State of Vermont
Primary Prevention Report

Act 79 (Title 33 V.S.A. 3301 - 3305)

Submitted by:

Children and Family Council for Prevention Programs
On behalf of Vermont agency partners

July 1, 2008

Primary Prevention in Vermont

Primary Prevention addresses the root causes of human life difficulties before they reach heightened levels of negative conditions requiring intensive and more costly solutions.

With this in mind, Vermont chooses to bring together the best work of each of our state government entities to achieve a common understanding and enhanced ability to work across these entities to realize the best results for our state's citizens.

We believe this speaks to the special place that is Vermont, where we value our collective resources to achieve a greater purpose identifiable to everyone.

Primary Prevention Plan Steering Committee

Agency of Human Services

Agency of Natural Resources

Agency of Commerce and Community Development

Attorney General's Office

Children and Family Council for Prevention Programs

Department of Education

Department of Labor

Department of Motor Vehicles

Department of Public Safety

Vermont Association of Regional Partnerships

Planning Committee Members

Barbara Cimaglio, Vermont Department of Health

Kelly Dougherty, Vermont Department of Health

Scott Johnson, Agency of Human Services

Theresa Lay-Sleeper, Department for Children and Families

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Vermont Primary Prevention Plan 2008

Introduction

In 1983, the Vermont legislature passed Act 79 (*Title 33 V.S.A. 3301 - 3305*), the first state law in the country requiring that state agencies and departments contribute to a well coordinated, consolidated and integrated state Primary Prevention Plan to improve the health and well being of Vermonters. A biennial plan is required for submission to the Governor.

The purpose and mandate of the Primary Prevention Plan is to "coordinate and consolidate the primary prevention planning efforts of the state agencies and departments," and use state resources in ways that will:

- Strengthen the commitment of local communities to prevention efforts;
- Alter conditions which contribute to problem behaviors;
- Reduce the burden of State-funded treatment and crisis-oriented service programs;
- Integrate and build successful methods of primary prevention.

(*33 V.S.A. 3304)*

The Primary Prevention Plan is by statute, attached to the Governor's State Advisory Group on delinquency prevention, the *Children and Family Council for Prevention Programs*. The Council was begun by the Vermont legislature in 1986 and is a 21-member advisory group appointed by the governor with consent of the Vermont Senate. Members include community members, state agency personnel, representatives of private social services agencies, and youth. With support from the Agency of Human Services (AHS), they have led previous efforts to issue the biennial Primary Prevention Report.

This 2008 update to the Primary Prevention Plan reinforces the need to strengthen our prevention connections across state government by working together to leverage our collective resources and improve outcomes for Vermonters.

There are numerous statutory and agency references for a prevention mandate across departments of state government. Over the past several years renewed interest has been given to the coordination of prevention, including but not limited to:

- In 1998, the Vermont legislature codified into law ten outcomes of well-being to guide the work of state and community partners across human services and education (3 V.S.A. § 3026).
- In 2004, the AHS Task Force on Prevention recommended that the prevention theme, identified by stakeholders in the AHS re-organization, be tied in with the state Act 79 primary prevention planning effort.
- In 2005, the VT General Assembly mandated *The Coordinated Healthy Activity Motivation and Prevention Programs* (CHAMPPS). Section 322 of Act 215 calls upon the Department of Health to award competitive, substantial, multi-year grants to comprehensive community health and wellness projects beginning July 1, 2007.
- In 2006, the Department of Health, CHAMPPS workgroup and the statewide CHAMPPS Advisory Committee developed and approved a common model of prevention based upon the social ecological model of health (McElroy et al.).
- The 2008 legislature has adopted language in the Health Care Reform Bill H.887 around prevention and healthy living with a focus on preventing chronic disease.

A renewed effort began last spring to facilitate and coordinate prevention activities across state government by reinvigorating the Primary Prevention Plan. Beginning in June 2007, leaders from across state government agencies and departments worked together and defined four key domains of prevention that have cross-agency impact on Vermont citizens, communities and state government.

This group also affirmed the Prevention Model developed by the Department of Health as a way to look at the multiple levels and approaches that promote successful and comprehensive prevention efforts.

This plan represents the framework that agencies and departments of state government can utilize to come together for prevention. Excellent opportunities exist across state government where individual department priorities connect with the goals of other sister agencies. It is the intent of the Steering Committee to promote the natural linkages that improve the results we seek for the citizens of Vermont.

Steering Committee Process

A Steering Committee composed of state government leaders and The Children and Family Council for Prevention as identified in statute began to develop this plan in June 2007. The Steering Committee was asked to answer two questions and to submit listings of prevention-related approaches and activities for their agencies and departments.

- What are the conditions that your agency or department aims to alter to improve outcomes of well-being for Vermonters?
- What are one or more efforts that your agency or department has planned or has in place to affect those conditions?

The Steering Committee reviewed these lists and, through consensus, identified the following four prevention outcomes focusing on broad issues affecting the whole population rather than just specific prevention programs or populations:

Health: Vermonters have a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Safety: Vermonters live in safe families and communities.

Economic Security: Vermonters have the opportunity to be self sufficient with economic assets that ensure their basic human needs.

Engagement/Connectedness: Vermonters are connected to and engaged with each other, their communities and the environment. Vermonters have caring, consistent relationships.

The deeper the Steering Committee delved into this work the more evident it became that there was a tremendous amount of prevention activity already taking place or under development across state government. It was also clear that departments viewed prevention and the related program activities in ways unique to their own department and used different terminology to describe the work. The committee chose to adopt a common model of prevention, promoted by the Department of Health, based upon the social ecological model of health (McElroy et al.). Individuals began to see alignment in their unique departmental efforts with that of other departments. A sense of common purpose across departments began to develop and the opportunity for common results became clearer.

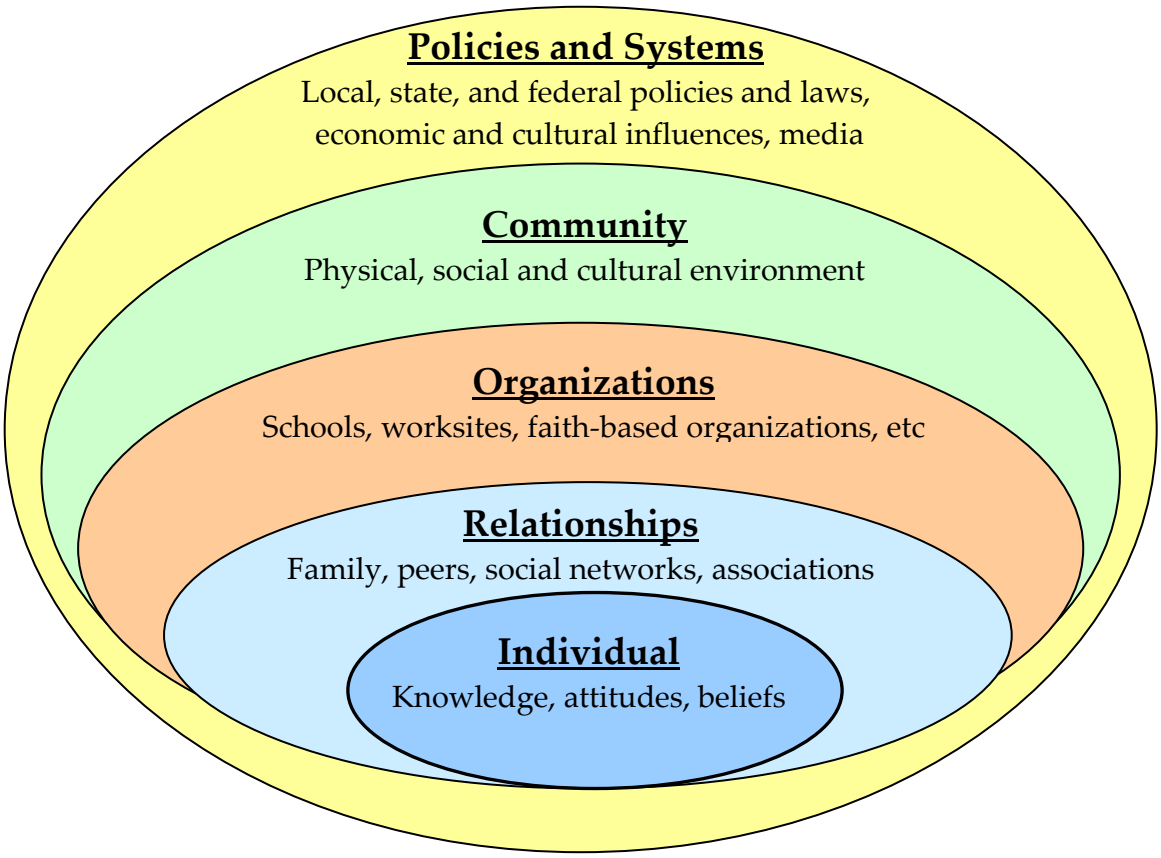
Vermont Prevention Model

In order for state government and communities to approach their work from a consistent theoretical framework, one of the tasks of the committee was to articulate a common model of prevention. This prevention model was developed by the Vermont Department of Health and adopted to guide the CHAMPPS activities (based upon the social ecological model of McElroy et al.). In order for prevention activities to have the greatest impact, multiple levels of the model must be addressed simultaneously, with efforts particularly directed at the higher levels of community, organization, and policies/systems.

The prevention model illustrates that there are many factors in play that influence individual and population health. Prevention efforts are most likely to be effective if they are:

- Consistent with the needs and resources of the community,
- Developed with an understanding of the factors contributing to the problem,
- Designed to specifically address those factors,
- Inclusive of strategies addressing multiple levels of the model simultaneously,
- Sustainable over time,
- Age, gender and culturally appropriate, and
- Evidence-based or based on best and promising practices.

Vermont Prevention Model



Adapted from: McElroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Education Quarterly 15:351-377, 1988.

Levels of Influence

Individual

- Factors that influence behavior such as knowledge, attitudes and beliefs
- Strategies addressing this level of influence are designed to affect an individual's behavior

Relationships

- Factors that influence personal relationships and interactions
- Strategies addressing this level of influence promote social support through interactions with others including family members, peers, and friends

Organizations

- Norms, standards and policies in institutions or establishments where people interact such as schools, worksites, faith based organizations, social clubs and organizations for youth & adults
- Strategies addressing this level of influence are designed to affect multiple people through an organizational setting

Community

- The physical, social, and cultural environments where people live, work and play
- Strategies addressing this level of influence are designed to affect behavioral norms through interventions aimed at the physical environment, community groups, social service networks and the activities of community coalitions and partnerships

Policies and Systems

- The local, state and federal policies, laws, economic influences, media messages and national trends that regulate or influence behavior
- Strategies at this level are designed to have wide-reaching impact through actions affecting entire populations

Opportunities

The purpose of focusing on common prevention activities across state government is to leverage our resources as effectively as possible and produce the best results for Vermonters. There are no simple, one-stop-shop programs or activities that we can call prevention. Our efforts need to be comprehensive utilizing the adopted Prevention Model as a framework as we seek to impact the health, safety, economic security and connectedness of Vermonters.

The following examples highlight potential, cross agency opportunities that emerged in different prevention outcome areas from members of the Steering Committee. As one member said: *"One of the things this [prevention] conversation has helped me to do is to look outside my box [agency]."*

Health and Outdoor Recreation: The Agency of Natural Resources/Depart. of Forest and Parks was developing plans to increase state park utilization and revenues through the effort of "No Child Left Inside" and other environmental stewardship programs. The goals of "No Child Left Inside" are:

- Engage communities in outdoor activities that promote and restore good health.
- Encourage outdoor recreational, cultural, environmental, educational, social and historical opportunities.
- Provide information about physical and natural features of parks, forests, wildlife and recreational opportunities.

The Steering Committee efforts highlighted the opportunity to think of this work through the eyes of the AHS/Health Department efforts to promote physical and behavioral health for kids and families. The connection between these two activities accomplishes the goals of each individual department and enhances the work of both.

Engagement and Downtown Development: The Agency of Commerce and Community Development/Dept. of Housing and Community Affairs has ongoing efforts in communities around Vermont with community development block grants and downtown revitalization programs that improve infrastructure and economic opportunity. The work together highlighted the opportunity for citizens to be connected and engaged in their communities and greater opportunities to promote other agency and department agendas.

Safety and Seat Belts*:* The Department of Public Safety has an ongoing campaign to promote highway safety through their "Buckle Up" program. At the same time, the Department for Children and Families through their Child Development Division promotes the use and distribution of child safety car seats. Our prevention work conversations highlighted the opportunity to strengthen both of these activities within the Agency of Human Services. This promising connection would allow both departments to maximize their resources with streamlined public awareness messaging in a mutual format to reach a wider audience.

The above examples highlight the kind of opportunities that exist if we think outside our agency and department boundaries to maximize the inherent potential in working together for prevention!

Next Steps

The Steering Committee for the Act 79 Primary Prevention Plan recommends the following next steps:

- ✓ The Secretaries of the Agency of Administration and the Agency of Human Services provide the leadership to convene state agencies, as necessary, to further implement and connect cross agency prevention activities and grant making.
- ✓ State agencies and their departments reinforce prevention connections across state government by asking:
  - What are we doing to promote activities within the four prevention outcomes?
  - What other agencies might share a common purpose?
  - What results could we leverage together?
  - What would success look like?
- ✓ The committee meets at least annually to share, document and measure prevention efforts across state government.

For more information about the Primary Prevention Plan:

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