1 BALDWIN STREET,
MONTPELIER, VT 05633-5701

PHONE: (802) 828-2295
FAX: (802) 828-2483

STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee members

From: Daniel Dickerson, Fiscal Analyst

Date: October 3, 2016

Subject: Grant Request #2851, #2852, #2853, #2854

Enclosed please find four (4) items that the Joint Fiscal Office has received from the administration, including two (2) limited-service positions.

JFO #2851 – $535,500 grant from the U.S. Department of Health and Human Services to the Vermont Dept. of Health (VDH). The funds will be used to develop services specifically for seniors at the statewide legal hotline, Vermont Law Help, as well as to provide legal training and outreach with entities throughout the State. VDH will act as a pass-through for the funds with Vermont Legal Aid being the ultimate recipient. Vermont Legal Aid will be providing additional in-kind services valued at approximately $179,526 over the three-year grant period.
[*JFO received 9/23/16]*

JFO #2852 – **One (1) limited-service position** within the Vermont Dept. of Health. The position would be titled Public Health Program Administrator and will perform planning, administrative and policy work to include development of local health care delivery systems, planning for emergency situations and addressing other public health issues. This work has been performed on a part-time basis by the Director of Preventive Reproductive Health but the Department would like to give these functions full-time staff attention. The position will be paid for from the recently renewed Personal Responsibility Education Program grant ($250,000) from the U.S. Administration for Children & Families through the end of calendar year 2018.
[*JFO received 9/23/16]*

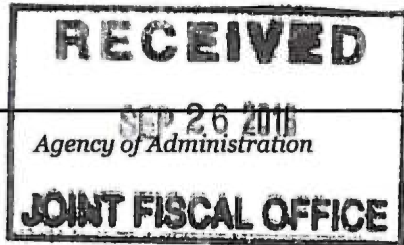
JFO #2853 – $750,000 grant from the Center for Disease Control and Prevention to the Vermont Dept. of Health. The funds will be used to enable the Department to develop internal capacity to incorporate evidence-based strategies for individuals with disabilities into current health promotion/disease prevention efforts. **One (1) limited-service position**, titled Chronic Disease Program Specialist, is associated with this request. The Department is seeking approval to receive $150,000 in State FY17 as well as approval to establish the position. The remaining funds will be built into future year budget requests.
[*JFO received 9/26/16]*

JFO #2854 – $131,542 grant from the U.S. Dept. of Housing and Urban Development to the Vermont Dept. of Children and Families. The funds will be used by the Department's Office

of Economic Opportunity to provide rapid re-housing and rental assistance and support for families and individuals in Chittenden County who experience homelessness as a result of domestic abuse. The federal dollars require a match and Steps to End Domestic Violence will provide the match in the form of in-kind services (approx. $36,063), for a grant total of $167,605.
[*JFO received 10/3/16]*

Please review the enclosed materials and notify the Joint Fiscal Office (Daniel Dickerson at (802) 828-2472; ddickerson@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 October 17, 2016 we will assume that you agree to consider as final the Governor's acceptance of these requests.

JFO 2853



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

[phone] 802-828-2376
[fax] 802-828-2428

STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM

Grant Summary:	$750,000 over 5 years in development dollars to incorporate evidence based strategies for individuals with disabilities into current health promotion/disease prevention efforts.
Date:	9/12/2016
Department:	VDH
Legal Title of Grant:	Improving the Health of People with Mobility Limitations & Intellectual Disabilities through State-based Public Health Programs.
Federal Catalog #:	N/A
Grant/Donor Name and Address:	Department of Health and Human Services, Center for Disease Control and Prevention, CDC Office of Financial Resources, 2920 Bradywine Road, Atlanta, GA 30341
Grant Period: From:	7/1/2016 **To:** 6/30/2021
Grant/Donation	$750,000

	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	$150,000	$150,000	$150,000	$450,000	$750K over 5years

	# Positions	Explanation/Comments
Position Information:	1	Chronic Disease Program Specialist

Additional Comments:	Funding will support projects to build the capacity of VDH to provide public health programming to Vermonters with disabilites with a specific focus on reducing the burden of chronic disease.

Department of Finance & Management	BJ	(Initial)
Secretary of Administration	[illegible]	(Initial)
Sent To Joint Fiscal Office	9/22/16	**Date**

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

BASIC GRANT INFORMATION	
1. Agency:	Agency of Human Services
2. Department:	Health
3. Program:	Health Promotion & Disease Prevention
4. Legal Title of Grant:	Improving the Health of People with Mobility Limitations & Intellectual Disabilities through State-based Public Health Programs
5. Federal Catalog #:	93.184

6. Grant/Donor Name and Address:
Department of Health & Human Services, Centers for Disease Control and Prevention

7. Grant Period:	**From:**	7/1/2016	**To:**	6/30/2021

8. Purpose of Grant:
See attached summary.

9. Impact on existing program if grant is not Accepted:
None

10. BUDGET INFORMATION

	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 17	FY 18	FY 19	
Personal Services	$141,554	$141,554	$141,554	
Operating Expenses	$8,446	$8,446	$8,446	
Grants	$0	$0	$0	
Total	$150,000	$150,000	$150,000	
Revenues:				
State Funds:	$0	$0	$0	
Cash	$0	$0	$0	
In-Kind	$0	$0	$0	
Federal Funds:	$150,000	$150,000	$150,000	
(Direct Costs)	$120,733	$120,733	$120,733	
(Statewide Indirect)	$1,756	$1,756	$1,756	
(Departmental Indirect)	$27,511	$27,511	$27,511	
Other Funds:	$0	$0	$0	
Grant (source)	$0	$0	$0	
Total	$150,000	$150,000	$150,000	

Appropriation No:		**Amount:**	$
	3420010000		$13,755
	3420021200		$33,477
	3420021400		$102,768
			$
			$
			$
		Total	$150,000

AUG 29 2016

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

Has current fiscal year budget detail been entered into Vantage? ☐ Yes ☒ No

PERSONAL SERVICE INFORMATION

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

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

12. Limited Service Position Information:	# Positions	Title
	1	Chronic Disease Program Specialist
Total Positions	1	

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: Barbara Cimaglio	Date: 8-4-16
Title: Commissioner of Health	
Signature:	Date:
Title:	

14. SECRETARY OF ADMINISTRATION

☒	Approved:	(Secretary or designee signature) [signature]	Date: 9/21/2016

15. ACTION BY GOVERNOR

☒	Check One Box: Accepted	[signature]	9/21/16
☐	Rejected	(Governor's signature)	Date:

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

- ☐ Request Memo
- ☐ Dept. project approval (if applicable)
- ☐ Notice of Award
- ☐ Grant Agreement
- ☐ Grant Budget
- ☐ Notice of Donation (if any)
- ☐ Grant (Project) Timeline (if applicable)
- ☐ Request for Extension (if applicable)
- ☐ Form AA-1PN attached (if applicable)

End Form AA-1

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

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: Agency of Human Services, VT Department of Health Date: 08/03/16

Name and Phone (of the person completing this request): Karen Kelley, 802-657-4258

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
   Chronic Disease Disability Program

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:

Title* of Position(s) Requested	# of Positions	Division/Program	Grant Funding Period/Anticipated End Date
Chronic Disease Program Specialist	1	HPDP	07/01/16 to 06/30/21

*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:

   This position will accomplish the program objectives for the Chronic Disease Disability Program grant as described in the budget justification submitted as part of the federal application and approved by the granting agency.

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

Barbara Cimaglio — 8-4-16
Signature of Agency or Department Head — Date

Molly Paul — 9.19.16
Approved/Denied by Department of Human Resources — Date

Bradley Ferland — 9-21-16
Approved/Denied by Finance and Management — Date

[signature] — 9/21/2016
Approved/Denied by Secretary of Administration — Date

Comments:

DHR – 11/7/05

Request for Grant Acceptance
Improving the Health of People with Mobility Limitations & Intellectual Disabilities through State-based Public Health Programs
Summary 8/4/2016

The Department of Health has received a grant from the Department of Health & Human Services, Centers for Disease Control & Prevention, providing $150,000 each year for five years to enable the Department to develop an internal capacity to incorporate evidence based strategies for individuals with disabilities into current health promotion/disease prevention efforts.

This funding will support projects to build the capacity of the Health Department to provide public health programming to Vermonters with disabilities with a specific focus on reducing the burden of chronic disease. This includes the development of an advisory committee, training of Health Department staff and partners, and creation of public health messaging and materials that are inclusive of individuals with disabilities. In year three, additional strategies will be implemented. Strategies will be implemented statewide. This funding supports and furthers progress towards the Health Vermonters 2020 goals, VDH Strategic Plan and the State Health Plan.

The funds will be used to establish one position: Chronic Disease Program Specialist. It will support a portion of a Public Health Analyst II. Funds will also be used for two contracts: evaluation and health communications. Additionally, several small contracts will be written to provide training to staff and partners, support material development and modification to appropriate literacy level for individuals with intellectual disabilities, and to support a number of small non-profits' participation on the advisory committee and in conducting the work of the federal grant. Supplies and travel expenditures will also be funded.

The Health Department is hereby seeking approval to receive $150,000 in new Federal funds in State Fiscal Year 2017 and the establishment of one limited service position. 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.

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

Date Received (Stamp)

Notice of Action #______________________

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: Chronic Disease Program Specialist

Agency/Department/Unit: AHS/Health/HPDP GUC: [ ]

Pay Group: Classified Work Station: Burlington Zip Code: 05401

Position Type: ☐ Permanent ☒ Limited Service (end date) [ ]

Funding Source: ☐ Core ☒ Sponsored ☐ Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.) 100 % Federal (CDC Nat. Ctr. on Birth Defects & DD

Supervisor's Name, Title and Phone Number: Susan Kamp, PH Programs Director, 951-4006

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

☒ **New Position(s):**

a. REQUIRED: Allocation requested: Existing Class Code 445301 Existing Job/Class Title: Chronic Disease Program Specialist

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: Leads grant required activities for the Improving the Health of People with Mobility LImitations and Intellectual Disabilities through State based Public Health Programs grant from the CDC. This includes:

- developing internal capacity in the division through knowledge and awareness building regarding health risk factors

- develop and staff an advisory committee of people concerned about chronic disease rates in the disability community

- develop internal and external messaging that is accessible and inclusive to advance programmatic efforts

- assess existing health promotion tools and inclusion stratgies to identify gaps in resources and information

- oversee grants management including plan development, delivery, design, contract negotiation and reporting

- identify and promote tools for use at community level

- enhance chronic disease staff competencies related to promoting inclusion and accessibility

- identify and build new relationships that will support and enhance integration of health promotion for people with disabilities

- complete data pages including information from the Disability and Health Data System, BRFSS, YRBS and other data systems

- Use data to identify health disparities to be addressed

- participate in relevant local and statewide coalitions to build support for and integrate disability focus into other groups and efforts

- support locally funded prevention coalitions to identify and recruit participation by individuals with disabilities and/or local advocacy groups for individuals with disabilities in community based prevention and intervention work

- assist program evaluator in identifying data collection needs for performance management. Share tools with program staff and partners.

- Participate in CDC convened webinars, calls and training

2. Provide a brief justification/explanation of this request: We have received a five year grant from the CDC that provides funding for a position to manage the work outlined in the grant.

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).

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:

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

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

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.)

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).

Tammie Ellison — 7/21/10

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

Susan C. Kamp — 7/20/10

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

Barbara Cuny

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

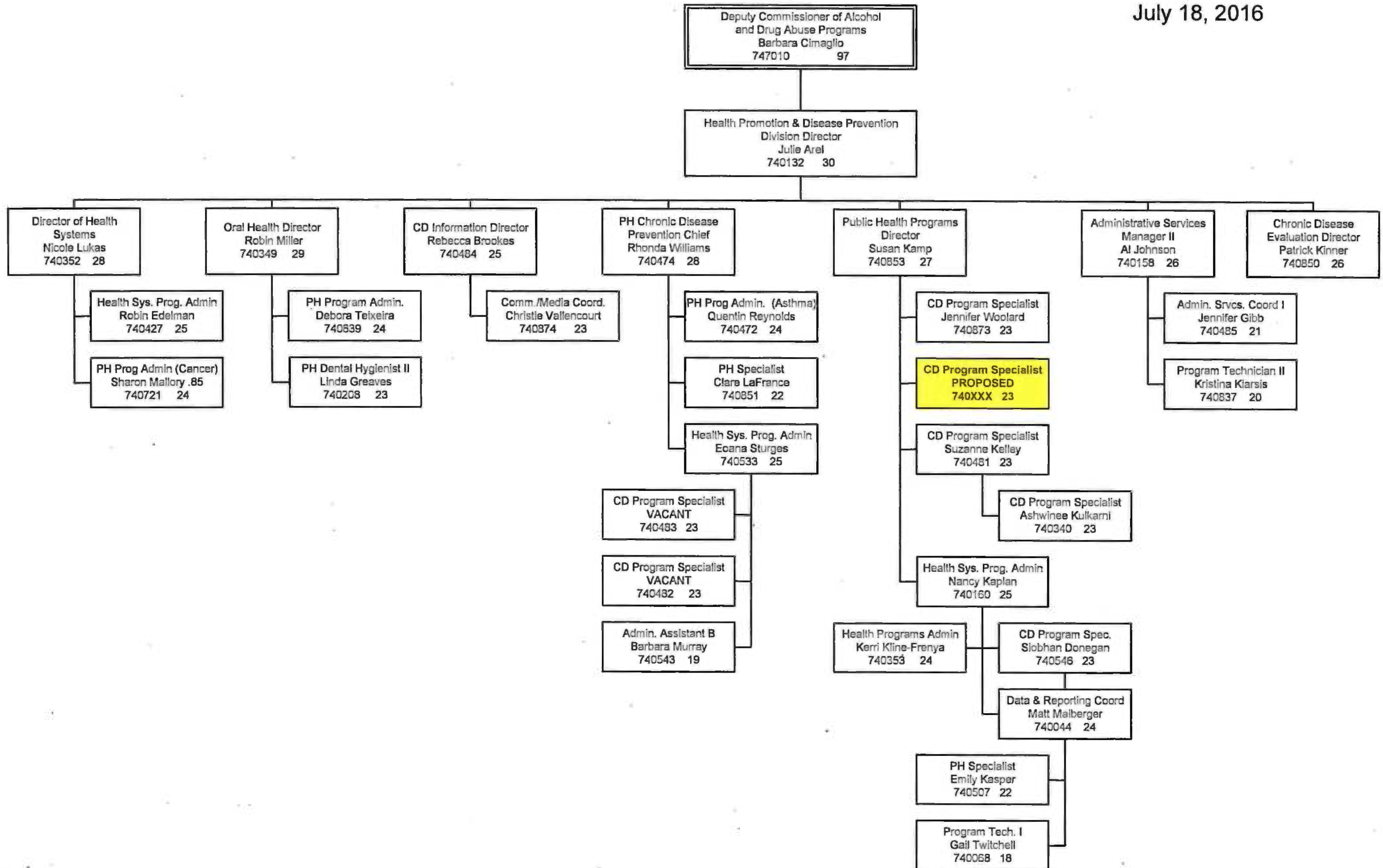
7-21-16

Date

* Note: Attach additional information or comments if appropriate.

Division of Health Promotion & Disease Prevention

Proposed
July 18, 2016



"Many things that public health pays for and promotes like healthy living practices are not designed for people with disabilities to participate in."
~Administrator, University Center for Excellence in Developmental Disabilities
as quoted in *Removing the Barriers* Report *(Draft)*

Background:

While Vermont has seen dramatic positive changes for individuals with disabilities, access to quality health care – including health promotion and disease prevention programming – has remained elusive. Increasingly, people with Intellectual/Developmental Disabilities (I/DD) and/or mobility limitations are fully included in school, in the workplace, and in the community. However dramatic disparities in health and health care still exist for Vermonters with disabilities. There are many and complex reasons for these disparities including: persistent problems with the transition from pediatric to adult health care; lack of health care providers who have training or experience caring for adults with disabilities; inadequate care coordination, especially for individuals with I/DD who qualify for Medicaid but do not meet the more stringent criteria for home and community-based services (HCBS); lack of inclusion in public health initiatives and other wellness programs; difficulty in obtaining private insurance or Medicaid coverage for specialized equipment and long-term therapies; and a health care financing system that does not reimburse providers for the additional time needed to deliver quality care to patients with disabilities.[1]

However, the most critical factor may be a misunderstanding of the health disparities faced by individuals with disabilities with the assumption made that chronic disease is an inevitable outcome of disability. A review of social determinants of health for people with disabilities shows disparities much more likely to lead to poor health. People with disabilities are more likely to have inadequate transportation (34% vs 16%) and lack access to the internet (46% vs 15%)[2], both issues that are likely worse in Vermont due to the rural nature of the state and lack of adequate infrastructure for public transit. Vermonters with disabilities are far less likely to be employed (40% vs 67%) and more likely to have a high school degree or less than the general public (84.3% vs. 66%)[3]. These factors all contribute to Vermont's rank as sixth worst in the nation in the gap between poverty rate for people with disabilities and the poverty rate for people without disabilities.[4]

On October 15, 2015, Governor Peter Shumlin signed into order the Health in All Policies Task Force. The task force is charged with identifying strategies to more fully integrate health

---

[1] *Removing the Barriers*. Report of the Inclusive Healthcare Partnership Project. Draft, December 2015.
[2] Kessler Foundation and the National Institute on Disability. *The ADA 20 Years Later*, July 2010. See: www.2010disabilitysurveys.org
[3] Disability and Health Data System (DHDS). See: http://dhds.cdc.gov
[4] Annual Disability Statistics Compendium, 2014. See: http:/disabilitycompendium.org

considerations into all state policies and programs and promote better health outcomes through interagency collaboration. This is an exciting step towards ensuring that all policies and practices of state government take into consideration potential health impacts, both positive and negative, and works to ensure a healthier population. However, without careful consideration of health disparities and inequalities, their underlying causes, and evidence-based strategies to reduce those disparities, the benefits of this executive order and the work of the public health community may disproportionately benefit the general population while continuing to perpetuate barriers for individuals with disabilities.

> "Health is an outcome of a wide range of factors, many of which lie outside the activities of the health sector and require a shared responsibility and an integrated and sustained policy across government."
>
> ~ Governor Peter Shumlin

Individuals with intellectual and developmental disabilities (I/DD) and/or limited mobility in Vermont and across the nation experience immense disparities both in health and health care with some of the most glaring disparities evident in three risk behaviors (tobacco use, physical inactivity, poor nutrition) that lead to chronic disease.

> Adults with disabilities who do not partake in physical exercise are 50% more likely to have certain chronic diseases; however, less than half of adults with disabilities who visit a doctor are counseled about the benefits of physical exercise even though they are significantly more likely to be physically active if their doctor recommends it.
>
> ~ *Adults with Disabilities: Physical Activity is for Everyone*. Vitalsigns, Centers for Disease Control and Prevention: Atlanta, GA; May 6, 2104.

Disabilities affect almost 18% of Vermonters and impacts individuals regardless of age, gender, race, or socioeconomic status.[5] Chronic diseases are the leading cause of death of Vermonters (76%)[6], more than all other causes combined. The differences between Vermonters with disabilities and those without are significant for major behaviors that lead to chronic disease including smoking (29% vs 18%) and no leisure time physical activity (32% vs 18%) as well as for the major chronic diseases of cardiovascular disease, cancer, diabetes and lung disease. The greatest disparities are seen with tobacco use, asthma (28% vs 17%), and cancer (16% vs 7%), all of which are worse than the national average. Vermonters with disabilities are significantly more likely to be obese (37% vs 25%) and have hypertension and high cholesterol.[7]

Although these disparities exist, currently there is no systematic process for ensuring that public health interventions include individuals with disabilities in their design or execution. In fact, this lack of concerted focus could result in programming being developed that inadvertently excludes individuals with I/DD and mobility limitations. The very nature of Vermont – rural, few urban areas, scattered services, low population - makes it all the more

[5] DHDS

[6] Vermont Department of Health Vital Records

[7] Vermont BRFSS Data

likely that this is occurring. However, the simple fact that we do not know the status of opportunities and experiences with public health for Vermonters with disabilities prevents us from knowing the true need and the best approaches that will allow us to be successful as a state.

Vermont has many things working in our favor. We have a strong network of advocacy and self-advocacy groups by and for individuals with disabilities that have already expressed support in this project and intention to serve on the advisory committee. The Vermont Developmental Disabilities Council (VDDC) is currently in the process of writing the state developmental disabilities plan and will be incorporating goals related to health promotion and disease prevention.

Vermont also has a progressive health care environment. Through our State Innovation Model (SIM) grant (also known as VHCIP – Vermont Health Care Innovation Project), the VDDC and Green Mountain Self-Advocates (GMSA) were awarded a one-year planning grant for the Inclusive Healthcare Partnership Project (IHPP) to engage in an inclusive planning process to identify barriers that adult Vermonters with I/DD face in accessing quality care and engaging in health promotion activities. Additionally, IHPP was charged with making recommendations for improving their health care experience and outcomes, while reducing the high cost of care for this population. With the conclusion of the planning grant, the IHPP team drafted a plan that identifies goals and recommendations for improving both access to health care and strategies for improving health and wellness of individuals with I/DD. This solid foundation provides a springboard for activities to be funded under this FOA to both expand the focus to include individuals with mobility limitations and build critical strategies in public health.

The same team of VDDC and GMSA were awarded a second grant to create a series of disability awareness briefs (http://healthcareinnovation.vermont.gov/node/863) for providers and to help inform Vermont's health care reform efforts. These efforts are heartening however, the Health Department now needs to catch up, improve our knowledge and partnerships, and infuse our programming with strategies that will better serve individuals with disabilities.

Funding under this FOA will enable the Vermont Department of Health (VDH), Division of Health Promotion and Disease Prevention (HPDP) to build on the strong work of the disability communities and enhance the well-coordinated programs of chronic disease prevention within our division. The Department is launching a chronic disease prevention campaign modeled after San Diego's 3-4-50 campaign. Using the framing of 3-4-50 (three behaviors of tobacco use, physical inactivity, and poor diet lead to four diseases of cardiovascular disease, cancer, diabetes and pulmonary diseases which result in more than 50 percent of deaths in Vermont), the campaign is designed to create an epiphany about the preventable causes of chronic disease and the overwhelming toll on the health and economy of

the state. This will then lead into the development of a 10-year chronic disease plan through an inclusive process with leaders across sectors of Vermont. This overlay of a coordinated approach to chronic disease prevention combined with the Vermont Prevention Framework (described in Approach section), guides the work of the Division and will be a central tenet to all work we do through this funding opportunity. We have already created data briefs for populations with disparate needs including Vermonters with Disabilities and we plan to include active participation in the 10-year chronic disease plan development by members of the disability community. However, we can better support broad participation and a thoughtful, capacity-building approach with funding from this FOA in order to ensure sustainability and meaningful change.

Approach:

i. Purpose

The Vermont Department of Health plans to invest in building the capacity of the Health Promotion and Disease Prevention (HPDP) Division to support long-term, meaningful and sustainable change. Through the hiring of a dedicated program coordinator, enhancing and expanding partnerships and developing a statewide advisory board, development of resources and training of staff, and ultimately implementing evidence-based strategies, HPDP and our partners will reduce health disparities for Vermonters with mobility limitations and I/DD. The work of this grant will be embedded in the chronic disease prevention programs within the health department in order to ensure long-term change and sustainability of effort. Additionally, partners from the disability community will gain public health capacity through their participation in the advisory committee and will help ensure community-based strategies are effective and sustained.

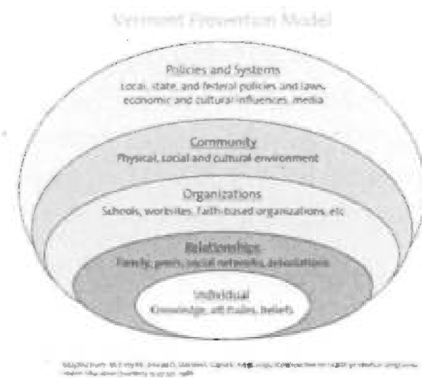
ii. Outcomes

The goal and primary anticipated outcome of this project is a vibrant, sustainable, and effective chronic disease program that integrates proven strategies to support inclusion of individuals with I/DD and/or mobility limitations into public health programming. This means staff have gained in capacity and knowledge of the needs, strengths and strategies of the disability community, partners are engaged and growing their knowledge of public health, communities are engaging in strategies to include individuals with disabilities in their work, and improved data collection and dissemination is driving policy and practice. Ultimately, this means improved health, reduced engagement in health risk behaviors, and reduction of chronic disease in Vermonters with disabilities. There are many short and intermediate outcomes that will guide our way to this end.

Anticipated short-term outcomes include increased knowledge and awareness of the health risk factors and a subsequent increase in health promotion resources, tools and inclusion strategies for Vermonters with I/DD and mobility limitations. The first step will be to evaluate current data and information, identify gaps in information and improve data collection methods. This includes developing key performance measures and performance monitoring strategies as well

as tools to collect and report on these activities. The newly formed state advisory committee of engaged partners will review the data, and advise on direction and strategies which will help enhance and improve collaboration with partners. Together with the advisory board, HPDP will then determine methods for increasing knowledge and awareness of the health disparities faced by individuals with disabilities to better engage decision-makers at the state and community level to create an environment supportive of policy and systems improvements. Additionally, the program manager and advisory board will, with support from the CDC's NCBDDD and other states with more experience, identify evidence-based strategies that health promotion and disease prevention programs can use to increase effective programming that includes individuals with I/DD and/or mobility limitations.

Intermediate outcomes will grow from these early successes and lessons learned. The addition of a dedicated program manager for this grant and the establishment of the advisory board will help to significantly increase organizational capacity to understand disparities, know and utilize evidence based programming for individuals with disabilities, and ultimately to better incorporate strategies that will improve the Health Department's ability to serve individuals with I/DD and/or mobility limitations into health promotion programming. Key to any initiative is the capacity to monitor change and evaluate efficacy. The health analyst who will be based in the health surveillance unit will have responsibility for tracking and analyzing data. The health analyst will also support other chronic disease programs' dedicated analysts to use and incorporate data related to disabilities into their programs briefs and analysis. Using the advisory board as a venue for review of data and results, HPDP will improve monitoring of health and health care utilization of individuals with disabilities. This information will be shared widely through creation of data briefs, data pages, and issue briefs which will then be used to educate decision-makers such as other state agencies, Vermont's ACO leadership, hospitals and health systems, and others. This education is critical for us to achieve increased use of programmatic, policy, systems and environmental changes. The Division already orients its work around the Vermont Prevention Model (socio-ecological model) which targets strategies at various levels of influence and the HPDP strategic plan is framed within this model.



As capacity is developed, strategies identified, partnerships honed and strengthened, we will begin to see increased participation in evidence-based and innovative health promotion programs. Through analysis of data and research into strategies, the advisory board and HPDP will determine areas of focus for the work. Given the intensive focus within HPDP on the 3-4-50 model, it is anticipated that we will choose to focus on the three behaviors of tobacco use, physical activity and nutrition beginning in year three of the project.

Vermont has the potential to become a leader in innovative health promotion programs for individuals with disabilities. We have strong advocacy organizations and a vibrant self-advocate movement. The groundwork has already been laid through a project supported by a Vermont

> For adults with disabilities, the biggest challenge is not the disability itself, but rather the experience of being socially isolated, which may lead to anxiety, obesity, diabetes and depression.
>
> Instituting specific policies and practices for including people with disabilities into mainstream programs often improves the ability for all people to participate.
>
> ~ Key Findings from IHPP *Removing the Barriers* Report

Health Care Innovation Project (VHCIP) grant (funded by CMS through Vermont's SIM grant) which took the first dive into health disparities particularly with regards to access to health care for individuals with I/DD. The health promotion disease prevention division within the Department is a strong leader in the four domains of: surveillance and evaluation (with both an internal evaluator on staff and a master contract with an external evaluator to facilitate rapid deployment of services), environmental strategies, health systems work, and community-clinical linkages. Yet we face many challenges, not the least is our rural nature which results in increased isolation of individuals with disabilities which in turn fuels unhealthy behaviors as well as significant disparities in the social determinants of health. Through this work, Vermont has the opportunity to not only bring about needed changes in our state, but to play a leadership role in helping other states improve health care and health outcomes for adults with I/DD and/or mobility limitations and contribute to an improved evidence-base for health promotion programs.

iii. Strategies and Activities

With the focus of this application being capacity-building, many of the early strategies and activities will be looking inward to improve current practices and policies first, then bringing strategies out to the community. To achieve the identified outcomes, the following interventions will be implemented as outlined below (detailed activities and outcomes on each intervention are included in the attached work plan – Appendix A).

Strategy 1: Develop HPDP Capacity

A key strategy is to strengthen our public health workforce and develop internal capacity by hiring .85 FTE program manager dedicated to the grant. This individual will work within HPDP to enhance staff competencies, identify evidence-based practices for incorporating strategies that facilitate integration of individuals with disabilities into health promotion and disease prevention programming, participate in CDC convened webinars, workshops and conferences, and work with the minority health office to identify other public health areas that could be enhanced for individuals with disabilities such as in emergency preparedness. The program manager will then look outward to support Offices of Local Health and community partners to enhance their knowledge of health issues impacting Vermonters with disabilities in their local communities and strategies to address health disparities.

HPDP is poised to deploy evidence-based health promotion programs for people with disabilities across multiple levels of influence. The division is currently crafting a chronic disease

campaign aimed to raise awareness of the burden of chronic disease in the state and our ability to reduce it through engagement across the socio-ecological model. Based on San Diego's 3-4-50 campaign, our initial phase is to engage decision makers in understanding the breadth of the problem and identifying strategies that can reduce the behaviors that lead to chronic disease. One of the first data briefs developed was for Vermonters with disabilities, even before the release of this FOA. That data brief clearly illustrates the heavy burden of risk behaviors and chronic disease among individuals with disabilities and highlights our lack of focused strategies or efforts to integrate evidence-based strategies into our current programming. The HPDP communications team is adept at behavior change models and will incorporate images and language that are inclusive of individuals with disabilities into messaging about 3-4-50. As they grow their capacity and knowledge, the communications team will work with media contractors and program staff to perpetuate those practices in other health promotion campaigns.

Key to developing capacity, is having a robust ability to gather, interpret, and use data. With support from a health analyst, the HPDP programs and other disease or risk factor specific health analysts will increase their ability to gather data, use the information gleaned, and effectively target strategies that are most appropriate to the targeted populations. Sharing this information through data briefs, data pages, and presentations to both disability advocates and public health professionals as well as community and state leaders will help to drive policy and practice in Vermont.

Following the 3-4-50 awareness campaign, HPDP will engage partners in developing a 10-year chronic disease plan that focuses interventions at all the levels of the socio-ecological model at both the statewide level and within community-level plans. This FOA will allow us to better engage and involve individuals with disabilities at the statewide planning and in local communities' efforts.

Strategy 2: Enhance and Expand Partnerships

One of the first actions that will be taken upon award will be the establishment of a state-level advisory committee. By establishing the advisory committee, HPDP will enhance and expand partnerships both with advocacy organizations for individuals with disabilities, but also between those organizations and other HPDP partners such as community coalitions, American Cancer Society, American Heart Association, American Lung Association, health systems partners and others. The committee will develop a charter, define member roles and responsibilities, establish meeting schedules, and develop various plans (workplan, evaluation, communication, and sustainability plans).

HPDP will award funds to an organization who will then provide small sub-awards to the non-profit, disability advocacy and support organizations who participate in the advisory committee. These small grants will support staff participation on the committee and will cover individual stipends and support costs for self-advocates and other individuals who will serve on the advisory committee. Additional funds will be provided to GMSA to provide technical assistance and support to the program manager to create agendas, minutes and meeting structures that

support and engage individual members with I/DD. This includes creating simple summaries of reports that effectively communicate the content for individuals with cognitive impairments.

The newly formed state advisory committee of engaged partners will review the data and advise on direction and strategies, which will help enhance and improve collaboration with partners. Together with the advisory board, HPDP will then determine methods for increasing knowledge and awareness of the health disparities faced by individuals with disabilities to better engage decision-makers at the state and community level to create an environment supportive of policy and systems improvements. Additionally, the program manager and advisory board will, with support from the CDC's NCBDDD and other states with more experience, identify evidence-based strategies that health promotion and disease prevention programs can use to increase effective programming that includes individuals with I/DD and/or mobility limitations.

The program manager will also work with HPDP program staff to identify key community coalitions to work with and support their engagement on health promotion activities for individuals with disabilities locally. This could include connecting the prevention coalitions with local I/DD advocacy groups or helping to identify individuals who could join the coalition. Additional work would include technical assistance to OLH and community organizations to promote meaningful inclusion.

The program manager will also participate on relevant statewide committees such as the Long Term Services and Supports (LTSS) workgroup of VHICP (state SIM grant) among others. The goal of these activities is to not just grow relationships with known partners but also to infuse knowledge and strategies with health partners and establish new relationships with potential allies in the work.

Strategy 3: Assess, Develop and Disseminate Health Promotion Resources, Tools and Inclusion Strategies

An assessment of the current status of information, resources and programs is needed. Some of this work has begun through the IHPP but that did not look at current public health practices and programming within HPDP, nor did it conduct a community health needs assessment. Working with community coalitions and Chronic Disease Designees in the Offices of Local Health, communities will be encouraged and supported to use the Community Health Inclusion Index (CHII) to gather information about healthy living resources that are inclusive of all members of the community, including persons with disabilities. If possible, program staff will work with local hospitals to include use of the CHII in their required community health needs assessments done every three years. With this information, combined with data gathered and put into a Disabilities Data Pages document, the advisory committee and HPDP staff will use a data-driven process to analyze health disparities, resource and knowledge disparities, and develop a workplan to address and reduce those disparities. This will include identifying health promotion resources and tools and potentially adapting or developing new tools and strategies that will be most effective in Vermont.

Working with the health communications team within HPDP, the program manager and advisory committee will develop a communications plan in year 2 that will create a strategy for sharing lessons learned through a variety of messaging strategies. Success stories will be shared via VDH communications and through other partners both within state government and through community partners. Social media messages that promote access and inclusion will be developed and deployed.

Strategy 4: Deploy Evidence-Based Health Promotion Programs Adapted for People with Disabilities

By year three of the grant, Vermont will be deploying evidence-based health promotion programs and strategies that are adapted for Vermonters with I/DD and mobility limitations. Many proven health promotion programs have already been identified through the work of the IHPP and other groups in Vermont. Selecting programming and strategies will be a collaborative process of the advisory committee and HPDP programs. The intent of this grant is to embed knowledge and strategies into our programs, not create a stand-alone disability program that would not be sustainable beyond the life of the grant. Only through true integration of knowledge, information and practices will we begin to reduce the health disparities faced by individuals with disabilities. Due to the emphasis on 3-4-50 and the integration of programming in HPDP, we anticipate focusing on the risk behaviors of tobacco use, physical inactivity and poor diet for this project. The programs of physical activity, nutrition (PAN) and tobacco programming already incorporate strategies that cut across the socio-ecological model. This includes work at the interpersonal level with providers, and promotion and implementation of self-management models for diabetes and chronic disease as well as tobacco cessation services. In Vermont, we are fortunate that the Diabetes Prevention Program (DPP) is available free of charge to all Vermonters. HPDP works with the Agency of Education and schools on nutritional policies and physical activity guidelines as well as engaging youth groups in tobacco prevention work. Our worksite wellness efforts are targeted to small to medium sized businesses with largely lower income Vermonters as employees. HPDP also engages in health systems work with provider practices, hospitals, insurers and ACOs. We have successfully moved state government to implement healthy food procurement guidelines and work with municipalities to conduct health impact assessments. Our healthy community design work has resulted in improved access to healthier foods and physical activity opportunities for all Vermonters, including those with disabilities.

"Weight management and control are important for Patrick's health and important for all his caregivers' health. Currently, we are working very hard to decrease his calories while trying to increase his activity level. Keeping track of his weight is critical. His doctor's office does not have a scale that will accommodate Patrick in his chair. In order to weigh Patrick, I have to take him to our veterinarian and ask to use the large dog scale."

~ Patrick's mother and IHPP participant

However, all of this successful and meaningful work now needs to be looked at through the lens of a Vermonter with a disability. Ensuring health systems are responsive to the needs of an individual with an intellectual or developmental disability has already been identified as a priority through the work of the IHPP. The Department of Health, and specifically HPDP, can play a meaningful role in moving that work forward. Promoting worksites that are not only healthy but also inclusive of individuals with disabilities and support their efforts to make healthy choices is the next logical step for our worksite wellness program. Providing training and support for self-advocates of GMSA to become trained tobacco specialists would ensure a robust and responsive peer support network to support quitting smoking.

The key is to work with the advisory board to identify and prioritize health topic areas, levels of influence and impact, and strategies that are proven and will be successful in Vermont.

Strategy 5: Evaluate Program Impact

Also key to the success of the project is ensuring effective and ongoing evaluation of the program's impact through both process and outcome evaluation. As an accredited health department, VDH has a robust performance evaluation process which is supported and promoted through the use of the Healthy Vermonters 2020 dashboard (http://healthvermont.gov/hv2020/index.aspx). Working with our contracted evaluator, the program will develop a comprehensive evaluation plan within the first six months of the grant. This will include development of tools to document and monitor the program performance and to track outcomes. Greater detail is provided in the Evaluation and Performance Management Plan.

Specific activities designed to achieve each strategy are provided in the workplan found in Appendix A.

Collaborations

Key to the success of this project will be the collaborations and partnerships that are developed, enhanced and strengthened. The HPDP Division Director previously worked for more than a decade in community-based organizations that supported individuals with disabilities and families of children with special health care needs. Many of the partners identified in this application were partners in that community work. This is key as there has long been a tradition of the state engaging in work or seeking input from these organizations without meaningful engagement before, during and after the projects were identified. This has resulted in a history of mistrust and skepticism. Having already established relationships, and mutual support and understanding that successful collaboration can bring, has already ensured a quick start to development of the advisory committee and early engagement of partners.

Partners include a number of community based organizations that work with Vermonters with I/DD and/or mobility limitations. This includes: Vermont Center for Independent Living, Green Mountain Self Advocates, Vermont Coalition for Disability Rights, Disability Rights Vermont, Vermont Family Network, Special Olympics Vermont, and Traumatic Brain Injury Association of

Vermont (see attached letters of support from these partners). There are other key state agencies who will also partner with us including the Department of Aging and Independent Living and the Vermont Developmental Disability Council (see letters of support). Finally, the University of Vermont is home to a University Center for Excellence in Developmental Disabilities, the Center for Disability and Community Inclusion. Deborah Lisi-Baker from CDCI is co-chair of the Disability and Long-Term Services (DLTS) workgroup of the Vermont SIM grant. She has been instrumental in the work of the IHPP and subsequent development of disability competency briefs. Her knowledge of health care reform in Vermont will be vital to this group. These partners will form the core of the advisory group along with recruited self-advocates with disabilities. Some of these partners will help with eventual implementation of health promotion programs. Additionally, GMSA is poised to provide support in designing agendas that are inclusive of individuals with I/DD as well as reports and other supporting material that is written in a way to be inclusive of Vermonters with I/DD. Through close work with GMSA, this capacity will be grown within HPDP staff to better integrate those skills into existing work.

However, gathering individuals and organizations with expertise in disability will not change the system and processes. Also critical is to have representation from HPDP programs and hopefully other VDH divisions to ensure spread of ideas and concepts. Key programs to include are PAN and tobacco, as well as others. Other partners include Chronic Disease Designees from the Offices of Local Health, VDH Office of Minority Health, community public health partners such as community-based prevention coalitions, and health care providers.

To be successful in developing a long-term and meaningful collaboration, time must be invested up front in developing a mutually understood language, processes, goals and vision for the advisory committee. These collaborations will be built to last long after funding ends.

Target Populations

HPDP proposes to focus on the target populations of: Vermonters with cognitive disabilities, Vermonters with mobility limitations, families of those with disabilities, health care providers, organizations serving people with disabilities, decision makers, and the general public.

Vermonters with cognitive disabilities are broadly defined according to the BRFSS question related to Cognitive Disability: "Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?" Respondents were defined as having a cognitive disability if they answered "Yes" to this question.

Vermonters with Mobility Limitations are broadly defined according to the BRFSS question related to mobility disability: "Do you have serious difficulty walking or climbing stairs?" Respondents were defined as having a mobility disability if they answered "Yes" to this question.

These are broad definitions that will allow us to utilize BRFSS data to track progress over time. Additionally, these definitions are closer on a continuum to a more "social model" of disability, which takes into account the dynamic interplay between environmental impacts, attitude, and

policies and an individual's movement or cognitive condition than do traditional medical models. Recognizing that these definitions are broad and may capture individuals with a mental health diagnosis, elders with dementia, memory loss, or Alzheimer's, and others who would not typically be considered to have an I/DD and/or mobility limitation, we will work with our advisory committee to target our strategies and interventions more narrowly but in a way that is likely to benefit the broad scope of individuals with cognitive impairments and mobility issues.

Individuals with disabilities including I/DD, mobility limitations, and other disabilities will be included in all aspects of this project. Recruitment for the program manager will be done in partnership with the organizations described under the collaboration section in order to enhance affirmative recruitment. Additionally, select partners will be invited to participate in the interviewing of the staff person. Individuals with disabilities, and not just organizations, will be members of the advisory committee and any other workgroups that emerge from this project.

Evaluation and Performance Measurement Plan

The PHAB Accreditation Committee awarded five-year accreditation status to the Vermont Department of Health on June 18, 2014. With accreditation, the Health Department is demonstrating its commitment to improving and protecting the health of Vermonters and advancing the quality of public health services nationally. The process has allowed our department to assess our strengths and identify areas for improvement in order to continue to improve the quality of our services and performance.

The Public Health Accreditation Board's standards and measures provide a means for the department to continually assess its effectiveness in delivering the ten essential public health services. Adhering to these standards and measures will better enable VDH to meet grant expectations.

In 2010, the Health Department was awarded a National Public Health Improvement Initiative cooperative agreement from the Centers for Disease Control and Prevention. This grant accelerated a movement already underway to increase performance accountability in Vermont. As of 2015, the Health Department has become a leader within state government in the implementation of performance management. Currently, the Health Department performance management framework is integrated with the State Health Assessment, State Health Improvement Plan, outcomes-based legislation (Act 186), and core departmental operations. It functions at the program, organization, and system level to ensure the Health Department is using performance data to improve the public's health. This work is overseen by the Performance Improvement Manager and the cross-divisional Performance Management Committee.

The performance management framework includes six components that guide performance management at the Health Department. First, population health status accountability and strategic planning set direction and identify outcomes. Second, program performance

accountability quantifies and reports how Health Department programs are functioning. Third, Public Health Stat, is an internal management process facilitated by the Performance Improvement Manager that promotes data-driven decision making, relentless follow through, and a focus on accountability. This engages managers at all levels in developing and owning solutions that are data-driven with an eye toward achieving efficiencies that will positively impact health outcomes. Fourth, continuous quality improvement through the Agency Improvement Model, a Plan-Do-Study-Act cyclical process improvement model. Fifth, performance-based budgeting to ensure subgrants and subcontracts are aligned with public health priorities. Sixth, staff and workforce performance to promote individual understanding and alignment with department outcomes. Performance management was noted as an Area of Excellence by the PHAB Accreditation Committee, in specific, the Healthy Vermonters 2020 performance management system and Public Health Stat.

All VDH divisions maintain quarterly dashboards demonstrating program performance, and take part in an ongoing performance improvement process based on dashboard measures. The division of Health Promotion and Disease Prevention (HPDP) has committed internal evaluation resources to help in this performance measurement work, and has been a leader in this work within VDH. Identified measures from this work will be included on the dashboard for public monitoring and use by partners and decision-makers. As a result, HPDP is in a very strong position to collect all needed performance measure data for this grant, to answer the grant evaluation questions, and to contribute to the evidence base through the use of evaluation findings.

Additionally, HPDP has begun evaluation planning with critical partners through data collection, planning for performance measure, and evaluation data. Some of this work was completed for the IHPP work for individuals with I/DD. This provides a basis for further needs assessment of the core information identified in the *Removing the Barriers* report as well as a needs assessment of the current state of health promotion and disease prevention for individuals with mobility limitations, which will allow this work to begin as soon as funds are awarded. Conversations with external partners regarding involvement in a statewide advisory committee have also started, and this committee will include a subcommittee dedicated to evaluation. This subcommittee will review process evaluation and performance measure data quarterly, and outcome data as it is available. An evaluation contractor will work with program staff, internal evaluation resources, and health surveillance staff to present findings to the evaluation subcommittee, and to spearhead ongoing performance improvement planning with this group. The program lead for this grant will work with stakeholders to identify process revisions, PDSA cycles, or planning/implementation changes that are warranted based on findings. This person will also enlist stakeholder involvement in developing performance improvement plans, implementing recommended changes, and reporting back to the committee on further results. It is anticipated that this process will begin within six months of grant inception.

In addition to the performance measurement work outlined in the work plan and logic model, HPDP program and evaluation staff will conduct extensive process evaluations of grant activities, particularly in year one. Staff surveys will be conducted to determine knowledge and

awareness of disability health issues among HPDP staff as well as the effectiveness of inclusion and accessibility competency-based trainings for staff. Other capacity building activities to be evaluated include the development of the statewide advisory committee. After one year of operation, key informant interviews will be conducted with advisory committee members to better understand the areas where the committee was successful at meeting established goals, and where room for improvement exists. Other areas for process evaluation may be identified by evaluation committee members, and evaluation capacity will be allotted to address process evaluation targets as needed. Based on year one findings, and on progress made on capacity-building steps, year 2-5 process evaluation activities will be determined by evaluation subcommittee members in the second half of the first year of the funding.

Outcome evaluation will be conducted in the second half of the grant period to determine how well grant activities have led to increased inclusion and accessibility of chronic disease programs for the target population. When possible, key informant and focus group interviews will be conducted in the last year of the grant to identify specific ways in which inclusion and accessibility goals were met, or not. Coupled with the performance measure data collected throughout the grant, this set of process and outcome evaluations will provide program staff and stakeholders with an ongoing, clear, and comprehensive view of grant functioning and outcome achievement. Here are possible evaluation questions. Final questions will be determined in conjunction with evaluation partners.

Process

1. Was there a change in staff competency related to inclusion and accessibility after attending training?

2. What do advisory committee members view as the strengths of committee work after one year.

3. What do advisory committee members see as areas for improvement in year two.

Outcome

1. What percent of HPDP programs have strategies or policies that are adapted for or inclusive of Vermonters with disabilities, compared to the year prior to this grant?

2. Do HPDP program partners see a greater percentage of participants from the disabled community?

3. What is the perception of program participants with disabilities about efforts at inclusion and accessibility?

HPDP program and evaluation staff and health surveillance staff will rely on BRFSS data to understand the long-term impact of this grant work. The Vermont BRFSS survey already includes questions that allow for this data to be collected. As mentioned above, VDH staff have already begun planning data collection steps for short-term and intermediate outcome

performance measure data. This work will be completed with advisory committee members and other necessary stakeholders once funds are awarded. Partners involved understand that participation in this grant includes this data collection, and since the partners needed for data collection have agreed to participate this should not be a barrier. This data will be collected quarterly, bi-annually, or annually, depending on the measure, and will be reported on regularly to committee members. Program, evaluation, and surveillance staff will work closely with the CDC to finalize measures and data collection and reporting plans.

It is the intention of HPDP program staff to promote evidence-based programs on inclusion and accessibility within all chronic disease programs that work with the chosen health topic. The broader application narrative provided more detail on this. By adopting evidence-based programs from the beginning of the grant, program staff will be able to ensure that existing programs that lack an evidence-based approach to inclusion and accessibility will be able to improve their services. Evaluation results will help to support and test the effectiveness of this adoption.

HPDP staff also intend to enhance the evidence base by working to publish the results of these grant activities. The program staff will partner with the internal and external evaluators working on this grant to develop a publication plan in year one of the grant. This publication plan will include developing state-wide resources that can be used to further program work, will look for opportunities to present grant work regionally and nationally, and will look to develop manuscripts for submission to peer reviewed journals at grant completion. The unique nature of the work being undertaken by this grant in Vermont should leave us well-suited to disseminate our work this way.

The integrative nature of this program will require methods of evaluation that will extend beyond the individual chronic disease programs involved. There is potential for multiple HPDP programs to be involved in grant activities, as will at least two other parts of Vermont state government, and several external partners. All of these groups will be represented on the Evaluation Advisory Committee, and all will have a role in conducting evaluation and performance measurement activities. This will allow the evaluation to not only contribute to the understanding of the effectiveness of the programs, but also the effectiveness of the collaborations. Relying on the performance measurement data to lead to continuous quality improvement as the interventions progress, and using short and intermediate outcomes to measure effectiveness during the first years of the grant, will give all program staff involved useful information, and allow for adjustments in roles and responsibilities for the partners involved. As such, this grant can serve as an example for how programmatic activities and evaluation can be integrated across categorical programs or elements of state government, to focus more directly on overall health outcomes of Vermonters with disabilities and disease- and risk-factor specific outcomes for the target population.

The Logic Model is attached as Appendix B.

Organizational Capacity of HPDP to Implement the Approach

As the state's lead agency for public health policy, planning, and surveillance, the Vermont Department of Health (VDH) has a proven history of implementing data driven interventions using a coordinated approach to health promotion and chronic disease prevention that spans the CDC's four domains. The Department's cross-sector, multi-agency, community and clinical approach, taking place within a mature health reform landscape, positions Vermont to implement an innovative vision and test new approaches whose lessons can be applied across the nation.

Vermont is a small (9,620 square mile), rural state with just over 626,630 residents. The Department is the only public health entity in Vermont, with one central office and 12 statewide district offices that extend the reach of all Department efforts to the local level. In June 2014, the Department was among the first five state health departments to achieve national accreditation by the Public Health Accreditation Board (PHAB). The Division of Health Promotion and Disease Prevention (HPDP) is one unit within the Department's "Central Office". HPDP includes the following programs and focus areas: Physical Activity and Nutrition; Diabetes and Cardiovascular Disease (including 1305 and WISEWOMAN); Tobacco Prevention and Control; Comprehensive Cancer Control; Breast and Cervical Cancer Screening (NBCCEDP); Asthma; and Oral Health. The Department is housed in the larger Agency of Human Services (AHS) which oversees the Department of Vermont Health Access (DVHA) (including Medicaid and Vermont's Health Care Exchange); Department of Disability, Aging and Independent Living (DAIL), the Department of Mental Health (DMH), Department of Corrections (DOC) and the Department of Children and Families (DCF).

HPDP operates from the central office and works closely with Chronic Disease Designees and other staff from the 12 Offices of Local Health. Other close divisional partners within VDH are the Maternal and Child Health Division (home to Children with Special Health Needs program), Health Surveillance, and the Alcohol and Drug Abuse Programs. Other well developed relationships with sister departments within AHS are with DVHA and DMH. DVHA has long been a partner in data analysis of both Medicaid billing data and utilization rates as well as BRFSS and YRBS data to help identify areas of mutual work and levers for reducing health disparities for low income Vermonters. A newer partnership has sprung up with DMH around improved wellness for Vermonters with mental health issues. This began in part due to an initiative by HPDP's tobacco control program to move the state Designated Agencies for mental health and substance abuse services to go tobacco-free. DAIL is also a partner and their participation in this grant will help ensure streamlined services and improved health promotion integration into this sister agency's programming for individuals with I/DD.

HPDP has worked hard to ensure that our previously siloed programs are working in concert to reduce chronic disease in Vermont. The launch of 3-4-50 is designed to bring the interconnectedness of risk factors and chronic disease to light for decision-makers and all Vermonters. The campaign includes action steps that can be taken by municipalities, schools,

worksites, and individuals to help reduce the behaviors that lead to chronic disease and ultimately, the rates of those diseases themselves.

HPDP programs deliberately look for opportunities to collaborate and enhance work, allowing for greater amplification of effort. This project will take that collaborative nature and apply it to working with individuals with I/DD and/or mobility issues, knowing that if we build a system and environment that works for individuals with disabilities, we will be building a better Vermont for everyone.

The State of Vermont uses a fully-integrated financial system (VISION) along with a federally approved cost allocation system to track all financial transactions related to our work. Federal financial reporting is performed by the VDH Business Office, in collaboration with program managers. The Agency of Human Services oversees draws of federal funds on behalf of the Department. VDH uses a well-documented, State of Vermont competitive contracting process in order to procure goods and services of the highest quality and best price. Sub-recipients go through a vigorous financial and operational risk assessment before any funds are awarded to perform public benefit activities associated with our programs. Once these grants are executed, our program staff perform ongoing grant and relationship management activities, as well as vigorous sub-recipient monitoring practices. All grant and contract agreements issued by VDH are performance-based, and adhere to the principles of Results-Based Accountability (RBA).

Project Management
Core management for the project will be housed in HPDP which has a team of professionals who will lead, monitor, administer and evaluate activities through cost sharing with other grants and funding sources. Additional staff to fulfill the duties of the grant will be hired as outlined below.
Current VDH staff includes:
Susan Kamp, MS, Principle Investigator: Ms. Kamp will serve as the Principle Investigator (PI) for the project. Susan is the Director of Physical Activity, Nutrition and Women's Health, overseeing the physical activity and nutrition program as well as the Ladies First program which includes the Well Integrated Screening and Evaluation for Women (WISEWOMAN), for which Susan is the PI and the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Previously, Susan was the Community Transformation Grant manager from 2012-2014. Before coming to the Vermont Department of Health, Susan worked over thirty years in non-profit and educational settings, including as Executive Director of the Vermont Children's Trust Foundation.

Additional staff who will support integration efforts:
Julie Arel, MSW, MPH, Director, Division of Health Promotion and Disease Prevention: Ms. Arel has over twenty-five years of experience in public health and social services, including work with individuals with I/DD and families of children with special needs, at community-based non-profit organizations and the State of Vermont. She is responsible for the oversight, management and leadership of all programs within HPDP. She will provide leadership and support for the overall project including participation on the advisory committee.

Patrick Kinner, M.S.Ed, Program Evaluator: Mr. Kinner is responsible for overseeing all of the evaluation efforts related to the 1305 grant, including a larger-scale implementation of the SASH Hypertension self-monitoring program. He will serve as the evaluation advisor and will manage the evaluation contract.
Rebecca Brookes, Chronic Disease Information Director: Ms. Brookes coordinates research, creative development, and implementation of marketing strategies for VDH tobacco control, obesity prevention, and women's health, working in conjunction with media contractor Rescue Social Change Group of San Diego and HMC of Richmond, VT. She will provide support for the development of a strategic communications plan and work with programs to integrate appropriate messaging and images in their media efforts to ensure HPDP communications are inclusive of individuals with disabilities.
Al Johnson, Business Administrator: Mr. Johnson works with the division director and program staff to ensure that HPDP activities are appropriately budgeted, resourced and aligned with the goals of the Division, the Department and our funding partners. The position also conducts financial monitoring activities in partnership with the VDH Business Office, and makes sure that all activities adhere to State of Vermont operational guidelines. The Business Administrator meets regularly with program staff and the HPDP Leadership Team to maintain channels of communication required to adapt to the ever-changing work environment.
Nicole Lukas, MA, Director of Health Systems: Ms. Lukas oversees the Comprehensive Cancer Control and 1305 programs, and coordinates health systems work within HPDP. She works closely with partners and providers across a wide range of health systems and will work with the program to support integration into health systems work.

The following positions will be funded through the basic grant:
Chronic Disease Program Specialist, To Be Hired. This position serve as program manager and will be responsible for the day-to-day management and implementation of the project including coordination of the state-level advisory board, participation on local and state coalitions and workgroups, provision of needs assessment and technical assistance to HPDP staff who will be integrating evidence-based programming for individuals with disabilities into programming. This position will be 34 hours per week.
Public Health Data Analyst II, in process to be hired. This position conducts research and statistical support and analysis. Duties include statistical and epidemiological methodology, database development and, with Performance Improvement Program Manager, support for evaluation efforts. This position is currently under recruitment for injury prevention and BRFSS work. There is a portion of their time that has no identified funding and would be covered by 1603 if this application is successful.

As needed, consultants and contractors will be engaged to implement work. VDH has current contracts with organizations that may expand their role through this grant award. These organizations include Supports and Services at Home (SASH helps Vermont's seniors and individuals with special needs access the care and support they need to stay healthy while living comfortably and safely at home), National Jewish Health (state Quitline/Quit Online vendor),

various primary care practices, and community coalitions. New contracts will be created to achieve the proposed outcomes as outlined in the narrative and budget.

Work Plan

The workplan can be found in Attachment A. This workplan provides detailed description of the first year of the project including specific strategies, detailed activities with timeline and responsible position. These strategies and activities are clearly designed and described to show relationship to short-term and intermediate outcomes and well as the performance measures that will be used to track progress.

The main strategy of year one is to build **capacity** with a focus on **structure** within the HPDP division but also with partners - both public health partners and disability program partners. Establishing the framework for the project includes hiring a 34 hour per week program manager, establishing an advisory committee, assessing HPDP staff knowledge and capacity, developing data pages and data briefs that will provide information to staff, partners and decision makers.

Year two will be a broader focus on **research and learning**. Program staff and partners will identify resources and evidence-based programming, determine those most likely to be successful in Vermont, adapt as appropriate for our state's public health and health reform context, and determine the areas of focus for intervention in years three through five. The program staff will focus on training of HPDP staff and partners as well as ensuring our disability advocacy partners have a thorough grounding in public health strategies and principles. Also being determined are the levels of intervention within the socio-ecological framework. Finally, the program manager and HPDP staff will begin the process of recruiting and supporting community health partners to recognize and incorporate strategies that will better reach and serve individuals with disabilities.

The key term for years three and four is: **implement**. These are the main years for implementing the chosen strategies to address the health topic chosen by the program staff and advisory committee. Staff will be focusing on ensuring implementation of strategies at the appropriate level of influence on the socio-ecological model and working with partners to ensure the interventions are being conducted with fidelity. Careful performance management will be employed with key activities identified for inclusion in the VDH dashboard. These measures will be reviewed quarterly with the advisory committee who will provide guidance and insight into ways to improve and refine the work. The evaluator will have developed the appropriate tools for collecting and analyzing the measures and the impact of the work.

Year five will be focused on **evaluation and sustainability**. While implementation will be continuing, the advisory committee will be evaluating the most effective strategies, determining next steps and planning for sustainability of efforts beyond the conclusion of the grant.

Conclusion

The Vermont Department of Health and the community of organizations that work with and support individuals with disabilities in Vermont are excited by the possibilities of this project. Although we are applying for capacity building due to our lack of current infrastructure and experience, there has been tremendous foundational work done which sets the stage for a meaningful and thoughtful process to build capacity within HPDP, VDH and our public health partners for employing strategies to support health in individuals with disabilities. At the same time, there is promise of building a mirrored capacity in our new partner organizations that serve the target population.

The time is right for Vermont to take on this work to shape and improve health care and health outcomes for individuals with disabilities.

Appendix C

Budget Narrative

Narrative: Year One (7/1/16-6/30/17)

Category	Total
A. Personnel	$48,776
B. Fringe Benefits	$19,511
C. Travel	$3,926
D. Equipment	$0
E. Supplies	$2,520
F. Contractual	$44,000
G. Construction	0
H. Other	$2,000
Direct Charges	$120,733
Indirect Charges	$29,267
Total	$150,000

A. Personnel

Position Title and Name	Annual Salary	Time	Months	Amount Requested
Project Manager (To be hired)	$45,947	85%	9 months	$29,291
PH Analyst II (currently under recruitment)	$48,713	40%	12 months	$19,485
Total Personnel				**$48,776**

Justification:

Job Description: Project Manager – (to be hired) This position will involve technical and coordinating work in preparation, implementation and monitoring of the evaluation contract and the sub-awards to participating organizations. Typical duties will involve responsibility for advisory committee meeting coordination and follow up, assessment and identification of appropriate training for HPDP staff to increase competencies, identification of evidence-based

strategies to improve chronic disease prevention efforts at reaching Vermonters' with Disabilities, technical assistance to communities and partners, site visits, reporting, presentations, and fiscal monitoring. This individual is the responsible authority for ensuring reports and documentation are reported to the CDC. This position is allocated for only 9 months in year one due to the time to accept funds, recruit and hire. This position contributes to a competent public health workforce, national standard #8.

Public Health Analyst II – (currently under recruitment) Conducts research and statistical support and analysis. Duties include statistical and epidemiological methodology, database development and, with Performance Improvement Program Manager, support for evaluation efforts. This position is currently under recruitment for injury prevention and BRFSS work. There is a portion of their time that has no identified funding and would be covered by 1603 if this application is successful. This position contributes to essential service 1: Monitor health status.

B. Fringe Benefits

Fringe Benefits: $19,511

Justification: Fringe benefits are calculated at 40% of staff salaries.

C. Travel: $3,926

Justification: These funds will pay for two individuals to attend an annual grantee meeting in Atlanta with an estimated per person cost of $1,153 (Airfare- $500, hotel- $500, per diem - $100, other - $53). In state travel costs are estimated at 250 miles per month for program manager to attend meetings and meet with partners for $1,620 annual cost.

D. Equipment: $0

E. Supplies: $2,520

Itemized
Computer: $1,500
Printing: $520
Office supplies needed to support committee: $500

Justification: These funds will pay for printing material, as well as for a computer and general office supplies used by the project manager.

F. Contractual: $46,000

Name of Contractor	Evaluator - To Be Determined
Method of Selection	HPDP Capacity Contract. HPDP is currently in the process of selecting and contracting with an evaluator. This will serve as a capacity contract for the division and will ensure rapid deployment of services upon grant award.

Period of Performance	7/1/16 – 6/30/17
Scope of Work	Provide evaluation services for the 1603 grant. Work with HPDP Evaluation Director and program partners to develop evaluation tools and methods per evaluation plan. Implement evaluation work through the first year of the grant.
Method of Accountability	The State uses performance based monitoring for all contracts. Payment is linked to performance.
Itemized budget and justification	**Itemized Budget: $14,000** *(Tentative)* $100 per hour x 140= $14,000 **Justification**: Rigorous program evaluation is an essential component of public health programming. Our proposal includes funds to contract with an evaluation specialist to ensure that the key overarching evaluation questions of the FOA are answered, and that the process and outcome measures are collected and reported on. This meets national standard #9: Evaluate services.

Name of Contractor	Green Mountain Self Advocates
Method of Selection	Sole Source Award
Period of Performance	7/1/16 – 6/30/17
Scope of Work	To directly support GMSA participation. Will also support material development (agendas, reports, data) and material modification to appropriate literacy level for individuals with intellectual disabilities.
Method of Accountability	The State uses performance based monitoring for all contracts. Payment is linked to performance.
Itemized budget and justification	**Itemized Budget: $10,000** *Staff:* $35 per hour x 200= $7,000 *Fringe @ 28%:* $2,000 *Indirect @ 10%:* $1,000 **Justification**: Supports staff participation as well as time for development of materials, prep of self-advocates, material modification and training for program staff. This meets national standard #3: Inform, educate and empower people about health issues and standard #4: Mobilize partnerships.

Name of Contractor	TBD
Method of Selection	Sole Source Award
Period of Performance	7/1/16-6/30/17
Scope of Work	To provide mini-grants to non-profit organizations that are active participants in the advisory committee. Additionally, this organization will provide stipends to individuals with disabilities who participate on the committee. This organization will also provide funds to support any assistance or translation services needed for committee members.
Method of Accountability	Rigorous sub-recipient grant monitoring; payment is linked to performance
Itemized budget and justification	Total: $20,000 Four sub-awards of $5,000 to support active participation in advisory committee and workgroups. $500 of each sub-award is for individual stipends, mileage reimbursement and support services for a member representative from that organization. **Justification:** Small non-profits like VCIL, VCDR and others operate with very little room for unfunded activities. In order to enable active participation, VDH plans to provide mini-grants to cover time and other expenses associated with participation. To ensure active participation by self-advocates and others with disabilities, it is common practice to provide stipends. We will use the standard stipend that is provided by the Vermont Developmental Disabilities Council. This meets national standard #4: Mobilize partnerships.

G. **Construction: $0**
H. **Other: $2000**

Justification: This is reserved for attending local and regional conferences for the program manager and members of the advisory committee. May also be used to support training of HPDP staff to improve competencies. This contributes to national standard #8: competent public health workforce.

I. **Total Direct Costs: $120,733**

Total Indirect Costs: $29,267

The rate is estimated at 60% of the personnel line item.

Justification: 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. 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 department (or division) bearing an original expense. Because these are actual costs, unlike an Indirect Cost Rate, these costs will vary from quarter to quarter and cannot be fixed as a result of program costs. Based on costs to similar programs during recent quarter, we would currently estimate these allocated costs at 60% of the direct salary line item.