PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE

Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)

1. TYPE OF SUBMISSION:
Application [X] Non-Construction

2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:
01/24/11		
2b. APPLICATION ID:	4. DATE RECEIVED BY FEDERAL AGENCY:	FEDERAL IDENTIFIER:
11ND125684	01/24/11	10NDHPA002

5. APPLICATION INFORMATION

LEGAL NAME: Health Federation of Philadelphia

DUNS NUMBER: 101443042

ADDRESS (give street address, city, state, zip code and county):
1211 Chestnut St
Suite 801
Philadelphia PA 19107 - 4112
County: Philadelphia

NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes):

NAME: Natalie Levkovich

TELEPHONE NUMBER: (215) 567-8001

FAX NUMBER: (215) 567-7743

INTERNET E-MAIL ADDRESS: natlev@healthfederation.org

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
232244355

7. TYPE OF APPLICANT:
7a. Non-Profit
7b. Community-Based Organization

8. TYPE OF APPLICATION (Check appropriate box).

[ ] NEW [ ] NEW/PREVIOUS GRANTE
[X] CONTINUATION [ ] AMENDMENT

If Amendment, enter appropriate letter(s) in box(es): [ ] [ ]

A. AUGMENTATION B. BUDGET REVISION
C. NO COST EXTENSION D. OTHER *(specify below):*

9. NAME OF FEDERAL AGENCY:
Corporation for National and Community Service

10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.006

10b. TITLE: AmeriCorps National

11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
National Health Corps

11.b. CNCS PROGRAM INITIATIVE (IF ANY):

12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc):
Philadelphia County, Pennsylvania; Allegheny County, Pennsylvania; Cook County, Illinois; Duval County, Nassau County, Baker County, Clay County, and St. Johns County, Florida

13. PROPOSED PROJECT: START DATE: 09/01/11 END DATE: 08/31/12

14. CONGRESSIONAL DISTRICT OF: a.Applicant PA 001 b.Program PA 001

15. ESTIMATED FUNDING: Year #: 2

a. FEDERAL	$ 1,198,486.00
b. APPLICANT	$ 970,668.00
c. STATE	$ 0.00
d. LOCAL	$ 0.00
e. OTHER	$ 0.00
f. PROGRAM INCOME	$ 0.00
g. TOTAL	$ 2,169,154.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

[ ] YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

[X] NO. PROGRAM IS NOT COVERED BY E.O. 12372

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

[ ] YES if "Yes," attach an explanation. [X] NO

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. TYPED NAME OF AUTHORIZED REPRESENTATIVE:	b. TITLE:	c. TELEPHONE NUMBER:
Corinne Lagermasini		(215) 567-8001 3011

d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:	e. DATE SIGNED:
	04/29/11

Narratives

Executive Summary

The National Health Corps (NHC) was founded in 1994 and has program sites operating in Atlanta, Chicago, Philadelphia, Pittsburgh, and North Florida. The NHC's mission is to engage citizens in reducing health disparities, increasing access to health care services and promoting health and well-being in underserved communities. The NHC also fosters our members' pursuit of health related careers working with medically underserved communities and a lifelong ethic of service.

Rationale and Approach

A. Rationale & Approach

Compelling Community Need

The NHC is a network of four operating sites in three states: the Chicago, North Florida, Philadelphia and Pittsburgh Health Corps. All four sites have extensive experience identifying and responding to community health needs both as part of their organization's core mission and as NHC programs. The North Florida and Pittsburgh Health Corps are based in county health departments (Duval County Health Department and Allegheny County Health Department); the Chicago Health Corps is hosted by the University of Illinois at Chicago College of Nursing; and the Philadelphia Health Corps is hosted by the Health Federation of Philadelphia, an organization that supports a network of Philadelphia community health centers.

NHC activities predominantly will be focused on addressing the following health needs: lack of health insurance coverage among children and adults and resulting disparities in access to health care (particularly prescription medications and dental care); childhood obesity prevention; asthma management and smoking prevention; and prevention of HIV/AIDS. These need areas were identified based on input collected from local grassroots community groups, community needs assessments

Narratives

conducted by local public health agencies, past NHC program experience and a review of health disparity data and vital statistics in each community. NHC member activities are targeted towards economically disadvantaged individuals and individuals who are members of medically underserved populations

Access to Health Care

According to the Kaiser Family Foundation, more than 46 million Americans had no health insurance coverage in 2008. This represents more than 1 in 6 (17.4%) of the population under the age of 65. In 2008, there were 26,012 uninsured children and 131,608 uninsured adults in Philadelphia and 5,883 uninsured children and 69,529 uninsured adults in Allegheny County, PA (2008 Health Insurance Survey, Pennsylvania Insurance Department). Approximately 15% (53,308) of children and 21.6% of adults (174,223) in North East Florida are uninsured (US Census Bureau, 2005). Almost 19% of the residents of Cook County, Illinois are uninsured including 146,577 children (US Census Bureau, 2005).

Nation-wide, about two-thirds of the uninsured are poor or near poor. Minorities are much more likely to be uninsured than whites. About one-third (33%) of Hispanics are uninsured and 21% of African-Americans, compared to 13% of whites (Kaiser, The Uninsured: A Primer, October, 2009). The homeless are also more likely to be uninsured. In 2007, 70% of patients receiving care through the federal Health Care for the Homeless program did not have insurance (HRSA, DHHS, Health Care for the Homeless Rollup Report for CY 2007).

This lack of health insurance leads to a lack of timely access to quality health care and to significant health disparities. Uninsured children are much more likely to lack a consistent source of health care, to delay care, or to have unmet medical needs than children with insurance. The uninsured are less likely

than the insured to receive preventative care and are more likely to be hospitalized for conditions that could have been prevented (Kaiser, The Uninsured: A Primer, October, 2009).

Patients with chronic diseases such as diabetes, asthma and depression are more likely to need prescription drugs to manage their medical conditions, prevent complications and maintain quality of life. Yet, in a 2005 study, one in three (34%) uninsured adults with chronic diseases reported having unmet need for prescription drugs (Urban Institute, Uninsured Americans with Chronic Health Conditions, 2005).

Basic preventative dental care is one of the most prevalent unmet health care needs of children. Difficulties obtaining dental care disproportionately affect low-income and minority children. Poor children are more likely than higher-income children to have dental caries (tooth decay) and the extent and severity of the decay are more extreme (Kaiser, Dental Coverage and Care for Low-Income Children, July, 2008).

Child Obesity

In the U.S., a growing number of children are considered overweight or obese. According to the Centers for Disease Control, national data from 2003-2006 shows that 12.4% of children aged 2-5 years and 17% of children aged 6-11 were obese. Obese children and adolescents are more likely to become obese as adults. One study has found that approximately 80% of children who were overweight at age 10-15 years were obese adults at age 25 (Centers for Disease Control, 2006).

The increasing rates of overweight and obesity among U.S. children is placing them at a greater risk for development and early onset of chronic diseases and health conditions. Overweight children

Narratives

increasingly suffer from high cholesterol, high blood pressure and type 2 diabetes (Centers for Disease Control, 2009).

According to the report Healthy Kids, Healthy Jacksonville (2009), approximately 26% of Florida's children are considered overweight or at risk for being overweight. In the 2006 Florida Youth Tobacco Survey, 27.9% of Jacksonville, FL middle school and 28.4% of Jacksonville high school students self-reported weights and heights that classify them as overweight or obese. Child physical fitness levels have also declined, with 70% of Duval County students scoring below average in the 2007 Presidential Physical Fitness Test Results.

The Consortium to Lower Obesity in Chicago's Children (CLOCC) reports that kindergarten-aged Chicago children are overweight at more than twice the national rate. Data from Sinai Urban Health Institute revealed that children living in low-income communities of color in Chicago are overweight at three to four times the national average. A study of food availability and accessibility in five low-income Chicago communities found that over half of stores that sell food do not sell fruits or vegetables and many families must travel over half a mile by public transit to find a store that sells fresh produce.

Data from the Kaiser Family Foundation show that in 2007, 30% of Pennsylvania children ages 10-17 were overweight or obese. In 2007-2008, a local pediatric group in southwest PA conducted researching with findings that 16.9% of pediatric patients were overweight and 13.8% over obese (Children's Community Pediatrics, 2007-2008). In Philadelphia, 50.9% of poor children in 2008 were overweight or obese and African American and Latino children in Philadelphia were classified as overweight or obese (52.4% and 46.7%) at higher rates than white children (38.4%) (Public Health Management Corporation, 2008 Household Health Survey).

Narratives

Because of the growing epidemic of childhood obesity, ensuring that parents and children receive accurate and comprehensive information on exercise and nutrition, increasing access to nutritious foods and ensuring that children have opportunities to exercise and play are all crucial.

HIV/AIDS

According to the US Centers for Disease Control (CDC), 1.1 million Americans are living with HIV infection. Pennsylvania, Illinois and Florida were among the 10 states reporting the highest number of AIDS cases in 2007. Jacksonville reported 23.1 AIDS cases per 100,000 residents in 2007; Philadelphia reported 21.9; and Chicago reported 13.2. These rates of AIDS cases were all above the national rate of 12.5%. Together, Chicago, Jacksonville, Pittsburgh and Philadelphia had over 70,000 cumulative cases of AIDS in 2007 (www.avert.org).

As is the case nationally, in the four communities served by the NHC, minorities, especially African Americans and Latinos, are disproportionately affected by the HIV/AIDS epidemic. In Philadelphia, PA, there were 18,171 people living with HIV/AIDS in 2008. 66% were African American, 21% White and 12% Latino (Philadelphia Department of Public Health). African Americans in Chicago have a substantially higher rate for HIV/AIDS (47.9 per 100,000) than Whites (17.7) or Latinos (16.6) (AIDS Foundation of Chicago, 2008). African-Americans comprise 13.4% of the population in Allegheny County, yet represented 40.4% of the reported AIDS cases in 2007.

The CDC reports that over a quarter of a million HIV-infected Americans are unaware of their HIV status. Therefore, identifying people who are HIV positive through community outreach and testing is a crucial step towards reducing the spread of HIV and connecting people with care and resources. Ongoing prevention, outreach and education efforts directed specifically at adolescents are also needed

as they remain a high risk group for HIV infection.

Asthma & Smoking Prevention

Asthma is one of the leading chronic childhood diseases in the U.S. (National Center for Health Statistics). Among children 5-17, asthma is the leading cause of school absence from a chronic illness (Asthma & Allergy Foundation, 2000). Children in poor families were more likely to have ever been diagnosed with asthma (18%) or to still have asthma (12%) than children in families that were not poor (13% and 9%) (Centers for Disease Control, Summary Health Statistics for U.S. Children: National Health Interview Survey, 2008). Ethnic and racial differences in asthma prevalence, morbidity and mortality are highly correlated with poverty, urban air quality, indoor allergens, lack of patient education and inadequate medical care.

In Chicago, the asthma mortality rate was nearly five times higher in non-Hispanic blacks than in non-Hispanic whites. More than half (58%) of all children with asthma in Chicago had a severe asthma attack in the past year (Respiratory Health Association of Metropolitan Chicago). Over eighteen percent of high school students and 16.1% of middle school students in Duval County, Florida reported having asthma in 2008 (Florida Charts). 11.3% of school students in Allegheny County, PA had a medical diagnosis of asthma in 2006, higher than the state average of 9.7% (PA Department of Public Health). Data provided by the Public Health Management Corporation's 2008 Household Health Survey show that 25.6% of poor children in Philadelphia had asthma and that 27.7% of Latino children in the city suffered from asthma.

Exposure to secondhand smoke has a significant negative effect on asthma symptoms among children. Smoking is also a major factor in morbidity and mortality from cancer and heart disease. Among the

major cities in the U.S. (those with a population over 1 million people), Philadelphia is one of the poorest and it has the highest rate of smoking and the highest rate of lung cancer mortality. While smoking rates in many parts of the country have gone down in recent years, Philadelphia's smoking rate has increased in the last six years (Philadelphia Department of Public Health). Local surveys show that 28.6% of African Americans and 26.1% of Latinos in Philadelphia smoke. 40.8% of Philadelphia residents who are poor reported that they smoke (Public Health Management Corporation, 2008 Household Health Survey).

In Allegheny County, 22% of adults are current smokers and 16% of all deaths annually are from tobacco related causes. Tobacco use is greater in African American adults where 29.5% are current smokers (PA Department of Health). Twenty percent of students in Florida reported that they had used a tobacco product at least 1 day during the previous month (Centers for Disease Control, YRBS) and 21.6% of adults were current smokers in 2008 (Florida Charts). Almost seventeen percent of Chicago youth reported that they had used a tobacco product at least 1 day during the previous month (Centers for Disease Control, YRBS). Because 90% of adults began smoking in their teen years, preventing youth from starting what is likely to become a lifelong addiction is crucial to ending the tobacco problem.

Health Professions

Recruiting health professionals to work in medically underserved communities is a challenge for many health care organizations. Nationally, various health career recruitment initiatives are being attempted with children, youth and professional students. Shortages of nurses, primary care physicians, and other specialists are well documented and various loan forgiveness programs attempt to draw these professionals into underserved communities. Additionally, up to 46% of the governmental public health workforce became eligible to retire by 2006, creating a potentially critical shortage of health care

workers (Public Health Foundation). One of the goals of the NHC, therefore, is to stimulate an interest in health careers; to expose future health professionals to community health settings; and to promote members desire to work in underserved communities.

Activities & Member Roles

Each NHC operating site of is responsible for hiring qualified program staff to recruit, select, train and provide overall supervision to a full corps of members. Operating sites also identify and select community host sites where members serve for 46 weeks. Host sites are selected through a competitive application process that considers the host site's mission, a detailed position description for each member requested, consistency with NHC mission and performance measures, and the site's ability to provide daily supervision and support of members. Host sites typically host between 1-3 NHC members. NHC host sites include community health centers (federally funded, public health, school-based, homeless and free health clinics), public and charter elementary and high schools, programs within county health departments, and community based public health organizations whose missions are to address local health and social service needs. The NHC is requesting 94 full-time member slots (30 in Philadelphia, 26 in North Florida, 20 in Pittsburgh and 18 in Chicago) as this supports full engagement between members and their host sites and communities, and allows for better utilization of staff resources.

Facilitating access to health care, including preventative, primary and dental care, and prescription medications, will be one of the primary activities for members at all NHC sites. NHC members will continue to be active partners in local efforts to increase enrollment in Children's Health Insurance Programs (CHIP) for low income uninsured children. Members will conduct outreach and assist eligible families in enrolling in CHIP and Medicaid. During the 07-08 and 08-09 program years NHC members

Narratives

helped 551 people enroll in health insurance.

Members will continue to be assigned to work with the un/underinsured (particularly the working poor and the homeless) at health centers to help patients obtain free or low cost prescription medications for management of chronic diseases. Members will continue to assist patients in determining their eligibility for free medications and will assist with the complex and cumbersome process of applying for these programs. These services improve the patient's quality of health and result in critical health care cost savings. In 07-08 and 08-09, NHC members helped a total of 2,816 people enroll in PMAPs.

NHC members will increase at-risk children's access to dental health services by arranging and assisting with dental van visits to local schools, organizing oral health workshops, and assisting with dental sealant programs (dental sealants are a preventative measure to protect teeth from decay). During the 07-08 and 08-09 program years NHC members helped 3,198 children receive dental sealants.

Members will continue efforts to address childhood obesity through school and community-based activities. Members will lead nutrition education classes, conduct cooking workshops with children and their parents, distribute healthy recipes inclusive of diverse cultures, create community gardens at schools and health centers, and promote community access to farmer's markets. Members will lead fitness activities for students during recess and will coordinate after-school walking, running, yoga and strength training clubs. During the 08-09 program year, NHC members taught nutrition workshops and lead fitness activities to 10,800 children.

Members will be trained to providing HIV testing and counseling in high-risk communities and to encourage testing to increase the number of people who are aware of their HIV status. Members will also conduct workshops with youth and adults on HIV prevention and safer-sex. In 08-09, NHC

members taught HIV/AIDS workshops to 1,906 residents and provided HIV testing and counseling to 514 people.

Members will continue to teach asthma management classes at schools in communities targeted because of their disproportionately high asthma rates. Children will learn what factors trigger their asthma and how to avoid them with the goal of helping students manage their asthma well enough to attend school. Members will conduct outreach to smokers and do brief interventions around smoking cessation; they will lead smoking cessation workshops and will conduct smoking prevention workshops with youth. In 2008-2009, NHC members taught asthma management and smoking cessation workshops to 1,766 children.

NHC members will also be responsive to additional, local community needs. Members will organize seasonal and HINI flu immunization drives, provide blood pressure and vision screenings, teach health education workshops on topics such as infant and child safety, violence prevention, senior health, and chronic diseases and conduct community outreach on the availability of services provided by host sites.

All NHC members will actively recruit non-member volunteers to support the work of local community-based organizations. Some members will recruit and training NMVs as part of their daily activities at their local host sites. NHC members will recruit volunteers from local communities, universities and high schools, businesses and civic organizations. Volunteers will include health care students and professionals who provide care at free clinics, baby boomers and students. In 2008-2009, NHC members recruited, trained and oriented 1,402 NMVs who served a total of 11,058 hours.

Throughout their term of service, members will learn about various health care professions and gain experience by serving in health care settings. Members will participate in trainings designed to promote

Narratives

their continued involvement in working with medically underserved communities. Formal and informal shadowing and mentoring opportunities will help guide members' decisions on future career/education trajectories. Eighty percent of NHC members surveyed the last two program years reported they plan to pursue education/careers in health care after their term.

NHC members' activities do not duplicate staff roles; rather they enhance/expand the capacity of organizations by undertaking efforts not already being implemented at sites or by expanding to new populations. To ensure this is the case, parent organization staff reviews regulations regarding non-duplication/displacement on an annual basis with all staff. Sites are required to discuss these regulations with new/existing host site supervisors to ensure compliance. Member position descriptions are screened for potential conflicts.

Members will receive training to support them in their service and to help them complete their activities at host sites. Training begins with a week of Pre-Service Orientation and continues throughout the year during monthly in-service trainings. During PSO, members learn about the history of AmeriCorps and the expectations of a "lifetime of service." They receive instructional and experiential training opportunities to increase their understanding of underserved populations and the importance of community involvement. Members will learn about the basics of creating health education materials, conducting community outreach, and cultural competency. Members will benefit from each other's experience and grow personally and professionally through team building activities and collaboration on group service projects. Members will receive ongoing supervision, support and mentoring by both operating site program staff and host site supervisors. Host sites will provide in-depth orientation and training to their members and will provide daily supervision and support.

The NHC and its operating sites will continue to ensure compliance with rules on prohibited service

Narratives

activities. Parent organization staff will continue to instruct operating sites on prohibited activities through ongoing reviews of policies and procedures. During orientation and throughout the program year during meetings and trainings, host site supervisors and members will be educated about prohibited activities. Information about prohibited activities is included in the NHC member handbook and host site supervisor handbooks.

Regular monitoring of member activities at the host site, operating site and parent level will be conducted. NHC members are required to submit service activity logs bi-weekly. These are reviewed regularly by program staff and by parent staff to ensure that members are not engaged in prohibited activities. All NHC members are required to obtain prior approval for fundraising activities to ensure they meet AmeriCorps regulations. Corporation staff are consulted if there is any uncertainty about a member's activity.

The parent organization and each operating site have missions that focus on public health, making the NHC an important component of their capacity to fulfill their respective missions. Further, the NHC program is a cost-effective, capacity enhancing resource that the parent organization and operating sites can leverage to support and expand local community-based organizations who share that mission of promoting the health of their communities.

Measureable Outputs/Outcomes

The NHC will address the Health Futures priority area and will use standard performance measures. The NHC is proposing the following aligned performance measure based on the standard performance measure outputs issued by CNCS:

Narratives

Output: 6,750 uninsured, economically disadvantaged, or medically underserved clients will receive information from NHC members on health insurance, health care access and health benefits programs.

Intermediate Outcome: 4,050 (60%) clients who received information from NHC members on health insurance, health care access and health benefits programs will enroll in these programs.

End Outcomes: 3,037 (75%) of those clients who enroll in health insurance, health care access and health benefits programs will utilize preventative and primary health care services and programs.

The NHC will modify existing data tracking systems, including excel spreadsheets and its online database, to collect performance measure data. The NHC database was implemented in 08-09 and has greatly supported the collection and review of data by members, parent and operating site staff.

Self-Assessment/Improvement

Continuous quality improvement (CQI) processes are in place across several levels of the NHC. At the national level, program strengths and challenges are identified through member and host site surveys. Members complete three program evaluations over the course of the program year and report on their experiences with everything from member recruitment, pre-service orientation, host site supervision, and program leadership to their overall satisfaction with their service experience. Host sites are asked to provide feedback on their members and their experiences with the operating sites. Results from these surveys are analyzed and reviewed both by parent and operating site staff and those results form the basis of identification of corrective action and/or technical assistance/training needs.

During the current grant cycle, the NHC adopted a best practice from another national direct program

Narratives

and developed a NHC Operating Site Standards document. This document, developed by the NHC Executive and Program Director teams, delineates standards all NHC should meet to have a high quality site. Monitoring processes have been updated to reflect these standards.

NHC program and fiscal staff conduct ongoing monitoring of programs to ensure quality and to address challenges. The NHC conducts annual site visits at each site and interviews members and host site supervisors as part of those visits. Member hours and site performance measures are reviewed monthly. The NHC holds a monthly conference call with program staff at operating sites to discuss updates, changes in CNCS regulations and requirements, challenges, highlights and to share ideas and best practices.

At the operating site level, programs administer satisfaction surveys, hold one-on-one meetings with members, conduct host site visits, hold group member meetings during which members share feedback and experiences. Parent and operating site staff attend CNCS and State Commission trainings in order to continually gain professional development experience. In 2008, NHC parent and operating site staff presented at the National Direct Best Practices conference on our efforts to enhance peer support through monthly peer led conference call calls.

All operating sites utilize member needs assessments and training evaluations to ensure members' voices are heard in the planning of member training. Member and host site supervisor meetings are utilized as a chance to collect feedback and to share data from survey results. Program directors complete a formal needs assessment annually (and are continuously asked for training/TA needs throughout the year) and this becomes the basis for network meetings. NHC organizes an annual meeting of program directors, which is an opportunity to receive additional training and support. Member performance measures data are collect bi-weekly through an online database that supports

Narratives

real-time review and analysis of sites' achievement of performance measure targets and for immediate corrective action when necessary.

Community Involvement

Each NHC operating site places members with community based organizations (CBOs) that are rooted in their respective community, where many staff, board members and clients are residents of those communities. Most of these CBOs have governing or advisory boards that include consumer/resident participation, which helps to inform timely and relevant understanding of community needs and resources. Relationships with many of these CBOs have been long standing and are founded on open strong collaboration and communication. Each year, host sites are required to develop specific service plans and position descriptions for members that reflect community priorities and needs. CBO liaisons serve as members' site supervisors and, as such, they form a committee that meets regularly with Program Director to provide feedback about program performance, community needs and opportunities for increasing impact. In turn, this feedback is incorporated into the operating site's program planning.

Program Directors make semi-annual site visits to each host site. Although the main purpose of these visits is monitoring and problem solving, these visits also give Directors an opportunity to observe the operations, clientele, and environment in which members serve. In turn, these observations create another opportunity for Directors to engage their community partners in discussion of community needs, strategies to engage volunteers, and opportunities for leveraging neighborhood assets.

Therefore, each operating site uses both formal community input, through quarterly site supervisor committee meetings and required annual host site plans, and informal input, through regular communication and observation, to develop the program and increase its effectiveness. This results in

effective community engagement, which is used to inform program planning that enable operating sites to respond in a flexible way to community input.

Relationships with other Service Programs

The NHC and its operating sites have long-standing relationships with several national direct and state commission programs. The NHC collaborates regularly with the National Association of Community Health Center's (NACHC) Community Health Corps and the National AIDS Fund. The organizations share policies and materials and confer on a range of issues. The NHC has been an active participant for several years in the CNCS supported Health Affinity group, which brings together health related national direct programs to strategize and share resources.

The NHC Parent Organization, based in Pennsylvania, is in regular communication with PA State Commission staff and all NHC operating sites maintain relationships with their respective State Commissions. NHC members and staff attend conferences and trainings hosted by commissions and participate in service projects with other CNCS supported programs on National Days of Service. The Pittsburgh Health Corps Program Director initiated the Southwestern PA InterCorps Council 13 years ago, bringing together AmeriCorps programs in the region, and continues to be an active member. Philadelphia Health Corps members participate in a Southeastern PA member InterCorps Council. NHC members will continue to attend kick-off events hosted by their State Commissions and will work in collaboration with other local AmeriCorps program on service projects such as the MLK Day of Service.

The Health Federation of Philadelphia currently has two Recovery Act VISTA members serving with the organization. The University of Illinois at Chicago School of Nursing has a VISTA program in addition

to their AmeriCorps program.

State Commissions

The NHC is proposing to operating sites in three states: Florida, Illinois and Pennsylvania. Each operating site contacted their respective commissions in Nov/Dec 2009 and followed each commissions' protocols for consultations (including submitting Initial Consultation Forms). Staff at the North Florida Health Corps spoke with Amieko Watson, Director of National Service Programs at Volunteer Florida on December 4, 2009. The Chicago Health Corps consulted with Ted Gibbs, Executive Director of Serve Illinois Commission on December 16, 2009. Pittsburgh Health Corps staff discussed their program with Renee Johnson, Deputy Director of PennServe. Staff at the Philadelphia Health Corps contacted PennServe and complied with instructions to send a completed copy of the Initial Consultation Form.

Potential for Replication

The NHC does not currently have plans to replicate its program design. However, as demonstrated by our ability to quickly and efficiently bring the North Florida Health Corps operating site on board during the 2004 grant cycle, if the possibility for replication occurred, the NHC would be prepared to do so. The recent creation of NHC Operating Site Standards, our Program Director Handbook and the extensive experience with AmeriCorps at both the Parent and operating site levels would all support program replication.

While there are no current plans for program replication, there are plans for program expansion. Thanks to Recovery Act funds, the NHC was able to expand by 12 member slots in 2009 and to do so quickly and efficiently. NHC has the systems for recruitment and training, the community partners for

placement and supervision, and the administrative infrastructure in place to continue supporting those 12 slots and to add an additional 12 full-time members for a total of 94 full-time members. Additional slots will also leverage additional matching funds from local communities to support an expanded program.

Organizational Capability

D. Organizational Capability

Sound Organizational Structure

The NHC is a network of four operating sites in three states: Chicago, North Florida, Philadelphia and Pittsburgh Health Corps. Created in 1994, the NHC has operated for 15 years as a National Direct Program and therefore has the experience, track record, and commitment necessary to operate and oversee a multi-site national program. Each of the participating operating sites has a significant history with the NHC and a proven capacity to embrace and fulfill the expectations of an AmeriCorps program.

The Health Federation of Philadelphia (HFP) was founded in 1983 as a public health coordinating agency, and has operated the Philadelphia Health Corps for 15 years. HFP has also served as the NHC Parent Organization since 2004. In addition to the NHC, HFP has more than 25 years of experience developing and overseeing large-scale initiatives involving multiple partners and networks of public and private organizations. Currently, HFP administers $12 million in grants and contracts, including several federal grants such as Early Head Start, funded through the HHS/Children's Bureau. HFP is funded by HHS/HRSA to support Health Information Technology innovations in member community health centers. These are but several examples of HFP's capacity to manage public funds and to coordinate grant funded activities among partner organizations.

Narratives

As both the Parent Organization and as the past/future sponsor of the Philadelphia Health Corps, HFP has a particular sensitivity to the issues and challenges that program sites face. The NHC management team is fully equipped to provide technical support to operating sites; to abide by the reporting and audit requirements of CNCS; to participate in meetings/teleconferences sponsored by CNCS; to serve as the link to CNCS-sponsored technical assistance; and otherwise to provide efficient and effective oversight and leadership to the NHC.

The NHC has a formal application, review and selection process for operating sites. Current and prospective operating sites submit proposals in response to an application distributed by the NHC. Proposals are reviewed and scored by a review process in which NHC staff and an independent reviewer(s) participate. Criteria that are considered in the review include: the proposed site's experience operating AmeriCorps programs; the established need within the community and the proposed member activities; organizational capacity to manage a federal grant, past performance and the experience and leadership of staff; and the ability to meet the CNCS match requirements and to establish a sustainable program. Existing operating sites are also reviewed based on their known strengths and weaknesses, their recruitment/retention rates, and ability to meet performance measure goals.

HFP has served as the Parent Organization for the NHC since 2004 and currently contracts with four operating sites. Prior to 2004, the Allegheny County Health Department served as the Parent Organization for the NHC with HFP as a sub-grantee site. HFP will sub-contract with the following agencies to continue implementation of the NHC: the Allegheny County Health Department will continue its 15 year role as the operating site for the Pittsburgh Health Corps; the North Florida Health Corps, an NHC operating site since 2004, will be hosted by the Duval County Health Department; the Chicago Health Corps will be directed by the University of Illinois at Chicago College of Nursing, a NHC operating site since 1994; and the Philadelphia Health Corps will continue its 15 year history based at

Narratives

HFP. Each operating site will be overseen by a Program Executive and day-to-day activities will be managed by a full-time Program Director.

NHC Parent staff utilized eGrants to monitor member recruitment and retention across the NHC. Annual site visits are conducted at each operating site to review member files, timesheets and service activity logs and ensure compliance with CNCS regulations and prohibited activities. Member hours are submitted to the NHC by each operating site monthly to ensure that members are on track. Member position descriptions are reviewed annually to ensure that proposed member activities are appropriate and comply with non-duplication and prohibited activity regulations. Members submit performance measure data to the NHC bi-weekly. Operating sites submit quarterly reports to the NHC describing their program activities and great stories. NHC program staff hold monthly conference calls with operating site staff to promote sharing ideas and information, problem solving, and team building. NHC staff constantly assesses and monitors sites through regular ad hoc phone calls and emails. Member and host site surveys are utilized to identify areas of strength, challenges and any potential compliance issues. Data are reviewed on an ongoing basis and programmatic changes are made as necessary.

Operating sites submit monthly invoices for reimbursement of grant funded expenses and documentation of match dollars; these are reviewed for accuracy, sufficiency and appropriateness in accordance with CNCS expectations for fiscal accountability. NHC grants management staff make annual monitoring site visits and/or desk audits of each operating site.

The NHC has and will continue to share a common mission, objectives and performance measures among all operating sites, while still maintaining the programmatic flexibility to meet local community needs. To support consistency of performance across sites, NHC recently created a manual of

management standards for operating sites. Similarly, policies and procedures, NHC member handbook, member training core competencies, and other material will continue to be shared across sites. The development of strong relationships among operating site staff will remain a high priority of the NHC. As in previous years, staff will "come together" via monthly NHC conference calls, monthly program staff lead peer-support calls, regular email and phone call exchanges between sites, an annual meeting of program staff held in Philadelphia, and attendance at CNCS and State Commission meetings and trainings.

Board of Directors, Administrators, and Staff

HFP is overseen by a Board of Directors comprised of member organization executive directors. The Board has overall fiduciary responsibility for HFP and reviews annual budgets, periodic financial reports and annual independent audits. The NHC will be managed by an HFP team that includes the Executive Director of HFP, a NHC Network Coordinator, and a Grants Manager. The Executive Director, Natalie Levkovich, will provide overall programmatic and fiscal oversight and serve as a member of the NHC Executive Team as well as being the primary point of contact for CNCS. Ms. Levkovich has over 25 years of experience guiding the implementing of major projects, including fifteen years experience as executive director of the Philadelphia Health Corps, leadership of numerous network/consortium activities, and oversight of major public and private grant programs. She will provide supervision for the NHC Network Coordinator and Grants Manager.

The NHC Network Coordinator, Corinne Lagermasini, MPH, who has served in that role for five years and has extensive experience with program management and quality improvement, will manage the daily activities of the NHC including program development, data collection, and program monitoring and compliance. She will lead efforts to assess program needs and coordinate requests for technical

assistance. MaryJane Witucki, Grants Manager, has 15 years of experience overseeing the financial aspects of the Philadelphia Health Corps and 6 years of grants management experience with the NHC as grantee. She will carry out the day-to-day grant management functions, review invoices, prepare financial reports, perform fiscal monitoring of operating sites and provide technical assistance on financial, contract and grant issues.

At the operating site level, each health corps program will have a Program Executive and a Program Director. The Program Executives will be responsible for the overall program and fiscal management of their operating site. They will provide leadership and supervision to staff and guide program development. The NHC Executive Team, comprised of executive representatives from each operating sites and the Parent Organization will continue to participate in setting policy and strategic direction, including issues of planning and sustainability.

Program Directors at each operating site will oversee day-to-day management of their program including the recruitment, training and supervision of members, identification and selection of host sites, maintenance of program documentation and program reporting. The NHC currently has a talented and committed cadre of program directors: the four NHC program directors have an average of 6 years experience running health corps programs and one director is an alumni member of the NHC.

Plan for Self-Assessment or Improvement:

HFP has a management team comprised of key staff including the executive director and the directors of finance, human resources, training and programs. The management team regularly institutes Continuous Quality Improvement (CQI) reviews of the major areas of organizational operation as a means of facilitating ongoing assessment and improvement efforts. HFP staff at all levels are involved in

Narratives

CQI committees and provide input on systems, policies and procedures designed to improve the internal working of and external impact of the organization. Data from different areas of the organization are collected and reviewed by the management team to assess areas in need of improvement, staff committees are formed to discuss improvement strategies which, once implemented, are assessed for impact. Additionally, several federal grants require that specific program CQI and review processes be enacted. In fact, HFP, through its training department, trains other agencies on development and implementation of CQI.

HFP has adopted a similar CQI approach in managing the NHC. The NHC continually strives to improve its program so that members have positive service experiences and host sites and community residents receive maximum impact from the program. The NHC recently created a set of operating site standards with input from the Executive and Program teams to serve as a foundation for measuring success and identifying areas for improvement.

Plan for Effective Technical Assistance:

Operating site technical assistance needs are determined through ongoing program and fiscal monitoring, annual site visits, reviews of program evaluations and performance measure data, monthly conference calls with program staff, formal staff needs assessment surveys, and informal conversations between parent and operating site staff. Once TA needs are identified, the Network Coordinator works with internal HFP staff (using HFP's extensive in-kind resources beyond those of direct program staff), CNCS and State Commission staff, and/or CNCS TA providers to find the necessary resources, tools and support for programs and program staff. Operating sites are also encouraged to learn from one another and share best practices across sites.

Narratives

Sound Record of Accomplishment as an Organization

Volunteer Generation and Support

HFP has long-standing relationships with area colleges and universities and a variety of public and private organizations, which ensures continued access to volunteer graduate and undergraduate students to expand its organizational capacity. Students in public health, social work and urban planning are matched with experienced HFP staff and undertake projects such as developing needs assessments, evaluating programs and developing training curriculum. Student volunteers typically complete projects that would not otherwise be done due to limited resources; hence, HFP places great emphasis on recruiting, supporting and recognizing interns.

Organizational and Community Leadership:

HFP has served as a consortium of public health agencies for well over two decades. Members include both nonprofit community health centers and the Philadelphia Department of Public Health. HFP regularly initiates the development of new program initiatives, organizes and delivers training to other organizations, and convenes community stakeholders. HFP staff members are regularly selected to make presentations as local and national conferences. As a reflection of trust and competence that the organization has earned, HFP has been selected repeatedly to be the grantee on behalf of multiple stakeholders. Such multi-stakeholder initiatives involve both member and nonmember nonprofit organizations and departments of local government as well as academic collaborators. NHC is only one such example. The Executive and Associate Directors of HFP sit on several non-profit advisory and governing boards, including two local foundations.

Narratives

Success in Securing Match Resources

As a reflection of the value that local communities and host sites ascribe to their relationship with HFP and with all of the NHC operating sites, local communities previously made (and have expressed a willingness to do so in the future) an investment in the program in the form of increasing cash and in-kind match. Corps-wide, all operating sites have exceeded the required match through cash and in-kind contributions. This has allowed the NHC to operate with decreasing dependence on CNCS funds. The NHC has exceeded the CNCS minimum match requirements of 26% and 30% the past two program years by raising 46% match both years.

Success in Securing Community Support

As described above, all NHC operating sites have relationships of long standing with community organizations that serve as host sites for NHC members. In several operating sites, the demand for members has led to a waiting list of potential host sites. Thus, the number of community partners has expanded to 44 organizations and increased the reach of NHC into local neighborhoods; the diversity of those neighborhoods has extended the reach of NHC to many populations including youth, ethnic/immigrant, minority, low income and special needs (e.g., homeless, elderly) groups; and the diversity of community partners (e.g., health centers, schools, social service agencies) has enriched the awareness of community needs and program input available to NHC.

Local Financial and In-Kind Contributions:

Host sites have continued to partner with NHC operating sites over a period of years. Both their cash and in-kind support have grown over time. Host sites now contribute an average cash match of $8,000

per program year to host an NHC member. In addition to host site contributions, grants from foundations and donations from individuals have continued to expand the circle of support for NHC activities. Currently three private foundations provide cash match to NHC operating sites to support our work.

Wide Range of Community Stakeholders:

Each NHC operating site has many program partners who contribute to the scope and quality of the NHC program in ways not captured as financial or in-kind contributions. For example, the Health Federation's training department and Quality Improvement staff assist with member training, facilitating planning meetings at site staff network meetings and development of data management tools. The sites in Pittsburg and North Florida have the advantage of being incorporated into county health departments with all the infrastructure resources that this provides. The Chicago site takes full advantage of evaluators, health professionals and administrators who work in the College of Nursing at UIC. In addition, at each site, agencies outside of the operating organization have made similar contributions providing shadowing opportunities to members, offering pro bono training space, serving as guest faculty for member trainings.

Cost Effectiveness and Budget Adequacy

E. Cost Effectiveness

The proposed NHC cost per MSY is $12,750.

Diverse Non-Federal Support

The NHC has obtained non-federal cash and in-kind match totaling over $1.4 million for the past two

Narratives

program years. The match levels have exceeded the minimum CNCS requirement in both years. The sources of that match (host sites, private foundations, operating site agencies) have committed to increasing their match in the upcoming grant cycle. Host site matches have increased from an average of $6,000 to $8,000 signifying the commitment local communities partners to their partnership with the NHC and the impact members have in their communities.

The NHC is proposing to expand its community impact through the addition of 24 members with a minimal increase in cost per MSY to $12,750, an increase that is less than the cost of increases in the stipend, health insurance and staff salaries per MSY. Therefore, NHC will secure a higher percentage match than in previous years and one that is considerably in excess of the required match for Year 7 funding.

Budget Adequacy

The proposed NHC budget is adequate to support the above program design. Sufficient staff and resources (i.e. salaries, travel and evaluation consultant) have been allocated at the Parent Organization level to allow for program/fiscal monitoring of sub-grantees, infrastructure development (i.e. website updates & performance measure database upgrades) to support member recruitment and performance measure/evaluation data collection, and the provision of technical assistance through teleconferences, on-site monitoring visits and a annual network meeting.

Operating sites' budgets support a program staff to member ratio of 1 to 16 to ensure high levels of member supervision and support. Resources for member training needs have been allocated as well as funds for member uniforms and local transportation. The NHC budget includes a match of 46%, which exceeds the Year 7 minimum match requirement of 38%.

Narratives

Evaluation Summary or Plan

Evaluation summary submitted to CNCS via email

Amendment Justification

The NHC is proposing to amend our grant proposal to CNCS in the following ways:

Changing of Chicago Health Corps (CHC) sub-grantee organization from the University of Illinois in Chicago (UIC) to the Public Health Institute of Metropolitan Chicago. The CHC Program Executive, Beverly McElmurry, passed away in May. Her death, coupled with the budget crisis in Illinois led UIC to determine that it would no longer be able to be the operating site for the CHC. The Public Health Institute submitted a proposal to serve as a new sub-grantee organization and was selected by the Health Federation after fiscal and programmatic due diligence was completed.

Expansion in operating sites from four to five with the addition of an Atlanta Health Corps based at Southside Medical Center, a community health center. The NHC was approached by an AmeirCorps alumni in Atlanta to create an Atlanta Health Corps. Conversations with a variety of organizations in the area resulted in a proposal from Southside Medical Center to operate the Atlanta Health Corps on behalf of the Atlanta Community Access Coalition, a coalition of safety-net providers in Atlanta.

NHC is proposing the following member slot distribution:

Philadelphia Health Corps = 27 members

North Florida Health Corps = 23 members

Pittsburgh Health Corps = 18 members

Chicago Health Corps = 13 members

Atlanta Health Corps = 13 members

Narratives

Total = 94

The NHC has revised the NHC budget to reflect changes resulting from the above (ex. increasing in staffing due to the new site). Revised budget has been entered in eGrants budget section.

NHC is also proposing to revise three of the originally submitted performance measures (changes have been made in eGrants performance measure section) due to the changes in operating and host sites (and therefore specific member activities) resulting from the above. Common performance measure from grant proposal has been added to eGrants.

Health education -- goal has been increased from 8,000 to 11,000 residents receiving health education instruction

Health screening -- goal has been increased from 2,000 to 4,600

Youth nutrition education -- goal has been reduced from 1,000 to 600

Youth fitness education -- goal has been reduced from 800 to 600

Clarification Summary

Member Support Costs - Health Insurance

The NHC has budgeted health insurance for 87 members. This represents 92% of NHC members. Since the implemenation of the provision in the Health Care Reform bill that allows children to stay on their parent's health insurance until the age of 26, the NHC has seen a drop in the number of members requesting coverage under our AmeriCorps plan. Hence we have not budgeted for 100% participation in our NHC health insurance plan.

Criminal History Check Requirements

Narratives

The NHC will conduct criminal history checks on all members, employees and host site supervisors who are new to the program as of October, 2009. These criminal history checks will include an FBI fingerprint check in addition to the state registry check and the NSOPR check. Member, staff and host site supervisor checks will be verified annually by the NHC Parenet Organization during site visits and desk audits.

Continuation Changes

Year 2 Continuation Changes

The National Health Corps is requesting an additional 12 full-time member slots as part of our Year 2 continuation application for the 2011-2012 program year. These additional MSY would increase the NHC's number of member slots from the current allocation of 94 to 106 members. The additional 12 MSY would be placed at the Chicago and Atlanta Health Corps to expand their current programs from 13 MSY to 18 and 20 full-time members respectively. This would put their capacity more in line with that of Philadelphia, Pittsburg and North Florida Health Corps sites and would allow them to better meet the needs of underserved communities within their service areas.

The NHC will use these expansion slots to address the goals of increasing access to quality healthcare for underserved communities and improving the health and safety of the communities we serve, specifically in Chicago, IL and Atlanta, GA. These goals are consistent with the core focus and experience of the National Health Corps program. The NHC's mission is to address the following health needs in the communities we serve: lack of health insurance coverage among children and adults and resulting disparities in access to health care (particularly prescription medications and dental care); childhood obesity prevention; asthma management and smoking prevention; and prevention of HIV/AIDS. NHC member activities are targeted towards economically disadvantaged individuals and individuals who are

members of medically underserved populations.

Need & Member Activities

The need for additional National Health Corps members is significant in both Chicago, Illinois and Atlanta, Georgia. 20.5% (1.6 million) of Georgians lacked health insurance in 2009, an increase from 17.8% in 2008 (Kaiser Family Foundation). Georgia has the fifth-highest percentage of uninsured residents in the nation and the recent increase in uninsured has been driven, in large part, by the economic recession. Among nonelderly Georgians, Hispanics are the racial or ethnic group most likely to be uninsured, with an uninsured rate of 53%. Among African Americans, the uninsured rate is 23%, and among Whites, the uninsured rate is 12.5% (Georgians for a Healthy Future). Metropolitan Atlanta is home to nearly 40 percent of all Georgians and more than 30 percent of the state's uninsured (Georgia Health Policy Center). With the full impact of health care reform and the economic recovery several years away, the limited access to health care facing many Atlanta residents is a significant public health problem.

The Atlanta Health Corps (AHC) program is operated by Southside Medical Center, a federally- qualified community health center. Southside Medical Center is operating the AHC program in partnership with the Atlanta Community Access Coalition, a group of thirteen healthcare and social service agencies whose mission is to develop a community based healthcare system to improve access to healthcare services throughout Fulton and DeKalb County for uninsured and underinsured residents.

The additional five AHC members will serve at these safety-net provider organizations and will educate and assist patients in enrolling in health benefits, health insurance and pharmacy assistance programs. Members will also assist in organizing and conducting health screenings for those in the community in

Narratives

need. The members will play a major role in increasing the capacity of host site organizations to make health care services available, accessible and affordable to all persons in metropolitan Atlanta.

The State of Illinois is facing a $13 billion budget deficit that ranks it as one of the nation's worst fiscal crises. The budget deficit in Illinois is almost as big as the one facing California, which has triple Illinois' population (Center on Budget & Policy Priorities). Safety-net providers and public health organizations in Chicago are facing drastic funding cuts which will significantly impact the vulnerable residents they serve. Almost 19% of the residents of Cook County, Illinois are uninsured including 146,577 children (US Census Bureau, 2009).

Low income Chicago residents also experience high rates of chronic diseases and are at risk for lifestyle related diseases such as asthma, hypertension and heart disease. In Chicago, the asthma mortality rate was nearly five times higher in non-Hispanic blacks than in non-Hispanic whites. More than half (58%) of all children with asthma in Chicago had a severe asthma attack in the past year (Respiratory Health Association of Metropolitan Chicago). The Consortium to Lower Obesity in Chicago's Children (CLOCC) reports that kindergarten-aged Chicago children are overweight at more than twice the national rate. Data from Sinai Urban Health Institute revealed that children living in low-income communities of color in Chicago are overweight at three to four times the national average. A study of food availability and accessibility in five low-income Chicago communities found that over half of stores that sell food do not sell fruits or vegetables and many families must travel over half a mile by public transit to find a store that sells fresh produce.

The demand for Health Corps members in Chicago is high. In the 2010-2011 program year, the NHC moved its Chicago operating site from the University of Illinois (UIC) to the Public Health Institute of Metropolitan Chicago (PHIMC). UIC had determined they could no longer manage the program due to

Narratives

the death of the CHC's long term Executive Director and the significant state budget crisis in Illinois. At the urging and through the leadership efforts of existing CHC host sites, the NHC was able to identify a new operating site organization to take over the CHC. The commitment of and active engagement by Chicago host site community-based organization's to continue the CHC program speaks directly to the community and organizational capacity needs the Chicago Health Corps programs helps to address. That community need continues to grow. The CHC currently has a waitlist of organizations interested in hosting AmeriCorps members.

The additional seven members in Chicago will assist patients with enrollment in Medicaid and the Children's Health Insurance Program. Members will conduct outreach activities aimed at connecting uninsured patients with health care services. They will also provide health education to children and adults and will provide self-management skills training for chronic disease conditions. Members will continue efforts to address childhood obesity through school and community-based activities. Members will lead nutrition education classes, conduct cooking workshops with children and their parents, distribute healthy recipes inclusive of diverse cultures, create community gardens at schools and health centers, and promote community access to farmer's markets. Members will lead fitness activities for students during recess and will coordinate after-school walking, running, yoga and strength training clubs.

It is the NHC's experience that a more robust corps -- 18 or more MSY per operating site -- results in a more efficient and effective operating site team: administrative resources are spread more efficiently, economies of scale are maximized, sufficient community support can be engaged, and the demand for members demonstrated by their community partners can be met.

Organizational Capacity to Support Expansion

Narratives

The NHC has an established track record of supporting program expansion. Between the 2006-2007 and 2007-2008 program years the NHC expanded from 60 to 72 full-time MSY. NHC operating sites successfully recruited additional host sites and filled all of the new member slots. In the 2009-2010 program year, the NHC took on an additional 12 Recovery Act member slots and successfully filled those slots within weeks of the grant start date. All 12 of those ARRA members successfully completed their terms of service.

Both the Atlanta and Chicago Health Corps have the capacity to absorb more members. Each program already has a full-time program director. There is a strong demand from community-based organizations in each city interested in hosting members and a large pool of potential member applicants to fill the additional slots. The Chicago Health Corps, for instance, received 14 applications for each member slot in the 2009-2010 program year.

Enrollment

The NHC's enrollment rate for the 2009-2010 program year was 100% (70 of 70 slots).

Retention

The NHC's current retention rate for the 2009-2010 program year is 90% (63 of 70 slots) however, the retention rate will increase to 91% (64 of 70 slots) when the one currently still-active member completes her term of service in June, 2011. There was no single NHC operating site that had a significantly lower retention rate than the others during the 2009-2010 program year. Two operating sites lost one member each and two operating sites lost two members each.

Narratives

The NHC places a strong emphasis on member retention and utilizes a number of tools and processes to support a high retention rate. Operating sites require significant involvement from host site supervisors in member recruitment to ensure good matches between members and host sites; programs foster a strong Esprit de Corps among members through member meetings and trainings, committees, group service projects and social events. NHC operating sites also work closely with host sites to ensure they are providing members with meaningful and fulfilling service activities and experiences which further support a high member retention rate.

Consultation

All five NHC operating sites have consulted with their respective State Commissions to inform them of the NHC's intention to apply for continuation funding to operating programs within their states. Following each Commission's protocol for consultations, operating sites completed Initial Consultation Forms and submitted them by email to the designated State Commission staff.

Initial Consultation Forms were sent to Wendy Spencer, Chief Executive Officer of the Florida's Governor's Commission on Community Service; Renee Johnson, Deputy Director of PennServe; Ted Gibbs, Executive Director of Serve Illinois Commission; and John Turner, Executive Director at the Georgia Commission for Service and Volunteerism.

The NHC Parent Organization, based in Pennsylvania, is in regular communication with PA State Commission staff and all NHC operating sites maintain relationships with their respective State Commissions. NHC members and staff attend conferences and trainings hosted by commissions and participate in service projects with other CNCS supported programs on National Days of Service.

Narratives

Philadelphia and Pittsburgh Health Corps staff have participate in quarterly PennServe trainings, the Atlanta Health Corps Program Director is a regular participant on the Georgia State Commission's monthly conference calls, North Florida Health Corps members participate in annual Volunteer Florida kick-off events and Serve Illinois staff assisted the NHC in identifying a new operating site for the Chicago Health Corps last year.

Cost Per MSY

The NHC is not asking for any increase in cost per MSY.

Performance Measures

SAA Characteristics

- [ ] AmeriCorps Member Population - None (
- [ ] Geographic Focus - Rural
- [x] Geographic Focus - Urban
- [ ] Encore Program

Priority Areas

[ ] Education		[x] Healthy Futures	
Selected for National Measure	[ ]	*Selected for National Measure*	[x]
[ ] Environmental Stewardship		[ ] Veterans and Military Familie	
Selected for National Measure	[ ]	*Selected for National Measure*	[ ]
[ ] Economic Opportunity		[ ] Other	
Selected for National Measure	[ ]	*Selected for National Measure*	[ ]

Grand Total of all MSYs entered for all Priority Areas 94

Service Categories

CHIPS, SCHIPS	Primary [x]	Secondary [ ]
Health Education	Primary [ ]	Secondary [x]
Health Screening	Primary [ ]	Secondary [ ]

Health Education

Service Category: Health Education

Measure Category: Not Applicable

Strategy to Achieve Results

Briefly describe how you will achieve this result (Max 4,000 chars.)

Members will teach health education classes and workshops on public health topics including smoking cessation, adult nutrition and fitness, asthma management, diabetes, hypertension, HIV/AIDS, hepatitis and other public health topics.

Results

Result: Output

Community residents will participate in health education workshops and classes.

Indicator: beneficiaries

Target: 11,000 community residents will participate in health education workshops, classes and presentations.

Target Value: 11000

Instruments: Health education workshop sign-in log

PM Statement: Community residents will participate in health education workshops and classes. 11000 community residents will participate in health education workshops and classes.

Prev. Yrs. Data

Promotion of Physical Activity Among School-Aged Children & Youth

Service Category: Health Education

Measure Category: Not Applicable

Strategy to Achieve Results

Briefly describe how you will achieve this result (Max 4,000 chars.)

Members will lead and coordinate fitness activities for students during and after-school including walking, running, yoga and strength training clubs.

Results

Result: Output

Members will lead and coordinate physical education activities among school-aged children with the purpose of reducing childhood obesity.

Indicator: beneficiaries

Target: 600 school aged children and youth will participate in physical education activities with the purpose of reducing childhood obesity.

Target Value: 600

Instruments: Tally Sheets

PM Statement: Members will lead and coordinate physical education activities among school-aged children with the purpose of reducing childhood obesity. 600 school aged children and youth will participate in physical education activities with the purpose of reducing childhood obesity.

Prev. Yrs. Data

Nutrition Education for School-Aged Children

Service Category: Health Education

Measure Category: Not Applicable

Strategy to Achieve Results

Briefly describe how you will achieve this result (Max 4,000 chars.)

Members will lead nutrition education classes, conduct cooking workshops and distribute healthy recipes to school aged children and youth.

Results

Result: Output

Members will lead nutrition education classes, conduct cooking workshops and distribute healthy recipes to school aged children and youth with the purpose of reducing childhood obesity.

Indicator: beneficiaries

Target: 600 school aged children and youth will participate in nutrition education classes and workshops.

Target Value: 600

Instruments: Tally sheets

PM Statement: Members will lead nutrition education classes, conduct cooking workshops and distribute healthy recipes. 600 school aged children and youth will participate in nutrition education classes and

Result: Output

cooking workshops.

Prev. Yrs. Data

Health Screening, Testing and Immunization

Service Category: Health Screening

Measure Category: Not Applicable

Strategy to Achieve Results

Briefly describe how you will achieve this result (Max 4,000 chars.)

Members will organize, coordinate and promote and/or conduct health screenings, testing and immunization campaigns including HIV testing, childhood and adult immunizations, and BMI and blood pressure screenings.

Results

Result: Output

Community residents will be screened, tested and immunized

Indicator: beneficiaries

Target: 4600 number of community residents will be screened, tested or immunized

Target Value: 4600

Instruments: Screening, testing, immunization tally sheets

PM Statement: Community residents will be screened, tested or immunized. 4600 community residents will be screened, tested or immunized

Prev. Yrs. Data

National Performance Measures

Priority Area: **Healthy Futures**

Performance Measure Title: Access to Health Insurance, Health Care and Health Benefits

Service Category: CHIPS, SCHIPS

Strategy to Achieve Results

Briefly describe how you will achieve this result (Max 4,000 chars.)

Members will provide information to clients/patients on health insurance, health care access and health benefits programs. This will include information on free pharmaceutical programs and adult and child health insurance as well as dental care and health benefits programs.

Result: Intermediate Outcome

Result.

4050 (60%) clients who received information from NHC members on health insurance, health care access and health benefits programs will enroll in these programs.

Indicator: Number of clients receiving information who enroll in health insurance, health care

Target : Clients who received information from NHC members on health insurance, health care access and health benefits programs

Target Value: 4050

Instruments: client tracking form

PM Statement: 4050 (60%) clients who received information from NHC members on health insurance, health care access and health benefits programs will enroll in these programs.

National Performance Measures

Result.

access and health benefits programs

Result: Output

Result.

6750 uninsured, economically disadvantaged, or medically underserved clients will receive information from NHC members on health insurance, health care access and health benefits programs.

Indicator: H2: Clients to whom health information is delivered.

Target : 6750 uninsured, economically disadvantaged, or medically underserved clients

Target Value: 6750

Instruments: client tracking form

PM Statement: 6750 uninsured, economically disadvantaged, or medically underserved clients will receive information from NHC members on health insurance, health care access and health benefits programs.

Subapplicants

ID	Organization	Amount Requested	Amount Approved	# FTEs Requested	# FTEs Approved	Status
	Totals:	**$0**	**$0**	**0.00**	**0.00**	

Required Documents

Document Name	Status
Evaluation	Already on File at CNCS
Federally Approved Indirect Cost Agreement	Not Applicable
Labor Union Concurrence	Not Applicable