Notice of Federal Funding Opportunity Addendum
Corporation for National and Community Service
AmeriCorps State and National Grants FY 2013

2013 National Performance Measures Instructions (Healthy Futures Focus Area)
Definitions, Suggestions regarding Data Collection, and Additional Notes

Additional measurement and data collection resources may be found at:
http://www.nationalserviceresources.org/national-performance-measures/home

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Focus Area Overview

Healthy Futures Focus Area

Grants will meet health needs within communities including access to care, aging in place, and addressing childhood obesity. Grant activities will:

- increase seniors' ability to remain in their own homes with the same or improved quality of life for as long as possible;
- increase physical activity and improve nutrition in youth with the purpose of reducing childhood obesity and inceasing access to nutritious food, and
- improve access to primary and preventive health care for communities served by CNCS-supported programs (access to health care).

Aligned Outcome Measures

AmeriCorps programs are required to have at least one outcome measure aligned with each output measure they select. The opt-in rules (in blue boxes before the measures) provide guidance to applicants by indicating the required or recommended pairing, or alignment, of output and outcome measures. The rules also denote any constraints that may apply to reporting of performance measurement data to CNCS.

Tier 2 Priority Performance Measures

Strategic Plan Objective 1: Homebound Seniors and Disabled Individuals

If your program model focuses on providing services to homebound seniors and disabled individuals, you MUST select among these measures.

If you select H8 you must also select H9 as an aligned outcome measure.

Measure H8	Number of homebound OR older adults and individuals with disabilities receiving food, transportation, or other services that allow them to live independently.
Definition of Key Terms	**Homebound:** Individuals unable to leave their personal residence due to disability, injury, or age; may be a short term or long term need; for example, an individual may have a broken hip that prevents them from driving for a few months but after the injury has healed they no longer require help to live independently. **Older Adults:** Individuals age 65 or older. **Individual with a Disability:** An individual who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. **Receiving food, transportation, or other services**: Individual should receive the supports needed to maintain independent living; not all individuals will require the same supports; may include food deliveries, legal and medical services, nutrition information, transportation, etc. **Live independently**: Individuals live in a private residence (house, apartment, mobile home, etc.) rather than in an assisted living facility, nursing home, or group home.
How to Calculate Measure/ Collect Data	At the outset of the activity the grantee should indicate the "dosage," or how many sessions, days or hours of the service are required to influence the desired outcomes. Only count clients who received some minimum "dosage" that can be expected to have some effect in terms of reducing social isolation. Count number of qualifying individuals as defined above who receive the service. Each individual should be counted only once. If two eligible individuals live at the same address, they should both be counted. If an eligible individual lives with someone else who is not eligible, the non-eligible individuals in the household should not be counted. Each individual should be counted only once during the program year even though most individuals are likely to need on-going support. Grantees need to develop a tracking system to record the number of individuals receiving companionship services.

Measure H9	Number of homebound OR older adults and individuals with disabilities who reported having increased social ties/perceived social support.
Definition of Key Terms	**Homebound:** Individuals unable to leave their personal residence due to disability, injury, or age; may be a short term or long term need; for example, an individual may have a broken hip that prevents them from driving for a few months but after the injury has healed they no longer require help to live independently. **Older Adults:** Individuals age 65 or older. **Individual with a Disability:** An individual who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment. **Social ties/perceived social support**: Relationships with other people and/or the belief that these people will offer (or have offered) effective help during times of need.
How to Calculate Measure/ Collect Data	At the outset of the activity the grantee should indicate the "dosage," or how many sessions, days or hours of the service are required to influence the desired outcomes. Only count clients who received some minimum "dosage" that can be expected to have some effect in terms of reducing social isolation. Programs should collect data for this measure from surveys of the homebound older adults/individuals with disabilities who received companionship services or a survey of a family member or caseworker for those unable to respond to a survey themselves. Grantees are encouraged to use the University of Michigan's Health and Retirement Study Survey which is available free of charge. The link to the resource is listed below. The University of Michigan Health and Retirement Study (HRS) surveys more than 22,000 Americans over the age of 50 every two years. Supported by the National Institute on Aging (NIA U01AG009740) and the Social Security Administration, the HRS is a large-scale longitudinal project that studies the labor force participation and health transitions that individuals undergo toward the end of their work lives and in the years that follow. Health and Retirement Study data products are available without cost to researchers and analysts; certain Conditions of Use apply. Registration is required in order to download files. HRS http://hrsonline.isr.umich.edu/index.php See the CNCS Resource Center, www.nationalserviceresources.org, to search for performance measurement tools that CNCS has developed for volunteer and service programs.

Strategic Plan Objective 2: Reducing Childhood Obesity and Increasing Access to Nutritious Food

If your program model focuses on providing access to food and meals, you MUST select among these measures.

If you select H10 (*formerly* O6) and/or H11 (*formerly* O7), you must also select H12 as an aligned outcome measure.

Measure H10 (*formerly* O6)	Number of individuals receiving emergency food from food banks, food pantries, or other nonprofit organizations.
Definition of Key Terms	**Emergency food:** "Emergency" food assistance is not meant to designate routine help in meeting a family's needs. The emergency may be experienced by the family personally, such as their house burning down, or it may be experienced by the community more broadly, such as a natural disaster.
How to Calculate Measure/ Collect Data	Count of unduplicated individuals for whom the distributed food is intended. Should only be counted the first time they are served. All members of a family should be counted. For example, if the food is given to an individual to bring home to a family of "4" including the individual, then the count is "4" rather than "1".
	Client tracking database or tracking form.

Measure H11 (*formerly* O7)	Number of individuals receiving support, services, education and/or referrals to alleviate long-term hunger.
Definition of Key Terms	**Long-term hunger**: refers to the USDA's definition of "low food security" or "very low food security" See http://www.ers.usda.gov/Briefing/FoodSecurity/labels.htm#labels **Support, services, education, or referrals**: helps qualifying individuals access food, provides nutritional services, education and life skills to alleviate the food insecurity experienced by the individual/family. May include community garden programs.
How to Calculate Measure/ Collect Data	At the outset of the activity the grantee should indicate the "dosage," or how many sessions, days or hours of the service are required to influence the desired outcomes. Only count clients who received some minimum "dosage" can be expected to have some effect in terms of alleviating hunger. Service requires an engagement with the individual in person, by phone, or through a web-interface. Pamphlets, brochures, or web-based information that does not involve a human interaction is not sufficient. Count of unduplicated individuals receiving the support, services, education or referrals as a result of the grantee's activities. If more than one method of delivery is used (e.g., a group-level interaction followed by an individual-level interaction), count the individual only once. Only count individuals directly engaged in the service. Grantee client tracking database or tracking forms or logs of interactions with clients.
Other Notes	Programs may not focus their services solely on providing referrals to Federal assistance programs.

Measure H12	Number of individuals that reported increased food security of themselves and their children (household food security) as a result of CNCS-supported services.
Definition of Key Terms	**Food security**: "Access at all times to enough food for an active, healthy life for all household members. Food security includes at a minimum: (1) the ready availability of nutritionally adequate and safe foods, and (2) an assured ability to acquire acceptable foods in socially acceptable ways (e.g., without resorting to emergency food supplies, scavenging, stealing, or other coping strategies)." USDA, http://www.ers.usda.gov/Briefing/FoodSecurity/labels.htm#labels
How to Calculate Measure/ Collect Data	Data collection for H12 will be based on a survey of the adult family member who received the food services. See the CNCS Resource Center, www.nationalserviceresources.org, to search for performance measurement tools that CNCS has developed for volunteer and service programs. Survey questions could be modeled after those used to assess household food security for the Department of Agriculture Food and Nutrition Service. The Household Food Security Survey is administered annually as a supplement to the Monthly Current Population Survey conducted by the U.S. Census Bureau. The questionnaire includes about conditions and behaviors known to characterize households having difficulty meeting basic food needs. The report on Household Food Security in the United States (2007) measures the food security status of households by determining "the number of food-insecure conditions and behaviors the household reports. Households are classified as *food secure* if they report no food insecure conditions or if they report only one or two food-insecure conditions. (Food-insecure conditions are indicated by responses of "often" or "sometimes" to questions 1-3 and 11-13, "almost every month" or "some months but not every month" to questions 5, 10, and 17, and "yes" to the other questions.) They are classified as *food insecure* if they report three or more food-insecure conditions." The referenced question items can be found in the report: www.ers.usda.gov/Publications/ERR66/ERR66b.pdf **Two different approaches to administering the survey could be used.** **(1) "Pre/post" questionnaire**. The same questionnaire would be administered to the adult family member at the beginning of the education/training program. The questionnaire would ask about the food security of the adults and children in the household. The same questionnaire would be administered three to six months after completion of the education/training. **(2) Post-program questionnaire only**. Three to six months after completion of receiving the education/training, a questionnaire would be administered to the adult family member asking about a) the current level of food security of the adults and children in the household and b) their level of food security prior to receiving the service. The questions would address the same topics as those in the pre/post questionnaire but reworded to ask separately about current and prior food security. Survey responses can be analyzed to calculate the differences in the number and percent of respondents who reported being food insecure prior to receiving the service and after receiving the service. Each individual should be surveyed only once regardless of the number or type of different services (e.g., education/training, counseling) received during the year.

Tier 3 Complementary Program Measures

- **Applicants and grantees must select at least one of the measures (H1-H7) that matches their program model.**
- **Applicants and grantees must develop their own aligned outcome measures.**

Measure H1	Number of individuals who are uninsured, economically disadvantaged, medically underserved, or living in rural areas utilizing preventive and primary health care services and programs.
Definition of Key Terms	**Uninsured:** An individual lacks insurance coverage. (This definition is consistent with the National Health Information Survey (NHIS). **Economically disadvantaged**: Meet income eligibility criteria for Medicaid or SCHIP in the state where the individual/family accessing services resides; do not have to meet other eligibility criteria. **Medically underserved**: An individual who lives in a medically underserved area or is a member of a medically underserved population, as defined by HHS. HHS makes these designations to identify areas and population groups with a shortage of primary care health services. The criteria for these designations include indicators of health status, ability to pay for and access to health services, and availability of health professionals. (per the Public Health Service Act, 42 U.S.C. 254b(b)(3)). Programs may also provide justification for other medically underserved populations. **Healthcare services:** Accessible, comprehensive, continuous, and coordinated care to preserve health and prevent, treat or manage disease or infirmity, provided and consistently available in the context of family and community. **Preventive health care services**: Preventive health behavior is "any activity undertaken by an individual who (believed to be) healthy for the purpose of preventing or detecting illness in an asymptomatic state" (Kasl and Cobb 1966, p.246). **Primary health care**: The concept of primary health care was defined by the World Health Organization in 1978 as both a level of health service delivery and an approach to health care practice. Primary care, as the provision of essential health care, is the basis of a health care system. This is in contrast to secondary health care, which is consultative, short term, and disease oriented for the purpose of assisting the primary care practitioner.
How to Calculate Measure/ Collect Data	Count unduplicated new individuals who actually use the preventive and primary health care services and programs, as a result of the grantee's activities.
	Grantee records that are follow-up data on clients referred to health care services and programs. Requires grantee to follow-up with client.

Measure H2	Number of clients to whom information on health insurance, health care access and health benefits programs is delivered.
Definition of Key Terms	**Health insurance**: Risk arrangement that assures financial coverage for a defined range of health care services, known as benefits, only if these are required. Coverage is offered to an individual or group in exchange for regular payments (premiums paid regardless of use of benefits) by a licensed third party (not a health care provider) or entity, usually an insurance company or government agency that pays for medical services but does not receive or provide health care services. **Preventive health care services**: Preventive health behavior is "any activity undertaken by an individual who is (believed to be) healthy for the purpose of preventing or detecting illness in an asymptomatic state" (Kasl and Cobb 1966, p.246). In the context of healthcare services this may include the provision of a range of activities such as immunizations, family planning, and health/wellness education. More broadly this includes individuals engaging in lifestyle changes (e.g., nutrition, exercise) to help mitigate risk of disease.
How to Calculate Measure/ Collect Data	The information may be delivered using methods such as individual-level interactions, group-level interactions, hotlines, clearinghouses, etc. Count unduplicated new individuals who are provided with information, as a result of the grantee's activities. If more than one method of delivery is used (e.g., a group-level interaction followed by an individual-level interaction), count the client only once.
	Grantee reports and logs of interactions with clients.

Measure H3	Number of clients enrolled in health insurance, health services, and health benefits programs.
Definition of Key Terms	**Enrolled**: Newly enrolled as a result of grantee activities. Clients may or may not have existing health insurance, or previous use of health services and health benefits programs. **Health insurance**: Risk arrangement that assures financial coverage for a defined range of health care services, known as benefits, only if these are required. Coverage is offered to an individual or group in exchange for regular payments (premiums paid regardless of use of benefits) by a licensed third party (not a health care provider) or entity, usually an insurance company or government agency that pays for medical services but does not receive or provide health care services.
How to Calculate Measure/ Collect Data	The new unduplicated clients that were ultimately enrolled in a health insurance, health services, or health benefits program. Count each client only once. For example, enrolling a client in health insurance and then enrolling that same client in a health service would count as one client.
	Grantee records or data (application and follow-up) on client enrollment and health insurance status.

Measure H4	Number of clients participating in health education programs.
Definition of Key Terms	**Health education program**: "Any planned combination of learning experiences designed to predispose, enable, and reinforce voluntary behavior conducive to health in individuals, groups or communities." (Green, LW and Kreuter, MW. *Health Promotion Planning: An Educational and Ecological Approach*, 3rd ed. Mountain View, CA: Mayfield Publishing Company; 1999.) An educational process by which the public health system conveys information to the community regarding community health status, health care needs, positive health behaviors and health care policy issues. (National Public Health Performance Standards Project.)
How to Calculate/ Measure/ Collect Data	Count unduplicated new clients who participate in the grantee's health education program. If the health education program has multiple sessions, topics, etc., count the client once. Do not count clients by number of sessions. For example, if a health education program meets once a month for one year, and has 12 participants who complete, then only report 12 (not 144).
	Grantee collects data on clients attending each session. Logs, case management systems, etc.

Measure H5	Number of children and youth engaged in in-school or afterschool physical education activities with the purpose of reducing childhood obesity.
Definition of Key Terms	Children and youth must be enrolled in elementary, middle, or high school programs within a public, charter, private, or home-school arrangement. Physical education activities must be in addition to regular activities that would have been provided by the school or afterschool program (cannot supplant existing activities). One goal of the physical activity should be to reduce or prevent childhood obesity.
How to Calculate/ Measure/ Collect Data	Count of the number of children actively participating in the activities. Not just the number enrolled or even the number attending, but rather the number who engage in the activities. Count each child only once.

Measure H6	Number of children and youth receiving nutrition education with the purpose of reducing childhood obesity.
Definition of Key Terms	Children and youth must be enrolled in elementary, middle, or high school programs within a public, charter, private, or home-school arrangement. Nutrition education must be in addition to what they would have regularly received as part of planned school curriculum or afterschool activity (cannot supplant existing activities). The education should be appropriate to the grade level.
How to Calculate/ Measure/ Collect Data	Count of the number of children attending the nutrition education sessions. If delivered to a classroom, count the number of children in attendance that day (not the enrollment of children in the classroom). Every effort should be made to count each child only once. If the nutrition education program includes multiple topics or sessions, count each child once.

Measure H7	Number of clients receiving language translation services at clinics and in emergency rooms.
Definition of Key Terms	**Clinic: A**ny medical facility or establishment where medical services are provided, and where more than one medical specialty is practiced. This may include public health clinics, hospitals, etc. **Emergency rooms: L**ocated in hospitals or care facilities and handle cases that require immediate attention. **Translation**: Includes both written and verbal, interpretive services to help patients not fluent in English writing and/or speaking better communicate their medical needs and understand their medical instructions.
How to Calculate Measure/ Collect Data	Count unduplicated new clients who receive the language translation services. If an encounter involves more than one person (e.g., family members), count each individual separately.
	Grantee collects data on clients who received translation services at clinics or emergency rooms. Logs, case management systems, etc.