**AFN IS a membership organization of national, regional, and community-based foundations and grantmakers** working to advance economic opportunity and prosperity for low and moderate income people through philanthropy.

**AFN empowers** foundations and grantmakers to leverage their resources to make more effective and strategic funding decisions, allowing each dollar invested to have greater impact.

**AFN regional chapters connect** Grantmakers to discuss challenges, learnings, successes & failures; to elevate promising, innovative approaches; to share intellectual capital and expertise.
INTRODUCTIONS
& AGENDA

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A GLOBAL THINK TANK DEDICATED TO DELIVERING DATA-RICH ANALYSES AND EXPERT INSIGHTS FOR THE PUBLIC GOOD

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The JPMorgan Chase Institute is a global think tank dedicated to delivering data-rich analyses and expert insights for the public good.
Paying Out-of-Pocket

The Healthcare Spending of 2 Million US Families
JPMorgan Chase Institute Healthcare Out-of-pocket Spending Panel (HOSP)

37 MILLION
checking account holders

2.3 MILLION
Chase customers met the following three criteria between 2013 and 2016:

- Had at least five outflows from a personal checking account in each month and at least $5,000 in take-home income each year.
- Spent less than 50 percent of expenses using paper checks, non-Chase credit cards, or cash in each calendar year.
- Were between 18 and 64 years of age.

OUR LENSN ON OUT-OF-POCKET HEALTHCARE SPENDING
We offer a family perspective on out-of-pocket healthcare spending among adults aged 18-64.

- Includes payments made using a credit card, debit card, or electronic bill pay.
- Excludes healthcare payments made via cash, check, and non-Chase cards (e.g. health reimbursement accounts), premium payments, and health insurance reimbursements.

Timing is based on when a payment was made, and not when healthcare services were received.

SUB-CATEGORIES INCLUDE:
- Dental
- Hospital
- Drug
- Doctor
- Vision
- Chiropractor

Source: JPMorgan Chase Institute
Out-of-pocket healthcare spending grew between 2013 and 2016 but remained a relatively constant share of take-home income.

Average annual out-of-pocket healthcare spending level and burden (2013 - 2016)

<table>
<thead>
<tr>
<th>Year</th>
<th>Spending Level</th>
<th>Spending Burden</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>$629</td>
<td>1.7%</td>
</tr>
<tr>
<td>2014</td>
<td>$645</td>
<td>1.6%</td>
</tr>
<tr>
<td>2015</td>
<td>$690</td>
<td>1.6%</td>
</tr>
<tr>
<td>2016</td>
<td>$714</td>
<td>1.6%</td>
</tr>
</tbody>
</table>

Source: JPMorgan Chase Institute
Finding 2: The financial burden of out-of-pocket healthcare spending was highest for older, lower-income, and female account holders and increased in 2016 for low-income account holders.

Out-of-pocket healthcare spending as a percent of take-home income by year and demographic characteristics of the primary account holder

<table>
<thead>
<tr>
<th>Age</th>
<th>Quintile 1: &lt;$24,000</th>
<th>Quintile 2: $24,000 to $38,000</th>
<th>Quintile 3: $38,000 to $57,000</th>
<th>Quintile 4: $57,000 to $92,000</th>
<th>Quintile 5: &gt;$92,000</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-25</td>
<td>1.2%</td>
<td>1.4%</td>
<td>1.6%</td>
<td>1.6%</td>
<td>1.9%</td>
<td>1.8%</td>
<td>1.4%</td>
</tr>
<tr>
<td>26-34</td>
<td>1.2%</td>
<td>1.4%</td>
<td>1.6%</td>
<td>1.4%</td>
<td>1.9%</td>
<td>1.8%</td>
<td>1.4%</td>
</tr>
<tr>
<td>35-44</td>
<td>1.6%</td>
<td>1.6%</td>
<td>1.6%</td>
<td>1.6%</td>
<td>2.5%</td>
<td>1.8%</td>
<td>1.4%</td>
</tr>
<tr>
<td>45-54</td>
<td>1.7%</td>
<td>1.6%</td>
<td>1.6%</td>
<td>1.4%</td>
<td>2.8%</td>
<td>1.8%</td>
<td>1.5%</td>
</tr>
<tr>
<td>55-64</td>
<td>1.9%</td>
<td>1.9%</td>
<td>1.6%</td>
<td>1.3%</td>
<td>1.0%</td>
<td>1.8%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

Source: FierceHealthcare
Families made larger healthcare payments in the months and the years when they had a higher ability to pay.
Prior to a major medical payment, families garnered substantial liquid assets but did not recover financially within 12 months after the payment (Coping with Costs, Feb 2017)
Deferred Care
How Tax Refunds Enable Healthcare Spending
Tax refunds are a significant cash flow event for many households.

**Percent of tax refund payments that arrived on each day in 2016**

- Received by 73% of tax filers
- Average tax refund is $3,100
- For 40% of families, the tax refund is the single largest inflow all year
- Timing of refund arrival is uncertain – less than 4% of people receive their refund on any given day

Sources: JPMorgan Chase Institute

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Consumers immediately increased their out-of-pocket healthcare spending by 60% in the first week and 20% in the 75 days after receiving a tax refund payment.
In the week after the tax refund, out-of-pocket healthcare spending on debit cards increased by 83%, suggesting that liquidity from the tax refund enabled the increase in healthcare spending.

Point of comparison: total non-healthcare debit card expenditure increases by 54% (first 7 days).
In-person payments to healthcare service providers represented 62% of additional healthcare spending, suggesting that cash flow dynamics influenced when consumers received care, not just when they paid for it.

### Percent of total refund-triggered additional healthcare spending

- **37%**
  - Dentist
  - Doctors
  - Hospital
  - Other

- **62%**
  - Additional in person spending at service providers or "deferred care"

- **1%** Goods which can be stockpiled

Source: JPMorgan Chase Institute
Account holders with the lowest checking account balances increased their out-of-pocket healthcare spending after the tax refund by 20X more than those with the highest balances.

Increase in out-of-pocket healthcare spending
(Week after refund payment versus typical week prior to payment)

Account holders with the lowest checking account balances increased their out-of-pocket healthcare spending after the tax refund by **20X more** than those with the highest balances.

Source: JPMorgan Chase Institute
Implications

**Health insurers and employers can play a role in helping people smooth their healthcare spending**

- Giving consumers “skin in the game” may not be an effective way to control the rise of healthcare costs if consumers delay more cost-effective care (for example, preventive or diagnostic services) due to short-run cash flow constraints, and then require more costly interventions in the long run.

- Given that over a third of HSAs received no contributions in 2016, employers could more actively encourage and facilitate HSA allocations.

**Patients and healthcare providers should take cash flow considerations explicitly into account when working together to design an optimal healthcare plan**

- Consumers need to understand both the health and financial consequences of their healthcare choices in a dynamic framework where timing may sometimes be a critical component.

- Prioritize elements of a healthcare plan and offer clear medical advice around consequences of delay.

**Financial service providers have an opportunity to design innovative products to meet the cash flow needs of consumers and healthcare providers**

- Financial service providers could design innovative savings, credit, and payment tools that give their customers more control over when and how to cover large-ticket expenditures.
People experience high degrees of income and spending volatility on a month to month basis.
The everyday cash buffer necessary to weather typical levels of monthly income and spending volatility peaks at age 35-44 at $2,400 for middle-income families.
Most people receive an income spike in five-Friday months, tax season, and between December and March 15, which could be converted to savings moments.

**Three key sources of positive income volatility...**

1. Labor income spikes in **five-Friday months** when ~80% of families receive an additional paycheck from jobs that pay weekly or bi-weekly.
2. About 80% of tax filers receive a **tax refund** which typically arrives between February and April and is comparable in size to a month’s take-home labor income.
3. **Paycheck values spike between December and March 15** for 61% of families, possibly related to extended holiday hours or end-of-year bonuses.

**... could become savings moments**

- Save $400 in five-Friday months
- Save 50% of my tax refund
- Save $200 on Jan 31

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Figure 15 from Paychecks

Mean inflows by income source and month

Mean labor paycheck amount by month

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THE WEBINAR HAS CONCLUDED