

APPLICANT FEEDBACK SUMMARY

2013 AmeriCorps State and National Grant Competition

Legal Applicant: Partners In Care Foundation

Application ID: 13ND147124

Program Name: Strength To Serve: Peer Service for Veteran Family Health

For the purpose of enhancing our programs by improving the quality and quantity of applications to the Corporation for National and Community Service (CNCS), we are providing specific feedback regarding the strengths and weaknesses of this application. These comments are not meant to represent a comprehensive assessment; rather the analysis represents those elements that had the greatest bearing on the rating of the application. Please note that this feedback consists of summary comments from more than one reviewer. For this reason, some of the comments may seem to be inconsistent or contradictory. Comments are not representative of all of the information used in the final funding decision.

Reviewers' Summary Comments:

(+) The problem the applicant plans to address is the lowered health status and higher incidence of chronic health conditions among veterans. In describing the severity of the problem, the applicant cites various studies that provide a broad spectrum of demographics that link well with the proposed project. They include the average age of the veteran population, their general socioeconomic status (demonstrating that it tends to be lower than that of the general population), the impact of these conditions on the finances of the veterans and their families, and the high incidence of homelessness among veterans.

(+) The applicant explains that they would not be able to implement the S2S program without the AmeriCorps staff, as inadequate staffing has been the barrier for the expansion of this program nationally.

(+) The applicant explained that it included caregivers as a target of this project because of a documented higher level of care burden among this group - including a higher degree of financial stress - than for those who care for the general population. They cite a 2010 study by the National Alliance of Caregiving.

(+) The applicant provided multiple sources (Veterans Administration and Census data, studies and surveys) to evidence the target population, veterans, caregivers, and family members, as being disproportionately impacted by chronic illnesses.

(+) The applicant provided adequate data (statistics and population information) regarding the extent veterans are affected by poor health status indicators (illness, disability, homeless).

(+) The proposal reference to a high incidence of homelessness supports veterans in the targeted communities being economically disadvantaged.

(+) The applicant was very clear on the number of AmeriCorps members requested (88) and the slots Members would fill as evidenced by 20 full-time, 20 half-time, and 48 minimum-time slots.

- (+) The proposal provided sufficient evidence why there should be flexibility in schedules as demonstrated by consideration for personal responsibilities.
- (+) The proposal was clear regarding the division of Members into teams.
- (+) The proposal describes using a Patient Activation Measure assessment tool to determine intervention(s) of the Chronic Disease Self-Management Program and peer mentoring would be measured and what data would be collected.
- (+) The applicant described two outcomes, chronic disease self-management and improved access to resources, to be achieved over the three year grant cycle.
- (+) The applicant describes an opportunity to implement a program and generate resources that did not previously reach veterans, their families and their caregivers.
- (-) The proposal was unclear regarding the selection of the AmeriCorps members who are the same target population (veterans, family members and caregivers) who would be receiving the interventions.
- (-) The proposal was unclear on the make-up of teams in the ten host sites.
- (-) The application was unclear regarding the reason(s) for basing AmeriCorps members in select agencies in California, Nevada, and Michigan.
- (-) The applicant was unclear in defining AmeriCorps members vs. S2S members vs. S2s as a program or a project.
- (-) Full-time Member duties were defined as administrative, supporting a program or an intervention (scheduling, securing locations, collecting evaluations) and half-time and minimum-time Members were providing and facilitating the program/intervention.
- (-) The applicant provided multiple tasks related to the Chronic Disease Self-Management Program; however, it was unclear which tasks were Member specific or volunteer driven.
- (-) The applicant targets veteran populations in California, Nevada, and Michigan for implementation of a Chronic Disease Self-Management Program (CDSMP) across 10 site locations but does not provide any summary statistics for veterans that will be affected by this program.
- (-) Improved access to health resources for veterans and family members will be measured by tracking activity and referral logs. The applicant does not describe how the logs will be used to measure improvement in the access to services, rather than measure just the numbers of times services were accessed.
- (-) The proposal was unclear regarding the level of community impact.
- (-) The application provided limited information that the targeted population would receive significant benefit from the interventions. The reference to seven workshops with a minimum of ten participants is inconsistent with the

number of veterans (560) and family members (140) who would be impacted.

(-) The proposal provides limited information to support and measure the success of the interventions.