



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members
From: Nathan Lavery, Fiscal Analyst
Date: September 17, 2013
Subject: Grant/Position Request

Enclosed please find one (1) item that the Joint Fiscal Office has received from the administration. This item includes the establishment of three (3) limited service positions.

JFO #2642 – \$2,513,570 grant from U.S. Center for Disease Control and Prevention to the Vermont Department of Health. These funds will be used to prevent and manage obesity and associated chronic conditions, with an emphasis on nutrition, activity, hypertension and diabetes awareness. This request includes establishment of **three (3) limited service positions**.
[JFO received 09/16/13]

Please review the enclosed materials and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; nlavery@leg.state.vt.us) if you have questions or would like an item held for review. Unless we hear from you to the contrary by October 1 we will assume that you agree to consider as final the Governor's acceptance of these requests.



State of Vermont
 Department of Finance & Management
 109 State Street, Pavilion Building
 Montpelier, VT 05620-0401

[phone] 802-828-2376
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Agency of Administration

JFO 2642

**STATE OF VERMONT
 FINANCE & MANAGEMENT GRANT REVIEW FORM**

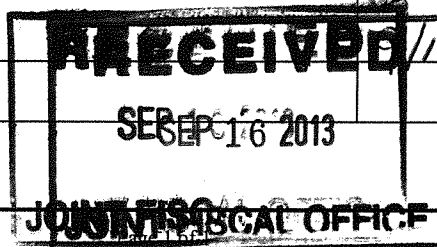
Grant Summary:	This grant will be used to augment the departments existing approaches to prevent and manage obesity and related chronic conditions				
Date:	8/27/2013				
Department:	Health Department				
Legal Title of Grant:	Public Health Actions to Prevent & Control Diabetes, Heart Disease, Obesity & Associated Risk Factors and Promote School Health				
Federal Catalog #:	93.945				
Grant/Donor Name and Address:	Centers for Disease Control & Prevention, United States Department of Health and Human Services				
Grant Period:	From: 6/30/2013		To: 6/29/2018		
Grant/Donation	\$2,513,570				
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$402,762	\$502,714	\$502,714	\$1,408,190	An additional \$1,105,380 will be available for the final two grant years

Position Information:	# Positions	Explanation/Comments
	3 LSP	These positions will end when the grant expires. The work for this grant cannot be completed with existing VDH staff.

Additional Comments: See attached summary for additional grant detail.

Has Vantage budget detail been reviewed and reconciled? Yes No *EB* (Analyst Initial)

Department of Finance & Management	<i>SM</i>	(Initial)
Secretary of Administration	<i>MC 8/05/13</i>	(Initial)
Sent To Joint Fiscal Office	<i>10/13</i>	Date




State of Vermont
Department of Health
108 Cherry Street, PO Box 70
Burlington, VT 05402

[phone] 802-863-7200
[fax] 802-865-7754

*MDP received
8.20.13*

MEMORANDUM

To: Jim Giffin, AHS CFO

From: Paul Daley, VDH Financial Director 

Re: Grant Acceptance of the Public Health Actions to Prevent & Control Diabetes, Heart Disease, Obesity & Associated Risk Factors & Promote School Health

Date: 8/7/13

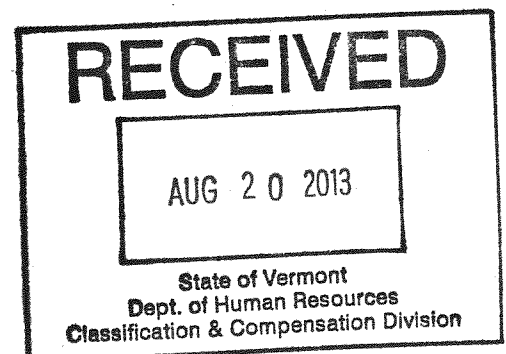
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The Department of Health has received a grant from the United States Department of Health & Human Services, Centers for Disease Control & Prevention, providing \$502,714 each year for five years to enable the Department to help strengthen existing approaches to prevent and manage obesity and associated chronic conditions.

We are requesting approval to receive these funds and are enclosing: the Grant Acceptance Request (AA1) and attached summary, a copy of the grant award document, a copy of the grant application, a Position Request Form for one Public Health Analyst II and two Public Health Specialists, and the RFR's for these limited service positions.

After review by your office, and approval by the Secretary of Human Services, this package should be forwarded in its entirety to Molly Paulger at DHR.

We appreciate your support in moving this request forward. Please let me know if you have questions or need additional information. Thank you.



Request for Grant Acceptance

Public Health Actions to Prevent & Control Diabetes, Heart Disease, Obesity & Associated Risk Factors & Promote School Health

Summary 8/7/2013

The Department of Health has received a grant from the Department of Health & Human Services, Centers for Disease Control, providing \$502,714 each year for five years to enable the Department to help strengthen existing approaches to prevent and manage obesity and associated chronic conditions.

This funding will support projects to improve environments and systems to reduce the burden of chronic disease with an emphasis on nutrition, activity, hypertension and diabetes awareness. Efforts will be directed towards schools, communities, worksites, childcare and health care systems involving partnership engagement, workforce development, strategic communication, surveillance, epidemiology, and detailed evaluation and performance measurement plans. Strategies will be implemented statewide with a priority emphasis on reaching lower income Vermonters. The funding supports and furthers progress towards the healthy Vermonters 2020 goals, VDH Strategic Plan and State Health Plan.

The funds will be used to establish three positions: two Public Health Specialists and a Public Health Analyst II. Funds will also be used for one personal service contract to provide the development of media outreach & marketing. Several grants will be written to provide training to food service professionals, center and home-based childcare providers, and small employers. Funding will be provided, via MOU, to the Agency of Education to provide training to physical activity & physical education professionals as well as the Department of Vt Health Access to provide training to practice facilitators in learning collaboratives. Supplies & travel expenditures will also be funded.

The Health Department is hereby seeking approval to receive \$402,762 in new Federal funds in State Fiscal Year 2014 and the establishment of three limited service positions. The remainder of the Federal funding will be included in the Department's future budget requests. We have attached the grant award document and a copy of the grant application as well as the Position Request Form.

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION				
1. Agency:	Agency of Human Services			
2. Department:	Health			
3. Program:	Health Promotion & Disease Prevention			
4. Legal Title of Grant:	Public Health Actions to Prevent & Control Diabetes, Heart Disease, Obesity & Associated Risk Factors and Promote School Health			
5. Federal Catalog #:	93.945			
6. Grant/Donor Name and Address:	Centers for Disease Control & Prevention, United States Department of Health & Human Services			
7. Grant Period:	From:	6/30/2013	To:	6/29/2018
8. Purpose of Grant:	See Attached Summary			
9. Impact on existing program if grant is not Accepted:	None			
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
	FY 14	FY 15	FY 16	
Expenditures:				
Personal Services	\$304,860	\$394,812	\$394,812	
Operating Expenses	\$27,902	\$37,902	\$37,902	
Grants	\$70,000	\$70,000	\$70,000	
Total	\$402,762	\$502,714	\$502,714	
Revenues:				
State Funds:	\$0	\$0	\$0	
Cash	\$0	\$0	\$0	
In-Kind	\$0	\$0	\$0	
Federal Funds:	\$402,762	\$502,714	\$502,714	
(Direct Costs)	\$321,804	\$394,770	\$394,770	
(Statewide Indirect)	\$4,857	\$6,477	\$6,477	
(Departmental Indirect)	\$76,101	\$101,467	\$101,467	
Other Funds:	\$0	\$0	\$0	
Grant (source)	\$0	\$0	\$0	
Total	\$402,762	\$502,714	\$502,714	
Appropriation No:	3420010000	Amount:	\$38,051	
	3420021000		\$364,711	
			\$	
			\$	
			\$	
			\$	
			\$	
		Total	\$402,762	

AUG 22 2013

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? Yes No
 If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: Harry Chen, M.D., Commissioner of Health Agreed by: HC (initial)

12. Limited Service Position Information:

# Positions	Title
2	Public Health Specialist
1	Public Health Analyst II
Total Positions	3

12a. Equipment and space for these positions: Is presently available. Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):

Signature: Harry Chen Date: 8/7/13
 Title: Commissioner of Health

Signature: Donald A. Racine Date: 8/15/13
 Title: Ats Secretary *OK*

14. SECRETARY OF ADMINISTRATION

Approved: [Signature] (Secretary or designee signature) Date: 09/16/13

15. ACTION BY GOVERNOR

Check One Box:
 Accepted [Signature] (Governor's signature) Date: 7/10/13
 Rejected

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

- | | |
|---|---|
| <input type="checkbox"/> Request Memo | <input type="checkbox"/> Notice of Donation (if any) |
| <input type="checkbox"/> Dept. project approval (if applicable) | <input type="checkbox"/> Grant (Project) Timeline (if applicable) |
| <input type="checkbox"/> Notice of Award | <input type="checkbox"/> Request for Extension (if applicable) |
| <input type="checkbox"/> Grant Agreement | <input type="checkbox"/> Form AA-1PN attached (if applicable) |
| <input type="checkbox"/> Grant Budget | |

End Form AA-1

(*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).

VERMONT DEPARTMENT OF HEALTH

SFY14 Budget Public Health Actions (1305)

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$0	\$134,930	\$134,930
Fringe Benefits	\$0	\$53,973	\$53,973
3rd Party Contracts	\$0	\$35,000	\$35,000
Total Personal Services	\$0	\$223,902	\$223,902
Equipment	\$0	\$0	\$0
Supplies	\$0	\$4,779	\$4,779
Other	\$0	\$14,735	\$14,735
Travel	\$0	\$8,388	\$8,388
Total Operating Expenses	\$0	\$27,902	\$27,902
Subgrants	\$0	\$70,000	\$70,000
Total Direct Costs	\$0	\$321,804	\$321,804
Total Indirect Costs	\$38,051	\$42,907	\$80,958
Total SFY14 Grant Costs	\$38,051	\$364,711	\$402,762

Appropriation Summary

Total Personal Services	\$38,051	\$266,809	\$304,860
Total Operating Expenses	\$0	\$27,902	\$27,902
Total Subgrants	\$0	\$70,000	\$70,000
	\$38,051	\$364,711	\$402,762

STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report must be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: AHS / Health Date: 8/7/2013

Name and Phone (of the person completing this request): Al Johnson 802 951-0162

Request is for:

- Positions funded and attached to a new grant.
- Positions funded and attached to an existing grant approved by JFO # _____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):
 Department of Health & Human Services, Centers for Disease Control, Public Health Actions to Prevent & Control Diabetes, Heart Disease, Obesity, & Associated Risk Factors & Promote School Health, grant # 1U58DP004834-01.

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

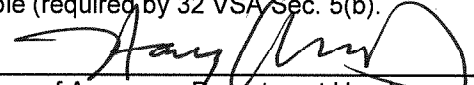
<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Public Health Specialist	2	HPDP	6/13 thru 6/18
Public Health Analyst II	1	HS	6/13 thru 6/18

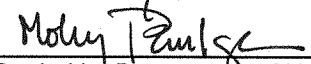
*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

These positions will provide program assistance to the Program Administrator as described in the budget justification submitted as part of the federal application and approved by the granting Agency.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b)).

 8/7/13
 Signature of Agency or Department Head Date

 8.20.13
 Approved/Denied by Department of Human Resources Date

 9/6/13
 Approved/Denied by Finance and Management Date

 09/06/13
 Approved/Denied by Secretary of Administration Date

Comments:

**State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and
Associated Risk Factors and Promote School Health
Vermont Project Narrative Basic Component**

Background

The Vermont Department of Health (VDH) is the state's lead agency for public health policy, planning, and surveillance. VDH has a successful history of implementing interventions for health promotion and chronic disease prevention and control, involving local, state and federal government agencies as well as private non-profit partners.

Vermont is a small (population 625,741), rural state that has been ranked by the United Health Foundation as the "healthiest" state in the nation for several years, underscoring past successes in health care system improvements. However, Vermont is not immune to the burden of chronic conditions. Over the last 30 years Vermont has seen a rapid increase in rates of obesity among adults and children, combined with a significant rise in chronic diseases including diabetes and heart disease.

VDH has the capacity and history of success to implement the basic component of CDC RFA DP13 1305. VDH has infrastructure that supports working across chronic disease and health promotion programs and includes public and private partners statewide. The strategies selected will address gaps in services, complement interventions underway and assure measurable progress towards reducing the burden of obesity, diabetes and hypertension among Vermonters of all ages, while reducing health inequities for vulnerable populations.

The Division of Health Promotion and Disease Prevention (HPDP) within VDH, provides leadership for the strategies and interventions selected. HPDP includes the following programs: Obesity Prevention, Diabetes, Tobacco Prevention and Control, Comprehensive Cancer Control, Breast and Cervical Cancer Early Detection Program (BCCEDP), Well Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN), Asthma, and Oral Health. Vermont has never had CDC funds for Heart Disease and Stroke Prevention (HDSP); in the past eight years there has not been funding for Nutrition and Physical Activity or Coordinated School Health (CSH). Yet HPDP staff have kept up with information and resources from these programs via CDC and NACDD communications. HPDP is hosting a conference with key internal and external diabetes and cardiovascular partners led by cardiovascular disease Consultants from NACDD in May 2013 to address linkages between Diabetes and HDSP and lessons learned from other states in preparation for implementing the basic component of DP13-1305.

All HPDP programs work collaboratively, integrating goals, objectives, and outreach efforts to maximize impact. The HPDP staff is located in a centralized office, allowing for strong partnerships among the programs. Additionally, many HPDP programs work closely with other divisions in VDH, including the Office of Local Health, the Office of Minority Health, and Maternal and Child Health, all of which are key partners on this proposal.

Two years ago HPDP conducted a strategic planning process using a nationally renowned consultant to enhance coordination and collaboration across health promotion and disease prevention programs. The division developed a common vision and prioritized a focus on Vermonters with low socioeconomic status (SES) for all programs, strategies, and interventions. This population was selected because Vermont data shows that these are the people at highest risk and greatest burden for chronic conditions. VDH conducted market research and focus groups with low income, rural Vermonters to learn how best to

communicate with them. This learning is applied to all of the VDH prevention work, and efforts through this funding will enhance, expand and strengthen these activities.

Approach:

Purpose: This application outlines a series of interventions to address obesity, diabetes and cardiovascular disease designed to reach Vermonters where they live, learn, work and play. It builds upon activities that have already been proven successful in rural areas of Vermont with support from the Community Transformation Grant (CTG), the Diabetes Prevention and Control Program (DPCP), and other collaborative initiatives among CDC-funded programs. Vermont has demonstrated capacity and history of engaging partners, providing technical assistance and support for the implementation of evidence based strategies and the development of strategic communications to stakeholders, decision makers, partners and the public.

With the new basic funding, these activities will be strengthened and made widely available, reaching more people across the state. Basic funding will help Vermont strengthen existing approaches to prevent and manage obesity and associated chronic conditions. Strategies will be implemented statewide with a priority emphasis on reaching lower income Vermonters.

Outcomes:

With the basic funding, the following accomplishments and outcomes will be met.

Basic accomplishments:

- Increased adoption of healthy food service guidelines/nutrition standards for foods sold outside of the school meals program.
- Increased adoption of Physical Education and Physical Activity in schools.
- Increased adoption of Physical Activity in Early Child Care and worksites.
- Increased reporting of blood pressure and A1C measures, and increased initiation of activities that promote clinical innovations, team-based care, and self-monitoring of blood pressure.
- Increased awareness of high blood pressure among patients.
- Increased awareness of prediabetes among people at high risk for type 2 diabetes.
- Increased participation in diabetes self-management education in the accredited DSME and Stanford DSMP programs.

Outcomes:

- Increased state, community, worksite, school, and ECE environments that promote and reinforce healthful behaviors and practices across the life span related to diabetes, cardiovascular health, physical activity and healthful foods and beverages.
- Improved quality, effective delivery and use of clinical and other preventive services to address prevention and management of hypertension and diabetes.
- Increased community-clinical linkages to support prevention, self-management and control of diabetes, hypertension, and obesity.

Program strategy:

To achieve these outcomes, the following interventions will be implemented as outlined below (detailed activities and outcomes on each intervention are included in the attached work plan).

Strategy 1: Promote the adoption of food service guidelines/nutrition standards, which include sodium. (Domain 2)

Environmental strategies to combat obesity, hypertension and diabetes are critical to promoting health and supporting healthy behaviors. These strategies need to reach people where they are, including schools and worksites. All strategies will assure reach to lower socioeconomic status groups to reduce health disparities.

SCHOOLS

Vermont is one of only four states with policies that recommend but do not require schools to implement nutrition standards for competitive foods. Data from the YRBS shows that only 17% of Vermont students are eating the recommended daily servings of vegetables. More than half of Vermont middle and high schools sell less healthy foods, and over 40% allow advertising of such foods (CDC's Food Environment State Indicator Report).

In 2008, the Vermont Agencies of Education, and Agriculture, and VDH created the Vermont Nutrition and Fitness Policy Guidelines. These will be revised and updated to align with the Institute of Medicine nutrition standards for foods in schools. To complement local policy adoption, VDH and AOE have proposed that school nutrition standards be included in the Vermont State Board of Education's *Education Quality Standards*.

Through partnerships with the Vermont Agency of Education and the School Nutrition Association of Vermont (SNA-VT), trainings will be offered (both in-person and via webinar) to school nutrition leaders and teams that will coordinate school nutrition environmental change within their education agencies. The SNA-VT has trainings planned for the summer and fall as well as regional workshops that can easily be tailored or enhanced.

VDH has core staff in the Division of Maternal and Child Health (MCH), who work in collaboration with HPDP to provide program management and support for CSH. "School Liaisons" in each of the 12 district health offices provide technical assistance and resources to all Supervisory Unions and schools to support implementation of local CSH efforts. The MCH team administers Vermont's Medicaid Administrative Claiming (MAC) Program and provides reinvestment guidance to supervisory unions. VDH will revise the VDH Recommended Spending Priorities for school-earned federal Medicaid Administrative Claiming (MAC) funds to incentivize the adoption of nutrition standards, and train the school liaisons located in the Offices of Local Health to provide support and guidance to schools.

WORKSITES

Basic funding will allow VDH to offer technical support to employer groups that employ a high percent of lower wage earners. VDH will conduct training to encourage the development of consistent protocols for implementing best practices for healthy eating in worksites. Sample healthy eating policies will be created and technical support provided to ensure employers adopt nutrition standards leading to consumption of healthier foods and a reduction in poor health outcomes. Additionally, VDH will expand adoption of the healthy food standards, implemented within the Department of Health in January 2013, to all state agencies including state parks and recreation areas. The current guidelines are modeled after the 2010 Health and Human Services and U.S. General Services Administration Guidelines and will be strengthened to emphasize reduction of sodium. Similarly, technical assistance will be provided to childcare centers to assist them in implementing nutrition policy changes.

Work directed at achieving healthier and more supportive nutrition environments in schools will be coordinated with efforts to increase physical activity along with strategies to create a healthier workplace for faculty and staff in schools.

The creation of a healthier nutrition and activity environment in schools and the workplace will reach a broad segment of the population and support the adoption of behaviors promoted through the community-clinical linkages, and health systems domain strategies.

Strategy 2: Promote the adoption of physical education/physical activity (PE/PA) in schools. (Domain 2)

During the 2011-2012 school year, 372 licensed physical education (PE) teachers were employed in 310 Vermont public schools. Although Vermont boasts a broad network of licensed PE teachers, these professionals often work in isolation from similar peers and do not typically receive responsive supervision and evaluation. Furthermore, more than 50% of PE programs operate with budgets of less than \$1,500.

Since December 2005, the Vermont Agency of Education (AOE) has employed a full-time Physical Education Coordinator to support and enhance PE and school-based physical activity (PA) excluding competitive athletics. Services for public schools include provision of curricular resources, guidance documents and position statements; professional development; technical assistance; mini grants; and advocacy. The Physical Education Coordinator works in partnership with several organizations to provide this support. Key partners include: Vermont Association for Health, Physical Education, Recreation and Dance (VTAHPERD); Vermont Agency of Transportation/Safe Routes to School; VDH; and Vermont Center for Afterschool Excellence. In addition, partnerships exist with five licensed PE teacher preparation programs in Vermont.

Student participation in PE and PA is illustrated by the 2011 Vermont Youth Risk Behavior Survey. 82% of middle school students participated in PE classes at least once a week. However, only 38% of high school students participated in PE classes at least once a week. 31% of middle school students participated in 60 minutes of PA every day with 24% of high school students doing the same. At both the middle and high school level, females were significantly less likely to participate in daily PA than males. In 2012 only 68.6% of schools that teach grades 6 through 12 reported that students participate in physical activity breaks in the classrooms during the school day outside of physical education. In this same survey, only 24.7% of schools reported that one person oversees and coordinates all physical activity programming before, during and after the school day. Collectively, these data indicate a need for improved school-based environmental and systems approaches to increase youth engagement in PE and PA.

With this funding a sample, multi-component physical education and physical activity policy for schools will be adopted and disseminated. Additionally, VT AOE will provide Vermont schools with professional development and technical assistance on the development, implementation and evaluation of multi-component physical education and physical activity policies. The adoption of comprehensive school-based physical activity is one of the VDH's five priority areas for schools that include:

1. Place all foods on campus under direction of Food Service staff.
2. Require schools to offer 30 minutes of physical activity daily.
3. Eliminate sugary drinks and provide free drinking water all day.
4. Establish a Closed Campus policy.

5. Remove marketing of junk food.

This grant award will provide greater capacity for training and technical assistance for the implementation of healthy eating and physical activity standards, creating a healthier school environment for students, staff and their families.

Strategy 3: Promote the adoption of physical activity (PA) in early care and education (ECEs) and worksites. (Domain 2)

The 2011 BRFSS results for Vermont show that 41% of adults did not meet recommended physical activity rates in that year. Additionally, 60% of Vermont's adults are overweight or obese. Two avenues to address this concern are starting children off with appropriate levels of physical activity throughout their day so they will build healthy habits, and urging worksites to build physical activity into employee wellness opportunities.

With over 26,000 Vermont children needing early care and education programs, this is a natural place to build physical activity policy so that children will have ample opportunity for physical activity each day. In Vermont, the Nutrition and Physical Activity in Childcare Committee meets regularly and has representation from a vast array of organizations (i.e. State agencies, non-profits, University of Vermont Extension, parent child centers, Head Start). The committee has developed a comprehensive action plan that outlines opportunities, strategies and action steps including submitting recommendations for stronger physical activity standards to the child care licensing revision process and the STep Ahead Recognition System (STARS) quality rating system, identifying and connecting *I Am Moving I Am Learning* trainers to providers around the state, and creating and disseminating model policies for home and center based childcare settings. With basic grant funding, this work will continue and be enhanced to promote implementation of physical activity in early childcare and education.

With over 70% of Vermont adults currently employed, worksites are prime settings to reach a large segment of the Vermont population. VDH has prioritized working with small employer groups and lower-wage employers. The majority of Vermont's employers are considered small employers, which are less likely to offer worksite wellness programs than larger companies. The dominant Vermont industries pay lower wages. These worksites provide limited or no health insurance, so they become a prime target for implementation of environmental and system change prevention efforts, since their employees are at higher risk for chronic conditions.

VDH has identified five priority strategies for worksites to adopt, which will assist them in creating environments that support healthy eating and physical activity. These strategies are low-cost and offer population-level impact. The five strategies are: help employees to get 30 minutes of physical activity a day, implement healthy food and beverage policies, provide refrigerators, microwaves, and break areas, support local food initiatives, and go tobacco-free. These changes will lead to an environment that supports employee adoption of healthy behaviors and reduces the risk of chronic disease.

With the basic funding, VDH will provide technical assistance and training to support small employers in adopting physical activity best practices including the distribution of and training regarding the recently updated Vermont Worksite Wellness Resource Guide and the organization of the annual wellness conference for employers throughout Vermont.

Strategy 4: Promote reporting of blood pressure and A1C measures; and as able, initiate activities that promote clinical innovations, team-based care and self-monitoring of blood pressure. (Domain 3)

Quality improvement processes and health information technology have strong footholds in Vermont; however there is a need for improved access, review, reporting, and usage of data for quality improvement.

Since the summer of 2012, using Community Transformation Grant (CTG) funds, VDH has partnered with an organization named Support and Services at Home (SASH). SASH provides chronic disease management and social services to low SES Vermonters living in designated housing sites and neighborhoods. VDH staff has been working with SASH staff, including Community Health Workers (CHWs) on self-monitoring of blood pressure, including self-measurement using digital blood pressure machines in two rural areas of Vermont. This intervention is receiving a focused evaluation by CDC, which will inform the evaluation components of the basic grant's intervention. With the basic funding, VDH staff will spread this model to two urban areas of the state serving low SES Vermonters living in additional designated housing sites and/or receiving care in two nearby Federally Qualified Health Centers (FQHCs).

Additionally, VDH will continue to partner with Medicaid, the Vermont Blueprint for Health (Blueprint), and Bi-State Primary Care Association (Bi-State), the organization that provides technical assistance to Vermont's FQHCs and community clinics, in work plan activities that improve hypertension prevention and control. VDH will use existing data sets, such as the statewide DocSite registry, and all-payers' claims to track blood pressure and A1C measures, identify populations that are not meeting goals, and participate in quality improvement efforts including a year-long learning collaborative.

Strategy 4, based in the health systems (Domain 3) has synergy with the clinical-community linkages of Domain 4 because 2/3 of the state's primary care practices (PCPs) are recognized by the National Center for Quality Assurance as patient centered medical homes (PCMHs) and offer enhanced self-management support. The healthcare providers at these practices are assisted by Blueprint Practice Facilitators to use evidence-based self-management programs available in communities statewide for their patients needing behavior improvement.

Strategy 5: Promote awareness of high blood pressure among patients (Domain 4)

Regional Community Health Teams (CHTs) in all of Vermont's 14 health service areas are an integral component of the Blueprint. Core members of the CHTs are nurses, social workers, and allied health clinicians that assist PCPs with patient care coordination. Extended members of the CHTs include representatives from VDH district offices and the Area Agencies on Aging. VDH staff work with the CHTs to spread resources statewide. As described above, basic CDC funding will allow VDH staff to spread information and resources for self-measurement and self-monitoring of blood pressure for hypertensive Vermonters living in two large urban areas served by low income housing and FQHCs, not covered by CTG funds.

Practice Facilitators (Domain 3) are the key people who impact provider policies and behavior within the PCPs. CHTs are the clinical-community "connectors" (in Domain 4) to promote awareness of health issues and referral to appropriate self-management programs. VDH staff provides synergy by working with both groups of Blueprint-supported personnel at

the state level. Additionally there will be synergy among worksites and schools (Domain 2) as VDH staff will inform worksite Employee Assistance staff and Parent Teacher Organizations about evidence-based self-management programs available in their local areas.

Strategy 6: Promote awareness of prediabetes among people at high risk for type 2 diabetes. (Domain 4)

Thirty five percent of Vermont adults are estimated to have prediabetes, while fewer than ten percent know it. Healthcare providers are not using “prediabetes” as a diagnosis as regularly as they should. Until the YMCA Diabetes Prevention Program (Y-DPP) was introduced in July 2012, affordable, evidence-based behavior improvement programs to address prediabetes had not been available for Vermonters. Vermont will use basic funding to update content of educational materials to include more information about prediabetes and diabetes prevention. Since the Y-DPP was introduced, the state has acquired promotional materials to increase awareness and inform Vermonters about Y-DPP locations. VDH staff will work with Practice Facilitators to encourage providers to increase use of the prediabetes diagnosis, and work with the CHTs to promote the Y-DPP to prediabetic patients. Like the strategies above, there will also be synergy with worksites and schools as a significant percentage of workers, teachers, and parents are expected to fit the Y-DPP program criteria. Vermont’s State Employee Wellness Program, which reaches 8,000 state employees and 4,500 retirees, is also poised to promote the Y-DPP.

Strategy 7: Promote participation in ADA-recognized, AADE-accredited, state accredited/certified, and/or Stanford licensed DSME programs. (Domain 4)

The VDH Diabetes Program Administrator, whose position will be covered by basic funding, is a nationally renowned certified diabetes educator and a leader on the coordinating body of the Vermont Association of Diabetes Educators (VTADE). She is also a master trainer for the Stanford Diabetes Self-Management Program (DSMP) that is offered in 8 of the state’s 14 health service areas. Her position at the health department and at VTADE provides important synergy between Blueprint-supported community-based program administrators and the certified diabetes educators (CDEs) who administer traditional diabetes self-management education (DSME) offered in all health service areas. CDEs also work as extended members of the Blueprint CHTs in most health service areas. Together VDH and VTADE will use basic funds for marketing strategies to encourage Vermonters to seek diabetes education. Many VTADE members have also become Stanford DSMP leaders, with whom the VDH Diabetes Program Administrator will use basic funds for incorporating the DSMP into DSME when their programs become re-accredited. Because public transportation is limited in Vermont, the online version of the Stanford DSMP will also be promoted by the Blueprint and VDH using basic funds.

Organizational Capacity

As mentioned above, the Division of Health Promotion and Disease Prevention (HPDP) within VDH will be the lead division on the proposed work. All HPDP programs work collaboratively, integrating goals, objectives, and outreach efforts as appropriate, to maximize impact. All HPDP staff work together in a centralized office, allowing for strong partnerships across programs.