

IMPROVING HOUSING INSTABILITY TO REDUCE ADVERSE HEALTH OUTCOMES
FOR HONORABLY DISCHARGED VETERANS AND THEIR FAMILIES THROUGH THE
CREATION OF AN ACCOUNTABLE CARE COMMUNITY IN CUMBERLAND COUNTY,
NORTH CAROLINA

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ABSTRACT

EMILIO J. BERDIEL, CHAMARA U. A. FERNANDO, GREGORY A. HEINDEL, AND
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Improving Housing Instability to Reduce Adverse Health Outcomes for Honorably Discharged
Veterans and Their Families Through the Creation of an Accountable Care Community in
Cumberland County, North Carolina

(Under the Direction of Nancy McGee and Emma Tzioumis)

Housing instability is a well-recognized social determinant of health (SDOH). Housing costs can force individuals to spend large portions of income on housing and lead to issues paying rent, mortgages, overcrowding, and moving frequently and is associated with negative health outcomes. Veterans are at a higher risk of housing instability than the general population. In addition, veterans are overrepresented in the population within Cumberland County. An Accountable Care Community will be established in Cumberland County, to address the SDOH of economic instability which exacerbates housing instability. This will be accomplished through housing support initiatives, as well as mental, physical, and rehabilitative services. This includes direct subsidies to alleviate housing costs and a case management referral program. The ACC partners include, but are not limited to, the Department of Public Health, the Cumberland County Veteran Services Office, Fayetteville City Council, Salvation Army Emergency Shelters, Fayetteville Housing Authority and VA Healthcare Providers.

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LIST OF ABBREVIATIONS

ACC - Accountable care community

CCDPH - Cumberland County Department of Public Health

HUD - United States Department of Housing and Urban Development

SDOH - Social Determinant of Health

VA - United States Department of Veterans Affairs

VASH - Veterans Affairs Support Housing

CHAPTER 1: COMMON PROPOSAL

ACC PROJECT AIMS AND GOALS

Many veterans living in the United States are struggling with constant hardships such as mental health problems, substance abuse issues, lack of quality healthcare, and lack of access to employment opportunities (National Coalition for Homeless Veterans, n.d.). These hardships often affect their economic stability and make it difficult for veterans to have access to quality housing. Economic stability is a crucial social determinant of health. Economic stability includes factors such as employment, food insecurity, housing instability, and poverty (Healthypeople.gov, 2020). Our accountable care community (ACC) is focusing on the housing aspect of economic stability. Veterans face a larger risk of becoming homeless than non-veterans do. Tens of thousands of American veterans are currently without a home, and over a million are at risk of losing their homes (National Coalition for Homeless Veterans, n.d.).

Housing instability among veterans is a serious issue in Cumberland County, North Carolina. The county has a large population of veterans and military personnel, many of whom struggle with poverty and other economic issues that make it difficult for them to afford a place to live. (2018 Point in Time, 2018). The high costs associated with housing can force individuals to spend large portions of income on rent or mortgage payments and can lead to issues with paying rent, overcrowding, eviction, foreclosures, and frequent moving. Housing insecurity is also associated with many different negative health outcomes (Office of Disease Prevention and Health Prevention, 2020). Housing instability is an urgent problem that needs to be properly addressed to improve community public health. Having stable access to a place to live has been

shown to improve community health outcomes and quality of life (Office of Disease Prevention and Health Prevention, 2020).

Through the implementation of an accountable care community (ACC), we aim to improve veteran's access to secure housing and overall quality of life in Cumberland County. Our ACC will provide housing vouchers to veterans in the county who are struggling to pay for their housing costs. These vouchers will give monetary assistance to veterans making less than the median state annual income who are currently spending more than 30% of their monthly income on housing expenses. We are also going to establish a case management and referral program that will assist in identifying and enrolling veterans who are eligible to receive our housing vouchers. Our short-term goals are to provide housing and income security to the county veterans who are most in need and increase community knowledge of local veteran's services. We aim to prevent veterans who are at risk of housing insecurity from being evicted off their property or having their home be foreclosed. Another aim we have is to reduce financial stress by preventing local veterans from spending more than 30% of their monthly income on housing. Through these policy implementations, our ACC will be able to reach its long-term goals of eradicating housing instability and homelessness among all veterans living in Cumberland County within ten years.

PROPOSED INNOVATION/TRANSFORMATION

This proposal establishes an accountable care community (ACC) in Cumberland County between the Veteran Affairs, the Department of Public Health, and other local partners with the purpose to reduce veteran housing instability and the associated harms. The ACC will utilize a parallel policy and program to relieve high housing costs and provide wrap-around services to Cumberland County veterans with housing instability.

Housing Voucher Policy

A housing voucher policy will be established within the Fayetteville Veteran Affairs Health-System. This housing voucher policy will provide direct subsidies to veterans based on their income and housing costs. Cumberland County veteran households making less than the median state annual income (\$48,256) will be eligible for the vouchers. Vouchers will provide direct payment for enrolled veterans based on sliding scale to achieve a monthly housing cost of 30% of household income, with a maximum payment of 100% the median housing cost in Cumberland County (median \$1,175/month, or a max voucher of \$1,175/month), which is similar to the established threshold of the national HUD-VASH policy for homeless veterans (Cumberland County, 2019).

Case Management and Referral Program

A case management and referral program will be established as a joint team of social workers between the Fayetteville Veteran Affairs Health-System and Cumberland County Veteran Services Office. This program will assist in identifying and enrolling eligible veterans into the housing voucher policy. In addition, these case managers will provide wrap around services and referrals for financial, social, mental health, physical health, and rehabilitative services. The Fayetteville Veteran Affairs Health System will also install a screening process within the electronic health record as part of all inpatient and outpatient veteran health services to identify veterans to refer to the case management program. Related local partners, such as homeless shelters, will also provide case management referrals for potential veterans.

Evidence

Housing voucher policies and case management programs have been widely used across the United States, and globally, to reduce veteran homelessness and housing instability

(Community Preventive Services Task Force, 2001). Indeed, Veteran Affairs and Housing and Urban Development already support a housing voucher policy, which is effective, but eligibility is relegated to those that are currently homeless (Evans et al., 2019). This proposed policy would aim to prevent these catastrophic events via reductions in housing instability in veterans who have not yet become homeless.

Direct rent subsidies have shown to reduce the number of homeless veterans, sheltered veterans, and chronically homeless veterans (Evans et al., 2019). Rent subsidies have also shown improvements in veteran social stability and quality of life (O'Connell, Sint, & Rosenheck, 2018). Another study showed that these interventions may also provide cost savings to Veterans Affairs as veterans with chronic housing instability cost \$7,573 more per year in health care utilization (Byrne et al., 2017). In non-veteran populations, rent subsidies have also demonstrated reduction in household adverse childhood experiences (Ports et al., 2018).

Case management programs for housing unstable veterans have also demonstrated successful histories in reducing emergency department visits, hospitalizations, and quality of life within 12 months (Smelson et al., 2018). Case management programs have also been more successful when implemented with housing vouchers when compared with case management alone (O'Connell, Sint, & Rosenheck, 2018).

POTENTIAL PUBLIC HEALTH IMPACT

The creation of this ACC will have a direct impact on veterans and their families but it will also invest in the capacity of the greater Fayetteville area to care for the targeted population. A recent US Census estimated that there are over 43,160 veterans within Cumberland County (US Census Bureau, 2019) that will be directly impacted as a result of the proposed direct subsidies and case management referral program. As a result of this coalition building between

each mentioned partner, this ACC will enhance the financial independence of veterans, reduce housing debt, lower poverty rates, and decrease evictions resulting in homelessness.

Additionally, it will ensure proper healthcare, mental health, financial literacy and rehabilitative services are provided as needed. Housing vouchers allow for immediate financial support. This results in higher health outcomes for veterans and their families which leads to lower overall medical costs (VA, 2019). By providing hand-on case management, veterans will receive direct support from assigned social workers to educate them on their qualified federal veterans benefits, financial literacy, mental health, substance abuse prevention, preventative healthcare services, and ensure housing stability for veterans and their families. Additional evidence shows that case management referral programs have led to reduced overall hospitalizations and emergency department visits (Smelson et al., 2018).

Anticipated challenges include determining proper, equitable payment amounts for housing vouchers, and identifying and enrolling veterans who are high-risk for housing instability while maintaining their privacy. Veterans may feel that by receiving direct government subsidies, they might become dependent on those funds. Individuals might not stay in contact with their case managers or may feel embarrassed for needing services to help provide for their families. There may be a negative community reaction if the county's rent or mortgage rates increase as a result of the additional subsidies provided to veterans vs. civilians. The proposed interventions only provide preventative measures related to housing assistance and do not provide services to veterans currently experiencing homelessness.

Strategically selected stakeholders will be continuously engaged throughout the implementation plan to provide direct feedback to the ACC and leadership. Both the policy and

programs will be adapted and improved as feedback is received from Veteran Focus Groups and additional partners.

OUTCOMES, MILESTONES, AND DELIVERABLES

The following indicators of success will be monitored: number of enrolled participants, number of vouchers applied for, number of referrals made, number of veterans who identify to be in a state of housing instability, and the number of patients positively screened by the Fayetteville Veteran's Affairs Health System. Implementation and evaluation plans will be iterative as the ACC continues to develop and incorporate lessons learned. In particular, the proposal anticipates a steady, annual decrease in the number of Veterans who identify as housing unstable. Appendix A contains additional details regarding these outcomes, milestones, and deliverables.

Ongoing community engagement is necessary not only for implementation but also for sustainability. Updates to key stakeholders (see **Table 1**) will be provided on a cadenced interval via core team meetings, leadership briefings, one-on-one meetings. Finally, ongoing evidence of the ACC's effectiveness will be provided via data supporting its ability to reduce housing instability and subsequently adverse health events in the priority population of Veterans in Cumberland County. Using our program implementation as a guide, a return on investment is expected based upon our outcomes and reductions of reported housing instability by 20% at the end of year five and increased use of case management referrals through the Fayetteville VA Medical Health System by 15% within the same time frame. The plans for sustainability will be driven by the data collected and analyzed after the initial year of the established Accountable Care Community through various methods and mediums such as focus groups, leadership briefings, electronic health record statistics, and advisory committees.

TEAM

The team involved in this initiative includes a diverse group of stakeholders across multiple sectors. To effectively reduce housing instability prevalence and subsequently reduce adverse health outcomes for Veterans living in Cumberland County, engaging the key ACC stakeholders is paramount. The following sectors will be represented: community, local government, housing, and health care. Each stakeholder brings a unique, diverse perspective to the table, through a comprehensive lens in order to help achieve success within the proposed guidelines. ACC members and their role are summarized in Table 1 below.

Table 1. ACC Stakeholder Member Roles

STAKEHOLDER	ROLE
Eric Redrick, Director Cumberland County Veteran Services Office	Local point of contact for supporting local veterans with federal services
John Berry, Interim Executive Director/Deputy Director Fayetteville Housing Authority	Affordable housing advocacy organization, directly supporting Department of Housing and Urban Development's housing voucher program for veterans in Cumberland County
Dr. Jennifer Green, Director Cumberland County Department of Public Health	ACC leading partner
Jennifer Scott, Executive Director Greater Fayetteville Apartment Association	Vested party that will directly receive housing voucher payments
Daniel L. Dücker, Director Fayetteville Veterans Affairs Health System	Backbone of the ACC; partnering to directly provide vouchers and support case management
John Smith, U.S. Veterans and their families	Direct beneficiaries and population of interest
Mitch Colvin, Mayor Fayetteville City Council	Maintains direct political influence to implement legislation that protects veterans from economic and housing instability
James Robinson, Community Landlord in Cumberland County	Vested party that will house Veterans as the direct beneficiaries of the proposed program

	as tenants
Major Tim Grider, Corps Officer, Cumberland County Salvation Army Homeless Shelter	Vested interest in reducing overcrowding of homeless shelters and providing resources to those that are housing insecure

APPENDIX A – TEAM CHARTER

Building Up Vets Team Charter

Objective:

The purpose of this team is to collaborate and successfully complete the deliverables required for completion of this course and graduation. We are also committed to working effectively as a team by monitoring our progress, following through on our responsibilities, and helping one another to learn.

Goals/Values:

Our goal is to utilize our individual strengths to collaborate well as a cohesive team. We want to gain a deeper understanding of the complexities surrounding economic social determinants of health, including employment, income, expenses, debt, and support. We will focus on current, objective research. Together as a team, we value the integrity of resources, respect for one another's ideas, and accountability. The teams will strive to successfully complete all deliverables in a timely manner to the satisfaction of ourselves and assessing faculty.

Team Strengths:

Matt: 2 years experience in HIV education, 4 years experience in program management and community engagement with the federal government, 8+ years experience in group facilitation, public health deliverables in PLWH advocacy, LGBT inclusive SRE, and opioid interventions in Western North Carolina.

Emilio: Experience in research, data analysis, data extraction, health policy, marketing, and finance. I have good writing and editing skills, and I am a great team member with great communication skills.

Gregory: Experience in research and writing, including critical literature analysis and data interpretation. Understanding and experience working within health care delivery services for 10 years.

Chamara: Experience in clinical research, project delegation and management. 5+ years in data analytics, health management, clinical health systems leadership.

Topic:

We will focus on housing access and affordability within the veteran population in Cumberland County, North Carolina, which is home to over 50,000 veterans or 20.6% of all adults over 18 years of age.

Deliverables:

Table A1: Weekly Deliverables, Timeframes, and Responsibilities.

Week	Date	Title	Assignment*	Due	Meeting	Absences	Submitter
1	Jan 7	Intro		Jan 7	01/11/21, 5PM		
2	Jan 14	Group Assignment	Team Charter due	Jan 14	01/16/21, 3PM		Emilio will submit this assignment for the group
3	Jan 21	Individual Data Gathering	Outline of problem statement to class	Jan 21	01/24/21, 3PM		
4	Jan 28	Individual Problem Statement	Bring draft problem statement to class	Jan 31	02/31/21, 4PM		
5	Feb 4	Soft System Analysis	Assignments: Assignment (INDIVIDUAL): LiP: Outline evidence-based options for transforming the SDoH in the community HPM: Outline Policy Analysis due by 11:55PM Tuesday after class	Feb 9	02/07/21, 3PM		The group will individually submit this assignment
6	Feb 11	Policy and Program options	Assignments: As a group, decide which program	Feb 11	02/14/21, 3PM		

			and policy the group will use to develop proposal from outlines (specific details will vary by group composition)				
7	Feb 18	Concentration Specific Activities	Assignment (INDIVIDUAL): Bring to class: LIP: Draft Stakeholder analysis HPM: Draft Policy Analysis	Feb 18	02/21/21, 3PM		The group will individually submit this assignment
8	Feb 25	Concentration Specific Activities	Assignment (INDIVIDUAL): LIP: Stakeholder analysis HPM: Policy Analysis due by 11:55PM Sunday after class		02/28/21, 3PM		The group will individually submit this assignment
9	Mar 4	Concentration Specific Activities	Assignments: (INDIVIDUAL) Bring to class LP: Draft Engagement Plan HPM: Draft Budget & Budget Narrative	Mar 4	03/14/21, 3PM		The group will individually submit this assignment
10	Mar 11	Concentration Specific Activities	Assignment (INDIVIDUAL): LP: Engagement Plan HPM: Budget & Budget Narrative due by 11:55PM Sunday after class	Mar 14	03/21/21, 3PM		The group will individually submit this assignment
11	Mar 18	Generate Common Proposal	Assignment (GROUP): Title Page Copyright Page Abstract (150 words)	Mar 21	03/28/21, 3PM		Chamara will submit this assignment for the group

			Table of Contents Group Proposal References Appendices due by 11:55PM Sunday after class				
12	Mar 25	Communication Plan	Assignment (GROUP/INDIVIDUAL): Full Packet with Individual Appendices Draft Presentation due by 11:55PM Tuesday before class	Mar 23	04/04/21, 3PM		Matt will submit this assignment for the group
13	Apr 1	Proposal Presentations	Assignment (GROUP): Group Presentation	Apr 1	04/11/21, 3PM		Greg will submit this assignment for the group

Milestones:

The team will maintain a calendar which includes weekly meetings (every Sunday at 3 PM) to work on deliverables. The team will strive to complete requirements ahead of deadlines. Team members will be assigned to oversee different parts of completion of each deliverable.

Roles/Responsibilities:

As indicated in the deliverables section above, there is an assigned team member for each section of the paper or deliverable. The assigned team member will be responsible for facilitating the weekly meeting and organizing the group output. He will also be responsible for submitting the deliverable on behalf of the team. All team members are expected to contribute to each deliverable. The member in charge will delegate and assign tasks to each member and ensure that tasks are completed in a timely and organized fashion.

Expectations:

Group members will attend all scheduled meetings and classes prepared to discuss topics and with any prerequisite tasks completed. Members will strive to provide at least 24 hours notice of unplanned absences or delays in deliverables. The group will communicate via email and/or mobile text (or Group Me), as needed and review daily for potential team communications. All group member thoughts, ideas, and suggestions will be considered with good faith. Group members will provide constructive feedback on opportunities for improvement in all aspect

Ground Rules:

Decisions will be made as a group through active discussion. If a decision cannot be reached, a majority (3 out of 4) member vote will prevail. Punctuality, respect, and timeliness of all deliverables and assignments will be the utmost priority.

Participation:

Active participation is expected out of each group member during discussion and decision-making processes. Team members are expected to complete and submit assigned deliverables in a timely manner.

Skill Development:

This project will enhance member's ability to develop and implement public health solutions. There will be an opportunity for team members to learn from one another on both the topic of interest and the individual aspects of putting the project together

Decision Making, Communication and Feedback:

Team members are expected to be courteous, respectful, and professional at all times. This project is designed to enhance the learning and professional development of all members. Group members will follow the communication expectation for providing and receiving constructive feedback as outlined in the Expectations section, above. Decisions will be made by consensus as much as possible. Disputes will be settled via discussion, if possible.

Meetings:

Our group will meet with a regular cadence on Sundays at 3:00 PM EST. All members are expected to be punctual and stay for the duration of the meeting unless communicated beforehand of a conflict. The agenda for the meetings will be pre-determined based on our in-class sessions. Note-taking responsibilities will be divided up amongst the group on a rotational basis in the following order: Chamara, Matt, Emilio, Gregory.

Limitations/Constraints:

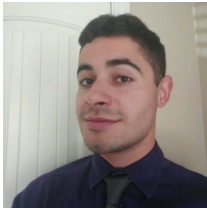

Members live in different states with varying time zones. All members work full time. Work schedules and geographic locations may affect timely completion of requirements.



Impromptu meetings may be required when there is a need. The group members have agreed to meet weekly on Sundays and to use other forms of communication (email, text messaging with GroupMe) to facilitate this. The members have limited knowledge and experience on addressing complex public health issues.

Conflict Resolution

Conflicts will be handled by civil discourse and consensus. All team members agree to be open to constructive criticism and to ask for help if needed. Further, the team will open all meetings on Sundays with an opportunity to discuss any problems or concerns. This will allow problems to be addressed every week so that small issues do not compound into larger issues throughout the course of a semester. If a resolution is unable to be reached by group consensus a third-party mediator will be used.

Table A2: Team Agreement and Signature

Team Member's Name	Team Member's Photo	Team Member's Signature
Emilio Berdiel		Emilio Berdiel
Matt Merritt		Matthew Merritt

Gregory Heindel	 A portrait of Gregory Heindel, a man with short brown hair, wearing a light blue dress shirt and a patterned tie, smiling against a light blue background.	Gregory Heindel
Chamara Fernando	 A portrait of Chamara Fernando, a man with dark hair and a beard, wearing a dark blue suit jacket, a light blue shirt, and a grey tie, smiling against a light grey background.	Chamara Fernando

APPENDIX B – GROUP PROBLEM STATEMENT

Within Cumberland County, North Carolina, veterans face a higher risk of experiencing economic instability caused by exponential housing costs resulting in homelessness than the general population (HUD, 2018). Households are considered to be cost burdened if 30 percent of available income is spent on housing and severely cost burdened if they spend more than 50 percent (Healthy People, 2021). Homeowners in Cumberland County have reported spending close to 47 percent of their monthly income for housing costs (Cumberland County, 2019). Almost 18 percent of residents in Cumberland County live at or below the poverty line (US Census Bureau, 2019). Housing costs continue to rise in Cumberland County and nationwide despite incomes remaining the same (Annual Homeless Count Report, 2018). In order to holistically and sustainably address these significant root factors contributing to the defined Social Determinant of Health (SDoH), the policy and program that were selected, using a Pugh Matrix (see Figure 1), were housing vouchers through direct subsidies and a case management referral program.

Housing Vouchers (Direct Subsidies)

Evidence shows that housing vouchers and direct subsidies provide the most significant impact to veterans (NCCEH, 2016). Housing vouchers offer immediate financial assistance to veterans regardless of their housing status. This alleviates the gaps in services related to preventing housing insecurity and eviction (Montgomery et al., 2020). Housing vouchers provide financial assistance to pay for rent or mortgage bills directly to the individual. These policies can be immediately implemented within the Cumberland County Veteran Services and directly target affected veterans based on their income and their housing costs (e.g., set a

maximum cost of 30% of income for housing costs and provide a voucher for the remaining balance).

This policy would alleviate the financial burden of unaffordable housing and would allow veterans and their families to establish economic and housing stability. Additional income could be used to pay down additional debt, cover costs of food, transportation, or healthcare services. By providing economic stability, positive health outcomes will increase as a result of the program. Direct subsidies also provide veterans the flexibility to choose a location that fits their family's needs, which is preferred by many (Community Preventive Services Task Force, 2001). However, these subsidies may not always provide overall veteran income stability (e.g., if saved expenses shift elsewhere). This policy also does not have a clear strategy to exit veterans that are currently receiving subsidies. This policy will also be combined with a case management referral program to provide other housing, economic, and health services (e.g., case management, education).

Case Management Referral Program

The case management referral programs will assign case managers to work directly with housing insecure veterans to identify programs that would benefit them. Services may include housing assistance, mental health, physical health, financial literacy, and rehabilitative services. These services are often driven by referral (e.g., from a Veteran Affairs physician that identifies the need). This program will directly target and benefit the population of interest, veterans who are housing unstable and is aimed at addressing the inequity of housing instability.

Several studies have demonstrated the ability of case management to improve housing instability (Smelson et al., 2018; Chhabra et al., 2019; O'Connell, Sint, & Rosenheck, 2018). Many programs have also demonstrated improved health via these programs, including reduced

hospitalizations and emergency department visits (Smelson et al., 2018). Most of these studies and programs are focused on particularly high-risk individuals (e.g., substance abuse disorders, mental health disorders) and it is unclear if they are as effective in otherwise healthy individuals. Screening tools can be embedded into veteran interactions (e.g., through a standard questionnaire at Veteran Affairs hospitals and clinics). This also provides wrap around services for multiple Social Determinants of Health (SDOH) and has the potential to impact more than housing. This strategy can also take advantage of other local programs and non-profit organizations aimed at addressing housing costs or improving veteran economic stability. However, this program is time and man-power intensive and requires a team of case workers to execute the services. These programs administered alone have shown that they are not as effective as when combined with direct housing subsidies (O'Connell, Sint, & Rosenheck, 2018). By creating a case management program, veterans can receive comprehensive and holistic access to veteran services and ensure direct, personal support for critical assistance.

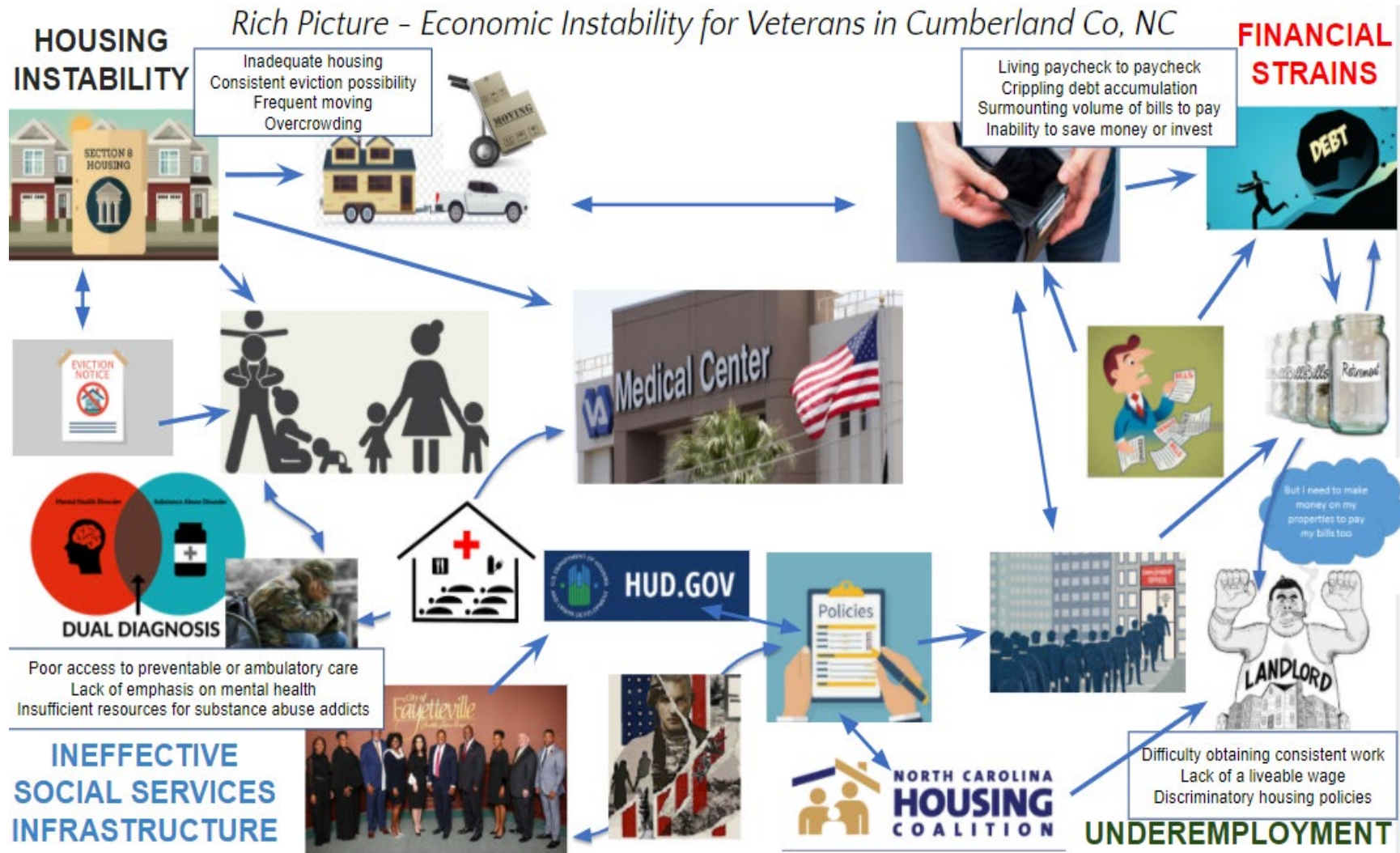
Figure B1: Policy Pugh Matrix

Criteria for Policy (1 min, 5 max)	Chamara First Choice Veteran Voucher	Gregory Housing Vouchers (Direct Subsidies)	Emilio Increased Funding for Homeless Assistance Grants through HUD	Matt VEHA Veterans for Equitable Housing Act
Evidence based data available	2	3	3	1
Feasibility	2	3	3	4
Impact on SDoH	4	4	2	4
Cost	1	5	1	3
Sustainability	3	3	3	3
Total Score	12	18	12	15

Figure B2: Program Pugh Matrix

Criteria for Program (1 min, 5 max)	Chamara Increased funding for Housing Grants	Gregory Case Management Referral Program	Emilio Increased Funding for Rental Assistance (Policy)	Matt HGV Housing Grant for Veterans
Evidence based data available	3	3	3	2
Feasibility	3	4	3	4
Impact on SDoH	3	3	2	4
Cost	1	3	1	1
Sustainability	2	3	3	2
Total Score	12	19	12	13

APPENDIX C – RICH PICTURE



APPENDIX D – LOGIC MODEL

Resources	Activities	Outputs	Outcomes	Impact
<ul style="list-style-type: none"> ● Cumberland County Veteran Services Office ● Fayetteville Housing Authority ● Cumberland County Department of Public Health ● Cumberland County Apartment Association ● Fayetteville Veteran’s Affairs Health System ● U.S. Veterans and their families ● Fayetteville City Council ● Community Landlords ● Cumberland County Homeless Shelter Officials ● Veterans Focus Groups 	<p>Housing Vouchers:</p> <ul style="list-style-type: none"> ● Identify local veterans currently experiencing economic instability caused by housing ● Enroll veterans in voucher program ● Provide direct payment to for housing expense ● Provide education to veterans on financial management <p>Case Management and Referral Program:</p> <ul style="list-style-type: none"> ● Establish case management team ● Build screening tool/referral into VA EHR ● Enroll veterans into case management program ● Provide social, behavior, financial, and medical referral services 	<ul style="list-style-type: none"> ● Develop housing voucher application ● Develop case management program ● Develop and train case managers ● Number of referrals from VA Health Center ● Number of referrals with completed appointments ● Number of voucher enrollees ● Number of homeless/evicted veterans that received services 	<p>Short-Term</p> <ul style="list-style-type: none"> ● Prevalence of self-reported housing instability among veterans ● Reduced financial stress on household ● Reduced missed mortgage/rent payments ● Reduced evictions ● Increase knowledge of veterans’ services <p>Long-Term</p> <ul style="list-style-type: none"> ● Provide ongoing support to veterans and their families to establish sustainable economic stability ● Continue to refine and improve delivery of housing vouchers and case management referral program to enhance care of veterans 	<ul style="list-style-type: none"> ● Reduce household expense, improve housing stability ● Reduce avoided or delayed health care and, reduced emergent care use, ● Reduce homeless/eviction rates of veterans ● Improve health outcomes of veterans ● Build capacity of community members, stakeholders, and ACC partners to provide ongoing support to veterans and their families ● Sustain economic stability for veterans

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A Capstone Project submitted to the faculty
of the University of North Carolina at Chapel Hill
in partial fulfillment of the requirements
for the degree of Master of Public Health in
the Health Policy Program

Chapel Hill
2021

Rebecca Slifkin, PhD: Lead Faculty

Date

N. McGee, JD, MPH, DrPH: Support Faculty

Date

APPENDIX E – BERDIEL DELIVERABLES

INDIVIDUAL PROBLEM STATEMENT

Social Determinant of Health

Community health outcomes are not solely driven by the care that people receive from their healthcare practitioners. Factors such as social and economic opportunities, community and neighborhood resources, quality of education, workplace and community safety, air cleanliness, food and water cleanliness, and social interactions all play a significant role in determining health outcomes (Healthypeople.gov, 2020). These conditions in the environments where people live, work, play, and learn that affect a wide range of health and quality of life outcomes and risks are known as social determinants of health (Healthypeople.gov, 2020). Determinants that enhance quality of life can make a positive impact on population health outcomes. Likewise, the determinants that reduce quality of life can make a negative impact on population health outcomes. We are focusing on economic stability, a crucial social determinant of health. Economic stability includes factors such as employment, food insecurity, housing instability, and poverty (Healthypeople.gov, 2020).

People are more likely to be healthy and have housing if they have steady employment. People with disabilities or injuries oftentimes find it more difficult to find steady employment. Social programs can be put into place to help people in need pay for food, housing, education, and healthcare (Health.gov, n.d.). Employment programs and career counseling can assist people who are struggling to find employment (Health.gov, n.d.). In communities such as Cumberland County, North Carolina, many veterans are struggling with their economic stability. Many veterans living in the United States are struggling with constant hardships such as mental health

problems, substance abuse issues, lack of quality healthcare, and lack of access to employment opportunities (National Coalition for Homeless Veterans, n.d.). These hardships often make it difficult for veterans to have access to or the ability to afford quality housing (National Coalition for Homeless Veterans, n.d.). Increasing economic stability among Cumberland County veterans will allow for more of them to be able to afford these necessities along with other products that can also improve their quality of life.

Geographic and Historical Context

Cumberland County is the fifth most populated county in North Carolina, with a population of approximately 335,000 residents. It is located in the central part of the state in a region known as the Sandhills. It has a humid subtropical climate. Fayetteville, NC is the county seat and largest city in Cumberland County (Cumberland County, n.d.). The county has a good mix of rural and urban areas. Fayetteville is a medium-sized city; it is the sixth most-populated in the state. The county is home to Fort Bragg, which is the largest military base in the United States and one of the largest military installations in the world. Pope Air Force Base is also located in Cumberland County (Cumberland County, n.d.). Fort Bragg is the backbone of the county's economy. The military installation and Pope Air Force Base contribute approximately \$4.5 billion per year to the local economy. The US Department of Defense employs the most people in the region (Community Facts, 2015). The defense industry has a large and growing presence in the county. Eight of the top ten US defense contractors are located in the area. This large military presence is why we are addressing problems with housing instability and access for veterans in Cumberland County.

The population density of Cumberland County is 464 people per square mile. The county's population is approximately 51.5% whites, 36.7% African American, 6.4% Latino, 3.1% more than one race, 2.1% Asian, and 1.7% Native American (U.S. Census Bureau, 2019). There are 118,425 housing units in the county at an average density of 181 per square mile. The median age is 30 years. 27.9% of county residents are under the age of 18, 13.7% are between the ages of 18 and 24, 32.9% are 25 to 44, 17.8% are from 45 to 64 years old, and 7.7% are 65 or older (U.S. Census Bureau, 2019). Median household income is \$37,466, and the median income for a family is \$41,459. Approximately 12.8% of the population and 10.4% of families in the county live below the poverty line. About 16.8% of children and 13.7% of those older than 65 in Cumberland County live below the poverty line (U.S. Census Bureau, 2019).

Priority Population

Because of the large military presence in the area, Cumberland County, NC is home to over 50,000 veterans. They make up 20.6% of all adults over 18 years of age in the county (Tippett, 2015). Fort Bragg has approximately 57,000 active military personnel on base (Ioanes, 2020). Many of these active personnel will become a part of the county's veteran population in the future. Veterans oftentimes face economic instabilities as they struggle with reacclimating to civilian life after facing the traumas of war and conflict. Many veterans struggle with poor mental health, which can often lead to substance abuse (Blinded Veterans Association, 2019).. Depression and suicide rates are higher among veterans; they often struggle with post-traumatic stress disorder (PTSD) and survivor's guilt. Some veterans end up sustaining injuries while in combat, making it even more difficult for them to reacclimate to life with their physical handicaps. Many veterans struggle to find good employment and end up becoming homeless (Blinded Veterans Association, 2019).

We aim to address the problems of housing instability and lack of access to affordable housing for veterans in Cumberland County. The county currently has some resources set in place to assist local veterans. Fayetteville is home to a Veterans Affairs (VA) clinic (U.S. Department of Veterans Affairs, n.d.). There is an Office of Veterans Services located in the county (Cumberland County Veterans Services, n.d.). There is also a North Carolina Veterans Home located in Cumberland County, along with multiple other homeless shelters (Visit Fayetteville, 2021). These are valuable resources, but it is clear that more needs to be done to combat the problem of housing instability for veterans in the county.

Measures of Problem Scope

The Cumberland County homeless population has been decreasing over the past six years for both veterans and non-veterans. In recent years, veterans have made up around 10% of the county's homeless population (2018 Point in Time, 2018). In 2014, there were 653 homeless people in the county. Out of all the homeless population that year, 66 were veterans. In 2018, there were 372 homeless residents in the county (2018 Point in Time, 2018). Out of all the homeless population that year, 38 were veterans. About 1 in 5 homeless individuals in Cumberland County are considered chronically homeless. Approximately 10% of the homeless population is facing a substance use disorder, and about 12% of them have a serious mental illness (2018 Point in Time, 2018).

America's homeless veterans are predominantly single males living in urban areas. Most suffer from mental illness, substance abuse, or co-occurring disorders (National Coalition for Homeless Veterans, n.d.). Approximately 11% of the adult homeless population is made up of veterans. Almost half of all homeless veterans are persons of color (National Coalition for

Homeless Veterans, n.d.). The US Department of Housing and Urban Development (HUD) estimates that around 40,000 veterans are homeless on any given night. It is estimated that another 1.4 million veterans are at risk of homelessness due to poverty, lack of support, and substandard living conditions (National Coalition for Homeless Veterans, n.d.).

Housing instability among veterans is a serious issue in Cumberland County, North Carolina. The high costs associated with housing can force individuals to spend large portions of income on rent or mortgage payments and can lead to issues with paying rent, overcrowding, eviction, foreclosures, and frequent moving. Housing insecurity is also associated with many different negative health outcomes (Office of Disease Prevention and Health Prevention, 2020).

Rationale/Importance

Housing instability among veterans is a big issue in Cumberland County, NC. The county has a large population of veterans and military personnel, many of whom struggle with poverty and other economic issues that make it difficult for them to afford a place to live. (2018 Point in Time, 2018). This is a problem that needs to be properly addressed at a local and national scale to improve community public health. Tens of thousands of American veterans are currently without a home, and over a million are at risk of losing their homes (National Coalition for Homeless Veterans, n.d.).

Disciplinary Critique

People who are economically stable on average live longer, healthier lives than those who are not. Having access to stable housing improves health outcomes and quality of life (Healthypeople.gov, 2020). For a community to run successfully, there needs to be equitable

access for its citizens to work opportunities, healthy and nutritious foods, and quality housing. Cumberland County is currently facing a problem in providing its large veteran population with equitable access to these resources. It is a serious problem that needs to be properly addressed with changes to local and state policies. It is the responsibility of health policy professionals to create and implement the policies that let all members of the community have equal access to these resources, thus allowing for improved public health and community outcomes, specifically among our military veterans.

POLICY ANALYSIS

Background

Housing instability among veterans is a serious issue in Cumberland County, North Carolina. The county has a large population of veterans and military personnel, many of whom struggle with poverty and other economic issues that make it difficult for them to afford a place to live. (2018 Point in Time, 2018). The high costs associated with housing can force individuals to spend large portions of income on rent or mortgage payments and can lead to issues with paying rent, overcrowding, eviction, foreclosures, and frequent moving. Housing insecurity is also associated with many different negative health outcomes (Office of Disease Prevention and Health Prevention, 2020). Housing instability is an urgent problem that needs to be properly addressed to improve community public health. Having stable access to a place to live has been shown to improve community health outcomes and quality of life (Office of Disease Prevention and Health Prevention, 2020).

America's population of homeless veterans is made up of predominantly single males living in urban areas. Most suffer from mental illness, substance abuse, or co-occurring disorders (National Coalition for Homeless Veterans, n.d.). Veterans face a larger risk of becoming homeless than non-veterans do (National Coalition for Homeless Veterans, n.d.). Approximately 11% of the adult homeless population is made up of veterans (National Coalition for Homeless Veterans, n.d.). Almost half of all homeless veterans are persons of color. The US Department of Housing and Urban Development (HUD) estimates that around 40,000 veterans are homeless on any given night (National Coalition for Homeless Veterans, n.d.). It is estimated that another 1.4

million veterans are at risk of homelessness due to poverty, lack of support, and substandard living conditions (National Coalition for Homeless Veterans, n.d.).

In Cumberland County, veterans make up around 10% of the county's homeless population (2018 Point in Time, 2018). In 2014, there were 653 homeless people in the county. Out of all the homeless population that year, 66 were veterans. In 2018, there were 372 homeless residents in the county (2018 Point in Time, 2018). Out of all the homeless population that year, 38 were veterans. About 1 in 5 homeless individuals in Cumberland County are considered chronically homeless. Approximately 10% of the homeless population is facing a substance use disorder, and about 12% of them have a serious mental illness (2018 Point in Time, 2018). The Department of Housing and Urban Development currently provides some financial support to struggling veterans in the county through their Homeless Assistance Grants. Current funding is not enough to prevent all Cumberland County veterans from struggling with housing instability (Federal Funding for Homelessness Programs, 2020).

Description of Policy Options and Evaluation Criteria

One policy option that we are considering is providing direct subsidies in the form of federal housing vouchers to veterans that are susceptible to housing insecurity. Through funding provided through HUD, our organization will provide cash vouchers directly to veterans that will be used to help them pay for rent or mortgage expenses (O'Connell, Sint, & Rosenheck, 2018). Providing these individuals with assistance to pay their housing costs will help to reduce homelessness among local veterans.

The second policy option under consideration is an increase in funding for Homeless Assistance Grants through HUD. Every year, HUD awards Homeless Assistance Grants to

communities that administer housing and services at the local level. Two of the programs that are a part of the Homeless Assistance Grants policy are: The Emergency Solutions Grant (ESG) program and the Continuum of Care (CoC) program (Federal Funding for Homelessness Programs, 2020). ESG funds improve housing equity by addressing street outreach, homelessness prevention and diversion, emergency shelter, and rapid re-housing. CoC funds improve housing equity by addressing permanent supportive housing, rapid re-housing, transitional housing, coordinated entry, and pilot programs such as the Youth Homelessness Demonstration Program (Federal Funding for Homelessness Programs, 2020).

We used five different criteria to evaluate and compare each of the alternative policy options we are considering the implementation of. These five criteria are the strength of evidence-based data available on the effectiveness of the policy, political feasibility, impact on the social determinant of health, cost to implement, and sustainability. Each criterion was rated on a scale from one to five, with one being the poorest score and five being the best. The total scores for each option were compared. Evaluating the different policy options through these criteria helped our team decide which policy to recommend.

Analysis of Housing Vouchers

A study by Evans, et al. found that for each additional housing voucher given, the number of permanent supportive housing units increased by 0.9 and the number of homeless veterans decreased by 1. Their findings showed that HUD's housing voucher policy worked as intended and that veteran's homelessness rates would have been substantially higher if it were not for the policy (Evans et al., 2019). This policy would directly target and benefit the population of interest, veterans who are housing unstable (O'Connell, Sint, & Rosenheck, 2018). There will be

a limit set where individuals can spend a maximum of 30% of their household income on housing costs and then a voucher will be provided to pay for any remaining balance (O'Connell, Sint, & Rosenheck, 2018). Twelve-month outcome data from a randomized trial of HUD's Veterans Affairs Supportive Housing Vouchers showed that access to rent subsidies along with intensive case management was associated with greater improvements in quality of life than solely implementing intensive case management (O'Connell, Sint, & Rosenheck, 2018).

The housing voucher policy ranked very highly on our evaluation matrix. It scored a 3 for evidence-based data available, political feasibility, and sustainability. The O'Connell and Evans studies highlight the strength of the evidence-based data available on this policy. It is a sustainable and politically feasible policy that has successfully been in place through HUD for many years. The policy scored a 4 when it came to impact on the social determinant of health. Providing direct money for housing costs to local veterans most in need will have a positive impact on improving county housing and economic stability. It received the highest score possible, a 5, in the cost to government category. These are all very impressive scores that place housing vouchers as one of the frontrunners for our recommended policy change.

One stakeholder group that would support housing vouchers are the veterans and veteran's rights group of Cumberland County. Housing instability is an issue that personally affects these groups. They have a vested interest in increasing financial support for veterans. Because of this, many vets would be likely to work on implementing this policy at a grassroots level. That being said, this stakeholder group does not hold much political power. A stakeholder that would potentially oppose this policy are conservative Senators and Representatives. Many of them claim to be in support of helping veterans, but their consistent cuts in funding for social programs proves otherwise. The majority of the time, they do not support increases of spending

on social welfare programs. This is a group that is likely to work on this issue. Also, they are an immensely powerful group that have a lot of influence over how much funding HUD can receive.

Analysis of Homeless Assistance Grants

HUD has the McKinney-Vento Homeless Assistance Grants program, which received \$2.777 billion in funding during the last fiscal year, is at the center of federal efforts to end housing insecurity (Federal Funding for Homelessness Programs, 2020). This fiscal year, they are seeking an increase in federal funding. The department has also enacted policies aimed at increasing housing equity by re-housing homeless youths, re-housing for survivors of domestic abuse, increasing vouchers for supportive housing programs for veterans, tenant and project-based rental assistance, and community development (Federal Funding for Homelessness Programs, 2020). HUD prioritizes evidence-based programs and practices as part of the grants program. This has helped many homeless assistance systems across the country improve their ability to respond to housing crises, reduce levels of homelessness, and connect people with community-based services. Homeless Assistance Grants have played a big role in the 15% decrease in homelessness the United States has seen since 2007 (Federal Funding for Homelessness Programs, 2020). By increasing the amount of funding that HUD receives for Homeless Assistance Grants, it would be possible to increase the impact that the department has on reducing homelessness in the veteran population.

The homeless assistance grant policy also ranked highly on our evaluation matrix. It received a score of 2 in the cost to government category. It would be an expensive policy to implement, consisting of many more parts than solely giving out housing vouchers. The policy

received a score of 3 in the political feasibility and sustainability categories because it already has been implemented on a smaller scale for the past few decades. It scored a 4 in the evidence-based data available and impact on social determinant of health criteria. Data shows that these grants have played a large role in the significant decrease in homelessness seen in the United States since 2007 (Federal Funding for Homelessness Programs, 2020). These scores are impressive. This policy has the potential to make a positive impact on improving economic stability for Cumberland County veterans.

One stakeholder that would support an increase in funding for homeless assistance grants would be local area landlords. This policy would give their tenants more money to pay for rent and reduce the number of people they have to evict off their property. This group would be somewhat likely to work on this issue, but they do hold a moderate amount of power. A stakeholder that would potentially oppose this policy are conservative Senators and Representatives. Many of them claim to be in support of helping veterans, but their consistent cuts in funding for social programs proves otherwise. The majority of the time, they do not support increases of spending on social welfare programs. This is a group that is likely to work on this issue. Also, they are an immensely powerful group that have a lot of influence over how much funding HUD can receive.

Final Recommendation

After analyzing all the different policy options, we have decided that giving housing vouchers to veterans that are susceptible to housing insecurity would be the best solution to addressing our problem. This policy has shown to be sustainable, politically feasible, cost-effective, and impactful on improving economic stability in veterans. This policy directly

addresses the problem that many veterans face, that their housing costs take up too large a portion of their monthly income (O'Connell, Sint, & Rosenheck, 2018). Providing direct subsidies in the form of housing vouchers could give many veterans the assistance they need to afford quality housing and prevent them from going homeless (O'Connell, Sint, & Rosenheck, 2018)

PROGRAM BUDGET

Background and Summary of Policy

Housing instability among veterans is a serious issue in Cumberland County, North Carolina. The county has a large population of veterans and military personnel, many of whom struggle with poverty and other economic issues that make it difficult for them to afford a place to live. (2018 Point in Time, 2018). Veterans face a larger risk of becoming homeless than non-veterans do (National Coalition for Homeless Veterans, n.d.). The high costs associated with housing can force individuals to spend large portions of income on rent or mortgage payments and can lead to issues with paying rent, overcrowding, eviction, foreclosures, and frequent moving. Housing insecurity is also associated with many different negative health outcomes (Office of Disease Prevention and Health Prevention, 2020). Housing instability is an urgent problem that needs to be properly addressed to improve community public health. Having stable access to a place to live has been shown to improve community health outcomes and quality of life (Office of Disease Prevention and Health Prevention, 2020). Through evidence-based policy implementation, we aim to improve veteran's access to secure housing and overall quality of life in Cumberland County.

Our team has decided to implement a policy that will provide direct subsidies in the form of federal housing vouchers to veterans that are susceptible to housing insecurity. Through funding we have been given by the Department of Housing and Urban Development (HUD), vouchers will provide cash directly to veterans that will be used to help them pay for rent or mortgage expenses (O'Connell, Sint, & Rosenheck, 2018). Providing these individuals with assistance to pay their housing costs could help to reduce homelessness among veterans.

This policy would directly target and benefit the population of interest, veterans who are housing unstable (O'Connell, Sint, & Rosenheck, 2018). A study found that for each additional housing voucher given, the number of permanent supportive housing units increased by 0.9 and the number of homeless veterans decreased by 1. Their findings showed that HUD's housing voucher policy worked as intended and that veteran's homelessness rates would have been substantially higher if it were not for the vouchers (Evans et al., 2019). We will calculate the amount of money veterans will receive through these vouchers based on their income and housing costs. There will be a limit set where individuals spend a maximum of 30% of their income on housing costs and the voucher will be provided to pay for the remaining balance (O'Connell, Sint, & Rosenheck, 2018). Through this policy, financially struggling veterans will have more money to spend on non-housing expenses. We aim to increase the stability that local veterans have, thus improving their quality of life and overall community health outcomes (Office of Disease Prevention and Health Prevention, 2020).

Budget

Team Building Up Vets				
Three Year Budget				
		FY 2021	FY 2022	FY 2023
Direct Costs	Full-time Staff	\$ 300,000.00	\$ 306,000.00	\$ 312,120.00
	Part-time Staff	\$ 92,000.00	\$ 93,840.00	\$ 95,716.80
	Equipment	\$ 9,000.00	\$ 1,200.00	\$ 1,200.00
	Office Supplies	\$ 7,020.00	\$ 7,070.00	\$ 7,100.00
	Computers	\$ 7,500.00	\$ 400.00	\$ 400.00
	Printers	\$ 900.00	\$ 100.00	\$ 100.00
	Housing Vouchers	\$ 500,000.00	\$ 500,000.00	\$ 500,000.00
	Total Direct Costs		\$ 916,420.00	\$ 908,610.00
Indirect Costs	Administrative	\$ 4,000.00	\$ 4,600.00	\$ 5,000.00
	Rent	\$ 22,500.00	\$ 22,500.00	\$ 22,500.00
	Utilities	\$ 2,535.00	\$ 2,590.00	\$ 2,620.00
	Fringe Benefits	\$ 117,600.00	\$ 119,952.00	\$ 122,351.04
Total Indirect Costs		\$ 146,635.00	\$ 149,642.00	\$ 152,471.04
Total Expenditures		\$ 1,063,055.00	\$ 1,058,252.00	\$ 1,069,107.84
Revenues	HUD Funding (Contract)	\$ 1,063,055.00	\$ 1,058,252.00	\$ 1,069,107.84
Total Income		\$ 1,063,055.00	\$ 1,058,252.00	\$ 1,069,107.84

Budget Narrative

Our team will be implementing our housing voucher policy in Cumberland County, NC through funding we receive from a contract signed with HUD. This funding will cover all of the costs of implementing the policy, running our office, community outreach, finding local veterans in need of support, and providing them with the assistance they need. Most of the funding will be going towards the cost of the housing vouchers themselves. Our team will have half a million dollars each year to provide housing vouchers to veterans in need in the local community. We estimate that with our funding, we will be able to support around 125 area veterans and their families per year. Our team foresees the average family receiving vouchers to need approximately \$4,000 per year in housing support.

Building Up Vets will be hiring nine staff members to work on implementing and maintaining our housing voucher policy. Five employees will be working full-time and earning an average annual salary of \$60,000 each. Four employees will be on the part-time payroll; they will be earning an average salary of \$23,000 each. The staff will work on processing applications, determining eligibility, community outreach, public relations, payroll, accounting and bookkeeping, human resources, sending housing vouchers, and maintaining contact with local, state, and federal government officials. Staff costs will increase by 2% each year. These numbers were used to calculate annual staff costs as well as the annual cost of fringe benefits. It is assumed that yearly fringe benefits will cost us 30% of total staff expenses.

A 1,500 square foot office space has been acquired near Fort Bragg, NC. This space will cost us \$1,875 per month in rent (Office Space, 2021). Our utility expenses were calculated based on the average utility cost per square foot of a commercial office building, which is \$1.69 (Iota Communications, 2020). Buying equipment for the office, such as chairs, desks, filing cabinets, coffee machines, and other furniture, is going to set the organization back \$9,000 in the first year. Equipment costs will reduce significantly in years two and three. Office supply expenses were calculated based on the average monthly cost of office supplies per employee, which is around \$65 for a company with nine employees (Bean-Mellinger, 2019). Computer expenses are made up of the Acer Aspire TC-885-UA92 Desktops and Dell 24-inch monitors, along with any future maintenance costs, that will be purchased for each employee (Acer Aspire, 2021) (Dell 24 Monitor, 2021). One Xerox WorkCentre 6515 printer and one Epson WorkForce Pro WF-7840 printer will be purchased for the office. Maintenance expenses have been included in the printer costs (Epson WorkForce Pro, 2021) (Xerox WorkCentre, 2021). Administrative expenses were calculated based on the average cost of property insurance, liability coverage,

workers' compensation, accounting services, and IT services for a small business (Lacagnina, 2018). Inflation and increases in costs of living have been accounted for in years two and three, in regard to administrative, utility, fringe benefit, office supply, equipment, and staffing costs.

PERSUASIVE PITCH PRESENTATION

- Now I would like to address the NC state legislators...
- Housing instability is a well-recognized social determinant of health. The financial burden of housing can force individuals to spend large portions of income on housing and lead to issues paying rent, mortgages, overcrowding, and moving frequently and is associated with negative health outcomes.
- Housing instability among veterans is a serious issue in Cumberland County, North Carolina. The county has a large population of veterans and military personnel, many of whom struggle with poverty and other economic issues such as mental health problems, substance abuse issues, lack of quality healthcare, and lack of access to employment opportunities.
- These hardships often make it difficult for veterans to have access to or the ability to afford quality housing. Veterans face a larger risk of becoming homeless than non-veterans do.
- Having stable access to a place to live has been shown to improve community health outcomes and quality of life.
- An Accountable Care Community will be established in Cumberland County, to address the economic instability which has exacerbated local housing instability. This will be accomplished through the expansion of access to housing support initiatives, as well as mental, physical, and rehabilitative services via the creation of a robust case management referral program. A housing voucher policy will also be implemented. Vouchers will provide direct cash subsidies to veterans who are experiencing housing instability to help them alleviate stressors with paying rent, mortgage, and associated utilities.
- A study by Evans, et al. found that for each additional housing voucher given, the number of permanent supportive housing units increased by 0.9 and the number of homeless veterans

decreased by 1. Their findings showed that HUD's housing voucher policy worked as intended and that veteran's homelessness rates would have been substantially higher if it were not for the policy.

- Twelve-month outcome data from a randomized trial of HUD's Veterans Affairs Supportive Housing Vouchers showed that access to rent subsidies along with intensive case management was associated with greater improvements in quality of life than solely implementing intensive case management (O'Connell, Sint, & Rosenheck, 2018).
- Our policy proposal will cost an estimated 1.1 million dollars per year, this cost does include new staff
- Our policy changes directly address the problem that many veterans face. Providing subsidies in the form of housing vouchers will give many veterans the assistance they need to afford quality housing and avoid becoming homeless.



IMPROVING HOUSING INSTABILITY TO REDUCE ADVERSE HEALTH
OUTCOMES FOR HONORABLY DISCHARGED VETERANS AND THEIR
FAMILIES THROUGH THE CREATION OF AN ACCOUNTABLE CARE
COMMUNITY IN CUMBERLAND COUNTY, NORTH CAROLINA

Team Members: Emilio J. Berdiel, Chamara U. A. Fernando, Gregory A. Heindel, and Matthew L. Merritt



Gregory Heindel: Good Evening. We are Team Building Up Vets and our presentation today will be on improving housing instability to reduce adverse health outcomes for honorably discharged veterans and their families through the creation of an accountable care community in Cumberland County, North Carolina.

Overview of the Problem

- ❖ Poor social determinants of health (SDOH) lead to poor health outcomes
- ❖ High expenses are an important economic social determinant of health
- ❖ Housing cost is the single largest monthly expense affecting economic SDOH
- ❖ Housing instability (>30% income towards housing costs) predicts household health



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Gregory Heindel: Social determinants of health (SDOH) are external factors, such as geography, community resources, and community economics that affect an individual's quality of life and health and lead to short-term, long-term, and intergenerational reductions in health outcomes. The high cost of housing can force individuals to spend large portions of income on housing and lead to issues paying rent, overcrowding, and moving frequently. These may lead to direct negative health effects as well as present a barrier to accessing health care.

Housing instability is also associated with increased prevalence of mental health conditions, such as anxiety, depression, and suicidal ideation and predicts more health complications, hospitalizations, and even adverse childhood outcomes than those without housing instability.

Community and Priority Population

Cumberland County Statistics

➤ Population: 319,431

White	Black/African American	Hispanic/Latino
51%	38%	11%



➤ Average county income is \$44,810 (before taxes)

➤ 18% of citizens are living below the poverty line

Veterans Statistics

➤ Cumberland County (CC) veteran population: 19.8%

➤ In 2018, total homeless population in CC, 10% were veterans



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Matt Merritt: The targeted community is Cumberland County, North Carolina. Here are the demographics of the county. The county has a population size of 319,431 with 51 percent of the population identifying as White, 38 percent identifying as Black or African American, and 11 percent identifying as Hispanic or Latino (Cumberland County, 2019). The average county income is about 45k. The US Census recently reported that 18% of residents in Cumberland County live in poverty (US Census Bureau, 2019).

Veterans Stats: The priority population selected for the ACC was veterans in Cumberland County, NC due to the county's veteran population of 19.8 percent, compared to 9 percent for the state's average (US Census Bureau, 2019). In 2018, 10 percent of the total homeless

population in Cumberland County were veterans, compared to 14 percent nationwide (Annual Homeless Count Report, 2018).

Group MOU Vision, Programs, Goals

➤ **VISION** →

- For veterans to secure consistent, safe, and affordable housing and for their monetary demands for housing expenses to not lead to forfeiture of medical, behavioral, or social care.

➤ **BRIEF PROGRAM & POLICY DESCRIPTION** →

- Housing vouchers for veterans to maintain housing expenses at or below 30% of their income.
- Case Management referrals and services such as economic, housing, medical, behavioral, or social services

➤ **GOALS**→

- Reducing prevalence of self-reported housing instability among Cumberland County Veterans by 20% in 2 years
- Increase case management referrals for Cumberland County Veterans by 25% within 3 years

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Chamara Fernando: Our Memorandum of Understanding is held between the Cumberland County Department of Public Health and the Cumberland County Veteran Services Office and reinforces our vision, which highlights United States Veterans living in Cumberland County being able to afford housing that is safe and consistent in nature. We also strive for housing costs to refrain from being in lieu of seeking needed medical services, behavioral healthcare, and social services as that is a choice no one should have to make.

For our program description, we are going forward with two programs - one being a housing voucher program for veterans to maintain housing expenses at or below 30% of their income.

The parallel program will be a case management referral system that connects veterans with crucial medical, behavioral, and social services among others.

Our goals that will be agreed upon will include reducing the prevalence of self-reported housing instability among United States Veterans in Cumberland County by 20% in 2 years, as well as increasing the amount of case management referrals that will be documented accordingly in the VA Health System EHR system by 25% within a three year time frame.

Key Partners for ACC

- Fayetteville Veteran Affairs Health System
- Fayetteville Housing Authority
- Cumberland County Veterans Services
- Cumberland County Dept of Public Health
- Others such as Cumberland County Apartment Associations, Cumberland County Homeless Shelters



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Individual Pitch: Fayetteville Veteran Affairs Health System



- ❖ ACC can be built around excellent Fayetteville Veteran Affairs Health System services
- ❖ Integration of a screening tool into electronic health record
- ❖ Coordination with Veteran Services Office case management staff
- ❖ Provide other financial and staff support



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Gregory Heindel: The ACC partnership is expected to rely heavily on the existing, strong, foundation of the Fayetteville VA Health System. We will integrate a screening tool into outpatient electronic health record to screen for housing instability during clinic visits. The VA would refer veterans to, and coordinate with, the case management and Veteran Services Office team, as needed, and provide other financial and staff support towards the program. This referral team would also bridge veterans into other health, behavioral, social, and financial services, within and outside of the VA system, as needed.

Individual Pitch: Fayetteville Veteran Affairs Health System



- ❖ Removes clinician burden for important social services
- ❖ Reduces veteran emergency department utilization, hospitalization, suicidal ideation, and suicidal attempts
 - \$7573 more VA health care expenses per year
- ❖ Supports VA Health System vision statement and core values



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Gregory Heindel: A pilot study at a VA clinic showed that health care providers believe that housing stability is an important part of veteran health, but they felt they lacked the expertise or time to address these issues. Partnering with the ACC will allow VA health care providers to focus on their job - health care - while also knowing the veterans have a strong case management team to address any identified housing issues.

Studies of veterans with housing instability have shown they use more health services such as emergency department and hospitalized care, and have more frequent suicidal ideation and suicidal attempts. Indeed, one study showed an annual increase of \$7573 worth of VA health care services in veterans with housing instability.

Not only will this ACC partnership improve Veteran health and reduce Veteran health care costs, but it also aligns with your vision and values to deliver veteran-centered care through collaborated teams with a focus on prevention.

Individual Pitch: Fayetteville Housing Authority




- ❖ Selected as a key partner due to organization’s mission and commitment to “improve intergenerational public health outcomes, and increase equitable opportunities”
- ❖ ACC partnership increases impact of HUD’s VASH program for homeless vets by proactively preventing eviction and homelessness
- ❖ Strategically utilizes institutional/technical knowledge of existing housing voucher policies and leverages community relationships with veteran tenants and local landlords




Matt Merritt: The Fayetteville Housing Authority provides safe, quality, affordable housing as a basic human right to build community resilience, improve intergenerational public health outcomes, and increase equitable opportunities (FHA, n.d.). They were selected as an ACC key partner due to their current relationship with the US Department of Housing and Urban Development and the US Dept of Veteran Affairs. They directly support the HUD’s VASH program for homeless veterans, which is a collaborative program between HUD and VA that

combines HUD housing vouchers with VA supportive services to help Veterans who are homeless, and their families find and sustain permanent housing (VA, n.d.). Our ACC allows the FHA to increase their impact in the community by proactively addressing eviction and homelessness among veterans. The FHA is a critical stakeholder to engage and partner with. Their collaboration will allow the ACC to strategically utilize their technical knowledge in providing affordable housing for veterans and their families through the proposed housing voucher policy and leverage community relationships with tenants and local landlords.

Individual Pitch: Cumberland County Veterans Services



- ❖ Selected due to their mission to assist veterans and their dependents obtain benefits, as well improving their overall quality of life, and advocating on their behalf
- ❖ ACC will utilize Veterans Service Office as the local point of contact to connect veterans and their families with federal resources
- ❖ Cumberland County Veterans Services Office will be managed closely as they have rooted connections and a vested interest in the betterment of the lives of veterans



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Chamara Fernando: The Cumberland County Veterans Services Office plays an integral role as one of our key stakeholders within our Accountable Care Community. As previously stated,

19.8% of inhabitants of Cumberland County identify as United States Veterans. As a result, Cumberland County Veterans Services does a great deal for the community with regards to assisting veterans and their families apply and obtain benefits. They serve as crucial advocates in holding the Department of Veterans Affairs accountable to equitably distributing veteran's benefits within the community. We will engage the core team in order to have roots on the ground and connect veterans and their families with federal resources.

Summary & Conclusion

- ❖ The men and women who put their lives on the line for the safety of our country should not be neglected and left to sleep in the streets
- ❖ Having stable access to a place to live has been shown to improve community health outcomes and quality of life
- ❖ Through our policy implementations, our ACC will be able to reach its goals of eradicating housing instability and homelessness among all veterans living in Cumberland County
- ❖ We will provide ongoing support to veterans and their families to establish sustainable economic stability and improve community health outcomes.



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Emilio Berdiel: The men and women who put their lives on the line for the safety of our country should not be neglected and left to sleep in the streets. Having stable access to a place to live has been shown to improve community health outcomes and quality of life. Through our policy

implementations, our ACC will be able to reach its goals of eradicating housing instability and homelessness among all veterans living in Cumberland County. We will provide ongoing support to veterans and their families to establish sustainable economic stability and improve community health outcomes.

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FACT SHEET

Support Housing Vouchers for Veterans Facing Homelessness in Cumberland County, NC



The men and women who put their lives on the line for the safety of our country should not be sleeping in the streets.

- The financial burden of housing can force individuals to spend large portions of income on housing and lead to issues paying rent, mortgages, overcrowding, and moving frequently and is associated with negative health outcomes (Office of Disease Prevention and Health Prevention, 2020).

Veterans face a larger risk of becoming homeless than non-veterans do (National Coalition for Homeless Veterans, n.d.).

- Many vets struggle with poverty and other economic issues such as mental health problems, substance abuse issues, lack of quality healthcare, and lack of access to employment opportunities (National Coalition for Homeless Veterans, n.d.).
- These hardships oftentimes make it difficult for vets to find quality housing (National Coalition for Homeless Veterans, n.d.).

Having stable access to a place to live has been shown to improve community health outcomes and quality of life (Office of Disease Prevention and Health Prevention, 2020).

- For each additional housing voucher given to veterans, the number of permanent supportive housing units increased by 0.9 and the number of homeless veterans decreased by 1 (Evans, et al. 2019).
- Study findings showed that HUD's housing voucher policy worked as intended and that veteran's homelessness rates would have been substantially higher if it were not for the policy (O'Connell, Sint, & Rosenheck, 2018).

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IMPROVING HOUSING INSTABILITY TO REDUCE ADVERSE HEALTH OUTCOMES
FOR HONORABLY DISCHARGED VETERANS AND THEIR FAMILIES THROUGH THE
CREATION OF AN ACCOUNTABLE CARE COMMUNITY IN CUMBERLAND COUNTY,
NORTH CAROLINA

By

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Date

APPENDIX F – FERNANDO DELIVERABLES

INDIVIDUAL PROBLEM STATEMENT

Social Determinant of Health:

Contrary to public perception, only 20% of health outcomes can be tied to the clinical care received. The remaining 80% are attributed to a variety of health behaviors, social, physical and economic factors (County Health Rankings). These can collectively be referred to the Social Determinants of Health (SDOH). The SDOH are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning, and quality-of-life outcomes and risks (HealthPeople.gov) Economic factors specifically make up a significant portion of SDOH. The instability of consistent income, the cost burdens of countless expenses, and the ever-surmounting amounts of debt that can accrue for everyday people can severely impact one's health and livelihood.

In Cumberland County, North Carolina, economic instability is a persistent issue that plagues many residents, which includes their large U.S. Veteran population. More than 1 in 5 of every adult who resides in Cumberland County is considered a Veteran. (Tippett, 2015). At a more granular level, housing instability is a root issue of economic instability that presents a wicked problem. It does not carry a standard definition and can include challenges such as spending a large portion of income on housing costs, living in overcrowded facilities, or moving frequently (Office of Disease Prevention and Health Promotion). To fully understand the dilemma, the needs and assets of Cumberland County must be studied to take into account the context which will help decide how to best tackle the issue.

Housing instability can be tied to a number of health outcomes as a result of the cost burden they can put on individuals and families. If a household spends more than 30% of their

income on housing, they are considered cost burdened and it becomes severe if that number exceeds 50% (Bailey et al., 2015). After taking care of rent, mortgage, and utility payments, cost burdened households have a limited amount of money to spend on other crucial necessities such as healthcare, food, or clothing. This can lead to a dependability on affordable housing, which can be substandard and have a higher probability of exposing individuals to health and safety risks such as insufficient heating and cooling systems, mold, asbestos, water leaks or pest infestations (Hernandez, 2016). Consistent housing instability can lead to homelessness, which per some studies, increases risk for premature death at a rate of 9 and 10 times higher for men and women, respectively. This is due to the increased risk of chronic conditions such as uncontrolled diabetes, hypertension, depression, and substance abuse disorders as compared to the general population (Baggett, 2013).

Geographical and Historical Context:

Known regionally as the “Sandhills”, Cumberland County is located in the central or piedmont area of North Carolina. (Cumberland County Department of Public Health, 2019). Its flagship and largest city is Fayetteville and the county is best known for housing Fort Bragg, one of the United States Army’s largest installations in the world. The population of the county is just above 335,500 per estimates (U.S. Census). The demographic breakdown in Cumberland county is 51% white, 39% African American, and 12.1% Hispanic, the latter two of which are higher than the state-wide percentage. When focusing specifically on veterans, there are approximately 43,164 veterans living within the county lines, which constitutes nearly 20% of the entire county population. In 2018, 10% of the total homeless population in the county was made up of military veterans (Cumberland County Continuum of Care). Although the median

household income for all residents in Cumberland County was \$46,875 in 2019, veterans saw a median income of only \$39,171. (U.S. Census).

There are health disparities present in Cumberland County that are linked to housing instability. Heart disease, diabetes, and chronic respiratory illnesses are all in the top leading causes of death in Cumberland County (State of the County Health Report, 2019). These health problems can be exacerbated in populations that are housing insecure or homeless, as studies have found increased rates of pneumonia, cardiovascular disease, and other chronic health problems that ultimately lead to increased healthcare consumption, driving up expenses and reducing quality years of life (Schanzer, et al. 2007).

Priority Population:

Based on the data, Cumberland County has the third largest composition of retired, discharged, and active U.S. Veterans on a county level within the state. With the number one employer in the county being the Department of Defense and nearly 1 in every 5 inhabitants having a tie to the armed forces, housing instability among veterans is an issue that affects many people in Cumberland county either directly or tangentially (NC Department of Commerce). Veterans deal with similar challenges as the general population, although the reality of their impact can be disproportionate in a number of ways.

Measures of Problem Scope:

Across the United States in 2014, 21.3 million households were considered cost burdened, where more than 30% of the household income was going towards housing costs. A little over half of these were severely cost burdened, leaving less than half of the income for other essential necessities (Bailey et al., 2015). Studies have shown that the prevalence of

housing instability in veteran populations specifically can lead to increased healthcare consumption of over \$7500 annually attributed mainly to more frequent inpatient hospital stays (Byrne, 2017). In addition, veterans with unstable housing conditions were 4 times more likely to use emergency department services, driving up medical bills and debt. These frequent flyers in the emergency department were also more likely to have been diagnosed with a drug, alcohol, or mental health disorder within the prior 12 months (Tsai, et al. 2013). Based on these studied outcomes, it is apparent that housing instability creates ripple effects that are intersectional in their detrimental impact in the lives of veterans.

Rationale/Importance:

The rationale of focusing on housing instability for veterans in Cumberland County is due to the widespread impact it has on multiple facets of life. For reference, it has been studied that housing instability for the veteran population can be linked to increased expenditure when it comes to healthcare consumption and behavioral healthcare use (Byrne, 2017). Therefore, attempting to focus on the rising contributors to expenses and debt that lead to housing instability for veterans is crucial to the ultimate fiscal health of these families and the county as a whole.

Disciplinary Critique:

The nature of housing instability as a wicked problem is palpable. The impact that consistent housing has been shown to have on mental, physical, and emotional health in individuals, especially the United States Veteran population and their families, is also significant. As public health leaders, addressing housing instability as a part of the economic domain is a crucial endeavor as it serves as a barrier to health equity among the residents of Cumberland county. By identifying the root causes that plague the persistence of housing instability in

Cumberland County Veterans, we attempt to highlight the public health efforts that need to occur to achieve a more equitable future state, which includes reducing housing instability, increasing quality of mental health access, advocating for equitable fiscal living conditions, and all while working to decrease adverse health outcomes.

STAKEHOLDER ANALYSIS

Introduction

Imagine returning from serving your country in the Armed Forces, only to experience the burden of not being able to consistently count on a roof over your head. In Cumberland County, North Carolina, this is the stark reality for some discharged veterans. While economic instability exacerbated by rising housing expenses resulting in housing instability is a persistent issue that plagues many residents, United States veterans face this issue disproportionately when compared to the general population (HUD, 2018). This is especially prevalent when considering that 1 in every 5 adults that reside in Cumberland County is considered a Veteran. (Tippett, 2015).

Housing instability is a wicked problem that does not carry a standard definition and can include challenges such as spending a large portion of income on housing costs, living in overcrowded facilities, or moving frequently (Office of Disease Prevention and Health Promotion). The portion of household income spent on housing costs such as rent, mortgage, and utility payments dictates the level of cost burden. Severely cost burdened households spend greater than 50 percent on housing, and in Cumberland County, homeowners have been known to spend close to 47 percent of their monthly income for housing costs (Cumberland County, 2019). This is all while housing costs continue to rise in Cumberland County and nationwide despite incomes remaining the same (Annual Homeless Count Report, 2018). In order to combat these wicked problems, a Pugh Matrix (Figure 4) helped identify the policy and program chosen to address housing instability as increasing funding for the Housing First for Veterans policy and the Housing Choice Voucher Program (HCVP).

Policy: Housing First for Veterans

The Housing First for Veterans policy provides financial assistance to veterans regardless of their housing status. This policy would increase the annual Housing First budget that provides permanent, secure housing for Veterans and their families. It helps to not only reduce housing instability, but addresses the additional health concerns that may be seen in this population which includes substance abuse disorders, mental health concerns, and other serious health conditions by connecting veterans to on site or community health professionals. Housing First can use their funds to help any veteran that is seen as severely cost burdened due to household costs. This will allow for veterans and their families to spend their additional available income on other essential items such as food, clothing, and healthcare.

Improved economic stability for veterans has been shown to be linked to improved health outcomes. This policy supports the idea that veterans and their families who are housing secure or stable will experience a decrease in mortality rates when compared to counterparts not participating in a Housing First program. Studies showed that for a subset of the population ages 45 to 64, those participating in a Housing First program saw a significant increase in natural cause deaths and decrease in accidental deaths compared to unstable housing or homeless counterparts (Henwood, 2015). Disadvantages of this policy may include inadvertently contributing to the stigma against subsidized housing projects where Veterans would be located. In addition, the Housing First for Veterans policy may neglect those who are not ready to live independently with no assistance. With regards to the social services' needs, those could vary greatly amongst veterans and ultimately proving to be ineffective for some.

Alternatives:

A policy centered around increasing funding for the Cumberland County Apartment Association to build affordable housing units was a considered policy alternative. This policy would have guaranteed the building of affordable housing units that would increase the standard of living for Cumberland County Veterans. It would focus on incentivizing safe and sanitary living conditions for Veterans as a priority population as well as increasing equity in housing availability. It did not end up being chosen due to the cyclic nature of built housing environments that take up real estate and many times may remain empty as the stigma of living in sectioned housing is omnipotent and will ultimately drive rent costs up and efficiency down.

Program: Housing Choice Voucher Program (HCVP)

The Housing Choice Voucher Program (HCVP) is a program where Veterans are given a housing choice voucher based on where they fall on the federal poverty line or if they are disabled. This housing voucher allows for the veteran to choose safe, healthy, and affordable housing that doesn't exceed 30% of their taxable income. The voucher would work as a housing subsidy that would be paid directly to the landlord or property owner on behalf of the veteran or the veteran's family. The veteran or the veteran's family would then be responsible for paying the difference between the rent and the amount subsidized by the program. HCVP would address income and housing equity by using the standardized cost of living in Cumberland County to determine the amount the voucher would subsidize. This would ensure that veterans and their families do not have to be severely cost burdened and accrue debt due to crucial monthly expenses such as rent and utilities. Disadvantages of the HCVP program would be that the resources may be largely consumed by the poorer, increasingly disabled veterans. In addition, by allowing veterans to choose where they live, it may result in difficulty supporting them with ancillary behavioral health services due to location.

Alternatives:

The Rapid Re-Housing for Veterans program was a considered alternative program. This program would have offered housing assistance for veterans without preconditions of income, employment, sobriety, or lack of a criminal background check. It would focus on incentivizing landlords to assume the risk of housing veterans that would have access to case management services. It did not end up being chosen due to the lack of sustainability as it fractures the relationship between tenant and landlord and potentially increases the stigma of veterans experiencing housing instability in Cumberland County.

Stakeholder Analysis Assessment & Tools

To identify stakeholders within social, technical, economic, and political domains that are relevant to this public health issue, a STEP Scan Stakeholder Analysis was used (Figure 1). Each stakeholder was meticulously selected because of the integral roles they hold and representation they provide within their communities. A Stakeholder Power/Interest Matrix (Figure 2) was also conducted to determine each stakeholders' level of impact within the project. The tool categorizes stakeholders into four groups: Monitor, Keep Satisfied, Keep Informed, and Manage Closely. Stakeholders in the Monitor group have low power and low interest. Keep Satisfied stakeholders have high power and low interest. Keep Informed stakeholders have high interest and low power. Manage Closely stakeholders are the key players with high interest and high power.

Identified Key Stakeholders

As seen in the stakeholder grid (Figure 3), there are four key stakeholders that are pivotal to engage due to their power, interest, and influence within Cumberland County and the town of

Fayetteville with regards to addressing housing instability for veterans and their families. These are the Veterans and their families, the Fayetteville Veteran's Affairs Medical Center, the Fayetteville Metropolitan Housing Authority, and the various Community Landlords.

Veterans and their families are the flagship stakeholder to engage with due to this intervention directly affecting their livelihood. They are the critical piece that will be the direct beneficiary of all the initiatives put in place. Although they have limited power and influence, they are ranked as having the highest level of interest on the matrix and fall into the Keep Informed group. They are social stakeholders on the STEP Scan.

The Fayetteville Veterans Affairs Medical Center plays a critical role in providing direct medical care to veterans and their families. They also deliver supplemental behavioral health, legal, and rehabilitation services to help address the intersectionality of veterans and their health. The VA Medical Center is a key stakeholder to strategically engage and manage due to their power and interest related to the issue. Their vast network of healthcare professionals and community resources will be instrumental in the success of this endeavor. Due to their high level of power and moderate level of interest, they are a technical stakeholder that must be Kept Satisfied.

The Fayetteville Metropolitan Housing Authority has a vision of meeting the needs of its community by providing decent, safe, and affordable housing while promoting a mission of neighborhood revitalization by maximizing their resources (FMHA). They believe that housing is a fundamental right and necessary for a successful life. They directly support the Department of Housing and Urban Development's VASH for homeless veterans. HUD-VASH is a collaborative program between HUD and VA that provides permanent supportive housing for

eligible veterans and their families (VA). Due to their relationship with HUD and the VA as well as their expertise in providing affordable housing for veterans and their families, the FMHA are an essential technical and economic stakeholder to engage and Manage Closely, as identified on the STEP Scan and Power-Interest Matrix, respectively.

Community Landlords, although having low power and relatively low interest, are important stakeholders to engage due to the vested interest they have in the longevity of providing quality housing to tenants in the community. By involving them in the process, it can help foster the relationship between landlord and veterans to reduce any barriers or stigma that previously may have existed. Their support and perspectives are important to take into consideration to ensure sustainability and viability of the interventions. They will be Monitored going forward and are classified as an economic stakeholder.

Conclusion

The utilization of unique perspectives and resources can be used to improve sustainability for addressing economic instability exacerbated by housing insecurity for veterans. This will be achieved by involving and engaging diverse, strategic stakeholders directly in our policy and program interventions. While other stakeholders are involved, the key stakeholders identified that have an integral part in this initiative were the Veterans themselves and their families, the Fayetteville VA Medical Center, Fayetteville Metropolitan Housing Authority, and the Community Landlords. By engaging with each stakeholder, the project team will design and implement an intervention that meets all parties needs and enhances services for veterans dealing with housing instability in Cumberland County, North Carolina.

Appendix:

Figure F1: STEP Scan Stakeholder Analysis

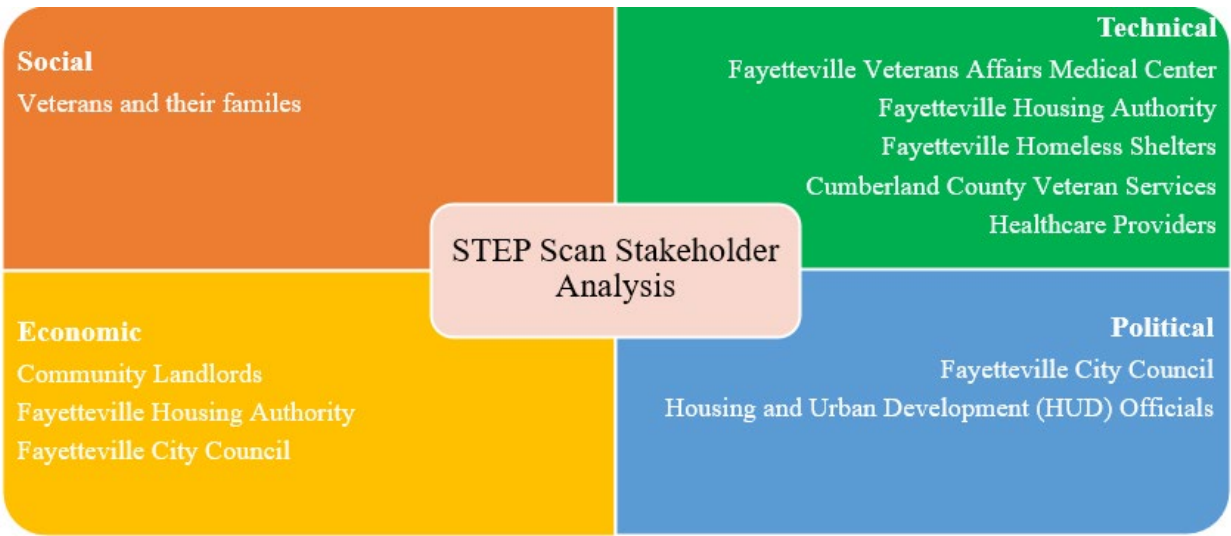


Figure F2: Stakeholder Power-Interest Matrix

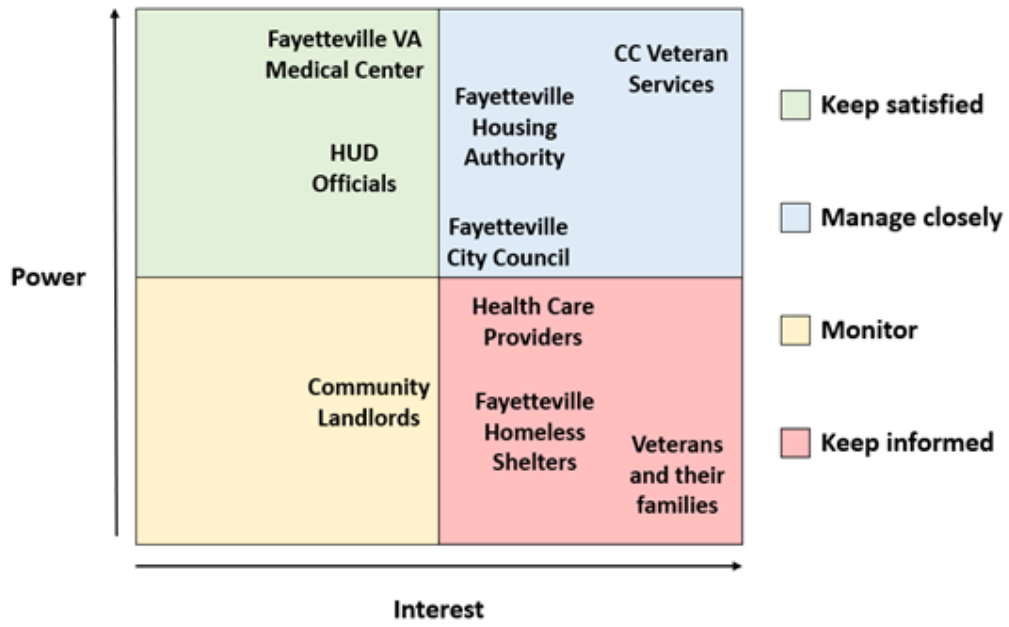


Figure F3: Stakeholder Grid

Stakeholder	Stakeholder Interest(s) in the Project	Assessment of Impact	Potential Strategies for Obtaining Support or Reducing Obstacles
Housing insecure Veterans in Cumberland County	A – high level of interest in their ability to secure, affordable, and equitable housing	<ul style="list-style-type: none"> · Providing secure, equitable housing · Reducing health disparities linked to housing instability and/or homelessness 	Financial incentives for participation in programs and policies
Fayetteville Metropolitan Housing Authority	B – moderate level of interest in serving veterans in need, high level of interest in serving its mission of housing as a fundamental right	<ul style="list-style-type: none"> · Improves health equity in the community · Assists to increase access to safe and affordable housing · Aligns with their vision that housing is a fundamental right 	Appeal to their mission and goal in supporting community equity

<p>Fayetteville Veteran’s Affairs (VA) Medical Center</p>	<p>B – low to moderate level of interest</p>	<ul style="list-style-type: none"> · Reduces the frequency of medical services used as a direct result of housing instability and/or homelessness · Helps in their mission to address social determinants of health that affects veterans 	<p>Work directly with behavioral health providers to keep uninsured veterans out of the emergency room</p>
<p>Community Landlords</p>	<p>C – low to moderate interest</p>	<ul style="list-style-type: none"> · Provides paying tenants for their otherwise vacant dwellings 	<p>Potential financial incentives, such as tax breaks, to house veterans and their families</p>

Figure F4: Pugh Matrix for Program/Policy Selection

Criteria for Policy (1 min -5 max)	Chamara Increasing Funding to “Housing First for Veterans” in Cumberland County	Greg Housing Vouchers (Direct Subsidies)	Emilio Increased Funding for Homeless Assistance Grants through HUD	Matt VEHA Veterans for Equitable Housing Act
Evidence based data available	2	3	3	1
Feasibility	2	3	3	4
Impact on SDoH	4	4	2	4
Cost	1	5	1	3
Sustainability	3	3	3	3
Total Score	12	18	12	15

Criteria for Program (1 min -5 max)	Chamara Housing Choice Voucher Program	Greg Case Management Referral Program	Emilio Increased Funding for Rental Assistance (Policy)	Matt HGV Housing Grant for Veterans
Evidence based data available	3	3	3	2
Feasibility	3	4	3	4
Impact on SDoH	3	3	2	4
Cost	1	3	1	1
Sustainability	2	3	3	2
Total Score	12	19	12	13

STAKEHOLDER ENGAGEMENT PLAN

Background

Housing instability is a Social Determinant of Health that presents a wicked problem. It does not carry a standard definition and can include challenges such as spending a large portion of income on housing costs, living in overcrowded facilities, or moving frequently (Office of Disease Prevention and Health Promotion). This cost burden can be financially crippling for families. Households that spend greater than 30% of income on housing costs such as rent, mortgage, and utility payments are disadvantaged as they must sacrifice other essential goods such as food, clothing, and healthcare (Kushel, 2006).

In Cumberland County, North Carolina, Veterans of the United States Armed Forces experience housing instability disproportionately when compared to the general population (HUD, 2018). This is especially prevalent when considering that 1 in every 5 adults that reside in Cumberland County is considered a Veteran. (Tippett, 2015). Homeowners in this southeast region of North Carolina have been known to spend close to 47 percent of their monthly income on housing related expenses (Cumberland County, 2019). This is all while housing costs continue to rise in Cumberland County despite average household income remaining relatively stagnant (Annual Homeless Count Report, 2018).

In order to combat these wicked problems, the policy and program chosen to address housing instability in Cumberland County, NC is by increasing funding for the Housing First for Veterans policy and the development of the Housing Choice Voucher Program (HCVP). The proposed policy would increase the annual budget for the Housing First program that provides permanent supportive housing for Veterans and their families. It helps to not only reduce housing

instability, but addresses the tangential health concerns that may be seen in this population which includes substance abuse disorders, mental health concerns, and other serious health conditions by connecting veterans to on site or community health professionals. The complimentary Housing Choice Voucher Program allows for the veteran to choose safe, sanitary, and affordable housing that doesn't exceed 30% of their taxable income. The voucher works as a housing subsidy that would be paid directly to the landlord or property owner on behalf of the veteran or the veteran's family. The veteran or the veteran's family would be responsible for paying the difference between the rent and the amount subsidized by the program

Stakeholder Engagement Plan

In order to gain rapport and buy-in from stakeholders, an engagement plan is essential. This will include gaining interest and support from senior leaders and keeping them satisfied with progress. In addition, the direct actors will be important to regularly engage to ensure those on the ground and doing the work have the most up to date information on the best strategies for implementation. Veterans, as the flagship stakeholder, will need to be assessed to properly evaluate the practicality of certain strategies in breaking down the barriers that currently exist. The stakeholder engagement plan (Table 1) for the major relevant stakeholders to this policy and program can be referenced below.

Veteran Focus Groups & Feedback Sessions

The Veteran Focus Group and Feedback sessions are integral to this program and policy's direction and intent. The nominal group technique will be used as it will be designed to encourage different types of individuals to actively engage in the process. This may include more introverted individuals, those who need silence for reflection and thought, and those who may be

physically or mentally impaired in some way. This group will conduct feedback sessions before implementation of the program to further inform design and outreach. To begin with, the focus group will include a homeless veteran, a housing insecure veteran who lives in congregate housing, a housing insecure veteran who lives in a residential neighborhood, a veteran identified as a frequent user of the Fayetteville Veteran's Affairs (VA) hospital system and a veteran who has not utilized the Fayetteville VA hospital system in the last 12 months. After the program and policy are implemented, subsequent feedback sessions will be conducted that includes program participants and measures their responses compared to baseline. There will be thoughtful, meticulously prepared open-ended questions (Table 2) for the participants. These results and recommendations will be presented to the program steering committee.

Project Consultant Advisory Committee

The Project Consultant Advisory Committee, which will consist of relevant community stakeholders, will provide high-level input and guidance on the development and implementation of the program. This group will make recommendations to the program steering committee for optimal implementation strategies, improvement opportunities, and community outreach. The stakeholders involved will include key players within the Fayetteville City Council, Fayetteville Homeless Shelters, HUD, and the Fayetteville Veteran's Affairs health system staff. This group will also work to increase rapport with partner organizations. The advisory committee will meet once every 3 to 4 months as needed with more frequent meetings before and immediately after implementation.

Cumberland County Veteran Services and Fayetteville Housing Authority Leadership Briefings

For the leadership team within the Cumberland County Veteran Services Office and the Fayetteville Housing Authority, the engagement will be often and efficient. These stakeholders will be managed closely as their overall investment in the program and policy is crucial for political capital given their respective power and influence. Aligning the initiatives within the confines of their existing mission statements and goals are paramount to intervention success. These leadership briefings will be held every 6 to 12 months in order to present up to date progress, accomplishments, and any unforeseen obstacles.

Program Steering Committee

The program steering committee will act as the main workgroup for ensuring progress of the initiative. The group will be composed of the critical program leadership and staff who will meet bi-weekly on a recurring basis, with the leadership team meeting separately as well as with staff, to ensure continued progress towards the goals and milestones. The program steering committee will also be tasked with analyzing, developing and presenting progress updates out to the other pertinent stakeholder groups. Additionally, they will be tasked with reviewing and evaluating feedback from these other stakeholder groups and amending the details and nuances of the program as needed.

ACCOUNTABILITY PLAN

Memorandum of Understanding

between

Cumberland County Department of Public Health

and

Cumberland County Veteran Services Office

1.0 VISION

Veterans in Cumberland County are able to secure consistent, affordable housing. Monetary demands for housing expenses do not create undue stress, lead to homelessness, or result in forfeiting or inadequate medical, behavioral, or social care.

2.0 VALUES

The work of the Cumberland County Department of Public Health and the Cumberland County Veteran Services Office shall adhere to the following principles:

- Respecting the unique nature of each partner and their contributions**
- Establishing clear and open communication by striving to understand each other's needs and interests**
- Promoting collaboration, empathy, and kindness**

- **Working in a subject-centric manner and promoting the importance of the social determinants of health, specifically related to economic stability and housing stability**
- **Prioritizing health equity and the needs of veterans in Cumberland County identified as in a perpetual state of housing instability**

Additional Partners:

- **Fayetteville Veterans Affairs Medical Center**
- **Fayetteville Homeless Shelters**
- **Fayetteville City Council**
- **Community Landlords**

3.0 BRIEF PROGRAM DESCRIPTION

Increasing funding for the Housing First for Veterans policy and the development of the Housing Choice Voucher Program (HCVP). The proposed policy would increase the annual budget for the Housing First program that provides permanent supportive housing for Veterans and their families as well as supplemental case management services. The complimentary Housing Choice Voucher Program allows for the veteran to choose safe, sanitary, and affordable housing that doesn't exceed 30% of their taxable income. The voucher works as a housing subsidy that would be paid directly to the landlord or property owner on behalf of the veteran or the veteran's family.

4.0 GOALS

We aim to improve housing instability prevalence among Cumberland County veterans by providing housing vouchers and raising the funding for the Housing Choice Voucher Program. Within 3 years, we will aim to reduce the prevalence of self-reported housing instability by 30% among Cumberland County veterans.

5.0 METRICS AND MILESTONES

Type	Metric	Date
Structural	Recruit and establish core project team	Summer 2021
Process	Engage veterans and their families in initial stakeholder focus groups	Fall 2021
Structural	Establish application and messaging/communication processes for housing vouchers and access to case management services	Fall 2021
Process	Advertise services and begin accepting applications and referrals	Winter 2021
Structural	Implement screening and referral tools in Housing First electronic database	Summer 2022

Process	Complete second veteran stakeholder focus group and feedback sessions to compare with baseline	Winter 2022
Outcome	Assess change in self-reported housing instability among veterans	Summer 2023

Signatures:

Cumberland County Department of Health Director

Date

Cumberland County Veteran Services Office Director

Date

Appendix

Table F1. Stakeholder Engagement Plan

Method of Engagement	Stakeholders	Input on...	Involvement
Veteran Focus Groups & Feedback Sessions	Veterans in Cumberland County	<ul style="list-style-type: none"> · Intimate sessions to gather knowledge on housing related wants and needs 	Quarterly focus groups, webinars, meetings, community assessments
Project Consultant Advisory Committee	Diverse group of subject matter experts	<ul style="list-style-type: none"> · Improvement opportunities · Optimal implementation strategies · Align program policies with existing and established efforts 	Once every 3-4 months, as needed

<p>Cumberland County Veteran Services and Fayetteville Housing Authority Leadership Briefings</p>	<p>Leaders within each organization</p>	<ul style="list-style-type: none"> · Community buy-in and investment · Assessment of strategies relevant to the program 	<p>Every 6 to 12 months</p>
<p>Program Steering Committee</p>	<p>Internal staff partners</p>	<ul style="list-style-type: none"> · Process and methods · Assessment of relevance and applicability of proposed strategies · Technical advice · Messaging and outreach 	<p>Bi-weekly meetings that are on a recurring basis</p>

Figure F1. Stakeholder Power-Interest Matrix

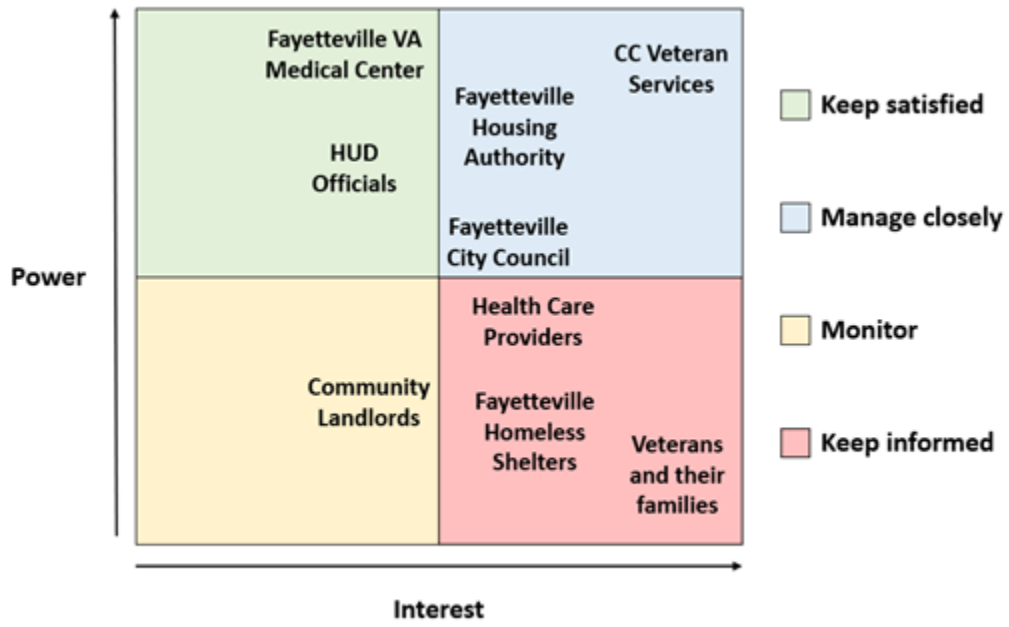


Table F2. Potential Questions for Veteran Feedback Sessions

- 1. What are your current challenges with housing costs and expenses?**
 - a. Can you describe sacrifices or other trades-offs you have made to pay for rent, mortgage, or other housing expenses?**
 - b. How do you feel these challenges have strained you physically or mentally?**
- 2. Where do you typically seek out help, if at all, for financial, mental, or physical health needs?**
- 3. When it pertains to housing expense relief, what methods do you recommend the program utilizes to reach veterans in need?**
 - a. What, if at all, stigmas exist from participating in a housing expense relief program?**
- 4. How was your experience applying to this program? (post-implementation only)**
- 5. How has the housing expense relief affected your daily life, including mental health, physical health, and family relations? (post-implementation only)**
 - a. What lifestyle changes have you been able to make as a direct result of the Housing Choice Voucher Program?**

PERSUASIVE PITCH PRESENTATION



IMPROVING HOUSING INSTABILITY TO REDUCE ADVERSE HEALTH
OUTCOMES FOR HONORABLY DISCHARGED VETERANS AND THEIR
FAMILIES THROUGH THE CREATION OF AN ACCOUNTABLE CARE
COMMUNITY IN CUMBERLAND COUNTY, NORTH CAROLINA

Team Members: Emilio J. Berdiel, Chamara U. A. Fernando, Gregory A. Heindel, and Matthew L. Merritt



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Gregory Heindel: Good Evening. We are Team Building Up Vets and our presentation today will be on improving housing instability to reduce adverse health outcomes for honorably discharged veterans and their families through the creation of an accountable care community in Cumberland County, North Carolina.

Overview of the Problem

- ❖ Poor social determinants of health (SDOH) lead to poor health outcomes
- ❖ High expenses are an important economic social determinant of health
- ❖ Housing cost is the single largest monthly expense affecting economic SDOH
- ❖ Housing instability (>30% income towards housing costs) predicts household health



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Gregory Heindel: Social determinants of health (SDOH) are external factors, such as geography, community resources, and community economics that affect an individual's quality of life and health and lead to short-term, long-term, and intergenerational reductions in health outcomes. The high cost of housing can force individuals to spend large portions of income on housing and lead to issues paying rent, overcrowding, and moving frequently. These may lead to direct negative health effects as well as present a barrier to accessing health care.

Housing instability is also associated with increased prevalence of mental health conditions, such as anxiety, depression, and suicidal ideation and predicts more health complications, hospitalizations, and even adverse childhood outcomes than those without housing instability.

Community and Priority Population

Cumberland County Statistics

- Population: 319,431

White	Black/African American	Hispanic/Latino
51%	38%	11%



- Average county income is \$44,810 (before taxes)
- 18% of citizens are living below the poverty line

Veterans Statistics

- Cumberland County (CC) veteran population: 19.8%
- In 2018, total homeless population in CC, 10% were veterans



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Matt Merritt: The targeted community is Cumberland County, North Carolina. Here are the demographics of the county. The county has a population size of 319,431 with 51 percent of the population identifying as White, 38 percent identifying as Black or African American, and 11 percent identifying as Hispanic or Latino (Cumberland County, 2019). The average county income is about 45k. The US Census recently reported that 18% of residents in Cumberland County live in poverty (US Census Bureau, 2019).

Veterans Stats: The priority population selected for the ACC was veterans in Cumberland County, NC due to the county's veteran population of 19.8 percent, compared to 9 percent for the state's average (US Census Bureau, 2019). In 2018, 10 percent of the total homeless


population in Cumberland County were veterans, compared to 14 percent nationwide (Annual Homeless Count Report, 2018).

Group MOU Vision, Programs, Goals

- **VISION** →
 - For veterans to secure consistent, safe, and affordable housing and for their monetary demands for housing expenses to not lead to forfeiture of medical, behavioral, or social care.

- **BRIEF PROGRAM & POLICY DESCRIPTION** →
 - Housing vouchers for veterans to maintain housing expenses at or below 30% of their income.
 - Case Management referrals and services such as economic, housing, medical, behavioral, or social services

- **GOALS**→
 - Reducing prevalence of self-reported housing instability among Cumberland County Veterans by 20% in 2 years
 - Increase case management referrals for Cumberland County Veterans by 25% within 3 years

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Chamara Fernando: Our Memorandum of Understanding is held between the Cumberland County Department of Public Health and the Cumberland County Veteran Services Office and reinforces our vision, which highlights United States Veterans living in Cumberland County being able to afford housing that is safe and consistent in nature. We also strive for housing costs to refrain from being in lieu of seeking needed medical services, behavioral healthcare, and social services as that is a choice no one should have to make.

For our program description, we are going forward with two programs - one being a housing voucher program for veterans to maintain housing expenses at or below 30% of their income.

The parallel program will be a case management referral system that connects veterans with crucial medical, behavioral, and social services among others.

Our goals that will be agreed upon will include reducing the prevalence of self-reported housing instability among United States Veterans in Cumberland County by 20% in 2 years, as well as increasing the amount of case management referrals that will be documented accordingly in the VA Health System EHR system by 25% within a three year time frame.

Key Partners for ACC

- Fayetteville Veteran Affairs Health System
- Fayetteville Housing Authority
- Cumberland County Veterans Services
- Cumberland County Dept of Public Health
- Others such as Cumberland County Apartment Associations, Cumberland County Homeless Shelters



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Individual Pitch: Fayetteville Veteran Affairs Health System



- ❖ ACC can be built around excellent Fayetteville Veteran Affairs Health System services
- ❖ Integration of a screening tool into electronic health record
- ❖ Coordination with Veteran Services Office case management staff
- ❖ Provide other financial and staff support



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Gregory Heindel: The ACC partnership is expected to rely heavily on the existing, strong, foundation of the Fayetteville VA Health System. We will integrate a screening tool into outpatient electronic health record to screen for housing instability during clinic visits. The VA would refer veterans to, and coordinate with, the case management and Veteran Services Office team, as needed, and provide other financial and staff support towards the program. This referral team would also bridge veterans into other health, behavioral, social, and financial services, within and outside of the VA system, as needed.

Individual Pitch: Fayetteville Veteran Affairs Health System



- ❖ Removes clinician burden for important social services
- ❖ Reduces veteran emergency department utilization, hospitalization, suicidal ideation, and suicidal attempts
 - \$7573 more VA health care expenses per year
- ❖ Supports VA Health System vision statement and core values



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Gregory Heindel: A pilot study at a VA clinic showed that health care providers believe that housing stability is an important part of veteran health, but they felt they lacked the expertise or time to address these issues. Partnering with the ACC will allow VA health care providers to focus on their job - health care - while also knowing the veterans have a strong case management team to address any identified housing issues.

Studies of veterans with housing instability have shown they use more health services such as emergency department and hospitalized care, and have more frequent suicidal ideation and suicidal attempts. Indeed, one study showed an annual increase of \$7573 worth of VA health care services in veterans with housing instability.

Not only will this ACC partnership improve Veteran health and reduce Veteran health care costs, but it also aligns with your vision and values to deliver veteran-centered care through collaborated teams with a focus on prevention.

Individual Pitch: Fayetteville Housing Authority




- ❖ Selected as a key partner due to organization’s mission and commitment to “improve intergenerational public health outcomes, and increase equitable opportunities”
- ❖ ACC partnership increases impact of HUD’s VASH program for homeless vets by proactively preventing eviction and homelessness
- ❖ Strategically utilizes institutional/technical knowledge of existing housing voucher policies and leverages community relationships with veteran tenants and local landlords




Matt Merritt: The Fayetteville Housing Authority provides safe, quality, affordable housing as a basic human right to build community resilience, improve intergenerational public health outcomes, and increase equitable opportunities (FHA, n.d.). They were selected as an ACC key partner due to their current relationship with the US Department of Housing and Urban Development and the US Dept of Veteran Affairs. They directly support the HUD’s VASH program for homeless veterans, which is a collaborative program between HUD and VA that

combines HUD housing vouchers with VA supportive services to help Veterans who are homeless, and their families find and sustain permanent housing (VA, n.d.). Our ACC allows the FHA to increase their impact in the community by proactively addressing eviction and homelessness among veterans. The FHA is a critical stakeholder to engage and partner with. Their collaboration will allow the ACC to strategically utilize their technical knowledge in providing affordable housing for veterans and their families through the proposed housing voucher policy and leverage community relationships with tenants and local landlords.

Individual Pitch: Cumberland County Veterans Services



- ❖ Selected due to their mission to assist veterans and their dependents obtain benefits, as well improving their overall quality of life, and advocating on their behalf
- ❖ ACC will utilize Veterans Service Office as the local point of contact to connect veterans and their families with federal resources
- ❖ Cumberland County Veterans Services Office will be managed closely as they have rooted connections and a vested interest in the betterment of the lives of veterans



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Chamara Fernando: The Cumberland County Veterans Services Office plays an integral role as one of our key stakeholders within our Accountable Care Community. As previously stated,

19.8% of inhabitants of Cumberland County identify as United States Veterans. As a result, Cumberland County Veterans Services does a great deal for the community with regards to assisting veterans and their families apply and obtain benefits. They serve as crucial advocates in holding the Department of Veterans Affairs accountable to equitably distributing veteran's benefits within the community. We will engage the core team in order to have roots on the ground and connect veterans and their families with federal resources.

Summary & Conclusion

- ❖ The men and women who put their lives on the line for the safety of our country should not be neglected and left to sleep in the streets
- ❖ Having stable access to a place to live has been shown to improve community health outcomes and quality of life
- ❖ Through our policy implementations, our ACC will be able to reach its goals of eradicating housing instability and homelessness among all veterans living in Cumberland County
- ❖ We will provide ongoing support to veterans and their families to establish sustainable economic stability and improve community health outcomes.



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Emilio Berdiel: The men and women who put their lives on the line for the safety of our country should not be neglected and left to sleep in the streets. Having stable access to a place to live has been shown to improve community health outcomes and quality of life. Through our policy

implementations, our ACC will be able to reach its goals of eradicating housing instability and homelessness among all veterans living in Cumberland County. We will provide ongoing support to veterans and their families to establish sustainable economic stability and improve community health outcomes.

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IMPROVING HOUSING INSTABILITY TO REDUCE ADVERSE HEALTH OUTCOMES
FOR HONORABLY DISCHARGED VETERANS AND THEIR FAMILIES THROUGH THE
CREATION OF AN ACCOUNTABLE CARE COMMUNITY IN CUMBERLAND COUNTY,
NORTH CAROLINA

By

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Date

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Date

APPENDIX G – HEINDEL DELIVERABLES

INDIVIDUAL PROBLEM STATEMENT

Social Determinant of Health Issue

Social determinants of health (SDOH) are external factors, such as geography, community resources, and community economics, that affect an individual's quality of life and health. These factors are often interconnected and can lead to short-term, long-term, and intergenerational reductions in health outcomes (Centers for Disease Control and Prevention, 2021). As the largest single recurring expense for the average household, high housing costs can substantially impact economic social determinants of health, such as monthly expenses (Bureau of Labor Statistics, 2002). The high cost of housing can force individuals to spend large portions of income on housing and lead to issues paying rent, overcrowding, and moving frequently. These may lead to direct negative health effects as well as present a barrier to accessing health care (Office of Disease Prevention and Health Prevention, 2020a).

Although a standard definition does not exist, housing instability is typically defined by households that spend more than 30 to 50% of their income on house expenses (Bucholtz, 2020; Office of Disease Prevention and Health Prevention, 2020a). This leaves little money remaining for food, health care, and other essentials (Office of Disease Prevention and Health Prevention, 2020a). Across the US, it has been estimated that approximately 35% of families spend more than 30% of income on housing (Office of Disease Prevention and Health Prevention, 2020b).

Housing instability can have profound effects on an individual's health. Housing instability is associated with increased prevalence of mental health conditions, such as anxiety, depression, and suicidal ideation. Housing instability also predicts more health complications,

hospitalizations, and even child hospitalizations (Oppenheimer et al., 2016; Sandel et al., 2018; Tsai et al., 2020).

Geographic and Historical Context

Cumberland County has a population of approximately 327,000 people, which has been increasing since 2015. The county includes both rural and urban areas, including the largest city of Fayetteville. The average household size in Cumberland County is 2.6 people. The proportion of people in Cumberland County that are living below the Federal Poverty Level is 17.6%, which is higher than the state average of 16.8% (Cumberland County, 2019).

The close proximity to Fort Bragg, one of the US Army's largest military bases, has led to a large military population within Cumberland County. Approximately 68% of Fort Bragg community members live in Cumberland County. The veteran population is also abnormally high for North Carolina, which represents approximately 20% of Cumberland County population compared with less than 10% for all of North Carolina (Cumberland County, 2019). Cumberland County is served by a Veterans Affairs acute care hospital in Fayetteville. In addition to acute care, this hospital provides a long-term care unit and several outpatient clinics for veterans (US Department of Veterans Affairs, 2020).

Priority Population

Veterans are at a higher risk of housing instability, including homelessness, than the general population (US Department of Housing and Urban Development et al., 2010). In addition, veterans are overrepresented in the population within Cumberland County (Cumberland County, 2019). Cumberland County also has a large amount of veteran services, including internal Veteran Affairs services and external services. This presents an opportune scenario to

reduce a SDOH within veterans in Cumberland County through collaboration between the various veteran services within the county. For these reasons, the priority population within Cumberland County for this initiative is veterans.

Measures of the Problem

The median household income in Cumberland County of \$44,810 is below the state average of \$48,256 (Cumberland County, 2019). The proportion of homeowners in Cumberland County is 51.6%, which is below the national average of 63.9% (Data USA, 2020). The median housing costs for homeowners is \$1,175/month, which represents a large expense as a proportion of income. Severe housing issues, such as overcrowding, high housing costs, and inadequate housing facilities are reported in 16.6% of the households in Cumberland County (Cumberland County, 2019).

The total number of homeless individuals in Cumberland County has been decreasing since 2014, however the proportion of homeless individuals that are veterans has been stagnant, or increased, since 2014 to 10% in 2018. The number of homeless individuals in Cumberland County is also approximately twice that of available shelter beds. One of the most commonly reported causes of homelessness is lack of affordable housing and eviction (City of Fayetteville & Cumberland County, 2018).

Rationale/Importance

Economics, including housing, was selected as a priority area for the Cumberland County Local Health Department in their most recent Community Health Needs Assessment (Cumberland County, 2019). Housing instability has also been recognized as a key economic issue within the Health People social determinants of health initiative (Office of Disease

Prevention and Health Prevention, 2020a). Housing instability disproportionately affects many veteran subpopulations, including those with cognitive and behavioral health issues, substance-use disorders, and transgender veterans (Montgomery et al., 2015; Blosnich et al., 2017). This may be particularly difficult and important in veterans who have experienced limb loss and require particular housing needs (Wilson et al., 2020).

Housing instability among veterans is associated with increased utilization of the emergency department (Davis et al., 2020). Another study in US veterans also demonstrated that a lack of housing and inadequate housing increases the odds of hospitalization for suicide by 9 to 31 fold (Alemi et al., 2020) and increases the odds of suicidal ideation and suicidal attempts (Blosnich et al., 2020). One study reported that chronic veteran housing instability increased Veterans Affairs health care utilization by \$7,573 per year when compared with veterans that experience only brief housing instability (Byrne et al., 2017).

Disciplinary Critique

Housing instability is a wicked problem with many facets. As housing costs represent one of the largest monthly expenses for most individuals, transitioning individuals out of housing instability provides significant effects on this social determinant of health. In order to address this social determinant of health, many stakeholders will need to provide perspectives to understand the root causes of housing instability. Potential solutions will also require complex analysis with a focus on health equity. Public health leaders are poised to lead these discussions and implement solutions that are focused on equitable opportunities and health outcomes.

STAKEHOLDER ANALYSIS

Introduction

Unaffordable housing is a well-recognized social determinant of health (Office of Disease Prevention and Health Prevention, 2020). The high cost of housing can force individuals to spend large portions of income on housing and lead to issues paying rent, overcrowding, and moving frequently and is associated with negative health outcomes (Office of Disease Prevention and Health Prevention, 2020). Although a standard definition does not exist, housing instability is typically defined by households that spend more than 30 to 50% of their income on house (Bucholtz, 2020; Office of Disease Prevention and Health Prevention, 2020).

Veterans are at a higher risk of housing instability, including homelessness, than the general population (US Department of Housing and Urban Development et al., 2010). In addition, veterans are overrepresented in the population within Cumberland County (Cumberland County, 2019). Cumberland County is served by a Veterans Affairs acute care hospital in Fayetteville. In addition to acute care, this hospital provides a long-term care unit and several outpatient clinics for veterans (US Department of Veterans Affairs, 2020).

This housing voucher policy would provide veterans in Cumberland County with direct funding to reduce housing costs to no more than 30% of their gross income. In addition, a parallel program would provide social case management for enrolled veterans to provide assistance with housing costs, relocation, or other health and social needs, as needed. This program would be based out of the Fayetteville VA Hospital and encourage referrals from VA health care providers. This service would also assist qualifying individuals to enroll in the veteran housing policy as well.

Policies Description

Housing Vouchers (Direct Subsidies)

Housing vouchers provide cash to pay for rent or mortgage bills directly to the individual. These policies can directly target affected veterans based on their income and their housing costs (e.g., set a maximum cost of 30% of income for housing costs and provide a voucher for the remaining balance). This is similar to a policy that Veteran Affairs already executes in partnership with the Department of Housing and Urban Development for veterans who are currently homeless. However, housed veterans that are housing unstable do not qualify for the subsidies (Evans et al., 2019).

This policy would directly target and benefit the population of interest and this targeted strategy is aimed at directly addressing the inequity in housing instability. These subsidies can also, by definition, immediately relieve veteran housing instability. Direct subsidies also provide veterans the flexibility to choose a location that fits their family's needs, which is preferred by many (Community Preventive Services Task Force, 2001). However, these subsidies may not always provide overall veteran income stability (e.g., if saved expenses shift elsewhere). This policy also does not have a clear strategy to exit veterans that are currently receiving subsidies. Opponents would likely argue that this will raise the average rent in the area and create unintended consequences. This policy could also be combined with programs that provide other housing, economic, and health services (e.g., case management, education).

Housing Development Incentives (Indirect Subsidies)

Indirect subsidies could also be implemented as a policy. These could financially or otherwise incentivize developers to build housing for low-income veterans with particular housing cost caps or sliding scale rent. This, however, does not immediately address the issue (i.e., construction takes several years), relegates housing options to areas where developers take

advantage of these programs, and does not provide direct relief to the priority population (Tsai et al., 2019).

Programs Description

Case Management Referral Program

Case management programs assign individuals to work directly with housing insecure veterans to identify programs that would benefit them. This may include housing support programs, but also typically includes mental health, physical health, and rehabilitative services. These services are often driven by referral (e.g., from a Veteran Affairs physician that identifies the need). This program would directly target and benefit the population of interest, veterans who are housing unstable and is aimed at addressing the inequity of housing instability, which demonstrates disproportionately larger risk in veterans. However, this program requires referral and may be difficult to identify those that are already avoiding interactions with Veteran Affairs based on current economic, social, or health status (e.g., skipping primary care services) and many health professionals have reported that they don't feel it is their role to refer veterans to these services (Chhabra et al., 2019).

Several studies have demonstrated the ability of case management to improve housing instability (Smelson et al., 2018; Chhabra et al., 2019; O'Connell, Sint, & Rosenheck, 2018). Many programs have also demonstrated improved health via these programs, including reduced hospitalizations and emergency department visits (Smelson et al., 2018). Most of these studies and programs are focused on particularly high-risk individuals (e.g., substance abuse disorders, mental health disorders) and it is unclear if they are as effective in otherwise healthy individuals. Screening tools can be embedded into veteran interactions (e.g., through a standard questionnaire at Veteran Affairs hospitals and clinics). This also provides wrap around services for multiple

social determinants of health and has the potential to impact more than housing. This strategy can also take advantage of other local programs and non-profit organizations aimed at addressing housing costs or improving veteran economic stability. However, this program is time and manpower intensive and requires a team of case workers to execute the services. These programs administered alone have shown that they are not as effective as when combined with direct housing subsidies (O'Connell, Sint, & Rosenheck, 2018).

Building Free or Reduced-Cost Veteran Housing

Housing units could be built specifically to provide free or slide-scale housing. The units can also provide a community for veterans and establish a 'hub' for wrap around services (Tsai et al., 2019). However, this requires a large investment in new infrastructure, which will also require a long time to build, and limits the ability of veterans to choose where to live. This is also a poor solution for those who are already established in mortgaged homes.

Recommended Policy and Program

The advantages and disadvantages, discussed above, were considered in the context of impact and effort (refer to Figure G1, Impact-Effort Matrix). Based on these factors, the Housing Vouchers (Direct Subsidies) Policy and Case Management Referral Program were selected. This policy would provide veterans in Cumberland County with direct funding to reduce housing costs to no more than 30% of their gross income. In addition, a parallel case management program would provide social case management for enrolled veterans to provide assistance with housing costs, relocation, or other health and social needs, as needed. This service would be based out of the Fayetteville VA Hospital and encourage referrals from VA health care providers and Veteran Services Office. This service would also assist qualifying individuals to enroll in the veteran housing policy as well.

Stakeholder Analysis

The stakeholders related to this policy and program are diverse. This initiative will need the support and engagement of the county Veteran Affairs Hospital and associated clinics. Within that system, the social services and health care providers will be important to help support a referral program to assist veterans identified as housing unstable. In addition, the Cumberland County Veteran Services Office is a pre-existing referral service that may be important in helping to identify and refer veterans that are looking for help. Similarly, Connections of Cumberland County is a pre-existing resource intended to help support housing unstable people. The HOPE Homeless shelter provides a daily meal and overnight shelter for homeless individuals in Fayetteville.

As this is a program intended to impact housing, the Cumberland County Apartment Association and Fayetteville Metropolitan Housing Authority would have vested interests in supporting this program to help reduce late or missed payments. Most importantly, a sample of Veterans, including homeless, housing-unstable, and housing-stable veterans, should be consulted to identify their needs and how they believe these can be best addressed.

Figure G2 presents each identified stakeholder within a power-interest matrix. A RASCI analysis of the relevant stakeholders is available in Table 1. Stakeholders will be engaged via a specific engagement plan, based on their power, interests, and roles, to gain buy-in, support, and feedback, as needed, and keep relevant stakeholders informed.

Figure G1. Impact-Effort Matrix

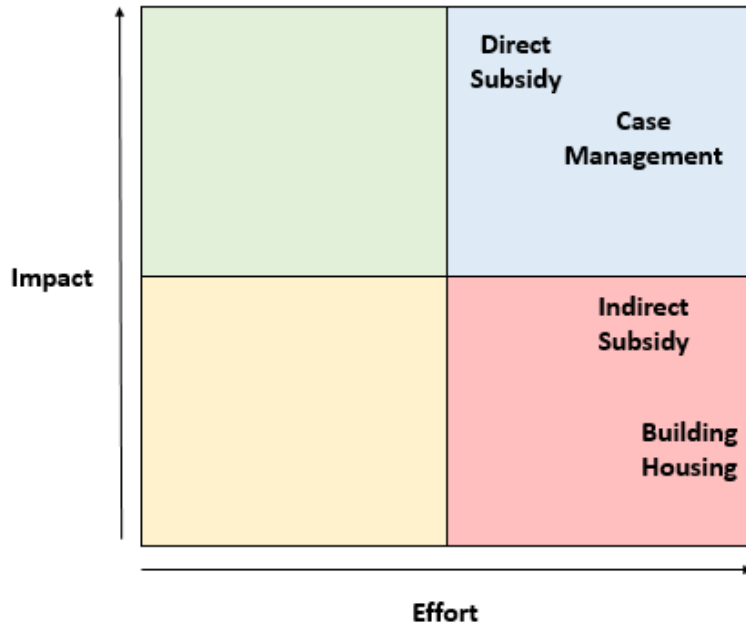


Figure G2. Stakeholder Power-Interest Matrix

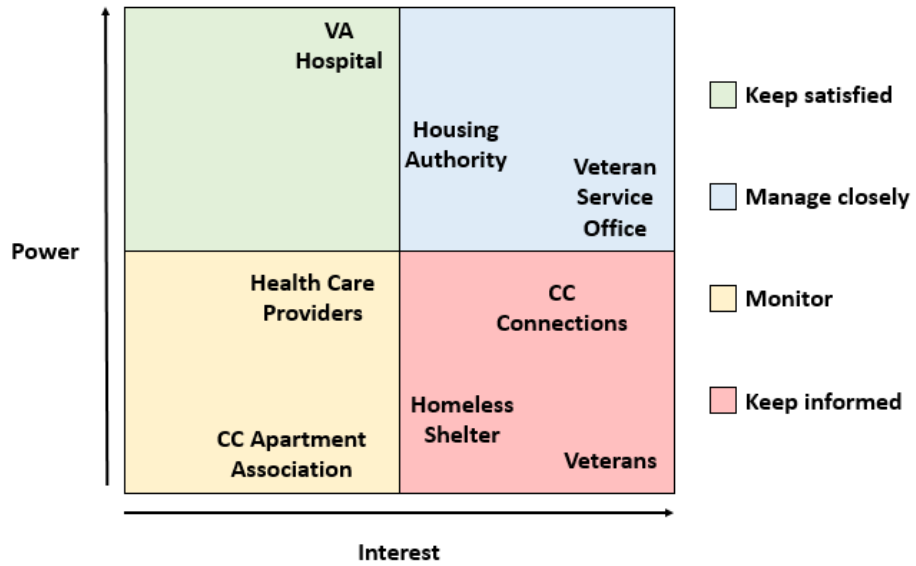


Table G1. Stakeholder RASCI Analysis -

Level	Stakeholder	Rationale for Participation
Responsible	<ul style="list-style-type: none"> ● Fayetteville Veterans Affairs Health System staff ● Cumberland County Veteran Services Office staff ● Cumberland County Commissioners Office 	They have a vested interest in Veterans and citizens of Cumberland County and would be direct actors in developing the accountable care community.
Accountable	<ul style="list-style-type: none"> ● Fayetteville Veterans Affairs Health System senior leadership ● Cumberland County Veteran Services Office senior leadership ● Cumberland County Commissioners Office 	Senior leadership are primarily responsible for determining the scope and success of the policy and program. They will be important to keep satisfied and be utilized to overcome barriers, as needed. These are also individuals that may benefit from cost savings associated with successful execution (e.g., less health care expenditure).
Supportive	<ul style="list-style-type: none"> ● Community resources such as homeless shelters, and Cumberland County Connections ● Fayetteville Veterans Affairs clinic providers (e.g., physicians) ● Fayetteville Housing Authority 	These individuals provide similar or related services and may regularly interact with veterans. They may also be involved in directly executing some small functions of the policy and program (e.g., providing referrals into the program or information about the program).
Consulted	<ul style="list-style-type: none"> ● Veterans in Cumberland County ● Cumberland County Apartment Association 	These individuals will be directly affected by the policy and program and will be able to provide valuable insight into the needs, desires, and best designs for executing them.
Informed	<ul style="list-style-type: none"> ● Veterans in Cumberland County ● Fayetteville City Council 	These individuals have interest in progress and benefits of the program but may not require as much direct action.

Responsible: owns the problem or project; Accountable: ultimately answerable for the correct and thorough completion of the tasks or deliverable and the ones who delegates the work to those responsible; Supportive: can provide resources or can play a supporting role in implementation; Consulted: has information and/or capability necessary to complete the work; Informed: must be notified of results, process, and methods, but may not need consulted

STAKEHOLDER ENGAGEMENT PLAN

An engagement plan is important for connecting with stakeholders throughout the process. This will include gaining buy-in and support from senior leaders and keeping them satisfied on progress. In addition, the direct actors will be important to regularly engage to ensure the people doing the work have input on the best processes. The population of focus, veterans, will also be important to provide context and understanding to the cultural and social issues that may inhibit or promulgate certain strategies. Table.G3 presents a stakeholder engagement plan for the major relevant stakeholders to this policy and program.

Veterans Affairs and Cumberland County Veteran Services Office Leadership Briefings

The leadership at the Veteran Affairs Hospital in Fayetteville and the Veteran Services Office will be important stakeholders to keep informed of progress. These individuals will not be involved in minute decision making, but their overall buy-in will ensure systemic acceptance of the initiatives within their institutions. These leaders are also important to leverage their power, as needed, and ensure the other goals and initiatives within their organizations are appropriately dovetailed with this program. These leadership briefings will be held every 6 to 12 months in order to present progress, barriers, and/or findings.

Program Steering Committee

The program steering committee will act as the main workgroup for ensuring progress of the initiative. The group will be composed of the program staff and leadership and meet regularly (once every other week to once every 4 weeks) to ensure progress on the work. This group will also review feedback from other stakeholder groups and adjust the director of the program as needed. This group will also develop and present summaries of progress, barriers, and/or findings at the leadership briefings.

Veteran Feedback and/or Listening Sessions

These sessions will be led by staff members in charge of the program. The initial sessions will be led using nominal group technique. This will allow for structured brainstorming that encourages different types of individuals to actively engage in the process (e.g., less vocal individuals, individuals who think better in silence, during conflict or controversy). This group will conduct feedback sessions before implementation of the program to further inform design and outreach. IT will include, at minimum, a homeless (sheltered or other) veteran, a housing unstable veteran with a mortgage, a housing unstable veteran, a veteran identified via the VA Hospital and a veteran who has not utilized the VA Health system in the last 12 months. After the program is implemented, an additional feedback session will be conducted that includes program participants. Table G4 presents prepared questions for the participants. These results and recommendations will be presented to the program steering committee.

Project Advisory Group

The project advisor group will provide high-level input and guidance on the development of the program. This group will make recommendations to the program steering committee for design modifications and outreach. The advisory group will be made up of the relevant community stakeholders such as other veteran referral services, homeless shelters, invested city and county organizations, and the Veteran Affairs Health System staff. This group will also serve as direct conduit to partnering organizations. The advisory group will meet once every 2 to 6 months, based on need, with more frequent meetings before and immediately after implementation.

Accountability Plan: Memorandum of Understanding
Building Up Vets Policy and Program

Vision

All Cumberland County veterans are without housing instability and able to adequately afford housing. Monetary demands for housing expenses do not create undue stress, lead to homelessness, or result in forgone medical, behavioral, or social care.

Values

- Respect for the individual
- Health and economic equity
- Open-mindedness
- Consistency
- Honesty
- Empathy

Backbone agency: Fayetteville Veterans Affairs Health System

In partnership with: Cumberland County Department of Health

Additional Partners:

- Cumberland County Veteran Services Office
- Fayetteville Housing Authority
- Cumberland County Apartment Association
- Fayetteville City Council

Brief Program Description

This program and policy will provide housing vouchers to veterans with housing instability (i.e., housing expenses greater than 30% income) to maintain housing expenses at or

below 30% of their income. In addition, a parallel program will provide case management services to veterans, including referral to economic, housing, medical, behavioral, or social services, as needed.

Goal Statement

We aim to improve housing instability prevalence among Cumberland County veterans by providing housing vouchers and case management services. Within 2 years, we will reduce the prevalence of self-reported housing instability by 20% among Cumberland County veterans.

Table G2. Metrics and Milestones

Type	Metric	Date
Structural	Establish core staff team	Month 1
Process	Engage veterans in initial stakeholder feedback sessions	Month 3
Structural	Establish application and communication processes for vouchers and case management referral/intake	Month 4
Process	Advertise services and begin accepting applications and referrals	Month 6
Structural	Implement screening and referral tools in VA Hospital electronic health record system	Month 12
Process	Complete second veteran stakeholder feedback sessions	Month 18
Outcome	Assess change in self-reported housing instability among veterans	Month 24

Signatures:

Cumberland County Department of Health

Fayetteville Veteran Affairs Health System

Date

Date

Table G3. Stakeholder Engagement Plan

Method of Engagement	Stakeholders	Input on...	Involvement
Veterans Affairs, Cumberland County Veteran Services Office, and County Department of Health Leadership Briefings	Leaders within the agencies	<ul style="list-style-type: none"> ● Scope of planning effort ● Assessment of strategies relevant to the program 	Every 6 to 12 months
Program Steering Committee	Internal staff partners	<ul style="list-style-type: none"> ● Process and methods ● Assessment of relevance and applicability of proposed strategies ● Technical advice ● Messaging and outreach 	Re-occurring meetings (ongoing)

<p>Veteran Feedback and/or Listening Sessions</p>	<p>Veterans in Cumberland County</p>	<ul style="list-style-type: none"> ● Open-ended feedback on housing concerns and community solutions 	<p>One-time events, presentations, workshops, webinars, story projects, etc.</p>
<p>Project Advisory Group</p>	<p>Diverse group of internal and external experts</p>	<ul style="list-style-type: none"> ● Gaps and opportunities for action ● Criteria for prioritizing strategies ● Align program nod policies with existing efforts and referral services 	<p>Once every 2 to 6 months, based on need</p>

Table G4. Potential Questions for Veteran Feedback Sessions

1. Can you describe past or current challenges affording your housing?
 - a. Follow-up: Can you describe sacrifices or other trades-offs you have made to pay for rent, mortgage, or other housing expenses.
2. If you were in need of financial, health, or other social assistance, what resources or organizations would you look for?
3. How would you recommend the program reaches veterans who may be in need of housing expense relief?
 - a. Follow-up: What if the veteran was not regularly receiving care via the VA health system?
4. How was your experience applying to this program? (post-implementation only)
5. How has the housing expense relief affected your daily life, including mental health, physical health, and family relations? (post-implementation only)
 - a. Follow-up: What have you been able to afford that without the relief you would not otherwise been able to?

PERSUASIVE PITCH PRESENTATION



IMPROVING HOUSING INSTABILITY TO REDUCE ADVERSE HEALTH
OUTCOMES FOR HONORABLY DISCHARGED VETERANS AND THEIR
FAMILIES THROUGH THE CREATION OF AN ACCOUNTABLE CARE
COMMUNITY IN CUMBERLAND COUNTY, NORTH CAROLINA

Team Members: Emilio J. Berdiel, Chamara U. A. Fernando, Gregory A. Heindel, and Matthew L. Merritt



GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH

Gregory Heindel: Good Evening. We are Team Building Up Vets and our presentation today will be on improving housing instability to reduce adverse health outcomes for honorably discharged veterans and their families through the creation of an accountable care community in Cumberland County, North Carolina.

Overview of the Problem

- ❖ Poor social determinants of health (SDOH) lead to poor health outcomes
- ❖ High expenses are an important economic social determinant of health
- ❖ Housing cost is the single largest monthly expense affecting economic SDOH
- ❖ Housing instability (>30% income towards housing costs) predicts household health



GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH

Gregory Heindel: Social determinants of health (SDOH) are external factors, such as geography, community resources, and community economics that affect an individual's quality of life and health and lead to short-term, long-term, and intergenerational reductions in health outcomes. The high cost of housing can force individuals to spend large portions of income on housing and lead to issues paying rent, overcrowding, and moving frequently. These may lead to direct negative health effects as well as present a barrier to accessing health care.

Housing instability is also associated with increased prevalence of mental health conditions, such as anxiety, depression, and suicidal ideation and predicts more health complications, hospitalizations, and even adverse childhood outcomes than those without housing instability.

Community and Priority Population

Cumberland County Statistics

- Population: 319,431

White	Black/African American	Hispanic/Latino
51%	38%	11%



- Average county income is \$44,810 (before taxes)
- 18% of citizens are living below the poverty line

Veterans Statistics

- Cumberland County (CC) veteran population: 19.8%
- In 2018, total homeless population in CC, 10% were veterans



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Matt Merritt: The targeted community is Cumberland County, North Carolina. Here are the demographics of the county. The county has a population size of 319,431 with 51 percent of the population identifying as White, 38 percent identifying as Black or African American, and 11 percent identifying as Hispanic or Latino (Cumberland County, 2019). The average county income is about 45k. The US Census recently reported that 18% of residents in Cumberland County live in poverty (US Census Bureau, 2019).

Veterans Stats: The priority population selected for the ACC was veterans in Cumberland County, NC due to the county's veteran population of 19.8 percent, compared to 9 percent for the state's average (US Census Bureau, 2019). In 2018, 10 percent of the total homeless

population in Cumberland County were veterans, compared to 14 percent nationwide (Annual Homeless Count Report, 2018).

Group MOU Vision, Programs, Goals

- **VISION** →
 - For veterans to secure consistent, safe, and affordable housing and for their monetary demands for housing expenses to not lead to forfeiture of medical, behavioral, or social care.

- **BRIEF PROGRAM & POLICY DESCRIPTION** →
 - Housing vouchers for veterans to maintain housing expenses at or below 30% of their income.
 - Case Management referrals and services such as economic, housing, medical, behavioral, or social services

- **GOALS** →
 - Reducing prevalence of self-reported housing instability among Cumberland County Veterans by 20% in 2 years
 - Increase case management referrals for Cumberland County Veterans by 25% within 3 years

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Chamara Fernando: Our Memorandum of Understanding is held between the Cumberland County Department of Public Health and the Cumberland County Veteran Services Office and reinforces our vision, which highlights United States Veterans living in Cumberland County being able to afford housing that is safe and consistent in nature. We also strive for housing costs to refrain from being in lieu of seeking needed medical services, behavioral healthcare, and social services as that is a choice no one should have to make.

For our program description, we are going forward with two programs - one being a housing voucher program for veterans to maintain housing expenses at or below 30% of their income.

The parallel program will be a case management referral system that connects veterans with crucial medical, behavioral, and social services among others.

Our goals that will be agreed upon will include reducing the prevalence of self-reported housing instability among United States Veterans in Cumberland County by 20% in 2 years, as well as increasing the amount of case management referrals that will be documented accordingly in the VA Health System EHR system by 25% within a three year time frame.

Key Partners for ACC

- Fayetteville Veteran Affairs Health System
- Fayetteville Housing Authority
- Cumberland County Veterans Services
- Cumberland County Dept of Public Health
- Others such as Cumberland County Apartment Associations, Cumberland County Homeless Shelters



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Individual Pitch: Fayetteville Veteran Affairs Health System



- ❖ ACC can be built around excellent Fayetteville Veteran Affairs Health System services
- ❖ Integration of a screening tool into electronic health record
- ❖ Coordination with Veteran Services Office case management staff
- ❖ Provide other financial and staff support



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Gregory Heindel: The ACC partnership is expected to rely heavily on the existing, strong, foundation of the Fayetteville VA Health System. We will integrate a screening tool into outpatient electronic health record to screen for housing instability during clinic visits. The VA would refer veterans to, and coordinate with, the case management and Veteran Services Office team, as needed, and provide other financial and staff support towards the program. This referral team would also bridge veterans into other health, behavioral, social, and financial services, within and outside of the VA system, as needed.

Individual Pitch: Fayetteville Veteran Affairs Health System



- ❖ Removes clinician burden for important social services
- ❖ Reduces veteran emergency department utilization, hospitalization, suicidal ideation, and suicidal attempts
 - \$7573 more VA health care expenses per year
- ❖ Supports VA Health System vision statement and core values



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Gregory Heindel: A pilot study at a VA clinic showed that health care providers believe that housing stability is an important part of veteran health, but they felt they lacked the expertise or time to address these issues. Partnering with the ACC will allow VA health care providers to focus on their job - health care - while also knowing the veterans have a strong case management team to address any identified housing issues.

Studies of veterans with housing instability have shown they use more health services such as emergency department and hospitalized care, and have more frequent suicidal ideation and suicidal attempts. Indeed, one study showed an annual increase of \$7573 worth of VA health care services in veterans with housing instability.

Not only will this ACC partnership improve Veteran health and reduce Veteran health care costs, but it also aligns with your vision and values to deliver veteran-centered care through collaborated teams with a focus on prevention.

Individual Pitch: Fayetteville Housing Authority




- ❖ Selected as a key partner due to organization’s mission and commitment to “improve intergenerational public health outcomes, and increase equitable opportunities”
- ❖ ACC partnership increases impact of HUD’s VASH program for homeless vets by proactively preventing eviction and homelessness
- ❖ Strategically utilizes institutional/technical knowledge of existing housing voucher policies and leverages community relationships with veteran tenants and local landlords




Matt Merritt: The Fayetteville Housing Authority provides safe, quality, affordable housing as a basic human right to build community resilience, improve intergenerational public health outcomes, and increase equitable opportunities (FHA, n.d.). They were selected as an ACC key partner due to their current relationship with the US Department of Housing and Urban Development and the US Dept of Veteran Affairs. They directly support the HUD’s VASH program for homeless veterans, which is a collaborative program between HUD and VA that

combines HUD housing vouchers with VA supportive services to help Veterans who are homeless, and their families find and sustain permanent housing (VA, n.d.). Our ACC allows the FHA to increase their impact in the community by proactively addressing eviction and homelessness among veterans. The FHA is a critical stakeholder to engage and partner with. Their collaboration will allow the ACC to strategically utilize their technical knowledge in providing affordable housing for veterans and their families through the proposed housing voucher policy and leverage community relationships with tenants and local landlords.

Individual Pitch: Cumberland County Veterans Services



- ❖ Selected due to their mission to assist veterans and their dependents obtain benefits, as well improving their overall quality of life, and advocating on their behalf
- ❖ ACC will utilize Veterans Service Office as the local point of contact to connect veterans and their families with federal resources
- ❖ Cumberland County Veterans Services Office will be managed closely as they have rooted connections and a vested interest in the betterment of the lives of veterans



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Chamara Fernando: The Cumberland County Veterans Services Office plays an integral role as one of our key stakeholders within our Accountable Care Community. As previously stated,

19.8% of inhabitants of Cumberland County identify as United States Veterans. As a result, Cumberland County Veterans Services does a great deal for the community with regards to assisting veterans and their families apply and obtain benefits. They serve as crucial advocates in holding the Department of Veterans Affairs accountable to equitably distributing veteran's benefits within the community. We will engage the core team in order to have roots on the ground and connect veterans and their families with federal resources.

Summary & Conclusion

- ❖ The men and women who put their lives on the line for the safety of our country should not be neglected and left to sleep in the streets
- ❖ Having stable access to a place to live has been shown to improve community health outcomes and quality of life
- ❖ Through our policy implementations, our ACC will be able to reach its goals of eradicating housing instability and homelessness among all veterans living in Cumberland County
- ❖ We will provide ongoing support to veterans and their families to establish sustainable economic stability and improve community health outcomes.



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Emilio Berdiel: The men and women who put their lives on the line for the safety of our country should not be neglected and left to sleep in the streets. Having stable access to a place to live has been shown to improve community health outcomes and quality of life. Through our policy

implementations, our ACC will be able to reach its goals of eradicating housing instability and homelessness among all veterans living in Cumberland County. We will provide ongoing support to veterans and their families to establish sustainable economic stability and improve community health outcomes.

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IMPROVING HOUSING INSTABILITY TO REDUCE ADVERSE HEALTH OUTCOMES
FOR HONORABLY DISCHARGED VETERANS AND THEIR FAMILIES THROUGH THE
CREATION OF AN ACCOUNTABLE CARE COMMUNITY IN CUMBERLAND COUNTY,
NORTH CAROLINA

By

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Date

APPENDIX H – MERRITT DELIVERABLES

INDIVIDUAL PROBLEM STATEMENT

Social Determinant of Health: Economic Stability

According to the Centers for Disease Control and Prevention (CDC, n.d.), social determinants of health (SDOH) are the conditions in the places where people live, learn work, and play that affect a wide range of health risks and outcomes (CDC, 2020). The SDOH, including social, economic, and physical environments, impact a person's ability to achieve optimal health (KDHE, 2015). The five key areas of SDOH are educational access, social and community content, neighborhood and built environment, healthcare access and quality, and economic stability (CDC, 2020).

Economic stability is defined as the connection between one's health and the financial resources one has, which includes income, cost of living, and socioeconomic status (USDHHS, n.d.). This highlights how significant issues such as poverty, employment, food security, and housing stability have on individual health outcomes. Therefore, unemployment, housing insecurity, food insecurity, and poverty are the indicators of economic instability (KDHE, 2015). This report aims to address the economic instability within the veteran population of Cumberland County, North Carolina.

Geographic and Historical Context

Cumberland County is one of North Carolina's 100 counties located 70 miles south of Raleigh, North Carolina. The southeastern county is nestled across 658 square miles with a population of 319,431 (US Census Bureau, 2019). 72.6 percent of the population reported full-time employment with a median household income of \$44,810 (Cumberland County, 2019). The

average household size was reported to be 2.9 individuals per home. (Cumberland County, 2019) Cumberland County is home to one of the US Army's largest installations in the world, Fort Bragg (Visit Fayetteville, 2021). Fayetteville is the county's largest municipality (Access NC, 2021). The County of Cumberland operates under a County Manager with seven members on the Board of County Commissioners. The Board is responsible for adopting the annual budget, approving zoning, establishing the tax rate, and setting priorities to maintain the health, welfare, and safety of its citizens. 51.8 percent of the population identify as White, 38.7 percent identify as Black or African American, and 11.3 percent identify as Hispanic or Latino (Cumberland County, 2019). Cumberland County suffers from lack of sufficient funding to provide services to address homelessness (Fayettevillenc.gov, n.d.). Cumberland County also has a robust, existing network of veteran service organizations including the Cumberland County Veterans Affairs Medical Center, Cumberland County Veterans Services, and local veterans' homeless shelters.

Priority Population

Cumberland County has a veteran population of 19.8 percent, compared to 9 percent for the state's average (US Census Bureau, 2019). A veteran is defined as a person who has served in the active military, naval, or air service and was discharged or released under conditions other than dishonorable (Annual Homeless Count Report, 2018). In 2018, 10 percent of the total homeless population in Cumberland County were veterans, compared to 14 percent nationwide (Annual Homeless Count Report, 2018). Veterans are a targeted population within the SDOH due to a recent public health study that showed veterans who were classified as housing insecure had higher health care visits and lower overall health outcomes (Montgomery et al., 2020). Given the significant veteran population in Cumberland County, they will be the prioritized population for the proposed interventions.

Measures of Problem Scope

The US Department of Health and Human Services' Healthy People 2030 defines housing instability as individuals that have trouble paying rent, are overcrowded in their homes, frequently move, stay with relatives, or spend the majority of household income on housing. The program aims to reduce the proportion of families that spend more than 30 percent of income on housing (Healthy People, 2021). Households are considered to be cost burdened if 30 percent of available income is spent on housing and severely cost burdened if they spend more than 50 percent (Healthy People, 2021). Nationwide, 34.6 percent of families spent more than 30 percent of income on housing in 2017 (Healthy People, 2021). The homeownership rate for Cumberland County is 44.4 percent, compared to the national average of 63.9 percent (DataUSA, n.d.). With the average household income in the county being \$44,810 before taxes, and the average mortgage being \$1,175, over 31 percent of a household's total monthly income goes to housing costs. When adjusted for taxes, housing costs increase to 47 percent (Cumberland County, 2019). The US Census recently reported that 1 in 10 people, or 10 percent, in the United States live in poverty (Semega et al., 2019). Within Cumberland County, that number rises to 18 percent (US Census Bureau, 2019). The most significant factor driving housing instability in Cumberland County is that housing expenses continue to rise in both the county and nationwide despite incomes remaining the same (Annual Homeless Count Report, 2018). As a result of housing instability, health outcomes are significantly lower due to the potential for limited access to preventative healthcare, non-adherence to treatment plans, and a higher utilization of acute health care resources (Hatef et al, 2019). Providing direct financial support while increasing access to resources for veterans to address economic insecurity and housing instability would significantly lower their risk of eviction and homelessness.

Rationale/Importance

Due to the current housing affordability crisis, veterans in Cumberland County are at risk of experiencing economic instability resulting in homelessness (Annual Homeless Count Report, 2018). While North Carolina's homeless veteran population reached a record low in 2016 (NCCEH, n.d.), Cumberland County officials must continue to proactively address economic instability for those individuals who have served our country. The most important evidence for addressing homelessness among veterans is preventing veterans who are housing secure from transitioning into housing instable. While existing federal programs do provide immediate assistance to veterans who are in need of rapid rehousing following eviction, there are significantly less programs that prioritize homelessness prevention (Montgomery et al., 2020). Additionally, studies show that housing instability among veterans can cause severe mental health issues including stress, anxiety, depression, and substance abuse (Byrne et. al., 2019). Older veterans in particular are the most affected by this which directly negatively impacts their health outcomes (VA, 2019).

Disciplinary Critique

Public health officials in Cumberland County are positioned to become leaders of veteran advocacy and support in the county with the highest veteran population in North Carolina. By providing holistic and sustainable economic services for veterans and their families, Cumberland County can equitably expand housing affordability, decrease veteran eviction rates, reduce chronic homelessness, address mental health issues, and create a coalition of support to significantly improve overall health outcomes for veterans.

STAKEHOLDER ANALYSIS

Introduction

As mentioned, within Cumberland County, North Carolina, veterans face a higher risk of experiencing economic instability caused by exponential housing expenses resulting in homelessness than the general population (HUD, 2018). Households are considered to be cost burdened if 30 percent of available income is spent on housing and severely cost burdened if they spend more than 50 percent (Healthy People, 2021). Homeowners in Cumberland County have reported spending close to 47 percent of their monthly income on housing costs (Cumberland County, 2019). Housing expenses continue to rise in Cumberland County and nationwide despite incomes remaining the same (Annual Homeless Count Report, 2018). In order to address these issues, the policy and program that were selected to address the Social Determinant of Health (SDOH) of economic instability were the Veterans for Equitable Housing Act (VEHA) and the Housing Grant for Veterans (HGV) Program. Each was selected through thorough analysis by utilizing an Impact/Effort Matrix (see Appendix H-1, Figure 1).

Impact/Effort Matrix

The Impact/Effort Matrix was applied to evaluate each program and policy to prioritize interventions as well as maximize time, energy, and resources used. The four categories in the matrix are Quick Wins, Major Projects, Fill In Jobs, and Thankless Jobs. Quick Wins are the most effective projects due to their high impact and low amount of effort. These are to be prioritized as often as one can. Major Projects are both high impact and high effort. These projects have a high return on investment but are time consuming. Fill In Jobs are low effort and low impact. They should not be forgotten but they shouldn't be prioritized. Lastly, the Thankless

Tasks are low impact and high effort projects. These should be avoided as they waste time and resources for a minimal return on investment (MindTools, n.d.).

Policy: The Veterans for Equitable Housing Act (VEHA)

The VEHA restricts total monthly housing expenses to 20% of a veteran's monthly available income. This assists in the protection of veterans from experiencing income instability due to rising housing expenses exceeding 30%. As noted, a veteran is defined as a person who has served in the active military, naval, or air service and was discharged or released under conditions other than dishonorable (Annual Homeless Count Report, 2018). To qualify, an individual would need to verify their military service, current monthly housing expenses, and current monthly income. With the average household income in Cumberland County being \$44,810 before taxes, and the average mortgage being \$1,175, over 31 percent of a household's total monthly income goes to housing costs. When adjusted for taxes, housing expenses increase to 47 percent (Cumberland County, 2019).

This program seeks to address economic instability within veterans by equitably readjusting housing expenses to be more affordable for veterans and their families and lowers their probabilities of facing eviction and homelessness. This policy is unique in that it restricts housing expenses to a percentage instead of monthly income or a fixed fee. It is applied to all veterans regardless of type of service, duration of service, branch, or additional discriminatory categories.

Advantages:

The VEHA reinforces collaboration between the Department of Veteran Affairs (VA) and the Department of Housing and Urban Development (HUD). This policy is cost effective for veterans and feasible to implement within the VA and HUD due to the current similar policies that are enforced to support veterans and their families. to housing costs readjusting to 20% of veteran's total monthly income. This policy allows veterans to continue to provide their own income towards housing expenses. In doing so, reallocates their monthly income to reestablish and sustainably maintain economic stability.

Disadvantages:

The policy doesn't provide immediate economic resources for veterans who have already been evicted or who are currently facing homelessness. The policy will need to have local support from the Fayetteville Metropolitan Housing Authority and the Fayetteville City Council in order to be implemented and sustainably monitored. This required amount of exponential effort justified the policy being classified as a Major Project on the Impact/Effort Matrix.

Alternatives:

HUD provides a housing assistance program for veterans who are either recently homeless or evicted (VA, 2019). This policy was not selected due to low impact and low effort within the Impact/Effort Matrix. This policy was selected as a Fill In Job on the Matrix due to the selected SDOH not being addressed with the policy. The policy provides housing vouchers, but it doesn't provide additional economic stability for veterans.

Program: The Housing Grant for Veterans (HGV)

The HGV provides immediate economic relief for veterans who qualify and apply for housing services. The funds are only to be used for housing expenses, specifically rent and mortgage payments. This alleviates the financial burden of housing costs for veterans and allows additional available income to cover costs of food, transportation, healthcare, and additional expenses. By providing economic stability for veterans, positive health outcomes will increase as a result of the program. Studies show that older veterans are more impacted by elevated housing costs related to their health outcomes. Grants and housing vouchers allow for immediate financial support, resulting in higher health outcomes which leads to lower medical costs (VA, 2019). The North Carolina Coalition to End Homeless (2016) claims that housing grant programs provide the most significant benefit to veterans.

Advantages:

The grant program provides immediate financial assistance to veterans to improve one's economic stability. The infrastructure to implement the program is already available due to similar programs that are operated through the VA and HUD. The program is not fixed to homeowners and it can be used for any costs related to housing expenses. The HGV was ranked as having the highest impact and lowest amount of effort to implement. It was categorized as a Quick Win on the Impact/Effort Matrix.

Disadvantages:

The program is unfortunately restrictive to housing costs and doesn't properly address economic instability from additional expenses. The program does not have a limit on the total amount a veteran can receive and could potentially be abused if not properly monitored. The

grant would be funded by the VA and would need to be included in their annual budget and would require Congressional approval.

Alternatives:

The National Equity Fund's Bring Them Homes Veterans Initiative creates sustainable, permanent housing for veterans across 15 states (LISC, n.d.). While the program provides permanent housing, it is not immediate, and the program is costly. This is not a sustainable program to properly address economic stability for veterans. This program was categorized as a Thankless Task on the Impact/Effort matrix due to the low overall impact in addressing the SDOH and the high amount of effort to physically build housing for veterans.

Stakeholder Analysis

In order to sustainably address economic instability caused by housing costs for veterans in Cumberland County, North Carolina, appropriate stakeholders across strategic sectors must be involved to engage and create a holistic intervention. The stakeholders selected for the program and policy interventions are the following: representatives from the Veterans Affairs hospital, government officials from the Department of Veteran Affairs and the Department of Housing and Urban Development, the Fayetteville Housing Authority, the Fayetteville Vet Center, the Cumberland County Veteran Services, local veterans from Fayetteville and their families, local officials from the Fayetteville City Council, and local landlords that house veterans.

Stakeholder Analysis Assessment & Tools

A STEP Scan (see Appendix H-1, Figure 2) was used to identify stakeholders within social, technical, economic, and political domains that are relevant to this public health issue. Each stakeholder was selected to engage with the interventions because of the critical roles they

play and representation they provide within their communities. A Stakeholder Power/Interest Matrix (see Appendix H-1, Figure 3) was also conducted to determine each stakeholder's level of impact within the project. The tool categorizes stakeholders into four groups: Monitor, Keep Satisfied, Keep Informed, and Manage Closely. Stakeholders in the Monitor group have low power and low interest. Keep Satisfied stakeholders have high power and low interest. Keep Informed stakeholders have high interest and low power. Manage Closely stakeholders are the key players with high interest and high power (Mindtools, n.d.).

Identified Stakeholders

Veterans and their families are critical stakeholders to engage with due to this issue directly impacting their lives. Their perspectives are vital to the success of the interventions selected to ensure sustainability and effectiveness in addressing the defined SDOH. Even though they have limited power and influence, they were ranked as having the highest level of interest on the matrix in the Keep Informed group. They are social stakeholders on the STEP Scan.

The Fayetteville City Council has direct political power to introduce legislation that protects veterans from economic and housing instability. They are a critical group to engage due to their influence and leadership within Fayetteville and Cumberland County. They can also inform additional stakeholders on the current policies that affect housing and directly support veterans. They were ranked as Keep Satisfied due to their high level of power and moderately low interest. They were identified as a political stakeholder on the STEP Scan.

The Fayetteville Veterans Affairs Medical Center provides direct medical care to veterans while also assisting with legal support and housing. They are a critical key stakeholder to strategically engage and manage due to their power and interest related to the issue. Their

perspective is fundamental to the interventions that will be introduced. Their institutional knowledge, network, and resources will significantly impact the project for the better. They were classified as Manage Closely on the matrix and identified as a technical stakeholder on the STEP Scan.

The Fayetteville Vet Center provides free, confidential counseling, outreach, and referral services to veterans and their families. They are an important stakeholder to engage due to their direct role in the veterans' community and the support they provide to those in need. By involving them with the project, they will be able to share their perspective on current housing services and gaps in coverage for veterans and their families. Following the completion of the project, they will ensure that the local veteran community is aware of additional programs and services to assist them in securing economic stability. They were classified as a Manage Closely stakeholder on the matrix and a technical stakeholder on the STEP Scan.

The Fayetteville Housing Authority provides safe, quality, affordable housing as a basic human right to build community resilience, improve intergenerational public health outcomes, and increase equitable opportunities (FHA, n.d.). They directly support the Department of Housing and Urban Development's VASH for homeless veterans. HUD-VASH is a collaborative program between HUD and VA that combines HUD housing vouchers with VA supportive services to help Veterans who are homeless, and their families find and sustain permanent housing (VA, n.d.). They are a critical stakeholder to engage due to their relationship with HUD and the VA and their technical knowledge in providing affordable housing for veterans and their families. They were classified as a Manage Closely stakeholder on the matrix and both technical and economic stakeholders on the STEP Scan.

Officials from the Department of Veterans Affairs and the Department of Housing and Urban Development are key stakeholders to engage due to the role they currently have in Cumberland County and their relationship with the Fayetteville Housing Authority. Their perspectives will help influence the project's program and policy interventions by ensuring adherence to current federal policies and granting access to direct federal support for veterans and their families. They were classified as a Manage Closely stakeholder on the matrix and a political stakeholder on the STEP Scan.

The homeless shelters in Cumberland County are important stakeholders to engage due to the emergency services they provide for housing insecure veterans. Cumberland County has three specific shelters that provide diverse services to men, women, and children in need. The Hope Center, Connections of Cumberland County, and Salvation Army are classified as Keep Informed on the matrix and technical stakeholders on the STEP Scan.

Landlords are important stakeholders to engage even though they were classified as having the lowest interest and lowest power on the matrix. By involving them in the process, the project team can potentially increase their interest over time and have them advocate for their veteran tenants. Their support and perspectives are important to take into consideration to ensure sustainability and viability of the interventions. They were classified as the Monitor stakeholder on the matrix and were economic stakeholders on the STEP Scan.

Cumberland County Veteran Services acts as a veteran resource center at the county level. It is important to engage their office due to their critically supportive role within the veteran community. Their perspective will be important to include within the project because of the technical experience they have providing local and federal benefits to veterans and their

families. They were classified as Keep Informed on the matrix and technical stakeholders on the STEP Scan.

Conclusion

Following proper evaluation and analysis using an Impact/Effort Matrix, the policy and program that were selected to address the SDOH of economic instability were the Veterans for Equitable Housing Act (VEHA) and the Housing Grant for Veterans (HGV) Program. By choosing the program and policy with the highest impact on the Impact/Effort Matrix, we can conclude that the interventions selected will not be wasted efforts categorized as Fill in Jobs or Thankless Tasks. While the effort varies between the two selected, each intervention will lead to sustainable endeavors within Cumberland County to address the defined SDOH.

By involving diverse, strategic stakeholders directly in the interventions, the project team can utilize unique perspectives and resources to improve sustainability and viability for addressing economic instability caused by housing costs for veterans. The key stakeholders identified with the highest power and interests were the Fayetteville VA Medical Center, Fayetteville Vet Center, Fayetteville Housing Authority, and officials from the VA and HUD. By engaging with each stakeholder regardless of power and interest, the project team will design and implement an intervention that meets all parties' needs and enhances services for veterans in Cumberland County, North Carolina.

STAKEHOLDER ENGAGEMENT PLAN

Engagement Plan Overview

Designed and approved by a team of diverse stakeholders, this engagement plan identifies strategies for convening, making decisions, and developing interventions to address economic instability caused by housing expenses for veterans in Cumberland County, North Carolina. The identified stakeholders (see Appendix H-1, Figure 3) hold tremendous influence over how the project will progress and are critical to its successful implementation and evaluation.

Project Leadership Team Briefings

The Leadership and Direction Oversight Committee (LDOC) will act as the Accountable Care Community's (ACC) project leadership team and will consist of representatives from the Cumberland County Department of Public Health's Senior leadership team, Veterans Affairs Medical Center's Senior leadership team, Cumberland County Veterans Services' Senior leadership team, and City Council's leadership team. The project leadership team will meet as needed each quarter to six months to discuss project updates, identify leverage points to enhance the efficacy of the project, and evaluate engagement strategies to best support veterans in Cumberland County. The meetings will be iterative by design to allow for continued improvement based on the needs of the stakeholders and additional parties involved in the project., The project leadership team hopes to work together collaboratively to ensure stakeholders and the community's veterans are comprehensively engaged throughout the project (see Appendix H-3).

Housing for Veterans Action Committee (HVAC)

The LDOC will strategically invite key stakeholders from Cumberland County to join the Housing for Veterans Action Committee (HVAC) as the defined project steering committee to effectively address the defined SDOH. Each representative on the HVAC was selected due to their relationship with the community and their level of commitment to the issue of veteran housing. The members of the taskforce will include the following: a public health advisor, project manager, grant manager, measurement and evaluation specialist, communications specialist, economist, veteran services representative, housing advocacy representative, and a veteran community representative. A stakeholder analysis was conducted to evaluate their level of influence and interest related to the project (see Appendix H-1 Figure 1, Figure 2, & Figure 3).

The HVAC will be directly involved in the planning, implementation, and evaluation phases to provide a unique perspective on economic instability for veterans in Cumberland County and measure its sustainability and scalability. The taskforce will meet quarterly/biannually throughout the duration of the intervention to provide technical advice, feedback on messaging, track progress, and assist with the veteran focus groups and additional outreach.

Veteran Focus Groups

Local veterans from the community will be invited to join 3-4 focus groups to share their perspectives, gather data, and evaluate the community impact of the selected interventions. The veterans will come from diverse backgrounds within the community and will include representatives from the local religious community, healthcare providers, public health officials, business owners, elected officials, school board members, local teachers, parents.

These sessions will allow for our diverse community members to express their own opinions on what is driving economic instability for veterans in Cumberland County, North Carolina. Members of the HVAC will be present to document the discussions, identify key themes, and distribute and collect surveys. The initial survey will be used to evaluate the community's overall awareness of the issue, housing instability's effect on the veteran community, and to solicit recommendations for potential future interventions. The subsequent surveys will be used to track gained knowledge on the issue, the intervention's perceived impact within the veteran community. Following each focus group meeting, survey results will be analyzed and appropriately coded to provide both qualitative and quantitative data for measuring the success of the intervention. Results will then be shared with the HVAC, LDOC, and focus groups, and Cumberland County community.

Project Advisory Group (PAG)

The Project Advisory Group will provide outside insight and support directly to the LDOC and HVAC. They will assist the leadership to engage in design thinking through the project's implementation and evaluation. The group will consist of community experts that provide services to veterans, representatives from veteran advocacy groups, policy experts, and a local veteran community leader. The group will meet as needed every quarter to six months.

Engagement Strategies and Challenges

Each stakeholder that was identified and invited to be on the HVAC was personally interviewed by members of the LDOC to gain their unique perspectives (see Appendix H-2), gauge their level of interest, and acknowledge their power/influence within the community as it relates to the issue and SDOH (see Figure 1, Figure 2, & Figure 3).

Following its formation, the HVAC will appoint a leader to make decisions, share information with the LDOC, and help plan the veteran focus groups. The HVAC will democratically vote on project issues and then present key points of interest to the project leadership team. The LDOC anticipates a number of challenges that they will need to overcome while working with the HVAC and focus groups: 1) Stakeholders each have varying levels of interest and influence to implement change; 2) Personal worldviews, politics, and previous relationships among stakeholders may counter another's ideas; 3) Members of the HVAC may have schedule-conflicts during monthly meetings; 4) The LDOC team hasn't established any incentives for either the HVAC or participants from the community focus groups so individuals may want to drop their involvement at any point; 5) There may be competing priorities among the HVAC members.

Appendix H-1:

Figure 1: Impact/Effort Matrix

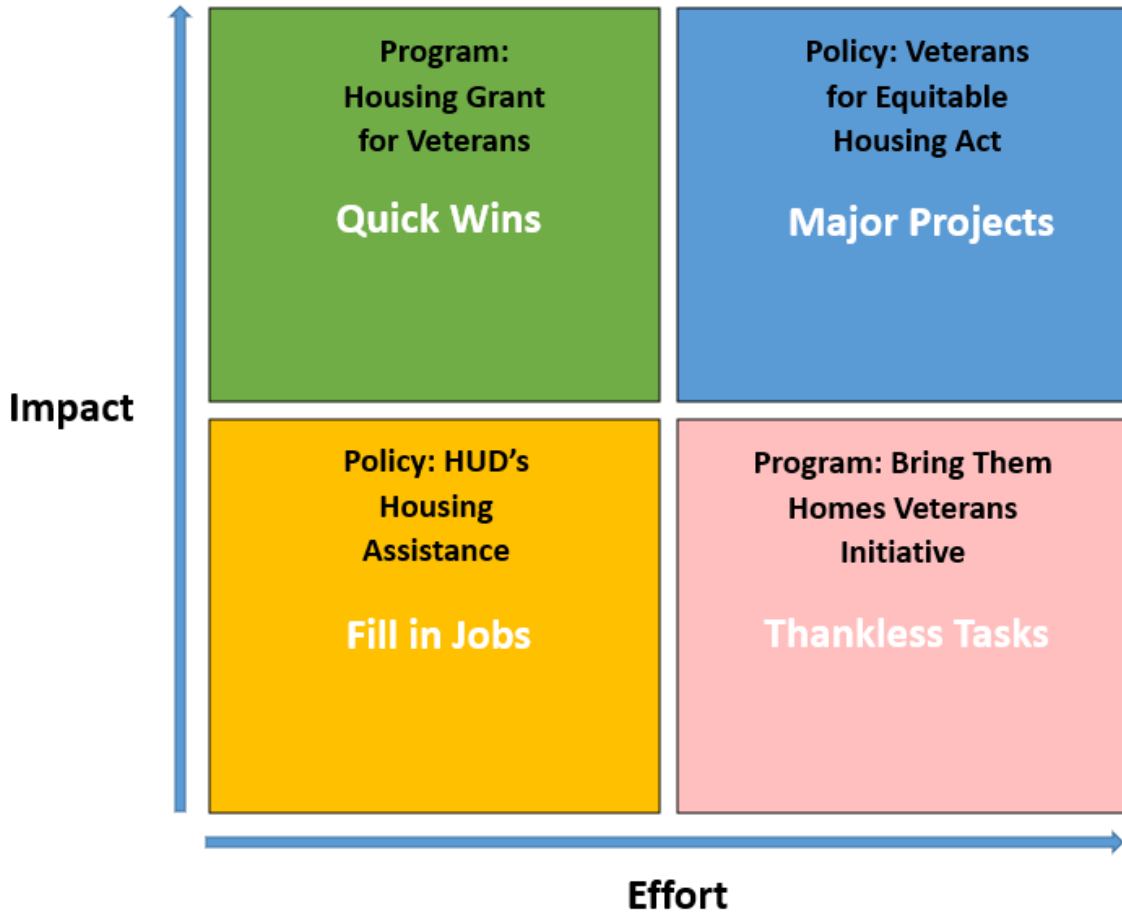


Figure 2: STEP Scan Stakeholder Analysis

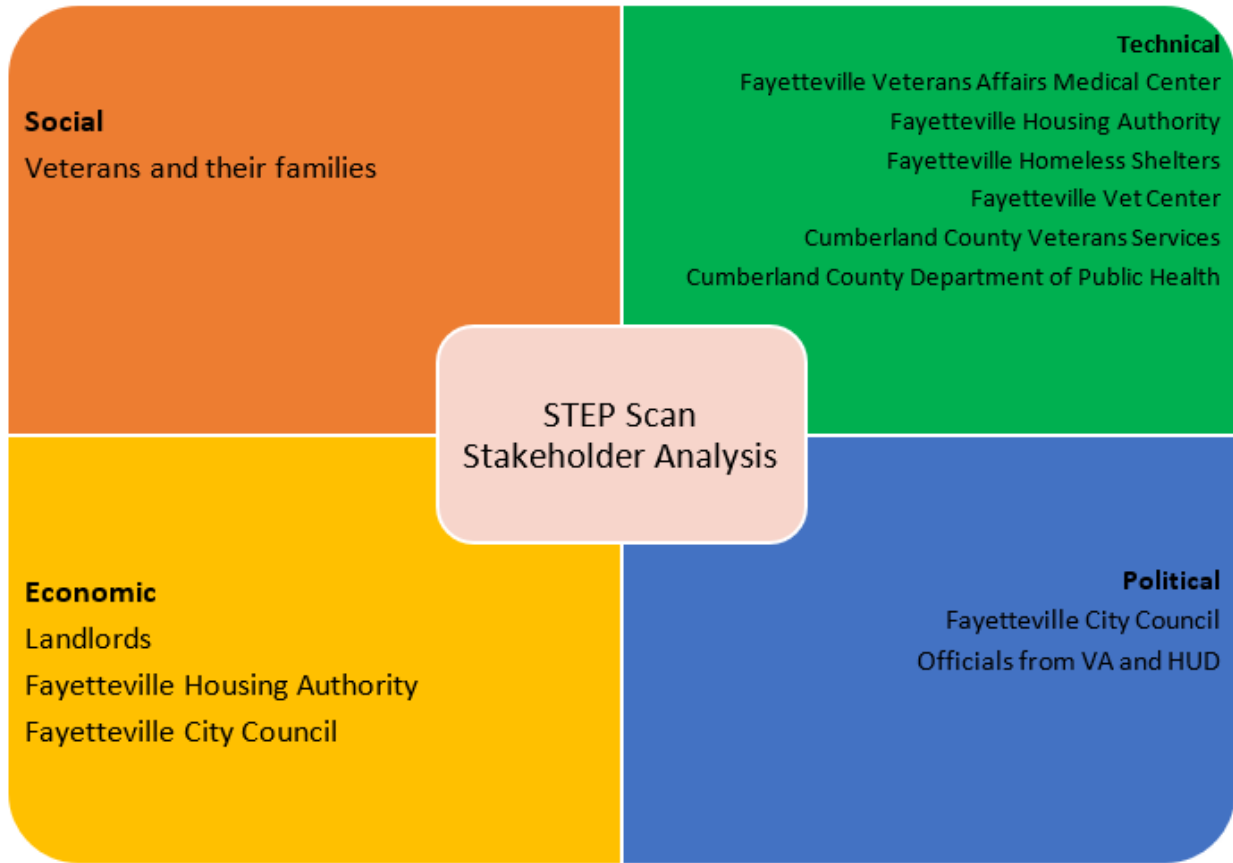
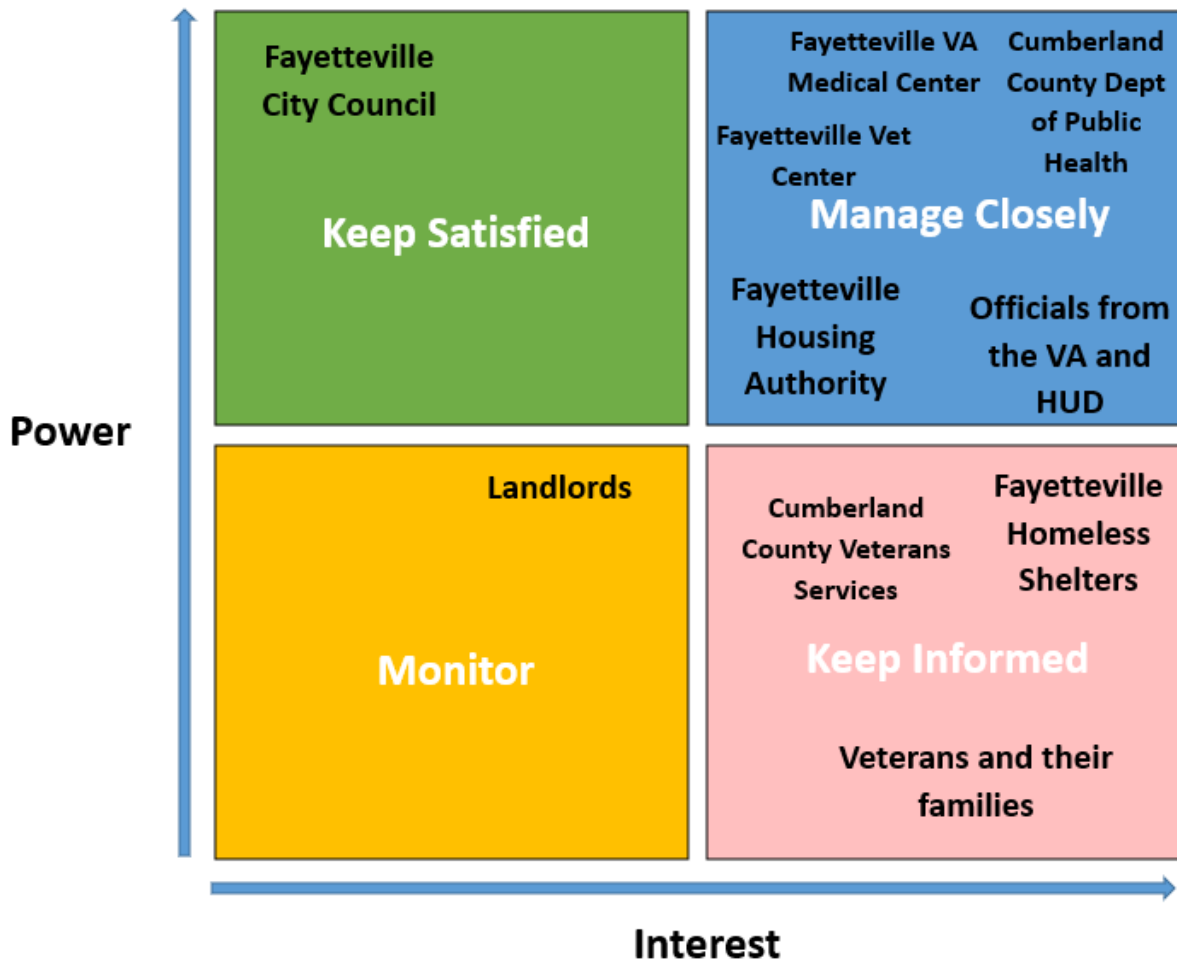


Figure 3: Stakeholder Power/Interest Analysis Matrix



Appendix H-2.1: List of Selected Stakeholders and Roles

STAKEHOLDER	ROLE
Eric Redrick, Director Cumberland County Veteran Services Office	Local point of contact for supporting local veterans with federal services
John Berry, Interim Executive Director/Deputy Director Fayetteville Housing Authority	Affordable housing advocacy organization, directly supporting Department of Housing and Urban Development’s housing voucher program for veterans in Cumberland County
Dr. Jennifer Green, Director Cumberland County Department of Public Health	ACC leading partner
Jennifer Scott, Executive Director Greater Fayetteville Apartment Association	Vested party that will directly receive housing voucher payments
Daniel L. Dücker, Director Fayetteville Veterans Affairs Health System	Backbone of the ACC; partnering to directly provide vouchers and support case management
John Smith, U.S. Veterans and their families	Direct beneficiaries and population of interest
Mitch Colvin, Mayor Fayetteville City Council	Maintains direct political influence to implement legislation that protects veterans from economic and housing instability
James Robinson, Community Landlord in Cumberland County	Vested party that will house Veterans as the direct beneficiaries of the proposed program as tenants
Major Tim Grider, Corps Officer, Cumberland County Salvation Army Homeless Shelter	Vested interest in reducing overcrowding of homeless shelters and providing resources to those that are housing insecure

Appendix H-2.2: List of Selected Stakeholders and their Reason for Engagement

Members	Reason for Engagement
Veterans and their families	Directly affected population and their families
Fayetteville Veteran Affairs Medical Center	Chief medical provider for veterans in community
Fayetteville Housing Authority	Housing advocacy organization
Fayetteville City Council	Local government organization
Officials from VA and HUD	Federal agency representatives that provide services to veterans
Fayetteville Homeless Shelters	Provides temporary housing for veterans in community
Cumberland County Veterans Services	Assists veterans with VA benefits and supportive services available within the community
Landlords	Direct provides housing for veterans
Cumberland County Dept of Public Health	Primary public health agency in Cumberland County

Appendix H-3: Proposed Methods of Outreach and Involvement of Project Leadership, Stakeholders, and Community Members

Method of Engagement	Stakeholders	Input on...	Involvement
Project Leadership Team Briefings	Leadership and Direction Oversight Committee (LDOC): Veterans Affairs Medical Center Senior Leadership, Cumberland County Dept of Public Health Senior Leadership, Cumberland County Veterans Services Office Senior Leadership, City Council Leadership	Creating action committee, inviting key stakeholders, creating surveys, providing support to the program	Quarterly/biannual (as needed) briefings to provide high level updates on the project, evaluate community focus group surveys, share data, plan agenda for meetings
Housing for Veterans Action Committee (HVAC)	Strategic stakeholders selected from the community to join a project taskforce	Brainstorming interventions, project design, community messaging, measurement and evaluation, and assist in community outreach	Will meet monthly throughout the life of the project for technical advice, messaging, and outreach.
Veteran Focus Groups	Diverse group of veterans from Cumberland County including: local religious leaders, healthcare workers, local public health officials, local business owners, local elected officials, school board members, local teachers, and parents	Surveys will be used to collect qualitative and quantitative data and will specifically measure the veteran community's level of awareness related to the topic and solicit feedback for project intervention	Will meet quarterly to have discussions with the HVAC to provide community driven data on awareness of the issue, feedback on the intervention, and evaluate the community impact as a result of the selected intervention
Project Advisory Group (PAG)	Diverse internal and external stakeholders	Engage in Design Thinking and PDSA cycles. Provide project guidance	Meet quarterly/biannually as needed

Appendix H-4: Questions to ask during Focus Groups Veterans

- 1) What is the primary cause for your housing insecurity?
 - a. Do you currently maintain a budget for your monthly expenses?
 - b. Would budgetary tools and additional financial planning/support be helpful?
- 2) Which veteran services provided through Cumberland County do you currently use?
- 3) What estimated percentage of your total monthly expenses would you say is housing related?
- 4) What are the biggest challenges veterans and their families face on a daily basis?
- 5) Do you have a support system in Cumberland County?
 - a. If so, please describe your support system.
 - b. If not, please describe your ideal support system.

Accountability Plan
Memorandum of Understanding
Between
Cumberland County Department of Public Health
and
Cumberland County Veterans Services

1.0 Purpose

The purpose of this Memorandum of Understanding (MOU) is to create an Accountable Care Community (ACC) with designated stakeholders to address economic instability due to housing expenses for veterans in Cumberland County, North Carolina. This MOU will ensure the agreement between the Cumberland County Department of Public Health (CCDPH) and the Cumberland County Veterans Services (CCVS) with collaboration from additional stakeholders. This MOU outlines the purpose, potential partnerships, activity agreements, scope of activities, and measurable goals agreed upon.

2.0 Partnerships and Principles

The partnership between the CCDPH and CCVS will adhere to the following principles:

2.1 The CCVS will serve with the CCDPH as the primary agencies for the ACC while partnering with the appropriate stakeholders to implement the Veterans for Equitable Housing Act (VEHA) and the Housing Grant for Veterans (HGV) Program.

2.2 Hold each party accountable to their agreed standards established in this MOU

2.3 Maintain open and transparent communication throughout the duration of the contract to enhance collaboration and successful partnerships between both entities

2.4 Respect the sovereignty of each entity to make unique contributions for the well-being of the proposed interventions

2.5 Sustainably address economic insecurity due to housing expenses for veterans in Cumberland County, North Carolina

2.6 Additional Partners include the following: The Fayetteville Medical Veterans Affairs Center, The Fayetteville Housing Authority, Fayetteville City Council, the US Department of Veterans Affairs, the US Department of Housing and Urban Development, Fayetteville homeless shelters, landlords, local veterans and their families.

3.0 Activity Agreements

The activities conducted under this MOU between the CCDPH and CCVS will adhere to the following principles:

3.1 Agreed collaboration by both entities to conduct all activities with the utmost intention to promote the well-being of veterans, their families, and any additional partners involved in the proposed interventions

4.0 Scope of Activities

The activities conducted under this MOU between the CCDPH and CCVS shall support the following:

4.1 The CCVS agrees to fully support the creation of the proposed ACC to assist in the successful implementation of the proposed VEHA policy and HGV program.

4.2 The CCVS agrees to partner with the CCDPH to establish the Leadership and Direction Oversight Committee (LDOC). The LDOC will act as the project's leadership team and will consist of representatives from the Cumberland County Department of Public Health's Senior leadership team, Veterans Affairs Medical Center's Senior leadership team, Cumberland County Veterans Services' Senior leadership team, the Fayetteville Housing Authority's Senior leadership team, and a City Councilmember

4.2.a The LDOC will meet as needed each quarter to six months to discuss project updates, identify leverage points to enhance the efficacy of the project, and evaluate engagement strategies to best support veterans in Cumberland County

4.3 The CCVS agrees to partner with the CCDPH and LDOC to create the Housing for Veterans Action Committee (HVAC).

4.3a The HVAC will include the following community members: a public health advisor, project manager, grant manager, measurement and evaluation specialist, communications specialist, economist, veteran services representative, housing advocacy representative, and a veteran community representative. The HVAC will meet quarterly/biannually throughout the duration of the intervention to provide technical advice, feedback on messaging, track progress, and assist with the veteran focus groups and additional outreach.

4.4 The CCVS agrees to partner with the LDOC and HVAC to create Veteran Focus Groups to be invited to share their perspectives, gather data, and evaluate the community impact of the selected interventions.

4.4a The veterans will come from diverse backgrounds within the community and will include representatives from the local religious community, healthcare providers, public health officials, business owners, elected officials, school board members, local teachers, parents.

4.5 The CCVS agrees to partner with the LDOC to create the Project Advisory Group (PAG) to provide outside insight and support directly to the LDOC and HVAC. They will assist the leadership to engage in design thinking through the project's implementation and evaluation.

4.5a The PAG will consist of community experts that provide services to veterans, representatives from veteran advocacy groups, policy experts, and a local veteran community leader. The group will meet as needed every quarter to six months.

5.0 Measurable Goals

5.1 Establish the proposed ACC including the LDOC, HVAC, and PAG to begin planning program and policy interventions within Y1Q1 of project start date

5.2 Establish Veterans Focus Groups to collect data to influence intervention implementation within Y1Q2 of project start date

5.3 Draft HGV program and VEHA policy framework to introduce before appropriate stakeholders within Y1Q3 of project start date

5.4 Present program and policy framework to Veterans Focus Groups and collect feedback for final program and policy proposals within Y1Q3 of project start date

5.5 Propose final drafts of program and policies to C CVS and City Council within Y1Q4

5.5 Implement program within C CVS and pass policy within City Council within Y2Q1

5.6 Following successful implementation of the proposed policy and program, this ACC aims to eliminate the prevalence of veterans in Cumberland County, North Carolina experiencing economic instability due to rising housing expenses exceeding 30% within Y2Q4.

5.6a The proposed VEHA aims to restrict total monthly housing expenses to 20% of a veteran's monthly available income. The HGV provides immediate economic relief for veterans who qualify and apply for previously determined rent or mortgage payments.

5.7 Evaluate program and policy implementation with LDOC, HVAC, PAG, and the Veterans Focus Groups within Y2Q3

5.8 Collect, analyze, and disseminate survey data collected from the Veterans Focus Groups within each quarter following their meeting

5.9 The LDOC and PAG will conduct an annual project evaluation within Q1 of each year

6.0 Amendments and Termination

6.1 This MOU may be amended or terminated at any point in time by the written and signed mutual agreement of the C CVS and the CCDPH

In witness thereof, the following parties have offered their signatures to agree to this MOU:

Eric Redrick, Director
Cumberland County Veterans Services

Dr. Jennifer Green, Director
Cumberland County Department of Public Health

Date

Date

PERSUASIVE PITCH PRESENTATION



IMPROVING HOUSING INSTABILITY TO REDUCE ADVERSE HEALTH
OUTCOMES FOR HONORABLY DISCHARGED VETERANS AND THEIR
FAMILIES THROUGH THE CREATION OF AN ACCOUNTABLE CARE
COMMUNITY IN CUMBERLAND COUNTY, NORTH CAROLINA

*Team Members: Emilio J. Berdiel, Chamara U. A. Fernando, Gregory A.
Heindel, and Matthew L. Merritt*



GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH

Gregory Heindel: Good Evening. We are Team Building Up Vets and our presentation today will be on improving housing instability to reduce adverse health outcomes for honorably discharged veterans and their families through the creation of an accountable care community in Cumberland County, North Carolina.

Overview of the Problem

- ❖ Poor social determinants of health (SDOH) lead to poor health outcomes
- ❖ High expenses are an important economic social determinant of health
- ❖ Housing cost is the single largest monthly expense affecting economic SDOH
- ❖ Housing instability (>30% income towards housing costs) predicts household health



GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH

Gregory Heindel: Social determinants of health (SDOH) are external factors, such as geography, community resources, and community economics that affect an individual's quality of life and health and lead to short-term, long-term, and intergenerational reductions in health outcomes. The high cost of housing can force individuals to spend large portions of income on housing and lead to issues paying rent, overcrowding, and moving frequently. These may lead to direct negative health effects as well as present a barrier to accessing health care.

Housing instability is also associated with increased prevalence of mental health conditions, such as anxiety, depression, and suicidal ideation and predicts more health complications, hospitalizations, and even adverse childhood outcomes than those without housing instability.

Community and Priority Population

Cumberland County Statistics

- Population: 319,431

White	Black/African American	Hispanic/Latino
51%	38%	11%



- Average county income is \$44,810 (before taxes)
- 18% of citizens are living below the poverty line

Veterans Statistics

- Cumberland County (CC) veteran population: 19.8%
- In 2018, total homeless population in CC, 10% were veterans



GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH

Matt Merritt: The targeted community is Cumberland County, North Carolina. Here are the demographics of the county. The county has a population size of 319,431 with 51 percent of the population identifying as White, 38 percent identifying as Black or African American, and 11 percent identifying as Hispanic or Latino (Cumberland County, 2019). The average county income is about 45k. The US Census recently reported that 18% of residents in Cumberland County live in poverty (US Census Bureau, 2019).

Veterans Stats: The priority population selected for the ACC was veterans in Cumberland County, NC due to the county's veteran population of 19.8 percent, compared to 9 percent for the state's average (US Census Bureau, 2019). In 2018, 10 percent of the total homeless

population in Cumberland County were veterans, compared to 14 percent nationwide (Annual Homeless Count Report, 2018).

Group MOU Vision, Programs, Goals

➤ **VISION** →

- For veterans to secure consistent, safe, and affordable housing and for their monetary demands for housing expenses to not lead to forfeiture of medical, behavioral, or social care.

➤ **BRIEF PROGRAM & POLICY DESCRIPTION** →

- Housing vouchers for veterans to maintain housing expenses at or below 30% of their income.
- Case Management referrals and services such as economic, housing, medical, behavioral, or social services

➤ **GOALS** →

- Reducing prevalence of self-reported housing instability among Cumberland County Veterans by 20% in 2 years
- Increase case management referrals for Cumberland County Veterans by 25% within 3 years

 **UNC** | GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH

Chamara Fernando: Our Memorandum of Understanding is held between the Cumberland County Department of Public Health and the Cumberland County Veteran Services Office and reinforces our vision, which highlights United States Veterans living in Cumberland County being able to afford housing that is safe and consistent in nature. We also strive for housing costs to refrain from being in lieu of seeking needed medical services, behavioral healthcare, and social services as that is a choice no one should have to make.

For our program description, we are going forward with two programs - one being a housing voucher program for veterans to maintain housing expenses at or below 30% of their income.

The parallel program will be a case management referral system that connects veterans with crucial medical, behavioral, and social services among others.

Our goals that will be agreed upon will include reducing the prevalence of self-reported housing instability among United States Veterans in Cumberland County by 20% in 2 years, as well as increasing the amount of case management referrals that will be documented accordingly in the VA Health System EHR system by 25% within a three year time frame.

Key Partners for ACC

- Fayetteville Veteran Affairs Health System
- Fayetteville Housing Authority
- Cumberland County Veterans Services
- Cumberland County Dept of Public Health
- Others such as Cumberland County Apartment Associations, Cumberland County Homeless Shelters



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Individual Pitch: Fayetteville Veteran Affairs Health System



- ❖ ACC can be built around excellent Fayetteville Veteran Affairs Health System services
- ❖ Integration of a screening tool into electronic health record
- ❖ Coordination with Veteran Services Office case management staff
- ❖ Provide other financial and staff support



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GLOBAL PUBLIC HEALTH

Gregory Heindel: The ACC partnership is expected to rely heavily on the existing, strong, foundation of the Fayetteville VA Health System. We will integrate a screening tool into outpatient electronic health record to screen for housing instability during clinic visits. The VA would refer veterans to, and coordinate with, the case management and Veteran Services Office team, as needed, and provide other financial and staff support towards the program. This referral team would also bridge veterans into other health, behavioral, social, and financial services, within and outside of the VA system, as needed.

Individual Pitch: Fayetteville Veteran Affairs Health System



- ❖ Removes clinician burden for important social services
- ❖ Reduces veteran emergency department utilization, hospitalization, suicidal ideation, and suicidal attempts
 - \$7573 more VA health care expenses per year
- ❖ Supports VA Health System vision statement and core values



GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH

Gregory Heindel: A pilot study at a VA clinic showed that health care providers believe that housing stability is an important part of veteran health, but they felt they lacked the expertise or time to address these issues. Partnering with the ACC will allow VA health care providers to focus on their job - health care - while also knowing the veterans have a strong case management team to address any identified housing issues.

Studies of veterans with housing instability have shown they use more health services such as emergency department and hospitalized care, and have more frequent suicidal ideation and suicidal attempts. Indeed, one study showed an annual increase of \$7573 worth of VA health care services in veterans with housing instability.

Not only will this ACC partnership improve Veteran health and reduce Veteran health care costs, but it also aligns with your vision and values to deliver veteran-centered care through collaborated teams with a focus on prevention.

Individual Pitch: Fayetteville Housing Authority




- ❖ Selected as a key partner due to organization’s mission and commitment to “improve intergenerational public health outcomes, and increase equitable opportunities”
- ❖ ACC partnership increases impact of HUD’s VASH program for homeless vets by proactively preventing eviction and homelessness
- ❖ Strategically utilizes institutional/technical knowledge of existing housing voucher policies and leverages community relationships with veteran tenants and local landlords




Matt Merritt: The Fayetteville Housing Authority provides safe, quality, affordable housing as a basic human right to build community resilience, improve intergenerational public health outcomes, and increase equitable opportunities (FHA, n.d.). They were selected as an ACC key partner due to their current relationship with the US Department of Housing and Urban Development and the US Dept of Veteran Affairs. They directly support the HUD’s VASH program for homeless veterans, which is a collaborative program between HUD and VA that

combines HUD housing vouchers with VA supportive services to help Veterans who are homeless, and their families find and sustain permanent housing (VA, n.d.). Our ACC allows the FHA to increase their impact in the community by proactively addressing eviction and homelessness among veterans. The FHA is a critical stakeholder to engage and partner with. Their collaboration will allow the ACC to strategically utilize their technical knowledge in providing affordable housing for veterans and their families through the proposed housing voucher policy and leverage community relationships with tenants and local landlords.

Individual Pitch: Cumberland County Veterans Services



- ❖ Selected due to their mission to assist veterans and their dependents obtain benefits, as well improving their overall quality of life, and advocating on their behalf
- ❖ ACC will utilize Veterans Service Office as the local point of contact to connect veterans and their families with federal resources
- ❖ Cumberland County Veterans Services Office will be managed closely as they have rooted connections and a vested interest in the betterment of the lives of veterans



 **UNC** | GILLINGS SCHOOL OF GLOBAL PUBLIC HEALTH


Chamara Fernando: The Cumberland County Veterans Services Office plays an integral role as one of our key stakeholders within our Accountable Care Community. As previously stated,

19.8% of inhabitants of Cumberland County identify as United States Veterans. As a result, Cumberland County Veterans Services does a great deal for the community with regards to assisting veterans and their families apply and obtain benefits. They serve as crucial advocates in holding the Department of Veterans Affairs accountable to equitably distributing veteran's benefits within the community. We will engage the core team in order to have roots on the ground and connect veterans and their families with federal resources.

Summary & Conclusion

- ❖ The men and women who put their lives on the line for the safety of our country should not be neglected and left to sleep in the streets
- ❖ Having stable access to a place to live has been shown to improve community health outcomes and quality of life
- ❖ Through our policy implementations, our ACC will be able to reach its goals of eradicating housing instability and homelessness among all veterans living in Cumberland County
- ❖ We will provide ongoing support to veterans and their families to establish sustainable economic stability and improve community health outcomes.



 **UNC** | GILLINGS SCHOOL OF
GLOBAL PUBLIC HEALTH

Emilio Berdiel: The men and women who put their lives on the line for the safety of our country should not be neglected and left to sleep in the streets. Having stable access to a place to live has been shown to improve community health outcomes and quality of life. Through our policy

implementations, our ACC will be able to reach its goals of eradicating housing instability and homelessness among all veterans living in Cumberland County. We will provide ongoing support to veterans and their families to establish sustainable economic stability and improve community health outcomes.

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