PIONEERING HEALTH AND WEALTH INTEGRATION FOR CHILDREN

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PARTICIPATE

During the presentation –
Type your question in the
QUESTIONS BOX
to be addressed during
discussion breaks or
during Q/A
Working Together to Achieve Economic Security for All

As the only membership organization for grantmakers focused on advancing economic security, the Asset Funders Network connects philanthropic leaders to drive greater impact where it’s needed most.
Welcome

Pioneering the Health and Wealth Integration for Children

StreetCred – Program Highlight

Q & A
SUPPORT FOR THE NEW BRIEF FROM:
Pioneering the Health and Wealth Integration for Children

ANNIE HARPER, PH.D.
PROGRAM FOR RECOVERY AND COMMUNITY HEALTH, YALE SCHOOL OF MEDICINE
INTEGRATION OF HEALTH AND WEALTH-BUILDING INTERVENTIONS

- MOST OPPORTUNITY TO CREATE INTEGRATION
- OPPORTUNITY TO INCREASE INTEGRATION
- OPPORTUNITY TO BUILD UPON INTEGRATION

3-17 YEARS
0-3 YEARS
30-50 YEARS

INTEGRATION EFFORTS
What is it about children?

- Children's growing brains and bodies are highly susceptible to influence from the conditions in which they live.
- Particularly the very young – in-utero, babies and infants – and adolescents.
- Their experiences at these ages have profound impact on their futures.
- Their future IS our future.
WHAT IS WEALTH?

WEALTH IS THE VALUE OF ASSETS MINUS DEBTS

Wealth is the value of financial assets minus debts. Wealth provides an overview of financial health; it represents our ability to deal with the economic consequences of illness, unemployment, and financial emergencies. Wealth also reflects our ability to invest in our own future and the future of our children.
<table>
<thead>
<tr>
<th>HIGHER WEALTH</th>
<th>CHILDREN FROM HIGHER WEALTH FAMILIES</th>
<th>CHILDREN WITH POOR HEALTH</th>
<th>FAMILIES WITH UNMANAGEABLE DEBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Less chronic disease.</td>
<td>• Lower likelihood of obesity or asthma.</td>
<td>• Affects number of completed years of schooling, which affects long-term financial well-being.</td>
<td>• More likely to be physically and mentally unhealthy.</td>
</tr>
<tr>
<td>• Better mental health.</td>
<td>• Less likely to be stressed, depressed, or suffer from more serious psychiatric disorders.</td>
<td>• Can predict long-term health problems, thus affecting income earning and wealth accumulation as adults.</td>
<td>• Negative impact on socioemotional well-being of children ages 5-14.</td>
</tr>
<tr>
<td>• Better self-rated health.</td>
<td>• Those with disabilities, such as epilepsy, hearing difficulty, or developmental delay have better health and educational outcomes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Lower rates of negative behaviors, such as smoking and excessive alcohol drinking.</td>
<td>• Less likely to have mental illness as adults, improving their ability to earn and build wealth.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Less likely to have unsecured debt after an adverse health event.</td>
<td></td>
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</tbody>
</table>
WHAT DETERMINES HEALTH?

LESS POPULATION IMPACT

COUNSELING & EDUCATION
Information on healthy habits, such as eating and exercise

CLINICAL INTERVENTIONS
Medication for chronic illnesses, such as high blood pressure or diabetes

LONG-LASTING PROTECTIVE INTERVENTIONS
Immunizations, screenings, access to clean syringes, and workplace and school-based wellness programs

CHANGING THE CONTEXT TO MAKE INDIVIDUALS’ DEFAULT DECISIONS HEALTHY
Water fluoridation, smoke-free laws, and tax and pricing strategies for alcohol and cigarettes

SOCIOECONOMIC FACTORS | NEIGHBORHOOD
Where people live. Access to adequate income, education, healthcare, wealth, employment, housing, public transportation, nutritious food, safe neighborhoods, and green spaces; fair and equal treatment/opportunities (absence of racism)

INCREASED INDIVIDUAL EFFORT

MORE POPULATION IMPACT

DECREASED INDIVIDUAL EFFORT
Figure 1. Wealth Accumulation and Size of the Racial Wealth Gap, 2011

Latino families (any race) $102,798
Black families $104,033
White families

Source: Survey of Income and Program Participation (SIPP), 2008 Panel Wave 10, 2011
**intersectionality** refers to the ways in which race, class, gender, sexuality, disability, citizenship status, and other social categories affect people’s life experiences, including their wealth and health. Some groups are particularly vulnerable to asset-related health problems.
Wealth–Health Pathways for Children

- Wealth provides a cushion against income volatility
- More needs met & less unmanageable debt
- Less stress
- More bandwidth
- Fewer negative coping behaviors
Wealth–Health Pathways for Children

- Wealth enables families to live in healthy homes in resource-rich, safe neighborhoods
- Less environmental pollutants
- More resources
- Less stress
- Healthier bodies and brains
Wealth–Health Pathways for Children

- Less likely to have criminal justice involvement
- Improved education and employment outcomes
- More wealth building opportunities through life
Promising Practices

- Integrate wealth building into established school and neighborhood-based services and supports.
- Integrate wealth building into established healthcare services.
- Municipal level policies and interventions.
- Always measure wealth and health outcomes.
What is wealth-building?

- Income supports to provide a foundation for asset building
- Saving to build wealth
- Reducing unmanageable debt
Recommendations

- This is URGENT work
- Fund existing, promising practices and replicate what works
- Collaborate across areas of expertise for maximum impact
- Don't stop at programs – advocate for systems change
- Fund research to understand what more can be done
STREETCRED – PROGRAM HIGHLIGHT

LESLIE SUDE, PH.D.
STREETCRED
NEW HAVEN
Leslie E. Sude MD
Assistant Professor of Clinical Pediatrics
Yale School of Medicine

Building wealth and improving health for children and families
Figure 1

Percentage of Children, Ages Birth to 17, with Specific Adverse Experiences: 2011/12

- Economic hardship: 25.7%
- Divorce or separation of a parent: 20.1%
- Death of a parent: 3.1%
- Parent served time in jail: 6.9%
- Witnessing domestic violence: 7.3%
- Victim of or witness to neighborhood violence: 8.6%
- Living with someone who was mentally ill or suicidal: 8.6%
- Living with someone with an alcohol or drug problem: 10.7%
- Being treated unfairly due to race/ethnicity: 4.1%

*Experienced “somewhat” or “very” often
**Parent refers to a parent the child lived with.
Source: Child Trends’ original analyses of data from the National Survey of Children’s Health.
Why Early Experiences Matter

Newborn Brain
Average weight 333 grams

2 Year Old’s Brain
Average weight 999 grams
Grey Matter Differences with Poverty from 4 m – 4 Y
Volumetric differences Associated with Disruptive Behavior Problems

Hanson et al. 2013
Redesigning Health Care Practices to Address Childhood Poverty

Arthur H. Fierman, MD; Andrew F. Beck, MD, MPH; Esther K. Chung, MD, MPH; Megan M. Tschudy, MD; Tumaini R. Coker, MD, MBA; Kamila B. Mistry, PhD, MPH; Benjamin Siegel, MD; Lisa J. Chamberlain, MD, MPH; Kathleen Conroy, MD, MS; Steven G. Federico, MD; Patricia J. Flanagan, MD; Arvin Garg, MD, MPH; Benjamin A. Gitterman, MD; Aimee M. Grace, MD, MPH; Rachel S. Gross, MD, MS; Michael K. Hole, MD, MBA; Perri Klass, MD; Colleen Kraft, MD; Alice Kuo, MD, PhD; Gena Lewis, MD; Katherine S. Lobach, MD; Dayna Long, MD; Christine T. Ma, MD; Mary Messito, MD; Dipesh Namsaria, MPH, MSLIS, MD; Kimberly R. Northrip, MD, MPH; Cynthia Osman, MD, MS; Matthew D. Sadof, MD; Adam B. Schickedanz, MD; Joanne Cox, MD

From the Department of Pediatrics, NYU School of Medicine, New York, NY (Drs Fierman, Klass, Messito, and Osman); Department of Pediatrics, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH (Drs Beck and Kraft); Department of Pediatrics, The Sidney Kimmel Medical College of Thomas Jefferson University and Nemours, Philadelphia, PA (Dr Chung); Department of Pediatrics, Johns Hopkins School of Medicine, Baltimore, MD (Drs Tschudy and Mistry); Department of Pediatrics, David Geffen School of Medicine at UCLA, Los Angeles, CA (Drs Coker, Kuo, and Schickedanz); Office of Extramural Research, Education, and Priority Populations, Agency for Healthcare Research and Quality, US Department of Health and Human Services, Rockville, MD (Dr Mistry); Department of Pediatrics, Boston Medical Center, Boston University School of Medicine, Boston, MA (Drs Siegel and Garg); Department of Pediatrics, Stanford School of Medicine, Stanford, CA (Dr Chamberlain); Division of General Pediatrics, Boston Children’s Hospital, Harvard Medical School, Boston, MA (Drs Conroy, Hole, and Cox); General Pediatrics, Department of Pediatrics, Denver Health, Denver, CO (Dr Federico); Department of Pediatrics, Warren Alpert Medical School of Brown University/Hasbro Children’s Hospital, Providence, RI (Dr Flanagan); Department of Pediatrics, George Washington University, Washington, DC (Drs Gitterman and Grace); Department of Pediatrics, Albert Einstein College of Medicine, The Children’s Hospital at Montefiore, Bronx, New York (Drs Gross and Lobach); Department of Medicine, David Geffen School of Medicine at UCLA (Dr Kuo); Department of Pediatrics (Drs Lewis, Long, and Ma), Center of Community Health and Engagement (Dr Long), UCSF Benioff Children’s Hospital Oakland, San Francisco, CA; Department of Pediatrics, University of Wisconsin School of Medicine and Public Health, Madison, WI (Dr Namsaria); Department of Pediatrics, University of Kentucky College of Medicine, Lexington (Dr Northrip); and Department of Pediatrics, Tufts University School of Medicine, Boston, MA; Baystate Children’s Hospital, Springfield, MA (Dr Sadof)

Dr Klass serves as national medical director for Reach Out and Read, for which she receives no compensation. The other authors declare that they have no conflict of interest.
# Family Questions

1 month, 0 days to 65 months, 31 days

V1.07, 4/1/17

## FAMILY QUESTIONS

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does anyone who lives with your child smoke tobacco?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>2. In the last year, have you ever drunk alcohol or used drugs more than you meant to?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>3. Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>4. Has a family member's drinking or drug use ever had a bad effect on your child?</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Never true</th>
<th>Sometimes true</th>
<th>Often true</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Within the past 12 months, we worried whether our food would run out before we got money to buy more.</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

## Over the past two weeks, how often have you been bothered by any of the following problems?

<table>
<thead>
<tr>
<th>Problem</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Having little interest or pleasure in doing things?</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>7. Feeling down, depressed, or hopeless?</td>
<td>☐</td>
<td>☑</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

## In general, how would you describe your relationship with your spouse/partner?

<table>
<thead>
<tr>
<th>Description</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No tension</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Some tension</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>A lot of tension</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Not applicable</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

## Do you and your partner work out arguments with:

<table>
<thead>
<tr>
<th>Difficulty</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>No difficulty</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Some difficulty</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Great difficulty</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Not applicable</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

## During the past week, how many days did you or other family members read to your child?

<table>
<thead>
<tr>
<th>Days</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>1</td>
<td>☐</td>
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<td>6</td>
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<tr>
<td>7</td>
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</table>
In pediatric clinics and waiting rooms, anti-poverty initiatives are making a difference

Lori O’Keefe, Correspondent

“Can you help me with my taxes?”

This question asked by a mother — and her subsequent difficulty obtaining assistance — motivated pediatric residents at Boston Medical Center (BMC) to establish StreetCred, a free tax preparation service for low-income patients’ families. During its first tax season this year, StreetCred completed approximately 200 tax returns, resulting in nearly $400,000 in refunds.

Anti-poverty community initiatives like StreetCred are one way that pediatricians are helping to improve the health of children living in poverty, which affects 16 million U.S. children. Research shows that poverty can have an adverse effect on children’s health, contributing to low birthweight, chronic illnesses, infant mortality, poor nutrition, injuries, obesity and delayed development. Addressing poverty’s impact on child health is a top AAP priority.
Child Poverty (% Decrease)

- Tax Credits: -28%
- Food Stamps: -12%
- Housing Subsidies: -9%
- Welfare Checks: -3%

The US Census
IMPROVED INFANT HEALTH.
Research shows links between the EITC and improvements in infant health indicators like birth weight and premature birth.

BETTER SCHOOL PERFORMANCE.
Elementary and middle-school students whose families receive the EITC tend to have higher test scores and get better grades in school.

GREATER COLLEGE ENROLLMENT.
Young children in low-income families benefiting from the EITC are more likely to go to college.

INCREASED WORK AND EARNINGS IN THE NEXT GENERATION.
For every $3,000 a year in added income children from poor families receive before age 6, they work an average of 135 more hours a year between ages 25 and 37 and their average annual earnings increase by 17 percent.
Eligible for EITC
Eligible for EITC

- $400
186 Returns
$400,000

4 Sites
$1,200,000
2 Years
160 clients
$400,000
RESULTS
IMPACT
SURVEYED CLIENTS
(n = 244)

- EITC*: 37%
- NEW TO FREE TAX PREP*: 47%
- NEW TAX FILING*: 21%
- NEW EITC KNOWLEDGE*: 21%

*p < 0.0001
ACCEPTABILITY
SURVEYED NON-PARTICIPANTS
(n = 100)

Non-participants: Would you use StreetCred services next year?

81%
$477 Per month
OLD:

Screen → Refer → ???

NEW:

Integrate → Behavior Change → Uptake/Impact
StreetCred doesn’t recreate wheels. We just make them work better.

StreetCred is NOT a referral service. We connect families before they leave the doctor’s office.

StreetCred operates in a frequented and trusted space.

StreetCred has impact when it matters most.

StreetCred is committed to evidence-based intervention.

StreetCred aspires to deepen the impact of American healthcare.
Click the QUESTIONS box to share a question for the presenters.
Thank you for attending today’s Asset Funders Network presentation.

Please fill out our survey.

The survey will pop up on your screen momentarily and will also be sent to you via email.

We value your time, and your responses will inform our future planning.

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