◆ SPOTLIGHT ◆

Asset Funders Network

PIONEERING HEALTH AND WEALTH INTEGRATION FOR CHILDREN

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HEALTH AND WEALTH BUILDING INTEGRATION

3-17 YEARS

ABOUT THE SPOTLIGHT

Despite the well-documented connection between health and wealth, investing in this intersection is still a new approach for many grantmakers. With the goal of inspiring increased philanthropic attention, exploration, and replication, this new spotlight elevates responsive philanthropic strategies that support both health and wealth and builds on the ideas presented in AFN's 2017 brief, *The Health and Wealth Connection: Opportunities for Investment Across the Life Course.*

This report focuses on the childhood/adolescence stage of the life cycle (3-17 years) in part to answer interest and demand from AFN members. From our investigations, this age segment has the least amount of integration activity. With the goal of inspiring increased philanthropic investment, AFN chose to concentrate on this cohort as we think it offers the greatest opportunity for pioneering investment for grantmakers.

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Children offer hope. Hope for a better future, a more equitable society. Investments made in the growth and development of our youngest are investments in our shared future. To flourish, children need far more than quality, timely health care and guardians with enough income to cover expenses. Children and their families also need assets, stability, and a healthy environment to thrive. Healthy children perform better in school, which in turn sets the stage for them to be healthier, income earners, and ultimately, more successful wealth builders as adults.

From many vantage points, funders, asset-building service providers, youth organizations, health care providers, employers, and early childhood service providers see the inextricable and powerful link between health and wealth for children. Encouraged by a strong body of research, service providers and funders are engaging in a nascent movement that weaves together program interventions that have bidirectional impact on both a child's health and wealth. Even when only health or asset-building services are provided to children, research and pioneering examples show interconnected outcomes. To reach their fullest potential, children and their families need intentionally integrated services that address children's health and well-being, as well as their family's financial health and wealth.

Building from the Asset Funders Network's the *Health and Wealth Connection: Investment Opportunities Across the Life Course* brief (see Appendix), this paper details what we know about the health- wealth connection for children ages 3-17, why investment in integration is important, and how philanthropy can create better health-wealth outcomes for children. Our research and examples provide funders with emergent examples and new perspectives to boldly invest in bidirectional health-wealth strategies and encourage peers to co-invest.

For many children, especially those of color, persistent health and wealth inequities stand in the way of a prosperous future. Grantmakers from all sectors seeking to invest in children and their families have an opportunity, even an obligation, to create a more level playing field by investing in intentional health-wealth strategies. Grantmakers can and should influence the field toward greater cohesion and promote linked strategies that meet the needs of children and their families, address the root causes of problems, and promote systems change to reduce barriers.

THE HEALTH-WEALTH CONNECTION FOR CHILDREN

Children are impacted by the bidirectional health-wealth connection in many ways as shown in the table below. In addition, wealth inequalities (as detailed in AFN's *Health and Wealth Connection: Investment Opportunities Across the Life Course* brief - page 7) impact health separately from the material circumstances of wealth itself. When children and families have low wealth compared to others, they experience negative health outcomes.

SELECTED RESEARCH FINDINGS OF THE HEALTH-WEALTH CONNECTION

HIGHER WEALTH =	CHILDREN FROM HIGHER WEALTH FAMILIES =	CHILDREN WITH POOR HEALTH =	FAMILIES WITH UNMANAGEABLE DEBT =
• Less chronic disease. • Better mental health. • Better self-rated health. • Lower rates of negative behaviors, such as smoking and excessive alcohol drinking. • Less likely to have unsecured debt after an adverse health event.[2]	• Lower likelihood of obesity or asthma. • Less likely to be stressed, depressed, or suffer from more serious psychiatric disorders. • Those with disabilities, such as epilepsy, hearing difficulty, or developmental delay have better health and educational outcomes. • Less likely to have mental illness as adults, improving their ability to earn and build wealth.[3]	• Affects number of completed years of schooling, which affects long-term financial well-being. • Can predict long-term health problems, thus affecting income earning and wealth accumulation as adults.[4]	• More likely to be physically and mentally unhealthy. • Negative impact on socioemotional well-being of children ages 5-14.[5]

WHAT IS WEALTH?

WEALTH IS THE VALUE OF ASSETS MINUS DEBTS

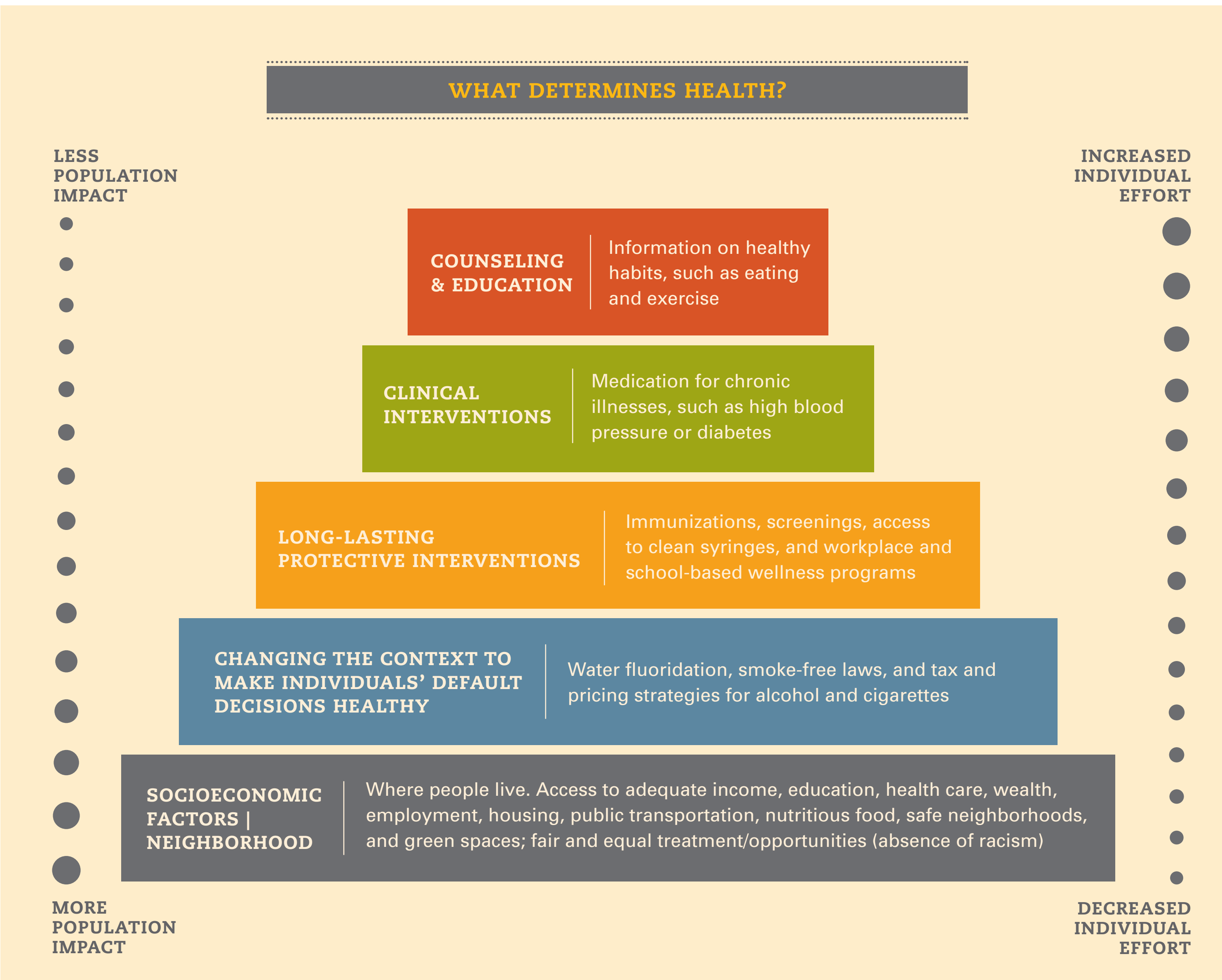
Wealth is the value of financial assets minus debts. Wealth provides an overview of financial health; it represents our ability to deal with the economic consequences of illness, unemployment, and financial emergencies. Wealth also reflects our ability to invest in our own future and the future of our children.

WHERE A CHILD LIVES MATTERS

Research shows that neighborhoods matter; they matter more than many other factors. Children are particularly vulnerable to the effects of the socioeconomic conditions of the zip code in which they grow up, as shown in the graphic below.

The ages of 3-17 are a crucial developmental period for children as they shape future health, behavioral patterns, and opportunities that set the foundation for the well-being and wealth of the future adult.[6] Children are not only the future decision-makers and drivers of our economy; they also will become the parents of generations to follow. Their financial, physical, and mental health will directly affect the health-wealth outcomes of their children.

The most significant determinant of health is the environment in which a person lives. Genetics, personal choices, and access to medical care, while important, are much less impactful than socioeconomic factors and access to the vital resources included in the graphic's examples. People with low wealth, particularly people of color, are much less likely to have access to these essential resources.[7] Historical and ongoing structural racism, through discriminatory practices in education, employment, and credit markets, limits the ability of families of color to build intergenerational wealth.[8] Racism, regardless of wealth, also directly negatively impacts health.[9] People with low wealth often lack political capital, limiting their ability to influence decision-makers and to shape public policies that impact health and economic opportunities for them or their children. The integrated strategies included in this paper address some of these socioeconomic factors via the Earned Income Tax Credit (EITC), early childhood learning programs, and matched savings programs.



THE IMPORTANT LINKAGES BETWEEN HEALTH-WEALTH AND CHILDREN

For children specifically, how and why are health and wealth linkages so important?

For funders to influence and invest in health-wealth connections, it is helpful to understand specific ways health and wealth interact to offer better outcomes for children. Specifically, children and families with both greater health and wealth are more likely to benefit from:

FINANCIAL STABILITY

One way in which wealth protects health is through ***cushioning income volatility***. Incomes are flows of money; wealth is a reservoir. If a family has wealth, they are able to weather financial shocks and invest in their children's futures without going into unmanageable debt. Families with relatively small amounts of savings ($250-$750) are less likely to be evicted, miss a payment, or receive public benefits; savings of $2,000-$5,000 enable a low-income family to be more resilient than a family with higher income but no savings.[10] Families with wealth are also less likely to have medical debt after an adverse health experience; many families who have no insurance or high copays defer health care due to the cost.[11]

Families with volatile incomes and unmanaged debt can be overwhelmed by immediate needs and lack the "bandwidth" to plan for the longer term.[12] Parents may develop high blood pressure, obesity, and depression and anxiety, worsened by negative health behaviors precipitated by stress (e.g., alcohol or drug abuse, gambling, cigarette smoking, or eating diets high in sugar and fat), with cascading health effects on children.[13] When families have wealth to enable them to manage times when their incomes are lower than normal, children are healthier.

SAFE, RESOURCE-RICH NEIGHBORHOODS

Families with wealth have more opportunities to live in ***safe, resource-rich neighborhoods***, with access to nutri-

CHILDREN GROWING UP IN RESOURCE-RICH NEIGHBORHOODS are healthier and have higher incomes as adults.

tious food, transportation, green spaces, libraries, better resourced schools, affordable financial services, and limited community violence. Children who grow up in such neighborhoods, regardless of family income, are healthier and have higher incomes as adults.[14] Geographical health disparities in the United States are large and growing; life expectancy varies dramatically from place to place.[15] Housing conditions also matter. Families with wealth are more likely to live in ***healthy homes***. Children who live in substandard housing are more likely to have asthma and other allergies. They are also more likely to ingest lead, resulting in low cognitive function and stunted physical development, which affects their future health and wealth.[16]

TOXIC STRESS PROTECTION

Wealth ***protects against toxic stress*** associated with financial insecurity. Persistent exposure to stressful situations results in biological "wear and tear" on the body. Repeated stress over time can result in overload, causing inflammation, immune system damage, high cholesterol, and psychological problems, which in turn lead to further negative health outcomes.[17] This toxic stress is particularly damaging to children's developing brains and bodies. In addition to direct physical and mental health impacts, stress can impair self-regulation, resulting in short-term coping behaviors that in turn lead to negative health outcomes later in life.[18]

LESS INCARCERATION

Children from wealthier families are ***less likely to face circumstances that increase the likelihood of incarceration,*** such as having a low income, living in a poor neighborhood, having limited employment opportunities, and completing fewer years of education.[19] These circumstances are experienced disproportionately by people of color, as is incarceration. Being incarcerated has a serious negative impact on the future wealth and health of the formerly incarcerated and their families.[20] As noted in Pew Charitable Trust's *Wealth of Inequalities*, "Incarceration not only influences the wealth and assets of the formerly incarcerated person, but also spreads across households to affect the assets and debt of family members."[21]

CHILDREN WHO GROW UP IN FAMILIES WITH WEALTH are less likely to be exposed to toxic stress or experience criminal justice involvement.

PROMISING PRACTICES

A range of programs exist that are having a bidirectional impact on both a child's health and wealth at the programmatic level. These programs offer an opportunity for funders to build on their foundational work through investments that replicate and scale existing programs or pioneer more intentionally integrated strategies.

Many existing health-wealth strategies focused on children occur through two-generation approaches. These are embedded at trusted sites where children are—health clinics or schools—with tailored support for parents. Additionally, some programs engage adolescents independently through schools or community-based organizations with programs that focus only on either asset building or well-being, but result in positive financial and health impacts.

Many of the interventions moving toward integration focus on remedying economic instability through income supports, stabilizing income, and crisis avoidance, rather than longer-term asset building. However, these supports can lay the foundation for future asset building. When families are able to pay their bills, manage unexpected larger-than-normal expenses, and bring debt under control, they are less stressed and have disposable income. As a result, they can make plans for the future, building wealth and better health for themselves and their children.

Organizations are making strides in connecting interventions and tracking bidirectional health-wealth outcomes. Health care clinics and hospitals focused on children's health services have begun to offer complementary services that increase families' financial stability. Schools are integrating wellness and financial stability services into their programs. And, community-based organizations that serve adolescents with asset-building services are tracking the impact of their services on participants' well-being.

To move the field forward, deeper and multilevel investments are needed for intentional, more fully integrated health-wealth programs and systems change. Investments are also needed for research and evaluation to identify which practices show promise. These will allow for replication in new communities or expansion to scale to support individuals and families, build community infrastructure, and advocate for broader policy reform. The intentional investment will help to disrupt systems that sustain inequity, resulting in improved outcomes for marginalized populations and communities. Our sampling of extant strategies and their results helps us imagine what is possible if funders build upon the foundational work that has begun to further integrate mutually reinforcing services that promote health and wealth.

Examples of Schools that Offer Financial Stability Services

The school-based programs of **Chicago Commons Family Hub** and Oakland's **Healthy Havenscourt Collaborative** share a goal of increased kindergarten readiness and supportive services for parents to improve their financial stability and parenting skills, and in turn, their children's wellness. Chicago Commons Family Hub serves children and parents at four early childhood education centers providing services in four domains: education and training, financial support and employment, health and well-being, and leadership and advocacy. Family Hub Funders include Citi Foundation, Blue Cross Blue Shield of Illinois, United Way of Metropolitan Chicago, and others.

With a community-led vision that children and families in the Havenscourt neighborhood are healthy and safe in their schools, homes, and community, the Healthy Havenscourt Collaborative is supported by the East Bay Asian Local Development Corporation as the community backbone organization. The Healthy Havenscourt Collaborative focuses on eight action priorities—financial stability and workforce development, kindergarten readiness, college- and career-readiness, asthma management and prevention, local business development, affordable housing, and community leadership—to strengthen the long-term health outcomes for residents. The kindergarten readiness action priority includes a Parent University that integrates coaching and education on financial health, academic achievement, child socioemotional development, and various child and parent health topics at the neighborhood elementary schools. Key funders of the collaborative include Citi Foundation, Kaiser Northern California Community Benefit, and United Way Bay Area.

Two-generation approaches that provide high-quality early childhood development and programming while parents receive services to increase their financial stability can simultaneously improve early childhood outcomes, decrease stress levels, foster a greater sense of agency and future orientation, and increase the family's long-term financial opportunities.[24] Other school-age children's programs have intentional asset-building outcomes that support improved psychological well-being, child development, and socio-emotional functioning.[25]

One of many Children's Savings Account (CSA) programs across the country, **Dollars for College** program, a joint project of Communities Foundation of Texas and United Way of Metropolitan Dallas, offers CSAs to all kindergartners in the Lancaster Independent School District as an aspirational asset-building strategy. Additional financial support is provided by Caruth Fund, Social Venture Partners Dallas, The Boone Family Foundation, and the Meadows Foundation. CSAs typically start at birth or kindergarten with a restricted-use account for the sole benefit of the child's postsecondary education in a state 529 plan, bank, or credit union. CSAs targeting younger children (birth through elementary school) increase children's future orientation, their families' educational aspirations, and children's access to and success in post-secondary education.[26] These effects are associated with interim outcomes related to health and financial well-being.[27]

A school-based asset-building program for adolescents is **The New Haven Promise**, which offers a full tuition scholarship for in-state public colleges to adolescents attending City of New Haven public schools who maintain a required academic and disciplinary standard. The Promise engages directly with students throughout their high school years and beyond, but also keeps parents in the loop, with the goal of fostering a college-going culture among students and their families.

Examples of Health Clinics and Hospitals that Offer Financial Stability Services

At health facility-based programs, financial interventions can be provided to parents while children receive medical care. For example, **StreetCred** in Boston offers free tax preparation and benefits screening in pediatric waiting rooms, enabling parents to claim the Earned Income Tax Credit (EITC) and avoid high-cost tax preparation fees. EITC receipt is associated with improved children's health outcomes,[22] but 20% of eligible families fail to claim the EITC, and over 60% of those who do claim it use costly tax preparers to file.[23] Offering a support service in a trusted location to families opens up a space to connect them with other ways to build financial stability and assets.

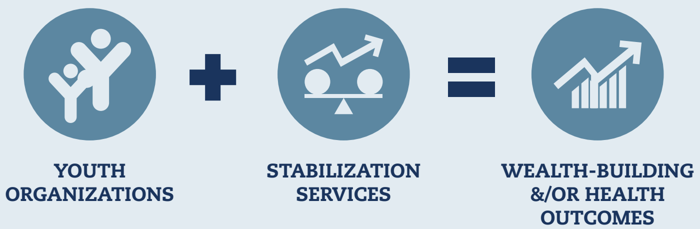
Little Rock's Medical-Legal Partnership brings attorneys into medical teams at the Arkansas Children's Hospital to address on-site legal needs that affect children's health outcomes. For example, they help families ensure that landlords address mold or pest problems that exacerbate asthma and other conditions. Families may also receive

> "IN ORDER TO ADDRESS ECONOMIC MOBILITY, we have to support young families who are both so vulnerable and have so much potential. StreetCred intervenes at a unique time for families and young children through a trusted person—the family's doctor."
>
> MAILEE WALKER
> EXECUTIVE DIRECTOR OF CLANEIL FOUNDATION
> STREETCRED FUNDER

help to avoid eviction and utility shut-off, making it easier for families to be financially stable.

Both programs help families become more financially stable as a foundational step to help them build wealth and protect health.

Community-Based Nonprofits Serving Adolescents With Health and/or Asset-Building Services



As mentioned above, youth-serving organizations tend to focus either on wealth or health, with intentional or at least potential bidirectional outcomes.

In the Bay Area, two nonprofit community-based organizations, **MyPath** and **Juma Ventures**, intentionally focus on asset building for high school aged youth. MyPath offers tailored financial products (matched savings and credit building) with a hands-on, experiential financial capability curriculum to youth connected to employment and youth development programs to coincide with their first paychecks. Youth developed the curriculum, and facilitate the discussions. Juma Ventures provides work opportunities, career counseling, financial capability training, and education support to help youth prepare for the future. Neither program includes direct health interventions, but both have important socioemotional impacts (e.g., increased future orientation, confidence, and reduced stress) for youth. Programs that successfully engage with adolescents make use of social media, speaking to young people's particular attitudes, experiences, and knowledge. These programs interact directly with adolescents and protect their privacy, but also encourage family involvement where appropriate and possible. Good parent-adolescent communication and appropriate adult guidance have a strong impact on health-related adolescent behaviors.[28]

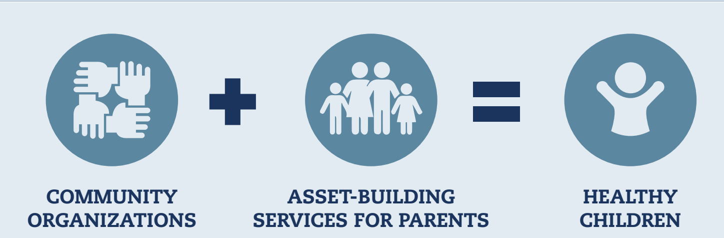
In other locations, youth-serving organizations concentrate on health services that are intentionally supported by services to increase financial stability or unintentionally improve the potential for positive financial outcomes for the youth served.

In Detroit, the **Ruth Ellis Center** grew from a small drop-in center for LGBTQ youth to a prominent community center with an onsite health and wellness center co-developed with a local health care provider. Physical health services are combined with behavioral and social services that address basic needs. In combination, these programs and services aim to improve long-term health outcomes and address the complex needs and systemic barriers that LGBTQ youth face with housing, health, wellness, and economic security—seeding the path to long-term-asset building.

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. LGBTQ and gender non-conforming adolescents are more likely than others to be anxious and depressed, have attention-deficit/hyperactivity disorder, and experience suicidal ideation and self-harm.[29]

Identity, Inc. in Montgomery County, Maryland, offers a suite of wellness services in schools and communities to Latinx young people ages 7-25, both in school and out of school, who live in high poverty areas and are most at risk for poor academic, health, and economic outcomes. Programs are bilingual, trauma-informed, strength-based and culturally sensitive. Before and after school programs offer social-emotional skill building and academic enrichment. Identity also works with parents to increase connection to and advocacy with their children's schools and offers wraparound services including comprehensive family case management, mental health services, substance abuse counseling, gang prevention, re-entry, job training and placement services. In strengthening social and emotional well-being and supporting academic and economic achievement, Identity is achieving intentional health outcomes. As an ancillary benefit, Identity improves the potential for wealth building over the life course for the Latinx community. Incorporating financial health and asset building into their suite would be a natural health-wealth evolution.

Community-Based Nonprofits Providing Asset-Building Services to Parents



Some community-based organizations are taking a healthy neighborhoods approach to strengthen the long-term health outcomes of all residents, including children. The **Healthy Havenscourt Neighborhood Collaborative** referenced above is an example of a community-led, action-oriented effort to increase the health and safety of children, families, schools, homes, and the community with increased heath and wealth outcomes.

The **St. Louis 24:1 initiative** is a comprehensive place-based community development effort working with 24 municipalities in a single school district. The focus is across the areas of education, housing, health, employment, personal finances, and economic development. Informed by community voices and led by Beyond Housing, partners build affordable rental housing and help homeowners with repairs, offer financial coaching to identify and work toward financial goals, provide affordable, small-dollar loans as an alternative to payday loans, deliver afterschool support and summer camp opportunities, and help teenagers save for college. Beyond the individual and family outcomes, the initiative's partners have focused on community impact including building a grocery store, movie theater, and coffee shop to encourage community engagement and improve social networks.

Community-Based Nonprofits Engaging in Comprehensive Community Development

Children benefit when families become more financially stable and start to build wealth. Myriad asset-building programs exist for adults; two types of programs that increase financial stability and serve as a foundation for asset building are savings programs and debt reduction programs.

Families that can save to build a cushion to manage unexpected life events are less stressed and more able to plan ahead. One example of a program that helps families save is **EARN's national SaverLife program,** which offers a match of $10 on every $20 saved for a six-month period. This relatively small incentive has resulted in an increase in average savings of $584 for those participating. Among other benefits, modest savings reduces toxic stress and increases resilience in families. [30]

Crippling debt is a barrier to building a secure financial future for many families, and some initiatives are working to eliminate or reduce this barrier. In San Francisco, a partnership of the city and county of San Francisco's **Financial Justice Project**, Tipping Point Community, Walter and Elise Haas Fund, and the San Francisco Department of Child Support Services removed the child support arrears of a group of non-custodial fathers, providing them with financial coaching and other employment services to encourage them to go back to work, make regular ongoing child support payments, and become more involved in their children's lives (https://www.urban.org/research/publication/relief-government-owed-child-support-debt-and-its-effects-parents-and-children). San Francisco's Financial Justice Project has also done ground-breaking work to reduce the fines and fees that the municipality and criminal justice systems charge some of the city's most vulnerable residents, including those who have been incarcerated.[31] As families' financial obligations become more manageable, their children have more positive long-term health outcomes.

OPPORTUNITIES FOR FUNDERS TO GROW THE FIELD

Promising health-wealth work for children and adolescents is being done across a variety of sectors—health care, education, community-based nonprofit organizations, and economic development. The opportunities are to intentionally scale and replicate these efforts, better connect and integrate services, and adopt intentional health and wealth program design and outcomes. We can think of integration occurring along a continuum as displayed below:

<table>
<tr><th>NO INTEGRATION</th><th colspan="2">TOWARD INTEGRATION</th><th>FULL INTEGRATION</th></tr>
<tr><td>PROVIDING HEALTH SERVICES</td><td rowspan="3">TRACKING THE ANCILLARY OUTCOMES FROM HOLISTIC OR WRAP-AROUND SERVICE</td><td>ADDING FINANCIAL STABILITY OR ASSET BUILDING SERVICES</td><td rowspan="3">INTENTIONAL DESIGN TO INCLUDE BOTH HEALTH AND ASSET BUILDING INTERVENTIONS IN TANDEM AND TRACKING INTENDED HEALTH-WEALTH OUTCOMES</td></tr>
<tr><td>- OR -</td><td>- OR -</td></tr>
<tr><td>PROVIDING FINANCIAL STABILITY INTERVENTION OR ASSET-BUILDING SERVICES</td><td>ADDING HEALTH ACTIVITIES OR EDUCATION</td></tr>
</table>

To grow the field and deepen the impact on children's well-being, grantmakers must consider how to move toward greater levels of health-wealth integration and scale. Funding full integration maximizes the impact on a child's well-being.

FUNDER RECOMMENDATIONS

The following are strategic recommendations for investing in integrated health-wealth interventions for children, adolescents, and their families:

Invest in existing programs to build capacity of trusted entities with access to children and their families and encourage strategies that build on existing, age-appropriate services.

Strategically working with hospitals, clinics, pre-schools, schools, and community organizations that already provide key services and have a trusted relationship with children offers a natural building block to collaborate and expand efforts. These investments can intentionally foster the missing health or wealth component to more strategically address both health and wealth factors—whether it is building on short-term financial stability and savings as foundational to asset building or co-locating health services with asset-building programs.

Promote collaboration and systemic change.

Transformative change comes from cross-sector collaborations that target individual, family, community, and broader systems change. Integrating work between different sectors requires effective partnerships between organizations that intentionally seek to identify the limits of their influence, and then dedicate time and resources to building collaborations with partners who can work effectively beyond those limits. Interaction at many levels—from direct interventions with individuals and families, to neighborhood-level resource development, to systems-level policy changes—helps change systems and shift the broader environment so that opportunities to improve health and wealth are broadly available and easily accessible.

Private, state, and local policy change is needed. Private changes might include hospital systems polices relating to creating and forgiving debt or asset-building benefits for employees. State level public policy change could include reform of state consumer protection laws that regulate the debt industry to reduce the financial burden and health consequences of high debt. Local policy change could spark health department initiatives or economic in-

vestment incentives with a social determinant frame, local fines and fees policies, and infrastructure investments (parks, streets, streetlights, walking, or biking areas).

Actively pursue opportunities to invest in strategies that explicitly connect health and financial well-being for children and their families.

Funders can seek grantees and funder partners outside their normal ecosystem who are willing to connect health and wealth. Grantmakers could help spark current grantee thinking on the topic and guide evolving investment strategy by adding questions in grant requests for proposals and/or reporting requirements about data points that tell the health-wealth story.

Ensure investments in community infrastructure includes intentional improvements in health and wealth outcomes.

Building physical, mental, and financial health requires a supportive environment. Community and economic development efforts are not comprehensive if not focused on long-term health effects and economic opportunity for members of the community. Grantmaker engagement to support projects offers one pathway to investing in building community infrastructure.

Reconsider how success is measured.

Private- and public-systems level change can be difficult to predict, and results take time to manifest. Funders should provide sustained and flexible funding not only for programs, but also for capacity-building to organizations as they engage in this work, while encouraging them to be innovative and to learn from and adapt to challenges.

Support innovative asset-building and health research focusing on children.

Intentionally combining health-wealth interventions is an emerging field; more practice and research is needed to grow the field's scale and document impact. Furthermore, more research is needed to understand the intersection of race, wealth, and health—for adolescents in particular—to better understand where and how to intervene to address inequities across those intersections. Finally, research is needed to identify promising strategies by funding evaluations of pilot or innovation projects.

CONCLUSION

Our shared future hinges upon healthy and prosperous children. That future can be realized by intentionally linking health-wealth strategies that mutually reinforce each other for children and their families. As evidenced in this spotlight, there are many ways to bring together interventions that improve children's health or their financial well-being. In some instances, interventions are improving both. Grantmakers who invest in integrated interventions have the potential to amplify positive benefits for children. The field is deepening its exploration of integrated strategies, and philanthropy has a distinct opportunity to play a critical role to set the table, measure impact, and influence systems to work better for children and their families. The opportunity is to pioneer a path so that all children are healthy, financially secure, and live in families with assets regardless of race, income, gender, or zip code.

APPENDIX
THE RELATIONSHIP BETWEEN HEALTH AND WEALTH OVER THE LIFE COURSE

As first presented in *The Health and Wealth Connection: Opportunities for Investment Across the Life Course*, this graphic depicts various health/wealth connections across a life course continuum from prenatal and early childhood through older adulthood, and highlights investment opportunities for funders throughout each life stage.

IN UTERO - TODDLER
0-3 YEARS

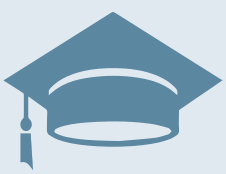
HEALTH-WEALTH CONNECTIONS

- Prenatal care and mother's health impact child's health and future medical costs
- Parent's socio-economic status influences health of child
- Child's health influences future school performance

CHILDHOOD - ADOLESCENCE
3-17 YEARS

HEALTH-WEALTH CONNECTIONS

- A healthy child has more opportunity to stay in school and benefit from education
- A child with financial savings is more likely to attend and graduate from college



YOUNG ADULTHOOD
18-30 YEARS

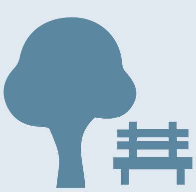
HEALTH-WEALTH CONNECTIONS

- College educated and employed young adults have higher incomes/net worth and better overall health
- Young adults who accumulate higher amounts of debt incurred from loans report higher levels of depressive symptoms

MIDDLE ADULTHOOD
30-50 YEARS

HEALTH-WEALTH CONNECTIONS

- Higher socio-economic status is associated with lower rates of chronic illness, which allows for longer participation in the labor force
- Higher wealth households can better weather economic shocks that either lead to poor health or are caused by poor health



OLDER ADULTHOOD
50-70+ YEARS

HEALTH-WEALTH CONNECTIONS

- Health problems often lead to permanent disability and early retirement, which can result in a loss of financial stability
- Health care is one the biggest expenses in retirement, and sufficient assets enable seniors to "age in place" versus in institutions

ENDNOTES

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