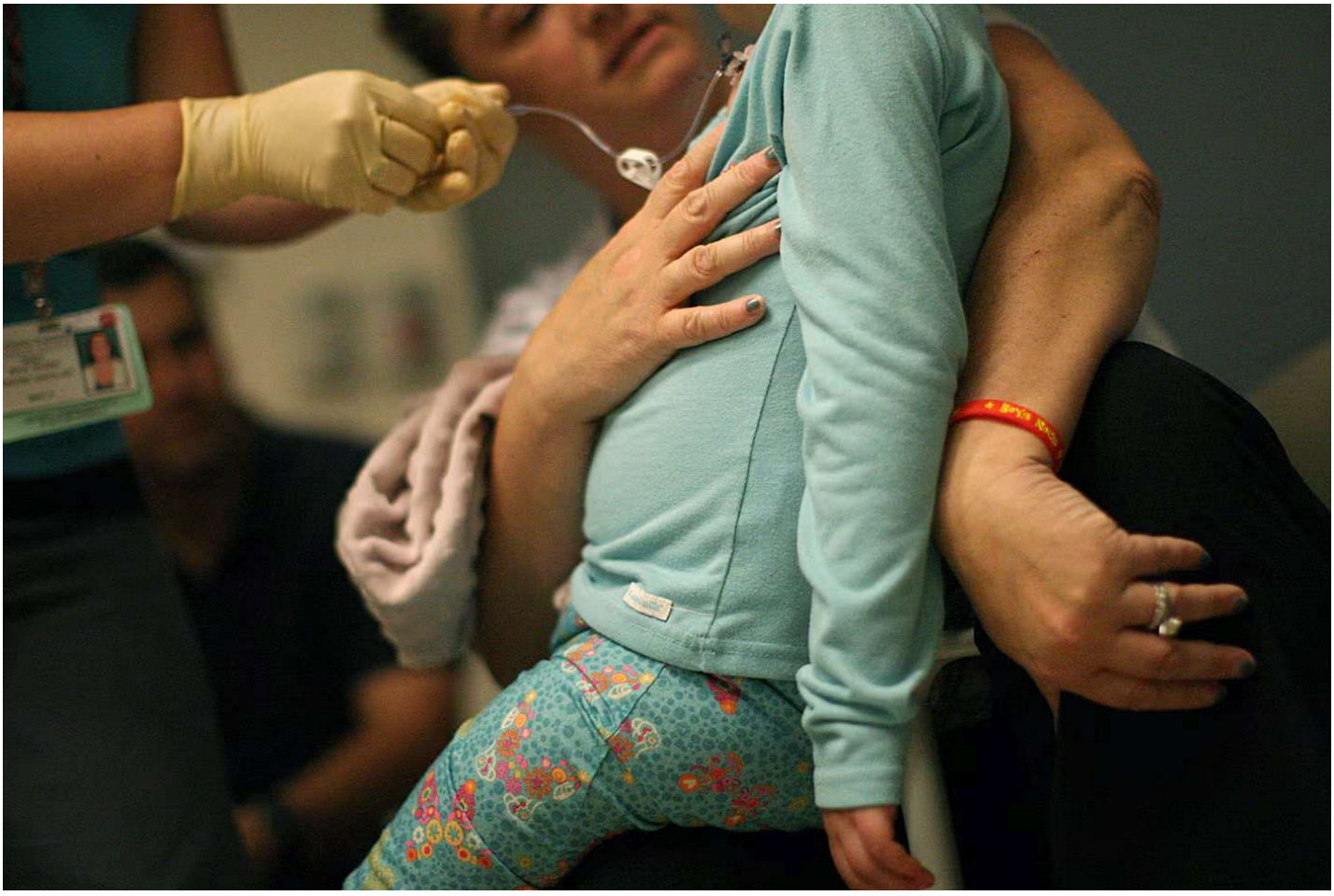
To help low-income kids with cancer have better treatment outcomes, a researcher tries a different innovation: Cash

As a national study offers tepid results, Massachusetts researchers and advocates still see a role for cash transfers

By Mara Kardas-Nelson Globe Staff, Updated August 16, 2025, 6:00 a.m.



A nurse drew blood from a child with a rare cancer. SUZANNE KREITER

Dr. Kira Bona is used to supporting children who have cancer as they go through clinical trials, trying out the newest drugs or novel treatment protocols.

But Bona's newest study is testing a different sort of intervention. As a pediatric oncologist and clinical researcher at Dana-Farber/Boston Children's Cancer and Blood Disorders Center, Bona is giving cash to low-income families of kids who are newly diagnosed with neuroblastoma, a rare form of childhood cancer.

For years, Bona and her colleagues noticed that poor kids, who make up a third of childhood cancer patients, don't do as well as wealthier ones, even if they receive the same quality of care or are enrolled in the same clinical trials. She tested her hypothesis with a study, published in 2020, that found that poorer children with neuroblastoma had a 25 percent higher rate of relapse and a 179 percent increased risk of death, even if they were enrolled in the same clinical trials as wealthier ones.

"What this showed us is that poverty exposure needs to be targeted in the same way that we think about targeting mutations," Bona said.

The launch of Bona's study in late June came weeks before results from another trial surprised people who closely follow the world of Universal Basic Income, an idea in which people are given money, no strings attached. The study, "Baby's First Years," found there was no difference in developmental outcomes, such as language and executive function, among kids whose moms received larger cash payments and those who received less.

The results put into question the efficacy of basic income, which has been heralded as a potential tool to alleviate poverty. But researchers and proponents of cash transfer programs in Massachusetts say the results have not dampened optimism here about the role they can play in supporting low-income families.

Instead they say "Baby's First Years" demonstrates the need for more research into just how much money and other resources and services is needed to pull people out of poverty. It also sharpens the question of what researchers, program managers, funders, and policymakers consider a valuable result.

"These programs are held to unrealistic standards, that this has to be some transformative, life-altering intervention, or it's not worth anyone's time or effort or concern," said Richard Sheward, a director at Boston Medical Center's Children's HealthWatch, who has written about basic income within Massachusetts. "It would be a major failure if we focused on this one thing and lose sight of the fact that we also need to protect our safety net programs, like SNAP and WIC and other programs that help families thrive and move up the economic ladder, as they are being dismantled."

Massachusetts has been a leader in piloting cash programs. Since 2020, more than two dozen cash transfer programs targeting low-income families have been launched in the state.

Unlike "Baby's First Years," these programs focus not on whether the cash transfers impact childhood development markers, but whether they allow families, particularly low-income families, to weather economic storms, spend more on healthy food, and spend more time together, especially during a child's crucial early years.

Early results of the "Baby's First Years" study were promising, showing increased brain activity associated with thinking and learning in the infants of moms who received more cash. That made the results four years later, showing no impact on developmental milestones, surprising. The new results also came on the heels of years of growing research showing that cash transfers can support markers of childhood development, such as reduced family stress, increased time in school, and parents buying healthier food.

Robert Rector, a senior research fellow at the conservative Heritage Foundation and a critic of cash transfer programs, told The New York Times the study "blows the arguments for unconditional cash aid out of the water."

But while "Baby's First Years" didn't show significant developmental changes, it did show that women who received the cash transfers spent the money on food and clothing for their children, not on things like alcohol or cigarettes, which had long been a concern of

conservative critics of such programs. The women also spent more time with their children.

“That’s dismissed, because we thought we would see these developmental changes,” said Margaret Anne McConnell, a professor at Harvard School of Public Health. “But think about what that means. A small amount of cash means people got to spend more time with their children. That’s incredibly important.”

Jennifer Valenzuela is the executive director of Children’s Trust, which just finished a program that offers cash transfers during home visits for some new moms in Springfield. She said cash assistance programs can be tremendously helpful for parents who would otherwise be stressed and cash strapped when trying to figure out how to buy basics like food, gas, and utilities.

“All those things make an impact on who we can be as parents and how we can engage with a child,” Valenzuela said. “What would it mean if you weren’t able to do some of the basic things that we think about as a parent, things that should be a norm, that many parents don’t get to do.”

In addition to outcomes, the amount of cash given varies greatly across programs. “Baby’s First Years,” for example, offered $333 a month to moms, regardless of how many children they have. The Unconditional Cash Study, which took place in Illinois and Texas, offered low-income individuals $1,000 per month.

During COVID, the federal child tax credit expanded, offering what was essentially a cash transfer of several thousand dollars at once, depending on family size and children’s age. As a result of the expanded credit, childhood poverty was cut in half.

“[”Baby’s First Years"] is a valuable study because it challenges us to be more thoughtful about how we design and implement these programs,” said Sheward. “It just shows us the context matters, the amount matters, what we measure matters, very deeply.”

Bona's study, which offers up to $1,000 twice a month per family, is the first of its kind to consider how cash transfers may impact pediatric cancer outcomes for low-income families.

It's taking place in multiple sites across the country, is in the early stages, and will last four years. Bona is certain of the relationship between poverty and poorer clinical outcomes. But she isn't clear on the drivers of unequal outcomes, or on how to fix these.

"Will this be the right dose? Is it for the right duration in cancer treatment? Will we have to repeat it later on in cancer treatment? We don't know yet," she said. But if the study shows that cash injections alter a family's food security, reduce parents' psychological distress, and allow sick kids to stay on a clinical trial for longer, "it will be one of the 'cheapest' interventions we could possibly imagine in the cancer space — far cheaper than most drugs."

McConnell, at the Harvard School of Public Health, recently launched a similar study, considering how cash transfers impact time that low-income mothers of premature babies can spend with their children hospitalized in the neonatal intensive care unit.

McConnell isn't measuring the long-term outcomes of the children or the moms. Instead, she's measuring outcomes that may indicate a baby's longer-term health: provision of breast milk and skin-to-skin contact.

"The work I'm doing is to see how to ease the financial strain of having a NICU baby, not replace people's income or lift people out of poverty," she said.

Although her study is designed differently and measuring something different than "Baby's First Years," she thinks that everyone can learn from it — even if it has a null result.

"I think you can learn a lot from a study like this, it shows how complex and challenging it is to address child development, without drawing the conclusion that you've learned

everything," she said. “Any time you have one study that’s a definitive answer to a question is unfortunate. It sets up any intervention to fail.”

This story was produced by the Globe’s Money, Power, Inequality team, which covers the racial wealth gap in Greater Boston. You can sign up for the newsletter here.

Mara Kardas-Nelson can be reached at mara.kardas-nelson@globe.com.

Show 23 comments