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Executive Summary

Twenty AmeriCorps members will serve as community health workers, providing culturally competent health education and assistance to individuals in accessing and navigating the health care system in medically underserved areas throughout the state of Wisconsin. At the end of the three year period, Wisconsin's communities' knowledge of healthy behaviors will be improved, and some of Wisconsin's most vulnerable residents will be provided means to access health care. This project will focus on the CNCS focus area of Healthy Futures. The CNCS investment of \$260,000 will be matched with \$170,000.

Rationale and Approach

A. NEED

Wisconsin HealthCorps is applying for its fourth year of funding as an AmeriCorps program to continue affecting health behaviors and access to care in Wisconsin. The needs for this program are outlined using a framework from the University of Wisconsin Population Health Institute, which explains the connections between health factors and health outcomes. According to the Institute, the factors cited and their respective percent of influence are: social and economic (40%); physical environment (10%); health behaviors (30%); and clinical care (20%). Our program focuses on affecting modifiable factors within the health behaviors and clinical care categories.

Affecting modifiable risk factors is important because Wisconsin's population health status is decreasing. Using America's Health Rankings as a measure of Wisconsin's (and all states') health over time, Wisconsin was in the top ten healthiest states seven times from 1990-1999. From 2000-2010, however, Wisconsin dropped from the top 10, bouncing from the low teens to the high teens, with its lowest ranking at 18 (2010). In 2012, Wisconsin was ranked 16th. Some of the reasons why Wisconsin's ranking has decreased over time include: over 27% of Wisconsin's population is obese (an increase from 20% over the past 11 years); the cardiovascular death rate is nearly 250 per 100,000 (21st in the country); diabetes in Wisconsin has increased from 5.7% of the population in 2005 to slightly over 8.4% in 2012. Finally, Wisconsin ranks 50th of all states in its per capita spending on public health (America's Health Rankings, 2012).

A number of health behaviors also contribute to these problems. Only 27% of Wisconsin residents consume the daily recommended amount of fruits and vegetables, and 42% report a lack of physical activity (Burden of Heart Disease and Stroke in Wisconsin, 2010). Over 19% of the population smokes and Wisconsin's binge drinking rate of 22.8% is the worst in the entire country (America's Health

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Rankings, 2011).

Clinical care and access to related resources are also a challenge in Wisconsin. Ten percent of Wisconsin individuals reported not being able to see a doctor in the past 12 months because of cost (Kaiser Family Foundation, 2010) and only 89% of the general population was insured throughout all of 2010 (Wisconsin Department of Health Services, 2012).

There are also two noteworthy factors about our host sites: 1) by definition, a community health center (CHC) must be located in a federally-designated medically underserved area. 2) While local public health departments (LPHDs) serve the entire community, they frequently have more contact with individuals who are underserved or have more unmet needs. Thus, both CHCs and LPHDs are disproportionately affecting populations who are medically underserved and economically disadvantaged. The next section provides additional information regarding need in the specific communities where members are currently serving.

B. AMERICORPS MEMBERS AS HIGHLY EFFECTIVE MEANS TO SOLVE COMMUNITY PROBLEMS

We are requesting 20 full-time members to tackle these ongoing community needs. For the next three years, we plan to continue placing AmeriCorps members in the current host site locations identified below as well as expand to new sites in different regions of the state to accommodate the increase in members. Numerous agencies have already expressed interest in being a host site should we receive the full 20 members requested.

Marathon County -- Bridge Community Health Clinic, Wausau WI : Our member placed at the Bridge Clinic will be continuing the work on the three Wausau Urban Community Gardens that our 2010 and 2011 members initiated. Members will focus on improving fruit and vegetable intake, and providing dietary education to patients with diabetes, expectant mothers, and obese children and adults. The member will also be sharing this information with elementary school children using a curriculum called "Eat your Primary Colors". They will also work to identify areas in the community where new gardens might be located. Local needs: (1) 75% of Marathon Co. residents report not consuming enough fruits and vegetables (Community Health Status Indicators (CHSI), 2009); (2) Marathon Co. has a 31% adult obesity rate (2012 County Health Rankings); (3) over ten percent (10.6%) of Marathon County's population is estimated to have diabetes (2012 Burden of Diabetes in Wisconsin).

Kenosha County -- Kenosha Community Health Center, Kenosha WI : Our Kenosha member will serve as a patient navigator, ensuring that patients are able move through the health care system and

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access various insurance programs for which they are eligible. They will also work with the Kenosha Lifecourse Initiative for Healthy Families, which is a project focused on investigating and addressing the high incidence of African American infant mortality in the state. Local needs: (1) Kenosha County's ratio of individuals to primary care providers (1933:1) is three times worse than the national benchmark (631:1), making it difficult for primary care providers to assist patients in effectively navigating the system (2012 County Health Rankings); (2) Kenosha County has the largest disparity between black and white infant mortality in Wisconsin (Black Health Coalition of Greater Kenosha).

Dane County -- Literacy Network of Dane County, Madison WI: Our Literacy Network member will be working with the English in Schools program to incorporate health literacy into school curricula. The English in Schools (EIS) program helps parents to better understand the U.S. health care system. Each EIS class will instruct at least ten parents, and parents will participate more fully in the school and/or increase health literacy activities in the home. Local needs: Over 38,000 households in Dane County have parents with low English proficiency.

Milwaukee County -- Milwaukee Health Services and UW-Milwaukee College of Nursing, Milwaukee WI: The three members placed in Milwaukee will provide one-to-one education to patients with diabetes and asthma, enroll patients in the health centers' prescription assistance and Screen Out Cancer in Time programs, promote health literacy, and provide group sexually transmitted infections (STI) and pregnancy prevention curriculum to local high schools. Local needs: (1) Milwaukee is ranked 71st out of 72 Wisconsin counties in literacy (2012 County Health Rankings); (2) Milwaukee Co. has the highest rates in the state for asthma-related hospitalizations and emergency department visits (Burden of Asthma in Wisconsin, 2010); (3) The teen birth rate in Milwaukee Co. is 61/1000 for females ages 15-19, compared to a national benchmark of 22/1000 for females of the same age range (2012 County Health Rankings).

Oconto County -- Northern Health Centers, Lakewood, WI: The member at Northern will serve as a patient navigator, ensuring that patients are able to make their way through the health care system and that they have access to various insurance and benefits programs (e.g., FoodShare, Northern's sliding fee scale) for which they may be eligible. Northern Health Centers serves a rural 5-county area. Local needs: (1) Within this 5,130 sq. mi. region, there are only 7 safety net providers, compared to the same number in a much smaller 1238 sq. mi. in Dane County (UDS Mapper); (2) The patient to primary care physician ratio is 2,488:1 compared to an average 744:1 for the rest of the state (UDS Mapper).

Monroe County -- Scenic Bluffs Community Health Center (SBCHC), Cashton WI: Our two

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members at SBCHC will work on access to health care and health behaviors. These members will continue the work which was started by 2010-11 members by teaching exercise classes for the Cashton community and enrolling individuals in SBCHC services. The health center provides services to Monroe, Vernon, and La Crosse counties. Local needs: (1) 21.3% of Monroe Co. residents report they get no exercise and 27% of all residents are obese (CHSI, 2009); (2) A report from the Cashton School District in Monroe Co. reports that 43% of students were either overweight or at-risk overweight -- 68% higher than the state average.

Multiple Counties -- Scenic Rivers Area Health Education Center (AHEC): The two members with the Scenic Rivers AHEC (which serves a 10 county region) will be serving 10 school districts in 8 counties in southwestern Wisconsin: Trempealeau, Monroe, Vernon, Richland, Juneau, Grant, Jackson and La Crosse. In the 2012-13 year, we were able to add a second member at Scenic Rivers, expanding their reach from 5 schools in 4 counties. The members will work one-on-one with students interested in health careers, providing a mentoring relationship with the anticipated outcome of more students attending a technical college or 2-4 year universities for a health career. Additionally, the members will work with the students to develop and implement a community health outreach plan for student service learning. In 2011-12, our member worked with students to provide hand-washing education to elementary school students, developed a clean water activity with La Crosse students, and in Cashton, they developed a medication disposal plan for the community. Local needs: multiple health provider shortage areas exist in all eight of these counties (HRSA HPSA Find).

Waushara County -- Waushara County Health Department, Wautoma WI: Building on the previous member's work, the 2013-14 member will implement the community's health improvement plan. The plan includes a focus on obesity and physical activity. The member will work specifically to increase healthy eating and exercise options available to community members. The 2012-13 member is currently working on garnering additional community support, which will create a strong volunteer base for the 2013-2014 member. Local needs: (1) 18.5% of Waushara County residents report no exercise (CHSI, 2009); (2) 76.1% report not eating enough fruits and vegetables (CHSI, 2009); (3) 30.5% of the county is obese (CHSI, 2009).

Winnebago County -- Winnebago County Health Department, Oshkosh WI: Our two members placed with Winnebago County will focus on implementing the Community Health Improvement Plan and the re:TH!NK Healthy Living Coalition's focus areas. This includes recruiting youth to learn about and help prevent other youth from smoking and drinking, as well as promoting access to good nutrition, physical activity and healthy recreation. Local needs: (1) 20.7% of Winnebago County high

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school youth, and 4.3% of middle school youth, are smokers (2010 WI DHS Burden of Tobacco report); (2) 22% of high school youth in Winnebago County report binge drinking (Winnebago County YRBS, 2010); (3) 19.4% of Winnebago County residents report no exercise (CHSI, 2009); (4) 83.4% report not eating enough fruits and vegetables (CHSI, 2009); (5) 23.3% of the county is obese (CHSI, 2009).

While our AmeriCorps members' service will focus on the specific health needs in their communities, there are two threads which run through the entire program. All members provide their communities with either health education or information on accessing health care. The combination of access to care and health education will provide patients and communities with powerful tools to become healthier. Additionally, every member serving with our program is either working on a project that they started, or on a project that a previous member had begun. Thus, none of the above mentioned work would be happening if it wasn't for Wisconsin HealthCorps.

C. EVIDENCE BASED/INFORMED AND MEASURABLE COMMUNITY IMPACT

Over the next three years we will continue making an impact on the number of Wisconsinites who are able to access health care and health care benefits, as well as increase the number of Wisconsinites who benefit from health education. By focusing on health care access and health education, members are contributing to improved health. Improved health translates into fewer sick days, greater productivity, increased ability of children to learn, and lower health care costs (at both the individual and population levels).

The evidence for our proposed interventions comes largely from "What Works for Health?" which is a collection of evidence based health interventions published by the University of Wisconsin's Population Health Institute. According to What Works?, expanded use of community health workers (CHWs) can have positive impacts on decreasing health disparities. Additionally, CHWs will use community-based and evidence-based strategies to meet local needs. Evidence-based strategies are described in detail below.

What Works? categorizes the effectiveness of known interventions as "scientifically supported", "some evidence" and "expert opinion". "Scientifically supported" means that numerous studies or systematic reviews have shown positive results. "Some evidence" means that research suggests positive impacts but further study may be warranted. "Expert opinion" means that it is recommended by credible organizations/groups. For the purpose of this proposal, we will use "evidence-based" for "scientifically supported" interventions, and will use "evidence-informed" for "some evidence" or

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"expert opinion" interventions. Examples are grouped in three categories:

Health Behaviors -- Diet and Exercise. We anticipate 6 members will focus on diet and exercise. Examples include: (1) At the Scenic Bluffs Community Health Center, the member will teach senior exercise classes in the community, as well as a variety of fitness and wellness programs. Previous members have conducted senior exercise, kettle bell classes, tennis, and "Couch to 5K" trainings for employee wellness. These 'individually-adapted physical activity behavior change' interventions are evidence-based. (2) At the Kenosha Community Health Center, our 2010-11 AmeriCorps member started a walking club, and subsequent members worked on establishing wellness groups around smoking, obesity, diabetes and parenting. This 'social support in community settings' intervention is evidence-based. (3) At the Bridge Community Clinic, our member will continue working with young children and adults to help them incorporate plenty of fruits and vegetables into their diet. When working with children, our member will use a curriculum adapted from Sesame Street called "Eat Your Colors!" which teaches kids that eating healthy is both fun and good for you. This 'multi-component obesity prevention initiative' is evidence-based.

Health Behaviors -- Tobacco, Alcohol and Sexual Activity. We anticipate 7 members will focus their time on this activity. Examples: (1) The members at the Winnebago County Health Department will participate on the Healthy Living Coalition called Re:TH!NK. Re:TH!NK has broad support in Winnebago County, and provides health education to the community, forcing individuals to face the question "Your life, your choice". This 'broad based community intervention for reduction of alcohol use' intervention is evidence-informed.

Clinical Care -- Access to Care. We anticipate 7 members will focus their time on this activity. Examples: (1) Most members placed at CHCs will help new patients assess what insurance program they may be eligible for (e.g., Medicaid, FoodShare), and will then enroll them. Our member at Northern CHC will specifically work with the sliding fee scale applications and prescription assistance program, which is designed to help relieve low-income patients of the overwhelming costs related to prescription medication. This 'systems navigators and integration' intervention is evidence-based. (2) Our member at the Literacy Network will continue to implement a health literacy component to the English in Schools program so that non-native English speakers can better assess their child's health needs. Our members at Milwaukee Health Services will promote health literacy through programming, lobby events and health fairs. This 'intervention to improve health literacy' is evidence-informed.

Additionally, by virtue of training members as CHWs who promote prevention of disease, access to

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primary care and navigation of the health system, Wisconsin HealthCorps is using a cost-effective model. According to the Journal of Managed Care (2012), "Community health workers are designed to move resources further "upstream" in the primary care setting to reduce "downstream" costs from the highest acuity settings. In this system, primary care is considered upstream in the sense that it serves as the starting point in the chain of care delivery. In general, care becomes more expensive as patients move downstream to specialty and inpatient care. Therefore, successful upstream efforts result in reductions of inpatient care--related costs due to fewer uncontrolled exacerbations of chronic diseases and more effective care transitions that prevent hospital readmissions and unnecessary duplication of services."

For 2013-2014, we propose that 15 members will provide health education to 15,000 individuals across the state, and that 1,000 of those individuals who complete a post-test evaluation will report increased knowledge based on the education they received. Many members provide broad-based health education in the form of flyers, health fairs, etc.; only a subset of those education efforts are able to be measured with post-tests. Health education was provided to 14,825 individuals in 2010-11 and 13,116 individuals in 2011-12. Thirteen (13) members in 2010-11 and 11 members in 2011-12 provided health education. The 2013-14 goals are based on recent history as well as the increased number of members requested.

We also propose that our 7 members will provide information to 5,000 individuals on health insurance, health care access and health benefits programs. Some members will focus on both activities. Of those 5,000, we propose that 1,500 of the individuals will begin using the services or programs for which we provided them information. During the 2011-12 term, we provided information on access to care, insurance, and health benefits to 1,868 individuals, and enrolled 1,287 (68%) of them, with 4 members dedicating all of their time to this activity. During our 2010-11 term, we provided information on access to care, insurance, and health benefits to 4,633 individuals, and enrolled 554 of them, with 5 members participating in this activity (some of whom dedicated a portion of their time and some of whom dedicated all of their time to this activity). For this measure, we will be opting into the Healthy Futures National Performance Measure H2: Number of clients to whom information on health insurance, health care access and health benefits programs is delivered.

Members will report the number of individuals to whom they either provide health education or information on access to care in a specialized Excel spreadsheet. The spreadsheet has features specific to our program's needs. First, it runs a check for any duplicate names in order to ensure that members are only reporting unduplicated new clients. Second, it has pull-down menu options for the most

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commonly used phrases as it relates to various health insurance programs. Third, to preserve patient confidentiality, the tool also translates each patient's name into a number count for submission to program staff. Members submit reports on a monthly basis, and Program Staff tally data to submit program-wide reports to the State Commission. A 2-page annual report summarizing results is prepared and shared with the applicant organization's boards, project presentation attendees, potential sites and members and it is posted on the website.

D. MEMBER RECRUITMENT

For the past three years, we have been successful in recruiting members both nationally and from local communities. The majority of our applicants come directly through the AmeriCorps portal. We invite potential members to apply via the AmeriCorps website to ensure that applicants are fully aware of the AmeriCorps connection.

To recruit locally, we advertise as an AmeriCorps program within the host site communities and within the host sites themselves. We post in local libraries, community centers, and to college and tech-school listservs including nursing, social work, public health, and pre-med disciplines. Over the past three program years, 70% of members have been from the communities they served. Members can have a greater impact and breach potential barriers to care if they share ethnicity, language, beliefs, and/or life experiences with the community members they serve. Since host sites include community health centers and public health departments, both of which serve rural, underrepresented populations, our program has a greater impact when we recruit members from rural and underrepresented populations. We currently have or have had members who are Hispanic, African American, and Hmong, both from urban and rural communities. We will continue to use these successful strategies when recruiting for future members.

Program staff conduct application screenings for minimum requirements, and host site staff interview and select the applicant who best meets their community's need. Program staff provide the host sites with a screening tool and sample interview questions to help them think through some of the qualities that successful AmeriCorps members possess. This tool includes questions like, "what motivates you to serve this particular community?" and, "what do you see as the benefit of providing a year of service versus that of traditional job?" We strongly encourage sites to assess what drives applicants to serve rather than work. We also provide training on member recruitment and retention to our sites, and have received very positive feedback from these efforts.

As an additional recruitment tool, we plan to create a short video of how Wisconsin HealthCorps has

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impacted and benefitted current and former members. This video will include members who are now employed in the health industry.

E. MEMBER TRAINING

Each group of incoming members participates in a pre-service orientation. The 2012-13 members participated in a 3-day orientation with training on the culture and philosophy of AmeriCorps, the basics of public and community health, supervisor relationships, cultural competency, barriers to health access, programmatic requirements, and team building. We worked to cultivate a strong relationship between members, increase their understanding of the history and purpose of AmeriCorps and how it fits in with other national service objectives, and to provide them with the basic working knowledge they needed to begin their roles on site. Members participated in four hours of team building exercises, each one focused on a different theme which related to a skill they could benefit from throughout their year of service: communication, initiative, and perseverance. We also trained members in reporting requirements and prohibited service activities, and provided many opportunities for questions.

The bulk of the members' training, however, takes place during their service year. Since all of our members are working on different needs based on their particular communities, a portion of their training happens on-site. We have a contract in place with each host site which requires them to provide site-specific training necessary to successfully serve their communities, including any relevant certifications. For example, at Milwaukee Health Services, the on-site training includes reviewing policies and procedures, introductions to all staff and community partners, electronic health record system training, asthma and diabetes self-management workshops, and sexually transmitted infection/pregnancy prevention curriculum training.

Program staff provide members with supplemental trainings once a month. Included are two, 8-hour face-to-face trainings -- one on conflict transformation and one on life after AmeriCorps -- and nine webinar or conference call trainings. Anticipated topics for the upcoming year include: health education, community engagement, patient relations, volunteer recruitment and management, persuasive presenting, and civic engagement. While the majority of in-person and webinar topics equip members to optimally serve their host sites, training is also provided on life after service topics such as using your education award, and career and educational opportunities. We are exploring the possibility of having our in-service trainings merged into the Milwaukee Area Health Education Center's Community Health Worker Training Program. This would provide a standardized curriculum

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for each program year, and a certificate of completion for members. If adopted, finalization of this partnership is expected to occur before the start of the 2013-2014 AmeriCorps program year.

F. MEMBER SUPERVISION

Each member is supported by an on-site supervisor who has been trained by program staff in the AmeriCorps philosophy, including regulations and permitted activities. At supervisor orientation, we also talk through the host site contract in detail, and discuss ways to better align ourselves with the AmeriCorps brand. Our site supervisors are chosen by site leadership based on the relevancy of their work to the AmeriCorps members' service area--that is, the person who would be best suited to provide guidance and support to the member. Each member has a scheduled weekly time with their supervisor for guidance, concerns and questions. If members are not receiving adequate support and guidance, they can communicate directly with the program staff who can troubleshoot the situation by encouraging increased communication between member and supervisor, or if necessary, other site leadership.

The host sites that moved forward with us from 2011-12 into 2012-2013 chose the same supervisors for consistency and knowledge management. A similar approach is planned for supervisors transitioning from the 2012-13 and 2013-14 years.

G. MEMBER EXPERIENCE

Wisconsin HealthCorps provides a powerful service experience for our members. After closing our first year, the vast majority of members reported they were either satisfied or very satisfied with their service term. In our second year (2011-12) twelve of fourteen reported they were very satisfied, and the remaining two reported they were satisfied with the program.

In a post-service evaluation, when members were asked, "What do you consider to be the greatest strength of the Wisconsin HealthCorps program?" they responded with, "the opportunity it gives to get hands-on experience in the health care field" and "the program pushes people to achieve things they didn't know they could do". Recently, we surveyed members who had successfully completed our program, and have learned that 75% of our members are now serving in a health career or are continuing with additional service terms. Those members reported, "Wisconsin HealthCorps was an amazing and unique experience that really helped me figure out what is important to me and what I really want to do for a living", and that "Wisconsin HealthCorps supported my interest in serving the community in the area of maternal and child health, which I'm passionate about".

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Through the partnership between WPHCA and the WPHA, we are able to provide AmeriCorps members with professional trainings from experts in various fields, and members are always welcome and encouraged to use the resources WPHCA and WPHA has to offer. Many members attend the WPHA annual conference, which is the largest public health network conference in Wisconsin. Between expert speakers and local leaders, members truly have access to the most up to date, expert information on public health and health care.

Wisconsin HealthCorps provides formal opportunities for members to reflect upon their service year. Members submit quarterly reflections, and have structured face-to-face time with other members to talk about their year successes and challenges. Wisconsin HealthCorps program staff sends weekly updates to members, highlighting the work of members nationally and in Wisconsin. At the end of each year, members are provided with resources by program staff that will help them to continue serving and volunteering after their term of service is complete.

Through our State Commission, members have an opportunity to come together with other AmeriCorps members serving across the state. The Commission hosts an opening ceremony for all Wisconsin AmeriCorps members which solidifies the AmeriCorps philosophy and provides members with a sense of belonging.

Each of our members proudly identifies themselves as AmeriCorps members. Whether it be verbally, in their email signature block, on their voicemail recording, on their office door, or through their nametags or other gear they regularly wear, their communities are well aware that AmeriCorps is present. We build this culture of pride in AmeriCorps from the time we begin recruiting members and host sites through the end of the service term and beyond. All recruitment materials clearly display the AmeriCorps logo, and during recruitment, all program staff explains how Wisconsin HealthCorps fits within the National AmeriCorps picture to incoming members and host sites. At orientation, we distribute AmeriCorps gear, reiterate the philosophy of AmeriCorps and recite the member pledge.

H. VOLUNTEER GENERATION

Each Wisconsin HealthCorps host site is required to include a plan for volunteer recruitment in their member position description which includes how each member will recruit, train, manage, and recognize volunteers. For example, one member will recruit volunteers primarily using United Way's 2-1-1 volunteer program, while another will recruit volunteers through the local school districts. Volunteers are trained on their responsibilities as well as prohibited activities at the host sites. To better align itself with the Serve Wisconsin State Service Plan, Wisconsin HealthCorps is currently exploring

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the possibility of partnering with Volunteer Centers throughout the state to utilize an already established network of potential volunteers.

Involving community members as volunteers will also assist with building long term, trusting relationships between the community health center or local public health department and individuals in the community. For example, one member will serve part of their time in local school districts, teaching youth about tobacco avoidance and fighting big tobacco. The youth recipients of the information volunteer their time to pass along that same message to their friends and family. Many other members participate in or lead community coalitions, and recruit active community volunteers to participate in the coalitions.

Program staff review the volunteer recruitment plans of host sites prior to the beginning of each program year. This ensures that volunteers will not be recruited for or engaged in prohibited or unallowable activities. Members and site supervisors are also reminded of the prohibited volunteer activities during semi-annual site visits.

I. ORGANIZATIONAL COMMITMENT TO AMERICORPS IDENTIFICATION

The Wisconsin Primary Health Care Association is more committed than ever to fully integrating the AmeriCorps brand into our program and organization. Our new program coordinator, Andrew Hoyer-Booth (bio below), has a Bachelor's degree in communications and is drafting a marketing strategy for the program, which includes updated website content, promotional videos and brochures. His expertise in marketing is a welcome addition to our team.

Currently, all members are provided with AmeriCorps pins, pens, stickers to distribute, posters, and ample clothing featuring a prominent AmeriCorps logo. We increased our budget for AmeriCorps gear this most recent year, which allowed us to purchase higher quality clothing that the members are likely to wear on a more regular basis. We provided host sites with pins, pens, and window clings to hang on their front doors. The collection and marketing of service stories is also a means to associating this work with the AmeriCorps brand. Additionally, program staff creates recruitment materials for sites to distribute widely throughout their communities. This control over materials ensures that each piece of program marketing contains the appropriate logos and acknowledgements.

Organizational Capability

A. ORGANIZATIONAL BACKGROUND AND STAFFING

The Wisconsin Primary Health Care Association (WPHCA) serves as the legal applicant for the Wisconsin HealthCorps proposal. WPHCA is the member association of Wisconsin's 18 community

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health centers. Its mission is to advance the efforts of Wisconsin community health centers (CHCs) in providing access to comprehensive, community-oriented primary health care services. In partnership with the Wisconsin Public Health Association (WPHA) whose mission is to build a healthier, safer Wisconsin, our two organizations oversee this AmeriCorps program.

WPHCA has 30 years of experience managing federal grants. WPHCA's accounting office manages 10 to 15 different funding streams each year, and follows standard procedures to invoice or draw down funds, provides necessary reports, and maintains a segregation of duties in order to mitigate the risk of misuse. Annual A-133 audits are conducted and submitted to state and federal funders. WPHCA's Director reviews and approves all expenditures. The Treasurer, with the Finance Committee, oversees finances, makes recommendations to the Board, and selects the company that will perform the annual audit.

We have previously been awarded AmeriCorps grants in 2010, 2011, and 2012. Lisa Olson, MSW, and Sarah Beversdorf, MSW/MPH, have overseen the program since its start. Though AmeriCorps is under Ms. Olson's authority, she accepted a new position with WPHCA as the Director of Policies and Programs in October 2012. Ms. Beversdorf continues to serve as a program liaison, representing our partnership with WPHA. Ms. Beversdorf has over 15 years' experience working in the public health field.

In September of 2012, WPHCA hired an AmeriCorps Coordinator to oversee the day to day activities. Andrew Hoyer-Booth, Program Coordinator, joined WPHCA from Greenville, South Carolina, where he most recently worked with Appalachian Development Corporation (ADC), a non-profit community-based lending group. Prior to his work with ADC, Mr. Hoyer-Booth served two years as an AmeriCorps VISTA managing the programs and services of Christmas in Action, and subsequently served as the non-profit's interim executive director for 6 months. At Wisconsin HealthCorps, Mr. Hoyer-Booth is responsible for member and program development, while Ms. Olson maintains responsibility for the grants management and financial oversight. Ms. Olson serves as Mr. Hoyer-Booth's direct supervisor, and is responsible for his training. They are both under the ultimate authority of the Executive Director, Stephanie Harrison, who operates under the authority of WPHCA's Board of Directors.

Ms. Olson has thoroughly studied the AmeriCorps General Provisions and proactively ensures program compliance. She has also attended the Financial and Grants Management Institute training sponsored by the Corporation. She has been working closely with Mr. Hoyer-Booth to ensure a thorough knowledge transfer of AmeriCorps programmatic requirements while transferring

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Wisconsin HealthCorps program responsibilities. Bi-monthly trainings on compliance and program requirements were scheduled in the first four months of employment, in addition to weekly supervision meetings. Additionally, program policies and procedures (e.g., member travel policy) are documented and accessible, helping ensure a smooth transition of daily responsibilities.

While Wisconsin HealthCorps has only been providing training and education to members for three years, WPHCA has provided training and technical assistance for 30 years. If WPHCA does not have expertise in-house, we cast a net to a wide network of health care and public health partners to provide training to our health centers. Planning trainings is at the heart of WPHCA's activities, and organization wide, we have cultivated an expertise in planning high quality trainings. Wisconsin HealthCorps provides regular trainings to members, and includes an evaluation component to help inform future trainings. We are also planning to evaluate our impact specifically related to capacity building efforts members provide to their host sites and partner organizations.

Wisconsin HealthCorps has complete organizational support from the top down and the bottom up. WPHCA's Board of Directors is comprised of the 18 CHC executive directors - the same health centers where members are placed. Thus, the individuals to whom WPHCA (as an organization and as an AmeriCorps program) is responsible to are the same individuals who benefit from having an AmeriCorps member serve their communities. Similarly, WPHA is a member association that includes many of the host sites or the site leaders in its membership. With WPHA members as host site leaders, and the WPHA board reviewing and approving the partnership annually, WPHA's accountability is systematic and mission-driven. With the combined oversight from WPHCA and WPHA staff, our program has maintained compliance in the form of: performance measure reporting, invoicing, and member enrollments and exits since our inception.

B. SUSTAINABILITY

In terms of financial sustainability, currently each host site pays a cash match and site supervisors devote, on average, at least one hour per week to meeting with their members, which amounts to a total of 1,000 in-kind hours. In addition to these weekly meetings, members are always supervised by a staff member at their host site; supervisors provide daily support and are always available to answer questions either in person or via email.

In 2012-13, sites paid \$9,300, which is an increase from our previous match of \$8,000. The increase was a result of a decrease in member census from 21 to 14. This decrease made it difficult for us to effectively manage the program without additional match funds. Our sites agreed to the increased

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amount because they see the value in the program and value members bring to their communities . In order to increase interest from potential host sites, both WPHCA and WPHA distribute information on the AmeriCorps program to their members and supporters. We plan to continue presenting AmeriCorps/HealthCorps at both the WPHCA and WPHA annual conferences to a wide audience, all of whom have a stake in addressing health issues.

Volunteer recruitment will also be a sustaining element. We anticipate lasting impacts on the sites and communities where AmeriCorps members are placed as a result of increased community engagement and volunteerism.

Valuable services often result in ongoing sustainability. Wisconsin HealthCorps has demonstrated this by host sites transitioning 7 former members into permanent positions, who are then available to help guide and train incoming members. This speaks to the quality and caliber of our members.

C. COMPLIANCE AND ACCOUNTABILITY

Ms. Olson, Program Director, proactively ensures program compliance. She trains the host sites and members on AmeriCorps regulations, especially prohibited activities, prior to their members on-site start date. All member position descriptions are reviewed for compliance prior to member placement and members and supervisors sign agreements which explicitly include prohibited activities. Additionally, all members and site supervisors are monitored in person twice per year for compliance.

As noted, we take every precaution and opportunity to assure compliance. However, when compliance issues arise we respond proactively. We had one compliance issue in 2010-11 when one of our member's service bordered on duplication of an employee's work. We effectively addressed the situation by transferring that member to another local host site to ensure that she was providing a service of her own. We will continue to educate on and enforce compliance issues, while anticipating the need to address challenges on a case-by-case basis.

Thus far, the program has been a success. Our recent audits revealed no findings. Our Program Officer with the State Commission also monitors our program, and both our 2010-11 and 2011-12 visits revealed no findings. In 2010-11 and 2011-2012 we were compliant with the 30 day enrollment and exit windows, with the exception that we missed the 30 day exit for two 2011-12 members. Program staff have instituted enhanced redundancies to mitigate future errors. To assure site compliance, all member position descriptions are submitted to the program in the form of a host site application, which is reviewed and approved prior to placing members. Changes throughout the year need program approval. Both the member and host site agreements explicitly state the prohibited

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activities, and reminders occur on a regular basis via email and during site visits.

ENROLLMENT AND RETENTION

During our last full year of program operation, we recruited 100% of our slots prior to the official program start date, and 100% of members successfully completed a full term of service. In addition, from 2010 to 2011, two of our members pursued a second term of service with our program, and from 2011 to 2012, four of our members continued on for a second year.

Budget/Cost Effectiveness

A. COST EFFECTIVENESS

The Wisconsin Primary Health Care Association maintains multiple streams of funding to execute its programs and services. Total revenue for the 2013 fiscal year was budgeted at \$2,476,750, a large portion of which comes from the Health Resources and Services Administration. These funds are allocated primarily for non-financial technical assistance and health information technology work. WPHCA's funding sources include: federal grants (60%); state direct grants and contracts or federal pass through funding including AmeriCorps (28%); and member dues and program revenues (10%). Our proposed AmeriCorps project budget of \$430,000 (including site match) comprises 17% of WPHCA's overall budget.

The 2012-13 year is Wisconsin HealthCorps' third program year. Wisconsin HealthCorps has received funding from CNCS indirectly through the Wisconsin State Commission for each of the three years the program has been in place. The annual breakdown is as follows: 2010-2012: \$243,947, 2011-2012: \$182,000, 2012-2013: \$182,000. Wisconsin HealthCorps is requesting \$260,000 for program year 2013-2014 to fill 20 member slots. This represents 60% of the total operational budget. The remaining 40% will be obtained via a host site match. Each host site will contribute \$8,500 in match funds, bringing the total budget to \$430,000. Staff at both the CHCs and LPHDs are contributing in-kind site supervision, space and supplies for the AmeriCorps members. Site supervisors in-kind support is estimated at over 50 hours per member, for a total of 1,000 hours for 20 members.

As discussed earlier in the evidence-base section of the proposal, modeling our program after community health workers means that our members are addressing upstream determinants of health (i.e. primary care, prevention of disease), and are therefore cost-effective when considering the costs of emergency department visits and inpatient care.

B. BUDGET ADEQUACY

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We are requesting 20 member slots and \$13,000 per member for a total funding request from CNCS of \$260,000. Funding from host sites is expected to be \$170,000 (\$8,500 x 20 members). Thus, total program revenues are estimated at \$430,000. CNCS funding will be strictly allocated towards member living allowance, while the host site match will cover operational and administrative costs. For the 2012-2013 program year the host site match was \$9,300 due to fewer members. With the increase of members from 14 to 20 for the 2013-2014 program year, we are able to lessen the financial burden on our host sites.

Per member expenses include living allowances (\$13,000), dental and health insurance (\$2,033), workers compensation (\$73.50), and FICA (\$995, or 7.65% of living allowance,) and total \$16,101 per member or \$322,020 total. In the proposal, we are increasing the member living allowance from \$12,750 in 2012-13 to \$13,000 for 2013-14 and adding dental insurance as a benefit. Direct program costs include salary and benefits for a 60% program coordinator (\$31,000) and 10% for a program director (\$7,700). Administrative expenses also include partial salary for a Program Liaison at WPHA (\$6,000). Other budgeted items include liability insurance (\$3,076), web training lines (\$480), site supervisor orientation (\$350), member service project (\$1,720), program evaluation (\$3,000), OnCorps reporting (\$300), printing (\$100) criminal history and FBI checks (\$1,280), legal fees (\$500), supplies including service gear (\$1,385), program administration and indirect costs (\$20,675), member development/trainings (\$21,700), staff development (\$2,000), and 2 site visits per site (\$3,300). Overall program expenses are \$429,689.

Evaluation Summary or Plan

Wisconsin HealthCorps plans to (1) evaluate the capacity-building impact of our program for (1a) host-sites and (1b) communities, and then will (2) develop a systematized approach to documenting that capacity-building. By capacity-building, we mean any activity or project that improves the ability of a health system [in our circumstance, host site] to bring about positive health outcomes, or any strengthening of organizations and people that enable health services to be delivered effectively and continuously through the execution of different functions (Brown, LaFond, Macintyre, UNC 2001). It is our hypothesis that members are currently benefitting their sites in more ways than the program is currently measuring, and we hope this process of gathering information and evaluation will assist us in ongoing efforts to better quantify impact.

We will work with experts in the field of evaluation, either through University of Wisconsin-Extension, the University of Wisconsin Population Health Institute, or a similar entity, to develop and implement an evaluation plan. Working with the experts, we will create tools to address our key

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questions:

1. What capacity building efforts are members participating in or influencing?
2. Are these efforts valuable to host sites and partner organizations? If so, in what ways are they valuable?
3. How can our program efficiently identify and document those activities and impact?

(1a) For host sites, we will be evaluating expanded capacity both in terms of the additional service members we're able to provide, but also in terms of additional services that the host site was able to provide as a result of work members had done. For example, if a host site can now have 1 FTE focused on media outreach and communications because an AmeriCorps member was able to build an audience for that information based on their outreach efforts, this would be considered an additional service that the host site provides outside of AmeriCorps.

While the evaluation methodology and final list of questions will be developed with the outside expert(s), examples of potential questions that will help us evaluate impact on host sites include:

- Based on the work of the AmeriCorps member at your site, has your organization built on existing services related to your organizations priority areas? If yes, please describe.
- Based on the work of the AmeriCorps member at your site, has your organization been able to develop and share new resources? If yes, please describe.
- Have the member(s) serving your organization expanded your ability to reach certain audiences or community members? If yes, please describe.
- Are there plans to sustain member activities if AmeriCorps funding is no longer available? If yes, please describe.
- Has the AmeriCorps member leveraged any funds for your organization, either directly or indirectly? If yes, please describe and quantify.

(1b) In terms of communities, we will be evaluating the impact of the host sites' expanded capacity on other community organizations and the health system. We will be gathering this information from the host site and 3-5 major partner organizations of the host site. The evaluation methodology and final list of questions will be developed with the outside expert; however, examples of potential questions include:

- Based on the work of the AmeriCorps member at your site (partner site), has your organization engaged in activities that might not have otherwise been completed had it not been for the AmeriCorps member? If yes, please describe.

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- Based on the work of the AmeriCorps member at your site (partner site), has your organization developed, shared and/or been a recipient of material or financial resources that have advanced your mission? If yes, please describe.

- Based on the work of the AmeriCorps member at your site (partner site), has your organization been able to expand your current reach? If yes, please describe.

- Based on the work of the AmeriCorps member at your site (partner site), have there been any activities or projects that have improved the ability of the overall health system to bring about positive health outcomes? If yes, please describe.

(2) After evaluating how the program is impacting host sites and communities, we will develop a plan to capture and report capacity-building activities on an ongoing basis. The methods used to capture this information will be informed (or determined) by the results of the above evaluation.

Amendment Justification

N/A

Clarification Summary

N/A

Continuation Changes

N/A