

THE BRIDGE PROJECT

Bridge Milwaukee: Baseline and 1-Year Survey Results

To accompany presentation given by Steph Silkowski, Director of Policy at The Bridge Project, to the City of Milwaukee's Common Council (June 18, 2025)

Demographics:

The average age of the 64 participants who responded to the baseline survey was 28.8 years. The majority (62%) self-identified as Black, followed by 19% who identified as White, and 34% who reported being Hispanic. Most participants (90%) reported English as their primary language, while 10% reported Spanish.

In terms of education, 60% of participants graduated from high school, 20% attended some college or technical school, and 8% completed a college degree. Employment status at the time of the survey showed that 35% of participants were employed, 51% were unemployed, and 14% were on maternity leave.

The average annual household income among participants was \$7,647. More than 90% of participants reported that they faced difficulties affording basic needs, highlighting the financial challenges many families experienced at baseline.

1. Money utilization at baseline

When investigating prenatal stipend usage in the NYC3 cohort, we found that the majority of moms spent their stipend on purchasing maternity supplies (54%) and baby goods (48%) (Figure 1).

In this context, Milwaukee participants were also asked at the start of the program to estimate how much they expected to spend on several common baby items, including strollers, car seats, diapers, wipes, and toys (Figure 2). Diapers were expected to be the highest expense, averaging \$192, followed by strollers at \$171. These responses highlight the wide range of spending among families, highlighting the necessity of a flexible, unrestricted stipend.

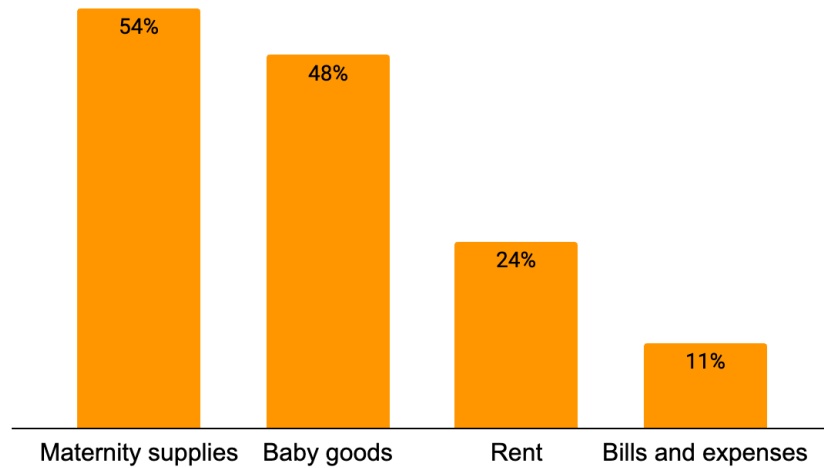


Figure 1: Prenatal stipend use of NYC3 moms.

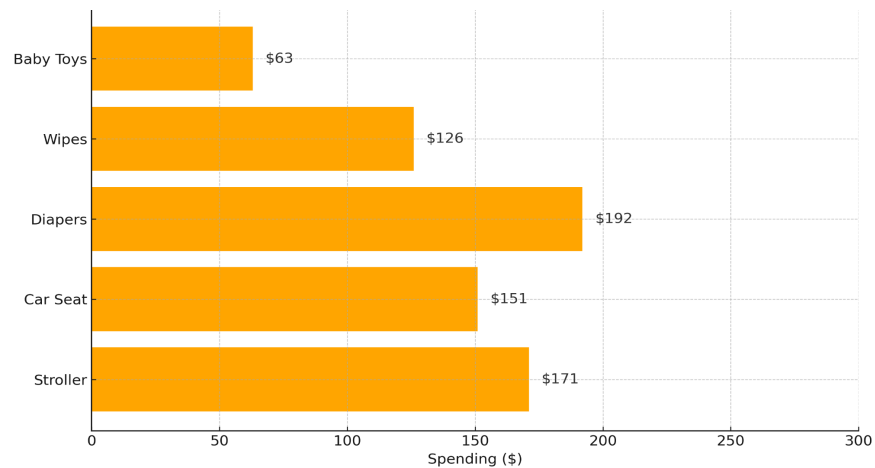


Figure 2: Spending projections to prepare for the new baby by MKE moms .

Cash Utilization during the first year in the program

a) Direct Spending on Baby Items and Immediate Needs

Mothers use cash support to directly meet their babies' needs, such as clothing, toys, food, and daily essentials, without delay or dependence on others. This autonomy empowers them to respond promptly to their children's needs.

- “[The cash has] a big impact for sure when my babies are low on diapers, wipes or clothes, that money comes in handy also to pay certain bills.” – Mom

- “I can afford whatever my babies need at the exact moment. Being the only parent that provides sometimes gets tough but with this extra funds it’s a lot easier.” – Mom 2
- “Being able to buy my kids toys or anything small that they need without having to ask my husband for money.” – Mom 3
- “I was able to support my kids and give them what was needed because that’s where the money was spent on and not myself.” – Mom 4

b) Investing in Income-Generating Activities to Support Children

Some mothers use the cash to start or grow small businesses, enabling them to increase household income and better provide for their babies’ needs over time.

- “I started to bake and [sell] some of my desserts which the incentive helped me buy some equipment like trays, piping bags, etc.” – Mom 1

c) Creating a Safe and Healthy Home Environment

Cash enables families to move to healthier, safer housing and escape unsafe or abusive environments, which is critical for children’s health and development.

- “The Bridge Project helped us save enough money for a down payment on a new apartment. Our previous home had an untreated lead problem that caused my 2 year old to test High in lead. The landlord used that as a way to try and kick us out, putting us in a tough situation. Thanks to the Bridge Project we were able to make the move to keep our family healthy and safe.” – Mom 4
- “It helped me be able to provide a stable/safe living environment free of domestic abuse for me and my kids.” – Mom 5

Improving Food Security

We assessed participants’ food security using the U.S. Adult Food Security Survey Module. At baseline, 60% of participants experienced food insecurity; by the year 1 survey, this percentage had declined to 50%. This change suggests potential improvements in their access to adequate and balanced food.

2. Housing Insecurity at baseline and year 1 follow-up

At baseline, families reported an average of 4 people living in their household, with a range from 1 to 11 individuals. By year 1, this number increased slightly to an average

of 4.5 people, ranging from 2 to 10. Since these counts include children, this small increase is not concerning.

In terms of housing stability, 17% of mothers initially reported being in temporary housing (such as shelter or couch surfing). By the year 1 follow-up, this proportion dropped to 6%, indicating an overall improvement in housing situations. To more precisely capture changes in housing conditions, we used the Housing Insecurity Score (HIS), where higher scores reflect greater housing instability. Encouragingly, the average HIS decreased significantly from 2.94 at baseline to 1.90 at year 1. In addition, 12% of moms experienced a drop of more than 4 points in their HIS, suggesting substantial improvements in their housing circumstances during the first year of the program.

As shown in Figure 3, many moms reported higher HIS scores at baseline, reflecting more unstable living conditions prior to the start of the program. After one year, the distribution of scores shifted noticeably to the left, with more moms reporting lower HIS scores, indicating improved stability. The Year 1 curve peaks higher and closer to zero, demonstrating that a larger proportion of participants experienced very low housing insecurity after one year in the program.

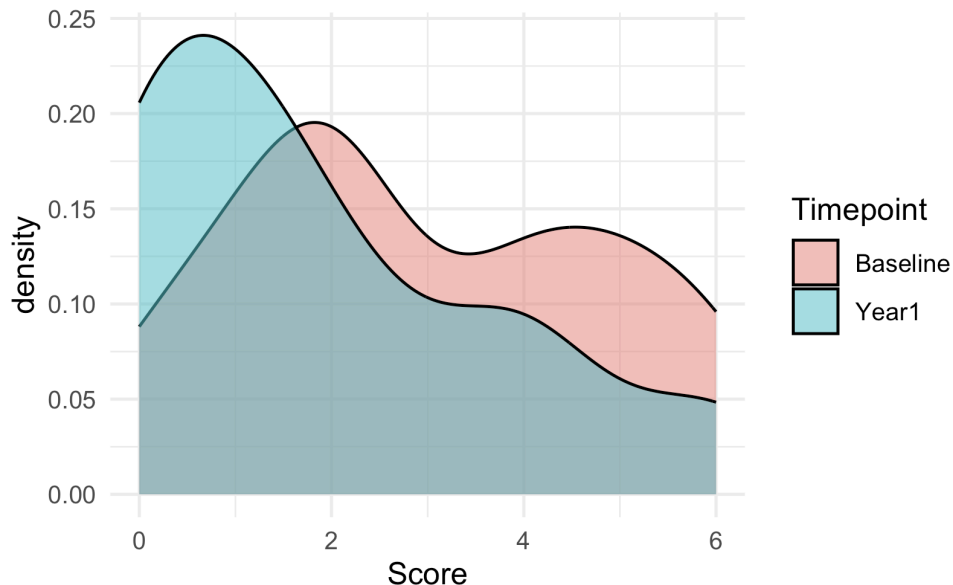


Figure 3: Distribution of HIS at both baseline and year 1 survey for MKE moms.

3. Health implications for moms at baseline

a) Physical health

Forty percent of participants reported experiencing complications during their pregnancy. Among these, anemia was the most common, affecting over 50% of moms, followed by anxiety at 35% (Figure 4).

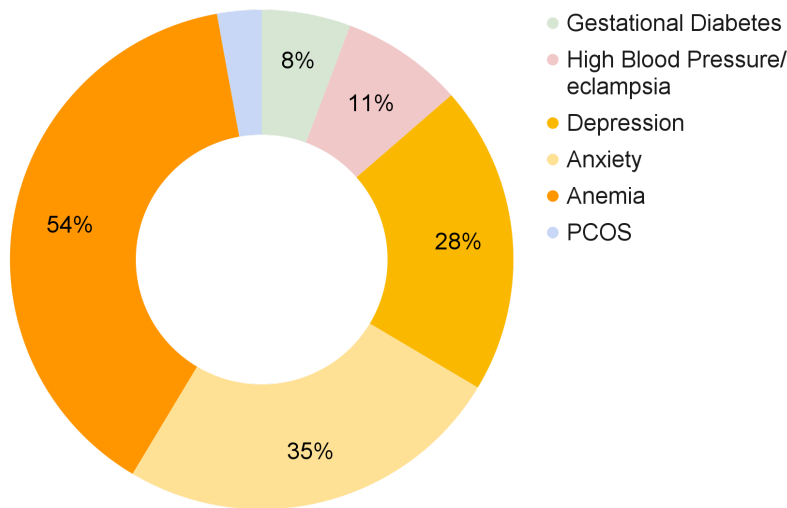


Figure 4: Breakdown of participants' health conditions at baseline survey.

b) Mental Health

In addition to physical health conditions, we also assessed moms' mental health using the Edinburgh Postnatal Depression Scale (EPDS), which was collected at both baseline and year 1 follow-up to help identify those at risk for postpartum depression. A score above 13 on the EPDS indicates a higher likelihood of depression. Between baseline and year 1, there was a slight decrease in the percentage of moms scoring above 13 points, from 23% at baseline to 22% at year 1.

c) Emotional Relief and Capacity to Bond

By alleviating financial stress, the cash support enables mothers to be more emotionally available, focus on bonding with their children, and pursue personal goals, such as education, without feeling overwhelmed.

"The bridge project gave me a chance to be ahead of being a mother. It's a emotional journey and physical so the bridge project helps with the financial part of things which I am grateful for because I was able to put more time into my newborn child and my other two children that also needed my attention. I was able to focus on an education to get a career for my children."