The Health/Wealth Connection

Jason Q. Purnell, PhD, MPH
Asset Funders Network
2015 Grantmaker Conference
Federal Reserve Bank of Dallas
April 9, 2015
A little girl named Jasmine...

Two Lives of Jasmine
Social determinants of health

“...the conditions in which people are born, grow, live, work and age...shaped by the distribution of money, power, and resources at global, national, and local levels.”

- World Health Organization
Behavior in context determines health

Figure 3. Factors Contributing to Premature Death

- Social Circumstances: 40%
- Behavioral Patterns: 30%
- Environmental Exposure: 15%
- Health Care: 10%
- Genetic Predisposition: 5%

McGinnis et al, 2002; Schroeder, 2007
Greatest impact on population health

Factors that affect health

- Counseling and education
  - Examples: Eat healthy and exercise
- Clinical interventions
  - Examples: Medicine for high blood pressure, diabetes
- Long-lasting protective interventions
  - Examples: Vaccines, cessation treatment, colonoscopy
- Changing the context to make individuals' default decision healthy
  - Examples: Fluoridation, smoke-free laws, tobacco tax
- Socioeconomic factors
  - Examples: Poverty, education, housing, inequality

Frieden, 2010
The challenge of the SES gradient

Figure 1. Relative Risk of Premature Death by Family Income (U.S. Population).

*Age and sex-adjusted relative risk of dying prior to age 65
Based on 9-year mortality data from the National Longitudinal Mortality Survey

Adler et al., 2007
Health-related benefits of wealth

• Economic “cushion” during adverse events
• Greater likelihood of higher education
• Psychological
  – Security
  – Confidence about the future
  – Sense of control and personal efficacy
  – Increased risk aversion
  – Goal-directed behavior
• Physical
  – Less risk of premature death
  – Better health behaviors, risk profile, self-rated health

Pollack et al., 2007; Purnell & Chen, 2013; Sherraden, 1991
Changes in wealth and health risk factors

• After accounting for demographics and income, a one step increase in net worth between 1999 and 2009 was associated with decreased odds of:

  – **Current smoking** (OR = .88; 95% CI = .86-.90)
  – **Obesity** (OR = .92; 95% CI = .90-.94)
  – **Light-to-mod physical inactivity** (OR = .94; 95% CI = .92-.96)
  – **Problem drinking for men** (OR = .82; 95% CI = .79-.84) and **for women** (OR = .88; 95% CI = .85-.90)

Purnell, Hajat, & Chen, forthcoming
Wealth loss unequal in Great Recession

Figure 5. Hispanics Lost the Most Wealth during the Great Recession, While Blacks Fared Worse than Whites

Change in Average Family Wealth by Race and Ethnicity, 2007–2010

- White non-Hispanic
- Black non-Hispanic
- Hispanic

Wealth: -11%, -31%, -44%
Home equity: -24%, -28%, -49%
Retirement: 9%, -35%, -18%

Source: Authors’ tabulations of the 2007 and 2010 Survey of Consumer Finances (SCF).
Notes: Data are weighted using SCF weights.
Persistent racial wealth gaps

Figure 3. The Racial Wealth Gap Is Not Improving

Average Family Wealth by Race and Ethnicity, 1983–2010

Phase 1 Goals:

1. Inform public about social determinants of health and health disparities impacting African Americans in St. Louis.
2. Present regional economic and health consequences of intervening.
3. Provide evidence of impact on all members of the region.
4. Influence policy agenda on disparities by broadening conversation beyond personal responsibility and medical care.
Translating Evidence into Population Health Improvement: Strategies and Barriers

Steven H. Woolf,¹ Jason Q. Purnell,² Sarah M. Simon,¹ Emily B. Zimmerman,¹ Gabriela J. Camberos,² Amber Haley,¹ and Robert P. Fields²

¹Center on Society and Health, Virginia Commonwealth University, Richmond, Virginia 23298-0251; email: swoolf@vcu.edu, simonam@vcu.edu, ezimmerman@vcu.edu, haleyad@vcu.edu
²Brown School, Washington University in St. Louis, St. Louis, Missouri 63130; email: jpur nell@brownschool.wustl.edu, gcamb eros2@brownschool.wustl.edu, rfields@brownschool.wustl.edu

First published online as a Review in Advance on January 12, 2015
The Annual Review of Public Health is online at publhealth.annualreviews.org

This article’s doi: 10.1146/annurev-publhealth-082214-110901
Copyright © 2015 by Annual Reviews. All rights reserved

Keywords
dissemination and implementation, public health policy, community engagement, research translation, health-in-all policies

Abstract
Among the challenges facing research translation—the effort to move evidence into policy and practice—is that key questions chosen by investigators and funders may not always align with the information priorities of decision makers, nor are the findings always presented in a form that is useful for or relevant to the decisions at hand. This disconnect is a problem par-
Making an impact with evidence

1. Translating scientific research
2. Understanding the decision-making environment
3. Engaging stakeholders and communities
4. Communicating strategically
Brief 1: Investing in opportunity

How can we save lives—and save money—in St. Louis?

INVEST IN ECONOMIC AND EDUCATIONAL OPPORTUNITY

By Jason Purcell, PhD, MPH

August 2013 | Brief 1 of 5

Improving educational and economic opportunity is a powerful health intervention.

Here Are The Steps We Can Take Right Now:

1. Invest in quality early childhood development for all children.
2. Help low-to-moderate income families create economic opportunities.

280 DEATHS DUE TO POVERTY
237 DEATHS DUE TO LESS THAN HIGH SCHOOL EDUCATION

COMBINED THE NUMBER OF DEATHS COULD FILL ABOUT 7 METROLINK CARS

THE ESTIMATED COST OF THIS LOSS OF LIFE IS APPROXIMATELY $3.3 BILLION
Recommendations

1. Invest in quality early childhood development for all children.
2. Help low-to-moderate income families create economic opportunities.
3. Invest in coordinated school health programs for all students.
4. Invest in mental health awareness, screening, treatment, and surveillance.
5. Invest in quality neighborhoods for all in St. Louis.
6. Coordinate and expand chronic and infectious disease prevention and management.
Engage, mobilize, implement

Phase 2 Goals:

1. Continue to inform the public and policy makers.
2. Engage and mobilize community around recommendations.
3. Activate key private and public sector stakeholders for implementation.
4. Evaluate impact and determine replicability of project in other communities.
Universal CDAs for St. Louis

Child Development Accounts (CDAs) for the St. Louis Region

Based upon a growing body of research led by the Center for Social Development at Washington University in St. Louis, Child Development Accounts (CDAs) are a key part of recommendations made by For the Sake of All, a multi-disciplinary community education and mobilization effort focused on health and well-being in our region.

CDAs are savings or investment accounts for long-term developmental goals, including postsecondary education. Research on CDAs and child savings suggests that:

- Children with savings in their names are 3-4 times more likely to attend and graduate from college.
- Children with CDAs exhibit better social and emotional functioning as early as 4 years of age compared with children without them.
- Mothers of children with CDAs have lower levels of depressive symptoms.
- Mothers of children with CDAs are more likely to maintain or raise their educational expectations for their young children.
Thank you!

Jason Q. Purnell, PhD, MPH
George Warren Brown School of Social Work
Washington University in St. Louis
jpurnell@wustl.edu

Learn more about *For the Sake of All* at:
forthesakeofall.org

Follow us on Twitter:
@4theSakeofAll