

**Vermont  
Public Health  
Institute**

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# LOCAL WORKS: EMPOWERING COMMUNITIES TO LEAD IN HEALTH EQUITY

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Final Report of a Program of the Vermont Public Health Institute



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[www.vtphi.org](http://www.vtphi.org)

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## Introduction

The COVID-19 pandemic and 2023 severe flooding have underscored the disparities in opportunities for Vermonters to be healthy and the critical need for a robust public health system. All Vermonters deserve to have access to affordable housing, nutritious food, and medical and mental health care. There are many barriers to living healthy in Vermont, including financial, educational, geographic and other systemic barriers. The vision of the Vermont Public Health Institute (VtPHI) is to see a healthy and equitable Vermont across all people and communities.

VtPHI is the sole organization in Vermont established to support decentralized efforts aimed at addressing health inequities. Essentially, VtPHI acknowledges and celebrates the fact that each community possesses unique assets that can be leveraged to tackle its specific challenges. As a reputable organization, we have the flexibility to engage and empower communities, meeting them at their respective levels of readiness. We prioritize and center people's lived experiences, viewing our work as collaborative rather than authoritative.

The Institute's mission is to promote innovative approaches to health equity through community-based and evidence-informed strategies to improve the health of all Vermonters. We have been fulfilling our mission, in part, by supporting community-led coalitions. These coalitions include people from marginalized groups, such as individuals living with disabilities, people with low incomes, those who identify as LGBTQIA+, and Black, indigenous, and people of color (BIPOC). We encourage coalitions to use quantitative and qualitative data to determine which challenges to address first. From those assessments, local coalitions create their own unique processes and implement community projects that address health inequities

Through the Center for Disease Control (CDC) *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, through its host organization Vermont Public Health Association, was awarded a \$4.1 million grant from the total \$28 million received by the Vermont Department of Health.

**The VT CHEP is a statewide initiative with a regional approach. VT CHEP operated under the belief that true change begins at the local level. The focus is to engage, empower, and support local communities. To that end, VT CHEP partners with local community teams to be sure the work is informed by community voices.**

In 2022, VtPHI established the Vermont Community Health Equity Partnership (VT CHEP) with the aim of rallying partners and collaborators to champion health equity and address the social determinants of health in relation to COVID-19 disparities among underserved populations at higher risk. This initiative was made possible through the support provided by a contract with the Vermont Department of Health (VDH). VT CHEP, **a statewide program with a regional focus, operated under the fundamental belief that substantial change commences at the grassroots level.** The initiative was operational until November 30, 2023.

**VT CHEP’s Purpose: VtPHI will assist local health equity capacity building throughout Vermont.**

**Objectives of VT CHEP:**

- 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 Action Learning Collaborative sessions.
- Support innovative, community-led approaches to improve community resilience. Support strategies to promote healthy communities and eliminate health disparities.
- Engage with the Vermont Department of Health Office of Local Health and the community to reach the identified grant goals.

To empower communities to address their own challenges and to best use their unique assets, we had two guiding principles: 1. That the local coalitions’ work address health inequities created or



Vermont’s 12 Health Districts

exacerbated by COVID-19, and 2. That people with living or lived experience participate in all components of the local coalitions’ work. VT CHEP was designed around the twelve Vermont Department of Health District Offices. Eleven districts participated in all three VT CHEP programs. One district, Burlington, participated in community funding only. Local community-based organizations, known as backbone organizations, hired local integrators to facilitate the work at the local level.

Table 1.

<b>Backbone Organizations by District</b>	
Barre	Central VT THRIVE
Bennington	Bennington County Regional Commission
Brattleboro	United Way of Windham County
Middlebury	Porter Medical Center
Morrisville	Lamoille Health Partners
Newport	Northern Counties Health Care
Rutland	Social Tinkering
Springfield	Southern VT Community Action
St. Albans	Abenaki Nation of Missisquoi
St. Johnsbury	Northern Counties Health Care
White River Junction	Public Health Council of the Upper Valley

**Building on past work on community lead initiatives in Vermont**

Beginning in the early 1990’s Vermont’s Agency of Human Services supported initiatives intended to build local coalitions whose purpose was, broadly, “community health improvement.” The effort matured with the advent of Vermont’s Blueprint for Health in 2006, when hospitals participating in the Blueprint were required to support community coalitions. Later, the State Innovation Model (SIM)’s Population Health Work Group developed the

[Population Health Plan \(2017\)](#) which embraced the concept of Accountable Communities for Health to further structure Blueprint-related coalitions across the state.

VT CHEP was built on the lessons learned from these past initiatives in Vermont. Specifically, we learned that the genius for community health improvement comes from within the communities. The VT CHEP Theory of Change statement: **If community teams are supported - supplied with resources -, empowered and engaged, then they will increase their capacity to improve health equity at the local level.**

*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

## Vermont Community Health Equity Partnership

The Vermont Department of Health (VDH) knew of the Institute's long history in working with coalitions to advance community health, often in the context of health equity, as well as its active participation in the development of the Population Health Plan referenced above. It chose the Institute as the ideal partner for its Office of Local Health (OLH) to work with existing and newly formed local coalitions using Collective Impact principles to address health equity. After several months planning together, VtPHI received funding to lead three interconnected programs under the CDC grant all with the goal of building community capacity to sustain the work after the grant's end.

With leadership and technical assistance from VtPHI, in less than 12 months, the VT CHEP successfully established new or supported existing health equity coalitions across the state. We provided more than 100 peer-designed In-person gatherings, peer-led capacity-building workshops with community experts, and grant process and discussion workshops; these efforts reached over 2,100 Vermonters.

### **VT CHEP was designed around the framework of Collective Impact**

*"Collective Impact is a network of community members, organizations, and institutions that advance equity by learning together, aligning, and integrating their actions to achieve population and systems level change."*

<https://collectiveimpactforum.org/what-is-collective-impact/>

Another component of VT CHEP included hiring local "integrators" in 11 local health districts. Integrators acted as facilitators and coaches to the local coalitions and participated in a learning community with other integrators across the state. We contracted with organizational coaches and health equity experts, such as Health Resources in Action, to build the capacity of integrators, which in turn, strengthened the

work of the coalitions. Additionally, we provided \$134,100 in stipends for community member engagement.

Finally, VT CHEP served as a vehicle to support local work by funding community projects to address health inequities among those most negatively impacted by COVID-19. Following established funding criteria, VtPHI distributed community grants totaling close to \$2M that addressed more than 20 areas of focus and 18 focus populations.

**The three programs:**

- State-wide action learning collaborative
- Embedding integrators in Vermont Department of Health districts
- Administering and facilitating funding for community led projects.

The three programs were successfully and seamlessly integrated under one umbrella becoming the Vermont Community Health Equity Partnership (VT CHEP).

Table 2.

Applying the Collective Impact Framework		
Program	Description	How Much?
State-wide action learning collaborative	Design and implement a state-wide learning collaborative Action Learning Collaboratives bring teams of people together in the short term in a structured format to create change to make improvements in a focus area.	<ul style="list-style-type: none"> <li>• 3 peer-designed in-person convenings; 281 participants</li> <li>• 39 capacity-building workshops; 827 participants</li> <li>• 74 peer-led weekly discussion groups</li> </ul>
Embedding integrators in Vermont Department of Health districts	Hire local integrators in each district to act as facilitators/coaches to the local teams; contract with organizational coaches and health equity experts to assist integrators and coalitions	<ul style="list-style-type: none"> <li>• 11 Coalitions</li> <li>• 10 Integrators</li> <li>• \$134,100 Stipends for community member participation</li> <li>• 103 coaching sessions</li> </ul>
Administering and facilitating funding for community led projects	Community-designed application and award process.	<ul style="list-style-type: none"> <li>• 89 Community Projects Funded</li> <li>• \$1.9 Million</li> <li>• 20 areas of focus</li> <li>• 18 populations of focus</li> </ul>

The Integrators’ first task was to assist their team in developing a **Data Driven Problem Statement** to guide their work during the grant. Each coalition received a template and had full autonomy to develop their own statement. The only requirements being that the statement address, at least in part, disparities exacerbated by the pandemic and be developed with active participation by people from historically disadvantaged communities.

**The Data Driven Problem Statement**

Each coalition was given a template to guide their discussion while drafting their statements. Each tailored their materials to reflect their unique community structure.

**Problem/Opportunity Statement Template:** 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:** Go do we know if we improved the health equity issue identified?

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

## Local Works – Measuring Capacity Building

The goal of VT CHEP was to **assist local health equity capacity building throughout Vermont**. A quick review of the literature revealed some clear themes to look for in measuring capacity building: improved skill or knowledge, changes in practice or policies, improved communication, shared decision-making.

### VT CHEP Capacity Building Supports

#### Staffing

- Full time staff person 100% dedicated to support district need to fulfill grant requirements
- Weekly peer to peer learning opportunities

#### Technical Assistance

- State-wide learning through webinars and in-person trainings
- Shared library for documentation and resource sharing
- Facilitated local coalition meetings (by embedded Integrators)
- Community engagement (stipends, miscellaneous expenses to support meetings/other forms of engagement)
- One on one coaching as needed
- Equity Partner, Health Resources in Action, experienced in engaging diverse communities to address health inequities
- Padgett Consulting, providing group and individual support to support and maintain well-functioning coalitions
- Local grant making as a means to deploy health equity in action

With no financial resources allocated within the grant for a formal evaluation, VT CHEP used Results Based Accountability® as a simple framework for documenting “how much we did” and “was anyone better off”. **A summary of “how much” is provided in Table 2.**

#### Is anyone better off?

Several tools and sources were used to measure “impact” and health equity capacity:

- Health equity assessment
- Coaches’ thematic analysis
- Feedback survey

*“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.”* White River Junction

After an Internet search for open access health equity assessments, the **ABLE Health Equity Assessment** was chosen for its simplicity and its focus on 4 essential team “habits” to gauge health equity: engaging people in your communities in the efforts, finding root causes, being action oriented, and using feedback to guide your activities.

Community coalitions completed the ABLe health equity assessments twice: in May/June 2022, and in the fall of 2023. Since the composition of

community coalition members changed dramatically in those months, a “pre and post” type comparison would not be valid; however, some coalitions did their before and after comparison for measurement and discussion purposes.

Table 3. The ABL Self- Assessment Tool. Aggregate results October 2023.

N = 11 coalitions	Number of Coalitions			
	Not at all	Starting to make progress	Good progress	Fully in place
<b>Engage</b> local residents to support your efforts		5	5	1
Ask questions to understand the <b>systemic</b> reasons for why problems are happening before finding solutions		3	7	1
Use <b>action learning</b> and rapid feedback to promote continuous improvement	2	4	5	
Ask <b>questions</b> during planning and decision-making to ensure you are advancing health equity		2	7	2

[https://systemexchange.org/application/files/2315/4327/2119/ABLe\\_EquityOrganizationalSelf-Assessment\\_F.pdf](https://systemexchange.org/application/files/2315/4327/2119/ABLe_EquityOrganizationalSelf-Assessment_F.pdf)

Our coaching partners, Health Resources in Action, and Padgett Coaching and TBW Coaching, each provided a **thematic analysis** of their work in communities. Both reports highlighted the importance of community readiness and their eagerness to prioritize equity and embrace the frameworks provided by VT CHEP to provide structure for working together. The other important factor in success was the embedded technical assistance provided by the integrator.

*“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*

### Feedback Survey: In-person convening, 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**

## What Can Happen When the Community Decides

### Rutland Vermont's Euphoric Hair Experience

The Rutland Coalition created a vision statement and goal:

*The voice and lived experiences of BIPOC, LGBTQ folks, people living with disabilities, and other underserved and oppressed community members are centered and valued.*

*We curate a safe space for people to speak from that lived experience inform projects, programs, and policies in Rutland County. This centering is critical to making community networks more just, equitable, and inclusive for all.*

The Rutland Coalition funded eight community projects, including Euphoric Hair Experience. With VTCHEP grant money, they opened a permanent braiding salon for BIPOC youth and adults in the Rutland community. They sponsored and organized BIPOC youth and adult hair clinics to make services available that were otherwise unavailable in the community. This service assists with youth and adult mental health, with participants reporting positive thoughts, due to increased confidence in physical appearance.

## Lessons Learned

VT CHEP, the Vermont Community Health Improvement Partnership, has played a significant role in improving the health and well-being of local communities in Vermont. By providing direct support and funding for embedded staff, VT CHEP has enabled local people to do their best work in their communities. This support has included coaching, team-building, and technical assistance, all aimed at fostering collaboration and creating sustainable solutions.

Past experience in Vermont has shown that many previous iterations of community coalitions lacked the staying power needed to make a lasting impact. However, VT CHEP's approach has been successful in creating a more resilient and self-sufficient community network. By investing in local people and their capacity to address health challenges, VT CHEP has been able to create a more sustainable impact on the overall health of Vermont communities.

Table 4. Lessons learned

<b>System Wide Capacities</b>	
<b>Local Groups</b>	<b>Programmatic</b>
<ul style="list-style-type: none"> <li>• Local community groups are an essential determinant of how teams take shape and drive the approach to the health equity work</li> <li>• Community organizations and individual power dynamics influence the effectiveness of the local teams</li> <li>• Power dynamics need to continually shift to authentically include all community members and populations</li> <li>• Expand the influence of the local teams and the goal of creating health equity by outreach, education, and including new partners</li> <li>• Importance of support and coaching on the human process and group dynamics and experience and guidance on health equity</li> </ul>	<ul style="list-style-type: none"> <li>• Embed health equity in all planning and implementation</li> <li>• Include staff member(s) dedicated to financial management</li> <li>• Increase the hours of integrator role to provide additional hands-on support to community projects</li> <li>• Assess the specific skills needed for job roles</li> <li>• Provide specific skill-building workshops tailored more to community project needs</li> <li>• The presence and involvement of an integrator is essential to ensure networking and support structures</li> </ul>
<b>Needs</b>	
<ul style="list-style-type: none"> <li>• Continue networking and support both within the community and statewide for the ongoing work centered on health equity and fundraising</li> <li>• The networking should include Vermont Department of Health (VDH) both in local District Offices and statewide leadership in VDH and Agency of Human Services</li> <li>• Health equity needs to be continuously used a coaching guiding principle for planning and projects and for full inclusivity in local team/coalition/collaborative membership</li> <li>• Develop further expertise on how to measure success using health equity as a goal</li> <li>• Remembering the focus of this grant was not only to distribute funds to communities, but also to develop community knowledge, skills, and infrastructure. Thus, ongoing support (both funding and coaching) is needed to continue appropriate community structure to advance health equity</li> </ul>	

## Looking Ahead

VT CHEP's vital and successful work concluded on November 30, 2023, and VtPHI desires that this work continues. VtPHI has a well-crafted Strategic Plan to guide its work with these four priorities:

- **Priority 1** – Establish a sustainable, inclusive, collaborative, and innovative structure to facilitate a transformation in health equity.
- **Priority 2** – Foster a consistent, diverse, and regenerative flow of funds and other resources to support Institute actions directed to equitable public health outcomes.
- **Priority 3** – Be a significant contributor for Vermont to engage communities and build capacity toward health equity.
- **Priority 4** – Improve the health and well-being of Vermonters through an integrated, inclusive, and robust public health workforce.

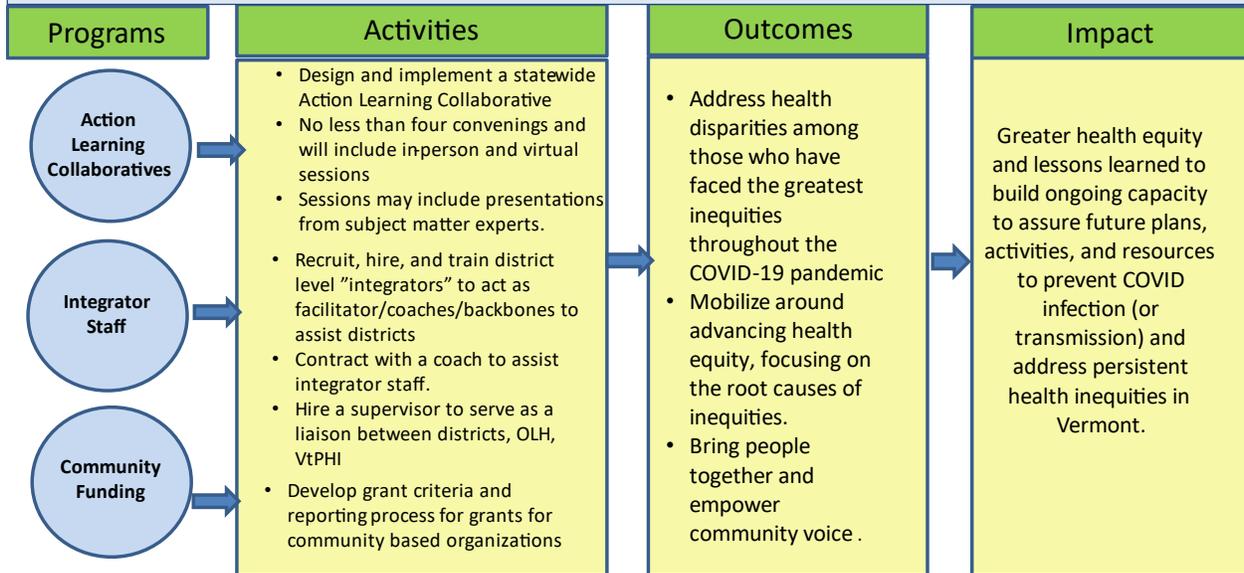
To maintain the momentum of the VT CHEP and provide the infrastructure necessary for success, VtPHI is seeking support to hire the necessary leadership to oversee local equity coalitions and work with integrators across Vermont. A VtPHI Executive Director will provide thought leadership to the integrators and facilitate an action learning collaborative that brings local voices together for in-person and virtual training, workshops, and convenings. Such leadership will ensure that VtPHI provides a cohesive and tangible approach to implementing all we have learned from the VT CHEP initiative while advocating for continued health equity across Vermont.

## APPENDIX

### VT CHEP Logic Model

Vt PHI will assist local health equity capacity building throughout Vermont .

**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 soci oeconomic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with social categories of race, gen der, ethnicity, social position, sexual orientation and disability."

March 2023