



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members
From: Nathan Lavery, Fiscal Analyst
Date: February 10, 2011
Subject: Grant Requests

Enclosed please find five (5) grants that the Joint Fiscal Office has received from the administration. Two limited service position requests are associated with these items.

JFO #2483 — \$194,800 grant from the U.S. Department of Housing and Urban Development (HUD) to the Vermont Department of Economic, Housing and Community Development. These funds will be used to support repair and restoration work on 13 landmark historic buildings around the state. [JFO received 2/09/11]

JFO #2484 — \$561,915 grant from the U.S. Department of Health and Human Services to the Vermont Health. These funds will be used to establish an evidence-based nurse home visiting program for families with young children who are identified to be “at risk” by pre-set parameters. This grant is awarded under the Affordable Care Act. [JFO received 2/09/11]

JFO #2485 — \$211,840 grant from the U.S. Department of Justice to the Vermont Department of Corrections. This grant funds two modules for the Vermont Automated Notification Service (VANS) to provide services to victims of domestic violence, and expand services currently available to victims. [JFO received 2/09/11]

JFO #2486 — \$420,000 grant from the U.S. Department of Health and Human Services to the Vermont Department of Health. These funds will be used to expand the capacity of the Office of Minority Health by funding **one limited service position**. [JFO received 2/09/11]

JFO #2487 — Request to establish **one limited service position** in the Department of Economic, Housing and Community Development (DEHCD). This position will be funded through a grant previously approved by the Joint Fiscal Committee (JFO #2325, approved June 4, 2008). The original grant is for the Barns Census Project. This position was not requested as par of the original submission to JFC because DEHCD envisioned using a contractor for this work. DEHCD subsequently learned that a limited service position was the appropriate staffing mechanism. **Expedited review of this item has been requested. Joint Fiscal Committee members will be contacted by February 24 with a request to waive the statutory review period and accept this item.** [JFO received 2/09/11]

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 February 24 we will assume that you agree to consider as final the Governor's acceptance of these requests.

cc: James Reardon, Commissioner
Noelle MacKay, Commissioner
Harry Chen, Commissioner
Andrew Pallito, Commissioner



STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members
From: Nathan Lavery, Fiscal Analyst
Date: February 10, 2011
Subject: Grant Requests

Enclosed please find five (5) grants that the Joint Fiscal Office has received from the administration. Two limited service position requests are associated with these items.

JFO #2483 — \$194,800 grant from the U.S. Department of Housing and Urban Development (HUD) to the Vermont Department of Economic, Housing and Community Development. These funds will be used to support repair and restoration work on 13 landmark historic buildings around the state. *[JFO received 2/09/11]*

JFO #2484 — \$561,915 grant from the U.S. Department of Health and Human Services to the Vermont Health. These funds will be used to establish an evidence-based nurse home visiting program for families with young children who are identified to be “at risk” by pre-set parameters. This grant is awarded under the Affordable Care Act. *[JFO received 2/09/11]*

JFO #2485 — \$211,840 grant from the U.S. Department of Justice to the Vermont Department of Corrections. This grant funds two modules for the Vermont Automated Notification Service (VANS) to provide services to victims of domestic violence, and expand services currently available to victims. *[JFO received 2/09/11]*

JFO #2486 — \$420,000 grant from the U.S. Department of Health and Human Services to the Vermont Department of Health. These funds will be used to expand the capacity of the Office of Minority Health by funding **one limited service position**. *[JFO received 2/09/11]*

JFO #2487 — Request to establish **one limited service position** in the Department of Economic, Housing and Community Development (DEHCD). This position will be funded through a grant previously approved by the Joint Fiscal Committee (JFO #2325, approved June 4, 2008). The original grant is for the Barns Census Project. This position was not requested as part of the original submission to JFC because DEHCD envisioned using a contractor for this work. DEHCD subsequently learned that a limited service position was the appropriate staffing mechanism. **Expedited review of this item has been requested. Joint Fiscal Committee members will be contacted by February 24 with a request to waive the statutory review period and accept this item.** *[JFO received 2/09/11]*

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 February 24 we will assume that you agree to consider as final the Governor's acceptance of these requests.

cc: James Reardon, Commissioner
Noelle MacKay, Commissioner
Harry Chen, Commissioner
Andrew Pallito, Commissioner

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

Agency of Administration

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

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

Grant Summary:	This three year federal grant is to expand the resources of the Department of Health's Office of Minority Health. It funds a limited service position for a Health Disparities Coordinator and some other Minority Health Program costs.				
Date:	11/10/2010				
Department:	Health				
Legal Title of Grant:	State Partnership Grant Program to Improve Minority Health				
Federal Catalog #:	93.296				
Grant/Donor Name and Address:	Office of the Secretary, United States Department of Health and Human Services.				
Grant Period:	From:	9/1/2010	To:	8/31/2013	
Grant/Donation	\$420,000				
	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	\$52,725	\$140,000	\$140,000	\$420,000	The remaining \$87,275 not spent in the first three State fiscal years will be expended in the 4 th state fiscal year.

Position Information:	# Positions	Explanation/Comments
	1	Limited Service Position - Health Disparities Coordinator

Additional Comments:

Department of Finance & Management	<i>[Signature]</i>	(Initial)
Secretary of Administration	<i>[Signature]</i>	(Initial)

RECEIVED
 FEB 09 2011
JOINT FISCAL OFFICE

STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM

Sent To Joint Fiscal Office

Date

1/11/11



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 CFO 

Re: Grant Acceptance & Establishment of Position Packet
Minority Health

Date: 11/5/10

.....

The Department of Health has received a grant from the Office of the Secretary, United States Department of Health and Human Services, providing \$140,000 each year for three years, to expand the resources of the Department's Office of Minority Health.

We are requesting approval to receive these funds and to establish one limited service position. We are enclosing the Grant Acceptance Request (AA1) and attached summary, the Position Request Form, a copy of the grant award document, a copy of the grant application, and the Request for Review form, with an organization chart.

We appreciate your support in moving this request forward to meet the Joint Fiscal Office's November 15th deadline. Please let me know if you have questions or need additional information. Thank you.

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

BASIC GRANT INFORMATION				
1. Agency:	Agency of Human Services			
2. Department:	Health			
3. Program:	Public Health Planning			
4. Legal Title of Grant:	State Partnership Grant Program to Improve Minority Health			
5. Federal Catalog #:	93.296			
6. Grant/Donor Name and Address:	Office of the Secretary, United States Department of Health and Human Services			
7. Grant Period:	From:	9/1/2010	To:	8/31/2013
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 2011	FY 2012	FY 2013	
Personal Services	\$44,448	\$112,447	\$112,447	
Operating Expenses	\$7,027	\$22,553	\$22,553	
Grants	\$1,250	\$5,000	\$5,000	
Total	\$52,725	\$140,000	\$140,000	
Revenues:				
State Funds:	\$0	\$0	\$0	
Cash	\$0	\$0	\$0	
In-Kind	\$0	\$0	\$0	
Federal Funds:	\$52,725	\$140,000	\$140,000	
(Direct Costs)	\$40,649	\$108,601	\$108,601	
(Statewide Indirect)	\$725	\$1,884	\$1,884	
(Departmental Indirect)	\$11,351	\$29,515	\$29,515	
Other Funds:	\$	\$	\$	
Grant (source)	\$	\$	\$	
Total	\$52,725	\$140,000	\$140,000	
Appropriation No:		Amount:		\$
	3420010000			\$43,725
	3420021000			\$9,000
				\$
				\$
				\$
				\$
		Total		\$52,725

REC'D NOV 10 2010

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

PERSONAL SERVICE INFORMATION

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

Appointing Authority Name: Wendy Davis, MD Commissioner of Health Agreed by: PK (initial)

12. Limited Service Position Information:	# Positions	Title
	1	Public Health Specialist (Health Disparities Coordinator)
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: <u>Barbara Conroy</u>	Date: 11/5/2010
	Title: Commissioner of Health <u>DEPUTY</u>	
	Signature: <u>Patrick Floss</u>	Date: 11/10/10
	Title: <u>Deputy Secretary, A&S</u>	

14. SECRETARY OF ADMINISTRATION

<input checked="" type="checkbox"/> Approved:	(Secretary or designee signature) <u>TH</u> <u>TR</u> <u>ME</u> 11/10/10	Date: 11/10/10
---	--	----------------

15. ACTION BY GOVERNOR

<input type="checkbox"/>	Check One Box: Accepted	(Governor's signature) <u>[Signature]</u>	Date: 11/10/11
<input type="checkbox"/>	Rejected		Date:

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

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

End Form AA-1

Request for Grant Acceptance and Establishment of Position
State Partnership Grant Program to Improve Minority Health
Summary 11/5/2010

The Department of Health has received a grant from the Office of the Secretary, United States Department of Health and Human Services, providing \$140,000 each year for three years, to expand the resources of the Department's Office of Minority Health, specifically to establish a position for a Health Disparities Coordinator.

With the additional staffing provided by this grant, the Department has set five goals for the Office of Minority Health – improve data quality, collection and reporting; support a diverse and culturally competent public health workforce; enhance community development and leadership to reduce health disparities; reduce risk factors leading to chronic disease among racial and ethnic minorities and enhance Vermont's infrastructure to coordinate disparities elimination initiatives with State and external partners.

Funds will be used to cover the costs of the new position, including related travel and supply costs, and to underwrite the part-time support of an Epidemiologist, who will provide data analysis and assist in developing and supporting evaluation processes. Funds will also be used to provide cultural competency training for State employees, a behavioral survey, conferences, and several small grants to youth groups in the state. The Health Department is hereby seeking approval to receive \$52,725 in new Federal funds in State Fiscal Year 2011 and the establishment of a new limited service position. The remainder of the Federal funding under this grant will be included in the Department's future budget requests. The "Position Request Form" is attached and a copy of the grant application and award document are included for your information.

VERMONT DEPARTMENT OF HEALTH

SFY11 Minority Health Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$15,512	\$4,616	\$20,127
Fringe Benefits	\$5,429	\$1,615	\$7,045
3rd Party Contracts	<u>\$5,200</u>	<u>\$0</u>	<u>\$5,200</u>
Total Personal Services	\$26,141	\$6,231	\$32,372
Equipment	\$0	\$0	\$0
Supplies	\$977	\$0	\$977
Other	\$4,250	\$0	\$4,250
Travel	<u>\$1,800</u>	<u>\$0</u>	<u>\$1,800</u>
Total Operating Expenses	\$7,027	\$0	\$7,027
Subgrants	\$1,250	\$0	\$1,250
Total Direct Costs	\$34,418	\$6,231	\$40,649
Total Indirect Costs	<u>\$9,307</u>	<u>\$2,769</u>	<u>\$12,076</u>
Total SFY11 Grant Costs	\$43,725	\$9,000	\$52,725

Appropriation Summary

Total Personal Services	\$35,448	\$9,000	\$44,448
Total Operating Expenses	\$7,027	\$0	\$7,027
Total Subgrants	<u>\$1,250</u>	<u>\$0</u>	<u>\$1,250</u>
	\$43,725	\$9,000	\$52,725

VERMONT DEPARTMENT OF HEALTH

SFY12 Minority Health Budget

<u>VISION Account</u>	<u>Admin & Support</u> (3420010000)	<u>Public Health</u> (3420021000)	<u>VDH Total</u>
Employee Salaries	\$40,331	\$12,001	\$52,332
Fringe Benefits	\$14,116	\$4,200	\$18,316
3rd Party Contracts	<u>\$10,400</u>	<u>\$0</u>	<u>\$10,400</u>
Total Personal Services	\$64,847	\$16,201	\$81,048
Equipment	\$0	\$0	\$0
Supplies	\$1,953	\$0	\$1,953
Other	\$17,000	\$0	\$17,000
Travel	<u>\$3,600</u>	<u>\$0</u>	<u>\$3,600</u>
Total Operating Expenses	\$22,553	\$0	\$22,553
Subgrants	\$5,000	\$0	\$5,000
Total Direct Costs	\$92,400	\$16,201	\$108,601
Total Indirect Costs	<u>\$24,199</u>	<u>\$7,200</u>	<u>\$31,399</u>
Total SFY12 Grant Costs	\$116,599	\$23,401	\$140,000

Appropriation Summary

Total Personal Services	\$89,046	\$23,401	\$112,447
Total Operating Expenses	\$22,553	\$0	\$22,553
Total Subgrants	<u>\$5,000</u>	<u>\$0</u>	<u>\$5,000</u>
	\$116,599	\$23,401	\$140,000

**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, Department of Health Date: 11/5/10

Name and Phone (of the person completing this request): Leo Clark (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):

Office of the Secretary, United States Department of Health and Human Services
State Partnership Grant Program to Improve Minority Health

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

<u>Title* of Position(s) Requested</u>	<u># of Positions</u>	<u>Division/Program</u>	<u>Grant Funding Period/Anticipated End Date</u>
Public Health Specialist (Health Disparities Coordinator)	1	Planning	9/1/10 through 8/31/13

*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 is the position approved, funded and required under the Federal grant identified above. See grant application attached.

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 Cimaglia 11-9-2010
Signature of Agency or Department Head Date

Melvin Paulke 11/10/10
 Approved / Denied by Department of Human Resources Date

[Signature] 11/12/10
 Approved / Denied by Finance and Management Date

[Signature] 11/14/10
 Approved / Denied by Secretary of Administration Date

Comments:

REC'D NOV 10 2010

1. **Project Summary**

In 1994, the Vermont Department of Health created the Office of Minority Health by administrative order in response to community requests to address persistent gaps in health status and access to health services among racial and ethnic populations in Vermont. The Office of Minority Health is located within the Commissioner's Office and reports to the Deputy Commissioner for Public Health. The Director of the VOMH is also the Director of planning and a member of the Executive Team. As such, the OMH is in a strong position to affect change within the Department of Health. The Office of Minority Health is currently funded through state general funds and is responsible for the development and implementation of a strategic plan that identifies, coordinates and determines the extent to which policies, programs, and services can be improved to address the needs of Vermont's racial and ethnic populations. That plan was completed in 2007 and work on the plan has taken place over the last two years with very little infrastructure or funding. Through the work of the Director of the VOMH, staff at VDH have become more aware of and dedicated to reducing health disparities and have come to understand more about the challenges faced by minorities in Vermont.

Vermont's proposed program for the Vermont State Partnership to Improve Minority Health is designed to improve the infrastructure of the VOMH through increased staffing with the addition of a Health Disparities coordinator. With the improved infrastructure internally, we expect to be able to expand our activities and presence in the Department of Health, in state government and in Vermont as a whole. The five goals of the project are to: improve data quality, collection and reporting; support a diverse and culturally competent public health workforce; enhance

community development and leadership to reduce health disparities; reduce risk factors leading to chronic disease among racial and ethnic minorities and enhance Vermont's infrastructure to coordinate disparities elimination initiatives with state and external partners. This plan aligns with VOMH's Strategic Plan and also supports the following strategies of the National Plan of Action: Workforce Training, Diversity, Leadership, and Youth (please see section 2 and 3 for more details of how these are addressed in the program). The evaluation of the plan will be supported by an epidemiologist and will utilize a variety of methods including focus group discussions, surveys, BRFSS data, and program document review.

The Vermont Department of Health (VDH) will serve as the lead agency with fiscal control over this grant and will be responsible for the implementation and management of this grant. VDH is not a current OMH grantee.

2. Background and Experience

1.1 Demographics

Twenty years ago in 1990, the United States Census estimated Vermont's racial and ethnic minority populations to be about 2 percent of the total population. By 2007, that figure had doubled to 4 percent, representing about 24,500 Vermonters. While these numbers are still proportionally small compared to the rest of the U.S., Vermont's racial and ethnic populations are growing at a much faster rate than the population overall. Between 1990 and 2007, Blacks or African Americans have been the fastest growing population in Vermont, with their numbers more than tripling in the past 18 years¹. The second fastest growing racial group in Vermont are

¹ ***Data for this proposal was obtained from the Vermont Department of Health, *Health Disparities of Vermonters 2010* unless otherwise footnoted.

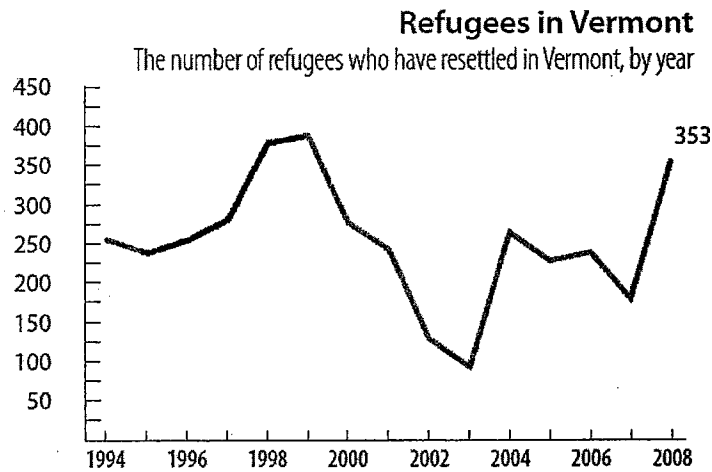
Asians, including Native Hawaiian and other Pacific Islanders—with populations increasing from 0.5 percent of the total population in 1990, to 1.2 percent in 2007.

Vermont Population, by Racial & Ethnic Category

	1990 U.S. Census –		2007 Estimate –	
	Total #	Percent	Total #	Percent
White Non-Hispanic	552,413	98.2%	596,777	96.0%
Hispanic or Latino	5,687	0.7%	8,170	1.3%
Asian*	3,215	0.5%	7,573	1.2%
Black/African American	1,951	0.3%	6,485	1.0%
American Indian/ Alaskan Native	1,696	0.3%	2,839	0.5%
Total Population	562,758	100%	621,254	100%

* This category also includes Native Hawaiian/Other Pacific Islander

Vermont’s Refugee Resettlement Program welcomed 353 people from countries throughout Africa and Asia in 2008. Since 1994, more than 4,000 refugees have resettled in the state.



Opportunity Title:	FY10 State Partnership Grant Program to Improve Minorit
Offering Agency:	Office of Public Health and Science
CFDA Number:	93.296
CFDA Description:	State Partnership Grant Program to Improve Minority Hea
Opportunity Number:	MP-STT-10-001
Competition ID:	MP-STT-10-001-011721
Opportunity Open Date:	07/15/2010
Opportunity Close Date:	08/13/2010
Agency Contact:	OSOPHS Office of Minority Health Ms. Sonsiere Cobb-Souza, Director Ms. Jacquelyn Williams, Project Officer 240-453-8444 sonsiere.cobb-souza@hhs.gov jacquelyn.williams@hhs.gov

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:

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

Application for Federal Assistance (SF-424)

Disclosure of Lobbying Activities (SF-LLL)

Assurances for Non-Construction Programs (SF-42)

Budget Information for Non-Construction Program

HHS Certifications (08-2007)

Budget Narrative Attachment Form

Project Narrative Attachment Form

Optional Documents

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

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	
* 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): _____ * Other (Specify): _____	
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
State Use Only:	
6. Date Received by State: _____	7. State Application Identifier: _____
8. APPLICANT INFORMATION:	
* a. Legal Name: Vermont Department of Health	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 03-60000274	* c. Organizational DUNS: 8093761550000
d. Address:	
* Street1: 108 Cherry Street	_____
Street2:	_____
* City: Burlington	_____
County/Parish:	_____
* State: VT: Vermont	_____
Province:	_____
* Country: USA: UNITED STATES	_____
* Zip / Postal Code: 05402-0000	_____
e. Organizational Unit:	
Department Name: _____	Division Name: _____
f. Name and contact information of person to be contacted on matters involving this application:	
Prefix: _____	* First Name: Tracy
Middle Name: _____	_____
* Last Name: Dolan	_____
Suffix: _____	_____
Title: _____	
Organizational Affiliation: _____	
* Telephone Number: 802-863-7288	Fax Number: _____
* Email: tracy.dolan@ahs.state.vt.us	

Application for Federal Assistance SF-424

*** 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:**

Office of Public Health and Science

11. Catalog of Federal Domestic Assistance Number:

93.296

CFDA Title:

State Partnership Grant Program to Improve Minority Health

*** 12. Funding Opportunity Number:**

MP-STT-10-001

* Title:

FY10 State Partnership Grant Program to Improve Minority Health

13. Competition Identification Number:

MP-STT-10-001-011721

Title:

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

Add Attachment

Delete Attachment

View Attachment

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

Vermont State Partnership to Improve Minority Health

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

VT

b. Program/Project

VT

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

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 09/01/2010

* b. End Date: 09/01/2013

18. Estimated Funding (\$):

* a. Federal	140,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	140,000.00

*** 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 in attachment.)**

Yes No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

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: Wendy

Middle Name:

* Last Name: Davis

Suffix:

* Title: Commissioner of Health

* Telephone Number: 802-863-7281 Fax Number:

* Email: wendy.davis@ahs.state.vt.us

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.

Project Abstract Summary

Program Announcement (CFDA)

93.296

*** Program Announcement (Funding Opportunity Number)**

MP-STT-10-001

*** Closing Date**

08/13/2010

*** Applicant Name**

Vermont Department of Health

*** Length of Proposed Project**

36

Application Control No.

Federal Share Requested (for each year)

*** Federal Share 1st Year**

\$ 140,000

*** Federal Share 2nd Year**

\$ 140,000

*** Federal Share 3rd Year**

\$ 140,000

*** Federal Share 4th Year**

\$ 0

*** Federal Share 5th Year**

\$ 0

Non-Federal Share Requested (for each year)

*** Non-Federal Share 1st Year**

\$ 0

*** Non-Federal Share 2nd Year**

\$ 0

*** Non-Federal Share 3rd Year**

\$ 0

*** Non-Federal Share 4th Year**

\$ 0

*** Non-Federal Share 5th Year**

\$ 0

*** Project Title**

Vermont State Partnership to Improve Minority Health

Project Abstract Summary

* Project Summary

Vermont's proposed program for the Vermont State Partnership to Improve Minority Health is designed to improve the infrastructure of the VOMH through increased staffing with the addition of a Health Disparities coordinator. With the improved infrastructure internally, we expect to be able to expand our activities and presence in the Department of Health, in state government and in Vermont as a whole. The five goals of the project are to: improve data quality, collection and reporting; support a diverse and culturally competent public health workforce; enhance community development and leadership to reduce health disparities; reduce risk factors leading to chronic disease among racial and ethnic minorities and enhance Vermont's infrastructure to coordinate disparities elimination initiatives with state and external partners. This plan aligns with VOMH's Strategic Plan and also supports the following strategies of the National Plan of Action: Workforce Training, Diversity, Leadership, and Youth (please see section 2 and 3 for more details of how these are addressed in the program). The evaluation of the plan will be supported by an epidemiologist and will utilize a variety of methods including focus group discussions, surveys, BRFSS data, and program document review.

* Estimated number of people to be served as a result of the award of this grant.

24000

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. Vermont State Partnership for Minority Health	93.296	\$ 0.00	\$ 0.00	\$ 140,000.00	\$ 0.00	\$ 140,000.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 140,000.00	\$	\$ 140,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Vermont State Partnership for Minority Health				
a. Personnel	\$ 52,332.00	\$	\$	\$	\$ 52,332.00
b. Fringe Benefits	18,315.00				18,315.00
c. Travel	3,600.00				3,600.00
d. Equipment	0.00				
e. Supplies	1,954.00				1,954.00
f. Contractual	10,400.00				10,400.00
g. Construction	0.00				
h. Other	22,000.00				22,000.00
i. Total Direct Charges (sum of 6a-6h)	108,601.00				\$ 108,601.00
j. Indirect Charges	31,399.00				\$ 31,399.00
k. TOTALS (sum of 6i and 6j)	\$ 140,000.00	\$	\$	\$	\$ 140,000.00
7. Program Income	\$	\$	\$	\$	\$

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%;" type="text"/>		22. Indirect Charges: <input style="width:95%;" type="text"/>			
23. Remarks: <input style="width:95%;" type="text"/>					

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Completed on submission to Grants.gov</p>	<p>* TITLE</p> <p>Commissioner of Health</p>
<p>* APPLICANT ORGANIZATION</p> <p>Vermont Department of Health</p>	<p>* DATE SUBMITTED</p> <p>Completed on submission to Grants.gov</p>

CERTIFICATIONS

OMB Approval No. 0990-0317

1. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93). By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The authorized official signing for the applicant organization certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The official signing agrees that the applicant organization will comply with the HHS terms and conditions of award if a grant is awarded as a result of this application.

3. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The authorized official signing for the applicant organization certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The applicant organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

HHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the HHS mission to protect and advance the physical and mental health of the American people.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB
0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
4. Name and Address of Reporting Entity: <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name <input style="width: 100%;" type="text" value="NA"/> * Street 1 <input style="width: 40%;" type="text" value="NA"/> Street 2 <input style="width: 40%;" type="text"/> * City <input style="width: 25%;" type="text" value="NA"/> State <input style="width: 35%;" type="text"/> Zip <input style="width: 10%;" type="text"/> Congressional District, if known: <input style="width: 50%;" type="text"/>		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime: <div style="border: 1px solid black; height: 100px;"></div>		
6. * Federal Department/Agency: <input style="width: 100%;" type="text" value="NA"/>	7. * Federal Program Name/Description: <input style="width: 100%;" type="text" value="State Partnership Grant Program to Improve Minority Health"/> CFDA Number, if applicable: <input style="width: 50%;" type="text" value="93.296"/>	
8. Federal Action Number, if known: <input style="width: 100%;" type="text"/>	9. Award Amount, if known: \$ <input style="width: 50%;" type="text"/>	
10. a. Name and Address of Lobbying Registrant: Prefix <input style="width: 10%;" type="text"/> * First Name <input style="width: 20%;" type="text" value="NA"/> Middle Name <input style="width: 20%;" type="text"/> * Last Name <input style="width: 30%;" type="text" value="NA"/> Suffix <input style="width: 10%;" type="text"/> * Street 1 <input style="width: 30%;" type="text"/> Street 2 <input style="width: 30%;" type="text"/> * City <input style="width: 20%;" type="text"/> State <input style="width: 20%;" type="text"/> Zip <input style="width: 10%;" type="text"/>		
b. Individual Performing Services (including address if different from No. 10a) Prefix <input style="width: 10%;" type="text"/> * First Name <input style="width: 20%;" type="text" value="NA"/> Middle Name <input style="width: 20%;" type="text"/> * Last Name <input style="width: 30%;" type="text" value="NA"/> Suffix <input style="width: 10%;" type="text"/> * Street 1 <input style="width: 30%;" type="text"/> Street 2 <input style="width: 30%;" type="text"/> * City <input style="width: 20%;" type="text"/> State <input style="width: 20%;" type="text"/> Zip <input style="width: 10%;" type="text"/>		
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: <input style="width: 100%;" type="text" value="Completed on submission to Grants.gov"/> * Name: Prefix <input style="width: 10%;" type="text"/> * First Name <input style="width: 20%;" type="text" value="NA"/> Middle Name <input style="width: 20%;" type="text"/> * Last Name <input style="width: 30%;" type="text" value="NA"/> Suffix <input style="width: 10%;" type="text"/> Title: <input style="width: 30%;" type="text"/> Telephone No.: <input style="width: 20%;" type="text"/> Date: <input style="width: 30%;" type="text" value="Completed on submission to Grants.gov"/>		
Federal Use Only:		<small>Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)</small>

**Vermont OMH State Partnership Grant
Budget Narrative**

Year 1

Personnel \$52,332

Name and Title	Salary	FTE	Funds Requested
Tracy Dolan	In-kind	0.40	In-kind

Planning Director, State Office of Minority Health Director
The Director of the State Office of Minority Health is also the Public Health Planning Director and dedicates 40% of her time as Director of the State Office of Minority Health. She will supervise the Health Disparities Coordinator and will be the senior representative for the State Office of Minority Health on state-level committees and lead system level changes in VDH and state government.

Epidemiologist IV	\$48,006	0.25	\$12,001
-------------------	----------	------	----------

The Epidemiologist will provide data support to the Office of Minority Health and will assist in developing and supporting evaluation processes related to the State Partnership grant activities.

Health Disparities Coordinator	\$40,331	1.0	\$40,331
--------------------------------	----------	-----	----------

The Health Disparities Coordinator will be responsible for the day to day work of the State Office of Minority Health and will engage in community outreach, attend community forums, coordinate meetings and conferences, assist the Director in report writing for the State Partnership Grant.

Fringe \$18,315

The cost of fringe benefits is estimated at 35% of the personnel total. Fringe benefits include FICA, retirement, and employer portions of medical, dental and life insurance.

Contracts \$11,000

Cultural Competency Training	\$5,000
------------------------------	---------

In-person cultural competency training will be offered to VDH employees and other State employees at two times during the first year of the grant.

Formatted: Font: Not Italic

BRFSS Questions	\$6,000
-----------------	---------

OMH will propose the addition of a portion of the Reactions to Race module as part of BRFSS in 2011 at a cost of \$5,000.

Travel \$3000

In-state Travel	\$2,000
-----------------	---------

The Health Disparities Coordinator and the Director of the Office of Minority Health are expected to be traveling throughout the state to build community development and minority leadership around health disparities throughout the state. In-state travel covers mileage at 4,000 miles at \$0.50 per mile.

Out of State Travel \$1,000

The Director for Minority Health will travel to at least one New England Regional Meeting per annum and will drive to at least one regional meeting per annum.

Air travel: \$300

Mileage: \$300

Per diem: \$100 per day x 2 days x 2 trips = \$400

Supplies \$1954

Laptop and software \$1300

The new Health Disparities Coordinator position will be supplied with a laptop and Microsoft office software

Supplies \$654

Other \$22,000

Healthy on the Go \$5,000
Feasibility Study and Pilot

Conference Support \$10,000
Youth Minority Health Conference

Conference Support \$1,000
Diversity Conference

Youth Leadership \$5,000
Grants of \$500-\$1000 available to youth groups to engage in activities that build leadership and address challenges among minority youth

Indirect Costs \$31,399

Calculated at 60% of the personnel line.

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 most recent approval letter is listed in the

Deleted: a

attachments. 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, the ratio of allocated costs to salary will vary from quarter to quarter and cannot be fixed as a rate. Based on costs allocated to similar programs during recent quarters, we would currently estimate these allocated costs at 60% of the direct salary line item.

TOTAL FUNDS REQUESTED (Year_1)	\$140,000
---------------------------------------	------------------

Vermont State Partnership to Improve Minority Health
Vermont Department of Health


Table of Contents

Project Summary	2
Background and Experience	3
Objectives	23
Program Plan	24
Evaluation Plan	43
Appendices	47

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 CFO 
Re: Grant Acceptance & Establishment of Position Packet
Minority Health
Date: 11/5/10

.....
The Department of Health has received a grant from the Office of the Secretary, United States Department of Health and Human Services, providing \$140,000 each year for three years, to expand the resources of the Department's Office of Minority Health.

We are requesting approval to receive these funds and to establish one limited service position. We are enclosing the Grant Acceptance Request (AA1) and attached summary, the Position Request Form, a copy of the grant award document, a copy of the grant application, and the Request for Review form, with an organization chart.

We appreciate your support in moving this request forward to meet the Joint Fiscal Office's November 15th deadline. Please let me know if you have questions or need additional information. Thank you.

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 _____
Comments: _____	Effective Date: _____
	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: Public Health Specialist

Agency/Department/Unit: GUC: 74005 AHS / VDH / Minority Health

Pay Group: Work Station: 108 Cherry Street, Burlington, Vermont Zip Code: 05401

Position Type: Permanent Limited Service (end date) 8/31/2013

Funding Source: Core Sponsored Partnership. For Partnership positions provide the funding breakdown (% General Fund, % Federal, etc.) 100% federally funded - DHHS

Supervisor's Name, Title and Phone Number: Tracy Dolan, Director of Public Health Planning and Quality Improvement, 863-7288

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

New Position(s):

a. REQUIRED: Allocation requested: Existing Class Code 44200 Existing Job/Class Title: Public Health Specialist, Grade 22

b. Position authorized by:

Joint Fiscal Office – JFO # Approval Date: *pending*

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 be responsible for implementing all aspects of the State Partnership for Improved Minority Health grant and will be the lead representative at the Department of Health for Health Disparities and in particular, for Minority Health. A. Coordinate across public health programs including tobacco, nutrition and physical fitness, oral health, maternal child health, immunization, injury prevention, cancer and diabetes to promote strategies to reduce health disparities. B. Partner with local organizations to provide education about health disparities in Vermont and to promote strategies for reducing health disparities, particularly among minorities. C. Coordinate the Minority Health Advisory Council, chair meetings, and recruit more members from under represented communities. D. Develop partnerships with allies in education, transportation and other departments in order to promote health equity. E. Regularly meet and develop relationships with advocates throughout the state who are currently working toward or who are seeking to work for improved minority health outcomes. F. Prepare reports as necessary to fulfill Minority Health grant requirements. G. Work with the division of Health Surveillance to develop an evaluation framework for the grant and to monitor components of the implementation plan. H. Develop a cadre of youth who can provide leadership on Minority Health issues. I. Work with partners to coordinate and implement Minority Health conferences and educational events. J. Administer small grants to partners as described in the grant application, K. Monitor the progress of subgrantees funded under the State partnership grant. L. Maintain the Minority Health website and update with relevant information. M. Promote strategies to diversify the workforce in the Department of Health. N. Promote cultural competence and coordinate the training for VDH staff. O. Represent the Department of Health on health issues affecting minorities at community events and in community coalitions and networks. P. Create stronger linkages between the Office of Minority Health and the office of Refugee Health Q. Represent the Vermont Department of Health at grant required out of state meetings and during grant related conference calls

2. Provide a brief justification/explanation of this request: This position is funded under the State Partnership for Improved Minority Health which is a grant provided by the federal Office of Minority Health to build the infrastructure for the Office of Minority Health in each state. Vermont has been stalled in its efforts to advance several key initiatives in the area of MInority Health due to limited staff time to dedicate to the work. This full

time position will be the key position in the Department of Health working toward reducing health disparities and more broadly, toward improving outcomes for minorities in Vermont. Reducing health disparities is one of the Department of Health's six key goals in its current strategic plan and there is no other dedicated funding for this work.

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: Tracy Dolan, Director of Planning and Quality Improvement

6. Who should be contacted if there are questions about this position (provide name and phone number): Tracy Dolan, 863-7288

7. How many other positions are allocated to the requested class title in the department: 11

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).

Gail Rushford

Personnel Administrator's Signature (required)*

11/5/10

Date

[Handwritten Signature]

Supervisor's Signature (required)*

November 5 2010

Date

Dixie H.

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

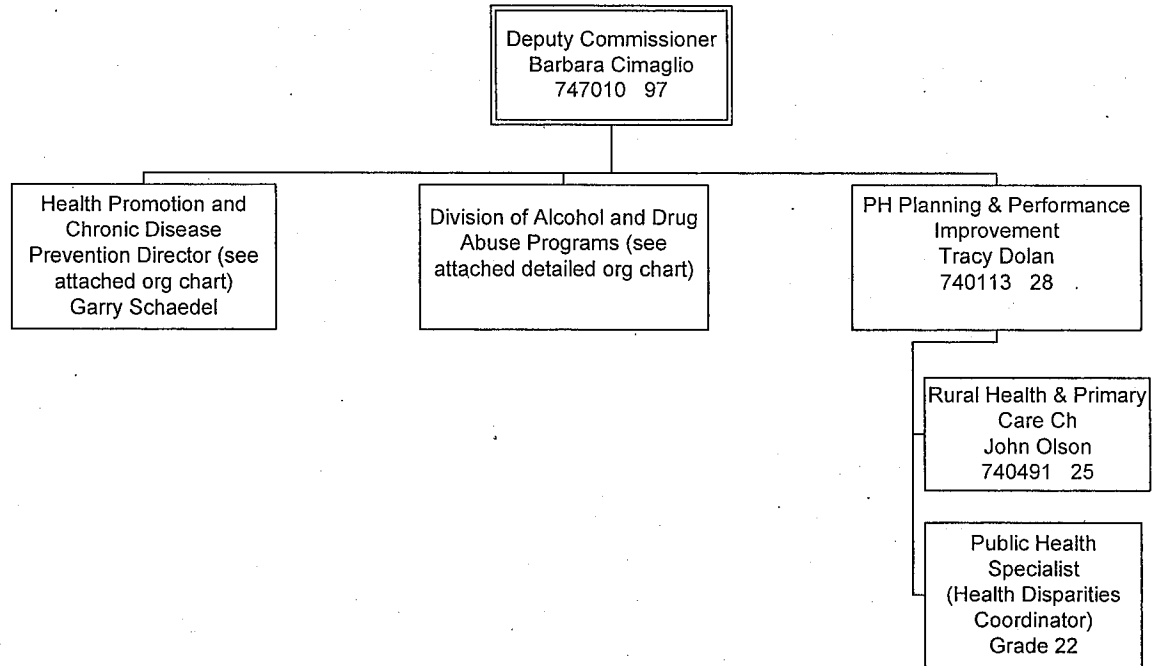
11/8/10

Date

* Note: Attach additional information or comments if appropriate.

Deputy Commissioner of Alcohol & Drug Abuse Programs

October 1, 2010



1. DATE ISSUED (Mo./Day/Yr.) 09/16/2010		2. CFDA NO. 93.296	
3. SUPERCEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded			
4. GRANT NO. 1 STTMP101049-01-00 Formerly:		5. ADMINISTRATIVE CODES MPD92	
6. PROJECT PERIOD Mo./Day/Yr. From 09/01/2010		Mo./Day/Yr. Through 08/31/2013	
7. BUDGET PERIOD Mo./Day/Yr. From 09/01/2010		Mo./Day/Yr. Through 08/31/2011	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

Office of Grants Management

1101 Wootton Parkway
Suite 550
Rockville, MD 20852

NOTICE OF GRANT AWARD
AUTHORIZATION (Legislation/Regulations)
TITLE XVII, SECTION 1701(e)(1), PUBLIC HEALTH SERVICE ACT AS
AMENDED

8. TITLE OF PROJECT (OR PROGRAM) (Limit to 56 spaces)
Vermont State Partnership to Improve Minority Health

9. GRANTEE NAME AND ADDRESS
a. Vermont Department of Health
b. 108 Cherry St
c.
d. Burlington e. VT f. 05401-4295

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPLE INVESTIGATOR)
(LAST NAME FIRST AND ADDRESS)
Tracy Dolan
108 Cherry Street
Burlington, VT 05402
Phone: 802-863-7288

11. APPROVED BUDGET (Excludes HHS Direct Assistance)	
I HHS Grant Funds Only	
II Total project costs including grant funds and all other financial participation <input type="checkbox"/> II	
(Select one and place NUMERAL in box)	
a. Salaries and Wages	52,332
b. Fringe Benefits	18,315
c. Total Personnel Costs	70,647
d. Consultants Costs	0
e. Equipment	0
f. Supplies	1,954
g. Travel	3,600
h. Patient Care – Inpatient	0
i. Patient Care – Outpatient	0
j. Alterations and Renovations	0
k. Other	22,000
l. Consortium/Contractual Costs	10,400
m. Trainee Related Expenses	0
n. Trainee Stipends	0
o. Trainee Tuition and Fees	0
p. Trainee Travel	0
q. TOTAL DIRECT COSTS	108,601
r. INDIRECT COSTS	31,399
s. TOTAL APPROVED BUDGET	\$ 140,000
t. SBIR Fee	
u. Federal Share	\$ 140,000
v. Non-Federal Share	\$ 0

12. AWARD COMPUTATION FOR GRANT	
a. Amount of HHS Financial Assistance (from item 11.u)	140,000
b. Less Unobligated Balance From Prior Budget Periods	0
c. Less Cumulative Prior Award(s) This Budget Period	0
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	140,000

13. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2	140,000	d. 5	
b. 3	140,000	e. 6	
c. 4		f. 7	

14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH):	
a. AMOUNT OF HHS Direct Assistance	0
b. Less Unobligated Balance From Prior Budget Periods	
c. Less Cumulative Prior Award(s) This Budget Period	
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	0

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
(Select one and place LETTER in box.)

a. DEDUCTION	
b. ADDITIONAL COSTS	
c. MATCHING	
d. OTHER RESEARCH (Add / Deduct Option)	
e. OTHER (See REMARKS)	<input type="checkbox"/> b

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, HHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

- The grant program legislations cited above.
- The grant program regulation cited above.
- This award notice including terms and conditions, if any, noted below under REMARKS.
- HHS Grants Policy Statement including addenda in effect as of the beginning date of the budget period.
- 45 CFR Part 74 or 45 CFR Part 92 as applicable.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached - Yes No)
New funding in the amount of \$140,000. See attached terms and conditions.

GRANTS MANAGEMENT OFFICER: (Signature) (Name - Typed/Print) (Title)
Karen Campbell Grants Management Officer, OPHS

17. OBJ CLASS	41.45	18. CRS - EIN	1036000274B8	19. LIST NO.	CONG. DIST.:	00	
	FY-CAN		DOCUMENT NO.		AMT ACTION FIN ASST	AMT ACTION DR ASST	
20. a.	0-1990123	b.	STTMP1049A	c.	140,000	e.	0
21. a.		b.		c.		e.	
22. a.		b.		c.		e.	

NOTICE OF GRANT AWARD (Continuation Sheet)

PAGE 2 of 3	DATE ISSUED 09/16/2010
GRANT NO. 1 STTMP101049-01-00	

SPECIAL TERMS AND REQUIREMENTS

1. Grantees must obtain prior approval from the Grants Management Officer (GMO) for any change in the Project Director including replacement, absence or reduction in the level of participation. The GMO must be notified no later than 30 days before the expected date of departure or change in participation level. A resume must be submitted for approval for any replacement.
2. The Project Director for the grant must be an employee of the State/Territorial Office of Minority Health.
3. Grantee must reserve funds for no more than two individuals to attend an annual OMH grantee meeting. Attendance at this meeting is mandatory. You will be notified as soon as the dates and place have been confirmed.
4. Grantee must submit quarterly progress reports and will be notified of the due dates at a later time.
5. Grantee must work with the Office of Minority Health evaluators on the evaluation plan for this project.
6. Grant funds shall supplement and not supplant funds received from any other Federal, State or local program or any private sources of funds.
7. Recommended future support as indicated on the award notice in item #13 includes both direct and indirect costs and is subject to availability of Federal funds and is based on satisfactory progress and justifiable programmatic needs of the project.
8. The grantee shall comply with the restrictions on lobbying set out in 45 CFR Part 93. In addition, the grantee shall comply with the restrictions on grantee lobbying in section 503 of the FY 2006 Appropriations Act, as follows:
 - a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress or any State legislature, except in presentation to the Congress or any State legislature itself.
 - b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

STANDARD TERMS

1. Requests that require prior approval from the awarding office (See Part II, PHS Grants Policy Statement) must be submitted in writing to the GMO. Only responses signed by the GMO are to be considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon any OPHS Program Office.
2. Responses to reporting requirements, conditions, and requests for postaward amendments must be mailed to the attention and address of the Grants Management Specialist indicated in the "Contacts"

NOTICE OF GRANT AWARD (Continuation Sheet)

PAGE 3 of 3	DATE ISSUED 09/16/2010
GRANT NO. 1 STTMP101049-01-00	

section. All correspondence should include the Federal grant number (item 4 on page 1 of this document) and requires the signature of an authorized business official and/or the project director. Failure to follow this guidance will result in a delay in responding to your correspondence.

3. The HHS Appropriations Act requires that when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money shall clearly state the percentage and dollar amount of the total costs of the program or project which will be financed with Federal money and the percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

REPORTING REQUIREMENTS

1. A Financial Status Report SF-269 (long form) is due to the Office of Grants Management within 90 days after expiration of the budget period.
2. The Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all entities which expend \$500,000 or more of Federal funds in each fiscal year. The audits are due within 30 days of receipt from the auditor or within 9 months of the end of the fiscal year, whichever occurs first. The audit report when completed should be submitted online to the Federal Audit Clearinghouse at <http://harvester.census.gov/fac/collect/ddeindex.html>.

CONTACTS

1. PAYMENT PROCEDURES:

Payments for grants awarded by OPHS Program Offices are made through the Division of Payment Management (<http://www.psc.gov/>). Applicant organizations are assigned a 12-digit Entity Identification Number for payment and accounting purposes. That number is an expansion of the 9-digit Employer Identification Number assigned to an organization by the Internal Revenue Service. PMS is administered by the Program Support Center (PSC), DHHS.

Inquiries regarding payments should be directed to (<http://www.dpm.psc.gov>. Division of Payment Management, P.O. Box 6021, Rockville, MD 20852, 1-877-614-5533.

2. Fraud, Abuse and Waste:

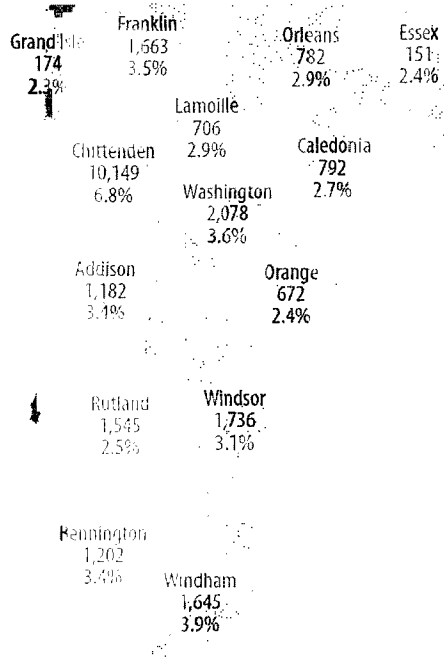
The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE 330 Independence Ave., SW, Room 5140 Cohen Building, Washington, DC 20201 e-mail htips@os.dhhs.gov 1-800-447-8477 (1-800-HHS-TIPS).

3. For assistance on **grants administration** issues please contact: Margaret Griffiths, Grants Management Specialist, at (240) 453-8446, FAX (240) 453-8823, e-mail Margaret.Griffiths@hhs.gov or OPHS Grants Management Office, 1101 Wootton Parkway, Suite 550, Rockville, MD 20852.

4. For assistance on programmatic issues, please contact Jacquelyn Williams, Project Officer, at (240) 453-8444, FAX (240) 453-8445, e-mail Jacquelyn.Williams@hhs.gov, or Office of Minority Health, 1101 Wootton Parkway, Suite 600, Rockville, MD 20852.

Racial and ethnic minority populations are living throughout the state in urban and rural areas

Racial & Ethnic Minority Populations
and % of total population, by county - 2007 Estimates



with more than half of all the state’s racial and ethnic minority populations, and two-thirds of the Hispanic population, live outside Chittenden County. Franklin County is home to the greatest number of American Indians.

1.2 Social determinants of health

According to the World Health Organization (WHO) “the social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The

social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.” Data indicates disparities in key determinants such as educational attainment, income and insurance status. Not surprisingly, while Vermont has an advanced system of coverage, care and public health status disparities similarly exist.

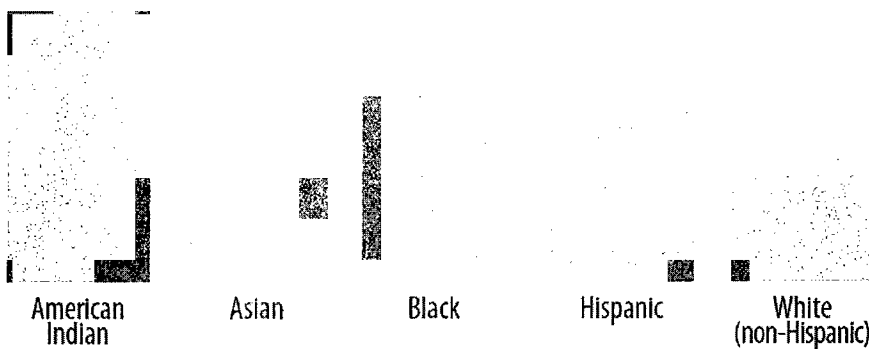
In Vermont, White non-Hispanics, Hispanics and Blacks have similar educational attainment, with between 13% and 16% reporting less than a high school education, and 29% to 37% reporting a bachelor’s degree or higher. White non-Hispanics in the U.S. have similar educational attainment as in Vermont. However, the percentage of U.S. Hispanics and Blacks with less than a high school education is much higher nationally (48%) than in Vermont (28%). Forty-seven percent of Vermont’s Asian populations have a bachelor’s degree or greater, the highest for any racial or ethnic group. Asians also

have a high percentage of people who have less than a high school diploma (22%). Educational attainment among Asians is similar in Vermont and the U.S. American Indians in Vermont have the lowest percentage for having a bachelor's degree or more (18%), and the highest for not finishing high school (59%). Educational attainment for American Indians is similar in Vermont and the U.S.

In Vermont, racial disparities that relate to income also exist. Based on the 2000 Census in Vermont, while approximately one in 10 White non-Hispanics and Asians were living below the poverty level, one in four American Indians fell into that category.

Race & Income

% of Vermonters living below the Federal Poverty level (FPL) - 2000 U.S. Census



Family Size	100% FPL 2009
1	\$10,830
2	\$14,570
3	\$18,310
4	\$22,050
5	\$25,790
6	\$29,530
7	\$33,270
8	\$37,010

1.3 Adult Health Status and Health Status Indicators

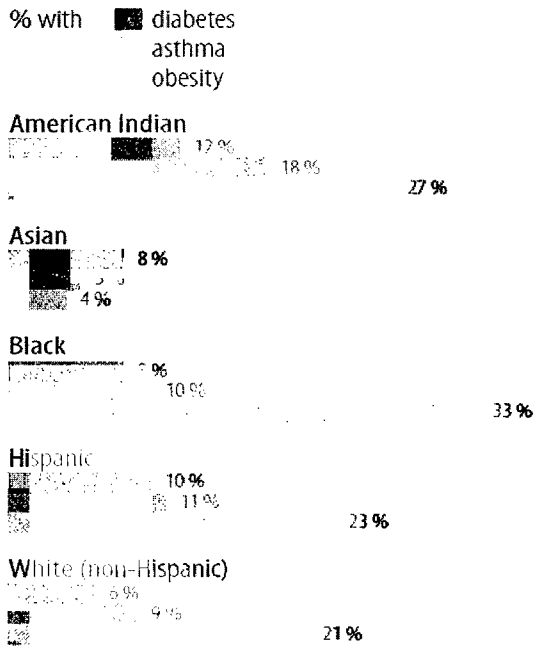
There are measurable disparities by race in prevalence of chronic disease and overall reported health status. Rates for prevalence of diabetes, asthma and obesity all vary by race, as does the percentage of minority Vermonters who say their health is good or excellent. Smoking, lack of exercise and poor nutrition, all key determinants of poor health, vary by race, too.

Among Vermonters from 2003 to 2008, 12% of American Indians have diabetes, compared to 6% of White non-Hispanics. Eighteen percent of American Indians have asthma, compared to 10% of Blacks, 11% of Hispanics, 9% of White, non-Hispanics, and 5% of Asians. Thirty three percent of Blacks are obese, compared to 4% of Asians. During this same time period 13% of Asians and 41% of Indians smoke, compared to 18% of White non-Hispanics. Data from 2005 to 2007 indicates at 19%, smoking

during pregnancy is highest among White non-Hispanic women, compared to 10% for Black women, and 4% for Asian women.

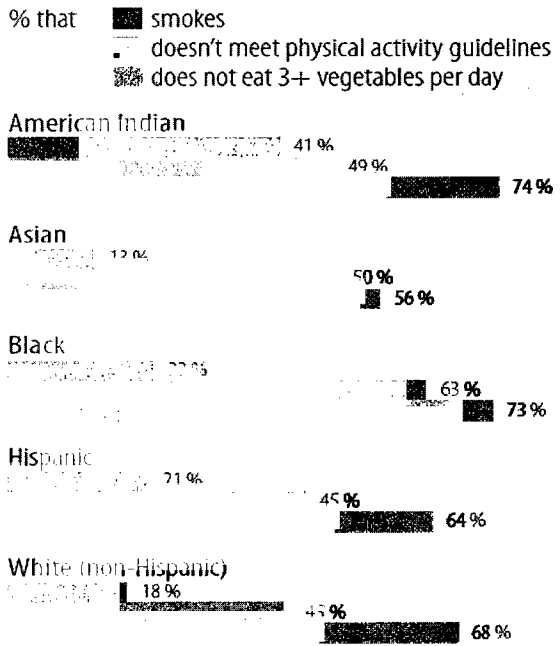
Race & Chronic Conditions

Vermonters age 18+ • 2003-2008



Race & Health Risk Factors

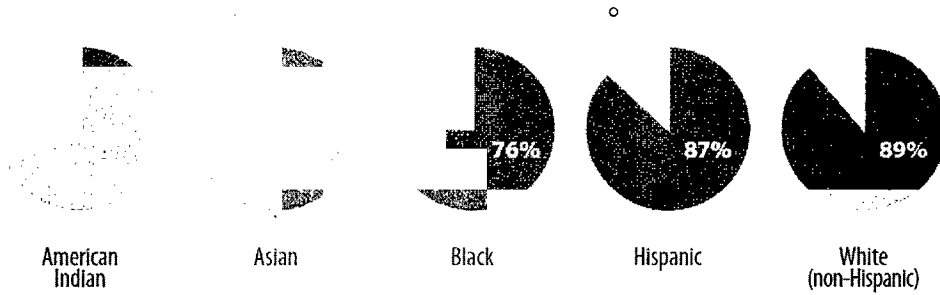
Vermonters age 18+ • 2003-2008



From 2003 to 2008 data reported indicates 63% of Blacks do not get the recommended amount of physical activity, compared to 43% of White non-Hispanics. Fifty-six percent of Asians reported that they do not eat at least three servings of vegetables a day, compared to nearly three-quarters of Blacks and American Indians.

Reporting of self perceived health status, also an important indicator, shows that American Indians report the lowest self perception of health while Asians reported the highest self perception of health.

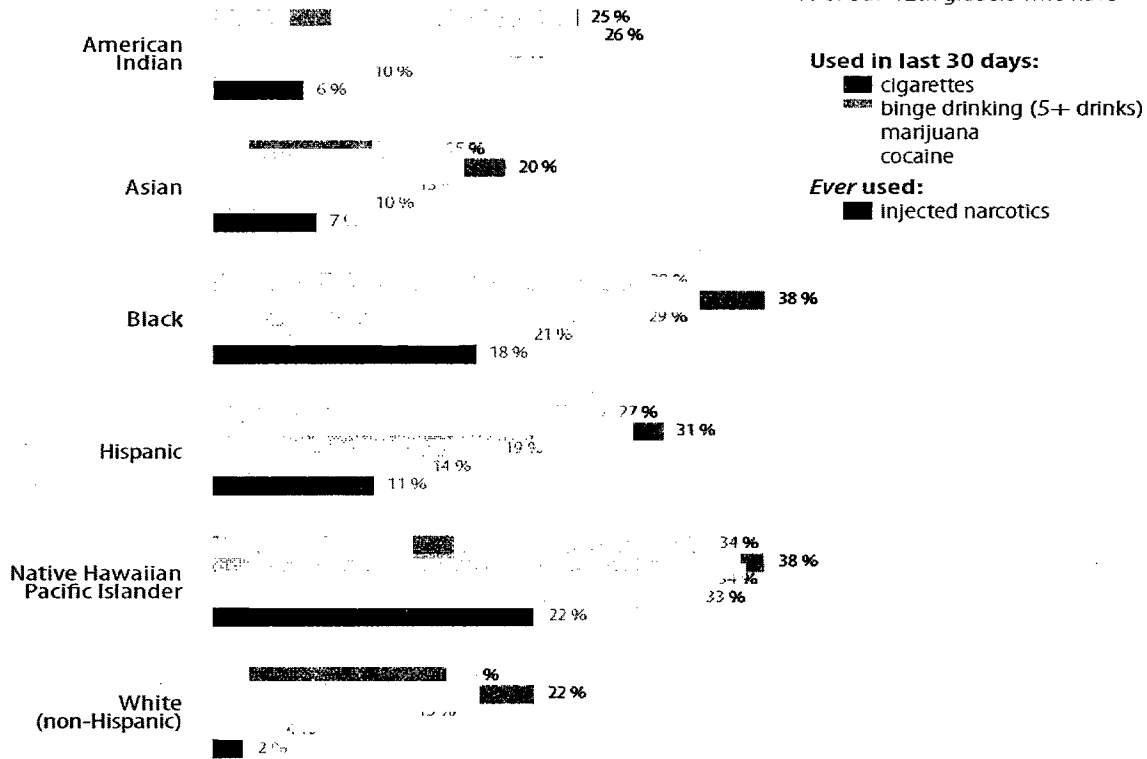
Race & Perception of Health
Vermonters age 18+ who report they are in good or excellent health • 2003-2008



1.4 Youth Risk Behaviors

Youth risk behaviors also demonstrate a cause for more close attention. Among Vermont eighth through 12th graders from 2005 to 2007 students of Native Hawaiian/ Pacific Islander descent have the highest rates of smoking, drinking and other drug use, while White non-Hispanics and Asians often have the lowest rates for the same behaviors. Approximately one in five Black students have ever injected narcotic drugs, and 21% reported using cocaine in the past 30 days. Among American Indians, while use of injected narcotics is lower than that of most other race and ethnic groups, they have high rates of smoking, binge drinking and marijuana use.

Youth Risk Behaviors
 Vermont Youth Risk Behavior Survey - 2005 & 2007
 % of 8th-12th graders who have –



Focus Areas for Year 1: The National Plan for Action

The following section highlights a number of areas which the Vermont Office of Minority Health intends to focus upon during the first year of funding. Many of the priorities outlined in the section are in direct response to the National Partnership for Action to End Health Disparities (NPA) document *Changing Outcomes – Achieving Health Equity, The National Plan for Action*, which defines twenty common strategies and is organized around five core areas for improvement: awareness, leadership, health and health system experiences, cultural and linguistic competency, and coordination of research/evaluation. While these priorities define the focus for year one of the award, over the course of the funding period activities of the Vermont

Office of Minority Health will focus on addressing each of the core areas set forth in this document as well as addressing unique issues as defined by local data and communities.

NPA Objectives and Strategies relevant to Vermont's State Partnership to Improve Minority Health proposed program

Focus Area: Access to Healthcare

OBJECTIVE 1: AWARENESS

Increase awareness of the significance of health disparities, their impact on the nation, and the actions necessary to improve health outcomes for racial and ethnic minority populations

STRATEGY 4: COMMUNICATION

Create messages targeted towards and appropriate for specific audiences across their life spans, and present varied views of the consequences of health disparities that will compel (motivate/promote) individuals and organizations to take action and to reinvest in public health

OBJECTIVE 3: HEALTH AND HEALTH SYSTEM EXPERIENCE

Improve health and healthcare outcomes for racial and ethnic minorities and for underserved populations and communities

OBJECTIVE 4: CULTURAL AND LINGUISTIC COMPETENCY

Improve cultural and linguistic competency

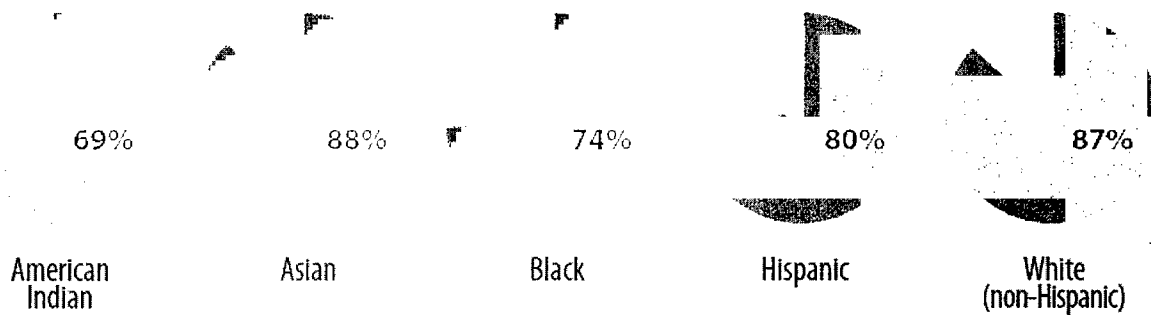
STRATEGY 13: WORKFORCE TRAINING

Develop and support broad availability of cultural and linguistic competency training for physicians, other health professionals, and administrative workforces that are sensitive to the cultural and language variations of racially and ethnically diverse communities

Access to care often differs according to race and ethnicity. The greatest disparities in access to health care are found among American Indian/Alaskan Native groups. In Vermont, between 2003 and 2008 approximately one-third of American Indian and Alaskan Native adults age 18 to 64 reported that they did not have health insurance in the past year. Between 22% and 25% of American Indians, Asians and Blacks did not have a personal doctor, more than twice as many as White non-Hispanic Vermonters. At 27%, almost three times as many American Indians reported not having enough money to see a doctor in the past year, compared to White non-Hispanic Vermonters.

Race & Health Insurance

% of Vermonters age 18-64 with health insurance • 2003-2008



The 2008 National Healthcare Disparities Report identifies the following components of healthcare access:

- Gaining entry into the healthcare system
- Getting access to sites of care where patients can receive needed services
- Finding providers who meet the needs of individual patients and with whom patients can develop a relationship based on mutual communication and trust

Vermont's public health system is a key player in developing the foundation for improving access to reduce healthcare disparities. While the public health system has focused more on core public health essential services and less on the provision of direct care to underserved populations they do have significant influence on how care is shaped and delivered through the implementation of their programs including programs such as Comprehensive Cancer Control, Asthma, Nutrition and Obesity, Rural Health and Primary Care and programs supporting the system of hospitals and clinics throughout the state. It is for this reason that promoting cultural competency in Vermont's public health programs, more specifically integrating minority health

across programs and creating institutional cultural competencies in policies, procedures and programs should be a key and primary focus of the Office of Minority Health.

Given that insurance coverage, availability of sources of care, education and cultural barriers exist it will also be important to improve the ability of Vermont's health care provider community to better serve the minority population. This may be a focus for subsequent years under this funding announcement.

Focus Area: Workforce Diversity

NPA Objectives and Strategies Addressed

OBJECTIVE 4: CULTURAL AND LINGUISTIC COMPETENCY Improve cultural and linguistic competency
STRATEGY 13: WORKFORCE TRAINING Develop and support broad availability of cultural and linguistic competency training for physicians, other health professionals, and administrative workforces that are sensitive to the cultural and language variations of racially and ethnically diverse communities
STRATEGY 14: DIVERSITY Increase diversity and competency of the healthcare and administrative workforces through recruitment and retention of racially, ethnically, and culturally diverse individuals and through leadership action by healthcare organizations and systems

Discrimination in employment continues to occur all across the country, particularly against people belonging to historically disadvantaged groups. Minorities, women, people with disabilities, older workers, and other groups still face unfair barriers to employment opportunities. In 2000, the State of Vermont's classified workforce was 6,937, and 118--or 1.7%--were identified as minorities.² By 2008 (Fiscal Year 2009), the classified workforce stood at 7,490-- an approximately 8% increase--and the number of classified minority employees was 180, or 2.4%. The number of minorities in the State of Vermont workforce's increased 52% over the 8 year period, and suggests the state made progress in diversifying its workforce.

² Vermont Department of Human Resources, Workforce Report – Fiscal Year 2009.

Through an executive order, issued by the Governor of the State of Vermont in 2002, the Commissioner of Human Resources was assigned the responsibility for developing, implementing and monitoring a state government equal employment opportunity program. The Governor also established by that order the Governor's Workforce Equity and Diversity Council, which wrote Vermont's 2011 Equal Opportunity Plan. This plan is designed to encourage all state agencies and departments to develop EEO plans to ensure that all eligible applicants or job-holders have equal opportunity in all areas of state employment, including compensation, recruitment, hiring, retention, training, promotion, working conditions, and benefits. The work of the Council and the resulting EOP has not been widely disseminated and a newer committee has been convened to make concrete recommendations to improve diversity in the workforce. At the Department of Health, the Director of the Vermont Office of Minority Health (VOMH) is the Commissioner's representative on that group.

According to HRSA's 2006 report *The Rationale for Diversity in the Health Professions: A Review of the Evidence*, "The most compelling argument for a more diverse health professions workforce is that it will lead to improvements in public health". Accordingly, in order to better serve the minority constituents and reduce disparities the Vermont Office of Minority Health will have an ongoing partnership with the Department of Human Resources to assure that Vermont's public health workforce is representative of its constituents. Similarly, the Department of Public Health has had a longstanding relationship with the University of Vermont Area Health Education Center Program – a healthcare workforce development program – which administers the state's health professional loan repayment programs. Through collaborations with these programs and State Departments the Vermont Office of Minority Health can further the diversification of the healthcare and public health workforce.

Focus Area: Mental Health

NPA Objectives and Strategies Addressed

OBJECTIVE 2: LEADERSHIP

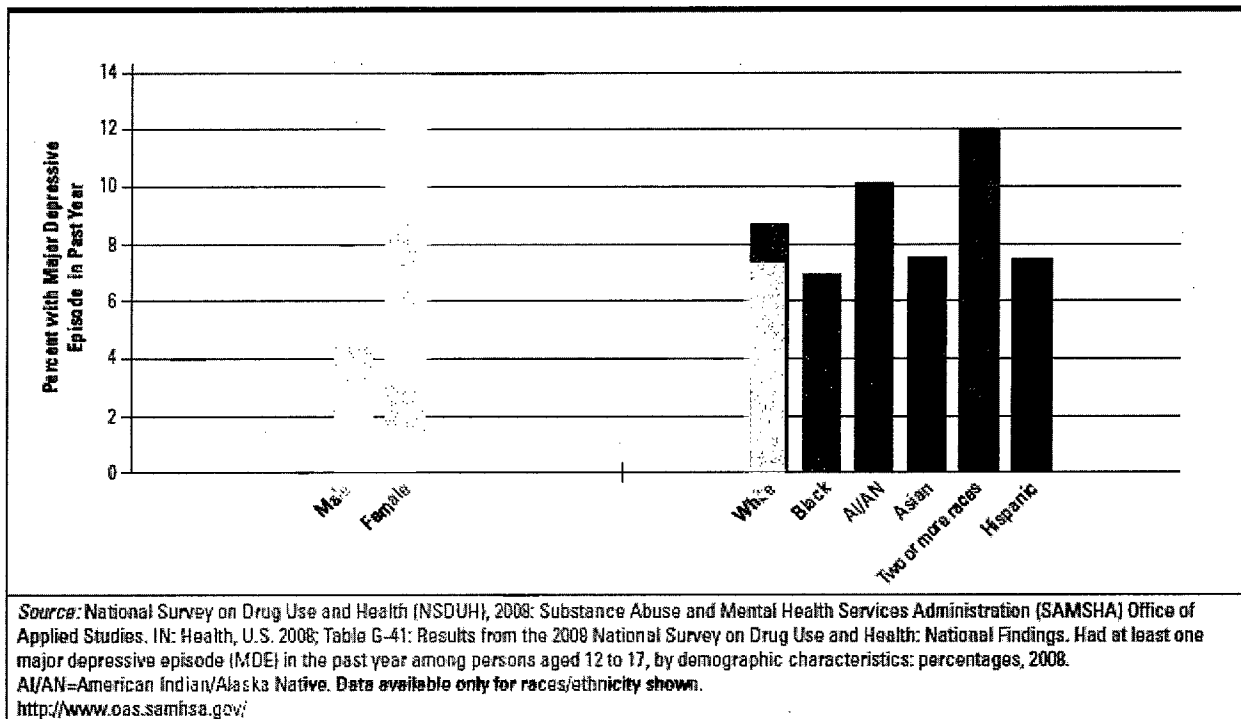
Strengthen and broaden leadership for addressing health disparities at all levels

STRATEGY 7: YOUTH

Invest in young Americans to prepare them to be future health leaders and practitioners by actively engaging and including them in the planning and execution of health initiatives

While limited data exists for Vermont minorities regarding mental health issues, a number of indicators may demonstrate that conditions which may cause significant psychological distress persist. Specifically, disparities in school safety and attempted suicide among young minorities in Vermont are important indicators of stress and potential mental health issues. Nationally data more clearly articulates the experience of minority youth as demonstrated by the chart below.

Depression in Adolescents, Ages 12-17, United States, 2008



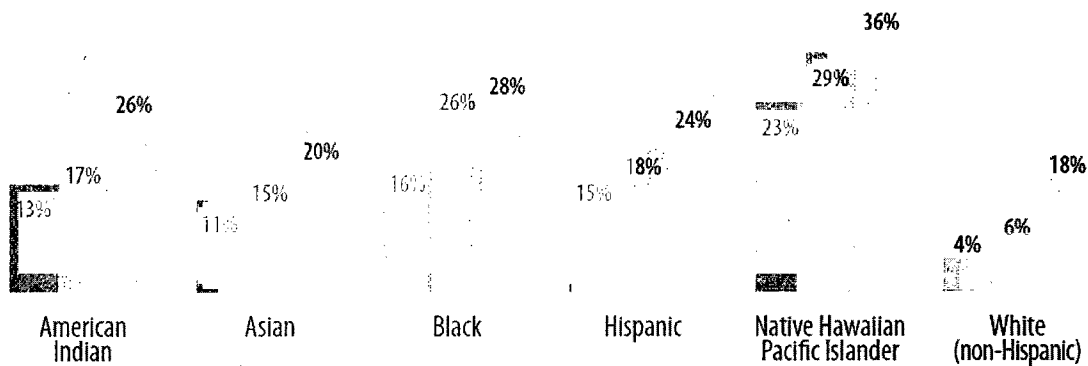
In Vermont, compared to White non-Hispanics, all minority groups reported that they were more likely to have missed school because of feeling unsafe in the last 30 days, were threatened or injured by a weapon in the past 12 months or were bullied in the last 30 days. These issues can be significant barriers to full participation, learning and academic advancement which can cause the educational attainment divide between minorities to increase. Given that educational attainment is a key social determinant of health, school security and race is an important public health issue for the Vermont Office of Minority Health and relates directly to mental health and the need to increased leadership among minority youth in and out of school.

School Security & Race

Vermont Youth Risk Behavior Survey • 2005 & 2007

% of Vermont students in grades 8–12 who:

- missed school in the last 30 days because they felt unsafe
- were threatened or injured by a weapon at school in the last 12 months
- were bullied in the last 30 days

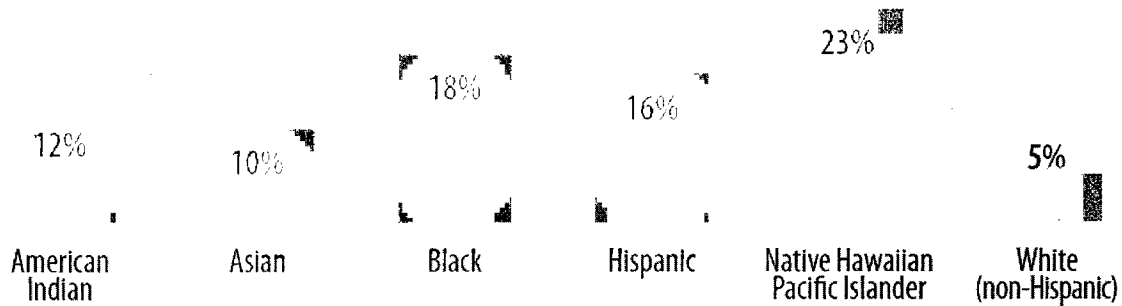


Suicide attempts among youth can be related to a number of issues including safety at school, mental health issues, substance use and issues at home. While the following graph does not elucidate specific predictors of youth suicide attempts it clearly demonstrates the disparity gap between races.

Suicide & Race

Vermont Youth Risk Behavior Survey • 2005 & 2007

% of 8th-12th graders who attempted suicide in the last 12 months



While more is to be understood regarding mental health, stressors on minority youth and adults and, the roles programs such as youth leadership and collaborations with Vermont Department of Education can have on minority mental health disparities the Vermont Office of Minority Health will begin targeting the key areas where we understand mental health disparities exist through collaborative relationships and expanding existing evidence based and best practice programs.

Focus Area: Obesity

NPA Objectives and Strategies Addressed

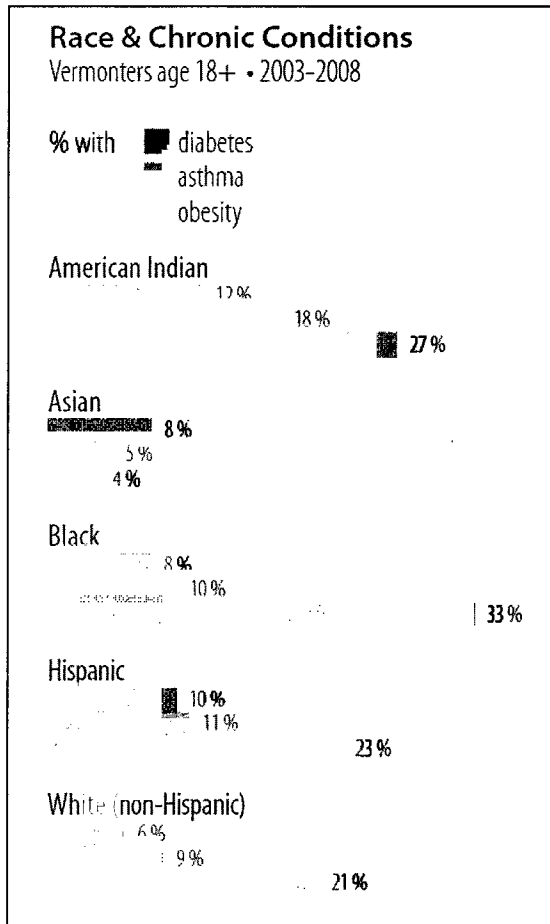
<p>OBJECTIVE 3: HEALTH AND HEALTH SYSTEM EXPERIENCE Improves health and healthcare outcomes for racial and ethnic minorities and for underserved populations and communities</p>
--

<p>STRATEGY 8: ACCESS TO CARE Ensure access to quality health care for all</p>
--

<p>OBJECTIVE 3: HEALTH AND HEALTH SYSTEM EXPERIENCE Improves health and healthcare outcomes for racial and ethnic minorities and for underserved populations and communities</p>
--

<p>STRATEGY 9: HEALTH COMMUNICATION Enhance and improve health service experience through improved health literacy, communications, and interactions</p>
--

Among Vermonters from 2003 to 2008, 12% of American Indians have diabetes, compared to 6% of White non-Hispanics. Eighteen percent of American Indians have asthma, compared to 10% of Blacks, 11% of Hispanics, 9% of White, non-Hispanics, and 5% of Asians. Thirty three percent of Blacks are obese, compared to 4% of Asians. During this same time period 13% of Asians and 41% of Indians smoke, compared to 18% of White non-Hispanics. Data from 2005 to 2007 indicates at 19%, smoking during pregnancy is highest among White non-Hispanic women, compared to 10% for Black women, and 4% for Asian women.



From 2003 to 2008 data reported indicates 63% of Blacks do not get the recommended amount of physical activity, compared to 43% of White non-Hispanics. Fifty-six percent of Asians reported that they do not eat at least three servings of vegetables a day, compared to nearly three-quarters of Blacks and American Indians.

While chronic conditions are of concern it is widely understood that obesity is a predictive factor to chronic disease. Given the epidemic of obesity existing in the country and state, the disparities in obesity among racial minorities is especially alarming as are the poor physical activity and nutritional habits which contribute.

Data Collection and Surveillance

NPA Objectives and Strategies Addressed

OBJECTIVE 5: RESEARCH AND EVALUATION Improve coordination and utilization of research and evaluation outcomes

STRATEGY 17: DATA Ensure the availability of health data on all racial and ethnic minority populations
--

The minimum standard for ethnicity and race categories are specified in the 1997 federal Office of Management and Budget standards. To better monitor health disparities in Vermont and the United States, the 1997 OMB categories must be used so that health-related ethnicity and race data are comparable within and across public health agencies and other social institutions.

Indeed, federal mandates for Department of Health and Human Services (DHHS) programs to collect data on race, ethnicity, and primary language are anticipated (Kaiser Family Foundation 2007). Many VDH programs are funded by DHHS grants and will eventually be required, as a condition of funding, to collect and report information in accordance with the OMB standards that are applied to federal agencies. A clear policy for both VDH and for other departments and agencies in Vermont is necessary to ensure compliance with OMB 15 and to ensure that accurate racial and ethnic data will serve to guide programs and policies that help to reduce health disparities.

More importantly however, is the importance of complete and accurate data on the health status of minority Vermonters for the Vermont Department of Health's ability to fulfill essential services of public health. Each and every of the ten Essential Public Health Services is contingent on our ability to use data to inform them. As a result, the Vermont Office of Minority Health will focus on assessing and assuring adherence to criteria set forth in Directive No. 15:

Race and Ethnic Standards for Federal Statistics and Administrative Reporting and 1997 OMB standards.

1.5 Vermont State Office of Minority Health

The Vermont Department of Health is one of four departments within the Agency of Human Services. As part of the Agency of Human Services, the department works in concert with the departments of Mental Health; Children and Families; Disabilities; Aging and Independent Living; Corrections; and the Office of Health Access to improve the health and well-being of Vermonters.

We extend our reach across Vermont with 12 district offices that provide essential health promotion and disease prevention services. The district offices work in partnership with local health care providers, voluntary agencies, schools, businesses, and community organizations to improve health and implement statewide initiatives in local communities.

In 1994, the Vermont Department of Health created the Office of Minority Health by administrative order in response to community requests to address persistent gaps in health status and access to health services among racial and ethnic populations in Vermont. The Office of Minority Health is located within the Commissioner's Office and reports to the Deputy Commissioner for Public Health. From 1994 to present, the Office of Minority Health has had four directors, a relatively high turnover which has resulted in some lost momentum during each transition and period of vacancy.

The Office of Minority Health is responsible for the development and implementation of a strategic plan that identifies, coordinates and determines the extent to which policies, programs, and services can be improved to address the needs of Vermont's racial and ethnic populations.

In 1997, the Vermont Commissioner of Health charged five minority advisory committees (African-American; Hispanic/Latino; Asian; American Indian; and Gay, Lesbian, Bisexual, Transgender) with “making recommendations on behalf of their respective racial and ethnic community that would enhance the population’s overall success in reaching the health objectives established by the Healthy Vermonters 2000 initiative.”

During 2004, community members met several times with the Office of Minority Health to develop a strategic plan, and a draft was distributed for public comment in 2006. Some of the recommendations from the 1997 report and community work groups were reviewed and incorporated into the goals and objectives of the current Strategic Plan.

The Office of Minority Health is committed to providing integrated, efficient and effective public health services to all underserved individuals including racial and ethnic populations.

The current Director of Minority Health has been in place since March 2009 and is currently funded through general state funds playing a dual role as the Director of Planning. She reports directly to the Deputy Commissioner, is a member of the executive team and meets on a weekly basis with that team. Her role as both Director of Minority Health and Director of Planning has given the Office of Minority Health an elevated role in the Department and has allowed the Health Disparities/Minority Health agenda to play a prominent role in the Department’s strategic plan and operations. Recent successes of the VOMH to address disparities include:

- ✓ Increased funds have been dedicated to additional cancer screening days targeted specifically for women of color and these are being coordinated with an FQHC located in Burlington, Vermont.

- ✓ The director of rural health reports to the Planning Director/Director of Minority Health and through that relationship, rural health has worked with Vermont's primary care recruitment and retention center for rural Vermont to increase efforts to recruit minority primary care providers.
- ✓ In addition, due to this relationship, presentations about Vermont's Health Disparities including those disparities related to race and ethnicity have taken place in senior managers meeting and are appearing on the agenda for Vermont's annual Primary Care Collaborative meeting as well as meetings with AHEC offices across the state.
- ✓ In terms of workforce diversity in state government and the Department of Health, the Director of the Office of Minority Health recently joined a new committee focused on diversity in the workforce and will lead the pilot of promising practices for recruitment through the Department of Health.
- ✓ Due to the efforts of the VOMH, the recent H1N1 response in Vermont included a consultant whose job it was to reach out to minorities and other special populations to determine a plan to addressing their needs in the case of pandemic or other public health emergencies

1.6 Background and Experience of Linkage Organizations

The Office of Minority Health has received several letters of support for this application and plans to link with several organizations in order to achieve the objectives outlined in the plan.

- NeighborKeepers is a non-profit, anti-poverty organization in Burlington, Vermont that has adopted the "**Circles of Support**" national program. NeighborKeepers defines poverty as the struggle to exist without adequate resources. The NeighborKeepers Circle of Support Program (CoS) focuses on building community around families to collaboratively address building resources. Volunteer **allies** coach **community members** in the program and CoS creates sustainable, supportive friend networks that direct

families and individuals toward the resources they need to **improve health**, get training and education, find jobs, and discover a sense of purpose and belonging.

NeighborKeepers works with and for many of Burlington's minority communities including new Vermonters and has been successful in implementing health literacy programs. NeighborKeepers is expected to be partner for the *Healthy to Go* project described in the program plan.

- Greater Burlington MultiCultural Resource Center (see attached letter of support) mission is to increase awareness and provide opportunities to celebrate programs that support cultural diversity within the community. The Center facilitates Vermont's only Diversity Conference each year and successfully draws more than 200 participants. In partnership with the Youth in Transition program, the State Office of Minority Health plans to work with the Greater Burlington MultiCultural Resource Center to facilitate the Youth Minority Health conference in year 1 of the this grant and Minority Health conferences/summits in years 2 and 3.
- Youth in Transition is a program of the Agency of Human Services and has made significant in-roads with Minority Youth in the state through its Young Voices project. The program's success with building connections and relationships with youth of color makes it an excellent partner to work with the VOMH to reach more youth and develop skills in Vermont to reduce health disparities.
- The Office of Refugee Health in Vermont is an office of the Department of Health and has a long-standing relationship with refugee and refugee-serving organizations. Recently the Office of Refugee Health have collaborated in planning to share the information arising from Vermont's first Health Disparities report and plans are underway for both offices to work together to reach out to new Vermonters and to bring new Vermonters into the Minority Health Advisory Committee.

3. Objectives

Goal 1 : Improve data quality, collection, and reporting

Objective 1.1: Support reporting of racial and ethnic data by federally defined categories including use of subpopulations where possible.

Objective 1.2: Maintain a current web page with accurate data for the Office of Minority Health

Goal 2: Support a diverse and culturally competent public health workforce

Objective 2.1: Implement cultural competency training curriculum for at least 60 senior VDH employees

Objective 2.2: Ensure that VDH programs address health disparities including racial and ethnic Disparities

Objective 2.3 Promote racial, ethnic and linguistic diversity in the public health workforce

Goal 3: Enhance community development and leadership

Objective 3.1: Develop leadership skills to address health disparities among minority youth

Objective 3.2: Increase awareness of health disparities among communities of color and other key stakeholders throughout Vermont

Goal 4: Address risk factors leading to chronic disease among racial and ethnic minorities

Objective 4.1: Plan and pilot one CDC recommended evidence-based practice model to increase fruit and vegetable consumption and prevent obesity among minorities in low-income communities.

Objective 4.2: Improve health and healthcare knowledge in racial and ethnic communities.

Goal 5: Enhance Vermont's infrastructure to coordinate disparities elimination initiatives with state and external partners

Objective 5.1: Expand participation of the Minority Health Advisory Committee with 3 additional members from the Agency of Human Services and 5 additional members from community-based organizations

Objective 5.2: Heighten the profile and visibility of the Office of Minority Health throughout Vermont

4. Program Plan

The following section describes the broad goals of the State Partnership program plan and identifies objectives for each goal. Details of the activities and proposed outcomes/measures in the first year are described here and in the work plan table which follows the narrative.

Goal 1 : Improved data quality, collection, and reporting

- ✓ *Objective 1.1: Support reporting of racial and ethnic data by federally defined categories including use of subpopulations where possible.*

Activity: Regional Scorecard

The State Offices of Minority Health in the New England region have had a long history of collaborating together and have successfully implemented 5 regional conferences over the past 10 years and through their participation in the New England Minority Health Coalition (NEMRHC). Through the region's collective State Partnership grants, the region proposes to

continue to strengthen this regional collaborative work by developing and sharing best practice in race and ethnic data collection. This objective directly supports Objective 5 of the NPA: Improve coordination and utilization of research and evaluation outcomes; and specifically address strategy 17: Ensure the availability of health data on all racial and ethnic minority populations.

The states in the region have varying levels of capacity and success with regard to racial and ethnic data collection. Many lessons have been learned and many of the challenges are similar across the region. The region proposes to develop an assessment of the current state of practice across the states in the region to culminate in a regional scorecard which can be used as a tool to help states heighten standards for racial and ethnic data collection. A second document will be developed to describe best practices in the region in order to allow for best practice dissemination among the state offices and with key partners. The SOMH in the region will convene at least two teleconferences on this issue each year and will dedicate at least one learning session to the topic at annual regional meetings. In year one, the region will complete an assessment and regional scorecard and in years two and three, the region will document best practices and disseminate them. This collaborative activity will result in greater awareness and skills building to develop systems for and overcome barriers to improved racial and ethnic data collection. While Vermont does not have written policy in terms of its racial and ethnic category data collection and reporting, anecdotally, the statistics chief indicates that approximately 90% of programs are currently reporting as required by OMB 15. More investigation will need to take place to determine the quality and accuracy of that collection and reporting.

Activity: Expanded list of race and ethnicity codes for hospitals.

Current in Vermont, the hospital discharge and emergency dept. data sets collect only a very small selection of race and ethnicity codes. They are: White, Black, Asian, American Indian, Hispanic, Other, Missing.

Vermont hoped that the new national standards (UB04) would contain updated and expanded standards for race/ethnicity data collection. It appears that they do not include race/ethnicity and leave it to each state to determine what they wish to collect. Some other states in the New England region use a more expanded list than our state.

VDH sent an inquiry to the Agency that regulates hospitals (BISHCA) to see if they would be open to establishing a requirement for VT hospitals to collect and report this data. Currently, it is voluntary (not a required field). They invited VDH to send a memo specifying what we would like the race/ethnicity variable to be and our rationale for the request. If supported by both commissioners, BISHCA would consider issuing a state mandate for the collection. They would give the hospitals an opportunity to comment and be part of the decision-making. There would also be a discussion on the data quality checks / edits for the field.

VDH appears to have an opportunity to discuss expanding the race/ethnicity field (even if it doesn't become mandated). We plan to first draft a memo with input from the Minority Health Advisory Committee and the Office of Refugee Health, get consensus among the two Agencies and then move forward and discuss with the hospitals with the goal of establishing an expanded standards list for race/ethnicity data collection.

✓ ***Objective 1.2: Maintain a current web page with accurate data for the Office of Minority Health***

The Vermont Department of Health established a Minority Health webpage in 2007. The webpage has had little maintenance over the past 3-4 years and it is our intent to update the webpage with health disparities data and current events that relate to health disparities and minorities in Vermont and throughout the New England region. The Minority Health Advisory Committee has also asked that PowerPoint presentations and other tools to be used at the community level be posted on the site for use by students and community-based organizations.

Goal 2: Support a diverse and culturally competent public health workforce

✓ ***Objective 2.1 Implement a cultural competency training curriculum for 60 senior VDH/AHS employees over a 3 year period.***

Throughout the United States it is generally understood that cultural competency within the context of reducing, if not eliminating, ethnic and racial minority health disparities is limited to and informs the relationship between the patient and the individual healthcare service provider.

In these largely urban areas, demographics (i.e. high density areas of ethnic and racial minorities) and market forces provide context for public health departments and individual service providers to be more culturally responsive to an informed electorate.

In Vermont, however, cultural competency also relates to the systemic work of weaving culturally competent practices throughout the health policy and service delivery networks. It is

not yet a well known fact that 73% of Vermont's population growth from 2000 to 2009 is attributed to ethnic and racial minorities according to the US Census Bureau, more than double the 1990 to 2000 rate of 32%. The Department of Health must lead policy makers and healthcare service providers into the practice of affirming the presence of emerging ethnic or racial minority populations with the appropriate policy and procedural frameworks. Cultural competency in the Vermont context relates to transforming the Department of Health and related state agencies into strong advocates and ardent practitioners of inclusion.

The VOMH will contract with a vendor located in Vermont to provide culturally competent in-person training for 60 senior level VDH staff and other staff from the Agency of Human Services. The goal of the training will be to help staff recognize the institutional bias that exists in some programs/policies that are influenced by VDH toward serving white and middle class families and communities and to explore ways to produce more culturally appropriate programs that also reach low-income and minority populations. A four hour module will be delivered that addresses the power of white privilege, demographics and health disparities, understanding cultural influences, and partnering to establish culturally appropriate programs and messages.

- ✓ ***Objective 2.2 Ensure that VDH programs address health disparities including racial and ethnic disparities.***

The OMH will work with VDH programs over the three year grant period to introduce health disparities/minority health strategies into their existing programs. Some preliminary work has already been undertaken in some programs including the cancer screening program, the asthma program and the alcohol and drug abuse prevention programs. Programs will be assisted in writing a health disparities 'strategy' to be included in their federal grant applications and will be

support to include a minority health focus in their program activities. The aim of the work will be to integrate the work of eliminating health disparities, particularly among minority communities, throughout all VDH programs. In addition, the VOMH Director will work with the State's Performance-based Contracting Workgroup (on which she sits) to establish health disparities language as part of state contracts to designated agencies and other contractors. The Director will be responsible for this work in partnership with the respective Division Directors and will be assisted by the Health Disparities coordinator to seek out best practices across the country.

✓ ***Objective 2.3 Promote racial, ethnic and linguistic diversity in the public health workforce***

The State of Vermont convened an Equal Employment Opportunity Plan Committee in July of 2010 for the purposes of moving the state EEOP forward. The plan is a broad statement of intent for the state that has had little impact upon hiring. In fact, few hiring managers in the state are aware of it. The Committee was convened by the Department of Human Resources to recommend 2-3 concrete action steps that the state can take over the next year to help to achieve the intent of the EEOP. The Director of the Office of Minority Health is the Commissioner of Health's representative on that committee and as the goal of the committee aligns with the Minority Health goal of diversifying workforce, it is expected that the Department of Health will take a leadership role on the committee and recommend the Department of Health as one of the Departments to implement best practices identified by the committee. Recent efforts to help diversity the public health workforce have included 1) dedicated minority scholarships for public health training opportunities and b) promotion of public health job opportunities through the Minority Health Advisory Committee and the Refugee Health Committee Advisory lists.

Goal 3: Enhance community development and leadership to reduce health disparities

✓ *Objective 3.1 Develop leadership skills to address health disparities among minority youth*

The VOMH current leads a Minority Health Advisory Committee comprised of 15 adults and 3 youth. In order for youth to thrive and take leadership, they need to be supported in greater numbers to organize around issues of importance to them. The Director met with a minority youth group in June 2010 to discuss the results of the Youth Risk Behavior Survey and to explore the root causes of the racial and ethnic disparities that the survey results highlighted. The youth were articulate and passionate about issues such as racism in schools and the need to provide more healthy alternatives for young people. In Vermont, there are few resources to build youth leadership and even less that are targeted specifically to build minority youth leadership skills.

Minority Youth Conference – Focus on Health

The VOMH proposes to develop youth leadership skills by co-sponsoring a conference for minority youth leaders focused on health. Youth in Transition is a program of the Agency of Human Services that serves youth in transition from ages 16-21. The program has a unique focus on building the agency and services available for minority youth and has reached out to the Vermont Office of Minority Health and to the Greater Burlington Multi-Cultural Center to facilitate Vermont's first Youth Minority Health Conference with a conference track that highlights mental health issues faced by minorities in Vermont. The conference will be designed and organized by young people and will build leadership skills. It is expected that the conference will take place in 2011 and will draw at least 80 youth including young people of color from rural areas of Vermont.

Youth Organizational Capacity Building

VOMH will work with a community-based organization to provide mini-grants of up to \$1000 for up to 4 youth groups per year for the purposes of building Minority Youth organizational capacity. The grants will be focused on both building leadership skills through traditional ‘trainings’ and building leadership skills through hosting events or activities designed to promote healthy behaviors among minority youth, particularly with school-based youth groups. The Department of Health has had success with this approach in the past when they provided small grants to youth groups for the prevention of drugs and alcohol but has not provided these kinds of grants with a focus on Minority Youth. Our community partner organizations who are well connected in Burlington, Vermont will likely be the recipient of a grant to administer this mini-grants program. Other partners around the state will promote the program in rural areas.

✓ ***Objective 3.2: Increase awareness of health disparities among communities of color and other key stakeholders throughout Vermont***

VOMH recently completed its first Health Disparities report which outlines health disparities through the lens of the social determinants of health. The report provides a good overview of issues relevant to many groups and sectors in Vermont including those belonging to ethnic, racial and linguistic minorities. One of the priorities as identified by the Minority Health Advisory Committee is to increase awareness of health disparities across Vermont. Presentations based on the report have been provided by VOMH and partners to VDH senior managers, local health offices and one AHEC office. VOMH will provide presentations to public health classes at the University of Vermont, other departments in the agency of human services, refugee service providers, AHECs, and with community groups in neighborhoods with significant minority

populations. We will work through our Advisory Group partners and other partners to reach out and raise awareness.

Goal 4: Reduce risk factors leading to chronic disease among racial and ethnic minorities

- ✓ *Objective 4.1: Plan and pilot one CDC recommended evidence-based practice model to increase fruit and vegetable consumption and prevent obesity among minorities in low-income communities.*

Obesity Prevention

The mission of NeighborKeepers is to engage the community to serve and support neighbors in need of resources, meaning, and friends. Serving Chittenden County and based in Winooski, Vermont at the O'Brien Community Center, NeighborKeepers serves a very diverse segment of the community in particular New Americans. To become acclimated to the American culture, find work and affordable housing with only eight months of entitlement support can be very daunting for most families. A key resource that many families lack is private transportation that is not only critical for obtaining work but getting to the supermarket to food shop economically. Short of getting a ride or using limited public transportation families that are economically challenged buy their food at convenience stores where fresh fruits and vegetables are usually not the option.

NeighborKeepers proposes to address this challenge by piloting *Healthy on the Go* which is modeled after the very successful *Healthy in a Hurry* program in Louisville, KY. There the

Department of Health partnered with two convenience stores located in a part of the community described as a food desert allowing them to market and to provide fresh fruits and vegetables. Given the choice the low-income community members have purchased fresh produce over unhealthy, processed food.

NeighborKeepers in cooperation with the Department of Health's Nutrition Unit will develop a *Healthy on the Go* pilot project to be located in the food desert that exists in the surrounding neighborhoods of the O'Brien Community Center. One of the largest convenience stores, Chuck's Beverage and Deli Mart, is located on Malletts Bay Avenue a few blocks from the center. The retailer has expressed interest in the project which would provide for the installation of produce refrigeration and the associated marketing necessary for attracting low-income customers. A partnership will be explored with The Root Center to purchase produce at a discounted price in order that the project is sustainable for Chuck's Beverage. The Root Center is a consortium of local Vermont farmers who provide free Community Supported Agriculture shares to low-income residents.

A preliminary survey was conducted with 15 local families who are African American, Bhutanese, Burundi, Congolese, Somali Bantu, and Sudanese. They strongly supported the idea of walking to Chuck's Beverage to buy fresh produce with their EBT card to spend from \$10 to \$25 per week. Favorite suggestions for purchase were broccoli, potatoes, carrots, onions, tomatoes, peppers and hand fruit.

Healthy on the Go would address the important need of affordable, accessible fresh produce in Winooski for community members lacking the mobility to get to the closest supermarket located a mile away. The project would have a positive impact on the health and nutrition of our immigrant population which has been the fastest growing segment of the Vermont population over the past five years.

Goal 5: Enhance Vermont's infrastructure to coordinate disparities elimination initiatives with state and external partners

- ✓ *5.1 Expand participation of the Minority Health Advisory Committee with 3 additional members from the Agency of Human Services and 5 additional members from community-based organizations*

The VOMH-led Minority Health Advisory Committee meeting bimonthly and serves both to advise the health department and hold it accountable to serving the needs of minorities in Vermont, and to share information and strengthen state coordination of efforts to reduce health disparities. The Committee has regular attendees to meetings but does not have representation of all Minority groups in Vermont. In particular, there is no representation from Native American or Asian Vermonters. In addition, the Advisory group has strong representation from the Vermont Department of Health but does not have representation from other Departments in the Agency of Human Services who are central to participating in a comprehensive approach to reducing disparities. Over the program period, the VOMH Director and Health Disparities Coordinator will arrange more meetings and discussions with various groups in Vermont to build relationships and encourage participation.

5.2 Heighten the profile and visibility of the Office of Minority Health throughout Vermont Over the program period, the VOMH will increase participation of the group through increasing visibility

Over the program period, greater use of the website, more presentations (with a focus on the health disparities reports), face to face meetings, and other forms of engagement with the community and with state Departments will result in an increase in visibility for the VOMH. This increased visibility will contribute to raised awareness and greater opportunity to influence decision-making that affected racial and ethnic minorities in Vermont. Increased visibility will also include working with the communications department to highlight minority health with at least two stories/interviews in the local media per year focusing on minority health issues in Vermont.

YEAR 1 PROJECT OBJECTIVES AND ACTIVITIES

Goal 1: Improve data quality, collection, and reporting				
OMH Expectation				
<ul style="list-style-type: none"> Improved state planning, coordination, collaboration, and linkages among public and private entities that specifically address minority health and health disparities. 				
<i>Objectives</i>	<i>Activities/Strategies</i>	<i>Expected outcomes/Timeline</i>	<i>Responsible Staff</i>	<i>Partners</i>
1.1 Support reporting of racial and ethnic data by federally defined categories including use of subpopulations where possible.	<ol style="list-style-type: none"> 1. Assess current data collection processes in VDH and in Vermont hospitals. 2. Collaborate with VDH programs to improve collection of racial and ethnic health data 3. Collaborate with the Hospital regulating agency (BISHCA) to establish expanded racial categories 4. Work with hospitals to roll out expanded racial categories 5. Monitor the quality of data collection and reporting with hospitals and within VDH 6. Plan for regional collaborative project to improve data quality in the New England Region 7. Develop Vermont's scorecard on data as per regional collaborative 	<ol style="list-style-type: none"> 1. Documentation of current data collection efforts at VDH (Year 1) 2. Communication to BISHCA proposing expanded categories (Year 1) 3. Expanded categories for race and ethnicity introduced in 25% of Vermont hospitals (Year 2) 4. Vermont scorecard on data collection and reporting developed (Year 2) 	VOMH Director, Statistics Chief	NE regional SOMH partners Director VOMH HD Coordinator BISHCA Health Surveillance

1.2 Maintain a current web page with accurate data for the Office of Minority Health	1. Maintain up to date web page through quarterly updates	1. Webpage is reviewed and updated quarterly (Years 1-3)	Health Disparities Coordinator	Communications Unit - Webmaster
Goal 2: Support a diverse and culturally competent public health workforce				
OMH Expectations				
<ul style="list-style-type: none"> • Improved diversity in the healthcare workforce through policies focused on the recruitment of persons capable of entering a health professions career during the period of the grant. 				
2.1 Implement cultural competency training curriculum for at least 60 senior VDH employees	<ol style="list-style-type: none"> 1. Identify best practices for cultural competency training with a focus on institutional cultural competence. 2. Design plan for providing new employee cultural competency training (on-line) 3. Implement Cultural Competency Training Program (Focus on institutional cultural competence) within VDH (in-person) 4. Present Health Disparities Report to each division within VDH and provide at least one presentation to each department in the Agency of Human Services 	<ol style="list-style-type: none"> 1. Compilation of cultural competency best practices (Year 1) 2. New Employee Cultural Diversity Training Module (Completed Year 2) 3. Continuing Education Cultural Diversity Training Modules (Available, Year 2) 5. 60 VDH employees participating in 'in-person' Cultural Cultural Competency training (Year 3) 6. 4 Presentations on health disparities report offered (Year 1) 	VOMH Director, HD Coordinator	Contractors who deliver cultural competency training, SOMH offices in the New England Region, Human Resources Department, Human Resources Development Committee

<p>2.2 Ensure that VDH programs address health disparities including racial and ethnic disparities</p>	<ol style="list-style-type: none"> 1. Assist VDH Divisions and Programs to ensure that health disparities are addressed in prevention and intervention efforts. 2. Ensure that social marketing strategies are culturally sensitive and that public awareness campaigns are directed at high-risk racial and ethnic populations. 3. Include racial and ethnic minority populations in the pilot testing of VDH materials. 4. Obtain yearly internal reports from federally funded programs outlining past and future activities that address racial and ethnic populations. 5. Assess and provide recommendations regarding priorities in health disparities by examining current and proposed VDH health initiatives. 6. Review current Toolkits to assure culturally competent materials are included. 	<ol style="list-style-type: none"> 1. 50% of major programs have a health disparities documented strategy that includes racial and ethnic minorities (Year 2) 2. 50% of program proposals to federal funders include strategies to reduce health disparities (Year 3) 	<p>VOMH Director</p>	<p>Division Directors, Deputy Directors</p>
--	--	---	----------------------	---

<p>2.3 Promote racial, ethnic and linguistic diversity in the public health workforce</p>	<ol style="list-style-type: none"> 1. Work with Howard Center, the Agency of Transportation and other partners to identify best/promising practices in recruitment and retention of a diverse workforce 2. Work with EEOP committee to establish a state-wide plan 3. Choose 1-2 promising practices to implement with the Department of Health 4. Develop plan for increasing diversity of recruits within VDH 5. Train hiring managers on the State of Vermont equal opportunity plan/principles 	<ol style="list-style-type: none"> 1. Compilation of best/promising practices, trainings, and programs is posted on OMH webpage and distributed to partners.(Year 1) 2. Documentation of workforce diversity and plans (Year 2) 3. Workforce diversity recommendations from EEOP (Year 2) 4. 10% increase in number of racial and ethnic minorities who apply for VDH postings (Year 3) 	<p>HR, VOMH Director, Health Disparities Coordinator</p>	<p>Office of Refugees, Refugee Health Office, Limited English Proficiency Coordinator, Department of Human Resources</p>
---	---	---	--	--

Goal 3: Enhance community development and leadership to reduce health disparities

OMH Expectation

- **Improved state planning, coordination, collaboration, and linkages among public and private entities that specifically address minority health and health disparities**

<p>Objective 3.1 Develop leadership skills to address health disparities among minority youth</p>	<ol style="list-style-type: none"> 1. Work with Youth in Transition and the Multi-Cultural Center to select youth to organize a Minority Youth Conference 2. Establish scholarship funding for students who need to travel from the rural areas 3. Work with youth to define the agenda 4. Establish a mini grant program to address minority youth health issues 5. Work with schools and communities to promote the program 6. Work with local community partners to administer and monitor the program. 	<ol style="list-style-type: none"> 1. Youth Minority Conference attended by at least 80 minority youth in Vermont 2. At least 15 youth from outside of Chittenden County attend 3. At least 4 mini grants given each year to youth groups focused on minority youth health concerns 4. At least one partnership with a school for the purposes of youth leadership 	<p>VOMH Director, HD Coordinator</p>	<p>Youth groups, community groups, schools, Youth in Transition, Burlington Multi-Cultural Center</p>
<p>3.2 Improve health and healthcare knowledge in racial and ethnic communities.</p>	<ol style="list-style-type: none"> 1. Facilitate community forums on health disparities in Vermont using the Health Disparities report as a base document for discussion (Year 1) 2. Organize Minority Health Summit that will support sharing of knowledge between VDH and community partners. 	<ol style="list-style-type: none"> 1. 10 community discussions facilitated by September 2012 2. Minority Health Summit held with at least 80 participants (Year 3) 		
<p>Goal 4: Reduce risk factors leading to chronic disease among racial and ethnic minorities</p>				

OMH Expectations

- **Dedicated state and territorial leadership and staffing to: support strategic planning and coordination, improve cultural competency; promote and implement evidence-based approaches and programs to address priority minority health problems; monitor and evaluate state and territorial efforts; and disseminate information focused on improving minority health and eliminating health disparities**

<p>4.1 Plan and pilot one CDC recommended evidence-based practice model to increase fruit and vegetable consumption and prevent obesity among minorities in low-income communities.</p>	<ol style="list-style-type: none"> 1. Develop an assessment and implementation plan for the <i>'Healthy on the Go'</i> project (year 1) 2. Implement the project through a community partner – includes supporting retailers with healthy produce and fruit and marketing the program (years 2-3) 3. Evaluate the impact of the program (year 3) 	<ol style="list-style-type: none"> 1. Assessment document completed 2. 1-2 corner stores receive 'healthy retailer designation' 3. % increase in community residents who buy produce at healthy retailer stores (baseline unknown) 	<p>VOMH Director, Epi IV</p>	<p>NeighborKeepers, Grocer's Association, Nutrition Program</p>
<p>4.2 Improve health and healthcare knowledge in racial and ethnic communities.</p>	<ol style="list-style-type: none"> 1. Facilitate community forums on health disparities in Vermont using the Health Disparities report as a base document for discussion (Year 1) 2. Organize Minority Health Summit that will support sharing of knowledge between VDH and community partners. 	<ol style="list-style-type: none"> 3. 10 community discussions facilitated by September 2011 4. Minority Health Summit held with at least 80 participants (Year 3) 	<p>Health Disparities Coordinator, VOMH Director,</p>	<p>Community Partners, Office of Refugee Health</p>

Goal 5: Enhance Vermont's infrastructure to coordinate disparities elimination initiatives with state and external partners

OMH Expectation

- **Improved state and territory-wide planning, coordination, collaboration, and linkages among public and private entities that specifically address minority health disparities**

<p>5.1 Expand participation of the Minority Health Advisory Committee with 3 additional members from the Agency of Human Services and 5 additional members from community-based organizations</p>	<ol style="list-style-type: none"> 1. Invite directors from each department in the Agency of Human Services to sit on the committee and attend quarterly meetings (Year 1) 2. Reach out to groups not yet represented on the committee including native Americans and new Vermonters. (Year 1) 	<ol style="list-style-type: none"> 1. Active membership on the committee is increased from 15 to 23 members by September 2012 	<p>VOMH</p>	<p>Abenaki Association, Africans Living in Vermont, other community groups, Vermont Coalition for People of Color</p>
<p>5.2 Heighten the profile and visibility of the Office of Minority Health throughout Vermont</p>	<ol style="list-style-type: none"> 1. Provide at least 10 presentations each year on some aspect of Minority Health under the banner of the Office of Minority Health (years 1-3) 2. Upon hiring the new Health Disparities coordinator, schedule a round of introduction meetings to discuss the Office of Minority Health with all departments within the Agency of Human Services and with at least 10 community-based organizations (Years 1-2) 3. Work with communications department to develop stories and interviews that feature minority health concerns/successes. 	<ol style="list-style-type: none"> 1. 10 presentations on Minority Health given each year by the VOMH 2. Fifteen meetings of introduction/orientation to the Office of Minority Health 3. At least two stories/interviews featuring minority health will be developed each year (years 1-3) 	<p>VOMH Director and Health Disparities Coordinator</p>	<p>State government departments, Communications Unit</p>

Personnel

The State Partnership Program will be staffed by a Director of Minority Health who will devote 40% of her time to the program activities. The Director of Minority Health is currently funded through general state funds and plays a dual role as the Director of Planning. She reports directly to the Deputy Commissioner, is a member of the executive team and meets on a weekly basis with that team. Her role as both Director of Minority Health and Director of Planning has given the Office of Minority Health an elevated role in the Department and has allowed the Health Disparities/Minority Health agenda to play a prominent role in the Department's strategic plan and operations.

The Health Disparities Coordinator will be dedicated full-time to the work of the State Partnership Grant and report directly to the Director of Minority Health. The Health Disparities Coordinator will also work closely with the Refugee Health program on most major activities indicated in this grant.

An epidemiologist (level 4) will dedicate 25% of her time to the project. She will help to refine the evaluation plan, perform Additional analyses and/or secondary literature research related to health disparities and specific chronic diseases as required, preparation materials for the web site; and assist in performing evaluation activities and analyzing evaluation data as required.

5. Evaluation Plan

The plan will begin implementation at the beginning of the project and will be refined with the help of the Epi IV position. The plan documents include a logic model and an evaluation plan as

per the guidance. In Vermont, due to small numbers of minorities, we have greater validity when using multiple years of data, so while we will collect annually, reporting on the Healthy People Indicators annually may not provide the most accurate picture of what we are achieving. As our office is relatively small and has not seen significant funding opportunities in the past, we will also work with our regional colleagues to learn some best practices in terms of measurement, particularly with regard to the community development and partnership measures.

Expertise available to devote to evaluation include the experience of the Director in past evaluation work, the Epi IV position who will be expected to have experience in analyzing and collecting data, and another staff member from Health Surveillance who has been trained in focus group methodology and looks forward to contributing her expertise to the evaluation efforts of the program.

Program: Vermont State Partnership Grant Program to Improve Minority Health Logic Model

Vermonters of ethnic and racial minority groups suffer from lower health status than the non-Hispanic white population.

Contributing Factors	Strategies and Practices	Outcomes -- Impact		
		Outcomes	Performance Measures	Long-term Objectives and Goals
<p>Lack of awareness about the health disparities that exist in Vermont between racial and ethnic minorities and non-Hispanic white Vermonters</p> <p>Lack of cultural competency in the health department about how to reach the most vulnerable Vermonters</p> <p>Lack of community organizations focused on minority health</p> <p>Lack of opportunities to grow young minority leadership with a focus on reducing health disparities</p> <p>Lack of understanding about the social determinants of health and how they play a role in health disparities</p> <p>Lack of quality data to inform minority health priorities</p> <p>Lack of opportunity to access fresh fruits and vegetables</p>	<p>Provide presentations, community forums, meetings, and increase web presence on health disparities with focus on racial and ethnic minority health disparities</p> <p>Provide culturally competency training with a focus on institutional cultural competency for senior managers at VDH. Institutionalize mandatory cultural competency online modules for new hires at VDH</p> <p>Develop plans, policies and practices that increase opportunities for a more diverse workforce at VDH</p> <p>Reach out to more community organizations to increase focus on health disparities among minorities and increase participation on the Minority Health Advisory Committee.</p> <p>Reach out to Minority Youth in Vermont through partnership with Youth in Transition – provide skills building opportunities to plan and host a conference for Minority Youth with a mental health/health focus. Provide small grants annually to youth groups focused on minority health issues.</p> <p>Establish expanded racial and ethnic data collection categories at hospitals and work with NE region to develop a regional scorecard and plan to regional data improvements</p> <p>Provide better access to fresh fruits and vegetables in low-income minority communities through healthy retailer project</p>	<p>Increased knowledge and awareness of health disparities in Vermont, particular health disparities among minorities.</p> <p>Increased knowledge of the role of social determinants of health as a factor in health disparities.</p> <p>Integrated approaches to reducing disparities through existing public health programs.</p> <p>Improved program designs to reach underserved Vermonters including Vermonters of racial, ethnic and linguistic minorities.</p> <p>Improved leadership skills among minority youth</p> <p>Increased understanding of mental health and other health issues among minority youth</p> <p>Increased plans and policies that promote workforce diversity in the Department of Health</p> <p>Increased data quality from hospitals</p>	<p># of individuals who have participated in minority health conferences</p> <p># of unique visitors to the Minority Health Website</p> <p># of individuals with increased awareness and knowledge of racial and ethnic health problems</p> <p># of people with improved skills that will contribute to improved facial/ethnic minority health and reduced health disparities</p> <p># of guidelines developed to promote workforce development at VDH</p> <p># of CDC recommended best/promising practice efforts evaluated for effectiveness in reducing disparities</p>	<p>Improve ethnic, racial data quality, collection, and reporting</p> <p>Increase diversity and culturally competency among public health workforce</p> <p>Enhance community development and leadership for the reduction of health disparities</p> <p>Enhance Vermont's infrastructure to coordinate disparities elimination initiatives with state and external partners</p> <p>Reduce risk factors leading to chronic disease among racial and ethnic minorities</p>

Data Collection Plan

Please note that the evaluation plan may be amended by the incoming Epidemiologist (level IV) staff person to be hired upon the start of the program period. VDH is also interested in seeking additional technical assistance from the Office of Minority Health to ensure that the evaluation plan meets OMH expectations. Please note that due to low numbers of racial and ethnic minorities in Vermont, while frequency may be listed as 'annual', a compilation of 3 or more years of data may be required to ensure validity

Measure	Source of Data/Evaluation Method	Frequency	Person Responsible for Collection
Related to HP 2020 objective: Increase the variety and contribution of vegetables to the diets of the populations aged 2 years and older - % of persons who consume 5+ fruits and vegetables per day - % of 18+ adults who are obese - % of 12-19 children who are obese	BRFSS	Annual	Epi IV
	YRBS	Biennial (2 years)	
# of individuals who have participate in minority heath conferences	Attendance lists	Annual	VOMH Health Disparities Coordinator
# of unique visitors to the Minority Health website	Hits/software	Annual	Web Master reports to Health Disparities Coordinator
# of individuals with increased awareness and knowledge of racial and ethnic health problems	Online surveys, session evaluations, and pre and post tests	Ongoing after sessions/events	VOMH Health Disparities Coordinator
# of guidelines adopted to promote workforce development at VDH	Documented guidelines/ Document review	Annual	VOMH Director
# of CDC recommended best/promising practice efforts evaluated for effectiveness in reducing health disparities	Focus group interviews with residents in Healthy on the Go catchment area. Focus group discussions with designated retailers	Annual	Epi IV, Health Disparities Coordinator, Nutrition Chief
# of partnerships to reduce health disparities	# of MOUs or agreements with the VOMH	Annual	Director, VOMH
# of individuals participating in OMH funded project and programmatic interventions	Aggregates of attendance lists, meeting minutes, event reports	Quarterly	VOMH Health Disparities Coordinator

Appendices and Attachments

- ✓ Attachment A (Section I and II)
- ✓ Attachment A (Section III)
- ✓ Attachment B
- ✓ Appendix 1: Commissioner's Letter
- ✓ Appendix 2: Eligibility Documentation – Statute allowing Commissioner of Health to establish offices in the Department of Health
- ✓ Appendix 3 – 6: Support letters
- ✓ Appendix 7: Job Description Epi IV
- ✓ Appendix 8: Job Description Health Disparities Coordinator
- ✓ Appendix 9: Org Chart