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COMMUNITY IMPACT PLAN

UNITED WE WIN

A plan to mobilize the caring power of our community to tackle difficult issues and make the Midlands a better place to live for everyone.

United Way of the Midlands envisions a community where all members – children, youth, adults and seniors – achieve their potential. This four-year plan is an invitation to our donors, volunteers, partners and community members to join us in the fight to give everyone a chance to succeed.

Our local United Way serves six counties with a total population of more than 850,000 people. The area is diverse in many respects, including size, urbanization and economic health. While prospects for economic self-sufficiency in most of our counties are growing, they are far from equally available.

United Way of the Midlands serves Calhoun, Fairfield, Lexington, Newberry, Orangeburg and Richland counties.

**POPULATION, MEDIAN INCOME* AND POVERTY**

<table>
<thead>
<tr>
<th>County</th>
<th>Population</th>
<th>Median Income</th>
<th>Poverty Rate</th>
<th># in Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calhoun</td>
<td>14,796</td>
<td>$34,531</td>
<td>21.3%</td>
<td>3,152</td>
</tr>
<tr>
<td>Fairfield</td>
<td>22,623</td>
<td>$36,004</td>
<td>23%</td>
<td>5,210</td>
</tr>
<tr>
<td>Lexington</td>
<td>286,196</td>
<td>$53,857</td>
<td>13.2%</td>
<td>37,778</td>
</tr>
<tr>
<td>Newberry</td>
<td>38,079</td>
<td>$40,127</td>
<td>19.1%</td>
<td>7,273</td>
</tr>
<tr>
<td>Orangeburg</td>
<td>87,903</td>
<td>$34,218</td>
<td>24%</td>
<td>21,097</td>
</tr>
<tr>
<td>Richland</td>
<td>409,549</td>
<td>$49,131</td>
<td>15.8%</td>
<td>64,709</td>
</tr>
</tbody>
</table>

*Based on data from 2011-2015

Poverty is the greatest roadblock preventing many of our neighbors from realizing their potential. Poverty contributes to poor health, unstable housing and challenges to academic success. For example, chronic health conditions limit work opportunities. Evictions and poor credit make it harder to secure new housing. Unstable conditions make it difficult for children to succeed in school.
In communities served by United Way, almost 140,000 people meet federal income guidelines for poverty. Almost a third of them are children. In Fairfield, Lexington, Orangeburg and Richland counties, more than half of those children live in areas of concentrated poverty or areas where at least 40% of the neighborhood lives in poverty. This speaks to a general lack of resources in the community but also makes it hard for children to picture a different life.

Unfortunately, even these data do not capture the challenges many people face. Federal poverty guidelines, were developed in 1960s and were calculated as the income needed to secure food. The South Carolina Self Sufficiency Standard (SSS) calculates the minimum income realistically needed to cover housing, food, transportation, health care and child care without public or private assistance. The SSS accounts for family size, composition and location. The table below compares the federal poverty level with two types of households in the SSS. While the federal poverty level for a household of one was $11,770 in 2016, the annual income a single adult needed to meet basic needs based on the SSS ranged from $17,683 to $21,678, or 50% to 84% higher than the poverty line. More people in our communities struggle to meet basic needs than federal poverty guidelines indicate.

The 2018 Impact Plan shares how we will tackle the critical problems resulting from poverty in our community. We will continue to focus on strategies that increase opportunity through education, housing, income stability and health. We will collaborate with partners to strengthen our collective capacity to help people achieve economic mobility. The plan responds to people who are already in crisis and offers strategies to prevent problems and support long-term stability and self-sufficiency.
Knowledge about children’s development shows that the period from pregnancy to school entry is crucial. A healthy birth and early, everyday nurturing from parents and other caregivers have a powerful effect on life trajectories, especially for children growing up in poverty. In the first few years of life, the brain is unusually responsive to environmental influences, both harmful and positive. As such, early learning environments (formal and informal) play a critical role in child development. When engaged parents, informal community programs and professionally-staffed early childhood education services pay attention to children’s emotional and social needs, as well as to their mastery of literacy and cognitive skills, they have maximum impact on the development of sturdy brain architecture and preparation for success in school. (National Scientific Council on the Developing Child, 2007)

Model programs for children living in poverty can produce benefit-cost ratios as high as 12:1. Research indicates that policymakers can achieve a greater return on investment from early education for children from families with low incomes and limited parent education than from remedial programs for adults with limited workforce skills. That’s why United Way focuses on providing at-risk children the preparation, resources and support they need beginning at birth.

United Way will continue to support strategies that equip families to support the development of the child’s language and literacy.

Strategy 1:
Connect families to resources and services that support stability, health and well-being.

Strategy 2:
Increase home libraries and promote learning experiences through community partnerships.

Strategy 3:
Provide home visits for successful transition to kindergarten.
According to 2017 South Carolina Profile for Early Childhood, the 2016-2017 third grade assessments indicate that only 44% of students are proficient in reading and 54% in math. Since we know that "the academic terrain gets steeper, and children must begin using their skills to learn social studies, science, mathematics, literature—to acquire deeper knowledge and engage in more complex problem solving and critical thinking," (Graves, 2005), it is important to continue supporting students through their elementary years.

An abundance of research provides solid evidence that out-of-school programs help students achieve academic success. Out-of-school programs are an underleveraged resource that can effectively partner with educators to ensure students read at grade level, transition to middle school and graduate on time. (Katz, 2010)

United Way will continue to support strategies that engage elementary students in reading, writing and learning both in and out of school.

<table>
<thead>
<tr>
<th>Strategy 1:</th>
<th>Strategy 2:</th>
<th>Strategy 3:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Connect families to resources and services that support stability, health and well-being.</td>
<td>Increase home libraries and promote learning experiences through community partnerships.</td>
<td>Partner with schools, afterschool programs and others to integrate parents in their child’s learning.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strategy 4:</th>
<th>Strategy 5:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the time and volume that students read in and out of school and during the summer.</td>
<td>Tutor and mentor students.</td>
</tr>
</tbody>
</table>
It is important to prepare students early, for their future. "Early exposure to college and career readiness and planning is critical, as elementary years are important in shaping students’ thought patterns, expectations, goals, and views of self. While high school has traditionally been the focus of college and career readiness initiatives, educators surveyed believe that concepts of college, high expectations, and academic achievement must be instilled at an earlier age to be impactful." (The Shift Toward College and Career Readiness in Elementary School, 2016)

Closing the gaps that appear by third grade also strengthens the community’s economic competitiveness by developing a sufficient pool of skilled workers and healthy adults to meet the challenges of global economic competition. (National Scientific Council on the Developing Child, 2007)

United Way will focus on strategies that engage elementary students in college and career initiatives.

**Strategy 1:**
Connect students to college, STEM and other professionals.

**Strategy 2:**
Increase opportunities for students to develop skills outlined in the Profile of an SC Graduate*.

**Strategy 3:**
Students participate in activities that help them develop skills outlined in the Profile of an SC Graduate*.

*Source can be found at: www.eoc.sc.gov
FOCUS AREA

YOUTH HOMELESSNESS

UNITED WAY WANTS TO PREVENT YOUTH FROM BECOMING HOMELESS.

National and local data indicate an increase in homelessness among youth. Research identifies several circumstances that put youth at risk, including family poverty or other family stressors such as addiction, trauma, teen pregnancy or identifying as LGBTQ. Quantifying the extent of homelessness among youth locally is a challenge. Agencies focus on different subpopulations of youth who are homeless, so the data are not easily integrated into a single picture.

Richland School districts identified 129 unaccompanied youth during the 2016-2017 school year.

United Way formed the Youth in Transition (YIT) Initiative to focus on young people, ages 17 to 24, who are homeless or vulnerable to homelessness. This includes youth transitioning out of foster care or juvenile or adult justice, runaway youth, unaccompanied youth or other youth who fall through the cracks in our system of care. The movement focuses on Richland and Lexington counties. In fall 2017, United Way released a Midlands Youth Plan detailing a comprehensive approach to ending youth homelessness.

To prevent youth homelessness, we will need to better understand the particular pathways to homelessness among youth, including the service systems that offer opportunities for early intervention. To gauge progress in ending youth homelessness will require baseline data and measures of success.

United Way will continue to lead the Youth in Transition Coalition, including implementing the new YIT plan and will focus on research and evaluation strategies.

Strategy 1:
Map the paths to homelessness among youth using HMIS, Point-in-Time (PIT), state agency data and qualitative research.

Strategy 2:
Develop benchmarks for gauging progress in eliminating homelessness among youth.

Strategy 3:
Help families and youth at risk for homelessness use available services.
Adverse childhood experiences (ACEs) are traumatic events that occur in a child’s life. Examples include abuse, neglect, household substance abuse, mental illness, divorce and homelessness. The stress a child experiences from these conditions may become toxic (including affecting brain development) when prolonged and if the child lacks the protection of a supportive, adult relationship. Long-term consequences include increased risk of substance use and abuse, depression, obesity and heart disease in adulthood.

Earliest studies found 60% of adults were affected by ACEs. There are protective factors that build resilience among those who experience this trauma. Protective factors include cognitive capacity, healthy attachment relationships (especially with parents and caregivers), the motivation and ability to learn and engage with the environment, the ability to regulate emotions and behavior and supportive environmental systems.

United Way will coordinate a Resiliency Coalition by supporting the following strategies:

**Strategy 1:**
Develop strategies to raise awareness in the community of ACEs and protective factors that support resiliency.

**Strategy 2:**
Partner with schools, public service systems, partner agencies, health care systems, faith-based programs, law enforcement and other agencies to implement training and increase services that respond to children who have experienced ACEs.

**Strategy 3:**
Identify and prioritize policies to improve the trauma response of systems of care for children and youth that would work locally.
Getting and using emergency services can overwhelm a young person. To improve the understanding of resources, we must develop youth-friendly tools for finding and contacting programs and services.

United Way will support strategies that assist youth to navigate housing and services that are tailored to meet their needs.

**Strategy 1:**
Implement a youth-oriented Coordinated Entry System (CES).

**Strategy 2:**
Expand youth-friendly electronic resource tools.

**Strategy 3:**
Provide shelter and other short-term housing to reduce or prevent time spent homeless.

**Strategy 4:**
Provide effective street outreach, case management and aftercare services to identify and engage people who are homeless into services.
United Way wants to prevent homelessness among people experiencing temporary financial crisis.

On a single night in January 2017, 1,200 people were experiencing homelessness in the Midlands. More than 300 people were on the street, more than 250 were in families with children, more than 150 were veterans and more than 130 reported a mental illness. Homeless people who are on the street and who have a mental health or other chronic health condition are at high risk for poor health or death. Families and children are especially vulnerable.

The good news is that between 2013 and 2017, the overall number of people experiencing homelessness decreased by 40%. In Richland County specifically, the number decreased by 48% over the same period (from 1518 people to 778 people).

Keeping people in housing is a better solution than use of limited emergency homeless services. People with high vulnerability dramatically decrease use of emergency services when placed into permanent housing with services. Keeping people in stable housing and out of the homeless services system is better for the household’s long-term stability and for the cognitive development of children. That’s why United Way focuses on providing a safety net of financial resources and services to keep people in housing.

United Way will continue to support strategies that keep people housed.

**Strategy 1:**
Fund emergency financial assistance.

**Strategy 2:**
Increase number of eligible families enrolled in income support programs through outreach, assessment and application assistance.

**Strategy 3:**
Prevent eviction through tenant-landlord mediation, counseling and legal assistance.

**Strategy 4:**
Provide repairs to low-income homeowners with poorly maintained housing to ensure habitability. (This includes continuing to repair flood damaged homes through 2018 and developing a program for low-income homeowners beyond that.)
United Way will continue to support strategies that help people gain/regain housing stability and will continue to focus on improving systems that prioritize housing people who are homeless and who have poor health or other conditions that endanger their health or lives.

**Strategy 1:**
Provide shelter and other short-term housing to reduce or prevent time spent homeless.

**Strategy 2:**
Provide effective street outreach, case management and aftercare services.

**Strategy 3:**
Provide transportation assistance to unite people with families or support in their home communities.

**Strategy 4:**
Evaluate and improve the Coordinated Entry System (CES).

A strong continuum of care (CoC) and services require a backbone agency to support research, planning and grant development. To increase resources for community housing and service programs, United Way will continue to serve MACH, the local homeless coalition with the following strategies.

**Strategy 1:**
Implement plans to increase housing and services for people experiencing homelessness.

**Strategy 2:**
Lead and staff the local homeless coalition and maximize federal resources.

**Strategy 3:**
Coordinate data collection and research for homeless issues.
The 2016 Self-Sufficiency Standard for South Carolina 2016 defines the minimum income realistically needed to support a household, without public or private assistance. For example, a single adult living in Richland County needs an hourly wage of $10.26 ($21,678 annually) to meet basic needs. For families with children, the amount needed to cover basic needs increases considerably. If the adult has a preschooler and a school-age child, the amount necessary to be economically secure is nearly doubled, increasing to $19.82 per hour ($41,861 annually) in order to cover the cost of child care, a larger housing unit and increased food and health care costs. For families with young children, the cost of housing and child care combined typically account for approximately 50% of the family’s budget. To make ends meet, people need living-wage jobs, or if disabled, income to support themselves, the skills to manage their financial resources and access to affordable housing.

United Way will continue to support strategies that help people achieve economic stability.

**Strategy 1:**
Provide financial and credit education.

**Strategy 2:**
Provide free tax preparation and maximize use of the Earned Income Tax Credit (EITC).

**Strategy 3:**
Provide employment training programs and employment barrier navigation.

**Strategy 4:**
Provide case management and coaching for personal success (United Way’s affinity group, Women in Philanthropy, will play an active role in this).

**Strategy 5:**
Preserve and create affordable housing.
In the state of SC, 11.5% of seniors live in poverty. Adults over age 60 make up about 22% of the SC population or around 1,065,420 based on 2014 data (AGID Database). Twenty percent of South Carolinians over the age of 60 are food insecure, meaning over 200,000 older adults are at risk of hunger and malnutrition. Ninety percent of adults over the age of 65 report that they would prefer to stay in their current residence as they age. One-third of American households are home to one or more residents 60 years of age or older. AARP defines “Aging in Place” as simply a matter of preserving the ability for people to remain in their home or neighborhood as long as possible.

United Way will continue to support strategies that maximize health of seniors in the community by decreasing isolation and related conditions that affect seniors’ optimal health and well-being.

**Strategy 1:**
Provide home-based services to seniors including basic nutritional needs, personal care, household tasks, family management and follow-up on treatment needs.

**Strategy 2:**
Provide adult day health care, case management, health counseling and inter-agency referrals.

**Strategy 3:**
Provide transportation for seniors to attend doctor appointments, grocery shopping and prescription drug pick-ups.
FOCUS AREA

HEALTH

UNITED WAY WANTS UNINSURED ADULTS TO HAVE ACCESS TO QUALITY HEALTHCARE.

The 2017 County Health Rankings reflect more than 100,000 uninsured individuals in our six-county footprint. Improving and investing in primary care has become a major health policy objective because the cost of care in the U.S. health system is unsustainable.

United Way will continue to support strategies that increase the number of uninsured adults using a medical home and receiving primary care.

**Strategy 1:**
Provide health services in areas that are conveniently located to the individual’s home or workplace.

**Strategy 2:**
Support free medical clinics that serve as medical homes.

**Strategy 3:**
Continue programs that provide care coordination/linkage to specialty care services such as dental and eye care.

**Strategy 4:**
Continue programs that provide patient education and disease management.

**Strategy 5:**
Continue programs that allow walk-ins to accommodate transportation issues.
The American Dental Association emphasizes that oral health touches every aspect of our lives but is often taken for granted. Our mouth is a window into the health of our body. It can show signs of nutritional deficiencies or general infection. Systemic diseases, those that affect the entire body, may first become apparent because of mouth lesions or other oral problems. Whether we are 80 or 8, oral health is important.

United Way will continue to support strategies that increase the number of uninsured adults and children who receive dental care.

Strategy 1:
Continue programs that provide formal linkage between dental service and medical services.

Strategy 2:
Continue programs that provide free dental services to uninsured or underinsured adults.

Strategy 3:
Provide dentures for adults with extreme tooth loss.

Strategy 4:
Continue programs that provide free dental services to uninsured children receiving free or reduced lunch in Richland and Lexington counties.
Research conducted by the Boston Consulting Group and Essilor indicate vision problems can reduce employees’ performance by as much as 20% and considerably affect employment opportunities, job satisfaction and job security. The American Optometric Association reports that periodic eye and vision examinations are an important part of preventive health care. Many eye and vision problems have no obvious signs or symptoms making it difficult to know a problem exists.

United Way will continue to support strategies that increase the number of uninsured adults who receive eye care.

**Strategy 1:**
Continue programs that provide services in areas that are conveniently located to the individual’s home or workplace.

**Strategy 2:**
Continue programs that provide formal linkage between eye care and medical services.

**Strategy 3:**
Continue programs that provide free eye care services to uninsured or underinsured adults.

**Strategy 4:**
In partnership with the South Carolina Optometric Physicians Association, continue South Carolina Eye Care Initiative (SCEI) that targets uninsured and underinsured working adults with linkage to volunteer optometrists that provide designated number of slots to see patients in their office.

**Strategy 5:**
Have an annual site visit with volunteer optometric office for follow-up and continue agreement.

**Strategy 6:**
Continue partnership with SC Lions Charitable Services for specialty eye care (i.e. cataract surgery).
FOCUS AREA

CAPACITY BUILDING

UNITED WAY STRIVES TO BE A LEADER IN COMMUNITY AND VOLUNTEER SERVICE.

The Corporation for National and Community Services ranks South Carolina 42 out of 50 states and Washington DC for volunteerism and reported that only 22.7% of SC residents volunteer their time. The good news? **Forty-four percent of people who do volunteer serve in organizations that align with United Way’s focus areas.** There are a lot more people in our communities who want to be part of something that matters and improves quality of life for all of us. **In a recent survey conducted by Deloitte, over 60% of working respondents (75% of millennials) said they would volunteer more often if they had a better understanding of the impact they were making.** United Way’s own leadership donors reported an interest in company volunteering if United Way made it easy to participate.

United Way believes engaging volunteers is essential to our mission to improve the quality of life in our community. We will implement strategies that make it easier for volunteers to find meaningful opportunities and raise the visibility of the power of volunteerism.

**Strategy 1:**
Promote online volunteer portal.

**Strategy 2:**
Produce, publish and package findings related to volunteerism in the Midlands.

**Strategy 3:**
Provide training and technical assistance to organizations using volunteers (includes Blueprint for Leadership).

**Strategy 4:**
Offer “concierge” volunteer coordination packages that develop teams through volunteer projects.
A randomized study by ABT Associates for the Compassion Capital Fund, an expired federal grant project, found that “targeted capacity-building assistance can help nonprofit organizations make improvements over a relatively short time period.” Significant improvements were noted in organizational, program, revenue and leadership development and also community engagement.

United Way was a Compassion Capital Fund grantee from 2007-2010. In a summary of our experience, we identified several reasons for continued capacity building:
1. To support our long-term impact goal of identifying quality partners to accomplish our community agenda.
2. To contribute to the sustainability of the organizations.
3. To strengthen our role in the community and improve relationships among key stakeholders.

A survey was conducted in 2015 by the Bridgespan Group for the JPMorgan Chase. “More than 200 nonprofits serving low and middle income communities identified the areas where they needed the most help. In addition to fundraising (61%), they listed communications and marketing (51%), program evaluation (38%), performance management (33%), technology (31%) and strategic planning (29%). Other areas for strengthening included board governance, human resource management and financial planning.” In recent focus groups with United Way Community Impact Partners, respondents identified capacity building as a role for United Way.

United Way wants to support partners in being stronger more effective organizations with the following strategies.

**Strategy 1:**
Make small awards for capacity-building activities.

**Strategy 2:**
Lead and coach partnerships in collaborative projects.

**Strategy 3:**
Provide training and technical assistance and evaluation services.
### MEASURING SUCCESS

#### EDUCATION OUTCOME: CHILDREN ARE READY FOR SCHOOL THROUGH PARENT ENGAGEMENT.

<table>
<thead>
<tr>
<th>Parents read to children regularly (four times a week).</th>
<th>Parents and caregivers demonstrate knowledge about their child’s learning and development.</th>
<th>Parents are talking positively with their children consistently.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents are playing positively with their children consistently.</td>
<td>Families are using books and resources that support their child’s learning and development.</td>
<td>Parents improve scores related to their child’s cognitive development using a reliable measure.</td>
</tr>
<tr>
<td>Parents improve scores related to social/emotional development using a reliable measure.</td>
<td>Children improve scores related to their cognitive development using a reliable measure.</td>
<td>Children improve scores related to social/emotional development using a reliable measure.</td>
</tr>
</tbody>
</table>

#### EDUCATION OUTCOME: STUDENTS ARE SUCCESSFUL IN SCHOOL.

<table>
<thead>
<tr>
<th>Students are promoted to the next grade.</th>
<th>Students are reading on a regular basis (daily).</th>
<th>Students improve social/emotional development using a reliable instrument.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students improve in-school attendance.</td>
<td>Students improve in-school behavior.</td>
<td>Students improve or maintain satisfactory in-school performance in reading.</td>
</tr>
<tr>
<td>Students improve attitude towards reading and literacy using a reliable measure.</td>
<td>Parents have regular communication with their students’ teachers and schools.</td>
<td></td>
</tr>
</tbody>
</table>

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UNITED WAY OF THE MIDLANDS
## MEASURING SUCCESS

**EDUCATION OUTCOME: STUDENTS ARE PLANNING FOR THE FUTURE.**

<table>
<thead>
<tr>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students are consistently engaged in programming that exposes them and enriches their knowledge of college and career opportunities.</td>
<td>Students are engaged consistently with colleges and career professionals and settings.</td>
</tr>
<tr>
<td>Students connect program engagement to real life experiences related to college and career opportunities.</td>
<td>Students demonstrate one or more skills reflected in the <em>Profile of an SC Graduate</em>.</td>
</tr>
<tr>
<td>Students improve attitude and knowledge towards college and career options using a reliable measure.</td>
<td></td>
</tr>
</tbody>
</table>
# MEASURING SUCCESS

## ECONOMIC MOBILITY OUTCOME: PEOPLE ARE STABLE IN HOUSING.

<table>
<thead>
<tr>
<th>Individuals make progress on care plans.</th>
<th>Households make progress on care plans.</th>
<th>Individuals are provided emergency shelter.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households are provided emergency shelter.</td>
<td>Individuals are provided motel vouchers.</td>
<td>Households are provided motel vouchers.</td>
</tr>
<tr>
<td>Individuals are provided homeless prevention.</td>
<td>Households are provided homeless prevention.</td>
<td>Evictions are prevented.</td>
</tr>
<tr>
<td>Individuals are placed into transitional housing.</td>
<td>Households are placed into transitional housing.</td>
<td>Individuals are placed into permanent housing.</td>
</tr>
<tr>
<td>Households are placed into permanent housing.</td>
<td>Individuals are stable at least three months in permanent housing.</td>
<td>Households are stable at least three months in permanent housing.</td>
</tr>
<tr>
<td>Individuals are stable at least six months in permanent housing.</td>
<td>Households are stable at least six months in permanent housing.</td>
<td>Individuals are stable at least 12 months in permanent housing.</td>
</tr>
<tr>
<td>Households are stable at least 12 months in permanent housing.</td>
<td>New rental housing units are completed or rehabilitated.</td>
<td>Homes are repaired to a safe, decent and sanitary standard.</td>
</tr>
</tbody>
</table>

## ECONOMIC MOBILITY OUTCOME: PEOPLE INCREASE INCOME OR ASSETS.

<table>
<thead>
<tr>
<th>Individuals increase or access new benefits.</th>
<th>Households increase or access new benefits.</th>
<th>Individuals increase income through employment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households increase income through employment.</td>
<td>Tax returns are completed.</td>
<td>Returns are accepted by the IRS.</td>
</tr>
<tr>
<td>Individuals’ credit scores increase.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HEALTH OUTCOME: CLIENTS IMPROVE AND MAINTAIN HEALTH.

- Clients have a medical home.
- Clients positively change health status in one area: oral health, diabetes, high blood pressure or obesity.
- Clients positively change health status in more than one area: oral health, diabetes, high blood pressure or obesity.
- Clients are retained in the program for at least 12 months.
- Clients complete prescribed course of treatment.

HEALTH OUTCOME: CLIENTS IMPROVE AND MAINTAIN HEALTH.

- Participants remain in their homes for 6-12 months and maintain ADL.
- Participants remain in their homes for 12+ months and maintain ADL.
- Participants reduce isolation and sustain independence.