

INCREASING FINANCIAL WELL-BEING THROUGH INTEGRATION



Integrating Financial Capability Services into Community Health Centers

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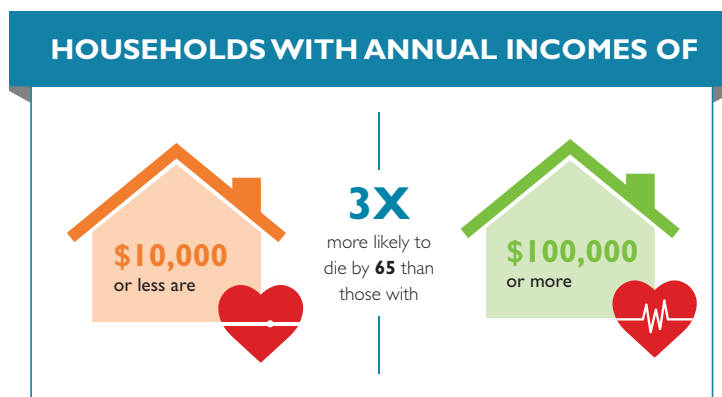
This brief is the fourth of a five-part series that highlights the need and opportunity for integrating financial capability services into social service programs. The goal of this integration is to improve overall financial outcomes that lead to financial security for low- and moderate-income households. This brief concentrates on why providers of health care services should focus on the multiple dimensions of individuals' financial lives and how the government can encourage the integration of financial capability services into the community health care system.

The first brief in this series describes the need for integrating financial capability into social services, the second focuses on integrating financial capability into career pathway services and the third discusses the integration of financial capability into the housing system.¹

Good Health Requires More Than Just Good Health Care

As health practitioners know, staying healthy takes more than just health care. Only 50% of health outcomes are determined by health behaviors, genetic factors and access to quality clinical care. The other 50% is determined by social and economic factors, along with elements of one's physical environment.² These factors, otherwise known as "social determinants of health," include low household income, poor housing conditions and limited support systems. In recent years, more and more people across a variety of sectors have come to realize that addressing these socioeconomic factors will have the highest potential impact on public health outcomes.³ Relatedly, poor financial well-being, or the level of satisfaction and control one feels around their finances both currently and in the future, can lead to toxic stress and other conditions that contribute to poor health outcomes.⁴ Providing financial capability services—such as financial coaching, access to benefits, or credit-building products and services—to low- and moderate-income individuals can improve their financial well-being and may therefore enhance health outcomes through mechanisms such as stress reduction. While more research is needed to better understand these relationships, it is critical to explore opportunities to leverage financial capability services to boost health outcomes. Community health centers (CHCs), which serve low-income clients with poor social determinants of health, are an ideal setting for exploring these relationships and helping patients improve both financial and health outcomes.

There is compelling evidence demonstrating the close ties between financial well-being and physical and mental health. Individuals with low incomes are significantly more likely to experience serious and expensive health challenges, such as high blood pressure, compromised immune systems and cancer.⁵



Source: [Reaching for a Healthier Life](#), 2007.

In fact, research finds that people whose annual household incomes are below \$10,000 are three times more likely to die before turning 65 than those with annual household incomes of \$100,000 or more.⁶ However, financial well-being is about more than just income; it includes other critical factors, like saving for emergencies, not feeling stressed out by bills and being able to reach financial goals. Forty-four percent of households in the United States live in liquid asset poverty, meaning they lack the savings needed to survive at the poverty level for three months in the event of a job loss or other income disruption.⁷ For these households living on the financial edge, building financial capability and assets could potentially open the door not only to greater economic security but also to a longer, healthier life.

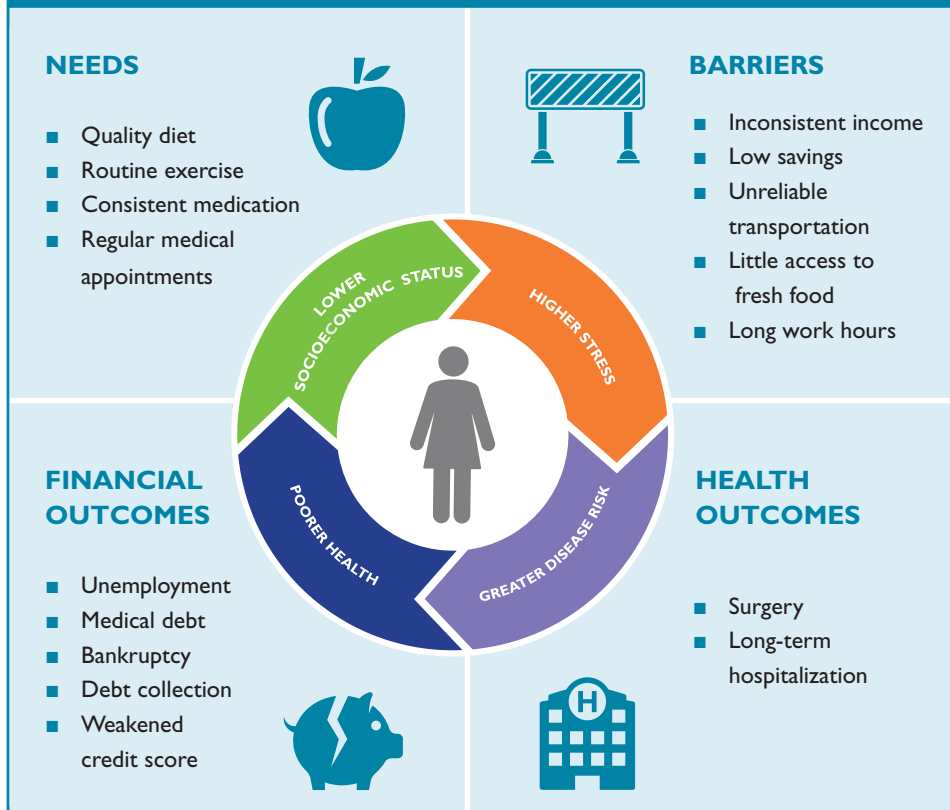
Given the relationship between financial health and physical and mental health, investing in the financial well-being of low- and moderate-income individuals through community health centers may help improve health outcomes. CHCs are community-based organizations whose primary goal is to provide underserved populations with access to critical primary and preventive health care services. CHCs represent a crucial opportunity to change the unequal nature of health outcomes today, which will require that we build upon the strong foundation laid by the Affordable Care Act (ACA). While increased access to health care is an important first step, simply spending more on access to health care is insufficient for improving health outcomes. The ACA was founded on the recognition that improving health care and community health requires that we also attend to the social determinants of health.⁸ Many of the social determinants of health can be addressed through financial capability services—services like financial coaching, free tax filing assistance and credit counseling—which work to alleviate many of the financial stressors that contribute to poor physical and mental health.

CHCs are ideal places into which financial capability services should be integrated because they are a proven model for serving low- and moderate-income individuals who have already established trust in the integrated services CHCs offer beyond clinical care. A number of different financial capability services can be administered by CHCs through a variety of models, depending on the needs of the population being served and the resources of the particular CHC. There are also a variety of steps that policymakers can take to facilitate the integration of financial capability services into the suite of services already offered by CHCs. Each of these topics and more are explored in greater detail throughout this brief.

Health & Finances: A Reciprocal Relationship

AN ONGOING CYCLE OF HEALTH & FINANCES

By looking at an individual example, we can start to better understand the connection between health care and finances and why health care alone is not enough to prevent or mitigate poor health outcomes. Imagine a woman with diabetes working a low-wage job. To manage the disease, she needs a quality diet, routine exercise, consistent medication and regular medical appointments. But with obstacles such as inconsistent income, low savings, unreliable transportation, little access to fresh food and long work hours, it is extremely difficult for her to manage the disease effectively. Barriers to preventive care can lead to surgery, forcing her to stop working for a period of time, often without pay. Even with health insurance, a high deductible can lead to medical debt. Medical debt can not only destabilize her finances but is also the number one source of personal bankruptcy.⁹ That debt can then lead to debt collection, the number one reported consumer protection issue, further weakening her credit score and ultimately wreaking havoc on her finances.¹⁰ This story is just one out of countless examples of how health and financial outcomes affect each other.



Low- and moderate-income households face a multitude of barriers to attaining the health care they need. Unreliable transportation, high medical debt, lack of sick days, irregular work hours and volatile cash flow are all barriers to accessing much-needed health interventions. CFED’s 2016 *Assets & Opportunity Scorecard* indicates that 14.3% of adults surveyed in 2014 did not see a doctor when they needed to due to the high cost. For African American adults, this percentage rises to 18.9%, and for Latino/Hispanic adults, it goes up to 23.7%.¹¹ Low- and moderate-income individuals can also have trouble taking regular medication due to cost.¹² These issues may cause an illness to worsen and increase the patient’s likelihood of needing a more costly health intervention in the future. Medical expenses, often leading to medical debt, pushed about 11 million people into poverty in 2014.¹³



Source: *Assets & Opportunity Scorecard*, 2016

Financial insecurity creates barriers that make it difficult for people to manage their lives, which leads to considerable financial stress. This stress can lead to health ramifications. Without a financial safety net, long-term financial stress can have negative effects on an individual’s health, employment, and ability to care for themselves and their families. After the Great Recession, millions of households lost their jobs, saw their homes go into foreclosure and watched their retirement savings disappear. With these financial stressors, many individuals reported increased anxiety, depression, blood pressure and headaches. Any one of these conditions can be disruptive and, over time, constant physical, mental and financial stressors can severely impact a household. For children, such toxic stress can adversely impact learning, behavior and health throughout their lives. However, by building financial capability, low- and moderate-income households can more effectively deal with these stressors.

Financial capability supports financial well-being, and financial well-being can help produce positive health outcomes. A household’s financial knowledge, skills and behaviors, as well as their access to financial products, all contribute to the family’s overall financial capability and lead to financial well-being. A range of entities, from national nonprofits like CFED to government commissions like the U.S. Department of the Treasury’s Financial Literacy and Education Commission (FLEC), are engaged in how best to connect those in need of financial capability services. Connecting individuals to resources, such as public benefits, incentivized savings programs, Volunteer Income Tax Assistance (VITA) sites and personal financial coaching, can mitigate financial challenges. Financial capability services can also help boost the overall performance of CHCs. While more research is needed, improved financial capability may help lead to better access to transportation for individuals to get to health care, stricter adherence to medication regimens, higher rates of on-time medical bill payments and lower overall stress levels—with obvious health benefits.

Why Integrate Financial Capability Services into Community Health Centers?

Also known as federally qualified health centers (FQHCs), CHCs target low- and moderate-income communities that are medically underserved and are funded in part by the Health Resource and Service Administration (HRSA).²⁰ Incorporating financial capability services into CHCs is an effective use of resources for a number of reasons:



OVERLAP IN POPULATION

Financial capability service providers and CHCs are already serving overlapping populations. For example, almost half of the patients who used CHCs in 2014 were enrolled in Medicaid and over a quarter were uninsured.²¹ This focus on low-income populations makes these centers ideal sites for integrating financial capability services with substantial results.



MULTI-GENERATION APPROACH

CHCs’ holistic approach to care provides an opportunity to address the financial drivers of poor health outcomes at every life stage. CHCs serve all ages and are in a position to have impacts over multiple generations, including where toxic stress often first manifests—in children.



OPPORTUNITIES FOR SCALE

CHCs' reach is vast—they provide services to more than seven percent of the U.S. population.²² Implementing financial capability services into these centers will give tens of millions of individuals each year the opportunity to build their financial well-being.



ESTABLISHED TRUST

Integrating financial capability into CHCs builds on existing relationships between CHC staff and patients. While an individual's finances is a sensitive topic, so too is an individual's health, and CHC staff are trained to discuss sensitive issues. For example, patients often discuss and look for guidance



ACCESSIBILITY

CHCs are legislatively required to provide services in a way that best serves their target constituents in a focused and consistent manner.²⁴ As a result, these centers often have hours that are conducive to low- and moderate-income clients' schedules, which may be irregular or inflexible. Many are also located in neighborhoods with low-income populations. Therefore, CHCs are commonly more accessible than other social service providers.



FLEXIBILITY

CHCs can deliver financial capability services through models targeted to the specific needs of the local community. For example, in a community with a strong network of free tax preparation providers, CHC staff wouldn't need to become tax experts. Instead, they could partner to host a tax-preparation site in the waiting room or simply refer clients to a nearby VITA site. This integration, delivered through direct service or referrals during times when financial topics are already being discussed, can help vulnerable populations quickly and efficiently get the resources they need for a host of financial issues.



MEETING PEOPLE WHERE THEY ARE

CHCs already provide “enabling services”—services that aren't clinical in nature but help support patients in accessing clinical health interventions, such as medicine and medical treatments.²⁵ Unlike hospitals that focus on clinical care, CHCs address the numerous barriers that come between patients and the care they need. Provided by case managers and other CHC staff, these services can include translation services, transportation, public health education, general case management, and youth and family services, depending on the needs of the people served by the CHC.²⁶ While financial capability services are not explicitly listed in the enabling services definition, some CHCs are using these funds towards financial capability integration.²⁷

How Community Health Centers Can Structure Financial Capability Integration

Community health centers have begun to see the value in offering services that address financial challenges, because they know that health inequities cannot be fully solved by clinical care alone. Patient financial issues already come up during the service delivery process, so increasing the capacity of CHC staff to address these issues by delivering or referring clients to financial capability services can help patients address issues more effectively. While clinicians often do not have the time to work with patients on the financial challenges that contribute to their health, there are many points in a clients' interaction with the CHC at which financial capability services can be offered. For example, the intake process serves as a promising point of integration because it is often when individuals enroll in health insurance, are offered other enabling services or are connected with other public benefits with the help of a Health Navigator. Choosing the best service delivery model (who provides the service), case management structure (is the service high-touch or low-touch) and specific financial capability services for the CHC and its targeted population is key.

THREE OPTIONS FOR SERVICE DELIVERY

CHCs can boost clients’ financial health by offering financial capability services in-house, referring patients to other organizations’ services, or partnering with other organizations to “co-locate” these services. The chosen method(s) depend on the capacity of the CHC, as well as the local availability of existing financial capability services and the capacity of other organizations to partner with the CHC.

CASE MANAGEMENT STRUCTURES

Regardless of the chosen service delivery method, there are several possible case management structures CHCs can employ. These include ongoing case management meetings focusing on a range of topics, regular meetings focusing on a single area of need, and/or one-time meetings focusing on a single area of need. In many cases, this structure will already be in place within the CHC, and existing structures typically dictate how CHCs approach financial capability integration.



Source: *Building Financial Capability: A Planning Guide for Integrated Services*, 2015

EXAMPLES OF FINANCIAL CAPABILITY SERVICES

By optimizing their service delivery method and case management structure with the population’s most needed financial capability services, CHCs can impact the financial and medical lives of their patients. Some examples of the financial capability services that may be provided by case managers through direct service, referral or partnering include:²⁸

- Helping patients enroll in public benefits programs, such as Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children Special Nutrition Program (WIC), and/or state or federal health insurance plans, to improve access to nutritional food and increase net income to afford monthly medications.
- Referring patients to Bank On programs that assist “unbanked” or “underbanked” individuals in accessing safe and affordable banking products.²⁹
- Linking patients to credit counseling and debt management services to assist them in building their credit scores and paying down their debt.
- Connecting patients with local VITA programs, hosted onsite or offsite, to ensure they receive the proper tax credits and refunds for their income bracket, such as the Earned Income Tax Credit and the Child Tax Credit.
- Helping patients access Individual Development Account (IDA) programs, which match the savings of low- and moderate-income individuals working toward the goal of going to school, buying a house or starting a business.³⁰
- Facilitating one-on-one financial coaching sessions that help individuals work toward personal financial goals.
- Connecting individuals to products focused on longer-term financial stability, such as *myRA*, a retirement account designed for people who don’t have the option to participate in an employer-sponsored retirement savings program.

FROM THE FIELD

DotHouse Health is a CHC located in the Dorchester neighborhood of Boston and offers a range of services to help improve their patients’ financial lives. Services include hosting free tax preparation during tax season, offering financial education classes to individuals in their primary language, partnering with a law firm that provides pro bono bankruptcy assistance to patients and holding a weekly farmers’ market that accepts Electronic Benefit Transfer (EBT) cards. In addition, DotHouse Health assists patients in the process of applying for insurance and other benefits. These services exist outside of DotHouse Health’s main clinical service offerings, but are provided onsite and play a key role in their patients’ lives.³¹

Barriers to Integrating Financial Capability Services into the Health System

Despite the potential impact of integrating financial capability services into CHCs, there are some barriers that CHCs face when bringing these services into their scope of work:

1. **A general lack of communication between the health system and the existing network of financial capability providers.** In many cases, CHCs operate separately from other social service providers. Therefore, community organizations may overlook CHCs as potential partners. Better communication and stronger outreach strategies for building bridges between systems can result in improved programs and service delivery for all parties.
2. **A lack of funding for enabling services in a stretched health care market, forcing CHCs to absorb the cost of this vital work.**³² Financial capability services fall under enabling services in CHCs that can be billed to Medicaid or HRSA funding. However, these funds are fragmented and inconsistent, thereby hindering programmatic innovation and the robust evaluation needed to identify best practices. By raising awareness about the promise of financial capability service integration, CHCs and financial capability service providers can help advocate for increased funding.
3. **The lack of capacity of health system staff who may not be familiar or comfortable with financial topics.** Similar to other social service providers, many CHC case managers and frontline staff are unfamiliar with financial capability services and need training and increased capacity in order to offer such services effectively. An important step to determining whether case managers should provide financial capability services is measuring their level of comfort in providing services. To address these issues, health centers can conduct staff assessments to determine how case managers feel about discussing various topics (e.g., budgeting, credit/debt, benefit enrollment, etc.) with patients. Using tools, such as the Consumer Financial Protection Bureau's "Your Money, Your Goals" curriculum, can help CHC staff think about how best to approach financial topics with patients. As previously mentioned, CHCs with little capacity for financial capability services have the option of referring patients to or partnering with outside financial capability service providers who have expertise in these topics.

Policy Recommendations for Integrating Financial Capability Services into CHCs

The federal government must prioritize the integration of financial capability services into the CHC system by **improving the funding landscape, encouraging cross-sector collaboration, and fostering innovation and evaluation and disseminating best practices.** These investments will pay off by improving physical and financial health outcomes for low- and moderate-income households, which in turn helps create stronger communities. The federal government should take these steps to support integration efforts throughout the country.

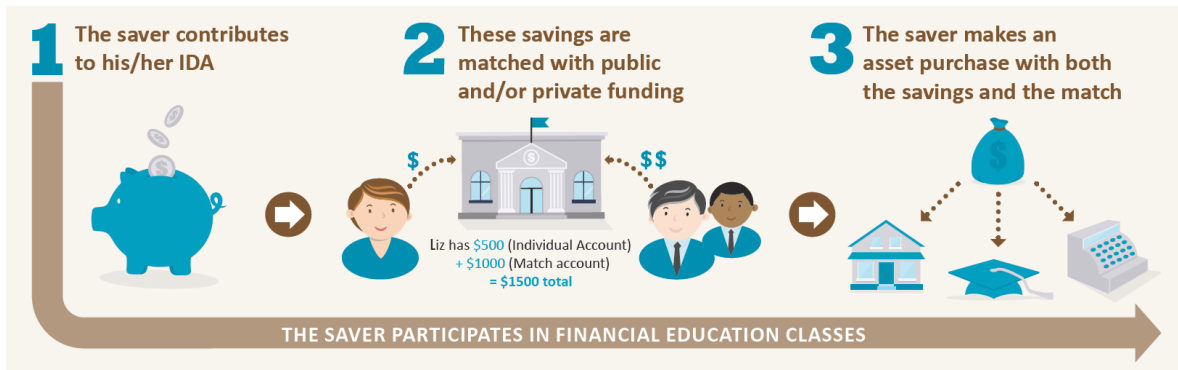
To increase awareness of and funding for these services:

- **The U.S. Department of Health and Human Services' (HHS) Health Resource and Service Administration (HRSA) should specifically call out financial capability services in its definition of "enabling services" to raise awareness among CHCs about the possibility of including financial capability services in their offerings.** As an agency focused on medically vulnerable populations, HRSA can expand the definition of "enabling services" to definitively include financial capability services. In so doing, HRSA should list examples of qualifying services, such as benefit enrollment, financial coaching, free tax preparation and credit building.³³ Listing financial capability services explicitly in the definition of enabling services will allow CHCs to identify the best services to meet their patients' needs and garner support for building out a more comprehensive, integrated physical and financial health program.
- **HRSA should release another Health Center Expanded Services funding opportunity.** In FY 2015, HRSA released a supplemental funding opportunity of \$350 million for Health Center Expanded Services. This opportunity increased access to primary health services for underserved populations. CHCs were able to use up to 20% of this funding towards enabling services, including hiring enabling staff, such as case managers, and increasing services on site or through partnerships with other agencies.³⁴ Continuing this funding practice in future years and increasing the percentage of funding that can go towards enabling services would help CHCs create or scale up their financial capability services to better match their patients' needs.

To encourage cross-sector collaboration:

- HHS should provide guidance to local CHCs that encourage partnering with Assets for Independence (AFI) grant recipients.** This guidance can break down the siloes that exist between financial capability service providers and CHCs and should list resources that will help CHCs identify opportunities to partner with financial capability service providers. Because AFI grantees already offer financial capability services through Individual Development Account (IDA) programs, partnering with them would allow CHCs to connect patients with opportunities for homeownership, postsecondary education or small business ownership.

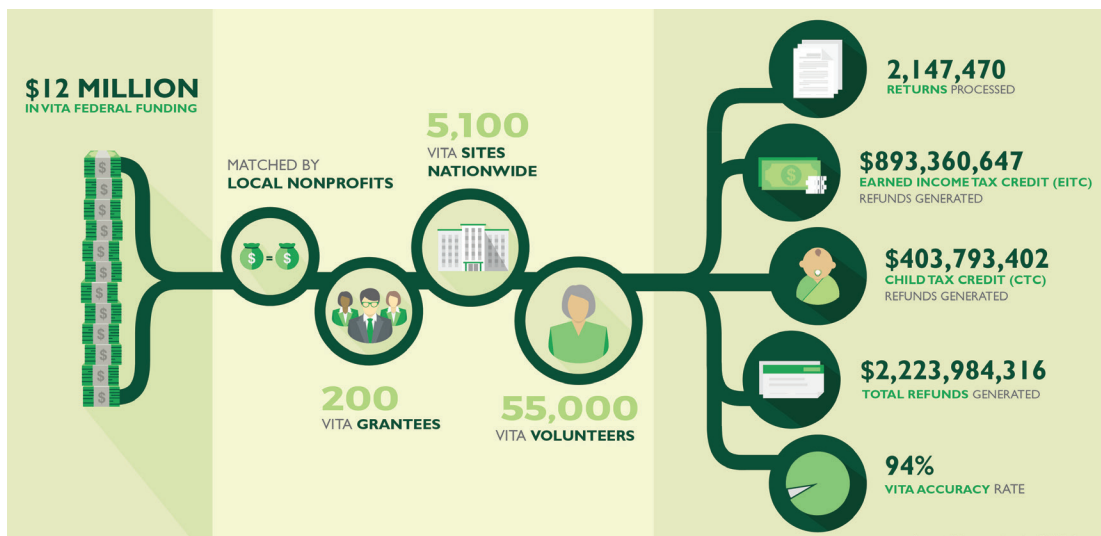
How IDAs Work



Source: *Asset Building Strategy: Individual Development Accounts*, 2014

- The Internal Revenue Service should provide information to VITA programs about partnering with CHCs to provide tax assistance and health benefit enrollment to CHC patients onsite.** Because patients at CHCs often have very low incomes and are thus eligible for multiple tax credits, having VITA programs operate at the CHC facility is a smart partnership strategy. Considering the synergy between VITA and the impact on health enrollment, tax filing and credits, this natural partnership should be encouraged by the federal government, especially as the ACA tax penalty for not having health insurance increases. As CFED has proposed, Congress should also create a VITA Innovation Fund "to develop, test and scale up best practices," as doing so would facilitate partnerships between VITA sites and CHCs.³⁵

2015 Volunteer Income Tax Assistance Program



Source: *Strengthening VITA to Boost Financial Security at Tax Time & Beyond*, 2015

- **The Financial Literacy and Education Commission (FLEC) should facilitate a partnership between CHCs and financial capability service providers to increase cooperation and foster deeper understanding about opportunities to work together.** FLEC has previously featured panels at their public meetings about financial capability integration in education and legal service settings. By highlighting CHCs on the cutting edge of financial capability service integration, FLEC can promote the benefits of integration to a wider audience of policymakers and practitioners.

To foster innovation and evaluation and disseminate best practices:

- **Congress should appropriate funds for HRSA to issue innovation grants to help CHCs test, implement and evaluate financial capability services.** If HRSA explicitly calls out that financial capability services qualify as enabling services, Congress should appropriate sufficient funding to support the expansion of enabling services. Congress can provide innovation grants to CHCs through HRSA to help centers interested in implementing or expanding a financial capability program. Grant recipients could then utilize *Building Financial Capability: A Planning Guide for Integrated Services* to plan and implement financial capability services. The innovation grant should also include a research and evaluation component to identify best practices that can be used by other CHCs.
- **HHS should create a pilot training program to build the capacity of Health Navigators to connect patients with financial capability services.** With some targeted financial capability training, Health Navigators could expand their focus to include financial capability services.³⁶ HHS should train Navigators to discuss financial topics with low- and moderate-income patients and refer them to financial capability providers. Navigators can be educated through the “Your Money, Your Goals” curriculum or through the Federal Deposit Insurance Corporation’s “Money Smart” workshops.³⁷ In this new role, Navigators can become a vital resource for vulnerable populations.

Conclusion

As they go through the doors of their local CHC, low-income patients face innumerable challenges — many involving their financial insecurity — that are intertwined with their health issues. But CHCs, along with other social services in the US, continue to be too disconnected from other services. While research into the relationship between financial health and physical and mental health is ongoing, the likelihood that improving the financial well-being of households improves health outcomes is high. CHCs that only focus on health care are missing important opportunities to help patients stabilize their financial lives.

Community health centers reach millions of financially insecure households each year. In order to decrease the impact that financial insecurity has on health outcomes, CHCs should integrate financial capability services into their programs to mitigate the challenges facing low- and moderate-income populations. Although more research is needed, financial capability services have the potential to play a major role in improving health outcomes for underserved populations who are entering the health system in increasing numbers thanks to the implementation of the ACA.

If adopted, the policy recommendations highlighted in the preceding pages will enable the health system to focus on more than just treating clinical issues. By accounting for the social determinants of health, CHCs can help households better navigate the path to long-term financial well-being. In turn, families will not only be more financially secure — they’ll enjoy better health and longer lives.

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29 For more information about Bank On programs, visit joinbankon.org.

30 Operated by the Office of Community Services, an office of the Administration for Children and Families, the Assets for Independence program helps low-income households build assets using matched savings accounts, otherwise known as Individual Development Accounts (IDAs), and other financial capability services. IDAs are dedicated to one of three objectives: buying a home, getting an education or starting a business.

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