



## 2.12.25 | Triumphs, Wounds, and Bruises: A Retrospective on Systems for Action Research for Food Security Webinar

Presented by S4A Investigator Dr. Mariana Chilton of Drexel University

### Q. What were the controls in the RCT?

There were three arms:

*Control:* TANF programming as is (work participation as required by the state)

*Intervention arm #1:* Financial education classes & savings accounts

*Intervention arm #2:* Financial education & savings accounts paired with trauma-informed peer support circles. (This arm had the most positive impacts on economic security & maternal/child health.)

### Q. Would you be willing to share references that were displayed on your slides with participants following the webinar?

- Read more about the RCT methods here: [The Building Wealth and Health Network: methods and baseline characteristics from a randomized controlled trial for families with young children participating in temporary assistance for needy families \(TANF\)](#)
- RCT Outcomes
  - [Trauma-informed Temporary Assistance for Needy Families \(TANF\): A Randomized Controlled Trial with a Two-Generation Impact](#)
- Selected Phase II Outcomes
  - [Effects of a trauma-informed curriculum on depression, self-efficacy, economic security, and substance use among TANF participants: Evidence from the Building Health and Wealth Network Phase II](#)
  - [Trauma-Informed Financial Empowerment Programming Improves Food Security Among Families With Young Children](#)
- Challenges to Systems alignment
  - [How Trauma-Informed Programming to Treat Social Determinants Unveils Challenges to Systems Alignment](#)
    - [Public Health Blog post](#) about the article.
- For a full rendering of publications, please go to [Research Gate](#) or [Google Scholar](#).
- To find policy briefs, selected peer reviewed articles and other materials please go to the research page at [Center for Hunger-Free Communities](#)
- Here's the book: [Painful truth about hunger in America](#).

### Q. Could you please expand further on the role of disability in food insecurity and trauma? Does disability interact with trauma or is it a causal factor leading to trauma? Thank you for this insightful presentation and thank-you for your presentation to the HSMP department at Colorado SPH before the holiday season!

- Thanks for your enthusiasm!
- The relationship between disability and trauma is complex. Trauma and toxic stress can lead to disability. (That's the direction I usually focus on; though it's also plausible that people's disabilities put them at greater risk for harm/trauma.) Disability can be broadly defined to include debilitating depression and other mental health challenges and developmental delay. For instance, please see our article that shows how a mom's ACEs can be associated with their young child's development: [Mothers' Adverse Childhood Experiences and Their Young Children's Development](#)

**Q. How does your background in folklore/storytelling inform your work?**

- Thanks for your interest! I never separate the "story" from the person who shared it. I work with people to share their experiences and "stories" because it is a very effective way to demonstrate their expertise, and to demonstrate how policies and programs interact with people's bodies, minds, and lived experience. This, in turn, can have an impact on policy -- especially if it is paired with quantitative data. When someone shares their wisdom directly, a social bond gets created, and this can often put a policy maker on the hook to staying accountable and remembering that their policies have a direct impact on members of the human family.
- In my training as a folklorist, I learned to value people's lived experience as a wisdom that is on par with science and the scientific method. Often, regular people's wisdom is devalued and ignored. This can lead to real harm. For instance, women who use the County Assistance Offices to apply for benefits have been complaining for years about systemic inadequacies and disrespect. But researchers simply consider a singular question such as whether or not a person is participating, without exploring the edges of what that participation truly means. As a folklorist, my ear and heart are trained to learn directly from people in their own context. It's hard work, and demands full-on participant observation that incorporates one's body, mind, and spirit. In my early days as a folklorist, I learned from the Cheyenne and Arapaho tribes to always do research work that is rooted in love and solidarity. That requires an ability to listen deeply and to approach people with profound respect. I still lead with this ethos in my epidemiology and in my mixed methods research, education, and practice.