



The Vermont Community Health Equity Partnership

**Local Works:
Empowering Communities
to Lead in Health Equity**

Agenda

The VT CHEP Framework
Action Learning Collaborative
Integrator Staff
Community Projects
Measuring Success
Lessons Learned
Questions

Centers for Disease Control (CDC) Funding

Through the Centers for Disease Control's National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations, and Rural Communities



The Vermont Public Health Institute (VtPHI), through its host organization, the Vermont Public Health Association, was awarded a \$4.1 million grant from the total \$28 million received by the VT Department of Health.

The VT CHEP's 2 Guidelines

Each collaborative's work addresses health inequities created or exacerbated by COVID-19.

Each collaborative's work is guided by community partners with lived experience.

The VT CHEP is a statewide initiative with a regional approach and operates under the belief that true change begins at the local level.

The focus is to engage, empower, and support local communities. The VT CHEP partners with local community teams to be sure the work is directed by community voices.

Collective Impact™ - A Framework

The Five Conditions of Collective Impact



It starts with a common agenda

This means coming together to collectively define the problem and create a shared vision to solve it.



It establishes shared measurement

That means tracking progress in the same way, allowing for continuous learning and accountability.



It fosters mutually reinforcing activities

That means integrating the participants' many different activities to maximize the end result.



It encourages continuous communications

That means building trust and strengthening relationships.

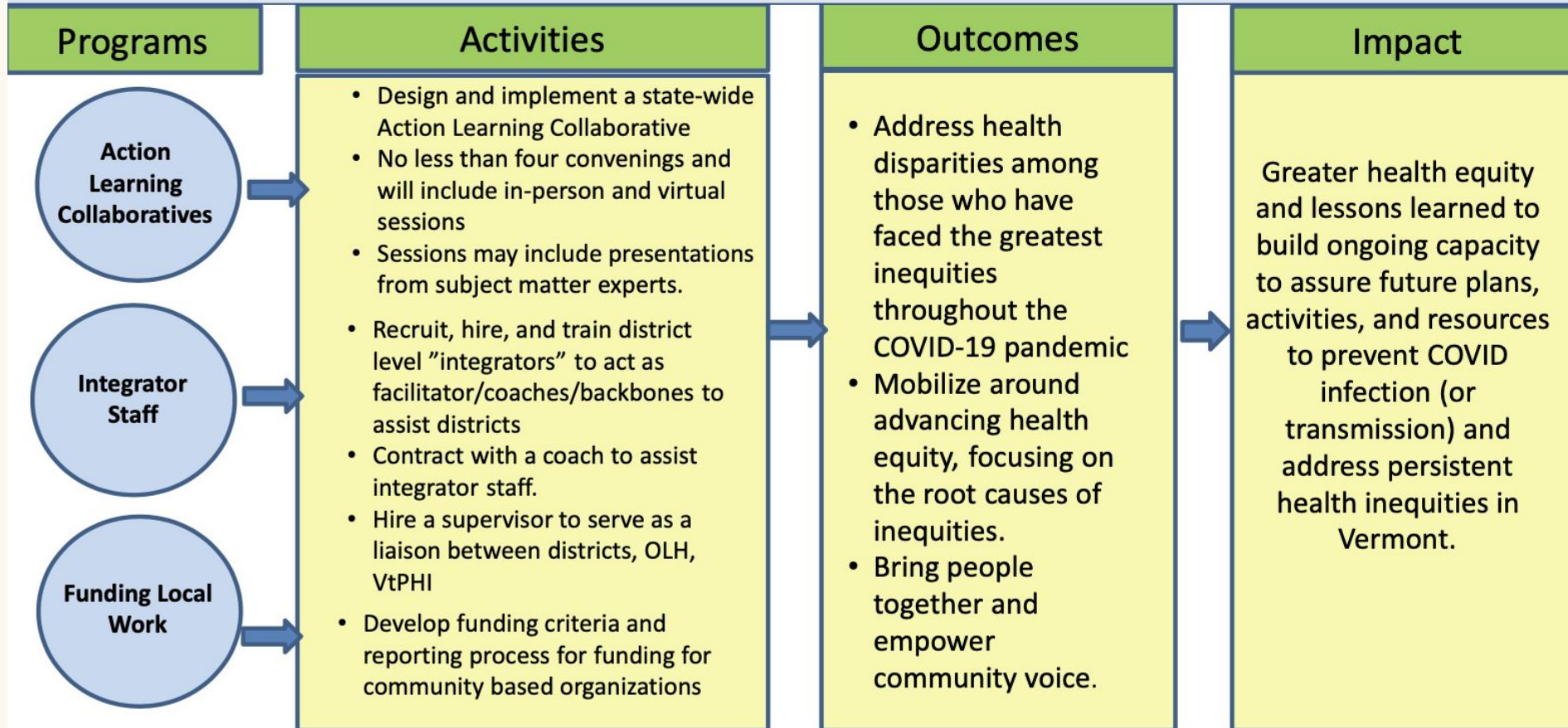


And it has a strong backbone

That means having a team dedicated to aligning and coordinating the work of the group.

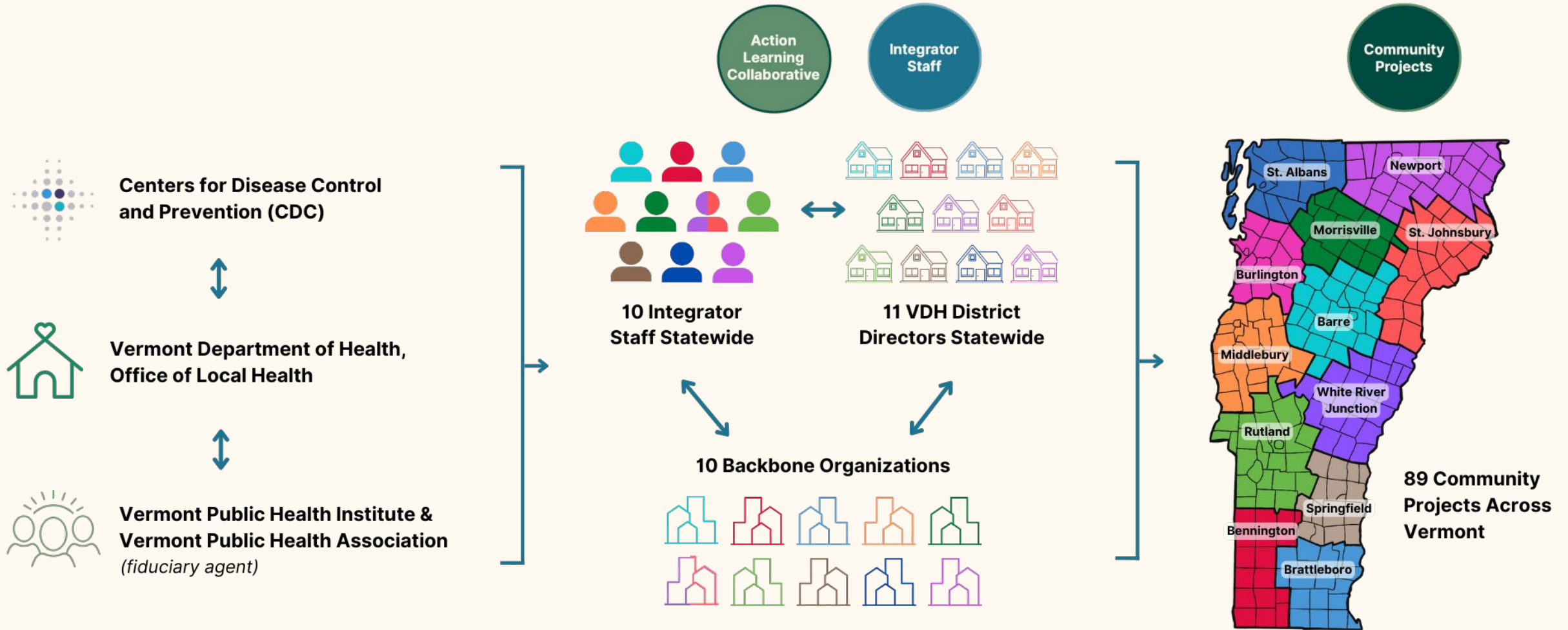
The VtPHI will collaborate with the Office of Local Health to assist health equity capacity building in Vermont Department of Health Districts.

Create opportunities for a diverse range of community members and partners to collaborate to build healthier, more resilient communities. **Provide** opportunities for training and technical assistance to collaboratives by convening regular Learning Community sessions. **Support** innovative, community-led approaches to improve community resilience. **Support** strategies to promote healthy communities and eliminate health disparities. **Engage** with the Office of Local Health and the community to reach the identified grant goals.




"Health Equity exists when all people have a fair and just opportunity to be healthy – especially those who have experienced socioeconomic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation and disability." - Vermont Department of Health

The VT CHEP's Community Partnership Framework



Applying the Collective Impact Framework



Action Learning Collaborative

Design and implement a statewide learning collaborative: workshops, in-person convenings, capacity building supports (staff, peer-to-peer learning, and technical assistance).



Integrator Staff

Hire Integrator staff to act as facilitators for the local teams. Staff are hired through a local Backbone organization in each of the VDH Health Districts.



Community Projects

Community-designed: application, review, selection, and award processes, and continued grant support.



Principles of an Action Learning Collaborative

- Bring teams of people together in the short-term
- Structured forum to create change
- Make improvements in a focus area
- Collaboratives are built on social connectedness
- Shared learning in a way that supports both peer-to-peer learning and expert-to-peer learning

The Breakthrough Series: IHI's Collaborative Model for Achieving Breakthrough Improvement. IHI Innovation Series white paper. Boston: Institute for Healthcare Improvement; 2003. (Available on www.IHI.org)

Nix, Mary, et al. "Learning collaboratives: insights and a new taxonomy from AHRQ's two decades of experience." Health Affairs 37.2 (2018): 205-212.



Capacity Building Supports

Action
Learning
Collaborative

- **2 Full time staff - *team approach***
 - District Liaison - 100% dedicated to support districts' needs
 - Operations Manager - grant management and oversight to fulfill grant requirements and goals

- **Peer-to-peer learning opportunities**
 - Weekly Integrator Discussion Groups - peer led
 - Workshops - peer led + community experts
 - In-person gatherings - peer designed

“Having central organizers and facilitators to build and maintain a healthy network of support is ... essential to ensuring that grassroots change makers are able to share information and resources.”

- *Integrator*

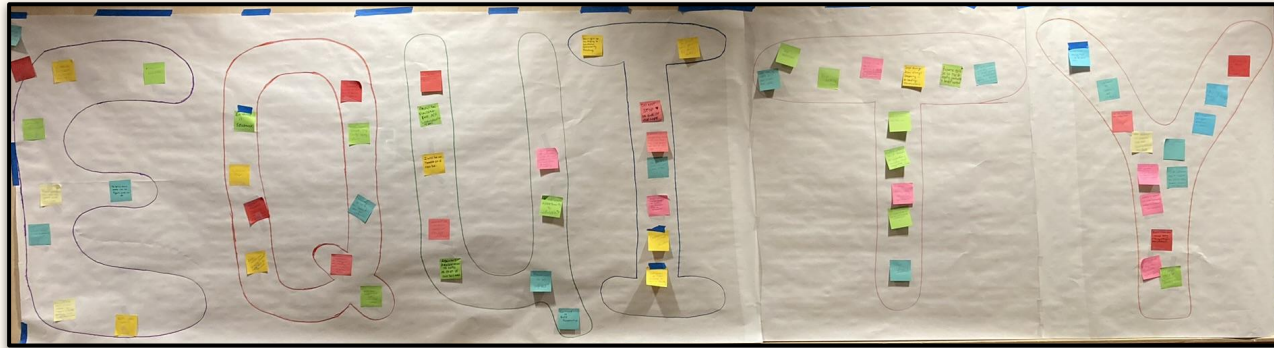
Workshops and In-Person Convenings



Centering Equity in Facilitation

Collective Impact Principles and Importance

VT Funders Roundtable



Abenaki Cultural Competency

Identities and Biases: Navigating Difficult Conversations

Importance of Data



Community Power Mapping

Writing Compelling Grant Proposals: A peer-to-peer learning cohort

Building Equitable and Sustainable Coalitions



Capacity Building Supports

Technical Assistance

Action
Learning
Collaborative

Resource Sharing Platforms

Public Website

New England Public Health
Training Center (NEPHTC)

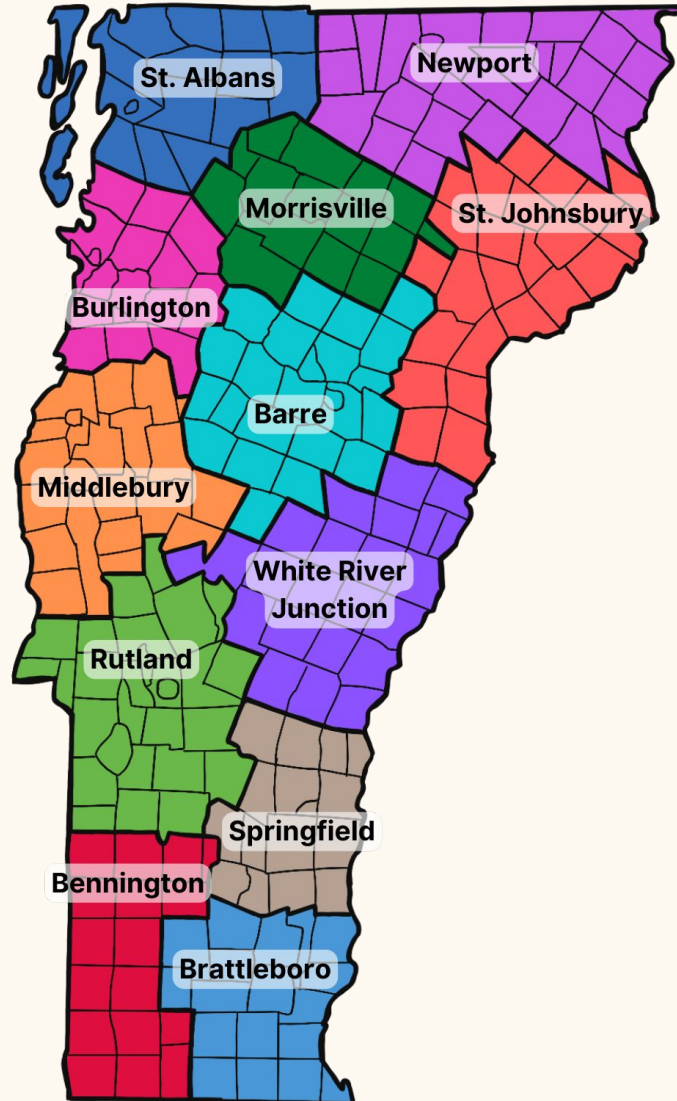
One on One Coaching As Requested

Equity Partner, Health Resources in
Action - provide expertise in
engaging diverse communities to
address health inequities.

Padgett Coaching - provide group
and individual coaching to support
and maintain well-functioning
collaboratives.

Backbone Organization Partners

Integrator
Staff



Barre - Central VT THRIVE

Bennington - Bennington County Regional Commission (BCRC)

Brattleboro - United Way of Windham County (UWWC)

Burlington - N/A

Middlebury - Porter Medical Center

Morrisville - Lamoille Health Partners (LHP)

Newport - Northern Counties Health Care (NCHC)

Rutland - Social Tinkering, JEDI Movement

Springfield - Southeastern VT Community Action Group (SEVCA)

St. Albans - Abenaki Nation of Missisquoi

St. Johnsbury - Northern Counties Health Care (NCHC)

White River Junction - Public Health Council of the Upper Valley

“In the rural landscape, even folks working on the same issues or dealing with the same obstacles may not know about each other or how to connect... We can create bridges, and work together to alleviate social isolation, improve access to health and wellness, and create more inclusive and thriving communities.”

- *Backbone Organization*

Integrator Staff

Integrator
Staff

Integrators

Managed Terms of Award, progress reports and reimbursement for community projects.

Collaborated across districts, attended workshops and peer-led weekly Integrator Discussion Groups.

Local Collaboratives

Developed a Data Driven Problem Statement comprised of qualitative and quantitative data.

Crafted guidelines for the community project funding process.

Guided by community partners with lived experience.

The Data Driven Problem Statement

Integrator
Staff

Each district was provided a template to guide their discussions while drafting their statements. Each tailored their materials to reflect their unique community structure.

Problem/Opportunity Statement: What is the health equity issue we want to improve?

Root Causes: Why does this health equity problem exist?

Population and Community-Level Indicators: How do we know this inequity exists both quantitatively and qualitatively?

Goals: How do we know if we improved the health equity issue identified?

Roles: Who is going to work to address the inequity and how?

Community Projects



Goal of funding projects: Address health inequities of those most negatively impacted by the COVID-19 pandemic, in line with the Health District's Data Driven Problem Statement.

Two Funding Rounds

First Round of Funding
\$150,000
Fall/Winter 2022

Second Round of Funding
\$18,000
Summer 2023

Community projects vary by focus, size and funding and are uniquely aligned to the work with their community collaborative.

Community Projects

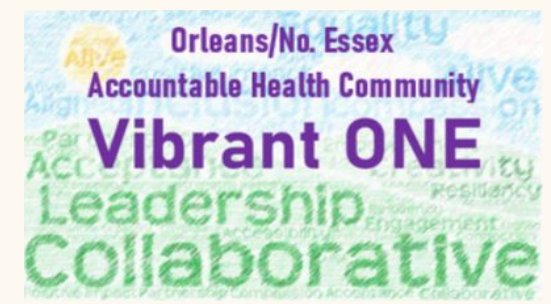
Community
Projects



Request for Proposal Process

Newport and St. Johnsbury Health Districts

Caledonia, Essex, Orleans Counties



RESOURCES *and tools*

NEK Community Health Equity, Community Project Grants

A large banner with a green background and a white teardrop shape containing the text "RESOURCES and tools". Below the banner is a white bar with the text "NEK Community Health Equity, Community Project Grants".

Community Projects

Areas of Focus



20+ Focus Areas

Social Connection,
Relationships,
Trust Building

Resource Access

(Health)
Systems Change

Mental Health &
Wellbeing

Education

Transportation

Trainings
& Workshops

Storytelling

Leadership
& Advocacy

Justice Involved

Outdoors
& Nature

Food Access
& Insecurity

Community Projects

Populations of Focus



18+ Focus Populations

Low Income

BIPOC

All Community Members

LGBTQIA+

Youth (under 18)

People Experiencing Homelessness

People Living with a Disability

Health Providers

Older Population

Teachers, Educators, School Systems

International Peoples

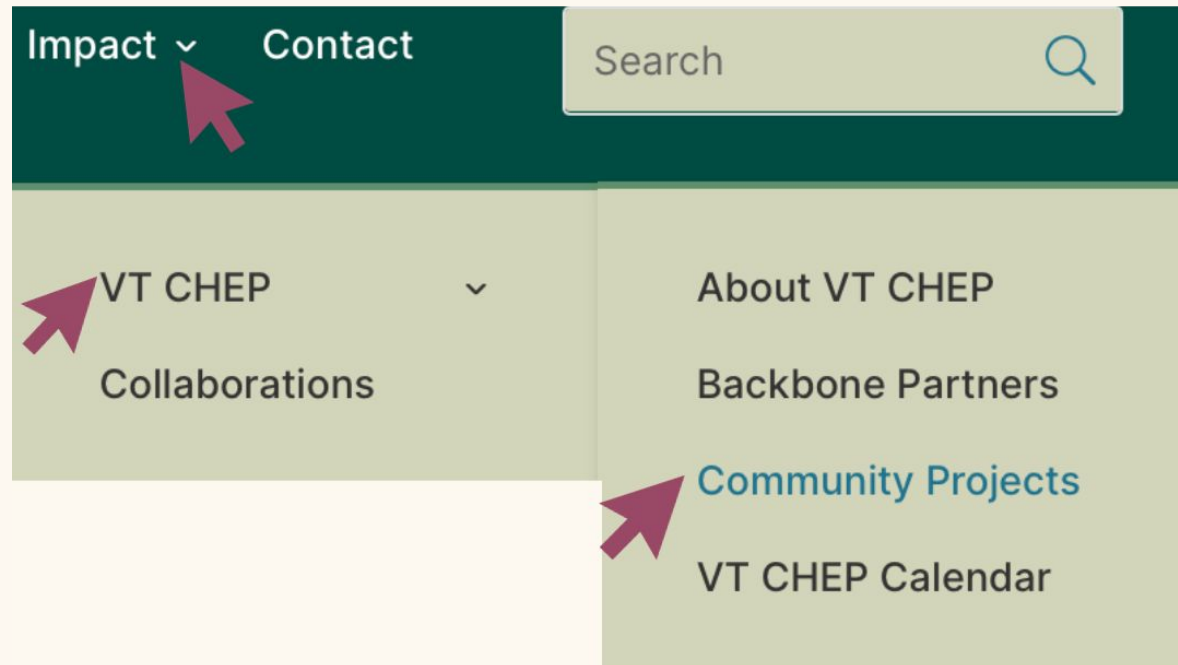
Indigenous Populations

Community Projects

Full Project Descriptions



vtphi.org/community-projects



Measuring Success



Results Based Accountability™

An Assessment and Data-Driven Decision-Making Framework

How Much Did We Do?

How much service did the VT CHEP deliver?

Customers Served

Services/activities

How Well Did We Do It?

How well did the VT CHEP provide that service?

% Services/activities performed well

Is Anyone Better Off?

What benefit did participating in the VT CHEP bring to partners?

#/% with improvement in: Skills, Attitudes,
Behavior, Circumstances

How Much Did We Do?



Resource and Knowledge Sharing

Type	# Held	# Total Attendees
In-person Gatherings (peer designed)	3	281
Capacity Building Workshops (peer led + community experts)	39	827
Grant Process / Discussion Workshops	12	209
Weekly Integrator Discussion Groups (peer led)	74	846
Total	128	2,163

How Well Did We Do It?



Resource and Knowledge Sharing

Workshops

Performance Measure	# Respondents	Response Rate	Agree or Strongly Agree
Information was presented clearly	277	35%	93.5%
Overall satisfaction	276	35%	86%

Additional Performance Measures

- Learning Management System with easy access to recorded workshop materials
- Website with templates, calendar and accessible information
- Peer input
- Received feedback and adjusted as needed
- Workshop attendance decreased beginning in June 2023

How Much Did We Do?

Communications



35

VT CHEP Newsletters

220

Newsletter Subscribers



200+

Email Broadcasts

338+

Meetings with the District Liaison

How Well Did We Do It?




Communications

Performance Measure	Average	Minimum	Maximum
Newsletter Open Rate	37%	25%	61.3%
Newsletter Click Rate	11%	1.8%	46.7%

How Much Did We Do?

Coaching Supports



103
One-on-One Expert Coaching Sessions

79
Padgett Coaching Sessions
Professional Development Consultants

24
Health Resources in Action
Health Equity Consultants

Note: HRiA supports ended May 31, 2023; Padgett Coaching supports ended October 31, 2023.

How Well Did We Do It?



Coaching Supports

Concept Interpreter

Helps translate concepts and methodologies discussed in webinars and associated work for on-the-ground applications and practices.

Feedback Interpreter

Helps the individual or team/group work through challenges and blocks in learning. Helps them strategize ways to remove blocks or confront them.

Counselor

Helps individuals or teams/groups confront and deal with the emotional side of change and development.

All Health Districts with a Backbone used coaching supports.

How Much Did We Do?

Expense Reimbursement

- **43** Invoices Submitted for Reimbursement to the State of VT
- **725+** Invoices Submitted from Community Partners
- **675+** Reports Submitted from Community Partners
- **800+** Hours for the District Liaison to Process Invoices

How Well Did We Do It?



Expense Reimbursement

- Districts were reimbursed, on average, 16 business days after submission of their invoice to the VtPHI
- Low administrative expense to execute reimbursement model - total of 1 FT staff person
- Reimbursement model - foundational structural component with implication - alternative - milestones

How Much Did We Do?



Local Collaborative Groups



11
Local Collaborative Groups



10
Integrators



\$134,100
Stipends Available for Community
Member Engagement

How Much Did We Do?

Community Projects



151

Applications Received



89

Projects Funded



\$4,302,556

Requested in Funding



\$1,857,645

Funded to Projects

How Well Did We Do It?

Local Collaborative Groups and Community Projects

- Adhered to the foundational principle that every community is *unique*
- Provided guidance with flexibility
- Accessibility - learning opportunities were open to all
- District Liaison was accessible
- Centering four equity questions throughout all levels of the work
- Stipends Use - Used by 11 Districts; Average of \$4,200 a month

“In my 20+ years living and working in the upper Northeast Kingdom, I’ve never seen a program do so much in so little time.” It “has given us the opportunity to more fully explore the needs of all people in our region.”

- *St. Johnsbury Community Project*

How Do You Measure Capacity Building in Communities?

Effectiveness of capacity building interventions relevant to public health practice: a systematic review

Capacity-building interventions can:

- ✓ enhance knowledge
- ✓ build skills, self-efficacy (+ confidence)
- ✓ advance changes in practice or policies, behavior change, application, and system-level capacity

Is Anyone Better Off?

Resource and Knowledge Sharing

Performance Measure	# Respondents	Response Rate	Agree or Strongly Agree
Subject matter understanding improved	285	36%	87%
Identified actions to apply information	264	33%	87.5%

The ABLe Self-Assessment

To what extent does your organization or group...	1	2	3	4	Why is this habit important?
Engage local residents to support your efforts (e.g., by providing input, selecting priorities, co-designing strategies, taking action roles, etc.)					Local residents have first-hand experience with community problems; their perspectives and action roles can help your efforts meet local needs and achieve better outcomes.
Ask questions to understand the systemic reasons why problems are happening before designing solutions.					Strategies that address system root causes are more effective at solving problems.
Gather rapid feedback from diverse perspectives on the implementation and impact of your efforts to promote continuous improvement .					Rapid feedback cycles and action learning helps stakeholders quickly develop and adapt their efforts until they discover the solution that works in their community.
Ask questions during planning and decision-making processes to ensure your efforts are contributing to equity rather than unintentionally contributing to local inequities.					Many routine policies and decisions can unintentionally disadvantage certain groups in the community, and require intentional consideration to ensure they are designed to promote equity.

“To help everyone become a powerful agent of change within their community.

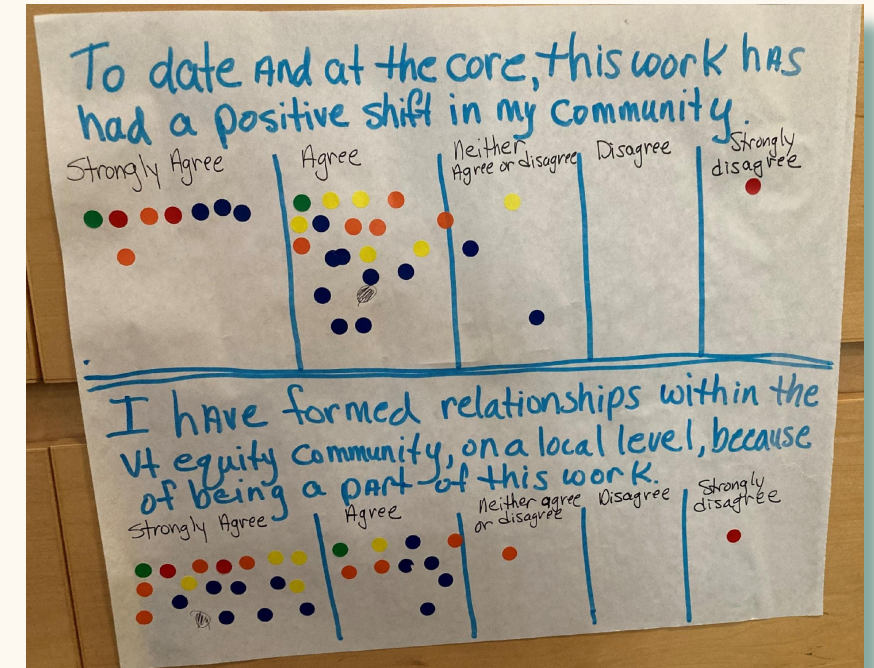
Use the self-assessment to identify which Change Agent practices you are most interested in building.”

Self-Assessment Results - Fall 2023

<i>N = 11 Health District Teams</i> To what extent do you:	Not at All	Starting to Make Progress	Good Progress	Fully in Place
	Number of District Teams			
Engage local residents to support your efforts		5	5	1
Ask questions to understand the systemic reasons for why problems are happening before finding solutions		3	7	1
Use action learning and rapid feedback to promote continuous improvement	2	4	5	
Ask questions during planning and decision-making to ensure you are advancing health equity		2	7	2

Feedback Survey - October 2023

- **N=32**; 53% participation rate
 - 6 were in the VT Department of Health
 - 5 were in an Integrator role
 - 5 were a part of a Backbone organization (but not in an Integrator role)
 - 15 represented their community (usually a VT CHEP funded project)
 - 1 other role



Question: To date and at the core, this work has had a positive shift in my community. **88% Agree or Strongly Agree**

Question: Relationship Building: I have formed relationships within the VT equity community, on a local level, because of being a part of this work? **93% Agree or Strongly Agree**

Is Anyone Better Off?

- Sustainability:
 - Community Projects
 - Backbones | Integrators
 - Indirects for Backbone Organizations
- Creating community improved community readiness
- Continued facilitation of the equity collaborative through equity coaches
- Development and implementation of an equity commitment for future work with community partners
- Improved:
 - Skills
 - Systems
 - Relationships and collaboration
 - Access to funding
- Stipends to community partners provided an avenue to increase community participation

What Did We Learn?



- 1** System-Wide Capacities
- 2** Needs
- 3** Priorities for Action

Thematic Analysis: Organizational Coaches - June 2023

	What's Working	Opportunities for Enhanced Awareness
Individual	<ul style="list-style-type: none">• Individual learning and personal growth is happening	<ul style="list-style-type: none">• Keeping a holistic perspective• The power and ripple effect a negative (or positive) voice can have
Team	<ul style="list-style-type: none">• Cross functional relationship/trust building• Various group composition support group dynamics, learning and the work	<ul style="list-style-type: none">• We can use ourselves for collective change (not necessarily dependent on others, funding, resources etc.)
Whole System	<ul style="list-style-type: none">• Diversity of thought, perspective, and community is celebrated and supports the work	<ul style="list-style-type: none">• Opposing groups (perceived) will not come to the table for discussion• Ownership of the work in the future

Thematic Analysis: Equity Consultants - May 2023

Facilitators to Advancing Equity

- Community Readiness
- Trust in the VtPHI
- Feedback and Reporting
- VT Department of Health as a partner
- Embedded Technical Assistance

Barriers to Advancing Equity

- Grant making model
- Lack of diversity in leadership
- Timeline
- Governmental structures (federal, state, local)
- Systemic barriers to integration

What Did We Learn?

System-Wide Capacities

Local Groups

- Local community groups are an essential determinant of how coalitions take shape and drive the approach to the health equity work.
- Community organizations and individual power dynamics influence the effectiveness of the local collaborative.
- Power dynamics need to continually shift to authentically include all community members and populations.
- Expand the influence of the local teams and collaboratives and the goal of creating health equity by outreach, education and including new partners.
- Importance of support and coaching on the human process and group dynamics and experience and guidance on health equity.

Programmatic

- Embed health equity in all planning and implementation.
- Include staff member(s) dedicated to financial management.
- Increase the hours of the Integrator role to provide additional hands-on support to community projects.
- Assess the specific skills needed for job roles.
- Provide specific skill-building workshops tailored more to community project needs.
- The presence and involvement of an Integrator is essential to ensure networking and support structures.

This type of change can only take place over the long-term. Constantly reassess what is needed ongoing in statewide and local supports to build on this initial work.

What Did We Learn?

Needs

- Continue networking and support both within the community and statewide for the ongoing work centered on health equity and fundraising.
- The networking should include VT Department of Health (VDH) both in local District Office and statewide leadership of VDH and Agency of Human Services.
- Health equity needs to be continuously used as the guiding principle for planning and projects and for full inclusivity in local collaborative membership.
- Develop further expertise on how to measure success using health equity as the goal.
- Remembering the focus of this grant was not only to distribute funds to communities, but also to develop community knowledge, skills, and infrastructures. Thus, ongoing support (funding, coaching) is needed to continue appropriate community structure to advance health equity.

What Did We Learn?

Vermont Department of Health

Consider community collaboratives as recipients for future funding. Reach out aggressively in targeted ways to community groups who are integral to VDH mission to increase public health equity.

Continue with and build upon the relationships established with the VT CHEP community collaboratives. Expand relationships to include all offices and services out of VDH, such as chronic disease prevention, family health, etc.

Develop a more accessible process for community collaboratives to access local data (as analyzed by health equity variables) and funding resources (such as grant resource section on the VDH website.)

Support collaboratives in conducting ongoing local needs assessments, including both quality and qualitative data. This process should involve local District Office leadership and staff.

What Did We Learn?

Vermont Department of Health

Many partners reported the reimbursement model as a barrier.

Many partners reported the reimbursement model as a barrier.

The model prevented organizations from:

- applying for funding
- completing project goals
- and decreased time available for community work

COMPLEXITY
WHEN
SIMPLICITY
WILL
SUFFICE

Unsustainable
funding

Reimbursable
Model

reimbursable
grant process
monthly reporting
↓
too fine
consistency

Reimbursable funding
(common)

Common
REIMBURSE-
MENT
MODEL

Supplemental
funding
Avoid reimbursement
style funding

Thoughts to leave with....

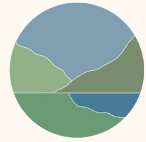
“There are people (white people) who have the *option* to continue health equity work, but for the folks impacted by the inequities, disparities, and outcomes of the work, it’s *not a choice to continue.*”

- *Community Partner*

The Institute’s work “has been one visible and tangible project to begin to incubate grassroots solutions to inequity that honors the ideas of those most burdened by unjust barriers to better health.”

- *VDH District Director*

You Can Learn More!



Vermont
Public Health
Institute

About the VtPHI



vtphi.org

About the VT CHEP



vtphi.org/about-vt-chep

Have More Questions?

Fill Out the Contact Form: vtphi.org/contact