

The Vermont Community Health Equity Partnership

Local Works:

Empowering Communities to Lead in Health Equity

National Network of Public Health Institutes, 2024 Annual Conference, New Orleans, LA.

Agenda

"The Grant" The VT CHEP Framework **Our Hypothesis** What We Did We Do? By the Numbers – How Well? Residuals – Anyone Better Off?



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 Undeserved, Including Racial and Ethnic Minority Populations, and Rural Communities



The Vermont Public Health Institute (VtPHI) was a subrecipient of a \$4.1 million grant from the total \$28 million received by the VT Department of Health.



Our Hypotheses

- Communities know what they need they have the genius to solve their challenges if properly resourced. The know local assets and priorities.
- The concept of Accountable Communities for Health is a good – if imperfect – model.
- Collective Impact works.
- Results Based Accountability makes sense to most people.
- If we were correct in our hypotheses and we appropriately resourced local collaboratives, four – maybe five – communities would continue to work collaboratively on Health Equity when the grant ended.

What would success "look like?"

If, at the end of the grant, four community collaboratives intended to carry on the work post-grant, we would declare:

"We succeeded!"

The VT CHEP's 2 Iron-Clad Bottom Lines

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

Community partners with lived or living experience will guide each collaborative's work



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.



Capacity Building Supports

Technical Assistance

Resource Sharing Platforms

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.

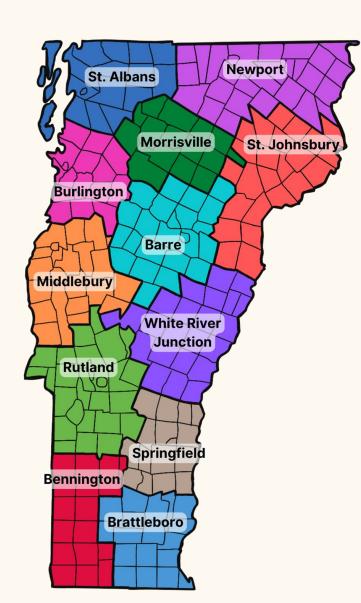


"Having central organizers and facilitators to build and maintain a healthy network of support is ... essential to ensuring that grassroots change makers are able to share information and resources."

- Integrator



Backbone Organization Partners



- Community Action Agency (1)
- FQHC (3)
- Indigenous tribe (1)
- Non-profit serving as backbone(1)
- Bi-state public health council (1)
- Regional planning commission (1)
- Unaffiliated collaboratives,
 United Way as backbone (2)
- United Way (1)



"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



Regional Structure

.5 FTE Integrators

Admin (paperwork, supporting the collaborative

Statewide collaboration bolstered by peer-led weekly Integrator Discussion Groups.

Local Collaboratives

Data Driven Problem Statement

Community project funding process



Community Projects – \$168k per region

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



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



Measuring Success





Results Based Accountability™

An Assessment and Data-Driven Decision-Making Framework

https://clearpact.com/results-based-accountability/



How Much Did We Do?

Communications – newsletters, email, nearly 350 meetings with District Liaison

Community Projects – 89 projects, \$1.9 million

Coaching Supports – 100+ one:one coaching sessions, 100+ group sessions (prof development, HE)

Expense Reimbursementnearly 800 invoices andnearly 700 reports

11 Local Collaborative
Groups with 10 p-t
Integrators, nearly \$150k
for stipends



"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



Self-Assessment Results - Fall 2023

N = 11 Health District TeamsTo 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

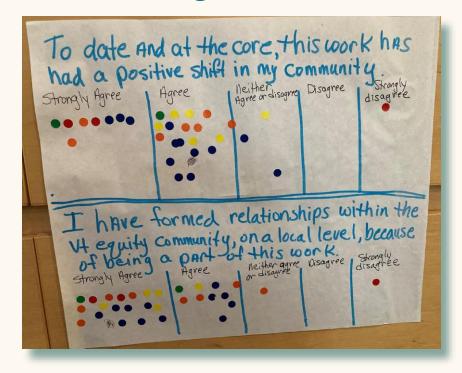
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http://systemexchange.org/ https://systemexchange.org/application/files/2315/4327/2119/A BLe_EquityOrganizationalSelf-Assessment_F.pdf



Feedback Survey - October 2023



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

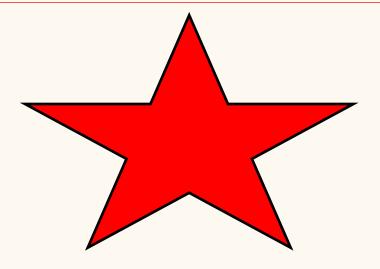
Our Hypotheses

 If we were correct in our hypotheses and we appropriately resourced local collaboratives, four maybe five communities would continue to work collaboratively on Health Equity when the grant ended.

Our Results

Ten out of twelve

communities are continuing to work collaboratively on Health Equity



What Did We Learn?



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



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!



About the VtPHI



About the VT CHEP

