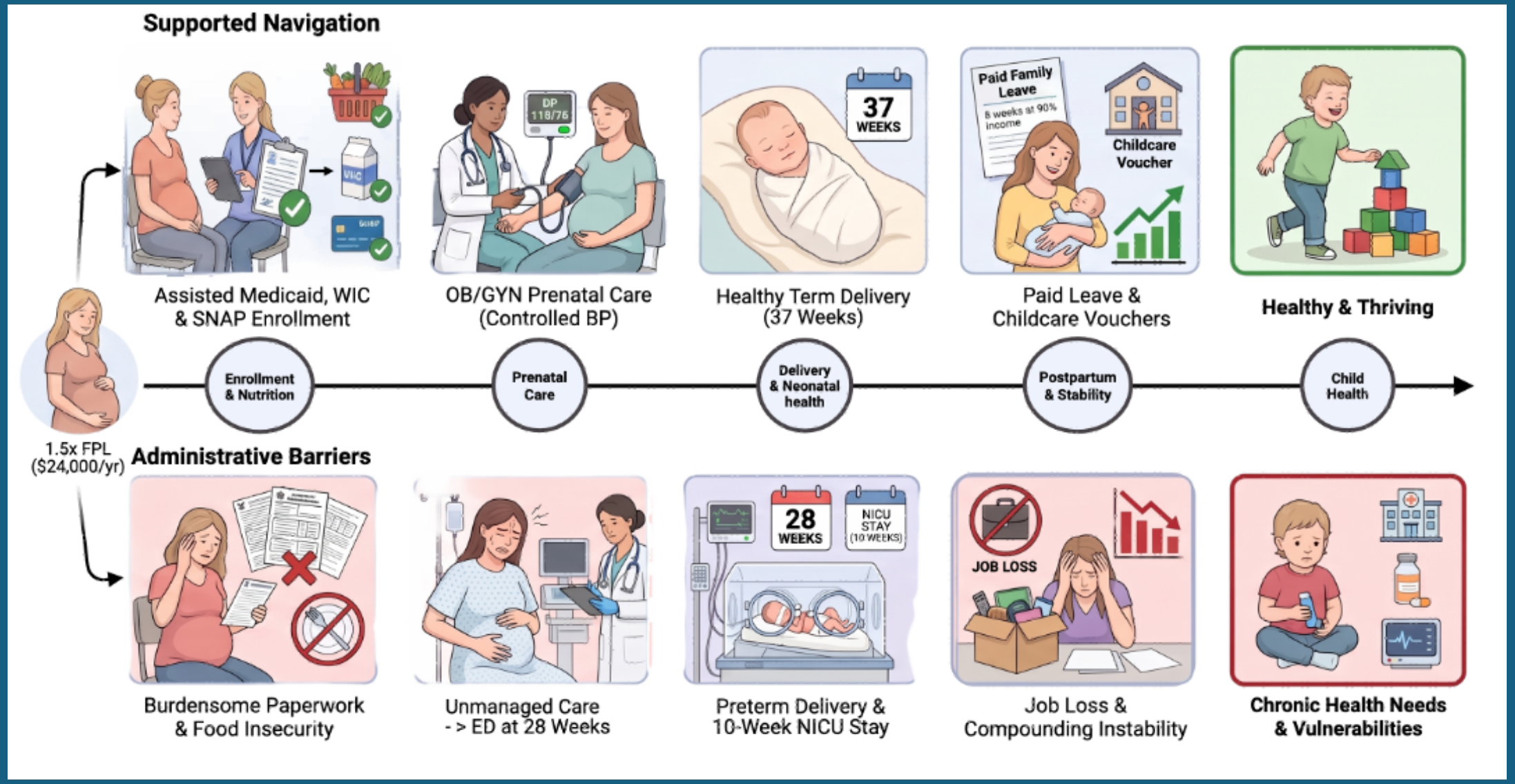
One solution: embedding economic opportunities in trusted, frequented environments



Which health outcomes move when families get money?

	Birth outcomes	Maternal health	Child health	Child development	Child maltreatment
PUBLIC BENEFITS					
EITC	↓ Low birthweight	↑ Mental health	↑ Nutrition		↓ Reports
PFML	↑ Preterm & LBW	↓ HTN, excess weight gain; ↑ mental health	↑ Breastfeeding		
SNAP / WIC		↑ Mental health	↑ Overall health, healthier weights		
WEALTH BUILDING & CASH					
529 CSA		↑ Mental health		↑ Socioemotional, adolescent behavior	
Baby's First Years		*No change in parenting*	↓ Epigenetic aging	Δ Brain activity (EEG)	
Rx Kids	↓ Preterm & LBW	↓ Parenting stress			↓ Reports
Financial coaching	*Insufficient data to date*				

Financial health & a life-course conceptual model of health



Origin Story: StreetCred

In 2015, a mom asked her pediatrician for help with filing her taxes.

StreetCred (Boston Medical Center): Innovation Hub

Free Tax Preparation



- VITA (Volunteer Income Tax Assistance) site located in the Pediatric clinic waiting room
- Available to all eligible BMC and employee families
- Connects families to Earned Income Tax Credit (EITC) and Child Tax Credit (CTC)

$7.14M returned to >2,700 families

Economic Bundle



- Cash Transfers: EITC, Paid Family Medical Leave
- Cash-like food resources: WIC, SNAP, BMC Food Pantry
- Asset building: 529 College Saving Accounts, 530A Accounts*

~$3M annually returned

~2000+ families served

Financial Coaching



Trauma-informed, 4-8-week course

- Developing a budget
- Opening bank accounts & building credit
- Saving for major assets (car or home)
- Career navigation

Improved credit scores

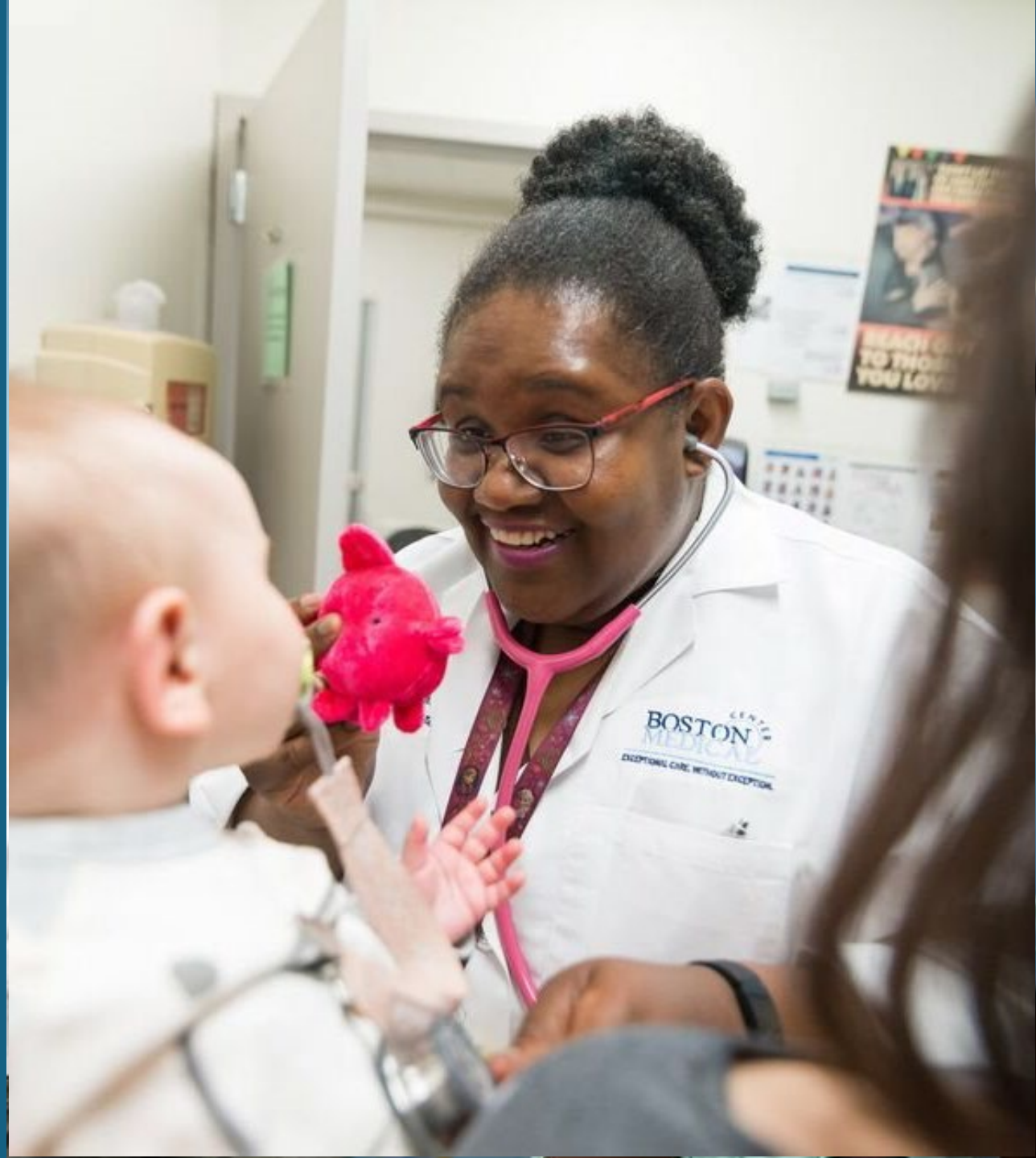
Decreased debt

Access and Trust

80% of children see a doctor annually.

Seven well-child visits in the 1st year of life.

Parents trust their pediatrician and have told us they want to talk about money with their doctor.



Our Model

Approach



- Community health worker creates a longitudinal relationship with family
- In person meetings during wait time at routine prenatal and pediatric visits
- Virtual meetings in between as needed

Population



- 85% Medicaid-insured
- 50% ≤ poverty level
- 48% non-Hispanic Black or African American and 20% Hispanic/Latinx
  - In Pediatrics: >1300 newborns seen every year
  - In Obstetrics/Gynecology & Family Medicine: > 1500 prenatal patients a year

Foundational principles

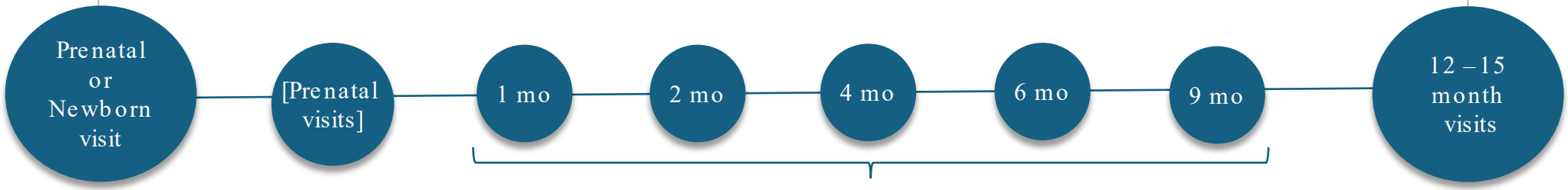


- Opt-out, universal services
- Strengths-based approach
- Resources that are:
  - Cash-like or asset building
  - Have capacity to serve more people
  - Evidence-based (maternal and child health benefit)

How it works in clinic

Community Health Worker (CHW) introduces Economic Bundle

CHW wraps up services



Well-child visits

CHW meets with family at each visit and virtually in between as needed to connect families with Economic Bundle services.

Driving Inclusive Economic Opportunity: Cohort Study

Economic Mobility



BMC Pediatric Clinic

- 134 mother–baby dyads
- 77 receiving StreetCred; 57 not
- Following for 24 months (surveys and EMR data)

Primary outcome: Economic resource enrollment

Secondary outcomes: mother and child health, healthcare utilization

Health



Demographics

- 18% Hispanic/Latino and 84% Black/African American
- 56% English, 22% Haitian Creole speaking
- Excellent health (self-rated): 70% babies, 25% mothers

Healthcare Utilization



At 12 months, StreetCred families:

Have enrolled in

- More total resources (4 vs. 3 out of 7 possible)
- 529 College Savings Accounts (48.6% vs 5.4%)

Closed enrollment gaps in

- Paid Family & Medical Leave
- WIC

Trend toward

- Hospital food pantry (29.6% vs. 16.3%, p=0.098)
- Emergency savings (StreetCred: 13.6%-->30.6% vs. Comparison 22.8%-->20.6%, p=0.077)

Health by Wealth Collective Model



Create community (pragmatic support, idea generation, social bonding)

Facilitate implementation (toolkits, technical support, coaching)

Economic opportunity

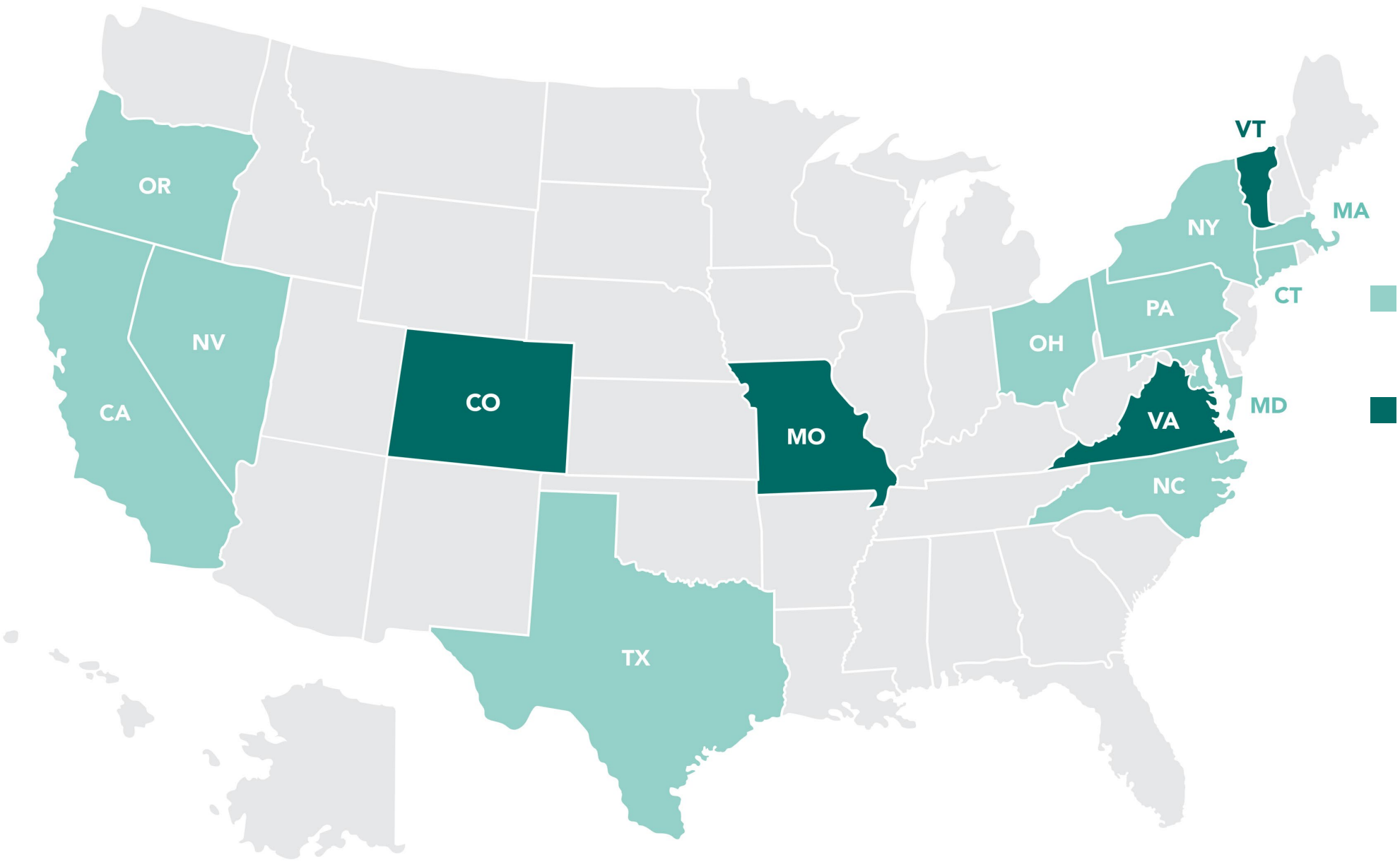
Healthcare redesign

Movement building

"HxWC has provided me with a community and real-time support that has made building a medical-financial partnership at my institution far less daunting. I'm deeply grateful for their collaborative spirit and their commitment not only to their patients, but to expanding access to these resources across the country."

—Cecile Yama, MD, Pediatrician and Assistant Professor,
Icahn School of Medicine at Mount Sinai, New York, NY

Health by Wealth Collective Locations



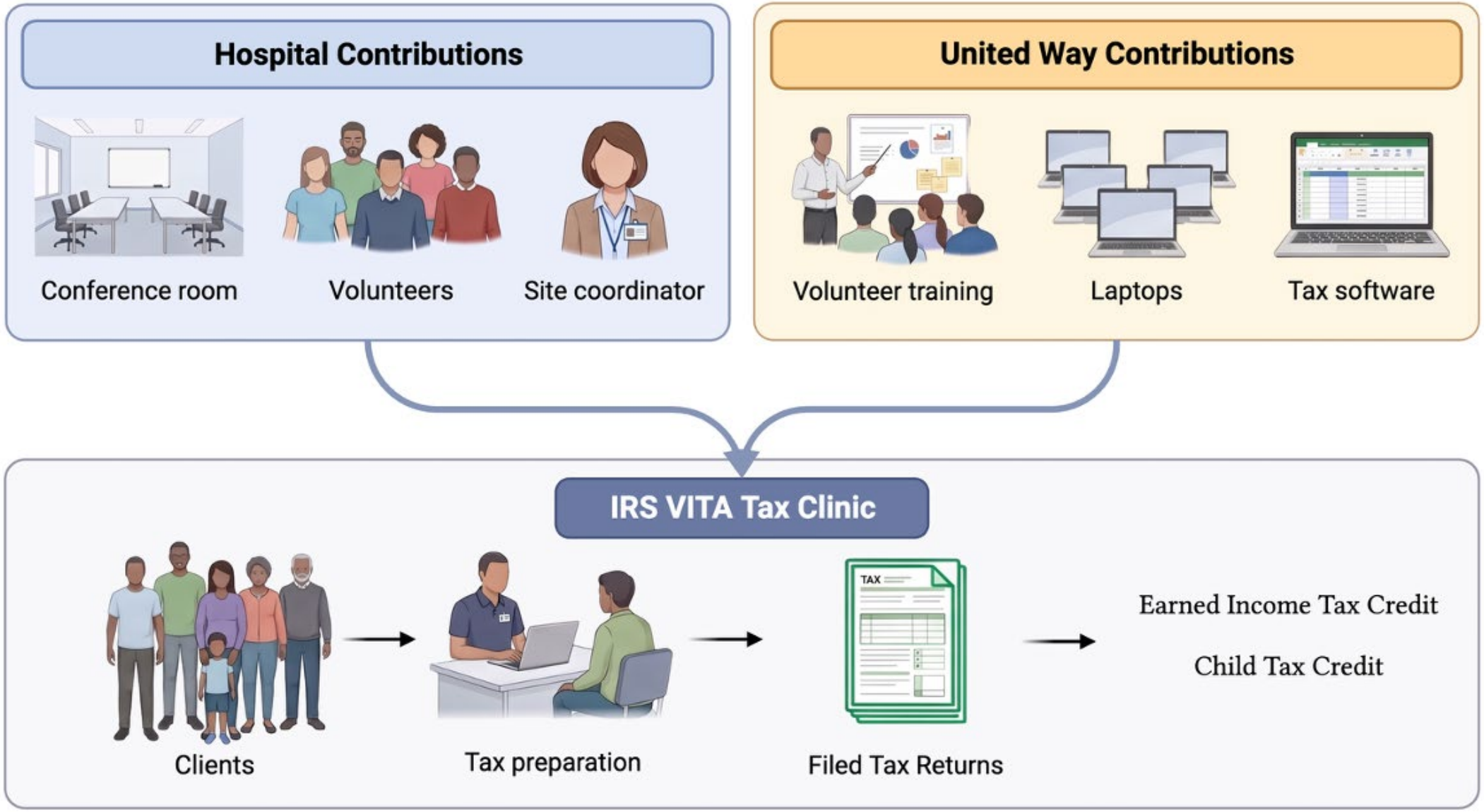
Health by Wealth Collective presence

New locations since October 2025

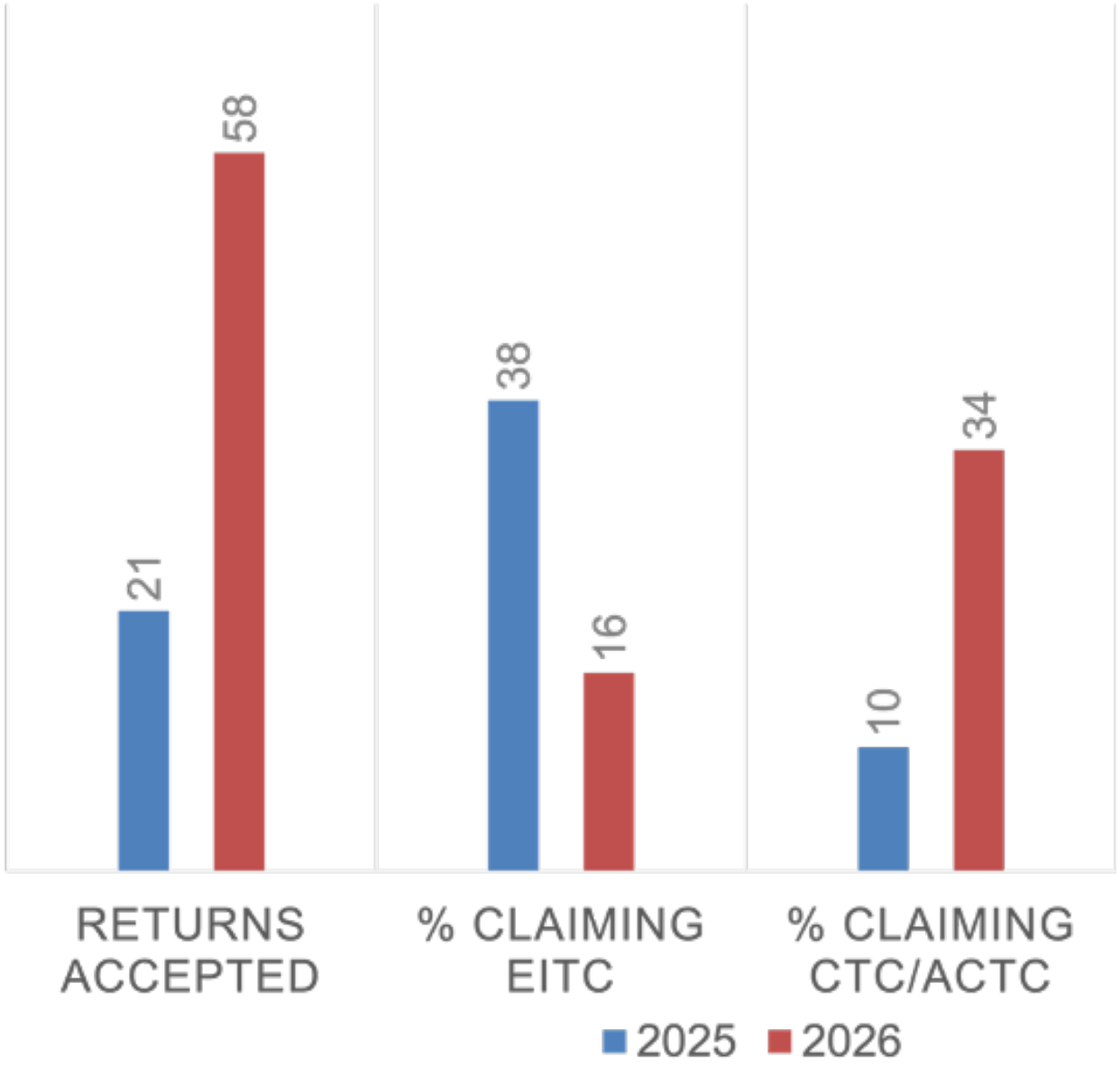
1. Colorado
2. Missouri
3. Virginia
4. Vermont

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An Early Stage MFP



Rapid Growth, Diverse Clientele



Small lift for a system, large impact for families

$ 1,704



Average refund per family

92%



Patient families reporting increased trust in medical care

Health x Wealth as an incubator

Inspiration

Mentorship

Community



Strategies for Implementation

Considerations for adapting this model to your setting.



General Considerations

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What



- Delivering a bundle vs. a singular service
- Financial coaching vs. resource enrollment
- Local organization co-locating vs. staffing internally
  - Paid staff
  - Volunteer corps

Who



- Level of financial strain your population experiences
  - Automating for target population
- Linguistic and immigration considerations
- Include patient prenatally vs. only offer in pediatric setting

How



- Identifying champions
  - Clinical
  - Executive
- Relationship building with partners
  - Internally
  - Externally
- Setting up workflow
- Data tracking systems
- Funding

Where

Types of settings

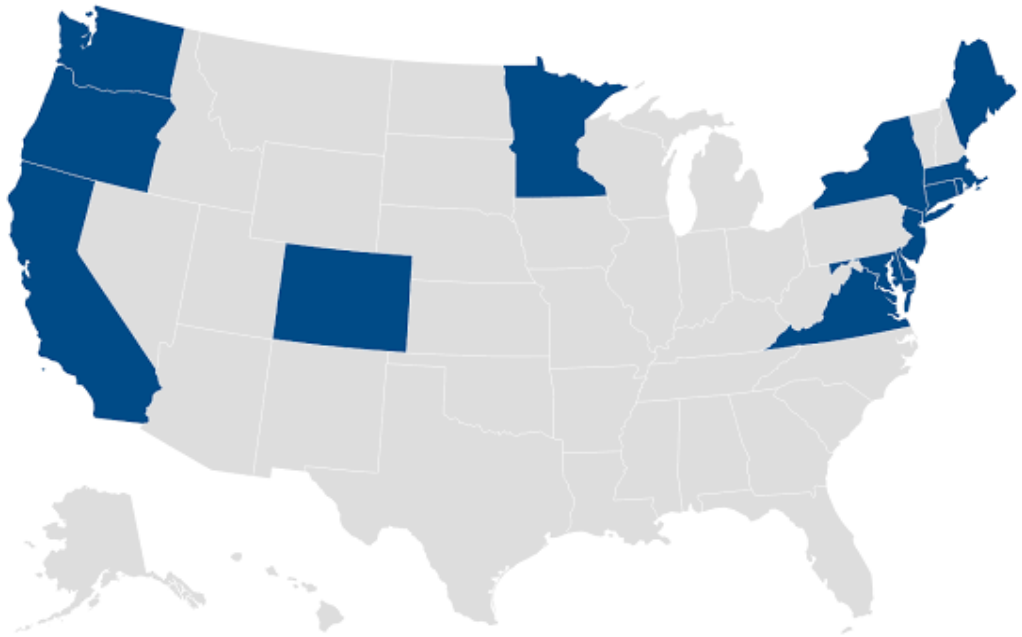
- Primary vs. specialty care
- Outpatient vs. Inpatient

Geographic variation

- Variation in state policies
  - PFML
  - Child wealth building (baby bonds, 529 CSAs)
  - State EITC and CTC
  - Medicaid
- State opportunity for sustainability
  - CHW reimbursement
  - Section 1115 waivers
  - State agencies

Figure 3

State Paid Family and Medical Leave Laws as of April 2026



Note: Six states (CO, ME, MN, NJ, OR, VA) explicitly include **safe leave** as part of their paid family and medical leave laws. Safe leave refers to time taken off work to address certain medical and nonmedical needs arising from domestic violence, harassment, sexual assault or stalking.

Source: National Partnership for Women and Families. State Paid Family and Medical Leave Insurance Laws, April 2026

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Beyond Patient Care

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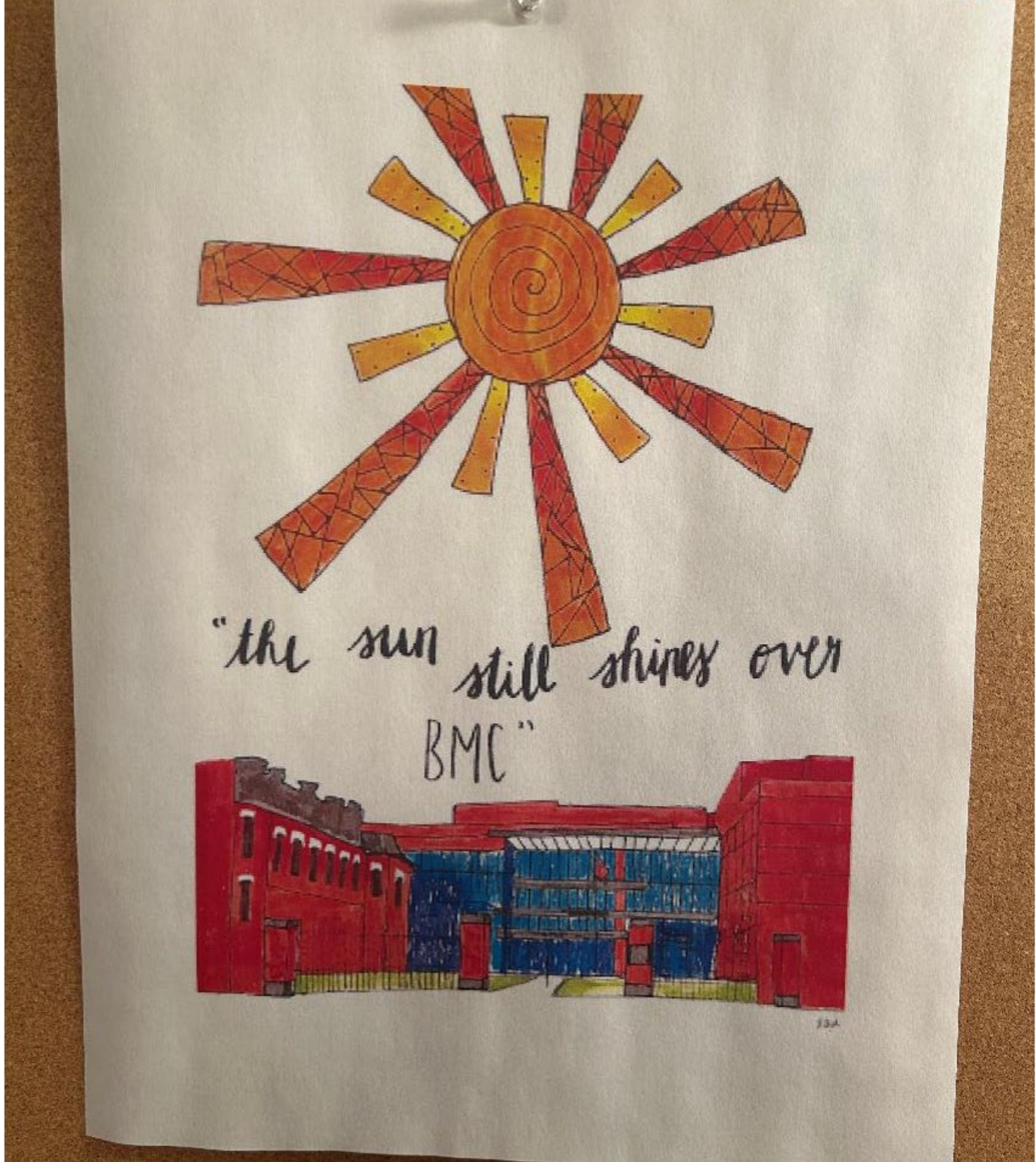
Even if you don't implement a program, you can...

- Speak
- Educate policymakers
- Testify
- Write about policy



Closing

- Financial security is key driver of health
- Economic opportunity, mobility, and access to money are central to pediatric well being
- Hard work and education help but cannot be relied upon to drive someone's economic mobility
- A safe and trusted access point for this work is through pediatric health care
- Medical organizations are interested in exploring this, but may require technical and training assistance
- HxWC is here to help you!



Join Us!

HxWC@bmc.org
www.bmc.org/streetcred/partner



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