

Preventive Health and Health Services Block Grant Work Plan for Vermont | Fiscal Year 2021 | WP-1023-2021

Enter DUNS number in the BGIS Portal > Recipient Information > Contacts > Recipient BG Coordinator form

Recipient: Vermont

Chief Executive Officer: Phil Scott

Recipient Lead Health Official: Mark Levine

Authorizing Official: Enter in the BGIS Portal > Recipient Information > Contacts

**Recipient BG Coordinator /
Program Director:** Kimberly Swartz
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Finalized on: Workplan is not approved yet.

Executive Summary

FY 2021 Work Plan-Vermont

This Work Plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Year **2021**. The **Vermont** submitted this plan as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the FY **2021** Preventive Health and Health Services Block Grant is **\$419,896**. The current year Annual Basic Allocation is **\$405,905** and the current year Sex Offense Set Aside is **\$13,991**. These amounts are based on an allocation table distributed by the Centers for Disease Control and Prevention (CDC).

Program Title	Health Objectives	Current Year Allocation
Obesity Prevention	NWS-03 Reduce the proportion of adults with obesity	\$239,379
Health Improvement Plan	PHI-05 Increase the proportion of local jurisdictions that have a health improvement plan	\$145,248
Town Health Officer Environmental Health Education Program	EH-01 Reduce the number of days people are exposed to unhealthy air	\$17,621
Sexual Assault Prevention	IVP-D05 Reduce contact sexual violence	\$17,648
Grand Total		\$419,896

Program Funding Profile for Vermont in 2021

Total number of programs:	4
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Type of funding

Supplement other existing funds	4
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PHHS Block Grant funding percentage

10-49% - Partial source of funding	2
50-74% - Significant source of funding	1
75-99% - Primary source of funding	1

Role of funding

Maintain existing program (as is)	4
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Existing funding sources

State or local funding	2
Other federal funding (CDC)	2
Other federal funding (non-CDC)	1

Other	1
Total	6

Statutory Information

- The First Advisory Committee Meeting was held on 6/2/2021 and was chaired by Nathaniel Waite.
- Enter Second Advisory Committee Meeting in the BGIS Portal > Advisory Committee > Advisory Committee Meetings
- Enter Public Hearing in the BGIS Portal > Advisory Committee > Advisory Committee Meetings

The public was invited via

The draft Work Plan was made available for public viewing via

Certifications and Assurances

Current forms have not been signed and uploaded to BGIS.

Budget

Detail Funds Available for Allocation

Budget Detail for Vermont– Fiscal Year 2021	
A. FY2021 Award	\$419,896
Annual Basic Allocation	\$405,905
Sex Offense Allocation	\$13,991
B. Total Current Year Annual Basic Allocation	\$405,905
Administrative Costs	\$2,500
Direct Assistance Amount	\$0
C. Total Current Year Sex Offense Allocation	\$13,991
Administrative Costs	
Total Available for Program Allocation in FY 2021	#Error

Summary of Funds Available for Allocation

Healthy People 2030 Priorities for Vermont in Fiscal Year 2021

Topic Area	Funding	% of funding
Nutrition and Weight Status	\$239,379	57%
Public Health Infrastructure	\$145,248	35%
Environmental Health	\$17,621	4%
Injury and Violence Prevention	\$17,648	4%
Total	\$419,896	100%

Summary of Allocations by Program and Health Objective

Program Title	Health Objective(s)	Program Goal	Current Year Allocation	% of Total Allocation
Obesity Prevention	NWS-03 Reduce the proportion of adults with obesity	Establish and support community environments that promote healthy food and physical activity.	\$239,379	57%
Health Improvement Plan	PHI-05 Increase the proportion of local jurisdictions that have a health improvement plan	Central to the work of the Vermont Department of Health is the development of core plans to guide public health protection and improvement. The goals within these plans are focused on population level health improvement as well as improving internal department systems and processes that will allow staff to perform effective and high-quality work.	\$145,248	35%
Town Health Officer Environmental Health Education Program	EH-01 Reduce the number of days people are exposed to unhealthy air	The goal of this initiative is to continue to build and provide a series of training modules through which THOs can increase their knowledge and skills about environmental health hazards, with a special emphasis on rental housing inspections and public health topics.	\$17,621	4%
Sexual Assault Prevention	IVP-D05 Reduce contact sexual violence	The Vermont Forensic Nursing Program trains, supports and credentials a cadre of specialized nurses across the state to provide forensic medical care to victims of sexual assault, domestic	\$17,648	4%

		<p>violence and child abuse, ensuring quality, consistent and comprehensive trauma informed services throughout the state to victims of violence and expanding services to fill critical needs, especially in the most rural regions of the state.</p>		
		Total	\$419,896	100%

Program Description 1 / 4**Program Summary**

Program Summary	
Program Name	Obesity Prevention
Program Goal	Establish and support community environments that promote healthy food and physical activity.
Healthy People 2030 Objective	NWS-03 Reduce the proportion of adults with obesity
Recipient Health Objective	
Total Program Allocation	\$239,379

Problem Information**Problem Description**

This program will work to reverse rising overweight and obesity rates and increased food insecurity in Vermont.

The rapid rise in obesity across all age groups of Vermonters has reached epidemic proportions. Among adults, the obesity prevalence has increased to 29% in 2018, with the proportion overweight staying static over the past ten years at between 33-37%. A higher proportion of adults with less education and lower annual household income levels are obese compared to those with more education and higher household income. Adults with a high school education or less have an obesity prevalence of 37%, 8% higher than the overall adult prevalence. Additionally, for low-income Vermonters (those making \$25,000 or less annually) the obesity prevalence is 35%, 3% higher than middle income residents and 10% higher than upper -income residents. Additionally, 11% of households in Vermont are food insecure and 14% of children live in a food insecure household. Food insecurity is associated with lower-quality diets and lower fruit and vegetable intake. Food insecurity is also associated with higher rates of obesity and obesity-related diseases such as diabetes.

Key Indicator:

For adult obesity, Vermont uses annual BRFSS data to track rates. Vermont uses food insecurity data that is tracked by our partners. These data are used to understand the trends for these indicators and as a base for telling the story of overweight and obesity in Vermont with the addition of fruit and vegetable consumption data as well as leisure time physical activity data.

Key Indicator Baseline:

29%

Problem was prioritized by the following factor(s)

- Identified via surveillance systems or other data sources
- Governor (or other political leader) established as a priority

- Legislature established as a priority

Program Strategy

Goal:

Establish and support community environments that promote healthy food and physical activity.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

- Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability)
- Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)

Program Strategy:

Vermont's Obesity Prevention strategy is three pronged, but all based in community activities. We will work in community and worksite environments that promote healthy food and physical activity, while also addressing food insecurity and food access in those settings as well as in health care settings. This work will include policy, systems or environmental approaches that increase access to healthy food and physical activity for all Vermonters as well as training for worksites on programming ideas for their employees. These strategies are aimed at reducing overweight and obesity rates, as well as food insecurity rates.

Setting:

- Business, corporation or industry
- Community based organization
- Local health department
- Medical or clinical site
- Parks or playgrounds
- State health department
- Work site

Primary Strategic Partners:

Other state agencies and community organizations.

Evaluation Methodology:

Evaluation will be process oriented through reports from local health staff on activities in communities, which will be aggregated and included in our performance management system. We will also have reports from grantees sharing deliverables and data regarding accomplishments. Additionally, the worksite wellness program will evaluate trainings for employers will be evaluated after each workshop or conference.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$239,379
FY 2021 Sex Offense Allocation	\$0
Total Allocation	\$239,379

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 75-99% - Primary source of funding of the total program funding.

The other funds came from:

- State or local funding
- Other federal funding (non-CDC)

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: \$30,000

Amount of planned funding to local agencies or organizations: \$30,000

Type of supported local agencies or organizations:

- Other Local Government
- Local Organization

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 2

Total FTEs Funded: 1.4

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

2

Position 1 / 2 Title:	Public Health Programs Administrator
Position Name:	Suzanne Kelley
Jurisdiction-level:	40%

This position is not vacant.

Position 2 / 2 Title:	Public Health Program Coordinator
Position Name:	Ashwinee Kulkarni
Jurisdiction-level:	100%

This position is not vacant.

Target Population of Program 1 / 4

Program name:

Obesity Prevention

Number of people served:

511671

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)

Geography:

Both

Location:

Occupation:

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

Yes

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objectives Description	
Program Smart Objective	1 / 3
Title of Program SMART Objective	Between 10/1/21 and 9/30/22 increase knowledge about, and access to, physical activity and/or healthy food in three or more Vermont Communities.
Item to be measured	Communities served
Unit to be measured	Number of communities
Baseline Value	3
Interim Target Value	0
Final Target Value	3

Problem Description:

Accessing healthy food and place to be active is challenging in low income and rural communities.

People who live in rural and low-income communities often have fewer options for accessing healthy food. Full scale grocery stores can be many miles away and transportation options are very limited. In addition, getting in regular, "everyday" physical activity can be challenging for people who feel unsafe, with no or poor sidewalks, no lighting, poorly marked cross walks, or lack of other 'community design' safety measures.

Key Indicator:

The key indicators affected by this problem are sedentary lifestyles - i.e "no leisure time physical activity, and low rates of fruit and/or vegetable consumption, especially among low income and rural residents in Vermont. 21% of adults get no leisure time physical activity; 40% of adults eat fruit 2 or more times per day; 22% of adults eat vegetables 3 or more times per day.

Baseline Value for the Key Indicator:

21

Intervention Summary:

Provide funding and technical assistance to communities to increase access to healthy food and places to be physically active.

The Public Health Programs Administrator (PHPA) will work with state partners to identify, fund, and provide on-going support and assistance to communities, allowing them to create safe and accessible places for physical activity and access to healthy food for all residents.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- Guide to Clinical Preventive Services (Task Force on Community Preventive Services)

Rationale for choosing the intervention:

Healthy community design is an evidence based obesity prevention intervention. VDH has a well established program and partners in place to successfully implement this work.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 3

Maintain partnerships

Summary:

Maintain and expand statewide partnerships to support healthy community design.

Description:

The PHPA will continue to work with state and regional partners to support healthy community design efforts throughout the state. This includes planners, transportation engineers, bike and pedestrian advocates, recreation and parks professionals, and food access experts (such as community gardeners, farmers markets, farm stands, food hubs) . An equity lens will be used throughout including during program planning, trainings, and materials development.

Activity 2 / 3

Fund at least three Healthy Community Design projects

Summary:

Provide grant awards to three communities to improve access to physical activity and/or healthy food.

Description:

Work with state agency partners to identify community projects to fund. Write and manage grant agreements and monitor progress through monthly grantee phone calls and annual site visits.

Activity 3 / 3

Conduct Healthy Community Design training and technical assistance

Summary:

Participate in healthy community design trainings to communities and maintain, update and share relevant resources.

Description:

Program Objectives Description	
Program Smart Objective	2 / 3
Title of Program SMART Objective	Reduce food insecurity and improve healthy food access through health systems and building resources and assistance for community partners.
Item to be measured	Meetings
Unit to be measured	Number of meetings
Baseline Value	3
Interim Target Value	1
Final Target Value	3

Problem Description:

Food insecurity is related to obesity as well as other poor health outcomes.

The effects of hunger on children can be detrimental to their health, well-being, and lifelong success. Children living in food insecure homes are at greater risk for poor health, nutritional deficiencies and obesity/overweight, as well as developmental delays, poor academic achievement, depression, and increased aggressive or hyperactive behavior.

Key Indicator:

Rate of household food insecurity. Using the Current Population Survey, Food Security Supplement, Vermont's rate of food insecure households (for 2015-2017) is 9.8%; the Healthy Vermonters 2020 goal is to have less than 5% of households living with food insecurity.

Baseline Value for the Key Indicator:

10

Intervention Summary:

Address food insecurity in the healthcare sector and through building technical assistance and support for community partners.

The Public Health Specialist will participate in a minimum of three meetings with partners, including Bi-State Primary Care, Farm to Plate, and internal Department of Health programs, to evaluate opportunities to address food insecurity in partnership with the healthcare sector. This includes supporting partners in accessing data available through the Department of Health related to nutrition, weight, and food security, facilitating discussion with internal Department of Health programs that are working with the health care sector to advance food security and nutrition work, and facilitating connections and partnerships across organizations working on food security goals.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

This intervention leverages established partnerships with organizations and programs across the state and builds on activities that engage the healthcare sector.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 2

Farm to Plate Health Access Cross Cutting Team (FTP HCCT)

Summary:

Serve as co-chair of the Farm to Plate Health Access Cross Cutting Team.

Description:

Between 10/2021 and 09/2022, the Public Health Specialist will serve as co-chair of the Farm to Plate Health Access Cross Cutting Team (FTP HCCT). This will include identifying food access and healthcare programs and efforts currently underway in Vermont and support connections, networking and information sharing to expand and improve food access through healthcare settings. This will be accomplished through facilitating FTP HCCT meetings, ensuring action items are followed up on, overseeing sub-committees for specific projects, and other activities as relevant.

Activity 2 / 2

Technical Assistance Resources on Food Insecurity

Summary:

Expand technical assistance resources available through the Department of Health on food insecurity.

Description:

Between 10/2021 and 09/2022, the Public Health Specialist will expand technical assistance resources on food insecurity. This will include:

- adding sections to the Vermont Department of Health's website with resources on address food insecurity as part of obesity and chronic disease prevention efforts,
- integrating resources into other virtual or printed material as relevant,
- ensure VDH programs are aware of available resources and providing technical assistance to programs as relevant.

Program Objectives Description	
Program Smart Objective	3 / 3
Title of Program SMART Objective	Between 10/2021 and 9/2022, the Public Health Specialist will provide technical assistance to 11 chronic disease designees in the Offices of Local Health to establish to 5 relationships with new worksites in each district area that are interested in starting or expanding employee wellness activities.
Item to be measured	Worksites
Unit to be measured	Number of worksites
Baseline Value	60
Interim Target Value	24
Final Target Value	60

Problem Description:

Worksite wellness strategies are integral to promoting the physical, mental, emotional well-being

Worksite wellness strategies are integral to promoting the physical, mental, and emotional well-being of employees. In turn, healthier employees are more productive and constructive, having a positive impact on an organization's bottom line. Worksite wellness strategies also reduce absenteeism and healthcare costs and play an important role in chronic disease prevention.

The Vermont Department of Health (VDH) understands that size and resource base the type of worksite wellness strategies organizations can offer to their employees. Through the Offices of Local Health District Offices, small employers are being encouraged to develop worksite wellness policies that incorporate at least one of the following core outcomes:

1. Promote healthy food choices at the workplace.
2. Go tobacco-free.
3. Help employees to get 30 minutes of physical activity per day.
4. Become a breastfeeding- friendly workplace.
5. Promote preventative care and safety.
6. Support the emotional wellbeing of employees.

Key Indicator:

Adult fruit and vegetable consumption, physical activity rates, and number of policy, systems and environmental strategies adopted by workplaces. 21% no leisure time physical activity; 40% of adults eat fruit 2 or more times per day; 22% of adults eat vegetables 3 or more times per day.

Baseline Value for the Key Indicator:

21

Intervention Summary:

The Public Health Specialist will provide technical assistance to staff in the Offices of Local Health to enable them to maintain and establish new relationships with worksites in each district area.

The Public Health Specialist will provide technical assistance to Chronic Disease Designees (CDDs) in the Office of Local Health to support worksite wellness in each district area. There are 12 district areas in Vermont and 11 CDDs that cover these areas. The Public Health Specialist will support the CDDs in:

- establishing relationships with new worksites through efforts such as the Worksite Wellness Awards Program, establishing statewide partnerships with organizations serving worksites, and other activities as relevant;
- providing on-site support to worksites in developing or expanding employee wellness activities through technical assistance on best practices in worksite wellness, provision of resources such as a Worksite Wellness Toolkit, and other activities as relevant.

Type of Intervention:

Evidence-based intervention

Evidence Source:

- Guide to Clinical Preventive Services (Task Force on Community Preventive Services)

Rationale for choosing the intervention:

Most adults spend the majority of their week working, making worksite wellness an essential strategy for chronic disease prevention. This intervention leverages the work of the Offices of Local Health and established partnerships to expand worksite wellness efforts.

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 3

Worksite Support

Summary:

Support the Offices of Local Health with developing and maintaining relationships with worksites to expand employee wellness activities across the state.

Description:

Between 10/2021 and 09/2022, the Public Health Specialist will support the chronic disease designees in the Offices of Local Health to support efforts in working with small employers on developing and maintaining worksite wellness strategies. Specifically, the Public Health Specialist will continue to provide technical assistance to the eleven district office staff working with employers, in all four quarters of the program year. In the upcoming year, with support from the Public Health Specialist, each Chronic Disease Designee within the Local Health Office, will continue to support currently engaged worksites.

Activities include:

- Maintaining relationships with up to five small employers in each Office of Local Health district area.
- Supporting employers in promoting virtual employee wellness activities and messaging for employees working remotely or in a hybrid model as a result of the COVID-19 pandemic.
- Conducting assessments of current wellness offerings, using the 3-4-50 sign-ons or the Vermont worksite wellness award application.
- Developing action plans with each worksite that have at least one new wellness goal for the year.

Activity 2 / 3

Worksite Wellness Trainings

Summary:

Create virtual and in-person training opportunities on worksite wellness.

Description:

Between 10/2021 and 09/2022, The Public Health Specialist will implement a series of virtual workshops and plan an in-person conference for spring of 2022 (COVID permitting). Expected participation is between 500 and 600 people.

Activities include:

- With a planning committee, plan a series of virtual workshops.
- Publicize and manage registration for workshops in the second quarter of the program year.
- Implement workshops for between 500-600 participants.
- Evaluate the conference through a participant survey and debriefing session with conference planning committee in the third quarter of the program year.
- Plan and implement an in-person Worksite Wellness Conference in spring of 2022, including publicizing, managing registration, identifying speakers, and other relevant activities.

Activity 3 / 3

Worksite related partnerships

Summary:

Maintain and expand statewide partnerships to further worksite wellness efforts.

Description:

Between 10/2021 and 09/2022, The Public Health Specialist will continue to work with well-established existing partners on new initiatives worksite wellness initiatives as needs are identified, as well as continue to forge new relationships across the state to promote worksite wellness efforts. Activities include:

- Work with partners to determine the continued impact of the COVID-19 pandemic on worksite wellness and adapt strategies as necessary.
- Serve as a liaison to the Vermont Safety and Health Coalition in order to promote an integrated worker health model that ties wellness into traditional safety programs at worksites.
- Develop and expand partnerships with other programs within the Department of Health and other state agencies working with worksites to support promotion of worksite wellness.
- Develop and expand partnerships with organizations representing occupations that have higher burden of chronic disease or risk factors for chronic disease, including transportation, food service, agriculture, protective services, and others identified through Vermont BRFSS data.
- Further develop collaborations with the Department of Disabilities, Aging and Independent Living's Mature Workers Program, VDH's Diabetes Program on promoting self-management programs to workplaces, and new partners for the Worksite Wellness Conference.

Program Description 2 / 4**Program Summary**

Program Summary	
Program Name	Health Improvement Plan
Program Goal	Central to the work of the Vermont Department of Health is the development of core plans to guide public health protection and improvement. The goals within these plans are focused on population level health improvement as well as improving internal department systems and processes that will allow staff to perform effective and high-quality work.
Healthy People 2030 Objective	PHI-05 Increase the proportion of local jurisdictions that have a health improvement plan
Recipient Health Objective	
Total Program Allocation	\$145,248

Problem Information**Problem Description**

The State Health Assessment and State Health Improvement Plans are intended to provide population health data and direction for the statewide public health system.

These data are used to identify health risks, priority populations, and systems gaps in creating opportunities for optimal health for each and every Vermont resident. The data will be used by the 5 entities charged with providing oversight in the implementation of the State Health Improvement Plan: The Steering Committee, the Healthy Community Design Action Team, Community Resiliency Action Team, the Health Systems and Access to Integrated Care Action Team, and the Health Equity Action Team. Each of these entities is specifically charged with addressing disparate needs.

Key Indicator:

Key Indicator Baseline:

Problem was prioritized by the following factor(s)

- Conducted, monitored, or updated a jurisdiction health assessment
- Identified via surveillance systems or other data sources
- Prioritized within a strategic plan

Program Strategy**Goal:**

Central to the work of the Vermont Department of Health is the development of core plans to guide public health protection and improvement. The goals within these plans are focused on population level health improvement as well as improving internal department systems and processes that will allow staff to perform effective and high-quality work.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

- Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability)
- Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)

Program Strategy:

Implementing the Plan requires adoption of policies and practices with a health equity approach. Through the 2019 reaccreditation process, which emphasizes health equity, the department has recognized the need for increased investment in training and quality improvement in the redesign of public health strategies within the State Health Improvement Plan to address health inequities and work more effectively with marginalized populations.

Setting:

- State health department

Primary Strategic Partners:

SHA/SHIP Steering and Advisory Committees, the Vermont Center for Public Health Statistics, BRFSS da

Evaluation Methodology:

The updating of the health indicators and program performance measures on the SHIP scorecard and other department wide data reporting systems will be evaluated based on completion rates and timeliness. The (re)design of strategies identified in the State Health Improvement Plan, to address equity issues, will require training and technical assistance for staff. These will be evaluated through the session evaluations and project reviews.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance
- Training

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$145,248
FY 2021 Sex Offense Allocation	\$0
Total Allocation	\$145,248

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

The other funds came from:

- Other federal funding (CDC)

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 2

Total FTEs Funded: 0.9

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds. 2

Position 1 / 2 Title:	Public Health Analyst II
Position Name:	Jennifer Pistole

This position is not vacant.

Position 2 / 2 Title:	Public Health Analyst II
Position Name:	Mallory Staskus

This position is not vacant.

Target Population of Program 2 / 4

Program name:

Health Improvement Plan

Number of people served:

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- Under 1 year
- 1 - 4 years
- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual
- Straight, this is not gay (or lesbian or gay)

Geography:

Both

Location:

Vermont

Occupation:

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objectives Description

Program Smart Objective	1 / 2
Title of Program SMART Objective	Between 10/2021 and 9/2022, the BRFSS Coordinator will develop 1 BRFSS plan for 2022 to collect data related to health equity, social determinants of health, and other data for tracking the objectives in the state health improvement plan. Between 07/2020 and 06/2021, the BRFSS Coordinator will develop 1 BRFSS plan for 2021 to collect data related to health equity, social determinants of health, and other data for tracking the objectives in the state health improvement plan.
Item to be measured	1 BRFSS plan
Unit to be measured	Number of plans
Baseline Value	1
Interim Target Value	0
Final Target Value	1

Problem Description:

Key Indicator:

Baseline Value for the Key Indicator:

Intervention Summary:

Not applicable (NA) - this work supports others' to determine needed public health interventions
NA

Type of Intervention:

Rationale for choosing the intervention:

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 1

Determine the areas for data collection in the 2022 BRFSS survey

Summary:

Determine the areas for data collection in the 2022 BRFSS survey

Description:

Between 10/2021 and 09/2022, The BRFSS Coordinator will facilitate the process to determine the optional modules and state-added questions to be included on the 2022 VT BRFSS survey. Specific activities include:

- Reaching out to partners to identify question needs.
- Reviewing state health improvement plan to identify any data gaps.
- Facilitating meetings and developing consensus on survey content.
- Meeting with Health Commissioner to obtain survey approval.

Funds will be used to invest in the inclusion of cross-cutting (non-programmatic) questions that enable continued tracking of data necessary to document trends related to health equity and priority populations. This may include reliable and valid questions on:

- sexual orientation and gender identity
- industry and occupation
- housing
- food security
- type of health insurance

Any remaining funds may be used to support general BRFSS coordination, increased sample size to provide enough data for analysis at the local geography, by race and ethnicity and additional demographics.

Program Objectives Description

Program Smart Objective	2 / 2
Title of Program SMART Objective	Provide Infrastructure Analytic Support to Department
Item to be measured	
Unit to be measured	
Baseline Value	
Interim Target Value	
Final Target Value	

Problem Description:

Between 07/20210 and 06/20221, the Public Health Infrastructure Analyst will update 136 indicators

The Infrastructure Analyst will update 136 indicators. These indicators represent data from each division within the Health Department. This data is put into an external facing portal that is used by the Central Office and the Offices of Local Health to help them make public health decisions.

Key Indicator:

All Healthy Vermonters 2030 indicators.

Baseline Value for the Key Indicator:**Intervention Summary:**

Not applicable (NA) - this work supports others' to determine needed public health interventions

Type of Intervention:**Rationale for choosing the intervention:**

Target Population same as the Program or a subset:

Activity 1 / 4

Support Health Department Planning

Summary:

Between 07/2021 and 06/2022, the Public Health Infrastructure Analyst will update 136 health indicators contained in the State Health Improvement Plan, Healthy Vermonters 2020, and other public facing data platforms.

Description:

Between 07/2021 and 06/2022, the Public Health Infrastructure Analyst will update 136 health indicators contained in the State Health Improvement Plan, Healthy Vermonters 2020, and other public facing data platforms.

Activity 2 / 4

Support Performance Management Committee in Selection of Indicators for inclusion in Healthy Vermont

Summary:

Support Performance Management Committee in Selection of Healthy People 2030 Indicators for inclusion in Healthy Vermonters 2030.

Description:

Review proposed HP2030 against current Vermont data collection systems. Determine adequacy of data collection and reporting to support inclusion. Collaborate with Performance Manager in incorporating new indicators in the health department statewide and regional dashboards.

Activity 3 / 4

Support Office of Local Health

Summary:

Support Office of Local Health

Description:

Between 07/2021 and 06/2022, the Infrastructure Analyst will serve as a data liaison between programmatic and topic area analysts and district office staff. The Analyst will ensure that local District staff can readily access data to support data-driven decision making at the community level. For this project period, the analyst will work with district staff to identify alternate methods of targeted district specific data sharing and engaging staff around locally available data. Historically these were in-person visits, but this will need to be adjusted to fit new workplace design that has been driven by the response to COVID-19.

The analyst will:

- Hold meetings/trainings with all 12 districts to discuss data and goals related to the SHIP and data relevant to the region's needs and highlight areas where there are statistical differences in health indicators.
- Support additional analyses of the health equity related indicators at the sub-state geography.
- Fulfill any data requests and support local data-driven projects.
- Work with Health Surveillance analysts to incorporate District staff data needs into data products being created and to create new products to fit unmet needs.

Activity 4 / 4

Ensure Data are Uploaded in Public Health Explorer

Summary:

Ensure Data are Uploaded in Public Health Explorer

Description:

Between 07/2021 and 06/2022, the PH Infrastructure Analyst coordinates all data submission of data related to HV2020, SHA, SHIP and Community Health Profiles, to be published to the Public Health Data Explorer. As HV2030 is developed, the analyst will work with the Agency of Digital Services to create the HV2030 Data Explorer dashboard and facilitate upload of data. During this project period the analyst will collaborate with Health Informatics Workgroup to identify areas of improvement for Department-wide data submission and sharing. This will include implementing identified changes to improve data submission efficiency, timeliness of data sharing, and the accessibility of the public facing data.

Program Description 3 / 4**Program Summary**

Program Summary	
Program Name	Town Health Officer Environmental Health Education Program
Program Goal	The goal of this initiative is to continue to build and provide a series of training modules through which THOs can increase their knowledge and skills about environmental health hazards, with a special emphasis on rental housing inspections and public health topics.
Healthy People 2030 Objective	EH-01 Reduce the number of days people are exposed to unhealthy air
Recipient Health Objective	
Total Program Allocation	\$17,621

Problem Information**Problem Description**

Town Health Officers have a great deal of authority to mitigate public health hazards in their communities and they need orientation and training to do so effectively.

THOs have a great deal of authority and responsibility to investigate and enforce the Rental Housing Health Code and mitigate public health hazards in their communities. THOs receive three-year commissions and the ranks of THOs and deputy THOs change somewhat each month. Therefore, new THOs need orientation to their role; veterans need updates and refreshers given that laws and science change. The Health Department plays an important role in creating a foundation of basic information about a variety of health topics and expanding on that foundation with trainings in other important and timely subject areas. The Health Department conducts annual needs assessment surveys of the Town Health Officers to determine what training topics are appropriate, and then plans based on those needs.

Because Town Health Officers cover the entire state there is no disparate population. There is no separation on the work they do based on demographic or geographic differences in populations. There is no priority or distinction given when it comes to addressing a public health hazard. However, because housing conditions for lower income, racial and ethnic minorities, people with disabilities and other disparate groups tend to have more health hazards, the Town Health Officers likely reach a higher number of these groups as compared to populations of privilege, when conducting rental housing inspections.

Key Indicator:

This proposal addresses three Healthy Vermonters 2020 Environmental Health indicators: 1) Increase the percentage of homes that install a radon mitigation system when they receive a high radon test result to 45% 2) Increase the percentage of the population served by community public water supplies that meet Safe Drinking Water Standards. HV 2020 goal is 95% and 3) Reduce the percentage of

children who have elevated blood lead levels ($\geq 10\mu\text{g}/\text{dL}$), HV 2020 goal is 0%.

Baseline data for the above goals are: Increase the percentage of homes with an operating radon mitigation system, VT 2010 28% 2015: 49% 2016: 30% 2017: 39%, Increase the percentage of the population served by community public water supplies that meet Safe Drinking Water Standards. VT 2010 86% 2015: 97.0% 2016: 99.6% 2017: 99.9%. Reduce the percentage of children who have elevated blood lead levels ($\geq 10\mu\text{g}/\text{dL}$), VT 2010 0.6% 2015: 0.8% 2016: 0.5% 2017: 0.6%

Key Indicator Baseline:

28

Problem was prioritized by the following factor(s)

- Legislature established as a priority

Program Strategy**Goal:**

The goal of this initiative is to continue to build and provide a series of training modules through which THOs can increase their knowledge and skills about environmental health hazards, with a special emphasis on rental housing inspections and public health topics.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

- Neighborhood and Built Environment (e.g. poor quality of housing, limited access to transportation, food desert, poor water/air quality, neighborhood crime and violence)

Program Strategy:

Town Health Officers (THOs) have a long history in Vermont, dating back to the founding of many Vermont towns. The current authority for THOs was created in 1958 by state statute at 18 V.S.A. § 602 and includes the following: investigating possible public health hazards and risks within the town; preventing, removing or destroying any public health hazard or risk; enforcing health laws, rules and permit conditions; and reporting any violation, public health hazard or public health risk to the Department of Health. The more than 350 THOs are most communities' first responders for complaints of Rental Housing Health Code Violations. THOs conduct inspections of rental housing, identify situations that are not in compliance with the rental housing code, and initiate enforcement action as necessary. Additionally, THOs respond to other public health situations, including failing sewage systems, rodent and insect infestations, drinking water and indoor air concerns, and complaints related to compliance with Vermont's lead law.

Setting:

- Local health department

Primary Strategic Partners:

Town Health Officers

Evaluation Methodology:

The evaluation method is tracking Town Health Officer participation in trainings.

Planned non-monetary support to local agencies or organizations:

- Technical Assistance

- Training
- Resources/Job Aids

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$17,621
FY 2021 Sex Offense Allocation	\$0
Total Allocation	\$17,621

PHHS Block Grant dollars were used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 50-74% - Significant source of funding of the total program funding.

The other funds came from:

- Other federal funding (CDC)
Public Health Emergency Preparedness grant

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$0

Type of supported local agencies or organizations:

- Local Health Department

FTEs (Full Time Equivalent)

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 1

Total FTEs Funded: 0.1

FTEs (Full Time Equivalent)

Full Time Equivalent positions that are funded with PHHS Block Grant funds.

1

Position 1 / 1 Title:	Compliance and Enforcement Advisor
Position Name:	Meg McCarthy
Jurisdiction-level:	10%

This position is not vacant.

Target Population of Program 3 / 4

Program name:

Town Health Officer Environmental Health Education Program

Number of people served:

511671

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- African American or Black
- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- Under 1 year
- 1 - 4 years
- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual

- Straight, this is not gay (or lesbian or gay)

Geography:

Both

Location:

Occupation:

Educational Attainment:

- Some High School
- Some College
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

Yes

Is the entire target population disproportionately affected by the Problem, or only part?

Part

Portion of the Program Target Population that Experiences Health Disparities

Number of people served:

Ethnicity:

Race:

Age:

Gender Identity:

- Male
- Female
- Transgender

Sexual Orientation:

Geography:

Location:

Occupation:

Educational Attainment:

- Some High School
- High School Diploma

Health Insurance Status:

- Uninsured
- Medicare
- Medicaid

Primary Low Income:

Yes

Program Objectives Description

Program Smart Objective	1 / 1
Title of Program SMART Objective	Between 10/2021 and 09/2022, the Compliance and Enforcement Advisor will maintain 6 workshops with 50% or greater participation by Town Health Officers. Workshops will be focused on emerging environmental health topics including emergency preparedness and healthy rental housing.
Item to be measured	Number of trainings held, percentage of THOs in attendance, timeliness of response to TA requests
Unit to be measured	Number of trainings held, percentage of THOs in attendance, timeliness of response to TA requested
Baseline Value	4
Interim Target Value	2
Final Target Value	6

Problem Description:**Key Indicator:****Baseline Value for the Key Indicator:****Intervention Summary:**

Educate Town Health Officers to enable them to be better prepared to respond to emerging environmental health topics including emergency preparedness and healthy rental housing.

The Health Department will provide training, technical assistance, and resources to Vermont's THOs to ensure they are competent to address environmental hazards in their communities.

Type of Intervention:

Innovative/Promising Practice

Rationale for choosing the intervention:

The system and structure of Town Health Officers is unique in Vermont. Historically many towns throughout New England performed basic public health functions through this model but most states have moved away from it. As a result, little evidence-based research has been done on effective training and technical assistance for these positions. At the Health Department, we conduct annual

needs assessment surveys of the Town Health Officers to determine what training topics are appropriate. We then plan based on the needs and the capacity of the Department to provide the trainings. Post-training evaluations are conducted to ensure that the Town Health Officers come away from these sessions with the knowledge they need to perform their duties

Target Population same as the Program or a subset:

Same as the Program

Activity 1 / 3

Regional Workshops for THOs

Summary:

Between 10/2021 and 09/2022, The Vermont Department of Health will plan and host 8 trainings for THOs, focused on emerging environmental health topics including emergency preparedness and issues related to income, ability, race and ethnicity, and other disparities as they affect healthy rental housing.

Description:

Between 10/2020 and 09/2021, The Vermont Department of Health will plan and host 8 trainings for THOs, focused on emerging environmental health topics including emergency preparedness and issues related to income, ability, race and ethnicity, and other disparities as they affect healthy rental housing. This includes determining topics for workshops by polling THOs about needs and Health Department staff about emerging and seasonal issues, monitoring “hot” topics in public health to ensure currency of workshop modules, determining training dates, identifying public health experts to lead trainings and/or develop training content, and promote trainings to THOs

Activity 2 / 3

Review and update content for THO website

Summary:

Between 10/2021 and 09/2022, VDH will review THO-specific content on the website and update as necessary.

Description:

VDH will review THO-specific content on the website and update as necessary. Content will include appointment forms, manuals, trainings, and the THO contact information database.

Activity 3 / 3

Technical Support and Advising for Health Officers

Summary:

Between 10/2021 and 09/2022, The Compliance and Enforcement Advisor will coordinate Environmental Health staff to provide timely technical support to Health Officers on both the listserv and the hotline.

Description:

Between 10/2021 and 09/2022, the Compliance and Enforcement Advisor will coordinate Environmental Health staff to provide timely technical support to Health Officers on both the listserv and the hotline, which receives 100-120 calls a month. the Compliance and Enforcement Advisor will strive to ensure all inquiries received are responded to within 1 business day of receipt.

Program Description 4 / 4**Program Summary**

Program Summary	
Program Name	Sexual Assault Prevention
Program Goal	The Vermont Forensic Nursing Program trains, supports and credentials a cadre of specialized nurses across the state to provide forensic medical care to victims of sexual assault, domestic violence and child abuse, ensuring quality, consistent and comprehensive trauma informed services throughout the state to victims of violence and expanding services to fill critical needs, especially in the most rural regions of the state.
Healthy People 2030 Objective	IVP-D05 Reduce contact sexual violence
Recipient Health Objective	
Total Program Allocation	\$17,648

Problem Information**Problem Description**

The Forensic Nursing Program addresses the impacts of violence for victims of sexual assault, domestic violence and child abuse presenting at Vermont hospitals.

Sexual and domestic violence is a serious public health problem. According to CDC's National Intimate Partner and Sexual Violence Survey (NISVS), in the United States, approximately 1 in 5 women (19.3%) have experienced rape or attempted rape in their lifetime and 43.9% have experienced other forms of sexual violence (SV). For instance, 12.5% have experienced sexual coercion, 27.3% have experienced unwanted sexual contact, and 32.1% have experienced non-contact unwanted sexual experiences. Although national prevalence studies indicate that women carry the greatest burden of SV over their lifetimes, men are also impacted by SV. Approximately 1 in 15 men (6.7%) have been made to penetrate someone at some point during their lives, 5.8% have experienced sexual coercion, 10.8% have experienced unwanted sexual contact, and 13.3% have experienced non-contact unwanted sexual experiences. As with other forms of violence, racial/ethnic and sexual minority groups are disproportionately impacted by SV.

Because people of all genders, all abilities and all backgrounds can be sexually assaulted, the Vermont Forensic Nursing Program (formerly SANE) is committed to listening to and caring for survivors who are often silenced and made invisible in the health care system - including poor people, queer and trans people, BIPOC (black/indigenous/people of color), people with disabilities, and immigrants and refugees. The program continues to focus their outreach efforts and develop services for those at increased risk of sexual violence, and those who may experience fear, harm and extreme barriers when seeking support after sexual assault. These efforts include developing new and culturally relevant access points to forensic nursing care in community-based settings and expanding telehealth options to survivors most at the margins of access to statewide resources.

Key Indicator:

Key Indicator Baseline:

Problem was prioritized by the following factor(s)

- Identified via surveillance systems or other data sources
- Legislature established as a priority
- Other
Connecting more to RPE

Program Strategy**Goal:**

The Vermont Forensic Nursing Program trains, supports and credentials a cadre of specialized nurses across the state to provide forensic medical care to victims of sexual assault, domestic violence and child abuse, ensuring quality, consistent and comprehensive trauma informed services throughout the state to victims of violence and expanding services to fill critical needs, especially in the most rural regions of the state.

SDOH Addressed by the Program:

This program is specifically addressing a Social Determinant of Health (SDOH)

- Economic Stability (e.g. poverty, unemployment, food insecurity, housing instability)
- Health and Health Care (e.g. poor access to healthcare, low health insurance coverage, low health literacy)
- Adverse Childhood Experiences (ACEs)

Program Strategy:

The Vermont Forensic Nursing Program trains, supports and credentials a cadre of specialized nurses across the state who provide forensic medical care to victims of sexual assault, domestic violence and child abuse, and collect evidence in accordance with a standardized evidence kit. A Forensic Nurse is a registered nurse (R.N.) or advanced practice registered nurse (A.P.R.N.) who has specialized education and clinical preparation in the forensic examination of assault victims. Forensic Nurses ensure that victims across the state receive prompt and compassionate medical care and identify the physical and psychological needs of their patients. In addition to providing needed medical care to patients, Forensic Nurses also collect evidence of potential crimes on the bodies of patients and document injuries. When an exam has been completed, Forensic Nurses provide referrals to the Vermont Network Against Domestic and Sexual Violence's 15 Member Organizations for community-based advocacy and support and to general medical providers for follow-up care. The Vermont Network and its Member Organizations provide a range of services including: crisis hotline services, advocacy, educational and prevention programs, policy change initiatives, among others.

Setting:

- Medical or clinical site
- Other
state sexual violence coalition

Primary Strategic Partners:**Evaluation Methodology:**

The Vermont Forensic Nursing program evaluation is multi-tiered. Output measures are collected through counts of Forensic Nurses trained, practicing, receiving continuing education, and total exams performed. Outcomes of the trainings are measured through a pre- and post-test evaluation forms, to demonstrate increased knowledge. To achieve and maintain credentialing, specific requirements must be met; the Forensic Nursing program staff support the Board to ensure these requirements are met through the credentialing process. Lastly, the quality of the Vermont Forensic Nursing program is measured through ongoing quality assurance, site visits, and chart audits.

Planned non-monetary support to local agencies or organizations:

Program Budget for Block Grant Funds

Program Budget	
FY2021Basic Allocation	\$3,657
FY 2021 Sex Offense Allocation	\$13,991
Total Allocation	\$17,648

PHHS Block Grant dollars were not used to respond to an emerging need or outbreak as a part of this program. PHHS Block Grant funds were used as Supplement other existing funds for this program.

PHHS Block Grant funds made up 10-49% - Partial source of funding of the total program funding.

The other funds came from:

- State or local funding
- Other
 - Private donations

The role of PHHS Block Grant funds in supporting the program was to Maintain existing program (as is)

Amount of funding to populations disproportionately affected by the Problem: \$0

Amount of planned funding to local agencies or organizations: \$17,648

Type of supported local agencies or organizations:

- Other
 - Domestic and Sexual Violence Coalition, Nonprofit Organization

FTEs (Full Time Equivalents)

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0

Target Population of Program 4 / 4

Program name:

Sexual Assault Prevention

Number of people served:

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

- American Indian or Alaskan Native
- Asian
- Native Hawaiian or Other Pacific Islander
- White

Age:

- Under 1 year
- 1 - 4 years
- 5 - 14 years
- 15 - 24 years
- 25 - 34 years
- 35 - 44 years
- 45 – 54 years
- 55 - 64 years
- 65 – 74 years
- 75 – 84 years
- 85 years and older

Gender Identity:

- Male
- Female
- Transgender
- None of these

Sexual Orientation:

- Gay (lesbian or gay)
- Bisexual

- Straight, this is not gay (or lesbian or gay)

Geography:

Both

Location:

Occupation:

Educational Attainment:

- Some High School
- Some College
- Graduate Degree
- High School Diploma
- College Degree

Health Insurance Status:

- Uninsured
- Medicare
- Affordable Care Act Plan
- Medicaid
- Private Health Insurance

Primary Low Income:

No

Is the entire target population disproportionately affected by the Problem, or only part?

All

Program Objectives Description

Program Smart Objective	1 / 2
Title of Program SMART Objective	Between 10/2021 and 09/2022, the Clinical Coordinator will implement 150 hours of clinical oversight, quality assurance, technical assistance, and programmatic oversight (overseeing certification processes and maintenance of the database)
Item to be measured	Time of Clinical coordinator
Unit to be measured	Hours
Baseline Value	0
Interim Target Value	75
Final Target Value	150

Problem Description:**Key Indicator:****Baseline Value for the Key Indicator:****Intervention Summary:**

Provide clinical and programmatic oversight, quality assurance, and technical assistance to nurses and healthcare settings providing trauma-informed medical care to sexual assault patients.

During the grant period, the Clinical Coordinator will provide oversight to practitioners and health care providers offering high-quality, trauma-informed medical care to victims of sexual violence in Vermont. This includes on site or remote site visits and technical assistance, efforts to expand care in underserved areas of the state through facilitating provider collaboration and ensuring quality through tracking of evidence kits used to collect and preserve forensic evidence.

Type of Intervention:**Rationale for choosing the intervention:****Target Population same as the Program or a subset:**

Same as the Program

Activity 1 / 3

Provide ongoing quality assurance and technical assistance to Vermont Forensic Nurses statewide.

Summary:

Between 10/2021 and 09/2022, the SANE Coordinator will conduct four (4) site visits to individual hospitals or healthcare providers, including chart reviews.

Description:

Clinical Coordinator will provide direct quality assurance and technical assistance to nurses providing high-quality trauma informed medical care to sexual assault patients throughout Vermont. This activity will be conducted through on-site or virtual site visits to at least 4 hospitals or healthcare providers to assess quality indicators and engage in chart review of sexual assault exams to ensure quality standards of care.

Activity 2 / 3

Provide technical assistance to hospitals to regionalize SANE care.

Summary:

Between 10/2020 and 09/2021, the Forensic Nursing Coordinator will work with at least two (2) communities interested in regionalizing provision of medical services for sexual assault victims, in an effort to better serve rural or underserved regions.

Description:

The Forensic Nursing Coordinator will work with multiple providers in at least two communities to regionalize the provision of high-quality trauma informed medical care in underserved or rural areas. The regionalization of care allows multiple providers to share resources such as staffing and equipment to provide care to a larger or more complex catchment area of potential patients or beneficiaries. The Forensic Nursing Coordinator will engage in outreach to interested providers and pursue institutional collaborations in service of this goal.

Activity 3 / 3

Evidence Kit Tracking

Summary:

Between 10/2021 and 09/2022, the subrecipient will maintain database to support tracking evidence kits.

Description:

The subrecipient will maintain a database to track evidence all of the way from the distribution of kits to hospitals through evidence collection in clinical practice, arrival at the forensic lab to long-term storage. Tracking kits allows for increased accuracy and documentation of the chain of custody for evidence.

Program Objectives Description

Program Smart Objective	2 / 2
Title of Program SMART Objective	To increase access to specialized forensic medical care, especially in hospitals with low or no forensic nurses, certified trainers will increase the number of credentialed Forensic Nurses trained across Vermont by 10 nurses from 83 to 90.
Item to be measured	Number of nurses trained and credentialed
Unit to be measured	Nurses
Baseline Value	83
Interim Target Value	83
Final Target Value	90

Problem Description:**Key Indicator:****Baseline Value for the Key Indicator:****Intervention Summary:**

Increase access to specialized forensic medical care, especially in hospitals with low or no forensic nurses.

The Vermont Forensic Nursing Program will increase access to high-quality trauma-informed medical care for sexual assault patients through expanding the workforce of specially trained forensic nurses. The Vermont Forensic nursing program will utilize outreach, training, professional development and telemedicine to expand access in underserved regions.

Type of Intervention:**Rationale for choosing the intervention:****Target Population same as the Program or a subset:**

Same as the Program

Activity 1 / 4

Train new sexual assault nurse examiners

Summary:

Between 10/2021 and 09/2022, a minimum of ten (10) Forensic Nurses will be trained for credentialing using the International Association of Forensic Nurses Forensic Nursing Curriculum adopted for Vermont.

Description:

The Vermont Forensic Nursing Program will offer a hybrid in-person and online training course using a standardized curriculum reflecting best practices to participating nurses. Specialized trainers will deliver the curriculum. Nurses will complete the didactic course, a clinical training experience and provide documentation to apply for credentialing.

Activity 2 / 4

Ongoing professional development for forensic nurses

Summary:

Between 10/2021 and 09/2022, a minimum of one (1) Ongoing Education Training will be offered for at least 1/3 of the existing forensic nursing workforce (35). At least 75% of participants will demonstrate increased knowledge from pre- to post-tests.

Description:

The Forensic Nursing program will provide ongoing professional development in an effort to support and grow the workforce of highly trained forensic nurses. The Vermont Forensic Nursing Program will provide at least one ongoing professional education training regarding best practices standards of care, clinical skills and/or training about the legal rights and responsibilities of sexual assault nurse examiners. At least one-third of the existing workforce will participate

Activity 3 / 4

Increase access to forensic nursing services in hospitals with low or no forensic nursing coverage.

Summary:

Between 10/2020 and 09/2021, the Forensic Nursing Clinical Coordinator will conduct outreach and provide TA with at least three (3) hospitals in Vermont where forensic nursing coverage is lowest.

Description:

The Clinical Coordinator will aim to enhance access to forensic nursing in underserved areas through development of the workforce of available forensic nurses. In order to achieve this goal, the Clinical Coordinator will conduct outreach to networked professionals and work with key stakeholders within hospitals in underserved regions to recruit additional forensic nurses.

Activity 4 / 4

Expand telemedicine services.

Summary:

Between 10/2021 and 09/2022, the Forensic Nursing Clinical Coordinator will work with three hospitals and corresponding advocacy programs in Vermont to implement a telemedicine and tele-advocacy program which will increase access to clinical consultation and remote advocacy for forensic exams.

Description:

The Clinical Coordinator will work to expand the provision of telemedicine services to increase access to clinical consultation and remote advocacy services. The Clinical Coordinator will work to enhance relationships between local hospitals or providers offering high-quality trauma informed care and local advocacy organizations in order to enhance partnerships and collaborations for the provision of remote advocacy.

