

## Public Health AmeriCorps Programs – 10/26/22

**Kristine Sande:**

Hello everyone, I'm Kristine Sande and I'm the program director of the Rural Health Information Hub. I'd like to welcome you to today's webinar where we'll be talking about the Public Health AmeriCorps Program. I'll quickly run through a few housekeeping items before we begin. We have provided a PDF copy of the presentation on the RHHub website, and that's accessible through that URL that's on your screen. Tom Morris is an Associate Administrator for the Rural Health Policy at the Health Resources and Services Administration where he directs the Federal Office of Rural Health Policy.

Next, we'll hear from AJ Pearlman and she joins AmeriCorps from the Department of Health and Human Services, where she served as the chief of staff for COVID-19 response, leading efforts across the department to address and respond to the pandemic. Jana Bodily-Roan is the Grants Administrator for the Institute of Rural Health at Idaho State University, and it is here where she found her love and passion for research, community service, and desire to help Idahoans improve their quality of life. She is the project director for the newly funded Gem State Public Health AmeriCorps Program and the Idaho Health Core AmeriCorps Program where she continues with her desire to help people improve their quality of life.

Diamond LeSane is currently the National Program Director of HeartCorps and has been a critical member of our AmeriCorps planning team since she first saw the announcement for Public Health AmeriCorps last year and suggested they consider applying. Since that time, she has contributed to every element of the development of HeartCorps. And so now I'll turn it over to you, Tom.

**Tom Morris:**

Kristine, thank you so much and thanks to everybody for joining us today. It was really important for us that we get the word out about this program because I think it is a unique opportunity for rural communities. When you think about the needs that are out there in terms of workforce, the idea that we could perhaps bring a big cadre of volunteers to work rural, public and community health projects just seemed like a really fantastic opportunity. And we know from the past grantees, and they'll go into this in more detail, that the volunteers can work on a range of activities. I could foresee them doing things around community health and public health education, home well check visits, chronic disease wellness checks. They could do things like enrollment of people into Medicaid and the children's health insurance program. We're helping people sign up for the healthcare and insurance marketplaces, and those are just to name a few and they would really build an important need in the sense that we know the challenges in rural America.

We know that we have a higher rates of the disparities, whether it's avoidable or excess death, higher mortality, lower life expectancy, higher rates of substance abuse. The challenges are all there. And so the thought that we could tap into a new workforce to really build up that infrastructure seemed like a great opportunity. We wanted to make sure that rural organizations were aware of it because none of these folks get deployed if there's not an organization that gets the grant to then deploy those people to work on these sort of projects.

And so that's what I'm really looking forward to today is hearing both from AJ to talk about the program overall, but then to hear from Jana and Diamond to really give great examples of how they've been able to leverage this funding. And my great hope is that after listening to this, that many of the folks on this call or that will listen to it later, will put in an application for funding and help us get more of these AmeriCorps volunteers, Public Health AmeriCorps volunteers into rural communities where I think the help is desperately needed. So with that, I'd like to get out of the way and turn it over to AJ.

**AJ Pearlman:**

Hi, everyone. Thanks so much to Tom and to Kristine and the Rural Health Information Hub for, and FORHP, for planning this webinar. I'm really thrilled to talk with you all today. So you may be wondering, let me start off with, what is AmeriCorps? AmeriCorps is the Federal Agency for Volunteerism and National Service, and we provide people power and funding to local and national partners to tackle some of our nation's most pressing challenges. Through our grantee organizations and our sponsors, AmeriCorps provides thousands of opportunities for individuals to serve in their communities each year, and this includes both direct service to people in need and indirect service that builds capacity within non-profits and other organizations, adults of all ages and life experiences can serve in AmeriCorps. We have AmeriCorps members who are recent high school and college graduates that are exploring career options.

We have mid-career professionals who are looking to make a change and we even have retirees who are searching for ways to stay engaged in their communities. What we've heard from AmeriCorps alumni is that they continue to make a difference way beyond their term of service and often report that their lives have been forever changed through their AmeriCorps experience. So that leads us to Public Health AmeriCorps, which is what we're all here to chat about today. We, at AmeriCorps, have partnered with the Centers for Disease Control and Prevention, or CDC, to create Public Health AmeriCorps, which is a program that is working to recruit and build a new workforce ready to respond to the nation's most urgent public health needs. The partnership includes a 400 million investment from CDC's American Rescue Plan Funding and using this investment we're recruiting thousands of AmeriCorps members as part of Public Health AmeriCorps.

We view this program as a unique opportunity for the federal government to bridge both public health and national service. And what we're doing is leveraging the expertise of both agencies capitalizing on AmeriCorps experience, managing some of the most prominent public health, sorry, public service and workforce development programs in the nation, while at the same time benefiting from CDC's technical expertise as the country's leading public health agency. The goals of the program you can see briefly up on that slide are really twofold. The first is to meet the needs of local communities by providing that people power, that needed capacity in local public health settings and advancing more equitable health outcomes for communities who are currently or historically underserved. And at the same time working to build the next generation of public health leaders who live in, come from and represent the communities where they serve.

So this past spring, we announced our first cohort of grantees and we provided more than \$65 million in funding to 82 programs across the country who will have members serving in almost every state plus in Guam and Puerto Rico. Of those 82 programs, 14 of our grantees have a specific rural focus and another 27 organizations are working in both rural and urban communities. We have a range of organizations participating from local community based organizations and national nonprofits to local health departments, state and local governments, universities, and tribes.

We'll have members serving in several public health departments including DeKalb County, Georgia and Wyandotte County in Kansas, really working to enhance capacity and support equitable health outcomes in COVID-19 recovery for underserved communities. We'll also have members increasing access to medical care in rural areas in Alaska, Idaho, Montana, Oregon, and Washington. Through outreach and assistance navigating the healthcare system as well as making linkages to community resources. We'll have several members supporting community recovery through higher education partners like Appalachian State University, where members

will lead the implementation of psychological first aid intervention and will recruit medical reserve core members to support their efforts.

You'll hear shortly from Jana about Idaho State University's Gem State Public Health Corps through the Institute of Rural Health. And in that program, members will expand partnerships to both increased public health services and increased individuals trained as suicide prevention intervention gatekeepers. You'll also hear from Diamond with American Heart Association, who will speak about HeartCorps, which is working on chronic disease prevention in rural areas across 26 states across the country. And finally, AmeriCorps members will be providing family health education and care management services to individuals in community health centers across the country. So these programs are engaging more than 3,000 AmeriCorps members in just this first year of our partnership. And some of those members, in fact, close to a thousand of them, are beginning to serve already or have begun to serve in the past few weeks. Our grantees have diverse focus areas, which you can see here on the screen, and they're addressing various public health issues ranging from COVID-19 response and recovery to behavioral health and health equity.

This is really intentional on our part. We wanted to be flexible enough to allow communities to tell us what their most urgent priorities are and to guide how the funding is used. Let me just say that while Public Health AmeriCorps is new, AmeriCorps has been working with state and local governments for a long time and we've seen some really great successes already. We have a longstanding partnership with the Oregon Health Authority through our AmeriCorps Vista program. In fact, one of my public health AmeriCorps staff members served in a rural area through as an AmeriCorps Vista through OHA. And more than a third of the vistas that have served have been hired into the public health workforce through that program. We also have a partnership with FEMA called FEMA Corps, which is focused on emergency management and disaster preparedness. And through that program, FEMA has hired 23% of members after their service year directly into FEMA's ranks.

And that doesn't include members who served, who may have been hired into state and local emergency management roles. So we really do see successes coming out of individuals who do a year of service with AmeriCorps. So if you're interested in engaging AmeriCorps members to support your community's needs and to improve health disparities, we would strongly encourage you to join us. We currently have an open funding opportunity that's available for 2023. Information is on the screen here. Importantly, there is no requirement that you provide matching dollars for this grant. Of course, additional support for your program is welcome, but there's no federal match, which is pretty different than some of our other AmeriCorps programs. Funding is available to a wide variety of organizations including non-profits, state and local governments, public health departments, and rural, sorry, and a higher education institutions. We are focused on helping communities recover from COVID and address any other urgent public health challenges that you all are facing.

We will be prioritizing organizations whose programs create those direct pathways to public health related careers through onsite experience and training. And we continue to prioritize organizations that are leading service in communities with concentrated poverty in rural communities, tribal communities, and those serving underrepresented individuals such as communities of color, immigrants and refugees, people with disabilities, members of LGBTQ communities, people with arrest or conviction records, and religious minorities.

If you are applying to work in multiple states as American Heart Association is through HeartCorps, you will apply directly to AmeriCorps and the deadline for application is January

4th, 2023. If you are only planning to host members in a single state, you'll need to contact your governor appointed State Service Commission as the deadlines are different for each state and commission. Deadlines may be sooner than January 4th. So as you can see on the slide here, if you go to our website, [americorps.gov/publichealth](https://americorps.gov/publichealth), there's a box right on the front page that says 'Funding Opportunity'. You can find all the information you need there, including not only the notice of funding opportunity, but also a recording of a technical assistance webinar that we did a couple of weeks ago that walks you through the funding opportunity and may answer detailed questions that you have about the application process. Next slide.

So you may be wondering what members get out of the AmeriCorps experience and what they see as a valuable benefit for them. So first of all, they receive that hands-on experience in a public health setting, which can really help set them up well for a public health related career. All Public Health AmeriCorps members complete a one year service term and during that time they receive benefits like a living allowance, an education award, and depending on whether they have full or part-time status, they may also receive health benefits. You may be wondering about the living allowance. That varies based on the number of hours a member serves throughout the year and based on what the needs of your program are. But AmeriCorps provides, just to give you a sense, provides a living allowance of \$28,800 for full-time service members and grantee programs can use that funding to provide the living allowance and also other needs of the members and can also supplement that amount with other funding if the program has that has additional funding available.

In addition, every member has access to a foundations of public health training course that they complete over the course of their service year. This is an asynchronous training. They can work through this course. It's 16 hours long, it has foundational public health principles training on health communications and health equity, and once their training course is completed, members receive a certificate signed by both Dr. Wilensky, the director of the CDC and the AmeriCorps CEO, Michael Smith. And this course is hosted on CDC's learning management platform. So members have access to dozens of additional optional trainings just by being a member of Public Health AmeriCorps. Finally, we're also planning to connect members to each other and to mentors and to support networking opportunities to really provide that pipeline into public health related careers. Now, some folks have the question for us about what makes Public Health AmeriCorps unique.

Public Health AmeriCorps is different from other AmeriCorps programs because of our explicit goal around workforce development. And as I have stated before, building that next generation of public health leaders. We are doing that by creating a comprehensive training program to support members and our intentionally developing opportunities. One example is a virtual career fair that we will be holding next spring to support members as they go through their AmeriCorps service year and beyond. Public Health AmeriCorps members come from diverse backgrounds and don't need to have any previous public health experience. More than half of our slots are full-time positions and half are a range of part-time models. Again, I noted earlier flexibility to meet the public health needs of each individual community, and we are supporting programs differently depending on what their focus areas are. Members might include someone who has no background in public health but is interested in learning more about possible career opportunities in public health.

They may be someone who has a baseline knowledge of public health but doesn't have a clear path to a public health job or an experience without further education. Or it could be someone who studied public health at the community college or undergraduate or graduate level, or maybe received COVID related certifications or training. Maybe they were a contact tracer in the

early months of the pandemic, but don't have a known path forward to begin a public health career. What we're really looking for is someone who has a desire and ability to work in communities that have been hardest hit by COVID-19 and other public health challenges and are eager and willing to learn and serve others.

**Video:**

If your purpose is to improve the health of communities, then serving with Public Health AmeriCorps should be part of your path. You'll join a national movement to address urgent public health needs. You'll help your community recover from the pandemic and make lasting change for people with chronic diseases, mental health and substance use challenges and other conditions and improve health equity. From the back office to the front lines, there's a place for everyone in Public Health AmeriCorps. If you're new to public health, then serving is the foundation for a meaningful and rewarding career. If you are a current or retired health professional, that serving is a great way to build your legacy for the next generation. All along your journey, you'll not only gain valuable skills, but you'll also see and feel the difference you're making because when you take the path of serving others, it has a wonderful way of circling back to you. AmeriCorps, local service, lasting impact.

**AJ Pearlman:**

So, the pandemic has taken a toll on an already strained public health workforce, as I'm sure many of you know, and it has really underscored the urgent need to further enhance public health resources across the country. This effort starts with investing in a future workforce to help local communities respond to and recover from the pandemic and to address those existing health disparities that have been exacerbated by COVID-19. Public Health AmeriCorps members are working across the country helping us to fulfill a promise to improve the health of every community. And we really think the program will open the door of public health to a new generation, bringing new talent to see and conduct public health activities firsthand.

So we're really hopeful that you'll join us to learn more about both current opportunities to serve and to learn more about the open funding opportunity. You can go to [americorps.gov/publichealth](http://americorps.gov/publichealth), as I have here. If you have specific questions, you can email us at [publichealth@americorps.gov](mailto:publichealth@americorps.gov). And if you're interested in subscribing for updates, you can click on this QR code here to join our mailing list. And with that, I am all set. I think unless Kristine tells me otherwise, I am going to turn this over to Jana with the Institute of Rural Health at Idaho State University to talk a little bit about what it's like to be a grantee and the program that they are running to help our rural communities. Jana, over to you.

**Jana Bodily-Roan:**

Okay. Well, I'm excited to share with you a little bit about our Gem State Public Health AmeriCorps Program, and our program is housed at the Institute of Rural Health at Idaho State University. So with our program, we have 82 AmeriCorps member positions to serve with local nonprofits and with our health districts within Idaho. So, our program goals include to increase, expand, and enhance the capacity of existing programs and services offered by public health agencies and local non-profit programs within Idaho. Our second goal is to increase the number of trained suicide prevention interventionists in Idaho through ASIST and QPR. And our third program goal is to support members' interests in continuing to work in the public health sector through experiences at their host sites and through academic and career advising. This slide shows a list of our current host sites and I am really excited to be able to work with these host sites and excited that they have joined our program. So we'll have members placed at these host sites to help expand the reach for each of these programs in throughout Idaho.

I'd like to share with you a little bit about some of our host sites. So, I am really excited to be able to partner with Simply Hope Idaho. Simply Hope Idaho is located in Southern Idaho, actually in the Burley area. And this is a rural community that serves some farming communities

out in the surrounding areas. And this area is really in need of mental health services. And with our program with Public Health AmeriCorps, we are able to help this community to provide them with more resources in the term of AmeriCorps members to serve more people and help them expand their reach. So one of the things I'm excited about is that with Simply Hope, the members there will be able to help members that are in surrounding communities and help them find their route to strengthen and help them strengthen families in that area.

Another one of our host sites is Empower Idaho, and I'm really excited to be able to work with them. They will be able to expand their capacity and outreach and the programs that they offer to rural and underserved populations and surrounding areas. And the goal for Empower Idaho is to change the conversation about behavioral health to one of compassion and understanding, and then to help improve behavioral health delivery systems in Idaho. We have also recently partnered with the Idaho Area Health Education Center Program Office, and we are really excited to be able to work with them. They will have AmeriCorps members that are actually being enrolled right now, and they will help them build their statewide help care workforce development program and then to help with stakeholder analysis and engagement through their advisory board. And then they will also participate in curriculum development for the AHEC's Scholars program and to help ensure that students are introduced to community based health issues and topics.

And then they hope to have the AmeriCorps members help them expand their social media content and their program awareness. So we're excited to have AmeriCorps members there to help them, especially with their AHEC Scholars program as they reach out to health professional students to help them expand their reach and to have a desire to continue to work in these rural areas after graduation. So as part of our second goal of our program, we will be training AmeriCorps members with ASIST. ASIST is a suicide prevention intervention training. And we will be training our members as well as being able to offer this program, this training to their host site staff and to community participants. So we are hoping to train 360 people to be suicide prevention interventionists throughout Idaho, and we are really excited to have our first ASIST training actually taking place on Thursday and Friday in Southeast Idaho.

So one other thing that we've been able to do with our Public Health AmeriCorps funding is we've been able to take these Asist trainings and we're able to schedule them in some of these rural areas that often don't have the resources available. And so we're able to provide this opportunity to train people who may not otherwise have the opportunity, and there's a desperate need for suicide prevention intervention trainings. So we're really excited to have our AmeriCorps members to be able to help recruit community participants and help us with this program goal. Now, I'd like to share with you a little bit about what some of our AmeriCorps members are doing at South Central Public Health District. We have AmeriCorps members that are serving with the Dental Hygiene Program and going into elementary schools and serving there. And then these members are also planning suicide prevention activities and will take part in the suicide prevention coalitions and the effort to educate community members.

And then they will also have the opportunity to help the organization create the 'Know the Five Signs of Mental Distress' curriculum. And so we are really excited to have our AmeriCorps members involved in these programs and helping the South Central Public Health District expand their capacity and reach to serve more people. We have some members serving at Community Youth in Action in Southeast Idaho. Community Youth in Action aims to assist kids and young teens to achieve educational goals, stay away from drugs, and to learn life skills. One of our members there says that, "I believe that the most important aspect of my term is that I am given the opportunity to make a difference in my community. I love that the organization

aligns with my values and opportunities I receive to attend professional development and training."

And I can relate to what this member says because I too hope that our program will make a difference in the communities that we serve. So lastly with Southeast Idaho Public Health, Glorix is our member, one of our members serving there. And she says that one of the most important aspects of her AmeriCorps service term is being involved in her community and being a positive impact when it comes to mental health. She can't wait to help remove stigma behind suicide and mental illness. And she attends suicide grief support meetings that are held for the community.

It has allowed her to see how many people are afraid to face their emotions surrounding the topic. And then she also reaches out to places that sell guns and asks them about their suicide prevention awareness practices and offer more information and training opportunities. Hey, so if you would like to learn more about becoming a host site or an AmeriCorps member with our program, please feel free to reach out to us at [gemstate@isu.edu](mailto:gemstate@isu.edu) or you can give us a call at (208) 282-4436. Okay, thank you. And I will now pass this on to the next person.

**Diamond LeSane:**

Thank you, Jana. Good day everyone, and thank you so much for the invitation to come and share with you about our HeartCorps initiative, which is really helping the American Heart Association to drive health equity in rural America. So just to give you some perspective of what I'll share today, and it's really kind of how we got here with this call to action with a focus in rural health. Well, I'll briefly touch on what the AHA is currently doing to address rural health. Then we'll segue into the overview of HeartCorps and how this Public Health AmeriCorps initiative is a critical component of our rural health strategy. We'll answer the most anticipated question, which is always what will members actually be doing in these communities? And then I'll share with you a little bit about how we're actually building our program. I know some of you may be considering applying for your own, so, I've broken it down into just a few simple steps.

It's quite a bit of work, but to give you some perspective then on what it would take to actually develop an initiative like this. Finally, if we have time or if the programming allows, we could definitely take some questions as well. First thing, the organization did way, way back in February, 2020, which honestly feels like a lifetime ago, was to release a presidential advisory specifically focused on rural health. The first thing that happened was that AHA recognized the need to address it and summarized the existing data on rural populations on communities and health outcomes. And within the context of this presidential advisory, we explored three major groups of factors underlying the urban rural health disparities. Those were individual factors, those were the social determinants of health as well as health delivery system factors. Once we kind of explored and did our research with the data that was existing, we then developed solutions that span healthcare system innovation, policy and research.

We also identified research needs and gaps, and that's where we got the call to action. And it's not just for kind of the public at large, it also called action for us internally. And so, through the help of our phenomenal volunteers and some of our staff partners, this is what we found, a brief synopsis. So the advisory called out really three primary issues, which I'm sure you are all familiar with. Those categories are increasing access to care, improving healthcare quality, and then addressing risk factors become really important when we think about how AmeriCorps members can help address some of these challenges. But before we get there, let's talk a little bit about our existing rural health strategy. It's quite a busy slide, but I think it puts into perspective kind of how we're addressing all of these areas. The AHA is one of the few non-

profit organizations who actually does policy work in all 50 states and at all three levels of government, local, state, and federal levels.

So we'll delve a little bit into some of our public policy focus areas. We'll talk also a bit about telehealth, which has been around for probably about 20 years, but definitely exploded due to the onset of the pandemic. As you can see, we've also identified workforce as a critical area to increasing access to care. HeartCorps with the little circle is what we'll get to in terms of our public health AmeriCorps program. But there's other things as well. So at AHA, our foundation is always our science, and over the years we've always developed guidelines for stroke and STEMI systems of care, for controlling blood pressure. But often we've found that our rural hospitals and other medical systems have not always had access. And so we'll briefly address that as well. And then also how we address risk factors. So just a few highlights.

So we're thinking about access to care and kind of our work in public policy. One of the critical focuses of this work is very specifically in Medicaid expansion. Many of the remaining states that have not expanded Medicaid, actually have really large rural populations, and those decisions have significant impact on access to healthcare and the financial viability of rural hospitals further widening the disparities between urban and rural health. We continue to advocate for expansion in a number of states as well as defend efforts to undermine expansion in other states. Actually, on the ballot in South Dakota right now, coming up next month, we found that Medicaid expansion is now on the ballot. And so some of that work we've been in collaboration with through our advocacy partners to build momentum for increasing Medicaid expansion. Telehealth coverage is another critical area, again, specific to our public policy work.

During COVID-19, Congress, CMS expanded access to telehealth services, preserving and expanding access to high quality care for millions of people via telehealth. Unfortunately, after the pandemic declaration is lifted, that expansion will actually expire 151 days after that. So without congressional action, Medicare telehealth access and reimbursement policies may revert to pre-pandemic levels. And so we're focused on telehealth federally, urging Congress to continue telehealth flexibility and enact some permanent policy solutions. And then with postpartum care coverage, we'll be honest, this is a relatively new policy area for the AHA. So we have a lot of work to do. Medicaid expansion obviously plays into some of the work there, but we're just beginning to do some work in this area. From an access to care perspective, really our focus has been around telehealth and then our Doctors with Heart initiative. So first with telehealth, through our work with the American Board of Telehealth, we have developed professional education that will lead to certification of telehealth providers.

Like I said, we know that it's been around for a while, but there really isn't any confidence to your alignment to how to deliver good telehealth experience, both for the physician and the patient. So we are now working on individual certification product for telehealth, and it should be ready actually at the beginning of 2023. It's meant to compliment the e-learning courses that are already available in our professional education series. After taking those courses, an individual can be ready to apply for certification. Once we stand up this certification at the individual level, we will then move to certified office practices and facilities that offer telehealth as a component of patient care. And then our Doctors with Heart initiative is really a unique volunteer to volunteer experience with cardiologists, particularly for rural communities or clinical spaces that don't have a cardiologist on staff. AHA professional members who have this expertise volunteer their time and effort through a telehealth system to provide consultation to other physicians around the country that complements both schedules, particularly around challenging cases, resistant hypertension and other issues related to heart health.



And so we're now in our expanded pilot season that we hope to continue to expand. It's a little bit about controlling blood pressure because that's our bread and butter in terms of what we are really focused on organizationally. Just a little snapshot of what we're doing. We're currently in the midst of a national hypertension control initiative in collaboration with the Office of Minority Health. And currently 16% of those 350 funded centers within that initiative are rural. Approximately 127 rural FQHCs are already engaged in our target blood pressure work, and we're already working with state health departments to leverage federal funds to improve self-measured blood pressure and team-based care. Just through this fiscal year alone, our community teams have already achieved sustainable impacts in 64 rural health centers. And that's what we define as sustainable impacts is changes to policy systems and environments designed to increase access to care or improve the quality of care.

Just from an overview perspective, our goal is to continue to improve the quality of care in rural hospitals through our scientific guidelines. Over the next three years, we are investing almost three and a half million dollars to subsidize the cost to get rural hospitals access to their guidelines. And we've modified the criteria to fit the rural hospital setting because we realized it didn't necessarily match. So, over these next three years, we think that we can increase the number of rural hospitals participating, increase the number of get with guidelines hospitals by adding on another 700 or so with a focused priority on strokes, CAD, and heart failure, and we hope to impact a minimum of 110,000 lives. How does this all work with Public Health AmeriCorps? Well, we received the three year grant from AmeriCorps, and our purpose with our initiative is solely focused on improving health and rural communities, and also to grow the public health workforce, very similar to the goals of Public Health AmeriCorps in and of itself.

As AJ shared earlier, a hundred members serving with us across 26 states. That's a hundred members for each of the three years that we're funded. And our focus is simple. We're not going to stray outside of our subject matter expertise. We are going to work with community organizations, whether they're health clinics, FQHCs, health departments, or community organizations to improve blood pressure control and then to address some of the rest the risk factors associated with heart health, so things like nutrition, security or reducing tobacco use, particularly amongst youth.

So a quick note, just in terms of how it aligns with our organizational goals at the AHA, we believe every person deserves the opportunity for full and healthy life. And as champions for health equity by 2024, we will continue to advance cardiovascular health for all, including identifying and removing barriers such as the social determinants of health, such as structural racism, such as rural health challenges in order to ensure that people have access to healthcare and quality healthcare, very specifically, we're committed to addressing these inequities and improving BP control in cardiovascular health in rural communities throughout the US. And so the 26 states we've started with, it's really what we hope will just be the beginning to truly drive equitable health and wellbeing for all. Next slide.

So what will members do? And the short answer is we're still determining that and we'll know that based on the different host sites in which they'll serve. Right now, we have represented almost every type of host site you can imagine. Overwhelmingly, they are rural health clinics, although we also have relationships with health departments, with nonprofits such as the YMCA, even with affordable housing communities who are looking and seeking to improve the cardiovascular health of their community members because they notice, especially during the onset and deep into the COVID-19 pandemic, that isolation, lack of exercise and other challenges related to healthy living really went by the wayside as people just kind of responded to the urgency of the moment.

And so there's so much opportunity there and we're excited first to enter these communities and to learn what works best in these communities and then to begin to implement based on those needs. And so in some places, in most places, I would say our members are going to be supporting blood pressure, self-monitoring initiatives. They may be providing screening. Quite a few of them will provide community education, teaching people to self-monitor themselves. So we'll also be helping some of our host sites increase adoption of evidence-based BP measurement and treatment practices. We'll be facilitating referrals to care and other screenings related to heart health such as tobacco and nutrition security. And then we'll be reaching out particularly to the youth population in each community to do some healthy living training, quite a bit of educational initiatives, depending again on the needs of those communities. Finally, we'll be engaging local media and different events, helping to promote healthy living based on, again, the needs of these communities.

And so it's a unique space for us. We're not going into communities trying to dictate or to present a full display or a checklist of all the things communities can do. We're really going in with the posture of learning and understanding and then addressing solutions once we understand the needs. That's just a snapshot. The red states indicate where our members will be placed in our first year. So we are one of the national Public Health AmeriCorps programs. Just as a note, we did find need across the entire country, but we felt through the strength of relationships or the opportunities to kind of build up a visible presence in these communities, that we have a lot of opportunity to really learn quite a bit about these communities. And so these represents all five of the regions under the AHA so that we can again, continue to grow, expand, and understand these communities.

Just to give you some perspective in terms of the way that we were planning our program launch and how we were implementing AmeriCorps as an initiative is new to the AHA. Though we've had a number of staff members who are AmeriCorps alums and folk who have been interested in working with us through AmeriCorps programs across the country, this is the first one of our own. And so we definitely knew we had to develop our infrastructure, solve the policies and procedures that AmeriCorps has and kind of how they marry with our policies and procedures. We wanted to make sure, of course, that our program was compliant to all the federal guidance. And so we wanted to strengthen our grant management and continue to explore opportunities for increased funding and collaboration across the states we're working in. Next thing up, so we had to actually recruit community organizations as host sites.

Though AHA has over a hundred local markets, none of them would be considered in rural spaces. And so we reached out to health centers through our national hypertension control initiative. We reached out to health departments to other nonprofits that I've stated before and even to affordable housing communities. I will say that quite a few of these entities actually came to us expressing interest in how they could collaborate with us, which was really exciting. Then the next big thing, one we're still in the midst of, and that's recruiting the HeartCorps members. For our purposes, we set our age requirement to 21, and we were really intentional. I have been intentional about recruiting locally. That's for a lot of reasons. A, we think that as a part of our goal in strengthening the healthcare workforce, that we want to encourage and support interest in public health locally so that people won't leave after they complete the program, but they'll continue to stay and be a part of solutions.

The other thing we've noticed is as we've focused on a lot of these rural communities, we've had probably less than 5% of our applicants be willing to move to some of these communities. And so our success really comes from recruiting locally. We've had honestly great success with recruiting diverse candidates, and in fact, through the AmeriCorps portal and with people just

submitting resumes, we've probably had close to 200 total applicants. The challenge is, again, location. And so we have folk in Detroit and Chicago and the five boroughs of New York City and Atlanta, all across the country who are really interested but once they hone in on where our locations are, that's sometimes where the challenges are. And so any support you see your state represented and you have some ideas about how we can drive interest locally, we'd love to speak with you. And then finally, which we think is the critical component after we have the host sites, after we have the members and of course the infrastructure to support it, we want to deliver meaningful, relevant training so that they can see a pathway to a career in public health.

So not just the introduction to our organization, international service, not just the CDC required training on public health, but really looking at the various career paths that they can pursue. We're utilizing the expertise of our staff and our volunteers to really expand their thinking. So it's traditional paths such as nursing, such as being a physician, but it's also the non-traditional paths. We have quite a bit of opportunity just organizationally. So we're also looking at our Public Health AmeriCorps or our HeartCorps program as a bit of a pipeline into some of the entry level opportunities or more, if they are eligible, for members to transition into.

We've received quite a bit of interest from MPH students, MPH candidates who are looking to, of course, complete their practicum, and they gained that real world hands on experience through this initiative. Timing is slightly off through the traditional kind of semester system, or excuse me, timeline for students and so we're looking at how we can tweak some of those things, but it's been really fascinating to see that level of interest. But if you have any interest, you can definitely reach out to us at [HeartCorps@heart.org](mailto:HeartCorps@heart.org) with any questions or to explore other opportunities to collaborate. Thank you.

**Kristine Sande:** Big thank you to our speakers. That was really interesting. And the first question we have is for AJ and for grant purposes, is a host site also recognized as an operating site? So terminology question.

**AJ Pearlman:** I believe the answer is yes, but I would refer you to the notice of funding opportunity for any clarification around definitions for eligibility purposes and additional information, but should be the same thing. And we are expecting our members to be hosted at host sites. Yep.

**Kristine Sande:** Great. There was a question about whether grantees are hiring AmeriCorps members to serve in roles such as community health workers and navigators. Could you speak to that?

**AJ Pearlman:** Sure. We have several of our grantees, several of our programs are bringing on engaging members to do community health worker related outreach. Some of them are doing promotoras work as well. A number of them are supporting specific trainings for community health workers, and in some cases also at the end of their service year helping for certification as a community health worker where states or other accrediting agencies allow. So yes, that is a focus area. I think the question came from someone in region nine. So I added a little bit of information about a couple of our grantees there. Los Angeles County Department of Public Health is one of them. And so short answer, yes, but that was a longer answer with a little bit more information.

**Kristine Sande:** All right, thanks. And then a clarification, are AmeriCorps members hired as employees, and are they subject to FICA and other payroll taxes?

**AJ Pearlman:** So, AmeriCorps members are not considered employees. We are not hiring AmeriCorps members. We are engaging them in a year of national service. So the funding that they receive is

a living allowance or can be sort of considered a stipend. It is not a sort of paycheck that an employee would receive. Operating sites are the organizations that are managing the AmeriCorps grant. So in Diamond's case, it would be American Heart Association. Post sites are where the members are being placed. So there is a little bit of a difference there and I just wanted to clarify.

**Kristine Sande:**

Great. That's a good clarification.

**Tom Morris:**

Thanks. And I thought the presentations were fantastic. I think they really did a great job of helping people understand how you'd actually make this operational. So just really impressed by that. And thanks to AJ for being willing to come on and talk about the program. And I hope everybody that listens applies.