

AmeriCorps National Performance Measures Pilot Year 1: 2010-2011 Outputs Instrument Packet

HEALTH EDUCATION, PHYSICAL EDUCATION AND NUTRITION EDUCATION

*The information in this National Performance Measure packet pertains to **Pilot Year 1 (program year 2010-2011)**. See *National Performance Measures, Pilot Year 2 (program year 2011-2012)*, at the Resource Center for updated information.*

Healthy Futures Focus Area

National Performance Measures: *Select one or more of the output measures. 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 clients participating in health education programs (H4).

Output: Number of unduplicated children and youth engaged in in-school or after-school physical education activities with the purpose of reducing childhood obesity (H5).

Output: Number of unduplicated children and youth receiving nutrition education with the purpose of reducing childhood obesity (H6).

Definition of Key Terms¹

Health Education Program

- “[A]ny 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).

Engaged in Physical Education Activities

- 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 after-school program (cannot supplant existing activities).
- One goal of the physical activity should be to reduce or prevent childhood obesity.

¹ 2010 National Performance Measures: Background Information References and Authorities, Definitions, Suggestions Regarding Data Collection, and Additional Notes, CNCS:
http://www.americorps.gov/pdf/09_0918_nofa_ac_background.pdf

Nutrition Education

- 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 the planned school curriculum or after-school activity (cannot supplant existing activities).
- The education should be appropriate to the grade level.

Consideration for these Performance Measures²**Output**

- Will the clients (youth, children or adults) participating in your health education, physical education or nutrition education service activity meet the definition for the target population?

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 in your health education, physical education, or nutrition education activities to achieve. The purpose of clients engaging in health education, physical education, or nutrition education is to educate clients in health related areas or reduce childhood obesity. What measurable outcome that addresses health education or reduced childhood obesity can be expected of clients participating in your program (e.g., knowledge, skills, attitudes, behaviors, health status)?
- 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 clients participating in your service activities? If clients “drop-in” your program for services, will you be able to document unduplicated number of clients participating in your program?
- After collecting output data (i.e. unduplicated number of clients), will you be able to collect data to show measurable gains in these individuals (outputs) because of your service activities?
- After using data collection instruments to document clients, do you have a safe place to store these documents? This “raw data” will serve as evidence that you collected the outputs in a systematic manner and will verify the results reported.

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

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 for each national performance measure (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 ten-session class on nutrition), 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 clients, you will also need to identify and collect additional data on these individuals to measure outcomes; the benefits these clients gained by participating in your program. Therefore, be sure you can track the progress of the clients and/or ensure that you can 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

Health [Physical, Nutrition] Education Multiple Session Attendance Log

This instrument can be used to track the number of clients who participate in a series of sessions or events (e.g., classes). This log collects output data on the dosage, or level of participation of individuals.

Health Program Summary Sheet

This instrument should be used only if you have a program that offers services in a structured format with a finite number of units (e.g., a ten session nutrition education program), where clients do not repeat the service, and after collecting data on the “Health Education Multiple Session Attendance Log”. This instrument summarizes the events by transferring the total number of unduplicated clients from the attendance log, making it easier to aggregate the total number of individuals that participated in your AmeriCorps program during a program year.

Health Education, Physical Education, and Nutrition Education

Sample Instruments:

**Health [Physical, Nutrition] Education Multiple
Session Attendance Log**

Health Program Summary Sheet

Health [Physical, Nutrition] Education Multiple Session Attendance Log

Instructions

What is the purpose?	To determine how many clients (adults, children, or youth) attended the health program, and which sessions they attended. To determine how many clients completed the health program as measured by attending a minimal number of sessions (e.g., must attend 8 of 10 sessions).
Who should complete this instrument?	A designated person (e.g. the facilitator) should be responsible for taking attendance at all sessions.
When should we complete this instrument?	At the start of every scheduled session.
What should we do to prepare?	<p>Modify the “Health Education Multiple Session Attendance Log” to fit your health program’s schedule. Enter the names of the expected clients in alphabetical order, and the names and dates of the scheduled sessions.</p> <p>The Log has columns for six sessions; if you have more than six sessions, use additional logs or modify the document.</p>
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 the “Health Education Multiple Session Attendance Log” as 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 [Physical, Nutrition] Education Multiple Session Attendance Log

Health Program Name: _____ **Course Name:** _____

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

Instructions: Enter the clients' names in the first column; enter the title and date of each scheduled session in the top row. Record attendance of clients at each session or information event (put in a "1" when client attends). When the course is finished, count the number of clients who participated and the number that met the program's completion requirement.*

Client Name		Session Title:	Total Sessions Attended					
Last	First	Date:	Date:	Date:	Date:	Date:	Date:	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								

*To be counted as "complete participation", clients must attend at least ___ sessions.

Total number of clients that completed the required number (____) of sessions: _____.

Health Program Summary Sheet

Instructions

What is the purpose?	<p>To determine the total number of clients that attended your health education program during the entire AmeriCorps program year. This instrument should be used only if you have a program that offers services in a structured format with a finite number of units (e.g., a ten session health education program), where clients do not repeat the service. Unduplicated data collected by the “Health Education Multiple Session Tracking Log” is entered into this summary, the “Health Program Summary Sheet”</p> <p>To determine if you met your output target(s).</p>
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 “Health Education Multiple Session Attendance Log”.
What should we do to prepare?	The Summary Sheet has rows for 15 events; if you have more than 15 events, use additional sheets or modify the document. 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?	Different forms can be developed/used to document unduplicated individuals who participate in your health program. It is recommended that you develop the “Health Program Summary Sheet” as an electronic attendance system (e.g., Excel Spreadsheet). Keep the Summary Sheet in a safe place as it provides evidence that you served clients at health events.

Health Program Summary Sheet

Instructions: For each health program event or course, enter the title. Use several summary sheets if necessary. Enter the location, date(s), and supervisor or instructor of each event or course. Enter the number of unduplicated clients for each event or course and the number of unduplicated clients that completed the program.

Health Program Event or Course	Location	Date(s)	Supervisor or Instructor	Total # of Clients*	# of Clients Completing Program*
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

*Unduplicated clients

Total number of clients completing the program:

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