

AmeriCorps National Performance Measures
Pilot Year 2: 2011-2012
Outputs Instrument Packet
HEALTH INFORMATION, ENROLLMENT IN HEALTH SERVICES,
AND UTILIZATION OF HEALTH CARE

Healthy Futures Focus Area

National Performance Measures: *Choose one or more of the following outputs. Remember, you are required to identify and measure an intermediate outcome that aligns with the output you select and that supports your service activity.*

Output: Number of unduplicated individuals who are uninsured, economically disadvantaged, medically underserved, or living in rural areas utilizing preventive or primary health care services and programs (H1).

Output: Number of unduplicated clients to whom information on health insurance, health care access, or health benefits programs is delivered (H2).

Output: Number of unduplicated clients enrolled in health insurance, health services, or health benefits programs (H3).

Definition of Key Terms¹

- **Health insurance** is 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.
- **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. The term “health services” is covered under this broad definition.

¹ 2011 National Performance Measures: Background Information References and Authorities, Definitions, Suggestions Regarding Data Collection, and Additional Notes, CNCS:

http://www.americorps.gov/pdf/11_1018_ameriCorps_nofa_background_document.pdf

- **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.
- **Enrolled** would mean 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.
- **Uninsured:** An individual lacks insurance coverage. (This definition is consistent with the National Health Information Survey (NHIS).
- **Economically disadvantaged individuals** 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, as defined by Health and Human Services, or is a member of a medically underserved population. The term ‘medically underserved population’ has the meaning given that term in section 330(b)(3) of the Public Health Service Act (42 U.S.C. 254b(b)(3)). [See below] Programs may also provide justification for other medically underserved populations.

330(b)(3) of the Public Health Service Act

<p>Medically underserved populations</p>	<p>(A) In general. The term "medically underserved population" means the population of an urban or rural area designated by the Secretary as an area with a shortage of personal health services or a population group designated by the Secretary as having a shortage of such services.</p> <p>More information and to look up designated areas: http://muafind.hrsa.gov/</p>
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Considerations for these National Performance Measures²

General

- Is your program’s primary service activity to facilitate the use of preventive and/or primary health care services and programs; to deliver health information and/or facilitate health care access?

Output

- If your program’s focus is on the utilization of preventive and primary health care services and programs, will you be able to ensure that individual users fit the risk criteria as previously stated; individuals who are uninsured, economically disadvantaged, medically underserved, or living in rural areas? (H1)
- Are you reasonably sure that clients will use preventative and/or primary health care services as a result of your service activities? (H1)
- Are you reasonably sure that clients who receive information on health insurance, health care access and/or health benefits from your program will enroll in services? (H3)

² For more on alignment of performance measures, see the AmeriCorps Toolkit: <http://nationalserviceresources.org/star/ac-program-toolkit>].

Outcome

- If you select one of the national health performance measures outputs, you will be required to identify and measure an intermediate outcome,, a change that you expect clients participating in your health program to achieve. What measurable gain can be expected of the individuals participating in your health program (e.g., knowledge, skills, attitudes, behaviors, health status, ability to access services)?
- Will the clients receive the level of service needed so that measurable gains can be expected as stated in your intermediate outcome?

Data Collection Challenges

- Will you be able to document unduplicated number of individuals participating in your service activities? If clients “drop-in” your program for services, will you be able to document unduplicated number of individuals?
- Will you be able to track those clients who receive information on health insurance, health care access, and/or health benefits programs(H2)?
- After collecting output data (i.e. unduplicated number of clients), will you be able to collect outcome data to show measurable gains in these individuals because of your service activities?
- After collecting data to document clients, do you have a safe place to store these instruments? This “raw data” will serve as evidence that you collected the outputs in a systematic manner and will verify the results reported.

Data Collection Strategies

- To avoid counting individuals (clients) more than once (unduplicated counts), develop your instrument in an Excel Spreadsheet or other electronic database. This will allow you to add new clients and then sort your list alphabetically. The sorting function will provide a check to ensure that no client is counted more than once (as listed in your spreadsheet). If your clients tend to have the same or similar names, phone and email contacts will differentiate these clients.
- If your program offers services in a structured format with a finite number of units (e.g., a series of three classes on state health benefits), and clients do not repeat the service, you can collect your output data in groups. You just need to make sure you do not double count individuals within the group.
- In addition to counting unduplicated individuals, you will also need to collect additional data on these individuals to measure outcomes; the benefits these individuals gained by participating in your program. Therefore, be sure you can track the progress of these individuals and/or know how to contact them again to collect this data. The type of data to collect will depend on the intermediate outcome you identify.

Sample Instruments in this Packet***Referral and Service Utilization Log (H1)***

This instrument is a sample demonstrating how your program might track the number of individuals who receive information on preventive and/or primary health care services and programs and how many of those individuals utilize that information. This log also collects basic client contact information.

Health Information Session Attendance Log (H2, H3)

This instrument measures how many clients received information on health services (health insurance, health care access, or health benefits) and which sessions/information events clients attended (H2). It also can help determine how many clients who have received information on health services enrolled in one of them (health insurance, health services, or health benefits programs) (H3).

Health Program Summary Sheet (H1, H2, H3)

This instrument can be used to summarize all three outputs by transferring the total number of clients from the other tracking logs (or linking worksheets in Excel). It can assist in aggregating the total number of individuals that participated in your AmeriCorps program during a program year. If you are only tracking one output, this summary sheet would not be necessary.

Health Information, Enrollment in Health Services, and Utilization of Health Care

Sample Instruments:

Referral and Service Utilization Log

Health Information Session Attendance Log

Health Program Summary Sheet

Referral and Service Utilization Log

Instructions

What is the purpose?	To determine how many clients who received information on preventive and primary health care services and programs utilized that information (H1).
Who should complete this instrument?	The AmeriCorps member should be responsible for tracking the client contacts.
When should we complete this instrument?	At the start of every client contact. After sharing information with client, allow an appropriate amount of time for client to utilize information.
What should we do to prepare?	Modify the “Referral and Service Utilization Log” to fit your health program’s delivery of services. Developing this log in an Excel Spreadsheet will allow you to easily add more names and sort alphabetically for duplications. This log can be collected, tallied and added to the “Health Program Summary Sheet.”
What should we do afterwards?	Keep all the attendance logs together in a safe place; this is your data . You will aggregate this data later to determine if you met your output target.
Can I use an alternative instrument?	Different forms can be developed/used to document unduplicated individuals who participate in your health program. It is recommended that you develop an electronic tracking system (e.g., Excel Spreadsheet). However, whether your instrument is in paper format or electronic format, remember to save this “raw” data as proof that a systematic process was used to document these outputs.

Referral and Service Utilization Log

Health Program Name: _____

AmeriCorps member completing this Log: _____ **Week/Month:** _____

Instructions: Enter the clients' names and contact information in the first columns; enter the date and presenting issue or need and the referral or action suggested. At ____ weeks/months after the contact with the client, re-contact the client and check to see if she/he utilized the service or program (1=YES, utilized service/program and 0=NO, did not utilize service/program).

CLIENT CONTACT		HEALTH SERVICE REFERRAL /ACTION				HEALTH SERVICE UTILIZED			
Client Name*		Phone	Email	Date of Inquiry	Issue or Need	Referral or Action	Date of Follow-up call	Used service? 1=YES 0=NO	Notes
Last	First								
example: Lopez	Ana	333-123-4567	abc@def.com	5-11-11	mother fears hearing loss, needs hearing test for toddler, Omar	Children's Health Clinic, Dr. Leon	6/25/11	1	Dr. Leon is treating Omar for lead exposure
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

**Clients must meet risk criteria to be counted: uninsured, economically disadvantaged, medically underserved or living in rural areas. See page 2 for definitions. An intake may be necessary to determine eligibility. Add columns as needed.*

H1. Total number of clients who utilized preventive and/or primary health care services and programs: _____.

Health Information Session Attendance Log

Instructions

What is the purpose?	To determine how many clients received information on health services (health insurance, health care access, or health benefits) and which sessions clients attended (H2). To determine how many clients enrolled in health services (health insurance, health services, or health benefits programs) (H3).
Who should complete this instrument?	A designated person (e.g. AmeriCorps member, the facilitator) should be responsible for tracking attendance at all sessions/events and the collection of enrollment forms.
When should we complete this instrument?	At the start of every health service information session or event. At the time enrollment forms are completed.
What should we do to prepare?	Modify the “Health Information Session Attendance Log” to fit your health program’s service delivery. Developing this log in an Excel Spreadsheet will allow you to easily add more names and sort alphabetically for duplications. This log can be collected, tallied and added to the “Health Program Summary Sheet.” The Log has columns for two sessions; adapt to your program service delivery.
What should we do afterwards?	Keep all the logs together in a safe place; this is your data. You will aggregate this data later to determine if you met your output target.
Can I use an alternative instrument?	Different forms can be developed/used to document unduplicated individuals who participate in your health program. It is recommended that you develop an electronic attendance system (e.g., Excel Spreadsheet). However, whether your instrument is in paper format or electronic format, remember to save this “raw” data as proof that a systematic process was used to document these outputs.

Health Information Session Attendance Log

Health Program Name: _____ **Information event/session:** _____

Person completing this Log: _____ **Program Year:** _____

Instructions: Enter the clients' names in the first column; enter the title and date of each session or information event in the top row. Record attendance of clients at each session or information event (put in a "1" when client attends). *If your health service activity does not include enrollment in health services, delete the last column.* After the health care access and health service program** information has been delivered, identify clients who enrolled in health service programs**. Mark "1" for those who enroll in _____ service and "0" for those who do not. Track this information through client self-report at a specified later date or through the collection of enrollment forms by your program.

CLIENT CONTACT	Information event/session delivered on health care access and health service programs** (H2)	Clients enrolled in health service programs**(H3)
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Client Name		Phone	Email	Session Title: _____	Session Title: _____	Total Session Attended*:	Enrolled in _____
Last	First			Date: _____ 1=Yes	Date: _____ 1=Yes		1=Yes 0=No
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8. add rows							

**health service programs include health insurance, health services or health benefits programs

H2. Total number of clients that received information on _____ [health insurance, health care access or health benefits programs]: _____.

H3. Total number of clients that enrolled in _____ [health insurance, health services, or health benefits programs]: _____.

Health Program Summary Sheet

Instructions

What is the purpose?	To summarize data from other instruments and determine the total clients who fit the risk criteria (uninsured, economically disadvantaged, medically underserved, or living in rural areas) received health information and then utilized preventive and primary health care services and programs. To determine how many clients received information on health insurance, health care access, or health benefits programs and how many enrolled in one or more of those health care services.
Who should complete this instrument?	The person responsible for aggregating data and reporting results should complete the Summary Sheet.
When should we complete this instrument?	The Summary Sheet can be completed at the end of each reporting cycle (e.g., quarterly) or as data come in from the other instruments.
What should we do to prepare?	The Summary Sheet has columns for the health service outputs; if you are only tracking a single output, you may not need this document. If you have additional outputs or outcomes, add columns and modify the document according to your needs. This format can also be adapted to a spreadsheet (e.g., Excel Spreadsheet) with formulas for totaling numbers of clients.
What should we do afterwards?	In addition to the completed Summary Sheet, keep the Logs in a safe place; this is your raw data – the evidence that you served clients through health information and health service activities.

Health Program Summary Sheet

Program Name: _____

Person completing this Log: _____ **Program Year:** _____

This summary sheet addresses each of the three outputs in this packet. If you select a single output, this summary sheet will not be necessary.

Instructions: Enter the clients' names in the first columns. For output H1, document those clients who met risk criteria and utilized preventive and primary health care services and programs as a result of service by placing a numeric "1" in the column. For output H2, place a "1" in the column of those clients who received information on health care access or health service programs **. Of those clients who received health service information, indicate with a "1" those who enrolled in a health service program**.

CLIENT CONTACT	OUTPUT H1	OUTPUT H2	OUTPUT H3
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Client		Utilized preventive or primary health care services and programs yes=1 *	Provided with information on health care access or health service programs** yes=1	Enrolled in health service programs** yes=1
Last	First			
1.				
2.				
3.				
4.				
5.				
6.				
7. <i>add rows</i>				

*only count uninsured, economically disadvantages, medically underserved or living in rural areas. Must meet risk criteria for Output H1 only. See page 2.

**health service programs include health insurance, health services or health benefits programs

H1. Total number of clients who utilized preventive or primary health care service and programs _____.

H2. Total number of clients provided with information on health insurance, health care access, or health benefits programs: _____.

H3. Total number of clients enrolled in health insurance, health services, or health benefits programs: _____.