



SPARKPOINT PROGRAMMING DURING COVID-19:

An Assessment of the Health-Wealth Connection

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ABOUT UNITED WAY BAY AREA

United Way Bay Area (UWBA) brings together individuals, nonprofits, businesses, and local government to create partnerships that have a lasting impact through fighting poverty and engaging the community. UWBA invests in initiatives that work to end the cycle of poverty so that all Bay Area residents can thrive. UWBA also empowers individuals to donate, advocate, and volunteer to strengthen the community and change lives, operating multiple core programs designed to move people out of poverty. Each year, these programs reach more than 250,000 Bay Area residents by connecting them to food, shelter, work opportunities, free tax help, academic and career supports, and financial literacy resources.

EXECUTIVE SUMMARY

United Way Bay Area's SparkPoint program provides low-income Bay Area residents with free financial and career coaching and education to help them change their lives. SparkPoint provides a variety of financial empowerment services, including one-on-one financial coaching, credit and debt counseling, and career development, among others.

United Way Bay Area (UWBA) conducted an assessment of the health-wealth connection in SparkPoint programming, with a special interest in the impact of the COVID-19 pandemic on clients and centers. Data was collected through a literature review and interviews with SparkPoint clients and program staff. This assessment focused on addressing the following key research questions:

1. What is the health-wealth connection in SparkPoint programming?
2. What has the impact of COVID-19 been on SparkPoint centers, staff, and clients?

In 2020, the COVID-19 pandemic impacted both SparkPoint clients and staff, resulting in increased mental health and economic challenges. Clients have faced food and housing insecurity, as well as unemployment and/or reduction of work hours. Directors report loss of funding and increased difficulty in engaging clients. Both groups report increased fear, stress, and anxiety. The COVID-19 pandemic has had a disproportionately greater impact on specific populations that have historically experienced barriers to resources, including: African-Americans, Hispanic or Latinx communities, people with limited English proficiency, immigrants, families with limited or no technology, older adults, undocumented individuals, people living with disabilities, and persons with pre-existing mental health conditions.

The COVID-19 shelter-in-place mandate led to all SparkPoint programming shifting to virtual services with an increased focus on meeting the demand for basic needs supports. Financial constraints among clients has resulted in widespread food insecurity and difficulty paying bills, as well as negative mental health impacts. Amid COVID-19, SparkPoint centers have been able to successfully continue their important work, providing emergency relief and keeping staff and clients safe—all while staying on mission under extraordinary stress.

In this assessment, we found that SparkPoint's mission, goals, values, and activities align well with the shift toward integrative health-wealth services, where clients can access financial support, as well as services that support their preventive health and basic needs. All SparkPoint directors interviewed believe in the importance of the health-wealth connection and have successfully incorporated health-related activities into their services. These activities offer mental health support, information and referral assistance, health literacy and skills development, opportunities for social engagement, and basic needs assistance. Clients have reported a positive mental health impact from receiving SparkPoint services, including increased empowerment and confidence, reduced stress and anxiety, and improved capacity for self-care. Tracking health impact could also open new avenues of funding and inform new approaches to better serve clients. Data collection considerations would include client hesitation to discuss health issues and added work burden on staff.

Based on the findings from this assessment, we recommend the following strategies and actions to bridge the health-wealth connection more impactfully in SparkPoint programming:

FIGURE 1. Summary of key recommendations.

1. Start tracking and documenting health impact measures.

We recommend convening an advisory group to develop an evaluation plan to assess the health impact of SparkPoint centers. In developing an evaluation framework, we suggest tracking the following indicators through self-report attitudinal items on baseline and follow-up questionnaires:

- Health insurance coverage
- General health status (e.g., good, fair, poor)
- Stress levels
- Medical debt

2. Increase the capacity of SparkPoint centers to integrate health education in their work.

We recommend standardizing health-related activities or practices across all SparkPoint centers. Additionally, due to strong overlap of financial and emotional needs of clients, we propose increased mental health training of all staff.

3. Build collaborative cross-sector partnerships.

To fill in gaps in needed services, we recommend building a network with other community-based programs that address the social determinants of health with a focus in the following key areas:

- Mental health services
- Housing, food, and health care services
- Employment services
- Family support services

4. Promote staff wellness.

Due to the nature of work, SparkPoint staff are at increased risk of fatigue or burnout from secondary traumatic stress. Thus, we recommend setting aside time and resources to intentionally promote staff wellness through encouraging self-care and fostering a culture that allow staff to seek support.

In conclusion, economic mobility programs can be a powerful tool in helping to preventively address a wide range of public health harms, especially for disproportionately impacted populations. There is substantial evidence demonstrating that financial stability programs have a positive impact on client's health and quality of life. SparkPoint centers are uniquely positioned to expand its health education capacity and, in turn, expand health-wealth impacts on clients.

1. INTRODUCTION

1.1 About SparkPoint

United Way Bay Area (UWBA) launched SparkPoint to help families and individuals improve their financial health and achieve long-term financial stability. Since the launch of the first SparkPoint center in Oakland in 2009, the model has expanded throughout eight Bay Area counties, thriving at over 20 locations and serving more than 25,000 people (FIGURE 2).²

SparkPoint provides one-stop community access to a full range of financial empowerment services focused on three areas: improving credit, increasing income, and building savings + assets. At its core, SparkPoint follows a financial coaching model, helping clients to achieve financial literacy and stability. In addition, each SparkPoint center brings together unique government and nonprofit partners to provide further services and resources. A comprehensive list of all SparkPoint services offered can be seen in FIGURE 3.

FIGURE 2. Map of all SparkPoint sites in the Bay Area.

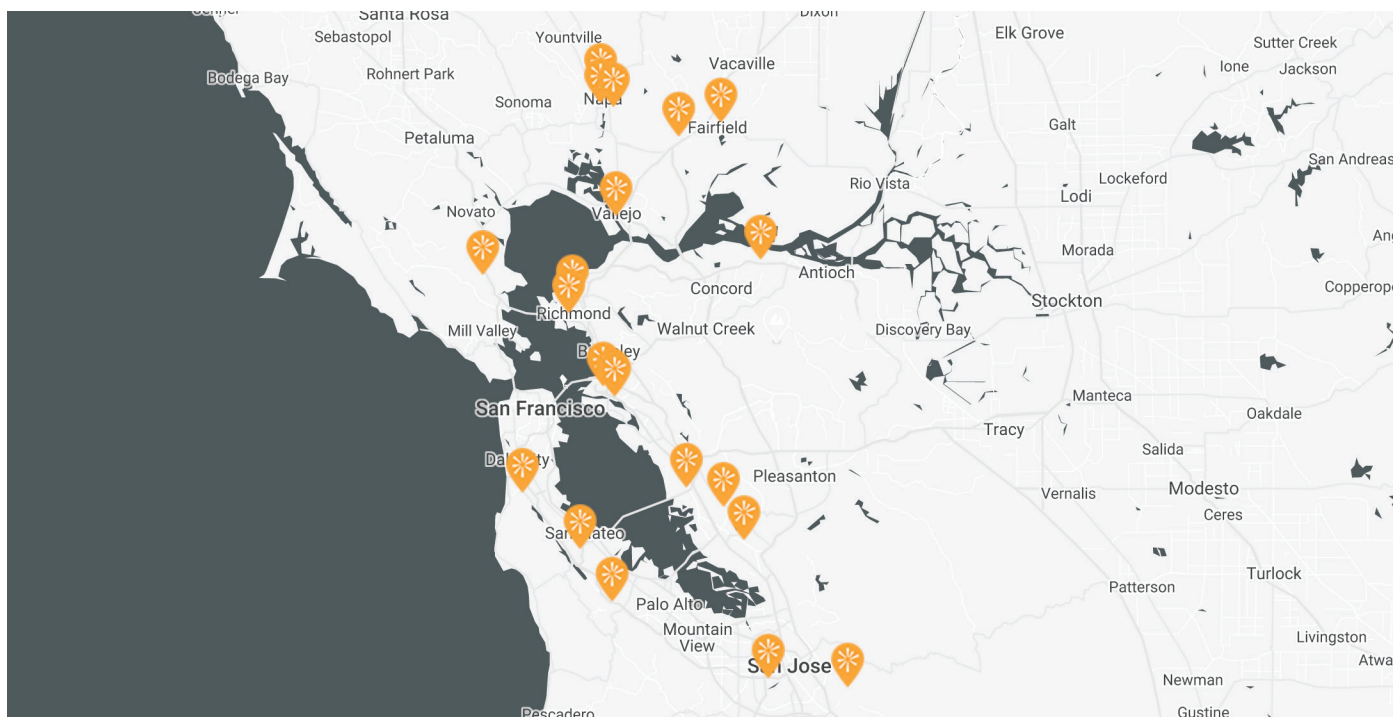


FIGURE 3. Summary of SparkPoint services.

- Financial coaching
- Credit + debt counseling/repair
- Budgeting and savings plan
- Career development
- Vocational skills training
- Connection to housing resources
- Job search assistance
- Homeownership assistance
- Banking and financial products
- Benefits screening + enrollment assistance
- Tax preparation
- Rental assistance
- Cash assistance
- Financial planning
- Peer lending circle
- Food pantry
- Education counseling

1.2 Research Aims

Recognition of the important link between financial well-being and good health is on the rise. This growing awareness, combined with the disproportionate impact of the COVID-19 pandemic on low-income folks and communities of color, provides a unique opportunity to evaluate the health impacts of SparkPoint programming. Although SparkPoint focuses primarily on financial outcomes, it also addresses social determinants of health such as economic security, access to basic needs, and housing conditions.

Research has shown that increased financial security is linked to improved health outcomes and improved quality of life. Life expectancy and risk of chronic illness are strongly associated with education and economic factors.¹ Financial insecurity has also been found to be a serious source of mental stress, leading to adverse physical health outcomes in the long-term.² Poor physical health directly impacts financial stability, increasing the likelihood of personal bankruptcy from medical debt.³ Stakeholders across public, private, and philanthropic sectors are increasingly convinced of the necessity of a multidisciplinary approach that would result in solutions designed to tackle issues related to both economic and health inequality. Many of these efforts are being directly driven by the changes we are seeing in our economy—for example, record income disparities, the growing wealth gap, high levels of debt, and the recent economic fallout from the COVID-19 pandemic.

Given these developments, UWBA explored the health-wealth connection in SparkPoint programming, with a special interest in COVID-19 impact among SparkPoint clients and centers. To delve into this topic, we aimed to answer the following research questions:

1. **What is the health-wealth connection in United Way Bay Area's SparkPoint programming?**
 - How does SparkPoint impact health outcomes?
 - What are health impact measures we currently track?
 - In the future, how can we integrate health impact measures into SparkPoint program evaluation activities?
2. **What has COVID-19 impact been on SparkPoint centers, staff, and clients?**
 - How has SparkPoint been helpful in preparing clients for times like this?
 - How have SparkPoint clients been impacted by COVID-19?
 - How has COVID-19 affected SparkPoint programming?





2. BACKGROUND

2.1 The Health-Wealth Connection

An individual's economic status can dramatically influence their health. Although health researchers tend to focus more on income, education, or occupation as indicators of economic status, a growing body of evidence suggests that wealth is also a strong predictor of health and well-being. This association has been deemed the health-wealth connection. The relationship between health and wealth is mutually determined. From an economic perspective, poor health can result in large medical expenses or affect an individual's ability to work.⁴ From epidemiological and health policy perspectives, however, individuals with higher financial resources may have better health because they have the ability to invest in their health through the purchase of health-promoting goods and services, such as homes in safe neighborhoods, nutritious foods, and medical care.^{4,5} Wealth supports educational attainment, housing stability (e.g. as through home ownership), and financial security, particularly during older age—all of which affect health outcomes. Accumulated wealth and assets have also been shown to help families better deal with unemployment and recover from economic loss due to an

increased ability to buffer the effects of lost or temporarily low income.⁶ This is particularly important today considering the COVID-19 pandemic's economic repercussions.

Wealth is also closely tied to health care access. Poor individuals tend to have more restricted access to medical care, are more likely to be uninsured or underinsured, and face greater financial barriers to affording health care expenses. In 2015, the percentage of uninsured adults was 26% for those below the poverty level, 24% for those near the poverty level, and 8% for those above the poverty level.⁷ Individually, poorer people spend a much greater proportion of their income on health care than richer people do. In 2014, medical outlays lowered the median income for the poorest decile of U.S. individuals by 47% compared to 3% for the wealthiest decile.⁸ And due to financial considerations, many adults choose to delay or forgo necessary medical care. In 2017, a CDC report revealed that poor individuals were more than three times more likely to delay or forgo needed medical care due to cost compared with those with middle or high incomes (16% vs. 5%).⁹

Studies have shown that lower wealth status can have a number of effects on health. The documented health effects associated with low wealth include the following:

Physical Health

- Increased mortality¹⁰⁻¹⁵
- Worse self-reported health^{10, 16-18}
- Increased rates of heart disease, diabetes, stroke, and other chronic conditions¹⁹⁻²¹
- Increased risk of disability¹¹
- Worse functional status^{16, 22, 23}
- Decreased healthcare utilization²⁴
- Increased risk of adverse health events²⁵
- Increased risk for alcohol or drug abuse²⁶

Mental Health

- Decreased psychological well-being²⁷
- Increased rates of stress, depression, and anxiety²⁶
- Impacted physical and cognitive function²⁸⁻³⁰
- Increased risk of mental health disorders and suicide attempts³¹

Child Health

- Higher obesity rates³²
- Increased markers of asthma³³
- Increased likelihood of mental health disorders^{32, 34}
- Impaired social-emotional + cognitive development³⁵
- Increased exposure to toxic stress³⁶
- Increased behavioral problems³⁷

Economic disadvantage and the health burden it brings compound over a person's lifetime and is passed from one generation to the next. To break this toxic cycle, it is crucial to address the root causes of health and wealth inequities. The many dimensions of social identity that structures differential access to opportunities for health and wealth include race/ethnicity, gender, socioeconomic status, disability, immigration status, and geography. Structural inequities and biases can influence hiring

policies, affect educational outcomes, create differential health care service and delivery, and result in racial discrimination in housing, loan, and credit policies.³⁸⁻⁴⁰ These structural inequities create divisions along class, racial, and ethnic lines with profound effects on future employment, income, and life expectancy, limiting the scope of opportunities that historically disadvantaged groups have for reaching their full health and wealth potentials.



2.2 Health Impacts of Economic Mobility Interventions

The growing body of evidence that financial, physical, and mental health are all connected has sparked an exciting expansion of focused efforts in asset building and health education. These programs operate nationwide and are run by a range of different organizations including government agencies, public health departments, medical centers, and community-based organizations. Below, we briefly outline the common economic mobility interventions and their documented impact on health.

2.2.1 Direct financial assistance programs

Direct financial assistance for low-income families is often the most effective at meeting short-term needs such as food or shelter. Research shows that the Supplemental Nutrition Assistance Program (SNAP), colloquially known as food stamps, increases economic activity, reduces health-care costs, and promotes well-being among people struggling with food insecurity.⁴¹ Other programs, such as the Earned Income Tax Credit (EITC), which refunds federal taxes to low-income working families, has been associated with declines in infant mortality and decreased rates of low birth weight infants, as well as improved health among mothers.⁴²

A newer initiative that has been implemented in various countries around the world is conditional cash transfers (CCT), which transfers regular cash payments to low-income households on the condition that the receivers' perform certain actions such as using specific health services (e.g., getting regular check-ups at the doctor's office or receiving vaccinations) or ensuring their children attend school. Although CCT initiatives have not been widely tested in the U.S., early results from New York City's Family Rewards CCT program for low-income families has reported reduced poverty, increased food security, increased family savings, positive impacts on educational outcomes (e.g. on-time graduation rates), and increased receipt of dental care.⁴³

2.2.2 Housing assistance programs

Homes often represent a key component of wealth as an asset. Studies have shown that being without a stable home is detrimental to one's health, resulting in substantially higher morbidity and increased mortality, as well as a range of mental health consequences including depression, anxiety, psychological distress, and suicide.⁴⁴⁻⁴⁸

There is substantial evidence that housing interventions for low-income people have been found to improve health outcomes and decrease health care costs. Within a population of nearly 10,000 people in Oregon with unstable housing, the provision of affordable housing decreased Medicaid expenditures by 12%, increased use of outpatient primary care by 20%, and decreased emergency department use by 18%.⁴⁹ Housing assistance policies have also been associated with improved mental health for children and adolescents,⁵⁰ better health,^{51,52} and lower rates of uninsurance and unmet medical need among low-income adults.⁵³ Additionally, a study that evaluated the long-term effects of the U.S. Department of Housing and Urban Development's (HUD) Moving to Opportunity for Fair Housing program, reported that children in families from high-poverty neighborhoods that moved to low-poverty areas had higher average annual incomes in their twenties compared to the average income of those who remained in high-poverty neighborhoods.⁵⁴

2.2.3 Career placement and job training programs

Career placement programs have also been demonstrated to improve health equity. In New York City, a sectoral job training program called WorkAdvance offered training, job placement, and post-employment counseling to unemployed or low-wage workers. A preliminary assessment found that after two years, participants made 14% more on average than workers in a control group.⁵⁵ An analysis of similar training approaches in Wisconsin, Boston, and New York City suggested similarly promising outcomes.⁵⁶

The increased earnings, access to benefits (including health insurance), and opportunities for job advancement for low-income individuals could lead to increased access to material resources and health-promoting goods and services. Additionally, employer-provided benefits such as health insurance subsidies, paid sick leave, and paid vacation provide economic security to reduce chronic stress stemming from finances and job security.⁵⁷

2.2.4 Financial literacy programs

Financial literacy programs have been valued as a way to help people gain financial independence and empowerment. In Contra Costa, a formal intervention called Building Economic Security Today (BEST) was launched in 2008 by the county health department to address the connection between financial stability and health. The project offered Women, Infants, and Children (WIC) clients financial education classes, asset development educational materials, and referrals to the Special Supplemental Nutrition Program. Staff guided clients as they managed financial concerns such as applying for public benefits, repairing credit, opening a bank account or prepaid debit card, and obtaining free tax preparation assistance. In focus groups, WIC clients revealed how not having enough money led to feelings of stress, frustration, sadness, anger, body aches, low energy, and disruption of daily activity. They stated that having enough money enables them to feel happy, calm, active, and energized. After undergoing financial coaching, participants reported reduced stress and increased confidence.⁵⁸ In conclusion, economic mobility programs can be a powerful tool in helping to preventively address a wide range of public health harms, especially for disproportionately impacted populations. There is substantial evidence demonstrating that financial stability programs have a positive impact on client's health and quality of life. SparkPoint centers are uniquely positioned to expand its health education capacity and, in turn, expand health-wealth impacts on clients.





3. METHOD

To comprehensively assess the health-wealth connection and COVID-19's impact on SparkPoint programming, UWBA employed a qualitative research methods approach.

3.1 Participant Recruitment

UWBA conducted a total of 12 in-depth semi-structured interviews with SparkPoint directors and clients. Participants were recruited in June 2020.

SparkPoint Directors:

There are 21 SparkPoint centers and 16 SparkPoint directors. To determine which directors would be the most relevant to interview, we sent a health-wealth survey to all SparkPoint directors to assess their initial insights on SparkPoint health impact on clients and their centers' health-related activities. Nine SparkPoint directors completed the survey. We sent an email invitation to all survey participants to participate in a one-hour interview. In total, seven SparkPoint directors responded and completed the interview.

SparkPoint Clients:

To recruit SparkPoint clients, we drew from a cohort of SparkPoint Ambassadors, a pre-selected group of SparkPoint clients who

expressed interest in sharing their experiences and stories. We tried to select a pool of individuals with a wide range of backgrounds and experiences. The study invitation was sent out to all potential participants via email. All interested participants were offered a one-hour interview. In total, five SparkPoint clients responded and completed the interview.

3.2 Data Collection

UWBA conducted semi-structured interviews with seven SparkPoint directors and five SparkPoint clients. Each interview was one-hour long and followed an interview protocol (**See Appendices A and B**). Our overall goals for the interviews were to better understand

1. the health-wealth connection in SparkPoint programming, and
2. COVID-19 impact on centers, staff, and clients.

Our questions to SparkPoint directors focused on COVID-19 impact on the centers and their clients, as well as their center's health-related activities and level of interest in tracking health impact. Discussions with SparkPoint clients focused on client experiences with SparkPoint and COVID-19 impact. All questions were centered on experiences of directors and clients within the past year.

In light of the COVID-19 pandemic, all interviews were carried out via Zoom video calls. Each interview started with a confidentiality notice and did not proceed until verbal consent was given.

3.3 Data Analysis

We used a thematic analysis approach and coded qualitative data using Microsoft Excel software. The first stage of our process was information familiarization, where we reviewed each interview transcript in their entirety before analyzing them. The next stage was information synthesis from the interviews, in which interview transcripts were highlighted in color to identify quotes and themes within the following key domains:

- SparkPoint Mission and Goals
- SparkPoint Health-Wealth Activities
- SparkPoint Health Impact
- Recommended Health Impact Measures
- Barriers to Tracking Health Impact
- COVID-19 Impacts on Clients
- COVID-19 Impacts on Centers
- Client Experience and Feedback
- Observed Inequities

In the final stage of the analysis, key quotes identified during the information synthesis phase were pulled into Microsoft Excel to identify all emerging themes and subthemes that participants mentioned during the interviews.

3.4 Limitations

While our evaluation incorporated the perspectives of both SparkPoint directors and clients, our small sample size may have limited our findings. Not all centers were represented in the interviews. Only SparkPoint centers that indicated an interest in the topic were interviewed, and thus, their perceptions might differ from those who did not participate.

Additionally, due to the inherent challenges of recruiting and interviewing clients during a pandemic, our client sample stemmed from a pre-selected group who had previously indicated interest in sharing their experiences and stories. Thus, the viewpoints and experiences explored in this report are not representative of all SparkPoint clients.

Finally, health outcomes are influenced by a wide range of determinants, including a person's physical, social, and economic environment and cannot definitively be directly attributed to SparkPoint programming. Moreover, changes to outcomes are likely to take place over a time period beyond the time-scale of most evaluations. For these reasons, when assessing the effects of SparkPoint, we considered more immediate changes in individuals.



4. RESULTS

This section describes the results of this study, including the health-wealth activities described by directors, the health impacts of those activities, and suggestions on how to track health impact. Insights from SparkPoint directors and clients also highlighted important key barriers and challenges to consider when measuring health impact. Additionally, COVID-19 impacts on SparkPoint clients, staff, and centers are described below.

4.1 Prior SparkPoint Evaluations

UWBA has conducted several evaluations that assess trends beyond its direct financial outcomes in order to stay updated on the shifting trends and best practices of the SparkPoint Model. UWBA's *Successful Client Analysis* in 2013 revealed that SparkPoint clients often make progress beyond their goals.⁵⁹ *The Magic Bundle Report* released in 2014 showcased how the combination of financial and career coaching leads to a higher likelihood of increasing income.⁶⁰ *The 10 Key Findings* report from 2015

revealed that it takes approximately 8-10 months for SparkPoint clients to achieve a financial prosperity outcome and that 74% of clients maintain their outcomes for at least 7 months.⁶¹ And most recently, *The SparkPoint Difference* report from 2020 has found that persistence rates among students enrolled in SparkPoint at five community colleges in the Bay Area were higher than the college-wide average.⁶²

However, SparkPoint has not yet undergone a health impact evaluation. In our assessment of the data being collected in 2020 by UWBA, there were only two health indicators being collected:

- Medical debt
- Financial stress (at Contra Costa SparkPoint centers only)

In Contra Costa County, SparkPoint centers have been measuring clients' financial stress via survey since 2017. An analysis of the survey results demonstrate that clients overwhelmingly report high levels of financial stress (**FIGURE 4**). Out of 211 total clients surveyed, 163 (77%) reported a financial stress rating of 5 or higher.

FIGURE 4. Financial stress survey results collected between the years of 2017-2020 from SparkPoint Contra Costa centers (n = 211). Source: SparkPoint, United Way Bay Area.





4.2 The Health-Wealth Connection in SparkPoint Programming

In the interviews, SparkPoint directors and clients strongly believed that health and wealth are inextricably connected. In offering financial coaching and economic empowerment, SparkPoint centers directly address the social determinants of health. Additionally, many SparkPoint centers intentionally use a wellness lens in their services to reinforce a philosophy of health with clients served.

4.2.1 SparkPoint health-wealth activities

SparkPoint centers provide the following five types of health-wealth related services:

- Mental health support
- Information and referral assistance
- Health-promoting events
- Promotion of social engagement and connection
- Basic needs assistance

1. Mental health support

SparkPoint staff provide a range of mental health supports alongside their main objective of helping clients to achieve their financial goals. Research has shown that financial insecurity is often accompanied by significant amounts of stress and anxiety.² Thus, in supporting client journeys to financial stability and prosperity, staff also provide a lot of emotional support. SparkPoint coaches frequently have one-on-one meetings with clients to check-in regarding their overall wellness.



We're always asking clients 'how are you doing?' or 'how are you feeling?'. It's another way to spark conversation. Conversations may start related to health insurance or sharing a new walking path or talking about the weather. There are so many entry points."

— SparkPoint Director

Clients similarly described the importance of having SparkPoint in their life to provide stability and support. Several clients discussed the peace of mind that SparkPoint has helped them achieve.



Just knowing that my SparkPoint family is there is helpful. I'm being checked in on and they are always available to answer questions. They go above and beyond."

— SparkPoint Client

2. Information and referral assistance

In addition to its financial empowerment services, SparkPoint also serves as a source of community information. SparkPoint directors described how their programs refer clients to health information and resources, help clients understand their health insurance policy, or connect clients to public benefits enrollment assistance (e.g., CalFresh, Medi-Cal).

SparkPoint centers also have a variety of strategies for when a client's needs fall outside of the services offered through SparkPoint. Each SparkPoint center has its own network of local government and nonprofit partners. The centers use these partnerships to make referrals to organizations outside of SparkPoint or to collaborate with other organizations to host programs and services at their SparkPoint location (e.g. food pantry, mental health services).



We help clients apply for Medi-Cal if they don't have health insurance. Many students don't know how to access assistance through their health insurance. What we do is help them understand their health insurance policy to understand what help is available to them."

— SparkPoint Director

3. Health-promoting events

SparkPoint centers often address community health issues by providing ongoing special events and programs that promote and support health-enhancing behavior among their clients and the broader community. For example, SparkPoint San Jose and Napa host ongoing wellness workshops for their clients.

At these events, SparkPoint staff work with clients to develop the knowledge, skills, and information to make healthy choices. In response to the COVID-19 pandemic, many of these group events have now transitioned to virtual platforms.



We're providing a platform for students to talk about mental health with Wellness Wednesdays. It's an interactive, open forum and place for them to vent and talk. We talk about coping, time management, financial matters, stress, and budgeting. This is where we are trying to do the health-wealth component but in an informal and non-scary way."

— SparkPoint Director

4. Promotion of social engagement and connection

In addition to the one-on-one relationships that clients share with their coaches, SparkPoint also promotes social wellness through the various group events they host. By providing opportunities and spaces for clients to come together, SparkPoint helps build peer relationships and create a sense of community. Clients described increased social connection and even improved relationships due to SparkPoint. Several clients described SparkPoint staff as family or friends. When asked what they were hopeful for, multiple clients expressed a desire to help others the way they have been helped by SparkPoint.



Through SparkPoint, I have had the opportunity to practice and build my skills. When you struggle, sometimes you stay bitter. But having a way out helps with helping other people. Now, with everything going on, it's necessary to speak up and use what I've learned to help others."

— SparkPoint Client

5. Basic needs assistance

SparkPoint centers cultivate client wellness by serving as a physical hub for basic needs resources and services. These services include food and housing support, direct cash assistance, public benefits enrollment assistance, and emergency consultation around clients' urgent needs. Several SparkPoint centers also host an on-site food pantry and/or provide ongoing free farmers' markets.

In response to the COVID-19 pandemic, SparkPoint directors have adapted their basic needs supports in various ways. For safety reasons, several SparkPoint food pantries have temporarily closed. As a result, SparkPoint centers have gotten creative with socially distant ways to provide food assistance. For example, SparkPoint at Cañada College is sending Safeway gift cards to clients and SparkPoint Fremont is hosting grab + go events for groceries and household supplies to encourage social distancing. All centers have also received increased funding to offer additional rental assistance relief to clients in need.

4.2.2. SparkPoint impact on client's health

All interviewed clients described positive experiences with SparkPoint and expressed appreciation for the program's services and staff. All clients reported improved financial knowledge and behavior. Beyond direct financial outcomes, however, clients and staff also discussed how SparkPoint has contributed to improved mental health outcomes.

1. Increased empowerment and confidence

SparkPoint empowers clients to believe that they have the tools and ability to reach their goals and make desired changes in their lives. In describing their empowerment-based approach, a number of SparkPoint directors highlighted the importance of meeting clients where they're at. Coaches ask the clients to create their own goals and vision of success, then help break it down into smaller doable steps to help them move toward meeting those goals.

In interviews, clients describe how their work with SparkPoint has led to tangible changes and success, both personally and financially. Clients described how they have an increased sense of confidence, are better able to advocate for themselves, and have a stronger drive to succeed since participating in SparkPoint.

Directors mirrored the client reflections. They, too, noted that they have seen an increase in clients' self-esteem, confidence, and self-advocacy.



In terms of mental health, we raise clients' confidence and make them feel like they belong. My staff and I see the way people carry themselves change over time with SparkPoint."

– SparkPoint Director



SparkPoint has taught me that it is okay to make mistakes and then correct. SparkPoint helped me to make changes, it helped me to dare to make changes. Before I thought there was no way out, but SparkPoint helped me to see that there was a way out. It really inspired me with hope and confidence and joy. Every time I leave a SparkPoint, I feel like I am one step closer to getting rid of my debt and one step closer to where my goals are."

– SparkPoint Client



Talking about what's happening in my life at SparkPoint empowers me. It has lessened the stress because I am able to talk to someone who can do something about it and make a change, even if it's a small one."

– SparkPoint Client

2. Reduced stress and anxiety

Every client interviewed reported reduced stress and anxiety as a benefit of participating in SparkPoint. Stress can have a significant impact on physical and mental health, reducing the body's resiliency and leading to an increased risk of chronic conditions. Thus, the increased peace of mind that SparkPoint brings clients can reinforce other positive health outcomes. SparkPoint directors describe frequently incorporating stress reduction activities into their programs, such as wellness workshops and opportunities for peer sharing.



If it wasn't for SparkPoint, I might've had a nervous breakdown or would have went in on myself or been bitter. I was getting really bitter and I'm grateful that I was encouraged to call SparkPoint."

– SparkPoint Client



SparkPoint takes an emotional weight off. Clients cry from relief and we share in their joy. It's a huge thing to be in charge of your finances and not have them be in charge of you."

– SparkPoint Director

3. Improved ability to self-care

Clients report an improved ability to self-care after accessing SparkPoint services. SparkPoint coaches make financial decisions less daunting and provide much-needed support, lessening the mental load on clients. This reduction in financial stress provides clients with more time and energy to concentrate on their health. Specifically, SparkPoint empowered clients to dedicate more time to themselves, exercise more, and eat healthier.



My SparkPoint coach taught me that my well-being is important and that in order to help myself, I couldn't forget to nurture myself spiritually and for my health. This motivated me to keep myself healthy and take care of myself. Before I ate out a lot and ate unhealthy, but now I grow my own vegetables and cook at home. I do everything more healthy."

– SparkPoint Client

4.2.3 Opportunities and challenges in tracking health impact

All interviewed SparkPoint directors indicated interest in tracking health impact. Directors highlighted a number of opportunities to improve health impact data collection as well as key challenges that may pose barriers to tracking health impact successfully.

1. Key opportunities

In interviews, all SparkPoint directors believed that addressing the link between financial wellness and health was important. In particular, directors discussed how tracking health impact could open new avenues of funding, especially from health funders. By relating food insecurity to financial insecurity, Kaiser Permanente funded SparkPoint San Jose to provide a free farmer's market with fresh fruits and vegetables. SparkPoint Contra Costa shared that they have been tracking financial stress due to a mental health grant. Directors also mentioned that incorporating health impact into the SparkPoint model could open up a dialogue with clients and staff to reveal new approaches or strategies to better serve clients.

SparkPoint directors provided several suggestions for potential health impact measures to track. Almost all directors agreed that pre-/post- assessments in the form of a client survey would be the most useful and feasible.

Medical debt assessment was highlighted as a health impact measure that SparkPoint is already measuring. In addition, they suggested the following self-reported health impact measures:

- General health status (e.g., good, fair, poor)
- Behaviors around exercise, food, and nutrition
- Stress levels
- Health insurance coverage
- Number of primary care visits

2. Key challenges

During the interviews, many SparkPoint directors expressed uncertainty in how to measure health impact. Directors highlighted several key challenges to consider.

One of the top considerations of all SparkPoint directors interviewed was that clients may hesitate to discuss their personal health issues. Since SparkPoint is primarily marketed as an economic mobility program, clients often come to SparkPoint to seek financial help and thus, may not be thinking about their health. Several directors mentioned that this has presented a barrier in opening up conversations with clients regarding health concerns. Additionally, clients may not have a full awareness or understanding of their personal health history or medical debt. From a client perspective, one interviewee mentioned how organizations often ask for excessive information that is unrelated to the services provided.

As a solution, directors pointed to the importance of cultivating a relationship and building trust and rapport with clients. Clients are often in a vulnerable emotional, mental, and physical state and need a trusted confidant. This personal connection between the coaches and clients is critical to SparkPoint's success. Clients often consider the coaches to be their friend or part of their family.

Another challenge of adding health impact measurement to SparkPoint's evaluation activities would be an increased work burden on staff. Given the COVID-19 situation, staff are already facing additional burdens due to remote work and increased community need.



This is a system of trust, and the same problems with tracking health already exist with tracking finances. Relationships and creating safe spaces are key."

– SparkPoint Director



4.3 COVID-19 Impact on SparkPoint Programming

The COVID-19 pandemic has significantly affected the services and operations of SparkPoint centers across the Bay Area. Additionally, the health consequences implicated by the pandemic and the resulting economic crisis has created challenges for both SparkPoint staff and clients. Below we detail the impacts COVID-19 has had on SparkPoint centers and its clients.

4.3.1 COVID-19 impact on SparkPoint clients

1. Mental health

In the face of the COVID-19 pandemic, clients have been challenged with difficult circumstances and facing the unknown. The pandemic has heightened uncertainty over the economy, employment, finances, relationships, and physical and mental health. This has left many clients feeling a lack of control over their own lives. As a consequence, clients have described feelings of increased stress, anxiety, and depression. Even among individuals who have not been affected financially, many have expressed feelings of fear about staying safe. Additionally, sheltering-in-place and social distancing have made clients feel isolated and lonely, adding to the feelings of stress and anxiety. Several clients mentioned disappointment at not being able to see their SparkPoint coaches in-person during this difficult time. These issues are compounded among individuals who already had mental health issues.



“I’ve been experiencing a lot of fear and anxiety because there are so many unknowns.”

– SparkPoint Client



“We have large undocumented populations as well as farm workers. Farm workers work seasonally and have been forced to dig more into their savings, leading to higher rates of anxiety and stress.”

– SparkPoint Director



"COVID hasn't impacted me very much financially because I have savings, but emotionally it has. I've become very jumpy and wide-eyed. I can't even sleep at night."

– SparkPoint Client

2. Increased focus on survival

Several SparkPoint clients feel that the COVID-19 pandemic has hindered progress towards their financial goals. One client shared that she had recently built up some savings by working with her coach, but when the pandemic hit, the client had to use up all their savings on bills. However she expressed hope that she may be able to begin saving again in the future.



"I'm trying to make the food last as long as it can. If it wasn't for the Safeway gift cards from SparkPoint, I'd really be at the edge."

– SparkPoint Client

To compensate for employment loss or a reduction in earnings, the majority of clients have had to borrow money, use their savings, or rely on credit cards to cover their basic expenses. Even the few clients who had rainy day funds for emergencies have expressed concern for how long their savings will last. These financial constraints among clients have resulted in widespread food insecurity and difficulty paying bills. Clients have described taking a survival mindset to cope with the pandemic and its economic fallout.



"We're barely staying afloat. We've had to use credit cards and we are behind on some bills. We're trying not to eat out and to make big, bulky meals."

– SparkPoint Client

3. Housing instability

Housing instability has been cited as one of the biggest concerns related to COVID-19 by both SparkPoint clients and directors. Racial and economic disparities in access to safe and affordable housing existed long before the pandemic, but new data from the U.S. Census Bureau suggests that the pandemic—and its economic fallout—is only widening these divides;⁶³ housing cost burdens have reached record highs. Numerous clients report struggling to pay their rent. A couple of clients have even mentioned an increase in rent or mortgage costs during shelter-in-place. SparkPoint directors deem the statewide eviction moratorium futile since, once it elapses, renters will still have to pay all dues owed.



Rental assistance is the biggest challenge that is looming over our community's minds. We can provide food assistance, other services, but rent is the big pressure point. Payment deferment is NOT effective, as there is going to be a day when all this back-rent is due."

– SparkPoint Director

4. Employment consequences

COVID-19 has led to record high unemployment rates across Northern California.⁶⁴ Many SparkPoint clients have lost their jobs, been furloughed, or had their work hours cut. Multiple clients reported difficulty finding a job. Others have concerns about safety when returning to work in-person. One client who commutes using public transportation expressed concerns about their ability to get to work when occupancy limits are enforced. Another client was worried about their employer not taking necessary safety precautions or providing adequate personal protective equipment to employees.



"Right now, it's hard to find a job, there's not a lot of openings, a lot of reduced hours, and in my case, I need a job that lets me balance school. Every day I'm thinking, 'what can I do?'. I've spent all I have on rent and have just a little left over to pay off my cable and cell phone bill. I can't sleep because I'm thinking a lot about job searching. I walk for an hour to clear my mind and then come home to do homework. I have a lot of responsibilities."

– SparkPoint Client

For clients who have maintained their jobs, it has been a struggle to maintain a work-life balance as they face new challenges and stressors. Clients are continuing full-time jobs while simultaneously home-schooling their children, attending to loved ones, and/or completing educational coursework. This stress is compounded by the uncertainty around how they will feed, clothe, and house their families.



“Finding employment is almost impossible for folks currently. Even some parents who can work have had to stop due to other factors, such as a lack of childcare.”

– SparkPoint Director

5. Concern for loved ones

Although a few SparkPoint clients expressed concern about the possibility of getting coronavirus, far more clients were anxious about the possibility of family and loved ones getting coronavirus. Clients expressed uncertainty on how to prevent the spread of coronavirus and keep loved ones safe. For older clients interviewed, there was a concern that getting sick would impact their ability to take care of their kids.



“My biggest concern is not knowing how to keep my family healthy besides hiding.”

– SparkPoint Client

4.3.2 Inequities among COVID-19 impacted SparkPoint clients

COVID-19 has not affected everyone equally. The pandemic has highlighted longstanding health and economic inequities in the U.S. With the disproportionate impact of the pandemic and its economic fallout on low-income individuals and communities of color, certain groups of disadvantaged clients have experienced more hardships and barriers in accessing community services and resources.

Specific SparkPoint client populations were highlighted as being disproportionately impacted by COVID-19, including:

- Black/African-Americans
- Hispanic or Latinx communities
- People with limited English proficiency
- Immigrants

- Families with limited or no technology
- Older adults
- Undocumented individuals
- People living with disabilities
- Persons with pre-existing mental health conditions

Many SparkPoint directors mentioned the unequal health and economic consequences that Black and Latino communities face as a result of COVID-19. Recent data shows that Black and Latinx communities have higher rates of COVID-19 infection, and in some places, higher rates of hospitalizations and deaths.⁶⁵ Furthermore, there are also higher unemployment rates among Black and Latinx workers. Early data and research shows Black workers losing wages and facing layoffs at faster rates than white workers.⁶⁶ The disproportionate effects of the pandemic have been compounded by the tragic deaths of Black individuals, such as Breonna Taylor and George Floyd (among many others), at the hands of the police. These incidents have unleashed a collective trauma in the Black community with accompanying mental health consequences. Latinx communities face similar issues around police brutality and discrimination.

Several SparkPoint directors have voiced concern for the safety of their Spanish-speaking clients. In particular, directors report a lack of COVID-19 resources for non-English speakers. Although certain official materials may be issued in both English and Spanish, many clients may not have television or internet access or are working long hours with limited or no exposure to important COVID-19 information. Thus, a large group of people have not been made aware of social distancing guidelines or recommendations to prevent transmission of the virus. These issues affect other non-English speakers including immigrants and limited English proficiency speakers as well.



“A lot of people are scared because of COVID-19, especially our Spanish-speaking community. Things weren’t being translated into Spanish. They were getting information directly from the public health department or CDC, so they weren’t always having access to accurate information.”

– SparkPoint Director

Digital barriers were also cited by a large number of SparkPoint directors as an equity issue. As shelter-in-place orders have gone into effect, there has been an increased reliance on technology. To be digitally connected, however, one needs reliable internet, adequate devices, and digital literacy skills. SparkPoint directors have noted a significant digital divide, particularly among low-income families, seniors, and immigrants. This has presented a barrier in clients' ability to access SparkPoint services as well as other remote services and information.

The undocumented community was also a key population of concern. Directors report that undocumented individuals were excluded from the federally issued stimulus checks as well as from unemployment insurance. Directors have observed an increased hesitance among their undocumented clients in accessing public resources due to fear of retribution.



"Getting information isn't easy because English is my second language. Sometimes I feel uncomfortable seeking services because of biases so I'm staying quiet. Living in this country can be stressful and sometimes painful."

— SparkPoint Client



"Comfort level with technology, especially with older clients or people without computers or devices, has been a big barrier."

— SparkPoint Director



"I am very worried for the undocumented population. They face more challenges involving accessing public benefits, anxieties involving citizenship status, and resources not being in their language."

— SparkPoint Director

Lastly, SparkPoint directors warn that the needs of people living with disabilities have largely gone ignored. Digital formats are not equally accessible to all and can provide unique challenges to those with disabilities. Specifically, directors have cited the increased difficulty of filling out public benefits forms and finding employment virtually for clients with disabilities. Those with pre-existing mental health conditions are also at increased risk of compounded effects of stress and anxiety.



"Many of our clients are people with disabilities. I think that in addition to people of color being worst hit, people with disabilities can be added to the same group. They're less equipped to respond because they're already lower income. Not having the agency to manage the online application processes can be difficult if you're a person with disabilities."

— SparkPoint Director

4.3.3 COVID-19 impact on SparkPoint centers and staff

The COVID-19 shelter-in-place mandate forced all SparkPoint programming to transition to virtual remote services. This transition has been challenging for SparkPoint programming and staff. Challenges have included the need to rapidly shift to virtual services, shifting program focus to meet the demand for basic needs supports, increased concern for future program sustainability, safety concerns, difficulty engaging clients, and staff experiencing secondhand stress. Amid COVID-19, SparkPoint centers have successfully continued their important work, providing emergency relief and keeping staff and clients safe—all while staying on mission under extraordinary stress.

1. Rapid shift to virtual services

The sudden transition to remote services was described by many directors as a set-back for their centers. One director detailed how their plan to host job fairs and connect clients to employers in the summer was halted by the pandemic. To connect with clients, SparkPoint centers report an increased reliance on technology. Centers are now hosting group activities on Zoom and providing one-on-one financial services via phone or text. SparkPoint Napa reported investing in new software such as Sign Now for remote documents verification and Calendly to facilitate scheduling with clients. SparkPoint coaches are continuing to engage clients in financial and career coaching services through virtual platforms. However, conversations with clients have shifted towards urgent and short-term goals to meet day-to-day basic needs due to financial crisis and instability.



“It’s hard to prepare when there is so much unknown. It’s a difficult time, we need to be able to continue to pivot.”

– SparkPoint Director

2. Services focused on basic needs support

COVID-19 and its economic fallout has drastically impacted clients, resulting in a greater demand for basic needs support. In response, SparkPoint programs have shifted their focus to providing basic needs assistance to clients facing loss of income and its accompanying food and housing insecurity. Some centers are continuing to provide food pantry services and running healthy food programs through delivery and social distanced arrangements. Directors underscored that clients were facing various personal and financial challenges in their lives and SparkPoint long-term financial planning was not at the top of their minds. In order to meet clients where they are at, SparkPoint Centers have redirected their focus to address basic needs support and help clients through financial crisis and instability.

3. Concern for program sustainability

The economic challenges that have accompanied COVID-19 have not only been restricted to clients. SparkPoint has also felt the financial strain and pressure of a collapsing economy. While the community need for SparkPoint programs and services increased, funding streams decreased.

All directors reported funding and sustainability as the biggest challenge their centers were facing. One director revealed that many of their funders gave to COVID-19 response and expressed

concern that there may not be enough left over in the future to keep their SparkPoint center operating. If funding continues to decline, centers may need to take a variety of steps to respond to diminished funding – such as reducing programs or services, freezing wages, or laying off employees. Faced with such vast uncertainty over time, multiple directors have attested to the toll that navigating an ever-changing landscape has taken on staff. Directors state that with so many unknowns, it has been difficult to plan for the future and it feels like they are constantly pivoting.



“Sustainability is always a concern. So many folks are having to start over again. We need to have a comprehensive program that can tackle all the issues clients are facing. But with limited resources and limited staffing, we are worried about our ability to do the work.”

– SparkPoint Director

4. Safety concerns

As SparkPoint centers consider reopening to in-person services, many directors are grappling with the challenges of ensuring the safety of their staff and clients. Directors report that they are closely monitoring public health data, local health conditions, and county-specific information to inform safe reopening decisions. Additionally, SparkPoint centers must consider the number of overall clients, the ability to follow social distancing protocols, and the physical conditions of their work environment. Finally, multiple SparkPoint directors emphasized the importance of ensuring adequate personal protective equipment for staff and clients as well as the ability to conduct ongoing deep cleaning.



“We just re-opened to staff and are not yet open to the public. The concern is making sure people are safe. We need to make sure we have enough cleaning and disinfecting supplies and enough masks for staff and clients.”

– SparkPoint Director

5. Difficulty with client engagement

With the transition to remote services, many SparkPoint directors described increased difficulty with client engagement. Numerous SparkPoint directors expressed feeling disconnected from their service population and concern that they may not be able to as effectively recruit new clients moving forward.

The closure of the physical SparkPoint centers has presented a barrier for some clients. A portion of SparkPoint clients do not have access to computers or internet. This digital divide has proved challenging in maintaining connection with the hardest hit populations. Directors have reported success with using Facetime or phone to communicate instead, but also state that these tools are not an adequate substitute for in-person interactions. In client interviews, multiple clients asserted that they preferred in-person meetings with their coach compared to virtual. Even for those who are digitally connected, directors point out that clients may have increased hesitation about disclosing personal financial matters over virtual platforms.



“My biggest concern is how to engage with new clients moving forward. Since we’re not going back in person, I’m concerned we’re going to have a hard time building relationships virtually. They’re not going to feel as comfortable over Zoom.”

– SparkPoint Director



“Engagement with clients has been really difficult now that we are working remotely. Comfort level with technology, especially with older clients or people without computers or devices, has been a big barrier. Many clients are in survival mode and are just trying to make it.”

– SparkPoint Director

6. Impact on staff

As a consequence of COVID-19, staff may be grappling with their own personal stress, anxieties, or challenges related to the pandemic and the resulting economic crisis. Due to the transition to remote services, staff have described slower processes and an increased time and effort in trying to engage clients. Additionally, directors report that secondhand stress from hearing stories of traumatic experiences in the course of their work can often cause fatigue. This frequently occurs when staff do not have adequate time to refuel and care for themselves. Directors are mindful of the impacts on staff and describe numerous coping strategies such as encouraging their team to take time off to self-care and more frequent check-ins.



“I’m supervising a team who are working the field and supporting clients on the edge. Our staff are experiencing the same crisis as everyone else. How can I keep everyone whole and healthy in this environment? It’s pretty daunting.”

– SparkPoint Director



We all have secondhand stress. We carry it for clients or for each other. We check in on each other, and reassure each other after stressful times.”

– SparkPoint Director



5. RECOMMENDATIONS

RECOMMENDATION 1

Start tracking and documenting health impact measures.

The growing importance of the link between financial wellness and health has been amplified as a result of the COVID-19 pandemic. All SparkPoint directors interviewed were in agreement that measuring health impact would be useful for their SparkPoint centers. Although many challenges exist with tracking health impact, overall, they believe that tracking certain health impact measures is worthwhile and would have benefits for SparkPoint programming and operations.

Measuring and documenting the health impacts of the SparkPoint program will help ensure that resources are used effectively and that the families most in need are seeing benefits. Documenting health outcomes also provides actionable data that program administrators can use to identify, design, and implement approaches that are particularly successful in the communities they serve. Documentation provides an opportunity to track the welfare of participants to better support clients in their self-defined goals and journey to financial stability. Finally, demonstrating

results can attract partners that could support or expand SparkPoint programming, particularly those from the community health sector. Being able to demonstrate specific health outcomes can position a program to leverage dollars earmarked for preventive approaches to health care.

Create an evaluation plan to assess the health impact of SparkPoint centers.

Before developing a data collection plan, we recommend that UWBA create a comprehensive map of SparkPoint center services and activities. Since not all centers were represented in our interview sample, surveying all SparkPoint directors and staff can help develop a more comprehensive picture of the health-wealth activities implemented at each center. This process can also collect basic information about effective practices or strategies, assess SparkPoint's health promotion capacity, and document the number of clients or community members affected by health-wealth activities.

Second, we recommend UWBA to convene an advisory group for health impact matters. The advisory group would consist of advisors and representatives that are involved in or support SparkPoint work (e.g., SparkPoint directors, front-line staff, clients, UWBA staff, and/or funders). The goals of this group would be to review the full set of recommendations and set priorities. This group can also help to identify and implement key projects.

Finally, we suggest collaborating with the advisory group to develop an evaluation plan that incorporates best practices for implementing health impact measurement. The plan should specify which health impact measures to use and methods of assessment (e.g. survey). When selecting the final health impact measures, it is important to also consider the size of the effect being aimed for, such as nominating a percentage of clients who will achieve a particular level of impact. For example, “85% of clients attending financial coaching group workshops will report reduced stress.” The evaluation plan should also outline data collection, recording, storage, analysis, and reporting procedures.

Establish processes to collect health impact data.

We suggest that UWBA track health impact data via self-report attitudinal items on baseline and follow-up questionnaires. Impact can be assessed through pre-/post-assessments among clients who have received ongoing SparkPoint services. When implementing the health impact evaluation plan, there are two possible sampling approaches:

- Census approach: Measure health impact for all SparkPoint clients
- Sample approach: Measure health impact for a sample of participants (e.g. one SparkPoint center to start)

Based on insights from SparkPoint directors, we recommend tracking the following health impact measures:

- Health insurance coverage
- Medical debt
 - Medical debt has been implicated as a leading contributor to personal bankruptcy by several studies.^{3,67,68}
 - Although this measure is already tracked on SparkPoint’s baseline and follow-up forms, the growing burden of medical debt on Americans necessitates a more accurate tracking system for medical debt assessment.

- Stress levels
- General health status (e.g., good, fair, poor)

In addition to understanding an individual’s insurance status and medical debt burden, these questions can capture self-perceptions of personal health and well-being. In addition, it is important to collect ongoing qualitative feedback from SparkPoint staff and clients during the evaluation process to better understand their experiences, challenges, and needs.

RECOMMENDATION 2

Increase the capacity of SparkPoint centers to integrate health education in their work.

Define a standardized approach to health and wealth across all SparkPoint centers.

In addition to the core financial empowerment services, each SparkPoint center offers its own additional unique set of services depending on its network of partners. Thus, SparkPoint centers varied on the health-related activities and supports available at each center. To track health impact across all SparkPoint centers, it would be beneficial to standardize the health promotion activities or practices across all centers where feasible and practical.

To begin the process of creating a standardized health-wealth approach, UWBA could provide opportunities for SparkPoint leadership to discuss their centers’ health-related activities and health-wealth impact with each other. Many SparkPoint directors expressed a desire to discuss this topic with other directors and staff. Thus, UWBA could hold conference calls, group meetings, and webinars to provide ongoing support to staff who are supporting health-wealth work to share implementation strategies, challenges, and other related issues. These events could be organized on the basis of roles within their organizations (e.g., director, coaches, volunteers) or center type (e.g. community college versus community school sites).

UWBA can also provide tools and resources that SparkPoint service providers can use to implement and assess the impact of health-oriented programs and activities. A few tools that SparkPoint directors mentioned they were using to assess their individual programs or activities were Contra Costa’s financial stress survey and Fremont’s Family Development Matrix.

Expand mental health supports at SparkPoint centers.

SparkPoint clients are at high risk of impaired mental health due to financial-related stress and anxiety. In the wake of COVID-19, mental health and emotional well-being has become more important than ever. SparkPoint staff are doing an excellent job at meeting their clients' needs and providing support, but increased mental health training and awareness on the overlap of financial and emotional needs could result in even higher efficacy of services. One SparkPoint director mentioned that all of their program staff were certified in mental health first aid. We recommend increased mental health trainings and/or certifications for all SparkPoint coaches and staff to more effectively recognize mental health issues that clients may be facing and refer clients earlier in the process to get people into care sooner. Coaches do not need to become therapists or counselors themselves, but additional training may be helpful.

Raise awareness about SparkPoint's holistic approach.

Several SparkPoint directors mentioned that clients may hesitate to share personal health matters because they think of SparkPoint as only a financial service. To expand SparkPoint's narrative and view, we recommend reframing SparkPoint as not just an economic mobility program, but one that also intersects with health in many different ways (e.g., mental health support, linkages to basic needs assistance, referrals to health sources).

Host funder briefings.

To explore new funding opportunities, UWBA could host a series of funder briefings to introduce grant-makers to the potential health impact that SparkPoint can have on clients. These funder briefings will allow advocates, key stakeholders, and philanthropic leaders to learn about, discuss, and explore opportunities on how those leaders can support SparkPoint efforts.

RECOMMENDATION 3

Build collaborative cross-sector partnerships.

Every SparkPoint center has established relationships and collaborations with many other community organizations or government agencies, and they continue to refer clients to other resources and programs. To build or strengthen processes of tracking and reporting health impact, collaborating with an outside organization such as a local health department or medical center can provide additional expertise and resources.

We recommend SparkPoint directors to continue building a network with other community-based programs that address the

social determinants of health. Many healthcare and community-based organizations share the common goal of improving the health and wellbeing of the communities they serve. As a result of this alignment, many organizations are open to working together to address the root causes of poor health among low-income and marginalized populations. Increased partnerships and linkages among SparkPoint and other community-based organizations and healthcare entities, could enhance access to programs and services that help individuals improve their health and quality of life. These partnerships are particularly valuable because they can build on complementary skills and expertise within the community to fill gaps in needed services, as well as coordinate and improve access to community-based preventive and chronic care services. This increased network of partnerships could further the development of SparkPoint's referral pathways bi-directionally. SparkPoint would have a broader range of organizations and services to refer clients to, but would also benefit from an increased intake of clients due to referrals from other organizations in their networks.

Based on the interview findings of COVID-19 impacts on clients, we suggest expansion of partnerships in the following key areas:

Mental health services: SparkPoint clients are at high risk of adverse mental health effects and chronic, toxic stress due to financial insecurity. These impacts have been exacerbated by the socioeconomic and health consequences of the COVID-19 pandemic. As such, addressing the mental health needs of clients has become more important than ever. Expanded partnerships with mental health organizations can provide much-needed additional mental health support and care services for clients.

Housing, food, and health care services: The COVID-19 pandemic has resulted in an unprecedented increase in demand for food, rent, and utility assistance. Collaboration with other community-based organizations supporting basic needs (such as food banks or rental relief programs) will help expand SparkPoint's capacity to meet the increased demand. We recommend a focus on partners that meet housing, food, or healthcare needs.

Employment services: As a result of the COVID-19 pandemic, the U.S. has entered its worst recession in decades with millions of Americans laid off. SparkPoint clients are no exception. Increased partnerships with employment service agencies can help SparkPoint to better connect clients to job opportunities and new training programs. Specifically partnering with disability employment service agencies can also meet the needs of clients living with disabilities, a population that may face increased barriers to employment.

Family support services: COVID-19 has also impacted family well-being. With the closure of schools, libraries, community centers, and childcare facilities, families are left to care for their children's physical, emotional, and education needs in unprecedented ways. This is especially hard for those who were struggling to meet their basic needs before COVID-19 hit. Partnering with agencies that offer family support, such as family resource centers, can provide clients with educational resources, counseling, child care, and other activities that strengthen families and improve child well-being.

In order to expand opportunities to connect with other organizations, we recommend the following strategies to raise awareness about the SparkPoint program:

- Provide ongoing opportunities for key stakeholders to learn more about SparkPoint and its financial and health impact. Host a set of exploratory roundtables including key stakeholders involved in health-wealth work from across academia, business, community-based organizations, and advocacy groups to begin dialogue, promote transparency, and identify and discover areas of partnership.
- Increase online visibility. Highlight opportunities to connect to online resources such as newsletters and a web portal where groups can learn about SparkPoint. An increased social media presence could also help SparkPoint engage new constituents.

RECOMMENDATION 4 **Promote staff wellness.**

SparkPoint directors report that when coaches build an emotional connection with clients, they often experience feelings of fatigue from secondary traumatic stress. Over time, these indirect exposures to trauma can contribute to an increased risk of burnout. This chronic work-related stress can, in turn, affect SparkPoint services and clients. Coaches or other front-line staff experiencing these conditions may struggle to provide high-quality care to clients.

To mitigate the effects of secondary stress experienced by staff, UWBA and SparkPoint leadership can set aside time and resources to intentionally promote staff wellness. Encouraging wellness can help staff to function optimally, provide high quality care, and increase staff morale. There are a number of strategies to accomplish this:

- General wellness: Encouraging and incentivizing activities like yoga, meditation, and exercise.
- Organizational: Fostering a culture that allows staff to seek support; keeping caseloads manageable; and providing sufficient mental health benefits.
- Education: Providing targeted trainings that create awareness of chronic emotional stress and the importance of self-care.
- Supervision: Facilitating staff wellness through management strategies such as reflective supervision, a practice in which a coach and supervisor meet regularly to address feelings regarding client interactions.

These practices will be even more impactful given the additional stresses that staff are facing due to COVID-19 and the transition to remote work.

CONCLUSION

Economic mobility programs can be a powerful tool in helping to preventively address a wide range of public health harms, especially for disproportionately impacted populations. Unfortunately, these programs have largely been siloed from public health institutions, and the lack of capacity and funding constraints have prevented many of these programs from measuring health outcomes.

SparkPoint centers are in a unique position to be able to expand their health education capacity and, in turn, expand health-wealth impacts on clients. The social determinants of health are becoming more widely recognized and research increasingly points to the interrelatedness of health and financial well-being. Furthermore, the current struggles that SparkPoint clients, and the general public, are experiencing underscores the importance of the services that SparkPoint provides. As we look for solutions to the public health and economic challenges ahead, SparkPoint can also leverage cross-sector partnerships and pay renewed attention to staff wellness to strengthen the resilience of its services throughout the pandemic, into early recovery and beyond.

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APPENDIX A: SPARKPOINT DIRECTOR INTERVIEW PROTOCOL

Health-Wealth Connection Interview Protocol (SparkPoint Directors)

Introductions

Good morning (afternoon). Thank you for taking the time to speak with me. The three aims of this interview are:

- To understand the health-wealth connection within each SparkPoint center
- To understand the impacts of COVID-19 on SparkPoint clients
- To gain insights on monitoring health impact at SparkPoint centers

Your insights as a SparkPoint director are extremely valuable to us. We are also interviewing other directors at SparkPoint centers. We will use the information obtained from these interviews to consider ways to assess health impacts of SparkPoint program.

Confidentiality Notice

“Any information you provide will remain confidential and only be shared internally within United Way Bay Area. We may use some quotes from this interview in our marketing materials, website, or impact reports to share how SparkPoint has impacted their clients, but we won’t be associating quotes with any names or identifying information.”

Client Impact, Opportunities, and Barriers

1. What do you see as the primary goals of SparkPoint?
2. What are the biggest challenges that your clients are facing now due to COVID and shelter in place?
 - Are there any barriers for clients coming/seeking services?
 - What physical or mental health impacts have they experienced due to COVID?
 - What economic impacts have they experienced due to COVID?

Health-Wealth Connection

3. How do you think your work at SparkPoint impacts the health of your clients? (Reference their survey response)
 - Mental health?
 - Physical health?
 - Economic impact?
 - Social connections or relationships?
 - Other ways?

4. What measures would be helpful for understanding the impact of SparkPoint on clients' health?

- (Reference their survey response)
- Are you currently tracking health impact in any way?
- Have you done anything to track this in the past?

5. Would this data be useful to help your staff provide better services?

- Why or why not would it be useful?
- Why might it be challenging to monitor health effects?

Conclusion

6. What are your biggest concerns for your center as a SparkPoint director?

- Budget? Staffing? Client engagement?

7. Do you have any questions?

Thank you again for taking the time to speak with me this morning (afternoon). Your time is much appreciated, and your insights are extremely valuable.

APPENDIX B: SPARKPOINT CLIENT INTERVIEW PROTOCOL

Health-Wealth Connection Interview Protocol (SparkPoint Clients)

Introductions

Good morning (afternoon). Thank you for taking the time to speak with me. The purpose of this interview is: 1) to learn about how COVID-19 has impacted your life, and 2) to understand the role SparkPoint has played during this time. Your insights as a SparkPoint Ambassador are extremely valuable to us. We will use the information obtained from these interviews to assess the SparkPoint program and develop plans to better support people's needs.

Confidentiality Notice

"Any information you provide will remain confidential and only be shared internally within United Way Bay Area. We may use some quotes from this interview in our marketing materials, website, or impact reports to share how SparkPoint has impacted their clients, but we won't be associating quotes with any names or identifying information."

Do you have any questions?

Background

1. How are you doing right now?
2. Are you currently using SparkPoint services?
 - Why or why not?
 - What barriers have you come across in accessing services?

COVID-19 Impacts

3. Has the financial situation of you or your family been impacted by the coronavirus lockdown?
 - How has the COVID changed your financial situation? Gotten worse? Stayed the same? Improved?
4. How have you responded to the recent financial challenges?
 - Used savings
 - Found new/additional work
 - Stopped loan repayments
 - Borrowed money
 - Sold an asset
 - Used credit card

5. Has your health or the health of your family been impacted by COVID or the lockdown?

- Gotten worse? Stayed the same? Improved?
- Physical or mental health impacts?

6. What are your primary concerns related to coronavirus at this time?

- Financial, socioeconomic, health, childcare, other
- SparkPoint Impact and Current Needs

7. How has SparkPoint helped during this time?

- How has SparkPoint prepared you for a time like this?
- What has SP been done? What has been helpful? What is the impact of that?
- Can you tell me a story of when this happened?
- Have you experienced any challenges with SP? Is there something that SP could've done or could do to make things better?

8. Do you think your participation in SparkPoint impacts your health in any way?

- Healthcare access?
- Mental health? (e.g. reduces stress)
- Physical health?
- Economic impact?
- Social connections or relationships?
- Other ways?

9. What are you most worried about right now?

- Access to basic needs (e.g. food, medicine, shelter)
- Ability to work/earn an income
- Ability to pursue education or training program
- Childcare
- The economy / employment
- Concern about my health or my family's health

10. What are you hopeful for?

Conclusion

11. Do you have any questions?

Thank you again for taking the time to speak with me this morning (afternoon). Your time is much appreciated, and your insights are extremely valuable.