



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management
From: Nathan Lavery, Fiscal Analyst
Date: January 6, 2011
Subject: JFO #2545, #2546

No Joint Fiscal Committee member has requested that the following items be held for review:

JFO #2545 – \$3,108,800 grant from the U.S. Department of Health and Human Services to the Vermont Department of Health. This grant will be used to strengthen local public health infrastructure in rural areas of Vermont. Two (2) limited service positions are included with this request. This is an Affordable Care Act (ACA) grant.

[JFO received 12/15/11]

JFO #2546 – \$976,632 grant from the U.S. Department of Health and Human Services to the Vermont Department of Health. This grant will be used to strengthen existing chronic disease prevention programs, including public health and health surveillance efforts. Three (3) limited service positions are included with this request. This is an Affordable Care Act (ACA) grant

[JFO received 12/15/11]

The Governor's approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of this action.

cc: Harry Chen, Commissioner



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members
From: Nathan Lavery, Fiscal Analyst
Date: December 16, 2011
Subject: Grant Requests

Enclosed please find two (2) items that the Joint Fiscal Office has received from the administration. Five (5) limited service position requests are included among these items.

JFO #2545 – \$3,108,800 grant from the U.S. Department of Health and Human Services to the Vermont Department of Health. This grant will be used to strengthen local public health infrastructure in rural areas of Vermont. Two (2) limited service positions are included with this request. This is an Affordable Care Act (ACA) grant. **Expedited review has been requested. Joint Fiscal Committee members will be contacted by December 30 with a request to waive the balance of the review period and approve this item.**

[JFO received 12/15/11]

JFO #2546 – \$976,632 grant from the U.S. Department of Health and Human Services to the Vermont Department of Health. This grant will be used to strengthen existing chronic disease prevention programs, including public health and health surveillance efforts. Three (3) limited service positions are included with this request. This is an Affordable Care Act (ACA) grant. **Expedited review has been requested. Joint Fiscal Committee members will be contacted by December 30 with a request to waive the balance of the review period and approve this item.**

[JFO received 12/15/11]

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 legislative review. Unless we hear from you to the contrary by December 30 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
 [fax] 802-828-2428

Agency of Administration

JFO 2546

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

Grant Summary:		This is a thirty month Affordable Care Act (ACA) Grant from US Centers for Disease Control to strengthen existing chronic disease prevention program implementation and coordination at the State level.			
Date:		12/13/2011			
Department:		Health Department			
Legal Title of Grant:		Prevention & Public Health Fund Coordinated Chronic Disease Prevention & Health Promotion Program--(Affordable Care Act)			
Federal Catalog #:		93.544			
Grant/Donor Name and Address:		Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.			
Grant Period:		From:	To:		
		9/1/2011	8/31/2014		
Grant/Donation		\$976,632			
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$167,170	\$479,632	\$329,830	\$976,632	
Position Information:		# Positions	Explanation/Comments		
		3	Limited service positions.		
Additional Comments:		Health Department has requested that this grant be expedited.			
Department of Finance & Management				(Initial)	
Secretary of Administration				(Initial)	
Sent To Joint Fiscal Office				Date 12/15/11	

RECEIVED
 DEC 15 2011
 JOINT FISCAL OFFICE



VERMONT GRANT ACCEPTANCE REQUEST Affordable Care Act (Form AA-1-ACA)		Priority Level (check one box): Expedited 14 Days <input checked="" type="checkbox"/> Normal 30 days <input type="checkbox"/>		
BASIC GRANT INFORMATION				
1. Agency:	Agency of Human Services			
2. Department:	Health			
3. Program:	Health Promotion & Disease Prevention			
4. Legal Title of Grant:	Prevention & Public Health Fund Coordinated Chronic Disease Prevention & Health Promotion Program -- (Affordable Care Act)			
5. Federal Catalog #:	93.544			
6. Grant/Donor Name and Address:	Centers for Disease Control and Prevention, United States Department of Health and Human Services			
7. Grant Period:	From:	9/1/2011	To: 8/31/2014	
8. Purpose of Grant:	See summary attached.			
9. Impact on existing program if grant is not Accepted:	none			
10. BUDGET INFORMATION				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 2012	FY 2013	FY 2014	
Personal Services	\$157,170	\$425,716	\$292,569	
Operating Expenses	\$10,000	\$53,916	\$37,261	
Grants	\$0	\$0	\$0	
Total	\$167,170	\$479,632	\$329,830	
Revenues:				
State Funds:	\$0	\$0	\$0	
Cash	\$0	\$0	\$0	
In-Kind	\$0	\$0	\$0	
Federal Funds:	\$167,170	\$479,632	\$329,830	
(Direct Costs)	\$137,271	\$393,258	\$270,648	
(Statewide Indirect)	\$1,794	\$5,182	\$3,561	
(Departmental Indirect)	\$28,105	\$81,192	\$55,621	
Other Funds:	\$0	\$0	\$0	
Grant (source)	\$0	\$0	\$0	
Total	\$167,170	\$479,632	\$329,830	
Appropriation No:		Amount:	\$	
	3420021000		\$153,117	
	3420010000		\$14,053	
			\$	
			\$	
			\$	
			\$	
		Total	\$167,170	

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: Dr. Harry Chen Agreed by: HC (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Public Health Programs Administrator:General
	1	Public Health Programs Specialist
	1	Public Health Analyst III
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: <u>Barbara Cimino</u>	Date: <u>11-23-2011</u>
	Title: Commissioner of Health, <u>Deputy</u>	
	Signature: <u>Patrick Flood</u>	Date: <u>12/1/11</u>
	Title: <u>Deputy Secretary</u>	

14. SECRETARY OF ADMINISTRATION

<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) <u>[Signature]</u>	Date: <u>12/14/11</u>
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15. ACTION BY GOVERNOR

<input type="checkbox"/> Accepted	(Governor's signature)	Date:
<input type="checkbox"/> Rejected	<u>[Signature]</u>	<u>12/15/11</u>

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

**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: 11/17/11

Name and Phone (of the person completing this request): Leo Clark, CFO 802 863-7284

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):

US Department of Health & Human Services, Centers for Disease Control & Prevention; Prevention & Public Health Fund Coordinated Chronic Disease Prevention & Health Promotion Program -- (Affordable Care Act); Grant funding detail is attached.

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>
PH Programs Administrator: General	1	HPDP	9/1/11 thru 8/31/14
Public Health Programs Specialist	1	HPDP	9/1/11 thru 8/31/14
Public Health Analyst III	1	HPDP	9/1/11 thru 8/31/14

*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:

The positions are budgeted and approved by the Grantor Agency and necessary for implementation of the program.

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)).

Bartolotta Ciruolo, DEPUTY COMMISSIONER 11-23-2011
 Signature of Agency or Department Head Date

Molly Paul 12/6/11
 Approved/Denied by Department of Human Resources Date

[Signature] 12/14/11
 Approved/Denied by Finance and Management Date

[Signature] 12/14/11
 Approved/Denied by Secretary of Administration Date

Comments:

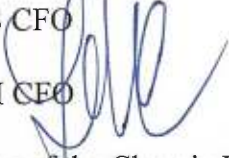
REC'D DEC 8 8 2011

State of Vermont

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

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

MEMORANDUM

To: Jim Giffin, AHS CFO 

From: Leo Clark, VDH CEO

Re: Grant Acceptance of the Chronic Disease Coordination grant

Date: 11/23/11

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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 and Prevention, providing \$976,632 over the next thirty months to further integrate and improve chronic disease prevention program implementation and coordination at the State level.

This is an Affordable Care Act (ACA) grant and we are requesting to expedite its processing. The grant provides funding for three new FTE's. One of the positions is for a program "evaluator". States are charged with demonstrating measurable outcomes related to health under this grant award. An evaluator position is critical to assist the Health Promotion and Disease Prevention Programs in developing evaluation plans and metrics. Demonstrating measurable change in health outcomes is a high priority to assure future funding under the affordable care act and CDC chronic disease programs. Due to the limited time we have available for the funds, (thirty months) it is imperative that we move the process forward quickly to meet the obligations of the funding agency and assure future funding.

We are requesting approval to receive these funds and are enclosing: the Grant Acceptance Request (AA1) and attached summary, the justification memo for expedited review, a copy of the grant award document, a copy of the grant application, the Position Request Form, and RFR's for three limited service positions.

It is our understanding, based on the advice of Molly Paulger at the Department of Human Resources (DHR), that the AA-1 packet, once approved by the Secretary of Human Services, should be forwarded in its entirety to DHR. DHR will hold the RFR's and begin the classification process immediately, while transmitting the remaining documents to Finance and Management, along with a copy of each RFR's.

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
Chronic Disease Coordination ACA
Summary 11/23/2011

The Department of Health has received a grant from the Department of Health & Human Services, Centers for Disease Control, under the Affordable Care Act, providing \$976,632 over the next thirty months to enable the Department to strengthen existing chronic disease prevention efforts.

This funding will strengthen the Departments' capacity to implement public health programs, conduct public health surveillance, and build on and expand coordination and collaboration efforts across Vermont's chronic disease prevention and health promotion programs. This integrated request for federal funds highlights Vermont's accomplishments and outlines future plans for cross cutting chronic disease prevention efforts.

Goals include: (1) assuring capacity for integrated Chronic Disease Prevention and Health Promotion initiatives to address leading causes of chronic disease and their risk factors; 2) creating an integrated system for Chronic Disease Prevention and Health Promotion; 3) implementing integrated Chronic Disease Prevention and Health Promotion programs across the prevention model to achieve Chronic Disease Prevention and Health Promotion objectives; and 4) demonstrating Public Health Outcomes for Chronic Disease Prevention and Health Promotion.

The funds will be used to establish three positions: a Public Health Administrator, a Public Health Specialist, and a Public Health Analyst. Funds will also be used for several personal service contracts: a contract for a community prevention and tracking system evaluation; a contract for strategic planning; a contract for workforce development training; and a contract for communication planning. Supplies, travel, and training expenditures will also be funded.

The Health Department is hereby seeking approval to receive \$167,170 in new Federal funds in State Fiscal Year 2012 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.

VERMONT DEPARTMENT OF HEALTH

SFY12 Chronic Disease Coordination ACA Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$0	\$49,831	\$49,831
Fringe Benefits	\$0	\$17,441	\$17,441
3rd Party Contracts	\$0	<u>\$60,000</u>	<u>\$60,000</u>
Total Personal Services	\$0	\$127,272	\$127,272
Equipment	\$0	\$0	\$0
Supplies	\$0	\$5,000	\$5,000
Other	\$0	\$5,000	\$5,000
Travel	<u>\$0</u>	<u>\$0</u>	\$0
Total Operating Expenses	\$0	\$10,000	\$10,000
Subgrants	\$0	\$0	\$0
Total Direct Costs	\$0	\$137,272	\$137,272
Total Indirect Costs	<u>\$14,052</u>	<u>\$15,846</u>	<u>\$29,899</u>
Total SFY12 Grant Costs	\$14,052	\$153,118	\$167,171

Appropriation Summary

Total Personal Services	\$14,052	\$143,118	\$157,171
Total Operating Expenses	\$0	\$10,000	\$10,000
Total Subgrants	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
	\$14,052	\$153,118	\$167,171

VERMONT DEPARTMENT OF HEALTH

SFY13 Chronic Disease Coordination ACA Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$0	\$143,957	\$143,957
Fringe Benefits	\$0	\$50,385	\$50,385
3rd Party Contracts	<u>\$0</u>	<u>\$145,000</u>	<u>\$145,000</u>
Total Personal Services	\$0	\$339,342	\$339,342
Equipment	\$0	\$0	\$0
Supplies	\$0	\$27,268	\$27,268
Other	\$0	\$19,000	\$19,000
Travel	<u>\$0</u>	<u>\$7,648</u>	\$7,648
Total Operating Expenses	\$0	\$53,916	\$53,916
Subgrants	\$0	\$0	\$0
Total Direct Costs	\$0	\$393,258	\$393,258
Total Indirect Costs	<u>\$40,596</u>	<u>\$45,778</u>	<u>\$86,374</u>
Total SFY13 Grant Costs	\$40,596	\$439,036	\$479,632

Appropriation Summary

Total Personal Services	\$40,596	\$385,120	\$425,716
Total Operating Expenses	\$0	\$53,916	\$53,916
Total Subgrants	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
	\$40,596	\$439,036	\$479,632

Vermont Department of Health

and improve chronic disease prevention program implementation and coordination at the state level. She/he will manage the oversight development and training of the chronic disease program staff including development of a workforce training and project evaluation plan. This position will spend a significant amount of time working across the chronic disease and health promotion programs to provide leadership, technical assistance training and support to assure effectiveness of the integrated chronic disease program areas. The Public Health Program Administrator will be supervised by Garry Schaedel, Division Director.

➤ **A full time Public Health Specialist (to be hired)**

A Public Health Specialist will provide technical assistance, leadership and training to community and state level partners to further integrating and improving cross cutting chronic disease prevention program implementation. She/he will manage the coordinated policy and environmental change programs addressing nutrition and physical activity prevention priorities. The Public Health Specialist will be supervised by Susan Coburn, Nutrition and Physical Activity Chief.

➤ **A part time Administrative Assistant (to be hired)**

A part time administrative assistant will be hired to provide administrative support to the project including grants and contract administration, processing payments and providing logistics support. The administrative assistant will be supervised by Joan Haslett, Business Manager.

Management and Leadership Activities

Staffing will be obtained and retained to conduct all of the activities and accomplish the milestones outlined in the three year activity plan outlined below to achieve the desired outcomes.

Goal 1: Assure capacity for integrated Chronic Disease Prevention and Health Promotion initiatives to address leading causes of chronic disease and their risk factors.

- **Milestone 1.1:** Develop the core infrastructure for a Chronic Disease Integration Team by March 15, 2012.

Activities:

1. The Chronic Disease Integration Team will plan integrated chronic disease prevention and health promotion initiatives.
2. Hire staff necessary for enhanced chronic disease leadership and management including a Public Health Program Administrator, Public Health Analyst, and Administrative Support.
3. Hire a Public Health Prevention Specialist to build capacity for cross cutting policy and environmental change health promotion and disease prevention projects in schools and workplaces.

- **Milestone 1.2:** Develop an integrated chronic disease prevention workforce development and training plan by December 15, 2011.

Activities:

1. Conduct a needs assessment of existing staff skills to identify strength and gap areas.

Vermont Department of Health

2. Collaborate with the established workforce development work group to identify training opportunities for Health Promotion and Disease Prevention staff.
3. Create a workforce development training plan, and implement trainings as outlined.

Goal 2: Create an integrated system for Chronic Disease Prevention and Health Promotion

- **Milestone 2.1:** Create an organizational development plan including staffing, structure, partners, process and culture by November 30, 2011.
Activities:
 1. Conduct a facilitated planning process including all HPDP staff. Staff will participate in a pre-planning phone interview, attend scheduled meetings and conduct small group work.
 2. Develop a strategic framework for integrated chronic disease prevention and health promotion programs.
 3. Define strategies to achieve health outcomes, strategic partnerships and alliances and implications to staffing, structure and systems.
 4. Determine an alignment of programs, functions, structure, systems and partnerships to the strategic framework.
- **Milestone 2.2:** Develop a statewide, integrated Chronic Disease Prevention and Health Promotion strategic plan January 15, 2012
Activities
 1. Create an integrated strategic plan defining HPDP Division-wide health outcomes.
 2. Outline strategies to improve policies, environments, and programs to address chronic diseases and risk factors.
 3. Outline disease specific functions to support a coordinated and collaborative approach to health care systems interventions.
 4. Develop a chronic disease integration logic model.
 5. Identify strategies to reduce health disparities and document population wide improvements in health outcomes.
 6. Identify partners, coalitions and organizations to support implementation of strategies.
- **Milestone 2.3:** Develop a Chronic Disease Prevention and Health Promotion communications plan by September 15, 2012.
Activities
 1. Hire a contractor to develop a communication plan that integrates public health communication, marketing and media across all Health Department chronic disease prevention program areas.
 2. Outline recommendations for communicating the role and work of public health in preventing chronic disease, and specific prevention messages, methods and channels to use with key audiences.
 3. Produce and disseminate communication pieces geared to the public and to decision makers as outlined in the communications plan.

Goal 3: Implement integrated Chronic Disease Prevention and Health Promotion programs across the prevention model to achieve Chronic Disease Prevention and Health Promotion objectives.

- **Milestone 3.1:** Chronic Disease Prevention and Health Promotion Programs implement cross cutting evidence based best practices for chronic disease prevention in communities (Years 1-3).

Activities:

1. Provide ongoing funding, technical assistance and support for implementation of chronic disease prevention and health promotion programs by communities.
2. Throughout the project period implement the Healthy Retail and Built Environment Project in partnership with communities.
3. Provide technical assistance and support to schools and worksites to implement policy and environmental change strategies for health promotion and chronic disease prevention.

- **Milestone 3.2:** Chronic Disease Prevention and Health Promotion Programs implement cross cutting evidence based best practices for chronic disease self management in collaboration with the Blueprint.

Activities:

1. Conduct an assessment of cross cutting self management strategies by the end of year one.
2. Collaborate with the Blueprint to provide community based self-management programs and in-person tobacco cessation.

- **Milestone 3.3** Chronic Disease Prevention and Health Promotion Programs implement cross cutting evidence based best practices for health care systems interventions in collaboration with the Blueprint for Health.

Activities:

Coordinate with the Blueprint to:

1. Identify evidence-based clinical preventive services in the data dictionary.
2. Provide training to facilitators, community health teams, advanced primary care practices, and community based health service providers.
3. Provide facilitation in advanced primary care practices to integrate screening tools into their clinical workflow.
4. Host learning sessions with at least four each community teams to share best practices and strategies further quality improvement.

- **Milestone 3.4:** Identify cross cutting state level policy change strategies by the end of year two.

Activities:

1. Coordinate with state level advocacy organizations to identify policy opportunities.
2. Identify priority policy areas for community coalitions and partners to address.
3. Work with community coalitions to implement policies locally.
4. Work with schools and worksites to implement polices and best practices outlined in the VDH resources for schools and worksites.

5. Track and monitor outcomes.

- **Milestone 3.5:** Coordinate and collaborate with coalitions and partnerships to implement chronic disease best practices (Years 1-3).

Activities

1. Maintain partnerships with state agencies/departments including but not limited to the Agency of Agriculture, Agency of Transportation, Department of Economics Housing and Community Development, Department of Vermont Health Access, Department of Education, and BiState Primary Care Association.
2. HPDP Chronic Disease Integration Team and VDH Central Office Prevention Team will identify cross cutting collaborative opportunities.

Goal 4: Demonstrate Public Health Outcomes for Chronic Disease Prevention and Health Promotion.

- **Milestone 4.1:** Develop a system to track data collection for community and state level policy and environmental changes by the end of year two.

Activities

1. Hire a Public Health Analyst dedicated to chronic disease prevention and health promotion evaluation.
2. Convene partners and stakeholders within HPDP and external partners to identify measures including process, short term, and long term outcomes.
3. Develop a comprehensive evaluation plan following CDC's evaluation framework.
4. Annually the Public Health Analyst and workforce development workgroup will plan for one evaluation training for staff and partners as needed.
5. Develop a plan for epidemiology and surveillance reports; annually produce surveillance and epidemiological data reports as outlined in the plan.

III. Surveillance and Epidemiology Capacity

HPDP staff collaborates with staff in the Research, Epidemiology and Evaluation Unit (REE) within the VDH Health Surveillance Division to conduct ongoing surveillance and generate reports to inform internal and external partners about the burden of chronic diseases, high risk health habits, and the outcomes of public health interventions, with emphasis on disparate populations. VDH Health Surveillance utilizes a broad data set to identify and analyze chronic disease data.

Chronic disease surveillance and epidemiology capacity is well established at the Vermont Department of Health. Within the Department, the Health Surveillance Division contains Vermont's Center for Health Statistics. Within the Center, the Research, Epidemiology and Evaluation Unit (REE) is responsible for all chronic disease epidemiology and all population-based health surveillance surveys. Due to this centralized capacity, VDH is already conducting coordinated, integrated research and analysis for VDH chronic disease programs. In addition to the REE Unit, the Center for Health Statistics houses Vital Records and the Uniform Hospital Discharge data, allowing REE epidemiologists direct access to birth and death records, hospitalization and emergency department data; in addition to the health survey data they are responsible for. In total, the REE Unit supports 8.5 FTEs; among these 3.25 FTEs support

Prevention and Public Health Fund Coordinated Chronic Disease Prevention and Health Promotion Program

I. Background and Need

The Vermont Department of Health (VDH) is pleased to submit this application for funding to the Centers for Disease Control and Prevention for Coordinated Chronic Disease Prevention and Health Promotion. This award will strengthen VDH's capacity to implement public health programs, conduct public health surveillance, and build on and expand coordination and collaboration efforts across Vermont's chronic disease prevention and health promotion programs. This integrated request for federal funds highlights Vermont's accomplishments and outlines future plans for cross cutting chronic disease prevention efforts.

In 2010, the United Health Foundation ranked Vermont as the "healthiest state" in the nation for the past several years. This recognition underscores past efforts and successes within Vermont's public and private health care systems including public health. However, the burden of chronic disease and increasing rise in obesity, a risk factor for many chronic diseases, establishes the urgency to further the coordination and collaboration already underway in Vermont.

Vermont has a strong history of implementing Public Health Programs to address Chronic Disease. The Vermont Department of Health (VDH) is the state's lead agency for public health policy, planning, surveillance, intervention and advocacy. It is comprised of Divisions including, Health Surveillance, Maternal and Child Health, Local Health, Alcohol and Drug Prevention, Fiscal Operations, Performance Improvement, Communications, Public Health Policy and Health Promotion and Disease Prevention. The Division of Health Promotion and Disease Prevention (HPDP), houses the efforts of: Tobacco Control; Nutrition and Physical Activity; Diabetes; Cancer Control, along with Breast and Cervical Cancer Early Detection Program (BCCEDP); Well Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN); Asthma; and Oral Health.

Vermont currently receives funding from the Centers for Disease Control and Prevention for Comprehensive Cancer Control and Diabetes. Although Vermont does not receive categorical funding from CDC for Cardiovascular Disease (outside of WISEWOMAN), Arthritis, Obesity Prevention and Control and Coordinated School Health, limited efforts are underway. HPDP will look to more fully coordinate and integrate these programs into the Division's current infrastructure. Planning that will occur under this Coordinated Chronic Disease Prevention and Health Promotion Grant will establish priority strategies and best prepare the State of Vermont for future funding to achieve public health outcomes. As the state's lead agency for public health, VDH has had a longstanding history of working across local, state and federal agencies to implement public health strategies and interventions for health promotion and chronic disease prevention.

A primary method for assuring successful implementation of state level strategies is through regional community coalitions, which add to the local public health infrastructure efforts. A primary VDH goal is to assure that at a state and local level we are facilitating coordination and communication across stakeholders; and assuring community coalitions and partners have adequate technical assistance resources for the implementation of evidence based practices.

Vermont Department of Health

The Tobacco Control program annually offers grants to 16 community coalitions for local policy and environmental change. In addition, the Fit and Healthy Vermonters Obesity Prevention Program supports 11 community coalitions. In July of this year, these separate programs began the first steps to integrate and collaborate with community partners to implement best practices based on community need. The programs have made considerable effort in working statewide to promote policy and environmental change over individual behavior change to achieve a reduction in health risk behaviors and reduce chronic disease. The Fit and Healthy Vermonters and Tobacco Control Program staff in HPDP provide guidance and support to communities to assure success.

In addition to the HPDP central office staff (which provides best practice, technical assistance support, and coordination), essential public health and disease prevention services are carried out via the Office of Local Health's 12 district offices. Due to our size, Vermont does not have county government; all local health district offices are part of the VDH and are overseen by the Office of Local Health (a VDH Division). Local health district offices work in partnership with local health care providers, voluntary agencies, municipalities, schools, businesses and community organizations to improve health and extend statewide initiatives throughout the state. Recently the local health district offices realigned staff and created prevention teams to work across health promotion and disease prevention areas. Local staff plays a pivotal role coordinating and collaborating with local community leaders and coalitions.

Beginning in 2004, all funded CDC chronic disease programs in VDH, including Surveillance and Tobacco, began meeting monthly with the Chronic Disease Director and Blueprint (Vermont's landmark health care reform initiative) staff, to educate each other about surveillance, community assessments, interventions, common stakeholders, evaluation efforts, and key relationships within the state, region, and with the Centers for Disease Control and Prevention. This group worked collaboratively to adopt the Vermont Prevention Model (Social Ecological Model), and Strategic Prevention Framework, as an integrated approach to community assessment, planning, and capacity-building efforts. The Vermont Prevention Model and the Strategic Prevention Framework move the emphasis of initiatives beyond individual behavior change to community, policy, and environmental changes. The result is a coordinated systems approach that has been widely adopted by internal and external partners.

To further the collaborative work across Division of Health Promotion and Disease Prevention and local health office staff, a Central Office leadership team was created in 2010. The current leadership of the Central Office Prevention Team is shared across VDH Divisions. The core team includes the Health Promotion and Disease Prevention Division Director, a representative from the Division of Health Surveillance, the VDH Strategic Planning Chief, and staff from the Division of Alcohol and Drug Abuse Prevention Programs, the Office of Local Health, and Maternal and Child Health. Functional experts within central office may be recruited to support the CO Prevention Team efforts. Expectations of the team are outlined in the Central & District Office Partnership Prevention Team document included as an attachment. A subgroup of this team was created to address workforce development to increase core competencies of central office and local health office staff. The work plan created is also attached. Much of the planning work of the central office prevention team and workforce development workgroup has been on

Vermont Department of Health

hold recently due to changes in staffing such as key vacancies. These groups have recently been reinvigorated and collaborative planning efforts will be built into the activities outlined in this funding opportunity.

One of the ongoing priorities for integration includes coordinated community grant funding to communities. The Vermont Prevention Model and Strategic Prevention Framework serve as the core to VDH's community grants process utilized by the Alcohol and Drug Prevention Program (ADAP), Tobacco Control, and Nutrition and Physical Activity Program. Starting in July of 2011, this integrated approach was realized in the Coordinated Community Prevention grants, which were awarded to 16 community grantees to address alcohol and drug prevention and nutrition and physical activity initiatives. Vermont's vision is to move away from categorical grant funded programs to stronger regionally based coalitions working to implement policy and environmental change efforts across all chronic disease prevention programs. The current tobacco prevention grantees will be integrated with the other community grantees beginning in the 2012 fiscal year.

To further support the adoption of healthy behaviors the Alcohol and Drug Prevention Program, Fit and Healthy Vermonters, and Tobacco Control program worked collaboratively to create a Healthy Retail Store project. Funded with American Recovery and Reinvestment Act funds, the project provides tools, technical assistance, and support to community coalitions working with local retail store owners to create a healthier environment by reducing advertising of tobacco and alcohol products and increasing access to and promotion of healthy foods. All funded community coalitions are working to implement the healthy retail project starting in July of 2011.

In addition to the Healthy Retail project, communities are also asked to work with town decision makers to increase supports for healthy eating, and increased activity in town plans, and local planning and zoning decisions. This collaborative project includes training, technical assistance, and guidance from state level Health Promotion staff.

Another major function of the Health Promotion and Disease Prevention Programs is to facilitate and convene stakeholders and assure the delivery of technical assistance and support. Here are some examples:

The Comprehensive Cancer Control Program collaborates with the Vermonters Taking Action Against Cancer (VTAAC) statewide coalition of more than 240 – cancer survivors, advocates, public health and healthcare professionals, and others – all dedicated to reducing the impact of cancer in Vermont. The VDH and VTAAC work together to raise awareness, prevent cancer where possible, and improve the prospect of survival for those who are diagnosed with cancer. The shared goals and objectives of VDH and VTAAC are summarized in the states 2015 Vermont State Cancer Plan which can be found on the web at http://healthvermont.gov/pubs/cancerpubs/state_cancer_plan.aspx

Similarly, the VDH's Nutrition and Physical Activity Program and the Diabetes Prevention Program coordinate and collaborate with internal and external partners to achieve program goals and outcomes. As a state that does not receive CDC funding for obesity prevention, VDH relies heavily on partnerships to implement activities outlined in the state's plan for obesity prevention.

Vermont Department of Health

VDH staff has developed tools, guidelines and best practices for state and local partners to address and prevent obesity across the target areas of schools, worksites, health care, communities and families. Resources and guidance created by the VDH Fit and Healthy staff for obesity prevention in Vermont can be found on the web at <http://healthvermont.gov/fitandhealthy.aspx>.

The Diabetes Prevention and Control Program Administrator closely collaborates with, and helps lead a statewide group of certified diabetes educators from every Vermont health service area and other professional stakeholders committed to evidence-based diabetes self-management support. The program serves as the "Technology Leader" on the organization's statewide diabetes "Coordinating Body". Duties include dissemination of relevant news from monthly conference calls and quarterly meetings to and from a larger statewide membership. This is in addition to serving on the group's Education Committee and being responsible for establishing professional development and statewide continuing education programs.

Health Care Systems

Members of HPDP work closely with the Vermont Blueprint for Health, Vermont's much heralded health care reform initiative. The Blueprint is designed to lead comprehensive health systems transformation including multi-insurer payment reform, Patient Centered Medical Homes (PCMH), Community Health Teams (CHT), and a health information infrastructure including statewide registry and reporting capacity.

All insurers in Vermont are paying to support PCMH and the Community Health Teams. The multidisciplinary CHTs provide care coordination and support for PCMHs. These Community Health Teams are located within each health service area. Community health teams work with primary care providers to assess patients' needs, coordinate community-based support services, and provide multidisciplinary care for a general population. A web-based central health registry will capture all patient data. A VDH "Public Health Prevention Specialist" is part of every CHT, making that strong connection between public health, health care reform, clinical best practice and self-management. This design establishes an opportunity for amplifying the impact of our public health programs, and for sustainable linkages between a highly structured care delivery settings and public health initiatives. The PCMHs and CHTs establish a continuum of care and a community based team approach that is focused on enhanced self-management and behavior change goals. This approach is consistent with our public health initiatives for nutrition, physical activity, and tobacco cessation and the creation of a community environment that is supportive of and enables self-management goals.

The Vermont approach leverages state and federal funding which supports services coordinated across Chronic Disease Prevention and Health Promotion Programs. The goal is to further strengthen an integrated system of health by linking patient service to public health approaches. In addition, Vermont's health information infrastructure and statewide registry reporting system is unique among states. The data tracks the rates of patients with related self-management goals and engagement in public health programs.

Blueprint for Health initiatives that align with VDH programs include diabetes, hypertension control, asthma, tobacco control and healthy communities. Prevention and care management programs supported by our stakeholders rely on surveillance and technical assistance provided

Vermont Department of Health

by the VDH surveillance systems, tobacco, diabetes, and obesity prevention programs. Internal and external partners are committed to the essential public health services applied in public health and clinical settings using a systems approach and model for continuous quality improvement.

The Blueprint for Health targets those with chronic diseases (e.g., diabetes, asthma, and heart disease) through provider education and with community-based health teams which link patients with chronic disease self-management programs called “Healthier Living Workshops.” This is Vermont’s name for the Stanford self-management programs. In addition, other activities include training and assessment of provider practices on systems changes such as: the integration of action planning into patient visits; and tobacco cessation plans that connect smokers with treatment options. This coordination is leading to more integration between HPDP programs, Blueprint activities, and the Blueprint Community Health Teams.

The Vermont Diabetes Prevention and Control Program (VT DPCP) plays a key role in the Blueprint for Health. Diabetes was the first chronic condition chosen by the Blueprint. The VT DPCP has been a partner in the development of community health teams in two geographic areas of the state that provide a patient-centered medical home model, care management, and improved communication/collaboration. The DPCP continues to be a leader in the implementation of the self-management programs. Participation in Vermont’s Healthier Living Workshops continues to be robust with, 90 “leaders”, and more than 2700 participants completing the program. The program is now offered in 12 of the state’s 13 health service areas.

The VT DPCP Administrator has been a leader in the NACDD Diabetes Council “Peer to Peer Program” which matches experienced administrators with new DPCP administrators in other states. In 2009, she was instrumental in the convening of DPCP staffs in other states and territories who are interested in spreading the Stanford CDSMP model. At its foundation, this model works to apply principles which enhance community-based programs with peer leaders and the tenets of self-management support.

Additional efforts to coordinate across chronic disease and health promotion programs include sharing common goals and objectives and aligning projects and resources. Current and recent past collaborations provide a foundation for the next several years. Examples include diabetes and peer support in physical activity; *Get Moving Vermont!* a web-based physical activity tracking program; promotion of tobacco cessation services to diabetes educators; and work with primary care practices to improve self-management support.

The Diabetes Prevention and Control and Comprehensive Cancer Control Program collaborate with the Nutrition and Physical Activity Program to support community policy and environmental change initiatives and resources to increase activity and healthy eating including the *Get Moving Vermont!* and Eat for Health Websites.

As demonstrated by the current program priority initiatives, VDH’s chronic disease prevention and health promotion programs have a long history of coordinating and collaborating to achieve public health outcomes. Vermont has strong connectivity among organizations providing socio-

economic, public health, and clinical health services, along with opportunities for integration of medical and behavioral health services.

Chronic Disease Burden

Vermont ranks high in BRFSS indicators of health and access to care, yet our prevalence and burden of chronic diseases are increasing. Seven of the ten top causes of death in Vermont are chronic diseases. In 2008, they accounted for 68% of Vermont's mortality rate. Three chronic conditions alone account for a majority of deaths: cancer, heart disease, and diabetes. In the past ten years, the prevalence of diabetes has increased by half (from 4% in 2000 to 6% 2009); while the prevalence of cancer and heart disease (including stroke) has remained consist between 7% and 10% of the population. Nearly a third of Vermonters have been diagnosed with arthritis (29%).

According to the U.S. Census Bureau (2010 data), Vermont has the second oldest population in nation. As such, chronic disease prevention becomes that much more critical. One-quarter of Vermonters are classified as obese (23%), while another third are considered overweight (35%); leaving less than two in five Vermonters at a healthy weight. Only about one-quarter of Vermonters get their recommended 5-a-day servings of fruit and vegetables (28%); while at the same time 42% of Vermonters do not meet the recommended levels for physical activity. Nearly one-fifth of Vermonters smoke (17%).

Vermont's most vulnerable populations are disproportionately effected by chronic disease and the associated risk behaviors. Low-income Vermonters have twice the rates of diabetes (8% versus 4% of higher income Vermonters); heart disease and stroke (11% versus 5%) and depression (34% versus 16%). They also have higher rates of arthritis, asthma, obesity, and tobacco use; while reporting lower rates of meeting recommended physical activity and nutrition guidelines.

Similarly, Vermonters with low levels of education have higher rates of diabetes (18% versus 4% of those with a college education), heart disease and stroke (22% versus 5%), obesity (34% versus 16%), tobacco use (38% versus 7%), and depression (42% versus 15%). As with lower income Vermonters, they also report higher rates of arthritis and lower rates of meeting guidelines for physical activity and nutrition.

Although Vermont has a comparatively small racial and ethnic minority population (6% according to the 2010 census), this is the fastest growing segment of Vermonters. Data shows that diabetes, asthma and obesity vary by race within Vermont, as does smoking, nutrition and physical activity. However, due to the relatively small population of the state (approximately 625,000), in combination with a racial and ethnic minority population that has just recently moved beyond 4% of the population; statistical data on Vermont's racial and ethnic disparities is scarce.

In Vermont, risk behaviors among youth also vary significantly. There are significant differences between all racial and ethnic groups regarding tobacco use, binge drinking, and marijuana use. Interestingly, racial and ethnic minority youth are more likely to meet the recommended

Vermont Department of Health

guidelines for nutrition; while reporting similar levels of meeting physical activity guidelines as their white counterparts.

VDH's history of coordination and collaboration supports the capacity to accomplish the work proposed in this application. This request to CDC for the three-year project is to support resource gaps identified in furthering current health promotion programs while investing in new innovative ways to develop and implement cross cutting chronic disease prevention programs.

II. Program Management and Leadership

VDH is well poised to lead and coordinate the implementation of this proposal, relying on existing staff and partners along with new staff to increase Vermont's capacity for chronic disease integration and assure success. Staff hired under this grant will be combined with contracted positions to support the work plan activities. Current employees in the Division of Health Promotion and Disease Prevention will provide overall program management and leadership to assure implementation of the proposed activities.

The Division of Health Promotion and Disease Prevention is led by the Division Director and Chronic Disease Director, Garry Schaedel, MHS. Garry provides leadership including oversight of the Division's Management Team that meets bi-weekly. The management team is comprised of the division managers including: Dr. Patrick Rowe, Oral Health Director; Julie Wasserman R.N., Women's Health Director; Rhonda Williams, Tobacco Prevention and Control Chief, MES, Susan Coburn, Nutrition and Physical Activity Chief, MPH, RD, and Joan Haslett MSA, Business Manager.

The managers oversee a staff of twenty-three public health professionals working to address health promotion and disease prevention priorities. VDH state level staff provide on-going technical assistance and resources to internal and external partners, including communities, on areas including policy development, health care systems change, chronic disease self management and environmental change for the prevention of chronic disease. HPDP staff has many years of education, training and experience in chronic disease prevention, tobacco control, nutrition and physical activity, and public health policy.

The current HPDP management team will be complemented by a HPDP Integration team that will engage the HPDP managers, chronic disease program staff and supporting staff members. The team will work in collaboration with the Central Office Prevention Team and in partnership with the Local Health Prevention Teams, and community partners. Many of the partners provided letters of support demonstrating their ongoing willingness to work collaboratively on chronic disease prevention. Supervision, oversight and administration of this project will be overseen by the Health Promotion and Disease Prevention staff as outlined below.

Staffing Plan

➤ **Director, Division of Health Promotion and Disease Prevention, Garry Schaedel, MHS**
Garry is responsible for the oversight and management of all programs within the Division of Health Promotion and Disease Prevention and will provide overall management support to the

Vermont Department of Health

staff of the project. Garry will chair the HPDP Chronic Disease Integration Team and direct their efforts to facilitate success of the initiative. He brings over twenty years of experience in health care administration and policy development with the State of Vermont. He has a record of blending health care expertise and systems development to accomplish tangible program results. Prior to his current position as Division Director for Health Promotion and Disease Prevention, he held various positions within state government, ranging from a Benefits Manager for the Vermont State Employee Benefit Plan, to a Policy Analyst for what is now the Banking, Insurance, Securities and Health Care Administration (BISHCA), and Department of Health Access (DVHA, Vermont's Medicaid Agency). For 14 years he was the Director of the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program in the Division of Maternal and Child Health at the Vermont Health Department.

➤ **Oral Health Director, Patrick Rowe, DDS, MPH**

Dr. Rowe plans, organizes and directs the work of staff engaged in comprehensive approaches to oral health activities on a statewide basis. Major public health functions include the oversight of data collection and monitoring of services provided by individual dentists in the state; development of programmatic changes based on data analysis; establishment of guidelines for school dental hygienists; and evaluation of other state and local dental health programs. Dr. Rowe joined the Vermont Department of Health as Director of the Office of Oral Health in August, 2009. Dr. Rowe has experience across the spectrum of healthcare delivery, from provision of clinical care in diverse settings, to policy analysis, technical scientific analysis, and public health program management. He will serve on the HPDP Chronic Disease Integration Team and apply his expertise for oral health activities associated with Chronic Disease Prevention.

➤ **Ladies First Program Director, Julie Wasserman, MPH**

Julie supervises six professional staff in the Ladies First Program, which is a breast and cervical cancer and heart health screening program for uninsured, disadvantaged women. Julie is a member of the HPDP Management Team. Her background includes planning, data analysis, and policy-making for both the health care and long term care systems. Julie has been a Health Policy Consultant to a variety of entities and written many analytic reports. Prior to that, Julie worked for the Vermont State Legislature staffing the Senate Health and Welfare Committee. In this role, Julie had substantial interaction with a variety of stakeholders as well as drafting and analyzing legislation, researching issues, and developing policy initiatives. Julie's current work increasingly emphasizes population-based approaches to implementing women's health screening as a primary prevention mechanism. Julie will serve on the HPDP Chronic Disease Integration Team.

➤ **Tobacco Control Program Chief, Rhonda Williams, MES**

Rhonda supervises five professional staff in the tobacco control and asthma programs and will serve as the content expert for tobacco control policies and best practices. She participates on the management team and will participate on the HPDP Chronic Disease Integration Team. Rhonda brings expertise in environmental health and policy. Starting with environmental policy and coordination for Chicago City Council, she has coordinated or led projects addressing lead and environmental hazards in housing, tobacco control, asthma health disparities, and community approaches to mitigating air quality impacts on respiratory health. In early 2011, she started as

Vermont Department of Health

Tobacco Chief with the Vermont Department of Health. Rhonda also has expertise in asthma, after having been a Co-investigator on a four-year evidence-based project addressing pediatric asthma in Chicago, and currently oversees the Asthma Program at VDH. Recent relevant work includes her role in overseeing Vermont's comprehensive tobacco control program that increasingly emphasizes population-based policy, addressing health disparities as impacted by tobacco/housing/air pollution, and leading expansion of a local farmers market as board president.

➤ **Public Health Nutrition and Physical Activity Chief, Susan Coburn MPH, RD**

Susan will serve as the content expert on nutrition, and physical activity policies and priorities and will provide shared leadership for the HPDP Chronic Disease Integration Team. She will drive planning and implementation of the cross cutting projects including program design, contract development, grant awards and program evaluation. She will continue to oversee staff including the Physical Activity Coordinator, WISEWOMAN Coordinator and Diabetes Prevention and Control Program Administrator. Susan brings over nine years of public health experience working on policy, environmental and systems changes for obesity prevention. She has experience leading systems change for Public Health infrastructure and was instrumental in the development and implementation of the Vermont Prevention Model as a framework to shift community nutrition and physical activity initiatives to policy and environmental change.

➤ **Business Manager, Joan Haslet, MSA**

Joan will continue to serve on the HPDP Management Team and provide expert consultation for the fiscal and operational work of the grant award. As the Administrator in the Division of Health Promotion and Disease Prevention, Joan has twenty-five years of public service. Responsibilities in this position include administrative, fiscal, and operational work involving the operations of the Division. Duties include budgetary, program, grant and contract administration as well as policy and program development. Joan has experience in the management and administrative of Federal and private foundations grants. This included the writing and awarding of a grant from the National PACE Association, a competitive \$2 million Real Choice Systems Change grant from CMS to plan, design and implement organizations that integrate funding streams, and integrate acute/primary and long-term care service delivery as a choice for frail, vulnerable, and chronically ill elderly and physically disabled adults. In addition, she was the administrative officer for a health department in a small rural county in upstate NY; this included administrative, fiscal, and operational duties including: budget preparation; grant reporting; preparation of Medicare cost reports; writing of community health assessment; reporting of outcomes for community health assessment; and preparation of Article 6 reimbursement for the State of New York.

Additional staff, who are not part of the management team, will play a role on the Chronic Disease Integration Team and on work groups as appropriate; to assure successful implementation of grant funded activities. Staff and roles identified include:

➤ **Diabetes Prevention and Control Program Administrator, Robin Edelman, MS, RD, CDE**

Robin will actively participate on the HPDP Chronic Disease Integration Team, coordinate with state and national diabetes leadership and provide leadership for the chronic disease self-management and health systems strategies. Robin has worked in clinical nutrition management

Vermont Department of Health

and public health nutrition and diabetes programs in Maryland and Vermont for the past 36 years. For the past eight years she has been the CDC funded Administrator of the Diabetes Program and now chairs the National Association of Chronic Disease Directors', Diabetes Council Professional Development Committee. Robin is also a master and trainer for Stanford's Chronic Disease and Diabetes Self-Management Programs. She currently advises staff of the state's initiative to reform chronic care, the Vermont Blueprint for Health, on self-management support. She also provides consultation to Stanford's Patient Education Research Center and the National Council on Aging to bring the online version of the diabetes self-management program to scale and to integrate the "live" community version of the program into traditional diabetes self-management education.

➤ **Comprehensive Cancer Control Program Director, Onolee Bock, MPH, CHES**

Onolee will serve as the content expert on cancer and will be a member of the HPDP Chronic Disease Integration Team. She will actively participate in planning for chronic disease integration in Vermont and will continue to oversee the Vermont Comprehensive Cancer Control Program and coordination with the American Cancer Society and Vermonters Taking Action Against Cancer Coalition. Onolee has four years of experience working with state and federal grants for chronic disease prevention and control. She has experience coordinating with internal and external partners to ensure programmatic success through effective resource sharing and mutual collaboration.

Additional Staffing Support

➤ **Media and Marketing Specialist, Yvonne Zietlow**

Yvonne will work with the Health Promotion and Chronic Disease prevention programs, in partnership with the VDH Communication's Office, to develop the communications plan. Yvonne has worked as a Media & Social Marketing Specialist for the Vermont Department of Health since 2005. Working for the Tobacco Control Program and consulting with other programs, she uses her strategic planning, marketing and project implementation experience to build campaigns that encourage healthy behaviors.

New Staffing: 3.5 additional FTEs will be hired. New staff will be brought onto the project within 90 days of award. The position activities and descriptions are listed below.

➤ **A full time Public Health Analyst (to be hired)**

The Public Health Analyst will be a senior level, experienced analyst in the areas of chronic disease and public health program evaluation. He/she will be knowledgeable in the use of population-based surveillance data, program evaluation and assessment and evaluation tools. The analyst will be responsible for leading and implementing the evaluation plan for all project components including integrated chronic disease prevention projects and the overall program management and leadership. The PHA will be supervised by Jennifer Hicks, VDH Health Surveillance Chief.

➤ **A full time Public Health Program Administrator (to be hired)**

A Public Health Program Administrator will oversee the HPDP Chronic Disease Integration Team, lead the chronic disease integration plan development, provide technical assistance, leadership and training to community level and local health office partners to further integrate

Vermont Department of Health

chronic disease programs such as Asthma (1.0 FTE), Comprehensive Cancer (0.5 FTE), Diabetes (0.25 FTE), and Tobacco Control (1.5 FTE).

The REE Unit also is home for the Vermont Behavioral Risk Factor Surveillance System (VT BRFSS). While the VT BRFSS Coordinator is not designated to support a specific chronic disease program, the position provides basic epidemiology and surveillance services to VDH programs without a dedicated epidemiologist. Therefore, the VT BRFSS Coordinator is responsible for the provision of BRFSS –related surveillance data related to heart disease, stroke, arthritis, obesity, physical activity and nutrition. Other programs supported by the REE unit closely align with chronic disease such as Vermont’s Blueprint for Health; the Alcohol and Drug Abuse program; the Immunization program; WIC; the Office of Minority Health and the Vermont Prescription Monitoring System. Epidemiologists in the REE section, and in the Center for Health Statistics, work collaboratively every day. Frequently, one epidemiologist is responsible for two or three different program areas. Working together in close proximity and working with topic areas that have significant co-occurrence fosters a natural bend toward integration. Among Vermont’s chronic disease epidemiologists, there is frequent collaboration, consultation and discussion resulting in an effective sharing of resources and information.

The philosophy of the REE Unit is to work as part of a program team. All epidemiologists consider the goals, objectives, interventions and outcomes of any given program when thinking about data related to that program. They attempt to function as the ‘voice of the data’ in the program’s everyday activities.

In order to identify needs and gaps for VDH programs, the REE unit generates reports regarding the burden of specific diseases and the associated high risk health behaviors. These analyses are presented in annual data reports, burden documents, data briefs, goal tracking spreadsheets, and data presentations for programs and partners. In program planning and implementation, epidemiologists are often consulted regarding evaluation and outcome measures that can be used to determine the effectiveness of specific programs and interventions. REE epidemiologists advise not only on appropriate measures, but also on the best means for efficient and consistent collection of the measures.

To create these reports and analysis, REE epidemiologists use a wide array of data resources. The five main data sources utilized in chronic disease surveillance are: Vermont’s Vital Statistics System (births and deaths), Uniform Hospital Discharge Data (hospitalizations and emergency room admissions), Population Estimates (based on census data), the BRFSS, and the Youth Risk Behavior Survey (YRBS). In addition, we utilize data from the Vermont Adult Tobacco Survey, Blood Lead Surveillance System, Cancer Registry, Current Population Survey, Immunization Registry, National Health and Nutritional Examination Survey, National Immunization Survey, Pregnancy Risk Assessment Monitoring System, School Health Education and Policy Profiles, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), and many other data sources.

In addition to the reports and presentations of data, REE epidemiologists regularly provide technical assistance to VDH program staff to assist in understanding the program relevant data. Analyzing data on disease prevalence and trends, patterns of morbidity and mortality, as well as

Vermont Department of Health

identifying areas of disparity are a regular part of the Unit's work. This data and information is shared with programs via regular program team meetings, routine reports, and is available on the VDH Web site. A few examples of REE staff work for VDH chronic disease programs are listed in the table below.

Program	Document Description	Link
Blueprint for Health	Patterns of chronic disease, risk factors, morbidity, health care utilization and cost.	http://www.healthvermont.gov/research/documents/health_trends_vt_2010.pdf
Comprehensive Cancer Control	State Cancer Plan, Status Report (i.e., goal tracking); profiles of disease and prevention screening	www.healthvermont.gov/prevent/cancer/cancer_programs.aspx#stats
HIV/AIDS	Epi profiles (i.e., burden documents)	www.healthvermont.gov/prevent/aids/epi-profiles.aspx#epi2008
Tobacco	Work plan and key fact sheet	www.healthvermont.gov/prevent/tobacco/index.aspx
Asthma	Burden document, goal tracker, annual report	www.healthvermont.gov/research/asthma/asthma_surv.aspx#reports
Diabetes	Care management documents and key fact sheets	www.healthvermont.gov/prevent/diabetes/diabetes.aspx
Injury	State plan and burden document	www.healthvermont.gov/family/injury/index.aspx
Obesity	Burden document and goal tracker	www.healthvermont.gov/fitandhealthy.aspx#obesity
Chronic Disease Epidemiology	Various data reports	http://healthvermont.gov/research/chronic/disease.aspx

The REE Unit has developed two specific tools for assisting programs in the tracking of key data points and in documenting the impact of specific programs. Via our Goal Trackers and Trend Trackers, the Unit presents programs with a simple, one-page reference of the program's priority goals, the baseline measure for specific objectives and the goal target the program is hoping to achieve and the current status of the objective. These Goal Trackers contain data relating to the statewide population; but frequently the document also includes data specific to disparate populations (see:<http://www.healthvermont.org/research/chronic/documents/Progresssheet.3.20.09.pdf>).

In addition to program specific data resources, the REE Unit frequently produces Department-wide publications that present a comprehensive view of health in Vermont; specifically regarding the State's chronic disease burden and the status of the risk behaviors that effect the health of Vermonters, with emphasis on disparate populations. These cross-sectional documents reflect the co-morbidity common in chronic disease prevention and are frequently used by disease-specific programs and across the State for planning, assessment and evaluation related to chronic disease, health and wellness programs. Statistics produced and analyzed by the REE Epidemiologists have been the foundation for many VDH endeavors; including the Department's Strategic Plan; the development and tracking of Healthy Vermonters 2010 Goals <http://www.healthvermont.gov/research/healthstatusreport.aspx>; the current development of

Vermont Department of Health

Healthy Vermonters 2020 Objectives and the foundation for the Health Disparities of Vermonters 2010 report <http://healthvermont.gov/research/healthdisparities.aspx>.

In 2010, VDH published the Health Disparities of Vermonters 2010 report – the first comprehensive report specific to Vermont’s health disparities. Prior to the state-wide report, many individual VDH programs were already working to reduce health disparities specific to their disease. These efforts were reflected via disease specific plans and program goals included in work plans and goal trackers. The Vermont Tobacco Control Program is an example of a program that, along with their epidemiologist and outside partners, developed a specific plan to reduce tobacco-related health disparities

(<http://www.healthvermont.gov/prevent/tobacco/bridge.aspx>). With the publication of the Health Disparities of Vermonters report, VDH has been working to increase awareness of health disparities in the state and to integrate consideration of health disparities into all areas of our work. The REE staff will continue to work with programs to identify areas where health disparities exist and determine measures for assessing change in disparities over time.

The reporting of statewide chronic disease data and overall assessment of risk factors in Vermont is a significant part of the work of the REE unit. VDH’s chronic disease programs, and multiple other programs, regularly turn to REE for data to inform program planning, guidance, evaluation and outcome measurement. VDH has long focused on performance-based public health and as a result, nearly all programs have data-centric reports that guide their work. Most of that data is gathered, analyzed and reported on by the REE unit. Gathering all epidemiologists working on chronic disease and the associated risk factors in one Unit allows for the effective use of resources, sharing of ideas, collaboration among programs and cohesive direction of all chronic disease-related surveillance. Data will be the foundation for the chronic disease prevention and health promotion plan.

IV. Evaluation

The Vermont Department of Health recently established a comprehensive performance measurement and reporting process based on the Department’s Strategic Plan. With the support of the CDC’s *Strengthening Public Health Infrastructure for Improved Health Outcomes* grant, this work will systemically increase the performance management capacity of VDH to ensure that public health goals are effectively and efficiently met. An integral component of this work is to increase the Department’s capacity to routinely evaluate and improve the effectiveness of its organization, practices, partnerships and programs’ use of resources and to measure the impact the systems improvements have on the public’s health.

As part of the performance management process, all Chronic Disease and Health Promotion Programs identified Healthy Vermonters 2020 population level objectives. Selection criteria included: objectives where movement over the next decade is possible, areas where public health interventions are likely to have an impact and objectives where Vermont data is available. Written performance measures were then written to capture the efficacy of chronic disease program work toward each Healthy Vermonters 2020 objective. These objectives and performance measures will serve as the foundation for the chronic disease prevention work, evaluation, and outcomes over the next ten years. Surveillance, program and epidemiological

Vermont Department of Health

data will be utilized to measure progress for short term programmatic objectives and longer term outcomes.

Vermont's Chronic Disease Prevention and Health Promotion Programs currently use the VDH Research and Epidemiological Evaluation unit's data for program evaluation. Epidemiologists assist programs with determining data measures to answer program outcome evaluation questions and recommend new questions to help programs obtain data needed.

REE epidemiologists assist in the development of evaluation plans and evaluation questions; and in many cases, perform analysis and interpretation of results. As the need to demonstrate measurable outcomes becomes more prevalent in public health work, the REE unit has sought to develop more expertise in the area of program evaluation. This is an area where VDH needs to expand capacity and expertise especially for measuring process and intermediate outcomes including local policy and environmental changes implemented.

A Public Health Analyst will be hired to develop a comprehensive evaluation plan to assess progress and outcomes of integrated leadership and evaluation of the implementation of best practices. The Public Health Analyst will build evaluation capacity within the Department for all chronic disease programs. In addition to the hired analyst, VDH would like to request a CDC-sponsored Public Health Advisor assigned to Vermont to assist current staff in developing community evaluation plans. Many Health Promotion and Disease Prevention programs rely on community coalitions and partnerships to implement best practices, including local policy and environmental change interventions. To date, evaluation outcomes have been demonstrated by progress reports. VDH is looking to develop common measures for policy and environmental change outcomes and to create a system which can capture those outcomes. As Vermont has struggled to fulfill evaluation needs, having a CDC Public Health Advisor on site will assure the timely development of an evaluation system that will be maintained throughout the project period and beyond. The results obtained from the evaluation will be instrumental in demonstrating outcomes and will serve to educate and inform decision makers on the effectiveness and need for health promotion and disease prevention programs.

V. State Chronic Disease Prevention and Health Promotion Plan

The Division of Health Promotion and Disease Prevention acknowledges that changes in funding, the impact of health care reform, and the increasing burden of chronic disease, require public health agencies to redefine how they do their work. To achieve this goal, and to be better positioned for success and sustainability, HPDP has retained Shelli Bischoff of Nonprofit Impact to guide an integrated planning and organizational development process. Shelli has worked with several states to create more integrated chronic disease programs.

The organizational process will provide VDH an integrated and coordinated framework for organization of the Health Promotion and Disease Prevention Programs. Once identified HPDP programs will develop a unifying work plan for the Division. To develop the actual plan, Vermont will retain the services of Shelli Bischoff. Under her leadership the activities outlined in the work plan will be achieved.

Vermont Department of Health

The Comprehensive Cancer Control Program, Tobacco Control Program, and Fit and Healthy Program have statewide plans for disease prevention and health promotion. Many of the strategies outlined are cross cutting across program areas. The outcomes and objectives in Vermont's Fit and Healthy and Tobacco Control Plans include strategies to address risk factors for the leading chronic conditions. These will serve as a foundation for the state Chronic Disease Prevention and Health Promotion Plan.

Although Vermont does not currently have a written Chronic Disease Prevention and Health Promotion Plan, previous planning and current activities indicates areas of collaboration that will be included. The plan will align with the goals outlined in the Departments strategic plan including:

- Effective and integrated public health programs
- Community capacity to address public health needs
- A competent and valued workforce
- A public health system understood by all Vermonters
- Health equity for all Vermonters

Known areas of collaboration that align with the strategic plan that are priorities of the chronic disease and health promotion programs include:

- State, federal, and local public policies
- Implementation of cross cutting health promotion and disease prevention strategies
- Chronic disease self management intervention in collaboration with the Blueprint
- Health care system interventions in collaboration with the Blueprint for Health
- Support to community coalitions for the implementation of best practices
- Engagement of stakeholders including state agency leaders, public officials, community based organizations and health advocates
- Training and technical assistance
- Program evaluation
- Epidemiology and surveillance
- Communication

These areas, and additional areas identified through the facilitated planning process, will provide the structure for an integrated chronic disease and health promotion plan. The areas identified will expand on cross cutting evidence based strategies to achieve programmatic outcomes. Goals, objectives and strategies will be developed by the HPDP Chronic Disease Integration Team in partnership with representatives of internal and external programs.

The plan will include the long term objectives identified by Healthy Vermonters 2020 and include annual performance measures. These will serve as the foundation for the long term outcome objectives to be achieved. A strategic planning process will identify activities and objectives that align with the goals. Cross cutting activities to for chronic disease prevention at the state and local level will be outlined along with the staffing and leadership roles for all components. The plan will identify opportunities to address policy and environmental change for chronic disease prevention in addition to strengthening HPDP programs ability to develop coordinated interventions with the health care delivery system to improve delivery and use of

Vermont Department of Health

clinical and other services to improve chronic disease management. All of the strategies outlined will consider the needs of disparate populations in a culturally sensitive manner as a first priority.

A dissemination and communications plan will be developed as a component of the strategic plan.

VI. Organizational Structure and Collaboration

As mentioned previously, VDH has a history of coordinating and collaborating across all of the chronic disease prevention and health promotion programs. As a small state with limited funding and resources, collaboration comes naturally.

Going through a systematic process of integrated planning and organizational development, facilitated by Shelli Bischoff of Nonprofit Impact, VDH will identify methods to enhance the current structure and facilitate increased coordination and collaboration across all funded and non funded programs to achieve outcomes.

HPDP staff will rely on the expertise of the Health Surveillance and Health Statistics Unit to provide surveillance and epidemiological support. The Public Health Analyst will collaborate with all programs to lead the development of an evaluation plan to demonstrate success and identify opportunities to strengthen the coordination and collaboration across categorically funded programs.

Building on and utilizing existing staff expertise in all of the skill areas identified will enhance Vermont's ability to address chronic conditions and achieve health outcomes. A new work plan will assure program best practices and staff skills are used most efficiently. Currently, Vermont does not receive CDC Chronic Disease Program funding for Arthritis, Cardiovascular Disease, Nutrition and Physical Activity/Obesity, or Coordinated School Health. VDH will undergo a process where staff may be restructured to maximize skills and abilities and increase Vermont's capacity to address all of these program areas, in a coordinated fashion, to achieve outcomes and assure that the state is well poised for future funding.

VII. Collaboration

VDH has a history of collaboration and coordination with internal and external partners. Many initiatives are coordinated across divisions within VDH including Health Surveillance, the Office of Local Health, and Maternal and Child Health. The planned activities under this award will strengthen these partnerships. VDH will continue to further the integrated model of community prevention grants, providing for local policy and environmental change strategies to address a variety of chronic disease risk factors.

In partnership with the Division of Maternal and Child Health, HPDP will strengthen the partnership with the Department of Education to offer annual awards to schools that are modeling best practices to reduce the risk of chronic disease among staff and students. HPDP staff will maintain the strong partnerships with the Agency of Agriculture to support Farm to School and statewide food policy work, and the Agency of Transportation for Safe Routes to

Vermont Department of Health

School programs and the Healthy Community Design project. Vermont's Healthy Community Design initiative is a cross cutting project engaging the Department of Housing and Economic Development, Agencies of Agriculture and Transportation, Town and Regional Planners and representatives from the Office of Local Health, AARP VT and HPDP staff. This collaboration will be maintained and strengthened over the funding period.

VDH is committed to furthering health care reform in Vermont by partnering with the Blueprint Health Care Reform Initiative to identify additional opportunities to strengthen collaborative efforts. The Vermont Diabetes Prevention and Control Program Administrator will continue to play a lead role with the Blueprint. Through the Chronic Disease Planning process outlined in the work plan, additional opportunities for collaboration will be identified and implemented. HPDP staff and partners will also identify ways to strengthen existing partnerships with Vermont's federally qualified health centers and the VDH Office of Rural Health and Primary Care to expand reach to some of Vermont's most vulnerable populations.

The categorically funded programs will maintain collaboration with external partners through state level coalitions including Fit and Healthy Vermonters, VTAAC, State Nutrition Action Planning group, Vermont Association of Diabetes Educators, and the Vermont Chapters of the American Academy of Pediatrics, and the Vermont Chapter of the American Academy of Family Practice; Leadership of the Vermont Superintendents Associations; School Board Association, and Principals Association.

VDH leaders and chronic disease prevention staff will continue to convene with representatives from a multitude of state agencies, advocacy agencies, community organizations and partners to further implement priority projects and initiatives to achieve health outcomes.

VIII. Communication

A strong communication plan is an essential component of program sustainability. Assuring that decision makers and the public know the value of public health and the outcomes achieved through coordinated chronic disease and health promotion efforts is instrumental in achieving success.

VDH acknowledges the need for a coordinated communication plan, however the VDH does not currently have the capacity to develop and implement such a plan. To achieve this goal, a contractor will be obtained to develop a communication plan in collaboration with the HPDP Chronic Disease Integration Team and VDH Communications Office.

The contractor will work under the direction of the HPDP Division Director with chronic disease program staff, in partnership with the communications office, to develop a communication plan that will integrate public health communication, marketing and media across all Health Department chronic disease prevention programs. The plan will link VDH's work to the Vermont Blueprint for Health and the state's health care reform effort. It will include recommendations for communicating about the role and work of public health in preventing chronic disease, and specific prevention messages, methods and channels to use with key audiences. Methods and materials for dissemination to the public and decision makers will be outlined within the plan along with a timeline and plan for development and dissemination of

communication products. Examples of materials and products include: program highlights and reports, progress towards Healthy Vermonter 2020 goals, and surveillance and data reports.

IX. Policy

The development, dissemination and adoption of the Vermont Prevention Model and Strategic Prevention Framework has been instrumental in driving community coalitions and partners towards policy and environmental change and away from implementation of individual based programs. Vermont has a long history of coordinating with partners to develop state and local policy.

The HPDP Chronic Disease Integration Team will continue to support community coalitions as they work to develop and implement local policies such as smoke free parks, town planning and zoning regulations, increased access to healthy foods and increased access to health care services. The development of an evaluation plan and tracking system will assess the number, quality, reach and impact of policies implemented locally.

The Health Promotion and Disease Prevention programs collaborate with partners including: the American Cancer Society, Heart Association, and Vermont Chapter of the American Association of Retired People to further state level policy in Vermont. This past year AARP was instrumental in working with the Department of Health, League of Cities and Towns and Agency of Agriculture to pass complete streets legislation assuring that all transportation projects consider all modes of transportation. As demonstrated by the letters of support, these organizations are committed to continuing to collaborate. At the state level, VDH will continue to work with partners to provide education and information on state level policies.

Organizational level policies will be developed and implemented through increased capacity for coordination and collaboration across schools and worksites. VDH will continue to provide technical assistance and support to further the adoption of policies in the workplace and school setting. Model practices and programs will be recognized for exemplary practices.

Policy priorities and strategies will be developed by the HPDP Chronic Disease Integration Team in partnership with the nonprofit and advocacy organizations. The Chronic Disease Prevention Plan will include objectives to increase state and local policies.

X. Categorical Program Activities

VDH programs within the Division of Health Promotion and Disease Prevention will align around areas identified through the strategic planning process that is outlined in the work plan. They will be positioned to foster collaboration and efficient use of resources across programs working to address chronic disease and their risk factors.

Vermont will continue to implement cross cutting evidence based policy and environmental change strategies and identify new opportunities that will be outlined in the State Chronic Disease Prevention Plan. Collaborating across programs to focusing on the common preventive factors reduces the overall burden of the most prevalent chronic diseases. The Comprehensive Cancer Control Program and National Diabetes Prevention Program rely on the nutrition,

Vermont Department of Health

physical activity and tobacco program to address policy and environmental changes to create a healthier Vermont, where the healthy choice is the easy choice. The Division of Health Promotion and Disease Prevention staff will work with community partners, local health department staff, and state level leadership to expand the implementation of the cross cutting Healthy Community Design and Healthy Retail Projects.

The Healthy Retail project brings together the Tobacco Control Program, the Division of Alcohol and Drug Prevention, Fit and Healthy Nutrition programs and community partners to work with local retail store owners to promote healthy choices while reducing advertising of unhealthy options. Vermont will continue to strengthen and support this initiative throughout the three year funding period.

Additional shared outcome measures are achieved through health care system design and chronic disease self management programs. These initiatives address multiple chronic conditions and their risk factors. Vermont will further implement best practices for nutrition, physical activity and tobacco control in schools, worksites, and the health care system.

Outcome objectives will align with the newly developed Healthy Vermonter 2020 goals, the Department's strategic plan and will be achieved by reaching the performance measures.

Examples of collaborative chronic disease prevention programming include the current work with community coalitions implementing local policy and environmental changes for tobacco control, and nutrition and physical activity.

Another example of program organization to foster collaboration and increase efficiency is Vermont's alignment around schools and worksites. Vermont has two workgroups consisting of state, organization, and individual level participants focusing on coordinating resources, technical assistance, and recognition for exemplary wellness programs in worksites and schools statewide. The worksite group consists of members representing healthcare, insurance, Human Resources, state agencies, and internal VDH programs (Fit and Healthy, Tobacco Control, Breastfeeding, Diabetes). The school group consists of members representing the Vermont Education Health Plan (non-profit purchaser of health care plans for Vermont's school employees), private non-profit groups that support farm to school and school nutrition programs, school food service providers, the Department of Education, and internal VDH programs (Fit and Healthy, Tobacco Control, and Asthma). These groups come together around specific projects and have been very successful creating resources for worksites and schools for developing and implementing wellness policies, offering statewide trainings, and offering very popular recognition/awards.

Both of these groups will thrive with dedicated leadership. The interest and motivation exists to continue updating existing and developing new tools, offering trainings and awards but the groups struggle to maintain momentum without leadership. In addition, there is significant potential to include additional partners representing chronic conditions such as comprehensive cancer control, asthma, environmental health, and alcohol and drug abuse prevention programs. All of these programs are doing some work in schools and/or worksites but these efforts are not coordinated with others. Synergy created by increasing communication and coordination will

Vermont Department of Health

provide an enormous benefit to schools and worksites in Vermont, ultimately improving overall health outcomes for youth and adults.

As outlined previously, HPDP staff will continue to partner across chronic disease programs to further integration with the Blueprint for Health. The tobacco control program and asthma program have recently identified methods for providers to systematically increase referrals to community based services and access to supporting services for management and treatment of associated conditions. Using this model, VDH will identify, plan and implement strategies to address other chronic conditions and preventive risk factors not already addressed.

Department of Health
Division of Health Surveillance
Public Health Statistics
108 Cherry Street - PO Box 70
Burlington, VT 05402-0070
healthvermont.gov

[phone] 802-863-7300
[fax] 802-865-7701

Agency of Human Services

Mr. Garry Schaedel
Division Director
Vermont Department of Health
Health Promotion and Disease Prevention
108 Cherry St, PO Box 70
Burlington VT 05402

Dear Garry:

On behalf of the Research, Epidemiology and Evaluation Unit in the Center for Health Statistics, we are encouraged to learn about the funding opportunity for chronic disease integration at the Vermont Department of Health. Our current collaborative efforts focus on surveillance and evaluation for chronic disease prevention and self-management for all chronic disease programs at the Vermont Department of Health (including obesity, heart disease and stroke, cancer, arthritis, diabetes and promotion of physical activity, nutrition, tobacco, and policy or environmental changes). This grant would allow us to continue and enhance that work.

We are committed to advise the Division of Health Promotion and Disease Prevention about chronic disease integration. We commit to participating on workgroups and in collaborative planning efforts to achieve common Chronic Disease Prevention and Health Promotion Goals. In addition we will continue to provide information on resources we are already supporting in the area of chronic disease integration. Thanks for this opportunity to enhance our collaborative efforts.

Sincerely,



Jennifer Hicks
Research, Epidemiology and Evaluation Unit Chief
Center for Health Statistics
Vermont Department of Health
Agency for Human Services





State of Vermont
Department of Health
Office of Local Health
20 Houghton Street Suite 312
St. Albans, VT 05478
HealthVermont.gov

[phone] 802-524-7970
[fax] 802-527-5405
[toll free] 888-253-8801

Agency of Human Services

Mr. Garry Schaedel
Division Director
Vermont Department of Health
Health Promotion and Disease Prevention
108 Cherry St, PO Box 70
Burlington VT 05402

Dear Garry:

On behalf of the Vermont Department of Health St. Albans District Office I was encouraged to learn about the funding opportunity for chronic disease integration at the Vermont Department of Health. Our past and current collaborative efforts focus on prevention of obesity and promotion of physical activity, nutrition, tobacco, policy or environmental changes. This grant would allow us to continue and enhance that work.

We are committed to advise the Division of Health Promotion and Disease Prevention about chronic disease integration. We commit to participating on workgroups and in collaborative planning efforts to achieve common Chronic Disease Prevention and Health Promotion Goals. In addition we will continue to provide information on resources we are already supporting in the area of chronic disease integration. Thanks for this opportunity to enhance our collaborative efforts.

Sincerely,

A handwritten signature in cursive script that reads "Judy Ashley-McLaughlin".

Judy Ashley-McLaughlin, MS
District Director





State of Vermont
Department of Health
Div. of Alcohol and Drug Abuse Programs
108 Cherry Street-PO Box 70
Burlington, VT 05402-0070
HealthVermont.gov

[phone] 802-651-1550
[fax] 802-651-1573
[fax] 802-652-4151

Agency of Human Services

July 15, 2011

Mr. Garry Schaedel
Division Director
Vermont Department of Health
Health Promotion and Disease Prevention
108 Cherry St, PO Box 70
Burlington VT 05402

Dear Garry:

On behalf of the Division of Alcohol and Drug Abuse Programs we are encouraged to learn about the funding opportunity for chronic disease integration at the Vermont Department of Health. Our past and current collaborative efforts focus on the prevention and reduction of substance abuse as a risk factor for obesity, heart disease and stroke, cancer, and diabetes and promotion of mental health and policy or environmental changes. This grant would allow us to continue and enhance that work.

We are committed to advise the Division of Health Promotion and Disease Prevention about chronic disease integration through our work on the VDH Integrated Prevention Team, the Workforce Development Committee, and the Community-Based Prevention Grants Work Group. In addition we will continue to provide information on resources we are already supporting in the area of chronic disease integration. Thanks for this opportunity to enhance our collaborative efforts.

Sincerely,

A handwritten signature in black ink that reads "Marcia LaPlante, MA".

Marcia LaPlante, MA
Prevention Services Chief
Division of Alcohol and Drug Abuse Programs





State of Vermont
Department of Health

[phone] 802-951-0142
[fax] 802-951-1275

Agency of Human Services

108 Cherry Street-PO Box 70
Burlington, VT 05402-0070
HealthVermont.gov

Mr. Garry Schaedel
Division Director
Vermont Department of Health
Health Promotion and Disease Prevention
108 Cherry St, PO Box 70
Burlington VT 05402

Dear Garry:

On behalf of the Performance Management team, I am encouraged to learn about the funding opportunity for chronic disease integration at the Vermont Department of Health. Our current collaborative efforts focus on integrating prevention efforts across the department and measuring our success through the identification, tracking, and reporting of shared performance measures. This grant would allow us to continue and enhance that work.

We are committed to advise the Division of Health Promotion and Disease Prevention about chronic disease integration and performance management. We commit to participating on workgroups and in collaborative planning efforts to achieve common Chronic Disease Prevention and Health Promotion Goals. In addition we will continue to provide information on resources we are already supporting in the area of chronic disease integration and performance management. Thanks for this opportunity to enhance our collaborative efforts.

Sincerely,

A handwritten signature in black ink that reads "Jessie Baker". The signature is written in a cursive, flowing style.

Jessie Baker
Performance Improvement Manager





State of Vermont
Department of Health
Office of Rural Health & Primary Care
108 Cherry Street-PO Box 70
Burlington, VT 05402-0070
HealthVermont.gov

[phone] 802-951-1259
[fax] 802-951-1275

Agency of Human Services

July 20, 2011

Mr. Garry Schaedel
Division Director
Health Promotion and Disease Prevention
Vermont Department of Health
108 Cherry St, PO Box 70
Burlington VT 05402

Dear Garry:

On behalf of Vermont's State Office of Rural Health & Primary Care (SORH/PCO), I am encouraged to learn about the funding opportunity for chronic disease integration at the Vermont Department of Health. As the previous Coordinator of Comprehensive Cancer Control from 2004-2010, I was involved in an earlier (unfunded) effort to integrate Chronic Disease prevention and management programs. That process helped VDH make significant progress toward breaking down programmatic silos and coordinating funding efforts for local communities across the State. Funding from CDC to support integration staff and efforts would move this process forward significantly.

The mission of the VT SORH/PCO is to improve the health status of Vermonters by improving and sustaining their access to appropriate medical, oral and behavioral health services of high quality. With parts of only two counties in a Metropolitan Statistical Area, nearly 75% of Vermont's land area and population are rural. As our population ages and seeks care for multiple chronic conditions, this type of program integration within VDH and its community partners, will become even more important. Improved program integration across the Department continues to be a priority need and activity, including the SORH/PCO.

Therefore, the SORH/PCO is committed to advise the Division of Health Promotion and Disease Prevention about chronic disease program integration. We commit to participating on workgroups and in collaborative planning efforts to achieve common Chronic Disease Prevention and Health Promotion goals across the Department and the state. In addition we will continue to provide information on resources we are already supporting in the area of chronic disease integration for rural areas and healthcare systems.

I am looking forward to talking with you more about this opportunity for collaboration.

Sincerely,

A handwritten signature in black ink, appearing to read "John A. Olson".

John A. Olson, M.Ed.
Rural Health & Primary Care Office Chief





American Heart Association | American Stroke Association

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Williston, VT 05495
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Fax 802.878.7850
www.americanheart.org

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Robert A. Phillips, M.D., Ph.D., FACC, FAHA
Martha C. Stark
Morgan B. Stark
William Tansey, III, M.D.
Gayllis R. Ward, Esq., CPA
Hank Wasiak
Marcus L. Williams, M.D., FACC

Ex-officio
Max Gomez, Ph.D.

Mr. Garry Schaedel
Division Director
Vermont Department of Health
Health Promotion and Disease Prevention
108 Cherry St, PO Box 70
Burlington VT 05402

July 18, 2011

Dear Mr. Schaedel:

The American Heart Association (AHA) in Vermont is excited about the funding opportunity for chronic disease integration that is being submitted by the Vermont Department of Health (VDH).

As you are aware, AHA has worked closely with VDH on many shared projects to drive heart disease and stroke prevention efforts in Vermont. The scope of collaboration is broad and has included policy work in the following areas:

- School nutrition guidelines (development and implementation);
- Community nutrition (statewide menu labeling implementation, sodium reduction opportunities, healthy retail environments)
- Tobacco Control (cessation benefits for Medicaid recipients, outreach to disparate populations, funding for a comprehensive tobacco cessation program);
- Stroke (community screenings, developing an pre-hospital screening tool, signs and symptoms education, identifying opportunities in moving towards a stroke system of care, establishing a stroke registry);
- Acute event (enhancing AED placement and access opportunities, assessing and providing feedback on STEMI protocols)
- Built Environment (community coalition grants, Safe Routes to Schools)

As illustrated above, our collaboration efforts are extensive. We look forward to continuing this partnership and offering policy expertise to the Division of Health Promotion and Disease Prevention in our shared efforts to promote chronic disease prevention integration in VT.

We will continue our role on the Fit and Healthy Vermonters Advisory Council, the Coalition for a Tobacco Free Vermont, Action for Healthy Kids, the Safe Routes to School Advisory Council and others bodies that are working towards shared chronic disease prevention goals. AHA anticipates that this grant will provide your division with critical resources to support our partnership and make further progress in reducing the burden of chronic disease on the state of Vermont.

Sincerely,

Nicole Lukas, MA
Advocacy Director – American Heart Association

*"Building healthier lives,
free of cardiovascular
diseases and stroke."*

Please remember the American Heart Association in your will.





Mr. Garry Schaedel
Division Director
Health Promotion and Disease Prevention
Vermont Department of Health
108 Cherry St, PO Box 70
Burlington VT 05402

Dear Gary:

I write in support of the Vermont Department of Health's application for grant funding for chronic disease integration. The American Cancer Society is dedicated to reducing the incidence and burden of cancer in Vermont and reducing cancer is a key component of our organization's nationwide priorities. We partner our resources to work on controlling the use of tobacco, increasing cancer screenings among the insured and uninsured, drafting and implementing a state plan to reduce the incidence of cancer, and enacting public policies that prevent cancer. This grant would allow us to continue and enhance that work.

We are committed to advise the Division of Health Promotion and Disease Prevention about chronic disease integration. We commit to participating on workgroups and in collaborative planning efforts to achieve common Chronic Disease Prevention and Health Promotion Goals. In addition we will continue to provide information on resources we are already supporting in the area of chronic disease integration.

Again, we would like to express our enthusiastic support for the Vermont Department of Health's efforts to secure funding for chronic disease integration.

Thanks for this opportunity to enhance our collaborative efforts.

Sincerely,

Deborah Smith
Senior Operations Vice President,
Health Initiatives



Mr. Garry Schaedel
Division Director
Vermont Department of Health
Health Promotion and Disease Prevention
108 Cherry St, PO Box 70
Burlington VT 05402

July 19, 2011

Dear Garry:

On behalf of AARP Vermont we are encouraged to learn about the funding opportunity for chronic disease integration at the Vermont Department of Health. Our current collaborative efforts with the Department focus on prevention of obesity and promotion of policy and environmental changes. This grant would allow us to continue and enhance that work.

We are committed to advise the Division of Health Promotion and Disease Prevention about chronic disease integration. We commit to participating on workgroups and in collaborative planning efforts to achieve common Chronic Disease Prevention and Health Promotion Goals. In addition we will continue to provide information on resources we are already supporting in the area of chronic disease integration. Thanks for this opportunity to enhance our collaborative efforts.

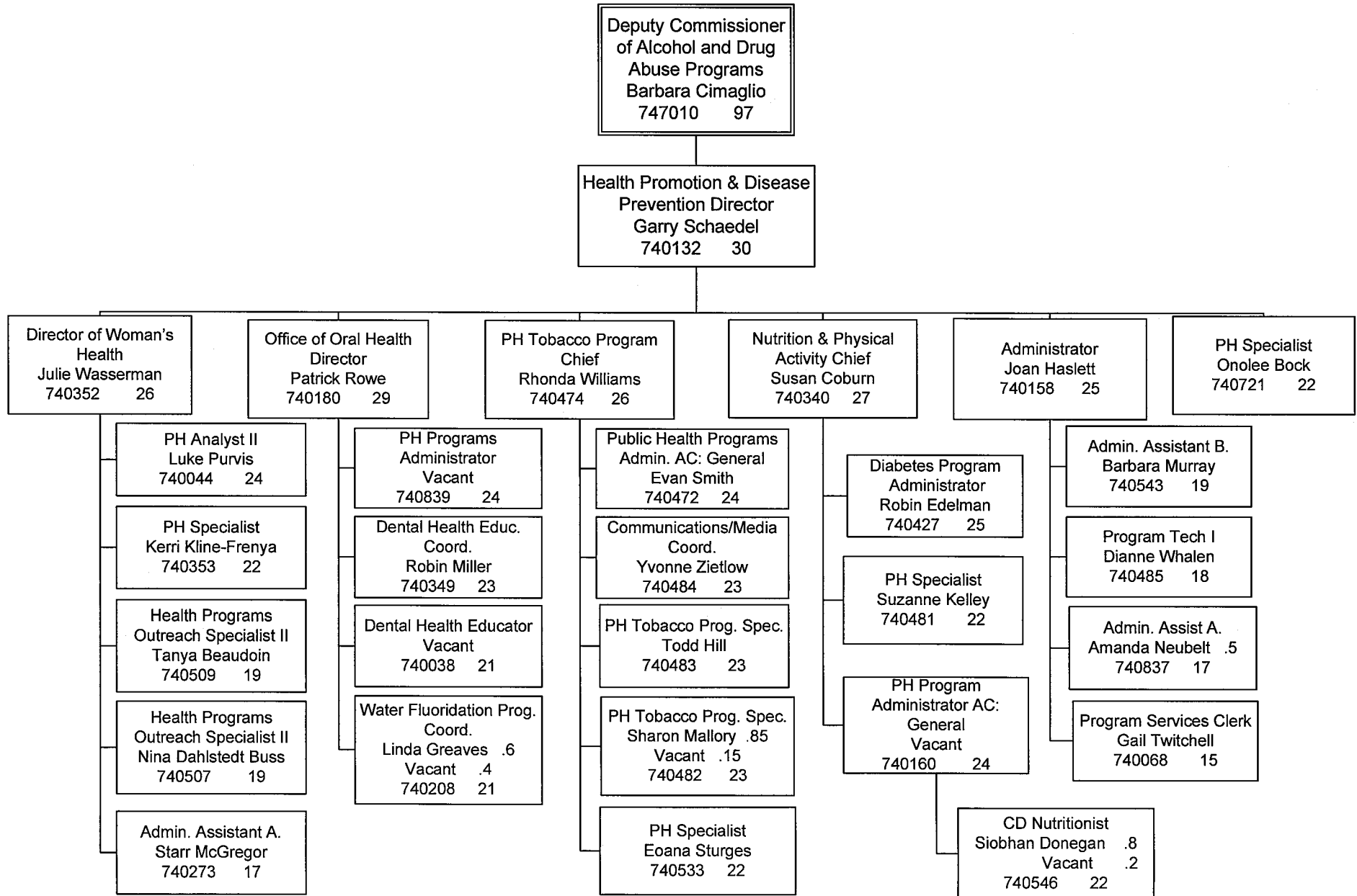
Sincerely,

A handwritten signature in black ink, appearing to read 'Greg Marchildon', is written over a light blue horizontal line.

Greg Marchildon
State Director

Division of Health Promotion & Disease Prevention

July 1, 2011



GARRY SCHAEDEL

EXPERIENCE

2010-Present *Division Director, Health Promotion and Disease Prevention*

Leadership, planning and consultative work for the professional staff (30 FTEs) and programs of the Division of Health Promotion and Chronic Disease Prevention (\$6 million budget). This involves the development, implementation, and evaluation of chronic disease prevention and control efforts to ensure that the health department's approach to reducing the Chronic Disease burden on all Vermonters is timely, effective, efficient and successful and that VDH's approach is improving the public's health at both the individual and community levels to assure optimum well-being.

1996-2010 *EPSDT Director, Vermont Department of Health*

EPSDT (Early, Periodic, Screening, Diagnosis, and Treatment) is the federal mandate requiring states to ensure that all children on Medicaid receive the full scope of services as required under federal law. Responsibilities involve policy development and coordination, program administration including Medicaid Administrative claiming in schools, dental and mental health pilots; contract administration and management with the Vermont Chapters of the American Academy of Pediatrics and Family Practice; Liaison work with the Vermont Children's Health Improvement Project (VCHIP).

1995-1996 *Managed Care Administrator, Department of Vermont Health Access*

1994-1995 *Policy Analyst, Vermont Health Care Authority*

1993-1995 *Director, Vermont Health Care Purchasing Pool*

1988-1993 *Director Employee Benefits, State of Vermont*

1985-1988 *Director of Public Information, Office of Governor Madeleine M. Kunin*

1984-1984 *Director of Field Operations, Kunin for Governor Campaign*

1983-1984 *Restitution Coordinator, Vermont Department of Corrections*

1981-1983 *Volunteer Services Coordinator, Vermont Department of Corrections*

1979-1981 *Recruiter, Peace Corps/VISTA*

1977-1978 *VISTA Volunteer, Montana Human Rights Division*

EDUCATION

B.A. **St. Michael's College, Winooski, VT**

M.H.S. **Southern New Hampshire University, Manchester, NH**

EXPERIENCE

Jan 2008-Present *Adjunct Faculty (non-salaried)*
Department of Nutrition and Food Sciences, University of Vermont

Coordinates the Community Public Health rotation, and acts as preceptor for students in the Masters of Nutrition in Dietetics program. Provides annual seminars on Public Health Nutrition for masters and undergraduate student classes.

Oct 2006-Present *Public Health Nutrition and Physical Activity Chief*
Vermont Department of Health

Provide policy, direction, planning and consultative work for nutrition and physical activity within the Vermont Department of Health and in collaboration with partner agencies and organizations. Provide oversight and direction for the Fit and Healthy Vermonters obesity prevention program. Coordinate and collaborate to integrate prevention services across Department of Health programs. Supervise staff and provide shared leadership for the Public Health Prevention work for the Division of Health Promotion and Disease Prevention. January 2008-January 2011 duties included administration of the Centers for Disease Control and Prevention WISEWOMAN cardiovascular disease prevention program.

May 2005-Oct 2006 *Obesity Prevention Program Administrator*
Vermont Department of Health

Oversee the development and implementation of the obesity prevention grant from the Centers for Disease Control and the Fit and Healthy initiative; develop a state plan for the prevention of obesity and related chronic conditions; lead a staff of nutrition and physical activity professionals to develop and implement populations based interventions to prevent obesity and coordinate nutrition and physical activity functions for health department programs and external partners.

May 2004-May 2005 *Interim Obesity Prevention Program Administrator*

Jan 2002-May 2005 *Chronic Disease Nutritionist*
Vermont Department of Health

Developed and implemented the lifestyle intervention program to reduce chronic disease among limited income women ages 40-64 in the Ladies First program. Coordinated the implementation of nutrition and physical activity education programs; assured collaboration and integration with other programs, departments and nutrition groups and provided expert technical assistance on chronic disease nutrition to all chronic disease programs.

Jan 2001-Jan 2003 *Weight Loss Group Facilitator*
University of VT Behavioral Weight Control

Co-facilitated behavioral, nutrition and lifestyle weight control groups with University psychologist. Counseled adult and teen groups on dietary behaviors for weight control.

Jun 1999-Jan 2002 *Cooking for Life Coordinator*
Vermont Campaign to End Childhood Hunger

Developed and coordinated a new statewide cooking and nutrition education program for low-income families. Participated in development and ongoing evaluation of program curriculum; managed grants including maintaining budgets, statistical data, and preparing reports; developed and pilot tested a curriculum for teen populations; collaborated with partner agencies throughout Vermont; supervised University of Vermont community nutrition practicum students and solicited donated goods and services to offset program costs.

Dec 1999-May 2001 *State Legislative Liaison*
Vermont Dietetics Association

Disseminated information in the state legislature related to the profession of dietetics to dietitians throughout Vermont; provided testimony to House and Senate committees to advocate for services pertaining to the practice of dietetics in Vermont and attended the American Dietetics Association public policy workshop in Washington, DC. March 2000.

EDUCATION

1997 *Bachelor of Science in Nutritional Sciences and Dietetics*
University of Vermont

1998 *Dietetic Internship*
St. Luke's Hospital, New Bedford, MA

2001-2002 *Graduate course work in mental health counseling*
University of Vermont

2005 *Masters degree in Public Health in Leadership*
University of North Carolina at Chapel Hill

CERTIFICATION

Feb 1999 *"Serve Safe Food Protection Manager Certification Course"*

Dec 2002 *Certificate of Training in Adult Weight Management*
American Dietetics Association

PROFESSIONAL AFFILIATIONS

1997-Present **American Dietetics Association, Member**

1999-2004 **Society of Nutrition Education, Member**

2002-Present **State and Territorial Public Health Nutrition Directors, Member**

AWARDS

2002 *Recognized Young Dietitian of the Year, VT Dietetics Association*

2002 *Betsy Hiser Memorial Scholarship, VT Dietetics Association*

2005 *Delta Omega Book Award Recipient, University of North Carolina*

PROFESSIONAL OBJECTIVE

To serve the public through promoting and improving oral health.

EXPERIENCE

Aug 2009-Present *Director, Office of Oral Health, Vermont Department of Health, Office of Oral Health, Burlington, VT*

- Program administration and management of Office of Oral Health Staff.
- Assessment and implementation of evidence based recommendations.
- Liaison to stakeholder organizations and communities statewide for oral health.

Jun 2008 *Summer Policy Fellow, American Dental Education Association, Center for Public Policy and Advocacy, Washington, D.C.*

- Advocacy for clinical oral health programs and regulatory change.

Jul 2007- Jun 2008 *Dental Anatomy Faculty, University of the Pacific, Arthur A. Dugoni School of Dentistry, San Francisco, CA*

Mar 2005-Jan 2007 *Staff Dentist, Dientes Community Dental Care, Santa Cruz, CA*

- Treated culturally diverse, underserved populations of Santa Cruz and its surrounding counties. Provided the full scope of dentistry including patient education on preventative strategies in oral health. Coordinated treatment plans for medically compromised patients among clinics, physicians and hospital staff.
- Direct supervision of dental auxiliary staff.

Dec 2004-Mar 2005 *Associate Dentist, University Dental, Albany, CA*

- Provided services in a high-volume practice with multiple operatories and assistants.

Aug 2004-Dec 2004 *Associate Dentist, General Practice of Claudia Yu, DDS Oakland, CA*

- Practiced the full scope of general dentistry with a diverse patient base. Responsibilities included training auxiliary staff.

Jul 2003-Jun 2004 *General Practice Resident, Veterans Affairs Medical Center San Francisco, CA*

- Received advanced training in general dentistry and surgical procedures.
- Patient care provided in outpatient, nursing home, and operating room settings.
- Provision of care primarily involving disabled veterans.

Oct 1998-Jul 1999 *Research Assistant to Stewart Moss, Ph.D., Center for Research on Reproduction and Women's Health, University of Pennsylvania School of Medicine, Philadelphia, PA*

- Investigated sperm tail protein development.

EDUCATION

- Dec 2009** *Masters of Public Health in Health Services Organization*
University of California, Los Angeles School of Public Health
- May 2003** *Doctor of Dental Surgery*
State University of New York at Buffalo
School of Dental Medicine
- May 1998** *Bachelor of Arts*
Colgate University, Hamilton, NY

AWARDS

- 2008-2009** **Hershel Horowitz Scholarship** for a dentist entering public health
- 2002-2003** **Tucker Scholarship** for advanced class standing
- 1998** **Leo H. Speno Award** for a senior entering a medical field
- 1998** **Charles J. Tegtmeyer Scholarship** for a senior entering a medical field

CERTIFICATIONS

- November 2003** **Dental Board of California:** Dental license issued
- February 2006** **New York State Department of Education:** Dental license issued

PROFESSIONAL AFFILIATIONS

- 2010-Present** **Vermont Public Health Association**
- 2009-Present** **American Association of Public Health Dentistry**
- 2009-Present** **Association of State and Territorial Dental Directors**
- 2008-2009** **UCLA Health Services Student Association**
- 2007-2009** **American Dental Education Association**
- 1999-2009** **American Dental Association**
- 2004-2009** **California Dental Association**
- 2001-2003** **American Student Dental Association, Buffalo Chapter, Treasurer**
- 2001-2003** **Sub-Board I, Inc., Board of Directors**

RESEARCH

- 1997-1998** *Projected Distribution of Health Care Need in New York State, by County, 2000-2020.*
Senior Project in Geography at Colgate University
- 1997** *Population Projections for New York State, by County, 2000-2020.*
Research Grant at Colgate University

EXPERIENCE

Tobacco Chief, State of Vermont

Burlington, VT, 2/11-present

- Provide administrative, supervisory, planning and consultative work for the Department of Health involving the development, implementation and evaluation of a comprehensive tobacco control program.
- Directs grant and contract development, performance and evaluation; researches and evaluates current and potential tobacco control best practices and reports on program performance.
- Responsible for multiple streams of funding and budgets related to community, policy, cessation and media addressing tobacco control and prevention.
- Oversees the Asthma Program and its CDC work plan, contracts and grant funded efforts statewide.

Grant Writer & Non-Profit Consultant

Vergennes, VT, 1/07-present

- Provide health and environmental non-profits with program development & grant-writing services.
- Coordinate member and communication services for Acorn Energy Co-op, Middlebury.
- Project and writing consultant with the Addressing Asthma in Englewood Project, Chicago.

President

Vergennes Farmers Market

Vergennes, VT, 6/10-present

- President and coordinator of the non-profit market; doubled number of vendors over last season.

Co-Primary Investigator of Addressing Asthma in Englewood Project

Respiratory Health Association of Metropolitan Chicago (formerly the American Lung

Association of Metropolitan Chicago)

Chicago, IL 12/05-6/30/10

- Responsible for the design, implementation, budgeting and reporting of evidence-based outcomes related to multi-year, multi-site \$2 million pediatric asthma project.
- Coordinated over a dozen partners on their participation and outcomes related to the project.

Deputy Executive Director, Policy, Programs and Medical Education

American Lung Association of Metropolitan Chicago (ALAMC)

Chicago, IL 3/03-7/06

- Managed 30 staff in programs, policy and medical education. Built vibrant team & intern corps.

- Directed our federal, state and local policy agenda on air quality and lung disease.
- Oversaw multiple programs, initiatives and campaigns. Managed 80 budgets, including projects addressing asthma, clean diesel/clean energy, Smoke-free Chicago, smoking cessation, tobacco prevention and control, and numerous lung health initiatives.
- Co-author and co-PI of \$2 million grant to implement collaborative model on pediatric asthma.
- Developed new, innovative health initiatives which are still ongoing, including:
 - COPD Initiative: a nationally recognized outreach and research program on chronic obstructive pulmonary disease (COPD) with an annual budget of \$550,000.
 - Stakeholders Collaboration to Improve Student Health: a large initiative to coordinate and amplify efforts among non-profits to increase student health in the Chicago Public Schools.
 - Asthma Action Plan for the City of Chicago: a citywide blueprint for reducing asthma's impact.
- Oversaw grant funding for health, research and programmatic initiatives.
- Secured funding to research methodologies for addressing health disparities in asthma and air pollution.

Director, Farm to School Initiative

The Illinois Healthy Schools Campaign

Chicago, IL 10/02-3/03

- As strategy consultant to the Campaign's Founding Director, developed a statewide Farm to School Initiative and spearheaded successful NIEHS funding application for \$1 million on asthma and obesity.
- Wrote white papers on farm to school issues, developed a producer network and directed annual event.

Instructor, English as a Second Language

Yunnan Province, China 9/01-5/02

- Founded a private tutoring school for adults and children.

Senior Project Administrator

Chicago Housing Authority (CHA), Environmental Unit

Chicago, IL 10/98-6/01

- Directed and supervised 5 staff in the Healthy Homes Initiative to remediate and prevent environmental health concerns including asthma, pesticides, lead and demolition dust.
- Managed award-winning Chicago Housing Buy-Back Recycling Program that provided services to 100,000 housing residents and generated annual returns exceeding \$150,000.
- Collaborated with non-profit and academic sectors to attract funding for improving environmental health in housing. Co-writer of awarded \$800,000 NIEHS healthy homes grant.
- Demolition Program Administrator on one of the nation's largest demolition programs.

Committee Coordinator

Chicago City Council's Committee on Energy, Environmental Protection and Public Utilities

Chicago, IL 1/97-10/98

- Responsible for the management of the Chicago City Council committee handling

environmental and energy issues. Performed research, prepared briefs for council members and issued reports.

- Initiated and coordinated multi-governmental task forces to address environmental issues.

Teacher, English as a Second Language

Japan Exchange and Teaching Programme (JET)

Akkeshi, Japan 7/92-7/94

- Instructed English (ESL) as part of competitive JET Programme at secondary school level. Served as JET Hokkaido Representative. Organized “Japan and the Environment” Conference with 150 attendees.

EDUCATION

Yale University, School of Forestry and Environmental Studies

MASTERS OF ENVIRONMENTAL STUDIES, Social Ecology concentration

New Haven, CT 8/94-6/96

- Co-founder of the Yale Coalition for Environmental Ethics & lead organizer of lecture series.
- Teacher’s Assistant, “Social Theory.” Research Intern, Mineral Policy Center, Washington DC.
- Assistant Organizer, ‘96 Yale Corporate Environmental Leadership Seminar (CELS).

University of Kansas

BACHELOR OF ARTS, English

Lawrence, KS 8/88-12/89

Publications, Presentations and Volunteer Activities Available Upon Request

Education and Certifications:

- 5/2009 T-Trainer in Stanford Chronic Disease Self-Management Program;
Master-Trainer in Stanford Diabetes Self-Management Program.
- 10/2004 Master-Trainer in Stanford Chronic Disease Self-Management Program.
- 10/92 C.D.E. (certified diabetes educator) by the National Certification Board for Diabetes Educators.
- 12/79 M.S. in Nutrition, University of Maryland, Department of Food, Nutrition and Institution Administration, College Park.
- 2/75 Dietetic Internship, University of Michigan Hospital, Ann Arbor. Registered Dietitian, October, 1975.
- 5/74 B.S. in Dietetics, State University College at Buffalo, Department of Food and Nutrition Science, Buffalo.
- 6/94 Dietitian Certification: Certification (Vermont) no. 74-0000014

Employment History:

- 11/03 - Present **Diabetes Program Administrator (CDC-funded Diabetes Prevention and Control Program)**
Vermont Department of Health
Burlington, VT
- 9/01 – 3/04 **Nutrition Editor, EatingWell Magazine**
Charlotte, VT
- 9/87 - 11/03 **Clinical Nutrition Manager**
Fletcher Allen Health Care
Medical Center Campus
Burlington, VT
Direct inpatient and outpatient clinical nutrition programs of a 500 bed, tertiary care, teaching hospital and an integrated healthcare delivery system. Supervise 20 F.T.E. Provide direct clinical services to ambulatory patients referred to the Medical Center campus for nutrition therapy. Develop educational materials for healthcare consumers. Provide public relations services in all media addressing nutrition issues.
- 1/87 - 8/87 **Clinical Dietitian**
Medical Center Hospital of Vermont
Burlington, VT
Provided nutrition assessment and consultation for adult inpatients and outpatients.
- 8/85 - 12/86 **Director of Dietetics**
Memorial Hospital and Medical Center of Cumberland, Inc.
Cumberland, MD
Directed the food and nutrition department of a 250 bed, acute care hospital. Planned and managed a 1.3 million dollar budget. Coordinated the staffing and supervision of 50 F.T.E.
- 1/80 - 7/85 **Chief Clinical Dietitian**
Memorial Hospital and Medical Center of Cumberland, Inc.
Cumberland, MD
Directed inpatient and outpatient nutrition programs. Recruited and supervised clinical dietary support staff. Conducted hospital wide inservice education programs. Coordinated clinical nutrition quality assurance programs and the multidisciplinary hospital dietary committee. Revised and expanded clinical nutrition manuals.

8/78 - 12/79

Graduate Teaching Assistant

University of Maryland

College Park, MD

Planned and taught recitation sessions and laboratories for upper level nutrition science courses. Served as the nutritionist for the student health center.

3/75 - 7/78

Public Health Nutritionist

Allegheny County Health Department

Cumberland, MD

Assessed community needs and developed nutrition programs in conjunction with other community agencies. Provided nutrition services in maternity, family planning, home health care, child health and mental health clinics. Collaborated with state nutritionists to develop educational materials. Planned and supervised the educational field experiences of graduate students in nutrition doing field training with the local county health department.

Affiliations/Associations:

2004 – present

Secretary, Vermont Association of Diabetes Educators

1999 – 2002

Reimbursement Representative, Vermont Dietetic Association

1997 - 1999

President-Elect, and President, Vermont Dietetic Association

1996 - 1997

Member of the Vermont Subcommittee advising staff writing the HCFA waiver application for the New England States Initiative for Medicare/Medicaid Dually Eligible Persons. Received a grant from the American Dietetic Association to work with dietitians in the New England states to secure the inclusion of medical nutrition therapy in each state's benefit package.

1992 - 1996

Served as the representative of allied health professionals for the Vermont Health Care Authority, Health Policy Council. Chaired the Systems Planning Committee responsible for drafting the Vermont Health Resources Management Plan.

1989 - 2002

Serving on the Vermont Dietetic Association Legislative Network Committee.

Community Relations:

Over 30 years of experience speaking about nutrition topics on radio and television programs and before professional and lay groups. Community organizing and social marketing experience with diverse private and public partners in Maryland and Vermont.

Successfully authored several grant proposals to receive funding for community-based programs including a food cooperative and educational center (1976-1978), a nutrition education program for senior citizens at congregate meal sites (1977-1978), and multiple diabetes-related state and federal grants.

Legislative Activities:

Advised state senators and representatives (in Vermont) about technical information in dietitians' certification bill (1993).

Advised state representatives (in Maryland) about technical information in a dietitians' licensing bill. Mediated between opposing factions of dietitians and nutritionists to establish consensus and facilitate passage of the bill (in 1985).

Testified before U.S. House Subcommittee, at the Subcommittee's request, about the school lunch program in Allegheny County, Maryland (1976).

Publications:

Edelman, R.D.: Creativity in marketing a nutrition counseling service. Journal of the American Dietetic Association 86:1713, 1986.

(peer-reviewed)

Edelman, R.D., Johnson, R.K. and Coulston, A.M.: Securing the inclusion of medical nutrition therapy in managed care health systems. Journal of the American Dietetic Association 95:1100, 1995.

Edelman, R.D. Obesity, Type 2 Diabetes, and Cardiovascular Disease. Nutrition Today. 40:119, 2005.

Awards:

Pyramid Award

- Vermont Dietetic Association, 2003

Outstanding Dietitian

- Vermont Dietetic Association, 1997

Education:

Masters Degree Master of Public Health, Boston University, 1989

Bachelor of Science/
Registered Nurse University of California, Berkeley/San Francisco

Professional Experience:

2009-Present **Director, Women's Health**, VT Department of Health. Director of Ladies First, a \$1 million CDC breast & cervical cancer and cardiovascular disease screening program. Program management and development; supervise 6 staff.

1997-2009 **Planning, Policy and System Development** for the VT Department of Disabilities, Aging & Independent Living; worked directly for the Commissioner in planning, data analysis and development of policy initiatives. Authored analytic reports.

1994-1997 **Director, Division of Planning and Analysis**, VT Department of Aging and Disabilities; health policy, planning, analytic work, and system development.

1989-2001 **Executive Director, Vermont Cardiac Network**
Professional education organization for Vermont's cardiologists and critical care nurses.

1988-1994 **Health Policy Consultant to:**

- Mayor, City of Burlington regarding MCHV hospital expansion, health care system issues, and public health.
- VT Department of Banking, Insurance & Securities; promulgation of statutory regulations
- VT Department of Aging & Disabilities; program evaluation and analytic reports.
- VT State Medical Society; quality initiatives.
- VT Employers Health Alliance; research analyst and program development regarding cost containment, and the uninsured.

1989-1992 **Legislative Staff, Vermont Senate**
Substantial interaction with stakeholders. Drafted and analyzed legislation, researched issues, and formulated policy initiatives for the Senate Health & Welfare Committee.

Publications & Reports:

Shaping the Future of Long Term Care & Independent Living, 2007-2017; published in 2008.
VT Department of Disabilities, Aging & Independent Living.

Long Term Care—Shifting the Balance; a chapter in the Health Resource Management Plan 1996-1999, Vermont Health Care Authority.

Vermont Long Term Care Chart Book, 1995; VT Department of Aging & Disabilities.

Vermont Residential Care Homes Resident Survey, 1994; VT Department of Aging & Disabilities.

Vermont Programs for Attendant Services, 1992; VT Department of Aging & Disabilities.

Report to the Burlington Board of Health and Mayor Peter Clavelle, 1989.

Presentations:

Vermont's Health Care Reform Efforts; presented three successive years at the American Public Health Association National Conference, November 1994, Washington, D.C.; October 1993, San Francisco, CA; and November 1992, Washington, D.C.

Application of the MDS+ to Residential Care Homes; National Case Mix Reimbursement and Quality Assurance Conference, May 1993, Portland, Maine.

Summary of Qualifications

- Experienced in managing and recruiting for grant based, public health programs
- Effective in building and maintaining strong collaborative relationships with individuals and groups
- Successful leader with strong prioritization, multi-tasking, and problem solving skills
- Highly proficient in Microsoft Office applications and Internet utilities

Education

Boston University School of Public Health, Boston, MA
Concentration: Social and Behavioral Sciences

Master of Public Health
September 2009
GPA: 3.74, in Major: 3.91

SUNY College at Potsdam, Potsdam, NY
Major: Community Health
Concentration: Nutrition

Bachelor of Science
August 2006
Summa Cum Laude
GPA: 3.82, in Major: 3.97

Employment History

Vermont Department of Health
Division of Health Promotion and Disease Prevention

August 2010-Present

Program Coordinator, Cancer Prevention and Control

Direct the overall operations of the Vermont Comprehensive Cancer Prevention and Control Program. Plan, implement and manage activities to fulfill the requirements of the cooperative agreement held with the Centers for Disease Control and Prevention (CDC). Collaborate and communicate with other chronic disease programs in the Vermont Department of Health (VDH), CDC, and other partner organizations. Develop and manage program budgets; write and monitor sub-recipient grants; and work with VDH epidemiologists to evaluate activities and monitor cancer trends. Present to medical professionals and the general public at state and national meetings. Coordinate partnership meetings, plan activities and timelines for the program, coordinate with partner agencies.

Boston University Henry M. Goldman School of Dental Medicine
Department of Health Policy & Health Services Research
2009-2010

2006-2010

Research Program Coordinator, CREEDD

Coordinated the daily operation of the Center for Research to Evaluate and Eliminate Dental Disparities (CREEDD) and ensured continual progression towards its goals and objectives in pediatric oral health. Developed and maintained cooperative relationships with the National Institute for Dental and Craniofacial Research and collaborative research centers at universities in California and Colorado. Planned and orchestrated the annual External Scientific Advisory Board meeting and other meetings sponsored by the Center. Created and maintained a website to promote the Center.

2009-2010

Administrative Assistant

Served as a liaison between the department and other offices within Boston University, including the Office of the Dean and the Office of Research Administration. Composed correspondence to affiliated universities and organizations. Planned, scheduled, and coordinated departmental meetings and conferences. Supported faculty in the preparation of abstracts, presentations, and grant proposals. Provided direct supervision and leadership to student interns. Conceptualized and developed a database to monitor expenses accrued by the departmental programs and grants.

2007-2009

Program Coordinator, Smart Smiles

Provided leadership for the operation of school-based, oral health services for children and executed the daily operational aspects of the program. Recruited new schools for the program and built rapport with key stakeholders to ensure a successful partnership. Facilitated collaboration between multiple public and private partners to better serve the children

receiving care. Designed and implemented a process evaluation of the program. Orchestrated changes to the program to increase efficiency and quality of care. Conducted periodic evaluations and prepared reports for the funder, the Massachusetts Department of Public Health.

2006-2007

Logistical Coordinator, Massachusetts Oral Health Survey

Managed the daily operations and provided direction for the study team during a statewide survey of children's oral health. Recruited schools from all 14 counties in the state by communicating with key stakeholders, including district Superintendents and school Principals. Created detailed systems to track study progress and ensure a timely completion of the study activities. Traveled extensively throughout the state as an ambassador of the study and oversaw the compliance to study protocol in the collection of data. Worked collaboratively to analyze and interpret the data collected and prepared it for publication.

Employment History, Continued

Cornell Cooperative Extension

July 2006- August 2006

Intern, Eat Smart New York!

Worked collaboratively with health educators administering programs throughout St. Lawrence County to nutritionally at-risk populations, including children, elders, and low-income families. Assisted in the procurement of a programmatic grant by acquiring and compiling information, authoring a section of the application, and editing the work of others.

Skidmore College

May 2006 – July 2006

Intern, Office of Health Promotion

Created, designed, and launched the Office of Health Promotions' web site using DreamWeaver web design software. Developed written educational materials for a college audience for use on campus. Convened meetings with student groups to promote student inclusion and collaboration in new health promotion efforts. Served as a participant, note taker and transcriber for meetings with college administrators to develop a protocol for pandemic response.

St. Lawrence County Health Initiative

2005

Program Facilitator

Cooperatively developed and refined a nutrition education program for 5th grade students. Facilitated activities and lead presentations on food groups and portion sizes.

State University of New York at Potsdam

2004- 2006

Resident Assistant, Residence Life

Developed, implemented, and evaluated programs for first year college students. Created and maintained a positive dorm community, lead productive meetings to discuss campus policies, and worked with university faculty and staff to provide enrichment experiences to first year students.

2003- 2006

Student Assistant, Student Health Services

Assisted the office manager with clerical tasks, provided general office assistance, and assisted with the distribution of health related publications.

Professional Certifications

Certified Health Education Specialist (CHES)

Professionally certified by The National Commission for Health Education Credentialing, Inc. (NCHEC) to assess individual, organizational, and community health education needs, plan, develop, implement, manage, and evaluate health education programs, build coalitions, train assistants and volunteers, and develop and use a variety of educational methods and materials.



**Central & District Office
Partnership Prevention Team**

Introduction

The primary goal of this document is to enhance integration, collaboration and coordination among VDH Central Office, District Offices and VDH programs. The intent of this effort is to improve, in a comprehensive manner, prevention efforts and to enhance the capacity and effectiveness of the individual programs that comprise this comprehensive effort. This document takes a major step toward creating a culture in which there is enhanced collaboration, coordination and a shared desire to achieve greater effectiveness including reducing health disparities.

Background

Integration “provides opportunities for programs to work together, promotes collective thinking and problem solving, and supports working together in new ways so that the impact of all programs is improved. Program integration is not about adding work, but about doing work differently.” (*From Partnership for Prevention Comprehensive and Integrated Chronic Disease Prevention Action Planning Handbook, September 2005*)

Across Vermont, the local District Health Offices continuously engage their communities in promoting healthy behaviors and preventing disease. The twelve District Offices are led by eight District Directors and Supervisors who provide leadership, direction, and oversight for the implementation of public health initiatives at the local level. The local District Health Offices maintain a “big picture” view of a wide variety of programs and support integration at the local level wherever possible. The VDH Central Office is led by Division Directors and Program Managers providing leadership, evaluation, and oversight of prevention plans to achieve population based outcomes.

As a first step toward an integrated training plan, the work group successfully promoted central and district office staff, and community partner attendance at the Prevention Institute, held from June 14 to 17, 2010 at St. Michael’s College in Vermont. As a result of this training each district office developed a Prevention Team to focus on reducing risk factors and enhancing protective factors in their communities with the goal of reducing the burden of chronic disease and improving population health.



**Central & District Office
Partnership Prevention Team**

Framework for Action

In order to support a common language and understanding across the Department and with community partners, the following documents and models provide the framework for delivering effective prevention programs:

- VDH Vision and Mission (Appendix A)
- Public Health Core Functions and Essential Services (Appendix B)
- Vermont Prevention Model (Appendix C)
- Strategic Prevention Framework (Appendix D)
- Chronic Care Model (Appendix E)

VDH Central Office and District Office leadership are responsible for ensuring that all members of the teams are aware, trained and competent in the information outlined in these documents.

Examples of Integration Efforts

There are several examples of VDH program integration efforts. They include:

1. The legislation to establish the Coordinated Healthy Activity, Motivation & Prevention Programs (CHAMPPS).
2. The implementation of the Blueprint Integrated Health Services.
3. The Centers for Disease Control (CDC) Cooperative Agreement for Vermont's Healthy Communities, Tobacco Control, Diabetes Prevention and Control and Behavioral Risk Factor Surveillance System.
4. With community partner participation, each district office has completed community assessments and is developing community-specific chronic disease Prevention Plans.

CHAMPPS: The Coordinated Healthy Activity, Motivation & Prevention Programs (CHAMPPS) grant funding process integrated physical activity, nutrition, substance abuse prevention, tobacco prevention, health access, and health equity promotion. Even though applicants elected to focus on one area (physical activity), the process led to the beginning of the Vermont Prevention Model and Strategic Prevention Framework application across many VDH programs.



Central & District Office Partnership Prevention Team

Blueprint: The community portion of the “Blueprint for Health” involves mobilization of community resources to support healthy behaviors. It identifies existing effective programs and forms partnerships with community organizations to support or expand systems addressing chronic diseases. Some examples of existing chronic disease prevention and management programs include substance abuse, tobacco use, mental illness, diabetes, cancer, and heart disease

CDC: In 2009, five central office staff¹ attended a conference focusing on the Centers for Disease Control (CDC) Cooperative Agreement for Vermont. The conference focused on the following areas: 1. Healthy Communities, 2. Tobacco Control, 3. Diabetes Prevention and Control and, 4. Behavioral Risk Factor Surveillance System. The purpose of the conference was for each state to create action steps to integrate these four programs. Upon returning from the conference, the five central office staff met weekly to look at integration plans from other states, collaborate with other VDH Central Office staff working on prevention, and collect input from the District Office Public Health Specialists working on chronic disease prevention. The collaborative process and actions across VDH Central and District Offices identified the following opportunities for integration:

1. Settings: communities, schools/child care, worksites, and health care systems.
2. Policy
3. Media/health communication
4. Workforce development
5. Data collection/analysis/surveillance
6. Partnerships/organizations²
7. Self-management/behavior change programs

District Office Prevention Plan Implementation

One district office was successful, in collaboration with a variety of community partners, at including health and wellness policies in the town plan. In another district, the VDH worksite resource guide was used at a workshop for local employers to promote local physical activity, nutrition, and breastfeeding programs. Finally, one district identified opportunities for community partners in one area who are receiving multiple prevention-related funding to work collaboratively on improving the health of their community.

Example of How the Integration Process Works

¹ Jenney Samuelson, Susan Coburn, Sheri Lynn, Robin Edelman, and Karen Garbarino

² This opportunity for integration is part of the other areas.



Central & District Office Partnership Prevention Team

An internal VDH multi-disciplinary work group, as described above convened in May 2009 for the purpose of defining Strategic Prevention Framework core competencies. The Framework includes: (a) assessment, (b) capacity building, (c) planning, (d) implementation of evidenced based interventions, and (e) evaluation.

The work group members included Patti Baroudi (ADAP), Catherine Taft (DO), Judy Ashley-McLaughlin (DO), Sheri Lynn (HPDP), Susan Coburn (HPDP), Sharon Mallory (HPDP), Tracy Dolan (Commissioner's Office), Jenney Samuelson (Blueprint), and John Olson (HPDP). An assessment of VDH employees and partners was performed via web-based survey in January, 2010. The survey assessed current knowledge, skills and abilities. It identified training needs across programs such as Tobacco Control, Substance Abuse Prevention, Nutrition and Physical Activity. Approximately 500 individuals were surveyed and more than half responded. The work group is currently drafting a training and workforce development plan to build capacity for both VDH staff and community partners. This effort aligns with the VDH strategic plan goals which recognize community capacity to respond to public health needs; and that there is a valued and competent workforce both within VDH and with community partners.

VDH District Office – Prevention Team Leadership and Composition

The District Office Prevention Teams are established to create more impact, not simply more activity. Membership of the DO Prevention Team will vary based on state and community resources. The teams may include a combination of VDH leadership, local staff and community partners. Such staff may be part of community coalitions or involved in other community prevention activities. In particular, OLH "designees" or, as an example, a nutritionist leading the nutrition services plan could be on the local team. Ideally there will be core members of the team supported by other staff who participate in a functional capacity depending upon the area of focus set forth at the local level. The District Director provides leadership for the Prevention Team supported by the District Supervisor and/or Public Health Specialist - Chronic Disease, and ADAP Prevention Consultant.

The Prevention Leadership Team members require knowledge and understanding of VDH programs and the expectations of those in leadership are to:

- Develop leadership skills, including critical thinking, communication, creative problem solving, self confidence and team work
- Facilitate collaboration, sharing, and skills development
- Focus on outcomes-based work, best practices, environmental, community organizing, systems, and policy level efforts.
- Support the team in establishing goals and objectives using effective group process techniques.



**Central & District Office
Partnership Prevention Team**

VDH Central Office – Prevention Team Leadership and Composition

The goals of this team are to develop an integrated work plan, collaborate and improve the communication process with the DO Prevention Teams and work together to evaluate progress (see page 6 Outcomes).

Currently the leadership of the CO Prevention Team is shared across a core team. Heretofore that Core Team has included the Health Promotion and Disease Prevention Division Director, and Program Managers (Diabetes, Tobacco Control, and Healthy Communities); Blueprint for Health staff; and a Division of Health Surveillance representative. It will now include the VDH Strategic Planning Chief, staff from the Division of Alcohol and Drug Abuse Prevention Programs, the Divisions of the Office of Local Health, and Maternal and Child Health. Functional experts within central office may be recruited to support the CO Prevention Team efforts. Expectations of the team are consistent with the DO Prevention Teams.

Prevention Teams – District Offices and VDH Central Office

Guiding Principles³:

- Develop systematic identification of common problems and gaps as well as shared opportunities for addressing them
- Enhance efficiency in daily programmatic work
- Facilitate more effective problem solving
- Improve learning from each other
- Create awareness of shared aims across categorically funded programs and achieve common goals
- Build productive partnerships across the organization
- Enhance coordination and partnership between various systems (e.g., medical homes, hospitals, schools, work sites, etc.)
- Reduce duplication in addressing the same risk factors for different diseases and create greater efficiency in tackling multiple diseases
- Increase sharing of data and best practices
- Partners across CO Prevention Team and DO Prevention Teams will commit to open communication and transparency.
- DO Prevention Teams and CO Prevention Team will contribute expertise and resources and encourage shared accountability

Examples of Action:

³ Partnership for Prevention



**Central & District Office
Partnership Prevention Team**

- Review programs and activities to determine opportunities for integration or linkages including community coalitions as well as Agency of Human Services and VDH programs.
- Develop common goals through targeted and integrated interventions for specific communities, whether they are a geographic community or a provider practice community.
- Evaluate effectiveness of community prevention work from a systems perspective using available data resources (i.e., including the Blueprint centralized registry, BRFSS, YRBS, Health Statistics, and School Nurse Report, etc).
- Examine opportunities for potential policy, systems and environmental change initiatives to support healthy communities.
- Make connections between various work plans (e.g., those who are working on breastfeeding linking with obesity prevention efforts, the School Health Team, etc).
- Identify areas of collaboration and support for existing or new community coalitions and VDH grantees.

Prevention Team Outcomes – October 1, 2010 – September 30, 2011

- Develop and implement an internal communication system to enhance partnership between DO Prevention Teams and CO Prevention Team work.
- Create an inventory of program best practices, tools, to model and share in a centralized location (nessie).
- Identify and list 1-3 opportunities for program integration and determine opportunities for action during the fiscal year.
- Hold at least one facilitated meeting (north and south) to engage in continuing integration and collaborative dialogue.



**Central & District Office
Partnership Prevention Team**

Appendix A

VDH Mission and Vision

Mission

Our mission is to protect and optimize the health of all Vermonters.

Vision

Our vision is health Vermonters living in healthy communities.

- Goal 1: Effective and integrated public health programs.
- Goal 2: Communities with the capacity to respond to public health needs.
- Goal 3: Internal systems provide consistent and responsive support to ensure successful outcomes.
- Goal 4: A valued and competent workforce supported in promoting and protecting the public's health.
- Goal 5: A public health system understood and valued by Vermonters
- Goal 6: Health equity for all Vermonters.

Central & District Office
Partnership Prevention Team

Appendix B

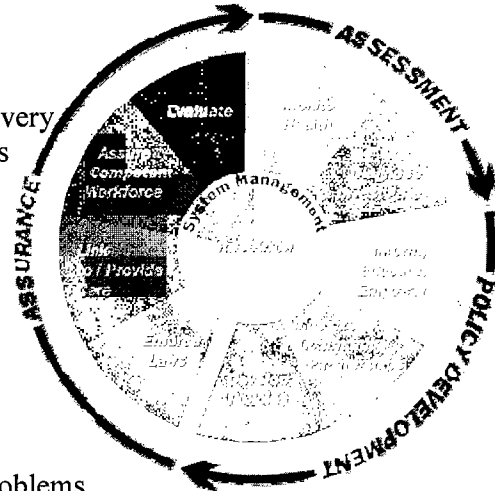
Vision: *Healthy People in Healthy Communities*

Mission: *Promote Physical and Mental Health and Prevent Disease, Injury, and Disability*

www.cdc.gov/od/ocphp/nphpsp/EssentialPublicHealthServices.htm

Public Health

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services



Essential Public Health Services

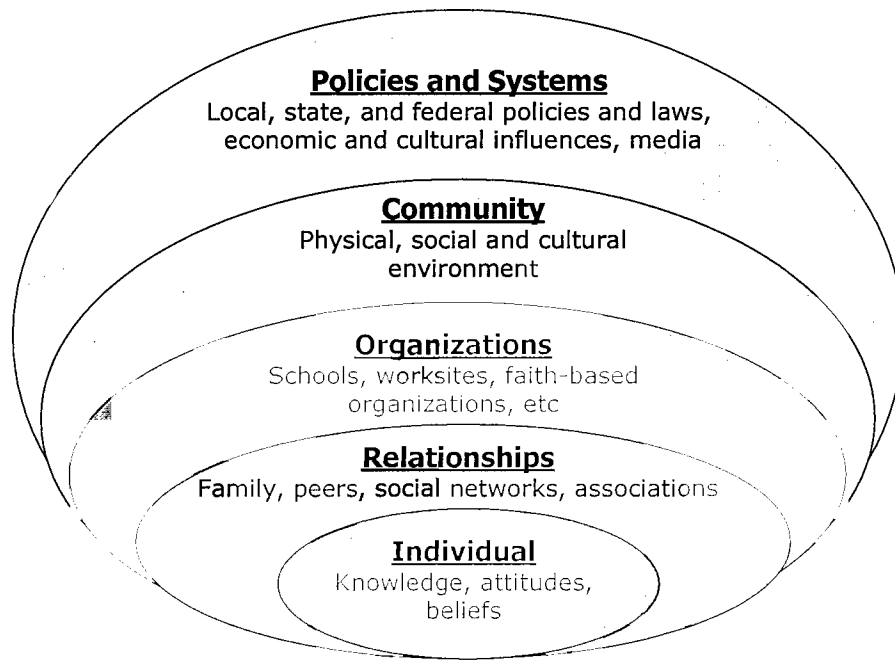
- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable
- Assure a competent public health and personal health care workforce
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

**Central & District Office
Partnership Prevention Team**

Appendix C

Vermont's Prevention model describes the multiple levels for potential intervention. Comprehensive prevention programs, to be most effective for the long term, and to reach the largest number of people, should address multiple levels of the model.

Vermont Prevention Model



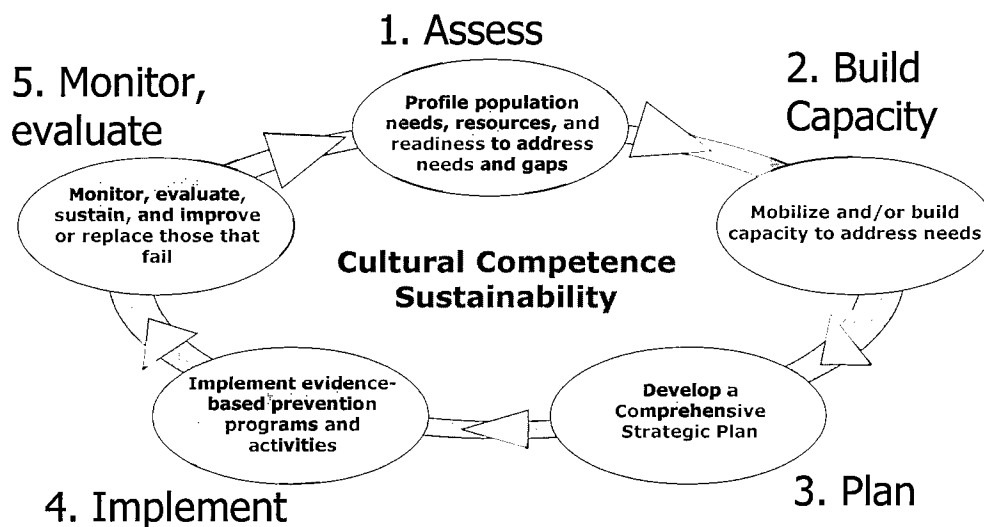
Adapted from: McElroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Education Quarterly 15:351-377, 1988.

Appendix D

Strategic Prevention Framework

Developing and implementing effective community based programs requires the use of the Strategic Prevention Framework. The Strategic Prevention Framework offers a step by step process for assessing, developing, implementing and evaluating community based prevention programs. This is an evidence-based process for community development.

Prevention Framework



Central & District Office
Partnership Prevention Team

APPENDIX E

Chronic care model places patient at the center

The chronic care model was designed in 1998 by Ed Wagner, MD, director of the MacColl Institute for Healthcare Innovation at the Group Health Cooperative of Puget Sound, Seattle. The Institute for Healthcare Improvement in Boston offers seminars and practice-centered training in the model, which has six components. According to IHI, they are:

Self-management support — Patients manage their own care.

Decision support — Treatment decisions are based on proven guidelines supported by at least one defining study. Health care organizations integrate proven guidelines into day-to-day practice

Delivery system design — Delivery requires clear roles and tasks, and all clinicians have current informa-

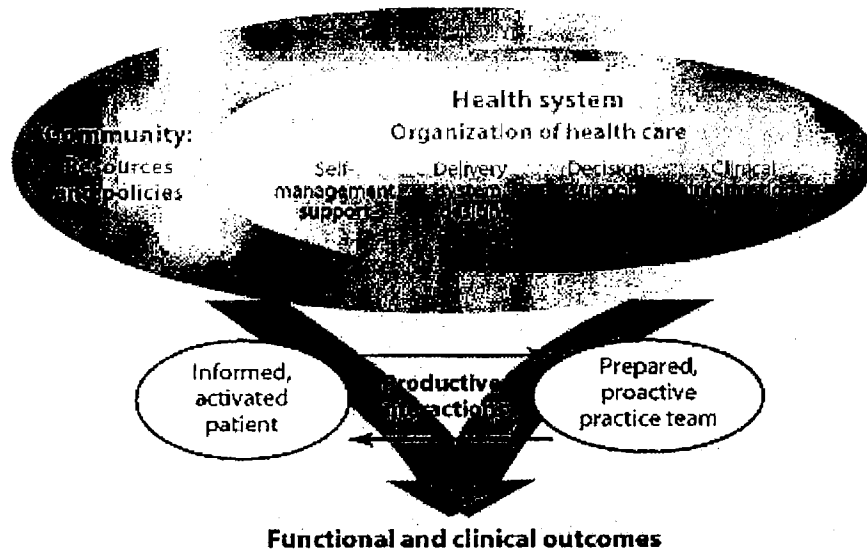
tion about patient status. Follow-up is standard.

Clinical information system — A registry or an information system that can track individual patients as well as populations is a necessity.

Organization of health care — Health care systems create an environment in which organized efforts improve care.

Community — Health care organizations make an effort to form powerful alliances and partnerships.

The chronic care model



Source: E.H. Wagner, C. Davis, J. Schaefer, M. Von Korff, B. Austin, "A survey of leading chronic disease management programs: are they consistent with the literature," *Managed Care Quarterly* 7 (1999): (3) 56-66.



Community Workforce Development Plan

July 1, 2010- June 30, 2011

Introduction – The primary goal of the Community Prevention Workforce Development Plan is to promote skills among Central and District Office staff and our community partners. These skills or core competencies can be used in the community and across prevention programs like tobacco control, substance abuse prevention, and nutrition and physical activity. The implementation of the strategies outlined in the plan also support achieving the VDH Strategic Plan goals which recognize the importance of building community capacity to respond to public health needs and creating a valued and competent workforce within VDH and among community partners.

The Community Workforce Development Plan long term goals are to:

Advance skills for implementing evidence based public health strategies.

Advance skills for sustaining public health initiatives.

Advance skills to evaluate public health initiatives.

The plan focuses on the areas of training, learning communities and organizational development. The work group members also discussed mentoring, grant and contracting, resource sharing, and infrastructure development within VDH which will be considered in subsequent years.

Background - An internal VDH multi-disciplinary work group convened in May 2009 under the leadership of Jenney Samuelson (Blueprint) for the purpose of defining the core competencies that best suited the work at the community level. The work group decided to focus on the knowledge, skills and abilities needed to implement the Strategic Prevention Framework components that include: (a) assessment; (b) capacity building; (c) planning; (d) implementation of evidenced-based interventions; and (e) evaluation.

The work group members included Patti Baroudi (Alcohol and Drug Abuse Programs); Catherine Cusack and Judy Ashley-McLaughlin (District Office), Sheri Lynn, Susan Coburn, John Olson and Sharon Mallory (Health Promotion and Disease Prevention); and Tracy Dolan (Commissioner's Office) with Jenney Samuelson (Blueprint) as facilitator. A web-based assessment survey was developed and released to VDH

employees and community partner in January, 2010. The survey tool assessed current knowledge, skills and abilities across the five components of the Strategic Prevention Framework and identified common gaps that defined the work force development and training needs for the first year. Approximately 500 individuals were asked to complete the survey and more than half responded.

The Prevention Institute Training – The work group learned about a training opportunity which the Division of Alcohol and Drug Abuse Programs had used for years for new community coalition coordinators and VDH staff, as the Community Work Force Development Plan was drafted. As a result the work group gained support throughout VDH to promote broad attendance to the Prevention Institute, held in Vermont from June 14 to 17, 2010. The work group members recognized that this training opportunity was foundational to the Community Work Force Development Plan. VDH Central and District Office Staff and community partners could apply the knowledge and practical skills learned at the Prevention Institute over the course of the year.

Annual Training Calendar - The work group plans to complete a 2010 -2011 annual training calendar and will release this in September 2010. The annual training calendar is aimed at enhancing coordination and integration of learning opportunities throughout the year so the community prevention workforce can plan accordingly.

Evaluation – The work group will monitor the progress and outcomes of the plan over the course of the year.

Training

- Training: focus areas for work plan
 - Policy
 - Environmental Change
 - Health Communications
 - Social Marketing
 - Cultural Competencies
- Evaluation: other area needing work

Objective: By September 1, 2010, we will develop and communicate the VDH annual training calendar within VDH and externally to partners.

Activities to Be Accomplished in Year One

1. Form sub committee to create prevention training calendar.
2. Disseminate calendar through e-mail, telephone conference call, and web posting.
3. Hold and evaluate training for the public and community health prevention workforce on the application of policy, environmental change, fundamentals of health communications to prevention, social marketing to prevention, cultural competency, and evaluation.
4. Identify and establish on-line training tools for areas of best practice that can be accessed and provide continuing education credits

Expected Outcomes: The training calendar will be recognized as useful and meet the training needs of community partners and VDH staff.

Measurement:

1. Evaluate participation rates of training calendar events.
2. Evaluate utilization of calendar.

Learning Communities

Definition - According to the Substance Abuse and Mental Health Services Administration (SAMSHA) a learning community brings "science-to-service" <http://prevention.samhsa.gov/evidencebased/evidencebased.pdf>. For this work plan, a learning community is defined as a group that convenes to improve on a certain area of practice, topic or specific issue. For example learning communities exist through the Strategic Prevention Framework/State Incentive Grants (SPF/SIG) effort. Another learning community could exist to focus on the healthy retailers project aimed at changing retailer behavior by restricting tobacco advertising and promoting healthy food options in retail stores.

Notes: Focus Areas

- Establish learning communities
- Program/learning exchanges
- Electronic resources (list serves or online learning environments)
- Develop/share integrated resources
- Success stories/models for success

Objective 1: By June 30, 2011 we will support, establish, and evaluate at least one learning community.

Objective 2: By June 30, 2011, establish 12 VDH District Office Prevention Teams and 1 VDH Central Office Prevention Team to support building capacity for policy, systems, and environmental change interventions for health promotion and prevention of chronic diseases.

Activities to Be Accomplished in Year One

1. Identify learning communities for groups working on similar projects or initiatives.
2. Establish guidelines for interrelationship and communication between learning communities.
3. Publish successes and challenges of learning communities.

Expected Outcomes: The successes and challenges of a learning community are documented and shared.

Measurement:

1. A case study measures one learning community documents tasks, resources, and shared learning.

Organizational Development for Community Coalitions (Capacity Building)

Notes:

- Organizational development (Bi-laws, structure, etc.)
- Coalition infrastructure/best practices
- Develop and share integrated resources

Objective: By June 30, 2011, VDH will develop coalition capacity building resources and tools (best-practice guide).

Activities to Be Accomplished in Year One

1. Convene a work group to assess coalition capacity resources and tools.
2. Develop minimum standards for coalition development.
3. Develop and disseminate one best-practice guide for forming and managing coalitions.
4. Provide technical assistance and facilitation services to coalitions seeking help with coalition development like bi-laws, managing conflict, recruitment and retention of coalition members and other areas of need defined by the coalitions.

Activities to Be Accomplished in Year Two

5. Implement coalition capacity building evaluation framework.
6. Assist coalition coordinators in establishing and maintaining these minimums.

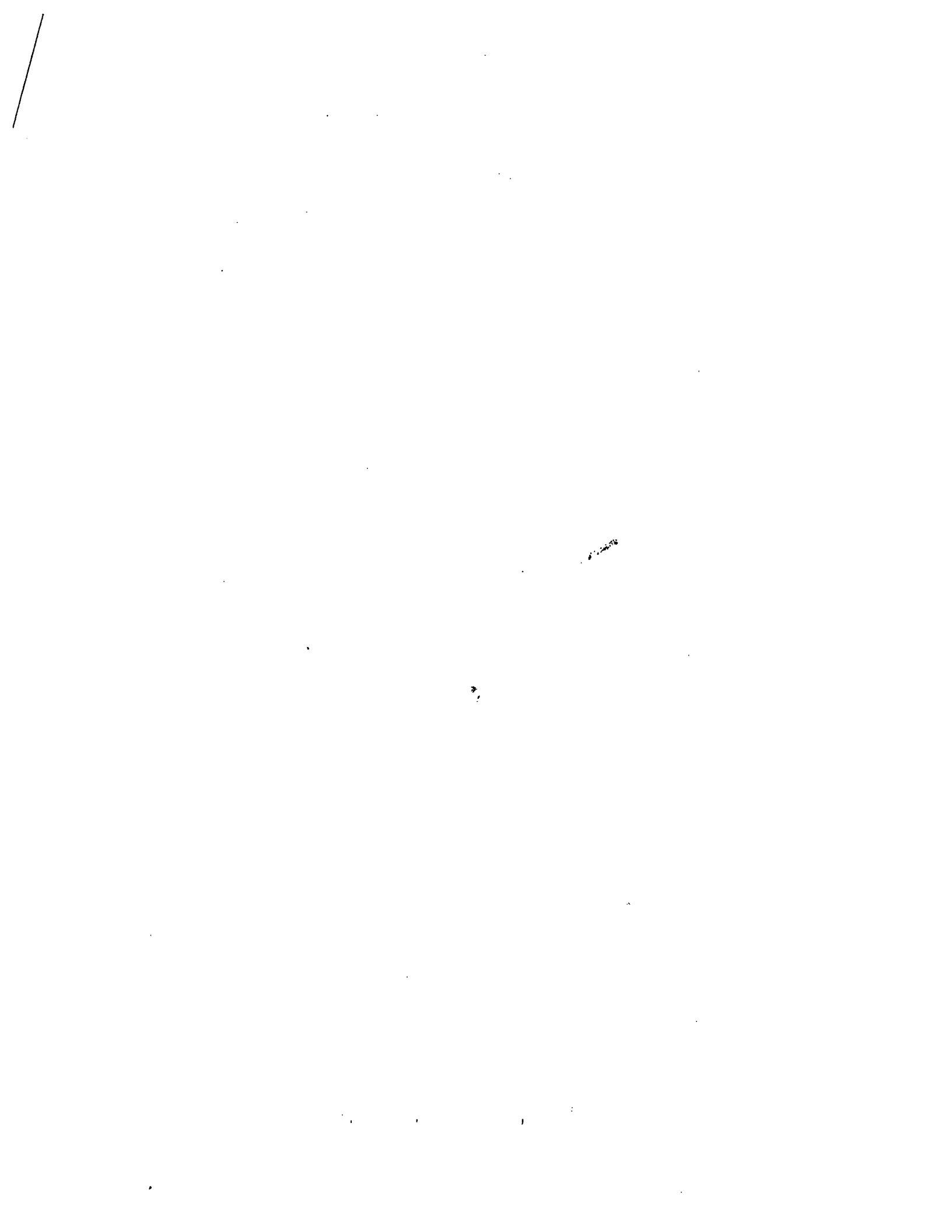
Expected Outcomes: Community coalitions

Measurement:

August 3, 2010 FINAL DRAFT

Insert Training Calendar Here

Draft



State of Vermont
Department of Health
Health Promotion & Disease Prevention
108 Cherry Street—PO Box 70
Burlington, VT 05402-0070
HealthVermont.gov

[phone] 802-863-7330
[fax] 802-651-1634

Agency of Human Services

October 20, 2011

Anella Higgins, Grants Management Specialist
Centers for Disease Control and Prevention
2920 Brandywine Road, Mail Stop-K-75
Atlanta, GA 30341


Re: Award Number 3U58DP001994-03W2

Dear Ms. Higgins,

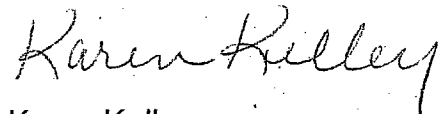
The Vermont Department of Health is pleased to receive supplemental funding from the Centers for Disease Control and Prevention for the coordination of chronic disease prevention and health promotion.

Enclosed is a revised budget and a response to the weaknesses noted in the technical review. We look forward to working closely with a CDC project officer on this supplemental cooperative agreement.

Sincerely,



Susan Coburn MPH, RD
Principal Investigator for VT
Division of Health Promotion and Disease Prevention



Karen Kelley
Grants Program Specialist



Vermont Prevention and Public Health Fund Coordinated Chronic Disease Prevention and Health Promotion Program
CDC-DP09-9010301PPHF11
Budget and Justification
September 15, 2011-September 14, 2012

	Annual Salary	Percent of time	Total
A. PERSONNEL			
Public Health Programs Administrator	\$43,222	100%	\$43,222
<p>The Programs Administrator will lead the chronic disease integration plan development, provide technical assistance, leadership and training to community level and local health office partners to further integrate and improve chronic disease prevention program implementation and coordination at the state level.</p>			
Public Health Specialist	\$38,522	100%	\$38,522
<p>The Public Health Specialist will manage the coordinated policy and environmental change programs addressing nutrition and physical activity including technical assistance, leadership and training for implementation of the cross cutting best practices.</p>			
Public Health Analyst III	\$45,843	100%	\$45,843
<p>The Public Health Analyst will lead the development and implementation of an evaluation plan for all project components.</p>			
Administrative Assistant B	\$32,739	50%	\$16,370
<p>The Administrative Assistant will provide administrative support to the project including grant and contract administration, processing payments and logistics support.</p>			
TOTAL SALARIES			\$143,957
B. FRINGE BENEFITS			\$50,385
<p>The actual cost of fringe benefits (not a fringe benefit rate) will be reported as a direct cost of the program. The actual cost of fringe benefits varies from employee to employee based on salary, employee choice of health care plan, and employee election of certain other benefits. The usual, major components of this cost are FICA at approximately 7% of salary, and retirement and health insurance, each at approximately 14% of salary. The cost of each employee's fringe benefits will be allocated to the program based on hours worked in the program relative to all hours worked by the employee. Based on the current, average cost of fringe benefits for employees, we are estimating the cost of fringe benefits at 35% of salary.</p>			
C. CONTRACTUAL			\$145,000
<p>Contracts will be established using State of Vermont specifications for contracts and purchases which are consistent with CDC requirements any sub awards larger than \$25,000 will be submitted to PGO once the contractor is selected.</p>			

CDC Evaluation Assignee	\$50,000	
A CDC Evaluation Assignee to develop and implement an evaluation plan for Vermont's community prevention work. Activities include establishing an evaluation framework, creating a plan for data collection and implementing a system for data collection. Actual cost for a CDC Assignee to be provided by CDC.		
Evaluation Tracking System	\$45,000	
Development of a system to capture consistent evaluation outcomes across community based prevention grantees.		
Strategic Plan Development	\$18,000	
Facilitator Shelli Bischoff to provide consultation and facilitation for development of the Chronic Disease Implementation Plan 10 Days @ \$1,500 per day and 3 trips @ \$1,000 per trip for on site facilitation		
Workforce Development Training	\$2,000	
To provide staff trainings as identified by the workforce development workgroup.		
Communications Plan	\$30,000	
Contract to develop a public health communication plan, including marketing and media across all Health Department chronic disease prevention program areas and Healthy Vermonters 2020, linking to the Vermont Blueprint for Health and the state's health care reform		
D. EQUIPMENT		\$0
E. SUPPLIES		\$27,268
Estimated costs of subscriptions, texts, and manuals to support the work of chronic disease prevention staff.	\$1,068	
Laptops	\$4,200	
3 lap tops with docking stations, or personal computers for program staff		
Healthy Community Design and Healthy Retail Materials		
Costs associated with the ongoing implementation of two cross cutting evidence based strategies including materials, trainings and technical assistance to community partners.		
Healthy Retailer Project: production of materials for in-store promotion of healthy items (posters, clings, table tents)	\$ 14,000	
Healthy Community Design: production of materials to support implementation (i.e. stand alone assesment tool, fact sheets, talk points)	\$ 8,000	
F. TRAVEL		\$7,648
Instate Travel	\$2,448	
For 4 staff to travel to communities, local health offices, trainings		

and meetings with state partners.

100 miles/ month @\$.51/mile

Out-of-State Travel \$5,200

Travel costs for staff and members of the HPDP Chronic Disease Integration Team to attend national conferences and trainings.

4 staff travel to four three day trainings \$450 lodging; \$100 meals; \$600 airfare; 150 parking and trans

G. OTHER

BRFSS Questions \$11,000 \$19,000

Addition of BRFSS questions to measures progress towards Healthy Vermonters 2020 goals for Chronic Disease Prevention.

Healthy Retail Project: two half day trainings for community coalitions and VDH staff \$3,000

Healthy Community Design: 2 full day trainings for new and existing grantees and other interested groups \$5,000

H. TOTAL DIRECT CHARGES \$393,258

Indirect Costs @ 60% of salary total \$86,374

I. TOTAL INDIRECT CHARGES* \$86,374

J. BUDGET TOTAL \$479,632

***Cost Allocation Plan**

The Vermont Department of Health uses a Cost Allocation Plan, not an indirect rate. The Vermont Department of Health is a department of the Vermont Agency of Human Services, a public assistance agency, which uses a Cost Allocation Plan in lieu of an indirect rate agreement as authorized by OMB Circular A-87, Attachment D. This Cost Allocation Plan was approved by the US Department of Health and Human Services effective October 1, 1987. A copy of the original approval and a copy of the most recent approval letter is attached. The Cost Allocation Plan summarizes actual, allowable costs incurred in the operation of the program. These costs include items which are often shown as direct costs, such as telephone and general office supply expenses, as well as items which are often included in an indirect rate, such as the cost of office space and administrative salaries. These costs are allocated to the program based on the salaries and wages paid in the program.

Because these are actual costs, unlike an Indirect Cost Rate, these costs will vary from quarter to quarter and cannot be fixed as a rate. Based on costs to similar programs during recent quarters, we would currently estimate these allocated costs at 60% of the direct salary line item.

Vermont Prevention and Public Health Fund Coordinated Chronic Disease Prevention and Health Promotion Program

CDC-DP09-9010301PPHF11

Budget and Justification

September 15, 2011-September 14, 2012

	Annual Salary	Percent of time	Total
A. PERSONNEL			
Public Health Programs Administrator	\$43,222	100%	\$43,222
<p>The Programs Administrator will lead the chronic disease integration plan development, provide technical assistance, leadership and training to community level and local health office partners to further integrate and improve chronic disease prevention program implementation and coordination at the state level.</p>			
Public Health Specialist	\$38,522	100%	\$38,522
<p>The Public Health Specialist will manage the coordinated policy and environmental change programs addressing nutrition and physical activity including technical assistance, leadership and training for implementation of the cross cutting best practices.</p>			
Public Health Analyst III	\$45,843	100%	\$45,843
<p>The Public Health Analyst will lead the development and implementation of an evaluation plan for all project components.</p>			
Administrative Assistant B	\$32,739	50%	\$16,370
<p>The Administrative Assistant will provide administrative support to the project including grant and contract administration, processing payments and logistics support.</p>			
TOTAL SALARIES			\$143,957
B. FRINGE BENEFITS			\$50,385
<p>Fringe costs @ 35% of salary</p>			
C. CONTRACTUAL			\$157,500
<p>Contracts will be established using State of Vermont specifications for contracts and purchases which are consistent with CDC requirements any sub awards larger than \$25,000 will be submitted to PGO once the contractor is selected.</p>			
CDC Evaluation Assignee	\$50,000		
<p>A CDC Evaluation Assignee to develop and implement an evaluation plan for Vermont's community prevention work. Activities include establishing an evaluation framework, creating a plan for data collection and implementing a system for data collection. Actual cost for a CDC Assignee to be provided by CDC.</p>			
Evaluation Tracking System	\$50,000		
<p>Development of a system to capture consistent evaluation outcomes across community based prevention grantees.</p>			

Strategic Plan Development	\$25,500	
Facilitator Shelli Bischoff to provide consultation and facilitation for development of the Chronic Disease Implementation Plan 15 Days @ \$1,500 per day and 3 trips @ \$1,000 per trip for on site facilitation		
Workforce Development Training	\$2,000	
To provide staff trainings as identified by the workforce development workgroup.		
Communications Plan	\$30,000	
Contract to develop a public health communication plan, including marketing and media across all Health Department chronic disease prevention program areas and Healthy Vermonters 2020, linking to the Vermont Blueprint for Health and the state's health care reform		
D. EQUIPMENT		\$0
E. SUPPLIES		\$34,912
Estimated costs of subscriptions, texts, and manuals to support the work of chronic disease prevention staff.	\$712	
Laptops	\$4,200	
3 lap tops with docking stations, or personal computers for program staff		
Healthy Community Design and Healthy Retail Materials	\$30,000	
Costs associated with the ongoing implementation of two cross cutting evidence based strategies including materials, trainings and technical assistance to community partners.		
F. TRAVEL		\$8,872
Instate Travel	\$3,672	
For 4 staff to travel to communities, local health offices, trainings and meetings with state partners. 150 miles/ month @\$.51/mile		
Out-of-State Travel	\$5,200	
Travel costs for staff and members of the HPDP Chronic Disease Integration Team to attend national conferences and trainings. 4 staff travel to four three day trainings \$450 lodging; \$100 meals; \$600 airfare; 150 parking and trans		
G. OTHER		
BRFSS Questions	\$15,000	\$15,000
Addition of BRFSS questions to measures progress towards Healthy Vermonters 2020 goals for Chronic Disease Prevention.		
H. TOTAL DIRECT CHARGES		\$410,626
Indirect Costs @ 60% of salary total	\$86,374	
I. TOTAL INDIRECT CHARGES*		\$86,374
J. BUDGET TOTAL		\$497,000

***Cost Allocation Plan**

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Because these are actual costs, unlike an Indirect Cost Rate, these costs will vary from quarter to quarter and cannot be fixed as a rate. Based on costs to similar programs during recent quarters, we would currently estimate these allocated costs at 60% of the direct salary line item.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation

26 Federal Plaza, Room 41-122
New York, New York 10278
Phone: (212) 264-2069
Fax: (212) 264-5478

March 15, 2011

Mr. Douglas Racine
Secretary
State of Vermont
Agency of Human Services
103 South Main Street
Waterbury, Vermont 05671-0204

RECEIVED

MAR 21 2011

Agency of Human Services
Office of the Secretary

Dear Mr. Racine:

This is to advise you of the approval of the revisions to the Vermont Agency of Human Service (AHS) Cost Allocation Plan, which were submitted under letter dated September 29, 2010 and later revised with letter dated January 11, 2011. The revisions are to reflect continuous changes within the Agency of Human Services due to a department wide reorganization. These revisions, which were submitted in accordance with 45 CFR 95, Subpart E, are effective July 1, 2010 except as noted below.

This approval shall remain in effect until such time as the basis and methods for allocating costs in the plan becomes outdated due to organizational changes, changes in Federal law or regulations, or there is a significant change in program composition that would affect the validity of approved cost allocation procedures.

The plan is approved and costs claimed in conformance with the plan are subject to the following conditions:

1. The approval is based on information provided by the State and is void if the information is later found to be materially incomplete or inaccurate.
2. The costs claimed for Federal financial participation must be allowable under the law, the cost principles contained in OMB Circular A-87 and program regulation.
3. The Department of Children and Families (DCF): Initial review found that incorrect information was provided under submission dated September 29, 2010 for DCF. State provided correct revisions under letter dated January 11, 2011 which is currently under review. We are deferring approval of this section until the review is completed.
4. Vermont Department of Health (VDH), RMTS Time Study Manual for School-Based Medicaid Administrative Service: The Centers for Medicare and Medicaid Services (CMS) has requested VDH to make changes to their RMTS Time Study Manual and resubmit to CMS for review.

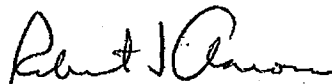
We are deferring approval of the RMTS Time Study Manual for School-Based Medicaid Administrative Service, as requested by CMS, until review is conducted and approval is given.

5. Based on CMS letter to Vermont dated May 29, 2007,
 - All current and future PACAP revisions for each AHS Department should comply with Federal regulations regardless of the status of the Global Commitment to Health waiver. The Office of Vermont Health Access administrative expenses and allocation methodologies should comply with Federal regulations at 45 CFR 95.507 (a) and (b) and 42 CFR 433.15.
 - A general reference to the Global Commitment to Health waiver at the beginning of each AHS Department's allocation methodology should be indicated by an asterisk attached to each Plan Department number and allocation methodology that is affected by the waiver.
6. The approved plans are subject to ongoing revisions as the Vermont Agency of Human Services completes the transition to the new organizational and operational structure. These ongoing changes will be addressed in subsequent plan revisions that may impact on currently approved cost allocation methodologies.

Nothing contained herein should be construed as approving activities not otherwise authorized by approved program plans, or Federal legislation or regulations.

The implementation of the cost allocation plan approved by this document may from time to time be revised by authorized Federal staff. The disclosure of inequities during such reviews may necessitate changes to the plan.

Sincerely,



Robert I. Aaronson
Director, Division of
Cost Allocation

cc: Borseti, R., ACF
Johnson, W., CMS
Lubing, L., USDA/FNS



DEPARTMENT OF HEALTH & HUMAN SERVICES

Office of the
Regional Director

Region I
John F. Kennedy Federal
Government Center
Boston, MA 02203

March 2, 1989

Ms. Nancy Clermont
Agency Financial Management Specialist
State of Vermont
Agency of Human Services
103 South Main Street
Waterbury, Vermont 05676

Dear Ms. Clermont:

This is to inform you of the approval of the enclosed Administrative Cost Allocation Plan originally submitted on December 30, 1987 and revised May 9, 1988 and September 26, 1988. The approval is effective October 1, 1987 and will remain in effect until such time as the allocation methods contained therein are outdated or otherwise determined to be inappropriate. Responsibility for monitoring the continued accuracy of the plan rests solely with the State.

Approval of this plan is predicated upon conditions that (1) no costs, other than those incurred pursuant to the approved State Plan, are included in claims to HHS and that such costs are legal obligations, (2) the same costs treated as indirect costs have not been claimed as direct costs, and (3) similar types of costs have been accorded consistent treatment.

This approval also presumes the existence of an accounting system with internal controls adequate to protect the interests of both the State and Federal governments. Approval of the cost allocation plan does not constitute the approval of the estimated costs submitted with the plan. The approval relates only to the accounting treatment accorded the costs of your programs, and nothing herein should be construed to approve activities or costs not otherwise authorized by program plans, Federal legislation or regulations.

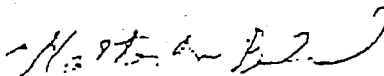
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Page 2

The operation of the plan may, from time to time, be reviewed by authorized Federal staff, including DCA, OPDIV, HHS Audit and General Accounting Office personnel. The disclosure of inequities during such reviews may necessitate changes to the plan and could result in the disallowance of improperly allocated costs.

Thank you for your cooperation in maintaining an accurate and current cost allocation plan.

Sincerely yours,



Walter M. Boland, Director
Division of Cost Allocation

Enclosure

cc:
Alfred Fuoroli, HCFA
Peter Shanley, USDA

**Vermont Prevention and Public Health Fund Coordinated Chronic Disease
Prevention and Health Promotion Program
Abstract**

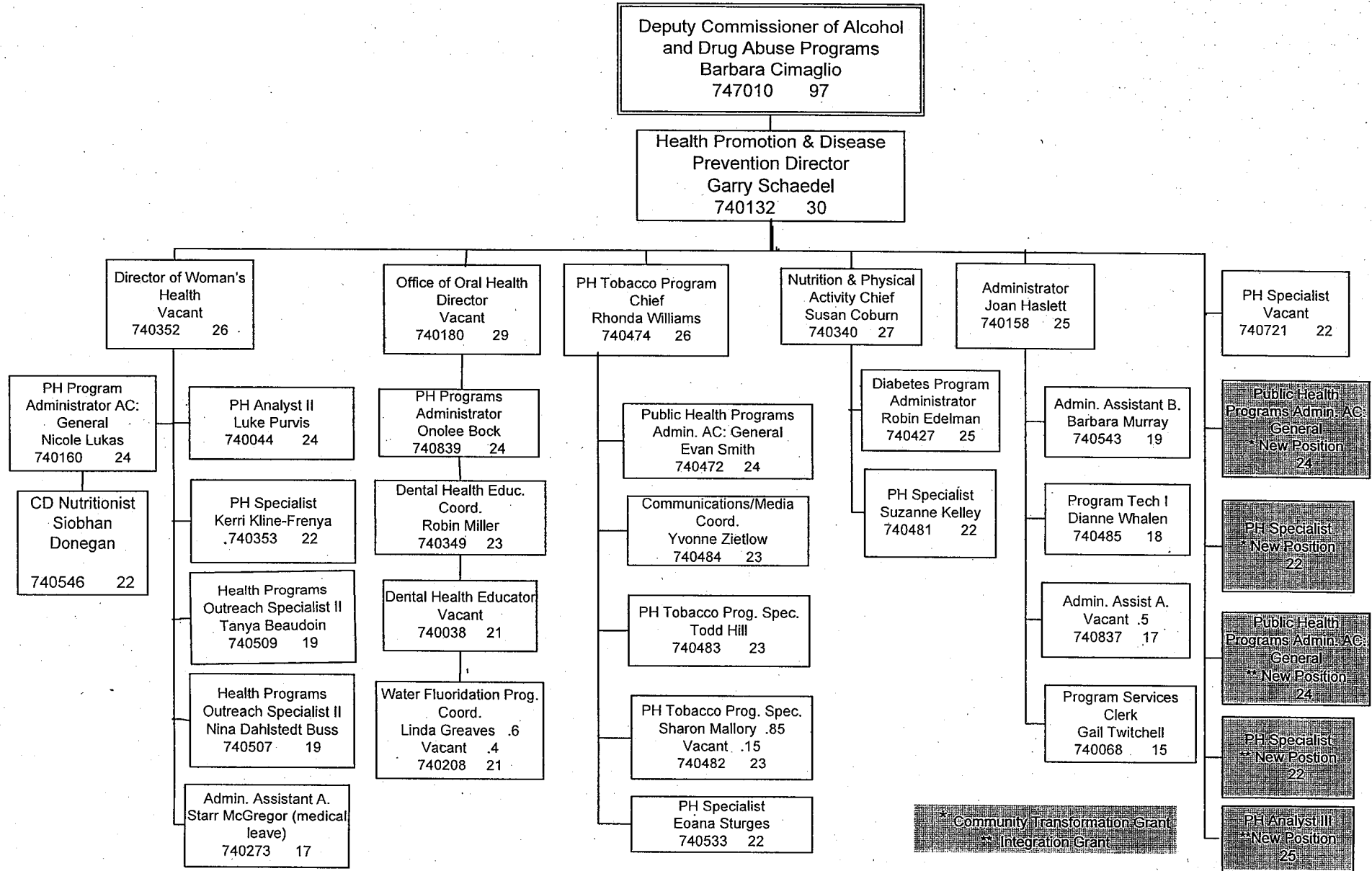
The Vermont Department of Health's Coordinated Chronic Disease Prevention and Health Promotion funding from the Centers for Disease Control and Prevention, will strengthen the department's capacity to implement public health programs, conduct public health surveillance, and build and expand coordination and collaboration efforts across Vermont's chronic disease prevention and health promotion programs.

This integrated effort will build on Vermont's accomplishments and allow for an expansion of cross cutting chronic disease prevention efforts. The Division of Health Promotion and Disease Prevention will work collaboratively with internal and external partners to develop a chronic disease prevention and health promotion plan, strengthen staffing and leadership for chronic disease prevention, work collaboratively to implement cross cutting best practices, and position programs and resources to achieve population level change to address common risk factors. This effort will build on existing collaboration with Vermont's Blueprint for Health, Vermont's health care reform initiative, further cross cutting policy and environmental change initiatives and strengthen Vermont's ability to address disparate populations.

The Department of Health's request to CDC for a three-year Coordinated Chronic Disease Project is to support identified resource gaps to further current health promotion programs, while investing in new innovative ways to develop and implement cross cutting chronic disease prevention programs. Vermont's history of coordination and collaboration supports the capacity to accomplish the work proposed.

Division of Health Promotion & Disease Prevention

Proposed New Grant Positions



* Community Transformation Grant
** Integration Grant

VERMONT DEPARTMENT OF PERSONNEL
Request for Classification Action
New or Vacant Positions
Existing Job Class/Titles ONLY
Position Description Form C

- **This form is to be used by management to request the allocation of a new position, or reallocation of a vacant position, to an EXISTING class title.**
- Employee requests must be submitted on the separate "Position Description Form A."
- Requests for full classification, to determine the appropriate pay grade for any job class must be submitted on "Position Description Form A."
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded areas of the form.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you will need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- All sections of this form are required to be completed unless otherwise stated.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office.

Request for Classification Action
New or Vacant Positions
EXISTING Job Class/Title ONLY
Position Description Form C/Notice of Action
For Department of Personnel Use Only

Notice of Action # _____		Date Received (Stamp)
Action Taken: _____		
New Job Title _____		
Current Class Code _____	New Class Code _____	
Current Pay Grade _____	New Pay Grade _____	
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____		
Classification Analyst _____	Date _____	Effective Date: _____
Comments:		Date Processed: _____
Willis Rating/Components:	Knowledge & Skills: _____	Mental Demands: _____
	Working Conditions: _____	Accountability: _____
	Total: _____	

Position Information:

Incumbent: **Vacant or New Position**

Position Number: Current Job/Class Title:

Agency/Department/Unit: GUC:

Pay Group: Work Station: Zip Code:

Position Type: Permanent Limited Service (end date)

Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:

Check the type of request (new or vacant position) and complete the appropriate section.

New Position(s):

a. **REQUIRED:** Allocation requested: Existing Class Code Existing Job/Class Title:

b. Position authorized by:

- Joint Fiscal Office – JFO # Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

Vacant Position:

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code: Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code: Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes No If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties: The Program administrator is responsible for the overall direction for the Intergration Grant: planning; grants management; coordination with Leadership team; advisory committees; educational needs for coalitions and community groups; and policy development. This position will be responsible for the day to day management and will work under the direction from the Division Director. Integrates the goals of Healthy Vermonters 2020, the State Health Plan, and VDH Strategic Priorities. Works with other state agencies to assure that policies within the Department and outside are coordinated. Develops and manages program budgets; writes and monitors sub-recipient grants; Writes grant proposals, monitors funding, and ensures compliance with federal and state policies and program regulations. Works with leadership of medical professionals and community organizations. Represents VDH at state and national meetings. Identifies opportunities, challenges, barriers, and takes steps to address them. Coordinates partnership meetings, plans activities and timelines for the program, and coordinates with partner agencies. Guides development and implementation of a strategic cancer plan including objectives, best practices, strategies, and evaluation methods. Performs other duties as required.

2. Provide a brief justification/explanation of this request: The scope and responsibility of this position is equivalent to other CDC contract managers within the Division.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). N/A

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes No

5. The name and title of the person who completed this form: Garry Schaedel, Division Director, HPDP

6. Who should be contacted if there are questions about this position (provide name and phone number):

Garry Schaedel, (802) 863-7269

7. How many other positions are allocated to the requested class title in the department: 2

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) No

Attachments:

- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).



Personnel Administrator's Signature (**required**)*

11/14/2011

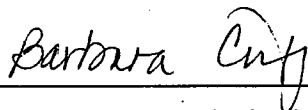
Date



Supervisor's Signature (**required**)*

11/14/11

Date



Appointing Authority or Authorized Representative Signature (**required**)*

11-15-11

Date

* Note: Attach additional information or comments if appropriate.

VERMONT DEPARTMENT OF PERSONNEL
Request for Classification Action
New or Vacant Positions
Existing Job Class/Titles ONLY
Position Description Form C

- **This form is to be used by management to request the allocation of a new position, or reallocation of a vacant position, to an EXISTING class title.**
- Employee requests must be submitted on the separate "Position Description Form A."
- Requests for full classification, to determine the appropriate pay grade for any job class must be submitted on "Position Description Form A."
- This form was designed in Microsoft Word to download and complete on your computer. This is a form-protected document, so information can only be entered in the shaded areas of the form.
- To move from field to field use your mouse, the arrow keys or press Tab. Each form field has a limited number of characters. Use your mouse or the spacebar to mark and unmark a checkbox.
- Where additional space is needed to respond to a question, you will need to attach a separate page, and number the responses to correspond with the numbers of the questions on the form. Please contact your Personnel Officer if you have difficulty completing the form.
- All sections of this form are required to be completed unless otherwise stated.
- The form must be complete, including required attachments and signatures or it will be returned to the department's personnel office.

Request for Classification Action
New or Vacant Positions
EXISTING Job Class/Title ONLY
Position Description Form C/Notice of Action
For Department of Personnel Use Only

Notice of Action # _____	Date Received (Stamp)
Action Taken: _____	
New Job Title _____	
Current Class Code _____ New Class Code _____	
Current Pay Grade _____ New Pay Grade _____	
Current Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____	
New Mgt Level _____ B/U _____ OT Cat. _____ EEO Cat. _____ FLSA _____	
Classification Analyst _____ Date _____	Effective Date: _____
Comments: _____	Date Processed: _____
Willis Rating/Components: Knowledge & Skills: _____ Mental Demands: _____ Accountability: _____ Working Conditions: _____ Total: _____	

Position Information:

Incumbent: **Vacant or New Position**

Position Number: Current Job/Class Title:

Agency/Department/Unit: GUC:

Pay Group: Work Station: Zip Code:

Position Type: Permanent Limited Service (end date)

Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.)

Supervisor's Name, Title and Phone Number:

Check the type of request (new or vacant position) and complete the appropriate section.

New Position(s):

a. **REQUIRED:** Allocation requested: Existing Class Code Existing Job/Class Title:

b. Position authorized by:

- Joint Fiscal Office – JFO # Approval Date:
- Legislature – Provide statutory citation (e.g. Act XX, Section XXX(x), XXXX session)
- Other (explain) -- Provide statutory citation if appropriate.

Vacant Position:

- a. Position Number:
- b. Date position became vacant:
- c. Current Job/Class Code: Current Job/Class Title:
- d. REQUIRED: Requested (existing) Job/Class Code: Requested (existing) Job/Class Title:
- e. Are there any other changes to this position; for example: change of supervisor, GUC, work station? Yes No If Yes, please provide detailed information:

For All Requests:

1. List the anticipated job duties and expectations; include all major job duties: The Public Health Specialist will provide programmatic support to the community coalitions and/or community groups funded under the Integration Grant. This position is a critical part of the feedback loop in the evaluation process to ensure successful completion of proposed Integration Grant objectives for each strategic direction. Responsibilities will include: monitoring all coalitions and/or community groups for status of programmatic activities and objectives; and monitoring the expenditure of resources by coalitions and/or community groups. In addition, will provide programmatic support to facilitate successful completion of proposed objectives, redirection of funding if resources are not being spent as expected and recommending appropriate educational seminars and technical assistance resources available.

2. Provide a brief justification/explanation of this request: The scope and responsibility of this position is equivalent to other CDC contract managers within the Division.

3. If the position will be supervisory, please list the names and titles of all classified employees reporting to this position (this information should be identified on the organizational chart as well). N/A

Personnel Administrator's Section:

4. If the requested class title is part of a job series or career ladder, will the position be recruited at different levels? Yes No

5. The name and title of the person who completed this form: Garry Schaedel, Division Director, HPDP

6. Who should be contacted if there are questions about this position (provide name and phone number):

Garry Schaedel, (802) 863-7269

7. How many other positions are allocated to the requested class title in the department: 2

8. Will this change (new position added/change to vacant position) affect other positions within the organization? (For example, will this have an impact on the supervisor's management level designation; will duties be shifted within the unit requiring review of other positions; or are there other issues relevant to the classification process.) No

Attachments:

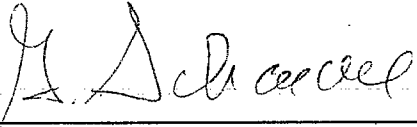
- Organizational charts are **required** and must indicate where the position reports.
- Class specification (optional).
- For new positions, include copies of the language authorizing the position, or any other information that would help us better understand the program, the need for the position, etc.
- Other supporting documentation such as memos regarding department reorganization, or further explanation regarding the need to reallocate a vacancy (if appropriate).



Personnel Administrator's Signature (**required**)*

11/14/11

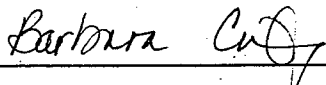
Date



Supervisor's Signature (**required**)*

11/14/11

Date



Appointing Authority or Authorized Representative Signature (**required**)*

11-15-11

Date

* Note: Attach additional information or comments if appropriate.



Grant Number: 3U58DP001994-03W2

Principal Investigator(s):

SHERI LYNN

Project Title: VERMONT HEALTHY COMMUNITIES, TOBACCO CONTROL, DIABETES PREVENTION AND CONTROL,

KAREN KELLEY
VERMONT DEPARTMENT OF HEALTH
108 CHERRY STREET
BURLINGTON, VT 05402

Budget Period: 09/01/2011 – 08/31/2012

Project Period: 03/29/2009 – 03/28/2014

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$479,632 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to VERMONT DEPT OF HEALTH in support of the above referenced project. This award is pursuant to the authority of 301A,311BC,317K2(42USC241A,243BC247BK2) and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Mildred Garner
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

Award Calculation (U.S. Dollars)

Other Costs	\$479,632
Federal Direct Costs	\$479,632
Approved Budget	\$479,632
Federal Share	\$479,632
TOTAL FEDERAL AWARD AMOUNT	\$479,632
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$479,632

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

04	\$497,000
05	\$0

Fiscal Information:

CFDA Number: 93.544
 EIN: 1036000274B8
 Document Number: 001994CD11

IC	CAN	2011	2012
DP	939ZMPA	\$479,632	\$497,000

SUMMARY TOTAL FEDERAL AWARD AMOUNT YEAR (3)	
GRANT NUMBER	TOTAL FEDERAL AWARD AMOUNT
3U58DP001994-03W2	\$479,632
5U58DP001994-03	\$1,398,248
3U58DP001994-03S1	\$75,365
TOTAL	\$1,953,245

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
3	\$479,632	\$1,953,245
4	\$497,000	\$1,751,199
5	\$0	\$1,254,199

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

CDC Administrative Data:

PCC: N / OC: 4141

SECTION II – PAYMENT/HOTLINE INFORMATION – 3U58DP001994-03W2

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III – TERMS AND CONDITIONS – 3U58DP001994-03W2

This award is based on the application submitted to, and as approved by, CDC on the above titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:

Additional Costs

SECTION IV – DP Special Terms and Conditions – 3U58DP001994-03W2

Vermont Department of Health; Grant Number DP001944-03

AMENDMENT 2

This revised Notice of Award (NOA) grants supplemental funds for the Affordable Care Act (ACA), under Funding Opportunity Announcement Number CDC-RFA-DP09-9010301PPHF11 entitled "Prevention and Public Health Fund Coordinated Chronic Diseases Prevention and Health Promotion Program, and the application received on 07/25/2011, are made a part of this award.

Supplemental Funds: Supplemental Funds in the amount of \$479,632 are approved for the period September 01, 2011 through August 31, 2012. All funding for future years will be based on satisfactory programmatic progress and the availability of funds.

ACA funds will be tracked separately by CAN and PMS sub-account. Awarded funds will show in PMS account as follows:

PROGRAM	AMOUNT	PMS SUB-ACCOUNT	DOCUMENT NUMBER
ACA	\$479,632	CHRONICDISEASE11	001993CD11

Note: The sub-account title will assist your organization in identifying the correct account when requesting funds in PMS.

BUDGET REQUIREMENT: By 10/30/2011, a revised budget must be submitted to the CDC/Procurement and Grants Office.

SUMMARY STATEMENT RESPONSE REQUIREMENT: The objective review summary comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist as noted in the CDC Contact section of this Notice of Award, not later than October 30, 2011. Should these terms not be satisfactorily adhered to, it may result in denial of your authority to expend additional funds.

All other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

CDC STAFF CONTACTS:

Business and Grants Policy Contact:
Edna Green, Grants Management Specialist
Centers for Disease Control, PGO, Branch III
2920 Brandywine Road, Mail Stop E-09
Atlanta, GA 30341-4146
Telephone: (770) 488-2858
Fax: (770) 488-2778
Email: egreen@cdc.gov

Programmatic Technical Assistance:
Monica Eischen, Team Leader (Team A)

Office on Smoking and Health
 National Center for Chronic Disease Prevention and Health Promotion
 Centers for Disease Control and Prevention
 4770 Buford Hwy, Mailstop K-50
 Atlanta, GA 30341
 Telephone: 770-488-1072
 Fax: 770-488-1220
 E-mail: MEischen@cdc.gov

Kevin Collins, Team Leader (Team B)
 Office on Smoking and Health
 National Center for Chronic Disease Prevention and Health Promotion
 Centers for Disease Control and Prevention
 4770 Buford Hwy, Mailstop K-50
 Atlanta, GA 30341
 Telephone: 770-488-1218
 Fax: 770-488-1220
 E-mail: KTCollins@cdc.gov

STAFF CONTACTS

Grants Management Specialist: Anella Higgins
 Centers for Disease Control and Prevention
 PGO
 Koger Center, Colgate Building
 2920 Brandywine Road, Mailstop K75
 Atlanta, GA 30341
Email: ahiggins@cdc.gov **Phone:** 770-488-2710 **Fax:** 770-488-2688

Grants Management Officer: Mildred Garner
 Center for Disease Control and Prevention
 PGO
 2920 Brandywine Road, MS K-70
 Atlanta, ga 30341
Email: mqq4@cdc.gov **Phone:** 770-488-2745 **Fax:** 770-488-2777

SPREADSHEET SUMMARY

GRANT NUMBER: 3U58DP001994-03W2

INSTITUTION: VERMONT DEPARTMENT OF HEALTH

<i>Budget</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>
Salaries and Wages		\$143,957	
Fringe Benefits		\$50,385	
Personnel Costs (Subtotal)		\$194,342	
Supplies		\$34,912	
Travel Costs		\$8,872	
Other Costs	\$479,632	\$15,000	
Consortium/Contractual Cost		\$157,500	
TOTAL FEDERAL DC	\$479,632	\$410,626	
TOTAL FEDERAL F&A		\$86,374	
TOTAL COST	\$479,632	\$497,000	\$0

Summary Statement

Prevention and Public Health Fund Coordinated Chronic Disease Prevention
and Health Promotion Program

Funding Opportunity Announcement DP09-9010301PPHF11

Applicant: Vermont

Grant#: 001994 Application Number: Year 01

Funding Requested: \$497,000

Funding Recommended: \$479,632

Date: 8/5/11

I. Summary of Project

- The Vermont Department of Health requests \$497,000 to strengthen its capacity to coordinate and collaborate across chronic disease prevention and health programs, implement public health programs, and conduct public health surveillance. Building on the ongoing collaboration with Vermont's Blueprint for Health, the applicant proposes to advance its efforts related to cross cutting policy and environmental change initiatives and strengthen Vermont's ability to address disparate populations. This integrated effort will also build on Vermont's accomplishments and allow for an expansion of cross cutting chronic disease prevention efforts. The applicant also proposes planning initiatives to establish priority strategies and best prepare for future funding to achieve public health outcomes.

II. Strengths:

- Applicant has retained services of a consultant to help develop statewide chronic disease plan. Applicant has considered known areas of collaboration that will be included in statewide plan.
- Applicant thoroughly describes qualifications of existing staff and plan to hire additional staff to develop, implement, and evaluate the program. Applicant includes staffing plans for a Chronic Disease Integration Team to provide program leadership. Applicant includes detailed goals, milestones and activities for staff and program development.
- Applicant plans to use consultant to restructure staff to increase coordination. In Program Management and Leadership Section, applicant describes new integration team that will complement management team to support chronic disease program.
- Applicant names non-governmental partners and gives examples of past policy-related work with partners.
- Applicant acknowledges lack of communication plan and lack of internal capacity to develop one but plans to work with contractor to develop plan. Applicant provides a good description of the types of things the communication plan will include.
- Applicant does a thorough job explaining surveillance capacity and how that capacity is used to identify needs and gaps; plan, implement and evaluate programs; document impact; enhance coordination; and accomplish program objectives.

- Applicant describes data sources and plan to use epidemiologists to assist with evaluation data. The plan includes specific steps to increase evaluation capacity among VHD and to make sure evaluation is included in programmatic activities.
- The applicant plans to hire a Public Health Analyst to build capacity within the agency, but also request direct assistance for a Public Health Advisor with evaluation experience to lead the evaluation plan and ensure it is developed timely and sustained throughout the course of the three-year project period.
- The applicant proposes to develop common measures to evaluate policy and environmental change as well as create an evaluation system that can capture the necessary measures. Currently, the applicant relies on progress reports from its partners that are implementing various interventions.
- The REE Unit has developed two tools to help programs track key data points and document impact, Goal Trackers and Trend Trackers, respectively.
- Applicant provides good, concrete examples of programs that will be strengthened and expanded using funds for coordinated chronic disease program: Healthy Retail Project, alignment around schools and worksites, integration with Blueprint for Health, and tobacco/asthma model for increasing referrals to community based services.
- Although the applicant has received limited CDC funding for categorical chronic diseases other than diabetes, breast and cervical cancer screening, and Comprehensive Cancer Control, there is evidence of limited coordination and collaboration.
- Applicant describes the prevalence of the top 5 chronic diseases and their leading risk factors.

III. Weaknesses:

- Applicant does not describe how the statewide chronic disease plan will include clear strategies to improve policies, engage partners, reduce gaps in health status, etc.
- It is unclear how the applicant intends to engage partners, stakeholders, coalitions and organizations to advance its programmatic goals and accomplish activities that will be outlined in the Chronic Disease Prevention and Health Promotion Strategic Plan. The applicant notes that many programmatic areas and partners may be called upon, but does not completely address the mechanics of how that will be achieved.
- There is not a clear plan for an organizational structure that supports coordination. Linkages with other programs and sectors are only mentioned very briefly, and there is no detail other than that VDH will try to work with them.
- Although the applicant notes that it has the epidemiologic capacity to generate reports and documenting population-wide improvements in health as well as reducing gaps in health status across sub-groups, the specific strategy that will be employed to do so for this project is not clearly delineated in the narrative.

- The policy section lacks specificity about how policies will be developed and how they will be used.
- Applicant focuses on how plan will be developed and what it will include but does not explain how the plan will be used to achieve stated objectives.
- Although applicant mentions a number of publications and reports produced by epidemiologists, there is no mention of how surveillance will be used to develop or update a state chronic disease plan or to identify public and private care partners.
- References to ensuring all communities are included in communication model (minorities, older adults) are not included
- Plan does not mentioned value of communications to internal partners and/or partners working on plan
- There is no specific evaluation plan; rather, the narrative focuses on what applicant can do to increase evaluation capacity and desire to create an evaluation plan and outcome measures. Budget allocates \$50,000 for an evaluation tracking system but this is not explained in the narrative.
- The applicant describes existing comprehensive performance measurement and reporting process based on the Department's Strategic Plan and identified Healthy Vermonters 2020 population-level objectives. However, how this effort aligns and/or dovetails with the proposed strategic plan is not well described. The proposal would be strengthened by the addition of brief details regarding how this evaluation plan will be aligned with the Chronic Disease Prevention and Health Promotion Strategic Plan to assess any increase efficiencies, integration, coordination, and collaboration.
- It is unclear how the additional chronic disease funding will support the programs listed under categorical program activities.
- Without an operational plan that specifically outlines how program integration will impact workgroup activities and ultimately, strengthen leadership and foster collaboration, it is difficult to assess the reasonableness and feasibility of the proposed activities. Moreover, it is difficult to assess how or if these workgroups would thrive as a result of this funding if approved.
- While applicant describes prevalence of some diseases and risk factors among low-income, low-education, racial and ethnic minority, and youth populations, there is no information on cancer among these subpopulations and some other data is missing or not very specific.
- The process by which organizations will provide input on the development of important policy priorities and strategies is not well described.

IV. Recommendations:

- Applicant should include more information on how planning process will develop strategies to address above issues.
- Include information on what the new organization will look like and how that structure will support program outcomes, coordination and linkages with other sectors.

- It would help if there were more details about the way HPDP supports community coalitions to develop policies, what types of policies they plan to focus on, and how those policies will support health and healthy behaviors.
- The applicant should provide information on the process(es) through which organizations will provide input on the development of important policy priorities and strategies.
- Include information about how the communication plan will be used after it is developed.
- Ensure that communication plan includes all population groups.
- Ensure that communication plan includes methods for communicating with internal stakeholders and leadership about plan progress.
- Include information on how surveillance will be used to develop the state chronic disease plan and identify public and private care partners.
- Include details about evaluation plan, including the types of measurable outcomes and how they will be measured. Describe evaluation tracking system and how it will be used.
- The applicant should clearly describe the relationship between the Department's Strategic Plan and its evaluation measures and the proposed Chronic Disease Prevention and Health Promotion Strategic Plan.
- Describe in more detail how establishment of chronic disease program will improve these programs, including what can be accomplished that isn't possible now
- The applicant should include sufficient detail to describe how it plans to undertake program integration and enhance leadership and foster collaboration across CDC-funded programs.
- The applicant should create an operational plan that specifically outlines how program integration will impact workgroup activities and strengthen leadership and foster collaboration.
- Where available, include more data on diseases and risk factors for subpopulation groups. If data is not available then make that clear.
- The applicant should provide a clear strategy outlining how it intends to engage appropriate stakeholders and partners.
- The applicants should provide a clear strategy describing how it will measure population-wide improvements in health and amelioration of health inequities.

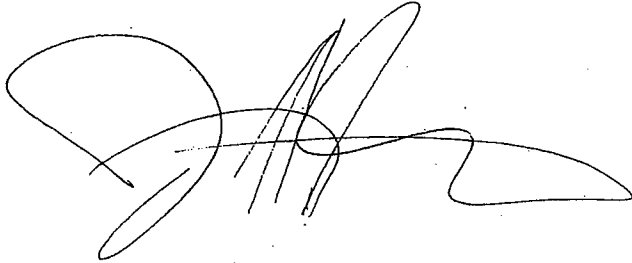
V. Other relevant comments:

Budget

- No information on basis of calculation for rate of fringe benefits (35%)
- \$50k for evaluation tracking system needs to be explained in evaluation section of project narrative. It is currently mentioned only briefly in the policy section.
- \$30k for materials, trainings, and technical assistance for Healthy Community Design and Healthy Retail Materials is all lumped into supplies section with no further detail. Supplies from the this line should be individually listed and include costs, while training and technical

assistance that isn't related to supplies should be moved to other categories where appropriate.

- Applicant requested \$50,000 for a CDC Evaluation Assignee. The actual cost needs to be provided by CDC. The budget will likely need modification after the actual cost is provided.
- \$17,368 was deducted from budget to meet new target of \$479,632
 - -\$10,000 from Evaluation Tracking System
 - -\$7,368 from Healthy Community Design and Healthy Retail Materials

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

Opportunity Title:	Prevention and Public Health Fund Coordinated Chronic D
Offering Agency:	Centers for Disease Control and Prevention
CFDA Number:	93.544
CFDA Description:	The Patient Protection and Affordable Care Act of 2010
Opportunity Number:	CDC-RFA-DP09-9010301PPHF11
Competition ID:	NCCDPHP-NR
Opportunity Open Date:	06/29/2011
Opportunity Close Date:	07/22/2011
Agency Contact:	Centers for Disease Control and Prevention (CDC) Procurement and Grants Office (PGO) Technical Information and Management Section (TIMS) E-mail: pgotim@cdc.gov Phone: 770-488-2700

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* **Application Filing Name:** Vermont Department of Health

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

Application for Federal Assistance (SF-424)
Budget Information for Non-Construction Program
Budget Narrative Attachment Form
Project Narrative Attachment Form

Optional Documents

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

Other Attachments Form

Instructions

1 Enter a name for the application in the Application Filing Name field.

- This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
- You can save your application at any time by clicking the "Save" button at the top of your screen.
- The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

2 Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

- It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
- The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
- To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
- All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

3 Click the "Save & Submit" button to submit your application to Grants.gov.

- Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
- Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
- The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
- You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify) <input type="text"/>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------

* 3. Date Received: <input type="text"/> <small>Completed by Grants.gov upon submission.</small>	4. Applicant Identifier: <input type="text"/>
---------------------------------------------------------------------------------------------------------------	---------------------------------------------------------

5a. Federal Entity Identifier: <input type="text"/>	* 5b. Federal Award Identifier: <input type="text"/>
---------------------------------------------------------------	----------------------------------------------------------------

State Use Only:

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
--------------------------------------------------------	--------------------------------------------------------------

8. APPLICANT INFORMATION:

* a. Legal Name: Vermont Department of Health	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 03-6000274	* c. Organizational DUNS: 809376155

d. Address:

* Street1: 108 Cherry St.
Street2: <input type="text"/>
* City: Burlington
County: Chittenden
* State: VT: Vermont
Province: <input type="text"/>
* Country: USA: UNITED STATES
* Zip / Postal Code: 05402-0070

e. Organizational Unit:

Department Name: Vermont Department of Health	Division Name: Health Promotion/Disease Prev.
------------------------------------------------------	------------------------------------------------------

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms.	* First Name: Susan
Middle Name: Elizabeth	
* Last Name: Coburn	
Suffix: <input type="text"/>	

Title: Nutrition and Physical Activity Chief

Organizational Affiliation: Vermont Department of Health

* Telephone Number: 802-951-5151	Fax Number: 802-651-1634
-----------------------------------------	---------------------------------

* Email: susan.coburn@ahs.state.vt.us

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Centers for Disease Control and Prevention

11. Catalog of Federal Domestic Assistance Number:

93.544

CFDA Title:

The Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) authorizes Coordinated Chronic Disease prev

*** 12. Funding Opportunity Number:**

CDC-RFA-DP09-9010301PPHF11

* Title:

Prevention and Public Health Fund Coordinated Chronic Disease Prevention and Health Promotion Program

13. Competition Identification Number:

NCCDPHP-NR

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

State of Vermont

*** 15. Descriptive Title of Applicant's Project:**

Vermont Coordinated Chronic Disease Prevention and Health Promotion Program

Attach supporting documents as specified in agency instructions.

Add Attachments

Upload Documents

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="497,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="497,000.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

- Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

Version 02

*** Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006
Expiration Date 07/30/2010

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Prevention and Public Health Fund Coordination Chronic Disease Prevention and Health Promotion	93.544	\$	\$	\$ 497,000.00	\$	\$ 497,000.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 497,000.00	\$	\$ 497,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Prevention and Public Health Fund Coordination Chronic Disease Prevention and Health Promotion				
a. Personnel	\$ 143,957.00	\$	\$	\$	\$ 143,957.00
b. Fringe Benefits	50,385.00				50,385.00
c. Travel	8,872.00				8,872.00
d. Equipment	0.00				
e. Supplies	34,912.00				34,912.00
f. Contractual	157,500.00				157,500.00
g. Construction	0.00				
h. Other	15,000.00				15,000.00
i. Total Direct Charges (sum of 6a-6h)	410,626.00				\$ 410,626.00
j. Indirect Charges	86,374.00				\$ 86,374.00
k. TOTALS (sum of 6i and 6j)	\$ 497,000.00	\$	\$	\$	\$ 497,000.00
7. Program Income	\$ 0.00	\$	\$	\$	\$

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	
9. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
10. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
11. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
12. TOTAL (sum of lines 8-11)	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>
14. Non-Federal	\$ <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	
17. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
18. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
19. <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
20. TOTAL (sum of lines 16 - 19)	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	\$ <input style="width: 95%;" type="text"/>	
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: <input style="width: 95%; border: 1px solid black;" type="text" value="410,626"/>		22. Indirect Charges: <input style="width: 95%; border: 1px solid black;" type="text" value="86374"/>			
23. Remarks: <input style="width: 95%; height: 20px;" type="text"/>					

Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

To add more Budget Narrative attachments, please use the attachment buttons below.

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

To add more Project Narrative File attachments, please use the attachment buttons below.

Other Attachment File(s)

* Mandatory Other Attachment Filename:

To add more "Other Attachment" attachments, please use the attachment buttons below.