# ASK THE ASSET Funders Network

#### **PRESENTED BY**

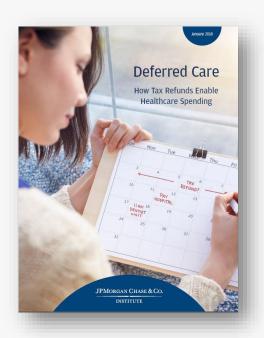




**FIONA GREIG** 

JPMORGAN CHASE **INSTITUTE** 

**AUTHOR** OF:



**JANUARY 31, 2018** 



we are 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.

we are here

### AFN regional chapters connect

Grantmakers to discuss challenges, learnings, successes & failures; to elevate promising, innovative approaches; to share intellectual capital and expertise.























do

#### 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.

ISSUE BRIEFS GRANTMAKER WEBINARS

REGIONAL & NATIONAL GRANTMAKER EVENTS

## INTRODUCTIONS & AGENDA



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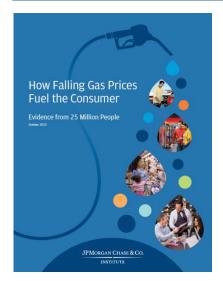
# A GLOBAL THINK TANK DEDICATED TO DELIVERING DATA-RICH ANALYSES AND EXPERT INSIGHTS FOR THE PUBLIC GOOD

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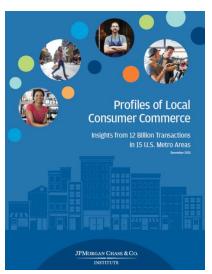
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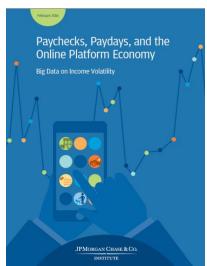
INSTITUTE

#### Reports









#### **Research Briefs**

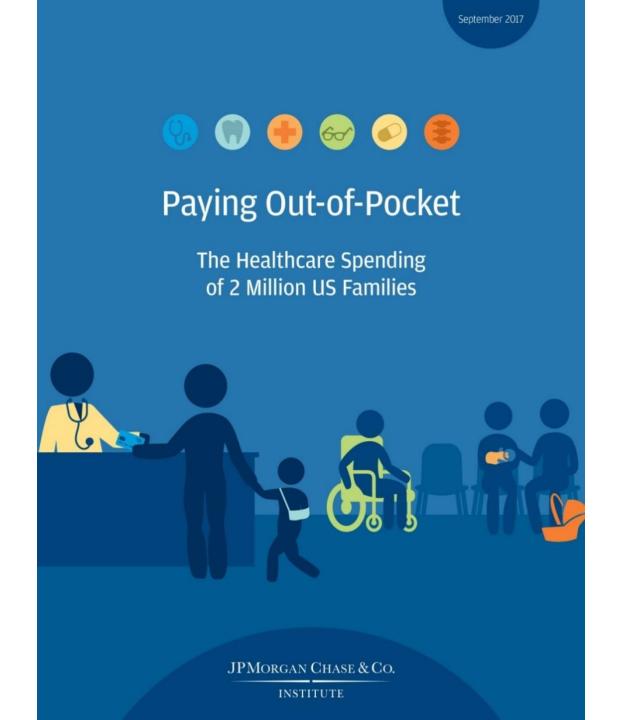
Insights



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

#### **Indices and Data Visualizations**





#### 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 LENS 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

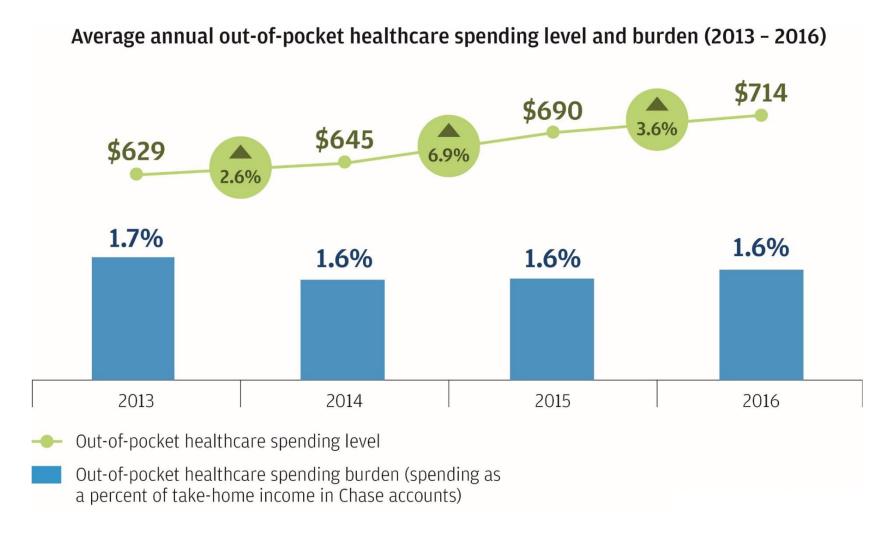
Orug

Doctor

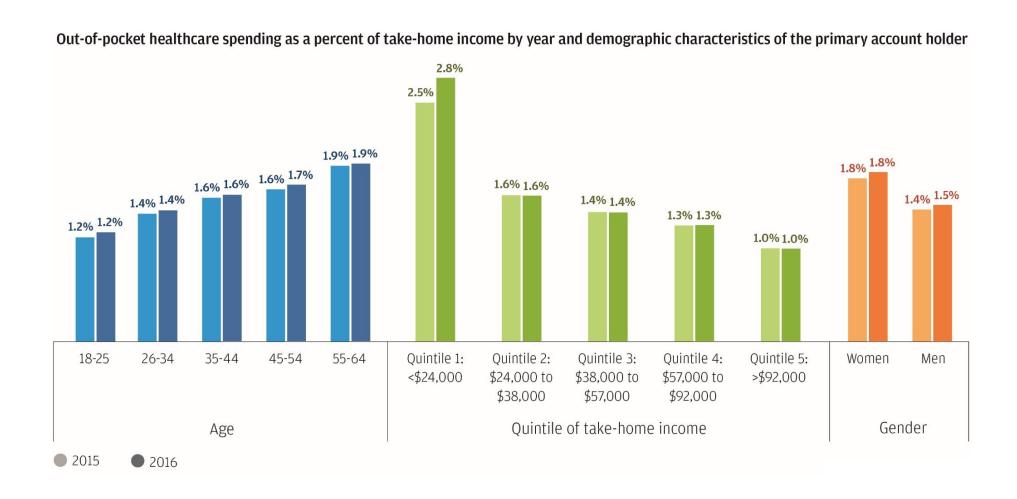
• Vision

Chiropractor

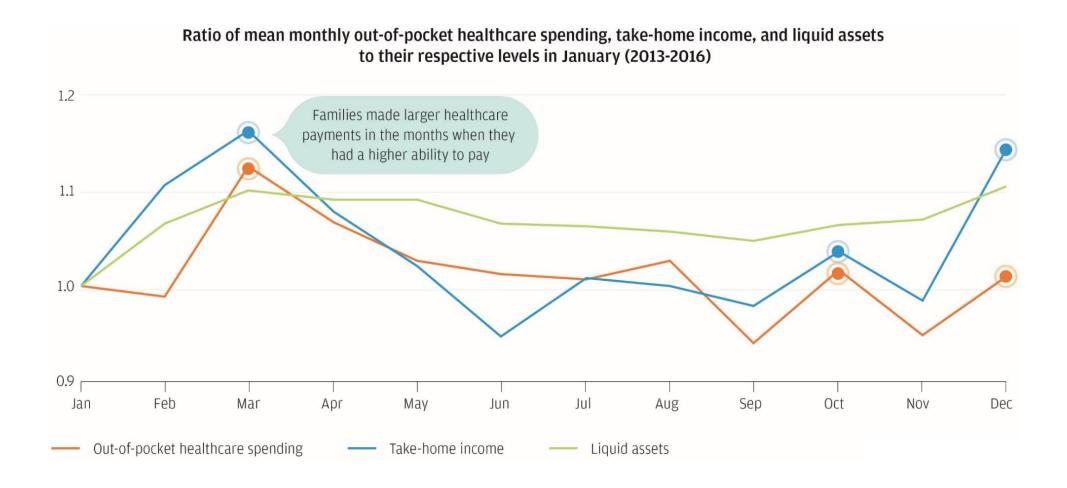
Out-of-pocket healthcare spending grew between 2013 and 2016 but remained a relatively constant share of take-home income



**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.

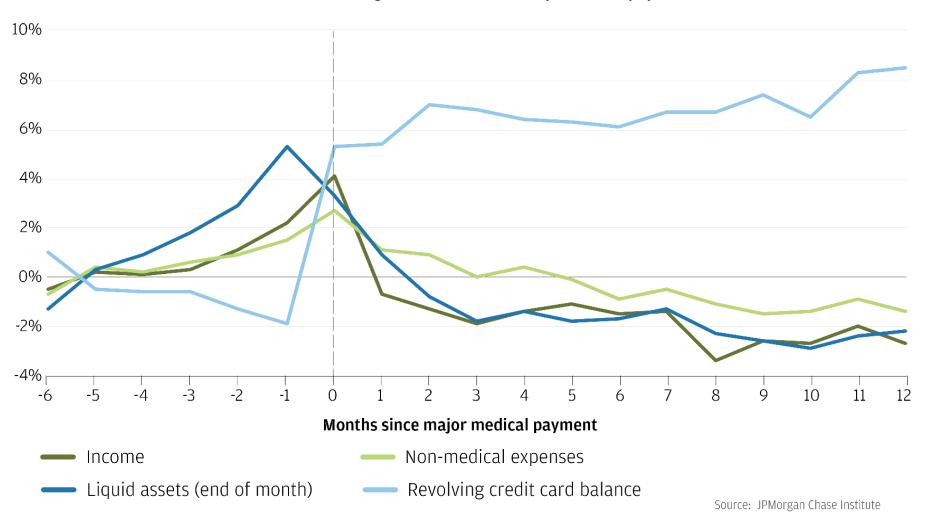


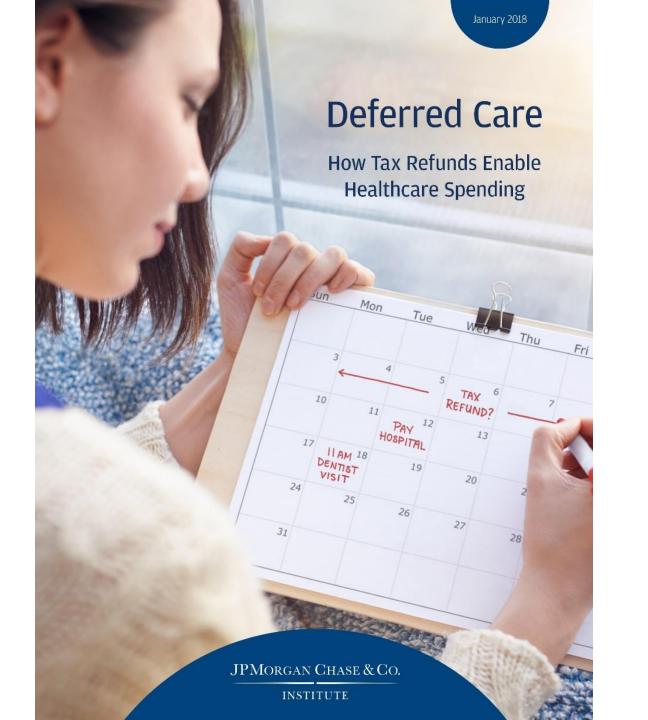
Families made larger healthcare payments in the months and the years when they had a higher ability to pay.



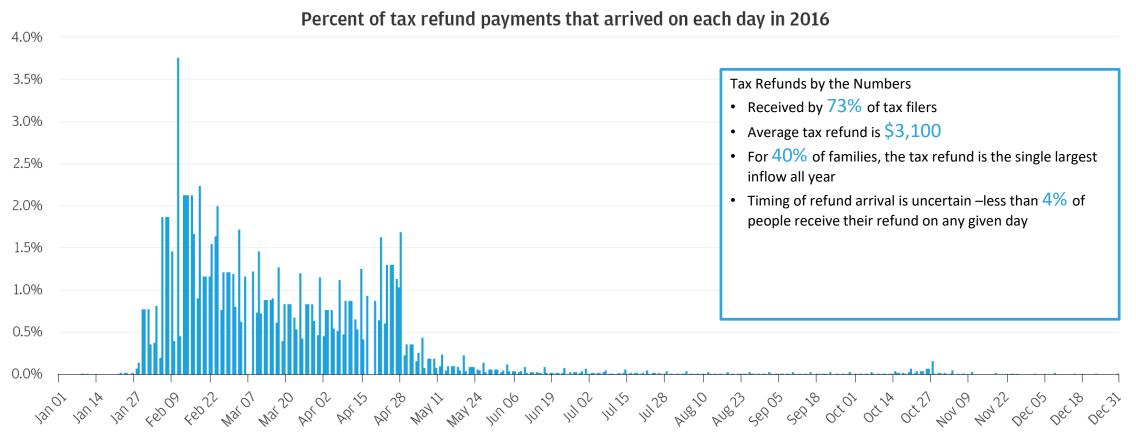
Prior to a major medical payment, families garnered substantial liquid assets but did not recover financially within 12 months after the payment (Coping with Costs, Feb 2017)

#### Percent change before and after a major medical payment



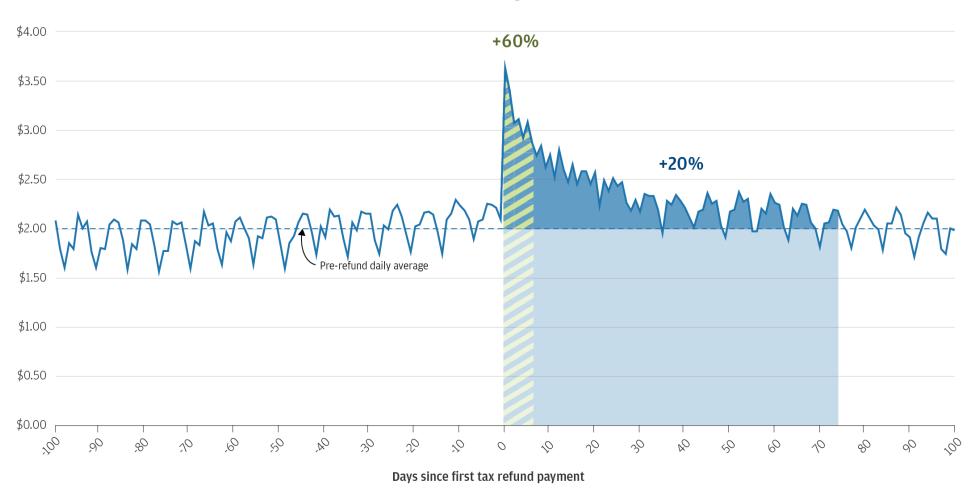


Tax refunds are a significant cash flow event for many households.

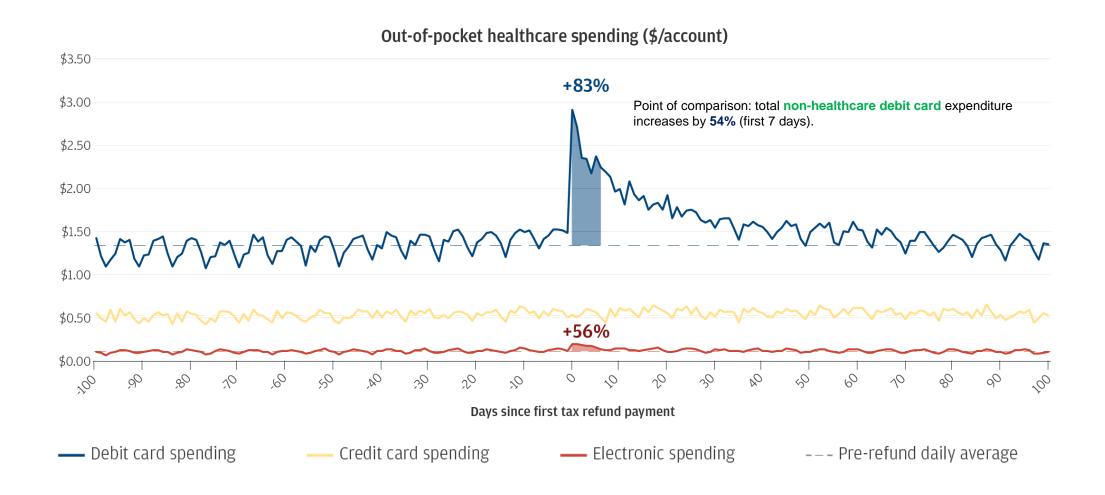


Consumers immediately increased their out-of-pocket healthcare spending by 60% in the first week and 20% in the 75 days after receiving a tax refund payment

#### Out-of-pocket healthcare spending per weekday per person

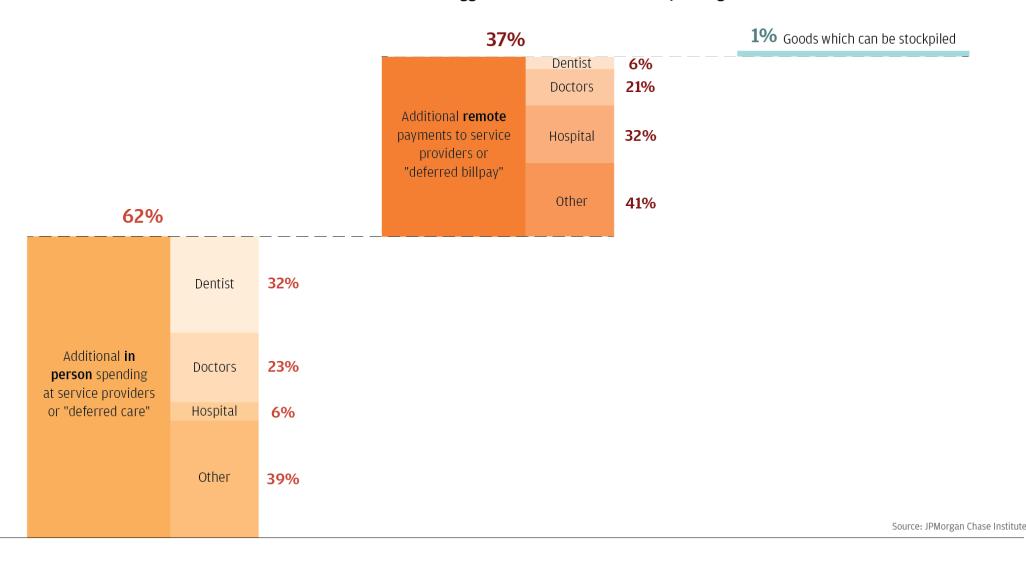


In the week after the tax refund, out-of-pocket healthcare spending on debit cards increased by 83%, suggesting that liquidity from the tax refund enabled the increase in healthcare spending.



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.

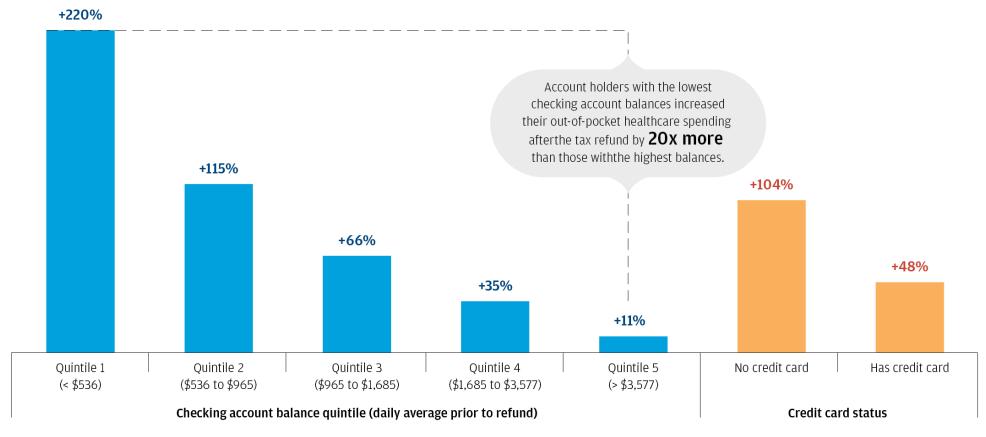
#### Percent of total refund-triggered additional healthcare spending



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)



#### **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.

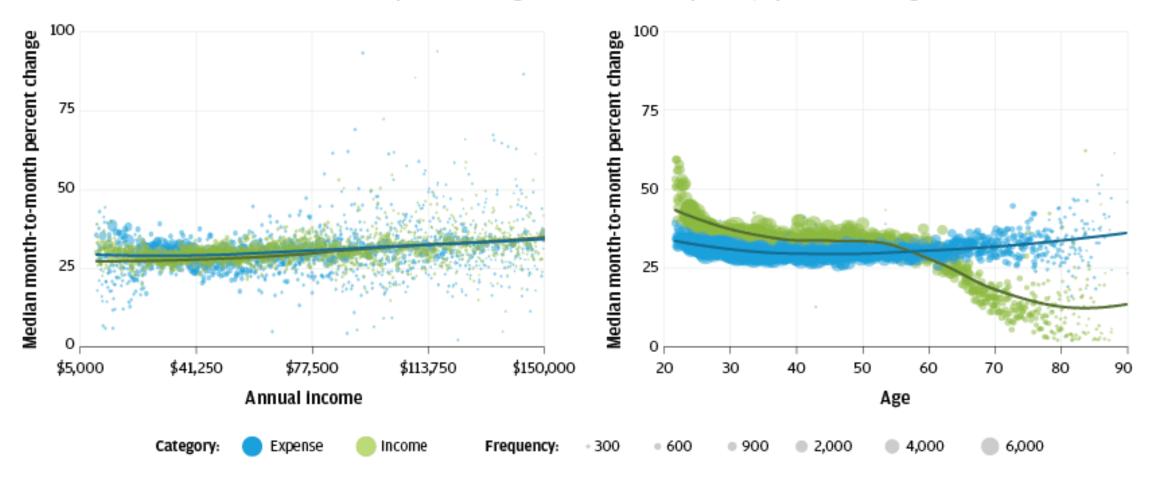
#### **Financial service providers**

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.

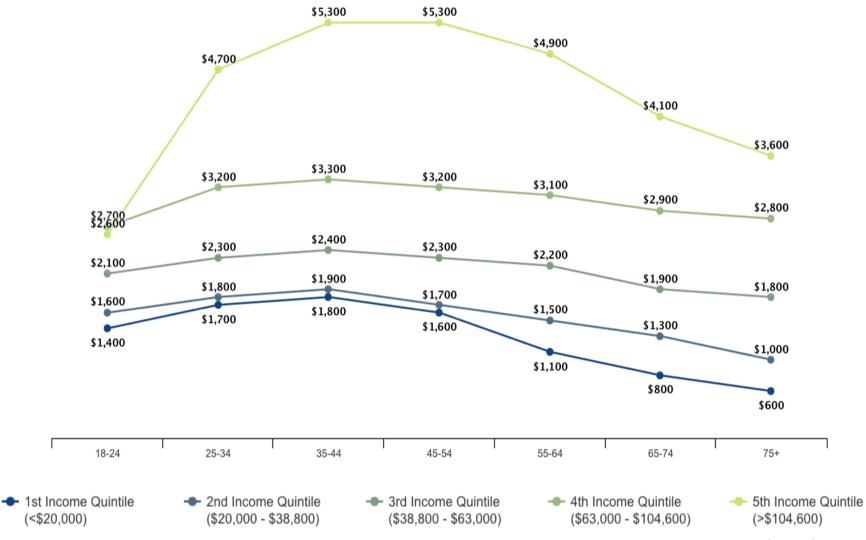
People experience high degrees of income and spending volatility on a month to month basis

#### Month-to-month percent change in income and expenses, by income and age



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

Sum of the absolute value of median income and spending fluctuations by income quintile and age



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

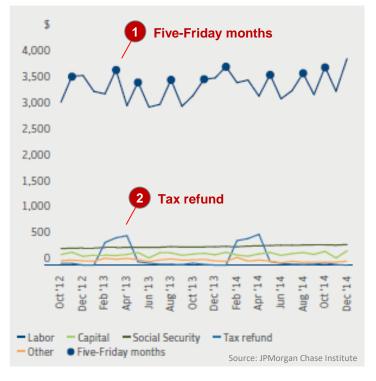
#### Three key sources of positive income volatility...

- Labor income spikes in **five-Friday months** when ~80% of families receive an additional paycheck from jobs that pay weekly or bi-weekly.
- 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.
- Paycheck values spike between December and March 15 for 61% of families, possibly related to extended holiday hours or end-of-year bonuses.

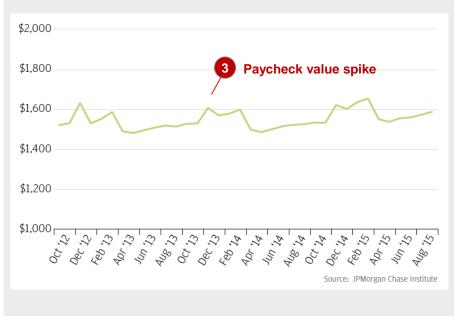
#### ... could become savings moments

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

#### Mean inflows by income source and month



#### Mean labor paycheck amount by month





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## CONTROL PANEL

#### QUESTIONS

Click the **QUESTIONS** box to share a question for the presenters.



#### THE WEBINAR HAS CONCLUDED

