

**STATUS OF AMERICORPS HEALTHY FUTURES NATIONAL SERVICE
PROGRAMS**

by

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ABSTRACT

AmeriCorps engages adults in service learning positions within government and non-profit agencies that focus on improving communities. The healthy futures focus area of AmeriCorps' funding agency, the Corporation for National and Community Service (CNCS), is intended to support programs that provide services to individuals in underserved areas to enhance their health by focusing on assistance, prevention and intervention. Among current AmeriCorps State and National service programs funded by CNCS, only 8% of funding goes toward health. The National Health Corps, an example of a healthy futures programs, is aimed at increasing access to healthcare for vulnerable and underserved populations by placing members in host site organizations that address the most critical public health needs of the community. Through examining the benefits and limitations of the National Health Corps, for both the community and the members who complete their service, it is recommended that CNCS expands funding to include more healthy futures programs that can address pertinent public health needs.

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PREFACE

This essay originated from my background as an AmeriCorps member and seeing firsthand the benefits a service program can provide in the realm of public health.

Acknowledgement must be given to Annie Nagy, National Health Corps Pittsburgh Director, for her unwavering support and mentorship over the past 2 years. I would also like to thank National Health Corps staff for their cooperation and my essay advisor, Dr. Gary-Webb for her guidance.

1.0 INTRODUCTION

National service programs are designed to encourage civic engagement and service among citizens while addressing critical needs of local communities in the United States of America. Over the past 22 years, over one million citizens have successfully served as AmeriCorps members, a national service program supported by the federal government. As a federal government program, it is imperative that all critical human service needs are being addressed and adequately funded, including health.

The Corporation for National and Community Service, which funds AmeriCorps, has six priority focus areas including healthy futures. The National Health Corps (NHC), an AmeriCorps program, aimed at increasing access to healthcare for vulnerable populations, directly addresses this critical human need. Health-focused programs, like AmeriCorps and NHC, promote service positions that employ public health practice skills in communities that need it most. As a result, important public health issues are addressed including maternal and child health, infectious disease, childhood nutrition, chronic disease management and access to health services.

This essay will focus on the need to increase funding for health-related service programs as evidenced by the benefits the National Health Corps AmeriCorps program has on the communities it serves and the members that complete their service.

1.1 BACKGROUND

The Corporation for National and Community Service (CNCS) is an independent federal agency that funds domestic service programs in the United States. Based in Washington D.C, CNCS has over 600 employees and is run by a Board of Directors, Chief Executive Officer and Inspector General, each approved by the President and Senate (About Corporation for National and Community Service (CNCS), n.d). Since 1993, as a part of the National and Community Service Trust Act, CNCS has facilitated a wide range of national service programs throughout the country. The three main grant programs under CNCS include AmeriCorps, Senior Corps and the Social Innovation Fund (About CNCS, n.d). The goal of these programs is to engage citizens in meaningful service opportunities that support local communities.

AmeriCorps, often called the domestic Peace Corps, is a civic engagement program that engages adults in service learning positions within government and non-profit agencies that focus on improving communities. As shown in figure 1.2, there are currently three branches of AmeriCorps: National Civilian Community Corps (NCCC), Volunteers in Service to America (VISTA) and the State and National program. AmeriCorps NCCC is a full time ten-month tour of the United States where teams of ten service members address urgent community needs and disasters. NCCC is unique in that you must be between ages 18-24 and are required to travel with your corps to multiple service locations throughout the term. (AmeriCorps NCCC, n.d) AmeriCorps VISTA, also a full time ten-month commitment, is focused on addressing poverty by placing members in administrative, financial or organizational positions within an agency dedicated to improving economic opportunity. The VISTA program originated in 1963 by President Kennedy and then was incorporated into the new AmeriCorps model by President Bill

Clinton in 1994 and renamed AmeriCorps VISTA. (National and Community Service Trust Act, 1993)

AmeriCorps State and National is the largest branch of AmeriCorps, it supports individual or multi state programs by providing grants to organizations that place members to serve in a selection of CNCS's focus areas. (About CNCS, n.d) The State and National program requires, unlike the VISTA program, that all members engage in direct service activities. This means that members must be performing duties that directly serve community members, build organizational capacity and/or engage volunteers. Each year hundreds of programs based out of community organizations, educational institutes and non-profit and public agencies apply for AmeriCorps State and National funding.

The benefits of serving as an AmeriCorps member in a State or National Program include stipend for living expenses, health insurance, childcare, and the Segal AmeriCorps Education award that members can use to pay off past federal education loans or future education expenses upon successful completion of the program.

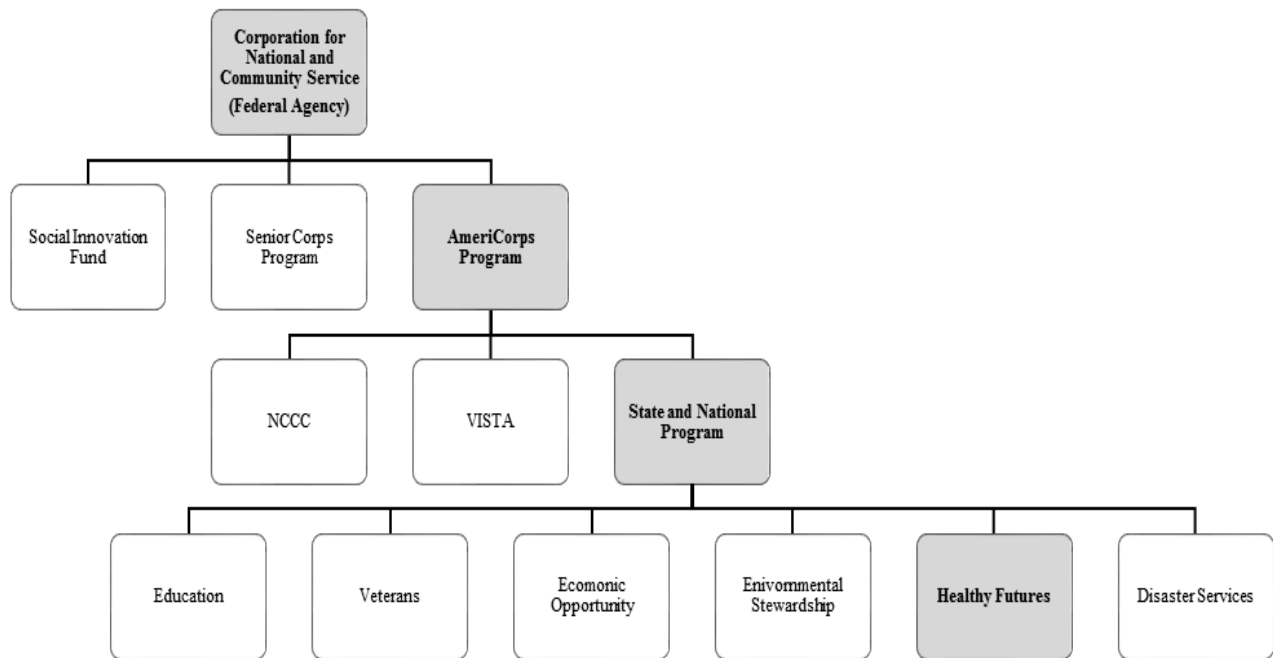


Figure 1. CNCS Structure

1.2 IDENTIFICATION OF THE ISSUE

CNCS requires that programs concentrate on at least one of the six focus areas to qualify for funding. The focus areas were determined as a part of the Serve America Act of 2009, this bill included revision and expansion of the AmeriCorps program and officially amended the National and Community Service Act of 1990 (NCSA).

“(Sec. 1302) Requires AmeriCorps grant recipients and federal agencies operating or supporting national service programs to devote a portion of their funding to operating or supporting: (1) an Education Corps to address unmet educational needs; (2) a Healthy Futures Corps to address unmet health needs; (3) a Clean Energy Service Corps to address unmet environmental needs; (4) a Veterans Corps to address the unmet needs of veterans and

members of the Armed Forces who are on active duty; or (5) an Opportunity Corps to address the unmet needs of economically disadvantaged individuals)” (H.R. 1388, 2009).

Common programs focusing on education provide reading tutoring, classroom aid, afterschool programs, STEM initiatives, pre-k preparation and college admissions advising. Economic opportunity programs include housing initiatives, legal services, financial advisement and job training. Environmental stewardship programs focus on land conservation, renewal energy projects and environmental education. Veteran and military family programs focus on providing social services to veterans and veteran families including supporting families while a family member is deployed, creating volunteer opportunities for veterans and aiding veterans in accessing federal benefits. Disaster service programs work with preexisting agencies to help communities with preparedness, education and rebuilding after forest fires, floods, hurricanes and tornados (Focus Areas CNCS, n.d). Lastly, healthy futures programs work to increase access to medical care, promote physical activity and healthy eating and improve health outcomes. Current programs vary by health issue. Health focused programs range from healthy eating habits and physical activity to reducing homelessness and addressing substance use disorder, to name a few.

1.3 STATEMENT OF POSITION

Currently, programs under the healthy futures focus area only account for 8% of CNCS AmeriCorps State and National funding between 2013 and 2015 and only 29 programs of the total 327 programs in the 2015 grant year. (CNCS, 2013; CNCS, 2014; CNCS, 2015) As demonstrated by the National Health Corps, the benefit that health-related programs have on

service members and community recipients is considerable, yet there are fewer health related programs compared to any other CNCS focus area such as education or economic opportunity. Calls for grants released by CNCS each year include special sub priorities for each of the six focus areas. Unfortunately, in 2015 and 2016, healthy futures was omitted from the special sub-priority section of the release, which discourages organizations looking to apply for AmeriCorps funding focusing on health (CNCS, 2015; CNCS, 2016). The omission of health is made clear when all focus areas were represented with clear sub-priorities. The 2017 CNCS call for grant applications did include a healthy futures sub-priority aimed at programs that focus on the current opioid epidemic. (Notice of Federal Funding Opportunity 2017, 2016) With a low percentage of funding toward health and a lack of specialized funding opportunities outlined for healthy futures there should be a renewed examination of the benefits of health programming through CNCS and ultimately resulting in subsequently increased funding for the healthy futures focus area.

1.3.1 Current Program Funding Allocation

Each year CNCS publishes the grantees that are selected for funding through the competitive grant funding process. Table 1 and Figure 2 display the results of the past three years of CNCS funding, including the division of funds by focus area. (CNCS, 2013; CNCS, 2014; CNCS, 2015)

Table 1. Summary of CNCS Competitive Grant Funding for AmeriCorps Programs

Program Year	Number of Grants	Total Funds	Members
2014	267	200,086,812	45,554
2015	288	205,275,770	43,104
2016	327	218,388,578	44,029

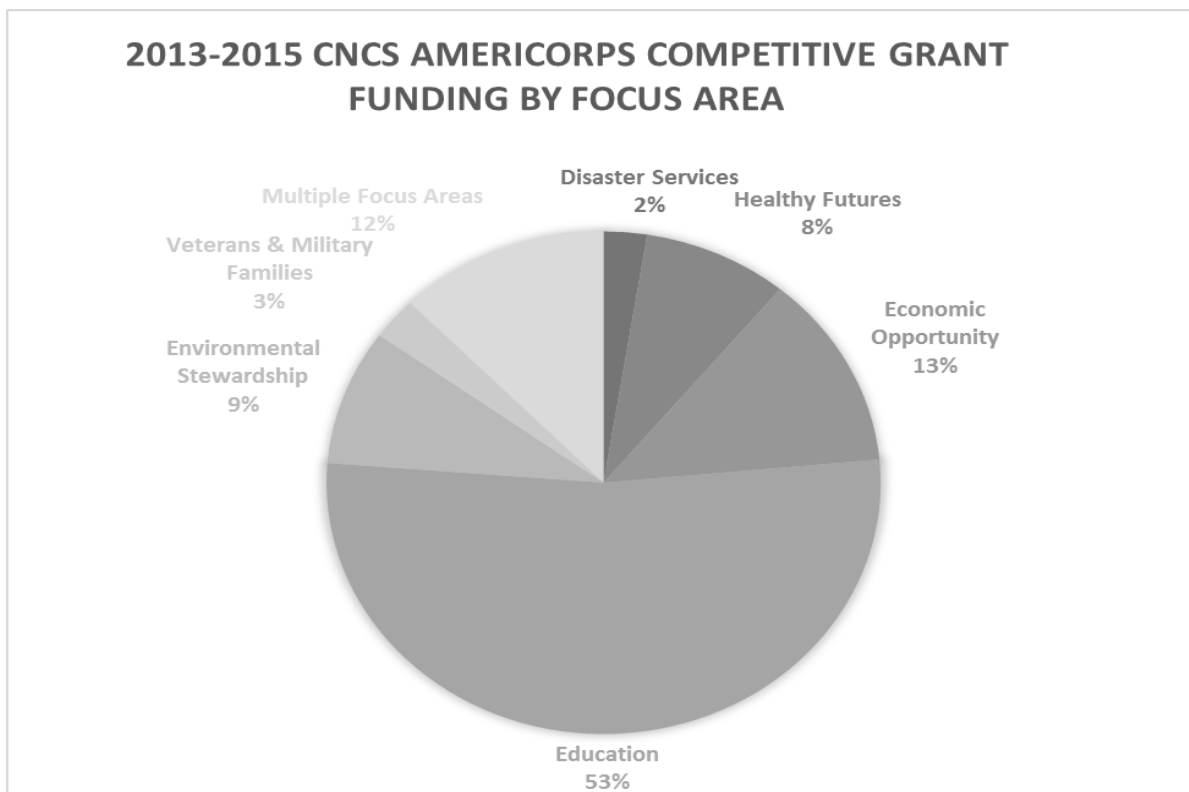


Figure 2. Allocation of AmeriCorps Program Funding 2013-2015

1.3.2 Current Health-Focused Programs

CNCS constitutes a program in the healthy futures categories as long as it provides services to individuals in underserved areas to enhance their health focusing on assistance, prevention and intervention. (Focus Areas CNCS, n.d) Currently funded health programs that fall within the 8%

of the total funding concentrate on a wide range of issues. For example, Aids United AmeriCorps trains and places over 50 members in HIV-focused community-based organizations, such as clinics, youth centers, residential-care facilities, and social service agencies. (AidsUnited, 2016) Coach Across America, also known as Up2Us, trains and places members as coaches to use sports to reduce youth violence, promote health, and inspire academic success for kids in low income communities. Up2Us has mentored 300,000 youth by placing over 1,800 AmeriCorps member coaches. (Up2Us, 2016) Food Corps places AmeriCorps members in schools to deliver hands on nutrition lessons, ensure the delivery of healthy school meals and encourage a schoolwide culture of health. (Food Corps, 2016) These are just a few examples of programs that work toward the objectives set out by CNCS's healthy futures.

2.0 NATIONAL HEALTH CORPS

The National Health Corps (NHC) is an example of a public health service learning program that addresses multiple areas of health and displays the strengths of a healthy futures program funded by CNCS. NHC's mission is to "foster healthy communities by connecting those who need it most with health and wellness education, benefits and services, while developing tomorrow's compassionate health leaders" ("NHC Handbook", 2016, p. 2). NHC has three main program objectives: 1) empower youth and adults to make smart choices about their health and lead healthier lives; 2) foster emerging leader's skills related to professional development, commitment to health-related careers, ethic of service, and reducing health disparities; and 3) support organizations that aim to improve health outcomes in underserved communities ("NHC Handbook", 2016). (See Appendix A for NHC program outline)

2.1 NHC PROGRAM STRENGTHS

NHC achieves its goals by placing 90 AmeriCorps members each year to serve in four US cities, Pittsburgh, Philadelphia, Chicago and Jacksonville over a 10.5-month service term. Each member serves full-time with a community based organizations committed to providing health services to underserved and vulnerable populations. The success of NHC depends on the dynamic interactions between NHC and the community-based host sites where the members

serve. Through these relationships, NHC members are able to fulfill the pressing needs of these community organizations and at the same time gain profound, hands-on experiences. Host sites typically include homeless clinics, schools, health centers, and other health community-based organizations. Host sites benefit tremendously by hosting an AmeriCorps member as members help expand organizational capacity, raise awareness of their organization's presence in the community, and help deliver needed services to the organization's clients.

NHC members provide direct client service in areas including health education, community outreach, case management, volunteer coordination and access to care. Members are required to complete 1700 service hours in 46 weeks by serving full time at their designated host site organizations under employees assigned to be their mentor. Required components of the program are: pre-service orientation, service activities, public health trainings, member meetings, group service projects, off-site service hours, administrative responsibilities, performance measures & evaluation, recruiting non-member volunteers, member committees, communications, retreat and recognition ceremony ("NHC Handbook", 2016, p. 9-12).

2.2 NHC MEMBER DEVELOPMENT

2.2.1 NHC Member Public Health Training

Member development is a high priority of NHC. Members are required to attend a seven-day pre-service orientation and one training day per month on a public health topic. Topics vary each month but may include LGBTQ health, Mental Health First Aid, CPR training, Motivational Interviewing, Health Literacy, HIV Testing and Counseling certification, etc. The goal of these

trainings is to enhance the service member's ability to provide clients quality services at their host site organizations. Members are also encouraged to reflect on any additional professional skills they wish to gain and how they plan to use their AmeriCorps experience in their future careers. 100 of their 1700 required hours is designated for members to explore optional training and service opportunities within human services.

2.2.2 NHC Member Committees

Member committees are another opportunity for members to develop leadership skills. At the start of each NHC term members self-select a committee within the corps, focusing on developing service projects, planning and facilitating training days, providing fellow members support, creating service learning focused reflection activities and managing communication duties, such as social media and blogs. These committees are designed to improve the quality of the program and improve leadership and teamwork skills for members. A quote on participating in the service committee from one of the 2014-2015 NHC members:

“As a part of the service committee I was able to take leadership roles on particular projects. This allowed me to start with a general idea, determine the specifics, reach out to diverse community organizations for partnerships, and then create agendas and contingencies, implement the plan and execute the activity for the whole corps, and at the end to reevaluate for improvement” (Wilder, 2016, p. 11).

2.2.3 NHC Member Professional Development

Experience as a member of a health organization and serving clients from underserved and vulnerable populations gives members a unique skillset that many healthcare workers do not receive before obtaining higher levels of healthcare training. NHC Program Directors and

Coordinators spend time during pre-service orientation building problem solving, conflict management, cultural competency and communication skills to ensure members are prepared to enter their diverse host sites and best serve their target populations. As shown in Table 2, 100% of members responded that serving as a NHC member helped them demonstrate a professional demeanor when interacting with culturally diverse clients and colleagues (Wilder, 2016).

A 2014-2105 NHC member reflects on their professional development:

“I think a key strength of the NHC is professional development. I learned so many things that helped me and will continue to help me in my life: how to speak in front of a group, how to dress, interview skills, how to act professionally. And I also believe the NHC taught me a lot in terms of health issues and societal problems; a lot of things I didn't know about. And finally, the NHC allowed me to find my passion. It gave me the tools to become successful and find something I really enjoy doing. It also landed me a job!” (Wilder, 2016, pg. 69)

Table 2. NHC AmeriCorps Member Professional Development 2014-2015

Serving as a National Health Corps member helped me...	N	Strongly agree	Agree	Disagree	Strongly Disagree
Demonstrate an ability to manage and resolve conflict in a respectful and positive way	72	38%	60%	3%	0%
Demonstrate a professional demeanor when interacting with culturally diverse clients and colleagues	72	58%	42%	0%	0%
Understand and relate to culturally diverse clients and colleagues in a respectful and culturally competent way	72	61%	39%	0%	0%
Build relationships with culturally diverse clients and colleagues	72	58%	40%	1%	0%
Communicate effectively with culturally diverse clients and colleagues	72	51%	49%	0%	0%
Plan and organize activities/events (e.g. training days, service days, reflection activities, group communications, projects at site, service projects that respond to community needs)	72	46%	51%	3%	0%
Work cooperatively as a team member	72	54%	44%	1%	0%
Lead a team	71	38%	56%	6%	0%
Use creativity and/or resourcefulness to solve problems	72	51%	44%	4%	0%
Facilitate a meeting	72	35%	49%	17%	0%
Advocate and negotiate for myself	72	33%	63%	4%	0%
Accept and use critical feedback effectively	72	46%	50%	4%	0%
Increase my knowledge of health-related careers	72	56%	43%	1%	0%

2.2.4 Direct Client Interaction

NHC Members are required to serve a minimum of 1,190 of their 1,700 hours performing direct service activities. At least 70% of their time service is dedicated to directly interacting with clients, patients, community members and partners or volunteers in person or on the phone. Health programs like NHC particularly benefit from the AmeriCorps requirement of direct service as it provides hands on experiences for its members. It increases one-on-one interactions for clients that include personalized advocacy activities such as application assistance, chronic disease management, social service navigation, etc. All other member hours must either be training or fundraising. Reference Table 3 for a breakdown of member hour requirements.

Training hours are spent being trained at their host sites or with NHC program staff. Pre-service orientation, member reflection activities, member retreats, shadowing, conference attendance all count as training hours. Fundraising hours are limited and must be pre-approved by NHC to avoid participation in prohibited activities. All fundraising activities must directly support program activities or members of the community they are serving. Raising funds for an organization’s operating expenses or grant writing for future AmeriCorps funding is prohibited (“NHC Handbook”, 2015, p. 32).

Table 3. NHC AmeriCorps Member Service Hours

Activity Type	Percent of Hours	Total Hours
Direct Service Hours (max 15% administrative)	70%	Min. 1190
Training	20%	Max. 340
Fundraising	10%	Max. 170
Total	100%	Min. 1700

2.2.5 Experience for Future Healthcare Workers

Members are encouraged to use outside optional hours to explore areas of public health or healthcare that relate to their professional goals to supplement their host site experience. Members use this opportunity to shadow doctors in their field of interest, train with employees in outside organizations or attend lectures and seminars. Many members find an increased interest in public health and amend their career plans to include aspects of public health they experienced during their service term into their future academic and professional pursuits. As shown in Table 4, 78% of members stated serving in NHC increased their interest in public health and 74% reported an increased commitment to reducing health disparities, 0% reported a decrease for both (Wilder, 2016).

“Before joining NHC, I wanted to work with the administrative and political roles of health care. Now, I would rather work in a clinical, hands-on setting of health care. I think observing MDs, PAs, and NPs helped shape my interest in health care” (Wilder, 2016, pg. 67).

“It enhanced and increased my excitement for health and a career in health. Really pivotal” (Wilder, 2016, pg. 67).

“Initially, I wanted to pursue an MD. Now, I want to pursue an MD/MPH” (Wilder, 2016, pg. 66).

Table 4. NHC AmeriCorps Member Future Intentions 2014-2015

Since serving as a National Health Corps member...	N	Increased	Stayed the same	Decreased
My commitment to future volunteer service	69	61%	36%	3%
My interest in public health issues	69	78%	22%	0%
My commitment to working with underserved communities	69	67%	30%	3%
My commitment to reducing health disparities	68	74%	26%	0%

2.2.6 Mentorship

Members gain experience through their assigned mentor at their host site organization. Mentors are required to provide adequate supervision to ensure members' accountability, member development, program development, and completion of program service objectives. During this one-on-one 46-week mentorship relationship, mentors are required to meet at least once a week to provide guidance, support and critical feedback to their member. Mentors provide mid-year and end of year evaluations of the member based on performance and professional development. Mentors act as the member's professional guide to navigate their host site organization and supervise their service duties.

All mentors hold a health services position within the host site organization and many are considered senior staff. Mentor titles have included Chief of Hospital Department, Family Doctor, Behavioral Health Specialists, and Non-Profit Program Director. The NHC mentorship relationship not only provides support to members during the service year but often leads to academic or job references, future networking connections and in many cases the member has been hired by their host site after completion of their service term.

2.3 NHC ORGANIZATION & COMMUNITY SUPPORT

2.3.1 Client Reach

One of NHC's main strengths is the members' ability to step into their host site organization and quickly start delivering services. Each term NHC members are required to record performance

measures to track the reach and outputs of the program. Each year NHC members interact with over 80,000 individuals or agencies in more than 60 host site organizations in Pittsburgh, Philadelphia, Chicago and North Florida (NHC, 2016). Between September 2015 and July 2016 NHC members recorded their individual client or agency interactions based on the form and topic of the health service in the NHC performance measure database called OnCorps required by CNCS. Table 5 indicates each of the performance measure categories members report on each year. NHC members in the 2015-2016 term's highest reaching categories included health education prevention, delivery of health insurance, access to care and benefits programs and health care enrollment and scheduling.

Table 5. NHC Performance Measures 2015-2016

Performance Measure	Number of Client Interactions
Health Education: Prevention	74,009
Health Education: Disease Management	10,673
Health Screening & Testing	8,641
Information about health insurance, health care access, & health benefits programs	20,793
Social Service Navigation	1,594
Health Insurance Screening and Enrollment Assistance	3,148
Patient Medication Assistance Program (PMAP) and/or other health benefit screening and enrollment assistance	6,452
Health Care Service Enrollment and Scheduling	17,552
Health Insurance Enrollment PMAP and/or other health benefit program enrollment	6,452
Health Insurance Enrollment	1,249
Preventive Health Care Service Use	2,623
Primary Care Service Use	4,217
Capacity Building	5,228
Non-Member Volunteer Recruitment & Management	2,702
TOTAL	165,333

NHC requires host site organizations to reapply for a member position each year. New organizations are also encouraged to apply to make the process competitive and diverse. Prospective host sites are evaluated on the quality and feasibility of service activities proposed, applicability of the service activities to NHC performance measures, level and amount of professional training and development opportunities offered and commitment to supervising and supporting members. Program staff review each application with a proposed member position description, a statement of need and prior member recommendations if applicable. The application process allows staff to examine which health topics and populations are being targeted at each site. This is a beneficial step for programs that are based out of organizations that have a strategic plan of how to improve health in their community. For example, NHC Pittsburgh is based out the Allegheny County Health Department (ACHD), which serves 1.23 million residents in southwestern Pennsylvania (ACHD, 2015). In 2015, ACHD released a strategic plan outlining the county's top five priorities based on a comprehensive community needs assessment. Thus, NHC Pittsburgh could target host sites for the following year that addressed four of the five priority areas: chronic disease risk behaviors, access to care, maternal and child health and mental health/substance use.

2.3.2 Host Site Organization Capacity Building

Host site organizations are fundamental to the NHC program. Chosen by NHC staff, these organizations represent the work that is being conducted in the community to address important health topics and reach underserved populations. These organizations choose to gain an NHC AmeriCorps member due to the quality of service that members provide to their clients and because they can increase the reach of services their organization can provide. As displayed in

Table 6, of the host sites that responded 96% stated they either strongly agree or agree that their NHC member increased the organization’s ability to reach more, new, or different types of clients. Also in Table 6, 96% of host sites either strongly agreed or agreed that their NHC member increased the visibility of services with clients (Wilder, 2016).

Table 6. NHC Site Representative Perceptions of NHC AmeriCorps Member Service with Clients 2014-2015

Since National Health Corps member(s) started serving at your site, please describe how much you agree or disagree they have helped your organization...	N	Strongly agree	Agree	Disagree	Strongly disagree
Develop materials that were helpful to and understood by clients served	59	56%	39%	3%	2%
Use technology skills to help clients navigate the health care system	49	45%	41%	10%	4%
Increase the visibility of services with clients	58	50%	47%	2%	2%
Improve the availability of services with clients (i.e expanded service times, availability of appointments)	53	53%	42%	2%	4%
Increase the organization’s ability to reach more, new, or different types of clients	57	46%	51%	2%	2%
Conduct effective outreach to encourage medically underserved populations to participate in health care benefits programs	55	42%	49%	6%	4%

Beyond quality interactions with clients, members contribute to key capacity building efforts for their organizations. Many member positions focus on activities that develop the scale, reach and efficiency of a program by building new partnerships, pioneering new initiatives, training staff or reaching new populations. Of the host site organization respondents, see Table 7, 90% of site representatives agreed or strongly agreed that members developed new partnerships with other organizations and 91% agreed or strongly agreed that members improved existing partnerships. A response from a host site representative on the value of their NHC member in reaching new populations:

“Our AmeriCorps members created partnerships with other social service providers and created curriculum to present health information to refugees in our community. We would not have been able to serve this demographic without AmeriCorps” (Wilder, 2016, pg. 74).

In the 2015-2016 service term, NHC members facilitated 5,228 capacity building encounters for their host sites (OnCorps, 2016). These activities range from creating new community health resource guides, orienting, training, and supervising volunteers, increasing contacts and developing new professional relationships. NHC members are encouraged to collaborate with fellow corps members, this often leads to new partnerships between two host site organizations that now cooperate via the NHC member network.

Table 7. NHC AmeriCorps Member Impact on Work with Partner Organizations 2014-2015

Since National Health Corps member(s) started serving at your site, please describe how much you agree or disagree they have helped your organization...	N	Strongly agree	Agree	Disagree	Strongly disagree
Develop new partnerships with other organizations	57	40%	49%	5%	5%
Improve existing partnerships with other organizations	56	39%	52%	4%	5%
Increase coordination of services with other organizations	56	45%	41%	9%	5%
Increase the visibility of program services with other agencies	56	50%	38%	7%	5%

2.3.3 Health Outcomes within Host Organizations

Ultimately, NHC may also have a positive influence on their clients’ health. Based on preliminary evaluation data collected via client surveys during the 2015-2016 service term, clients have reported positive interactions with members. As shown in Table 8, of clients who

interacted with an NHC member, 65% claimed they learned about available the health care services, 24% stated they learned something, but would like to learn more (Wilder, 2016). As more evaluation data is collected, NHC anticipates to learn more about the health behavior implications member interactions may have on clients.

Table 8. NHC Client Outcomes 2014-2015

During your visit today, have you learned:		N	I learned what I need to know	I learned something about this, but would like to learn more	I did not learn about this
About available health care services?	1 service	105	65%	24%	11%
	2 services	49	67%	29%	4%
	3 + services	21	76%	14%	10%
How to access health care services?	1 service	106	66%	25%	9%
	2 services	49	61%	35%	4%
	3 + services	21	76%	14%	10%
How health care services can benefit your health?	1 service	104	60%	23%	17%
	2 services	48	63%	31%	6%
	3 + services	21	76%	14%	10%
About steps to lead a healthy lifestyle?	1 service	105	55%	26%	19%
	2 services	48	60%	31%	10%
	3 + services	21	63%	29%	10%
About disease prevention and management strategies?	1 service	104	54%	19%	27%
	2 services	49	57%	25%	18%
	3 + services	21	68%	10%	24%

3.0 LIMITATIONS AND BARRIERS

While the National Health Corps represents the strengths of a successful health-based national service program, it is not without its challenges and barriers. All AmeriCorps grant programs are facilitated through private or public non-profits, faith or community-based organizations, institutions of higher education or government agencies. The variation of these organizational structures creates a magnitude of challenges and bureaucratic complications.

3.1 LIMITIATIONS

3.1.1 Operational Support

NHC is funded through its parent organization, the Health Federation of Philadelphia, a nonprofit organization that focuses on improving access and quality of healthcare services in Philadelphia. From the Health Federation, the CNCS grant is divided to its sub-grantees, which are the four NHC operating sites Pittsburgh, Philadelphia, Chicago and Jacksonville. Finding health based organizations that have the organizational capacity to take on the administrative duty of facilitating a service program can be difficult. For example, the Allegheny County Health Department in Pittsburgh has county regulations that make it difficult to directly pay NHC members for travel reimbursement and monthly stipends as they do not fall under typical county

employee designations. Therefore they must utilize an outside contracting organization in order to pay the members. These challenges can be managed but it requires willingness and patience from the agency to develop a working relationship with NHC and AmeriCorps.

Non-governmental community-based nonprofits that focus on direct health services are often underfunded and low on resources, this can make it difficult for organizations to commit to the extra administrative burden of a national service program despite the benefits it could bring.

3.1.2 Qualified Members

Another challenge to health-based programs that other programs may not encounter is the need for highly skilled and motivated members. NHC and its host sites require trainings and activities that demand a high level of engagement and attention to detail. Members conduct HIV testing and counseling, assist the homeless in resource acquisition and educate substance users on how to administer overdose reversal drugs, to name a few. Thus, NHC requires that members have either completed or are in the process of completing an undergraduate degree, have shown a dedication to service and have experience working or serving in a health setting. These requirements differ from other programs, and therefore, NHC does not typically have members under twenty-two years old. Furthermore, almost all members have some prior knowledge of health or public health before beginning their service. This presents a slight challenge since it narrows the pool of qualified candidates, however, it has not slowed down the recruitment process. Each NHC program has a competitive application selection process where many more applicants apply than are selected. NHC receives a large number of applicants who are interested in attending medical school, a physician assistant program, nursing school, social work or a

master's in public health, but want to spend a gap year serving and learning more about the field before entering into an academic program.

3.2 BARRIERS

3.2.1 Prohibited Activities

The main threat to health focused AmeriCorps service programs comes from conflict between the nature of certain health services and prohibited activities. AmeriCorps does not allow members to accrue service hours while performing activities that are deemed political or religious in nature. Examples of prohibited activities consist of: attempting to influence legislation, participating in protests, unions or partisan political activities and conducting voting drives (See Appendix B for a complete list of prohibited activities.) These boundaries are set to avoid any partisan politicization of AmeriCorps (AmeriCorps Provisions, 2012).

Most of the prohibited activities do not affect the service work of members in the health services field. However, there have been issues with health programs and the interpretation of the prohibited activity described as “providing abortion services or referrals for receipt of such services.” Abortion referrals, counseling, and services are offered at health services organizations and clinics that host AmeriCorps members. This can create situations where members must choose between providing quality and compassionate service to their clients and upholding AmeriCorps policy.

In June 2016, Community Health Corps (CHC), an AmeriCorps grant program, was defunded after an investigation by CNCS's Inspector General confirmed that a small number of

AmeriCorps members performed abortion doula services while logging AmeriCorps hours. Abortion doulas provide support to women during the process of getting an abortion, which usually includes holding the patient's hand and being a supportive presence in the room during the procedure with a physician. CHC, operated by the National Association of Community Health Centers, Inc. (NACHC), is the largest health-focused AmeriCorps program in the country. Each year 500 CHC members serve in over 38 sub-grantee health centers reaching more than 240,000 underserved clients (NACHC, 2016). After notice of the possible rule infraction, CHC made contractual and language changes to prevent future misunderstandings of prohibited activities. However, CNCS decided not to renew their grant and suspend the current service term. Between 2013 and 2015, CNCS granted NACHC over 18 million dollars and 1,500 member slots (CNCS, 2013; CNCS, 2014; CNCS 2015). Adjusting for the loss of this program, the total CNCS budget from healthy futures dropped dramatically. With six million less dollars spent this year, healthy futures drops to only 5% of the total State and National Program spending (CNCS, 2015). While it is likely that CNCS is looking to replace CHC with other health-related programs, another program of its size and reach does not currently exist to facilitate such a program.

4.0 CONCLUSION

4.1.1 Opportunity within AmeriCorps Healthy Futures

One of the benefits of AmeriCorps programming is that it is flexible and adaptable. Each year, programs can be altered to focus on different topics or populations without moving or changing the structure of the program. If for example, CNCS deems a new importance on the emergence of infectious disease in a region, current healthy futures AmeriCorps programs in that area can seek host site organizations that have a need for a member to support infectious disease programming.

The malleability of these programs allows the opportunity for CNCS to be on the front line of emerging health crises and promote programs that place members in roles to combat these issues before they worsen. The chance to anticipate health needs and address them with AmeriCorps funded programs can be seen with the current opioid epidemic. Since 1999, the rate of opioid deaths has quadrupled. More people died from drug overdoses in 2014 than in any year on record, with 60% of those deaths involving an opioid (Secretary H.O., 2016). In response, the government is calling for an increase in spending and focus on the crisis. The President requested \$1.1 billion in new mandatory and discretionary investments during the 2017 and 2018 fiscal years to expand access to treatment, and prevent opioid misuse and abuse (U.S HHS, 2016). CNCS also responded to the crisis, the most recent AmeriCorps call for grants included opioids

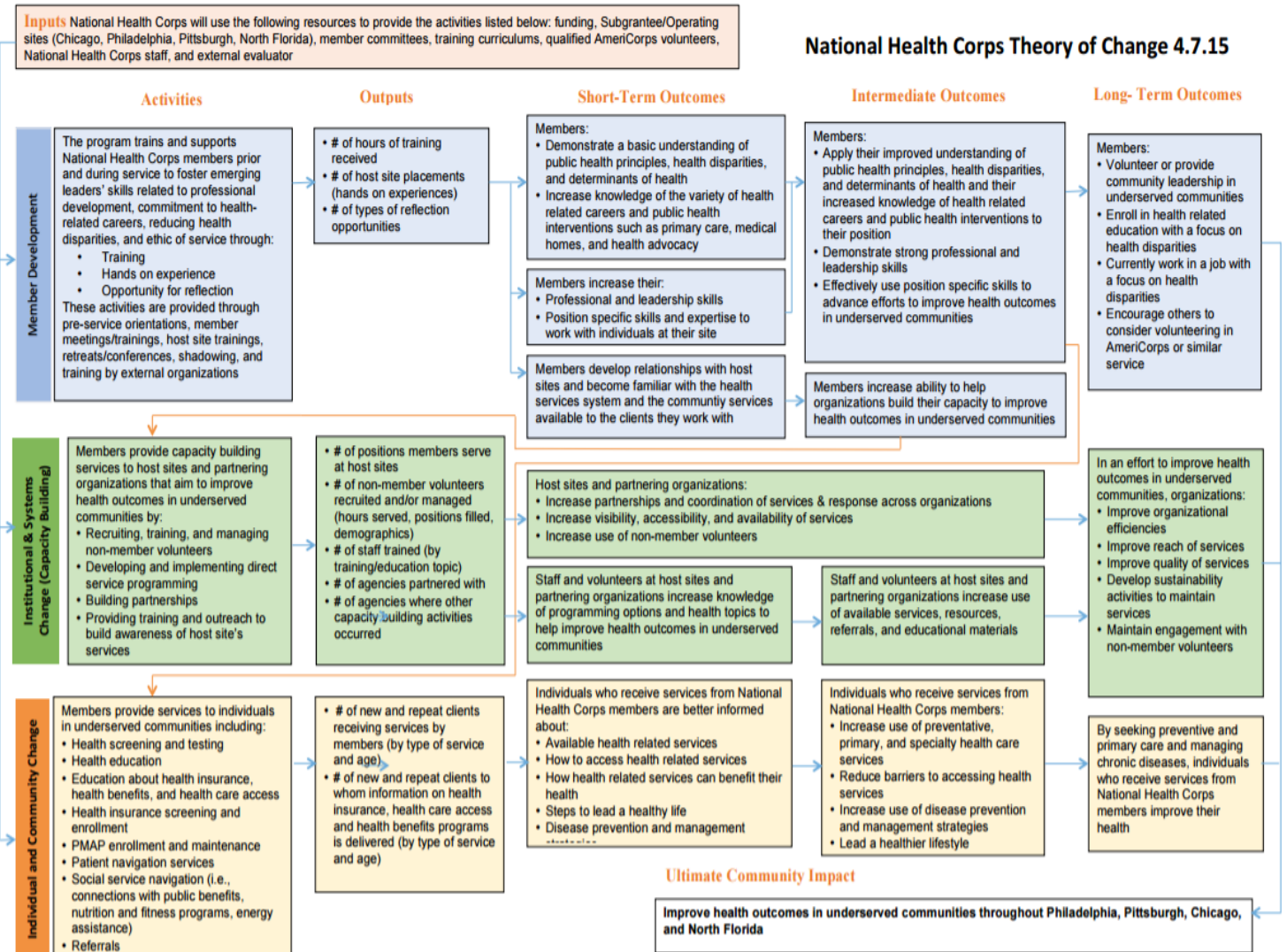
in their priority funding category, calling for programs that prioritize the investment of national service resources working to reduce and/or prevent prescription drug and opioid abuse. It is unclear whether this appeal comes from CNCS directly or is dictated through Congress. If not dictated through Congress, CNCS can look to address new priorities more swiftly than congressional action and therefore could've addressed the opioid epidemic years earlier when the epidemic began to emerge on the national health stage. However, funding priorities need to be broader as the prevalence of this epidemic is still quite low compared to some major public health issues.

4.1.2 Recommendations

With a rapidly changing political landscape, the future of federal spending on public health is unclear. National service programs such as AmeriCorps have traditionally held bipartisan support. This gives CNCS a unique opportunity to play a larger role in ensuring that vulnerable and underserved communities provided with adequate services. Healthy futures programs provide this channel. Healthy futures programs, such as National Health Corps, have shown that they have the benefits and longevity to provide a universally beneficial relationship to community organizations, members and clients. CNCS should promote healthy futures programs moving forward by creating incentives for health programs to apply for funding, better advertise that healthy futures is a top CNCS priority and persuade members of Congress to continue to support national service programs, especially those geared towards public health and healthcare.

APPENDIX A: NATIONAL HEALTH CORPS LOGIC MODEL

The National Health Corps logic model by program staff in 2015 (NHC, 2015).



APPENDIX B: AMERICORPS PROHIBITED ACTIVITIES

The following are the provisions required by AmeriCorps members:

“While charging time to the AmeriCorps program, accumulating service or training hours, or otherwise performing activities supported by the AmeriCorps program or CNCS, staff and members may not engage in the following activities:

- a. Attempting to influence legislation;
- b. Organizing or engaging in protests, petitions, boycotts, or strikes;
- c. Assisting, promoting, or deterring union organizing;
- d. Impairing existing contracts for services or collective bargaining agreements;
- e. Engaging in partisan political activities, or other activities designed to influence the outcome of an election to any public office;
- f. Participating in, or endorsing, events or activities that are likely to include advocacy for or against political parties, political platforms, political candidates, proposed legislation, or elected officials;
- g. Engaging in religious instruction, conducting worship services, providing instruction as part of a program that includes mandatory religious instruction or worship, constructing or operating facilities devoted to religious instruction or worship, maintaining facilities primarily or inherently devoted to religious instruction or worship, or engaging in any form of religious proselytization;

h. Providing a direct benefit to—

- i. A business organized for profit;
- ii. A labor union;
- iii. A partisan political organization;
- iv. A nonprofit organization that fails to comply with the restrictions contained in section 501(c)(3) of the Internal Revenue Code of 1986 related to engaging in political activities or substantial amount of lobbying except that nothing in these 9 provisions shall be construed to prevent participants from engaging in advocacy activities undertaken at their own initiative; and
- v. An organization engaged in the religious activities described in paragraph 3. g. above, unless CNCS assistance is not used to support those religious activities;
 - i. Conducting a voter registration drive or using CNCS funds to conduct a voter registration drive;
 - j. Providing abortion services or referrals for receipt of such services; and
 - k. Such other activities as CNCS may prohibit.

AmeriCorps members may not engage in the above activities directly or indirectly by recruiting, training, or managing others for the primary purpose of engaging in one of the activities listed above. Individuals may exercise their rights as private citizens and may participate in the activities listed above on their initiative, on non-AmeriCorps time, and using non- CNCS funds. Individuals should not wear the AmeriCorps logo while doing so” (AmeriCorps Provisions, 2012).

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