



Request for Continuation Application Proposals

**Coordinated Healthy Activity, Motivation & Prevention
Programs**

(CHAMPPS)

Policy, systems and environmental change initiatives for healthy
communities

Fiscal Year 2011

Project Period October 15, 2010 to October 14, 2011

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CHAMPPS Applicant Checklist

This list is provided to assist applicants in submitting a complete and viable renewal application.

NOTE: The Vermont Department of Health reserves the right reject late or incomplete applications. Your application is incomplete and ineligible for review and funding if it is missing any of the following required elements.

REQUIRED ELEMENTS:

- Applicant Information Sheet
- Work plan
- Narrative:
 - Coalition Capacity
 - Sustainability Plan
 - Changes
- Budget
- Joint Letter of Commitment (**VDH District Director and any new partners since year one required**)
- Memorandum of Understanding between applicant and fiscal agent (**if new/changed from year one**)
- Staff Resumes (**if there have been staff changes since year one**)

Submission Requirements

- 1 original and two copies of the narrative

TIMELINE:

August 6, 2010	Release of RFP by Vermont Department of Health (VDH)
September 10, 2010	Deadline for receipt of completed application to VDH office by close of business at 4:30 p.m. or postmarked September 10
October 15, 2010	FY 2011 grant award period begins

Specifications

PURPOSE & BACKGROUND

The Appropriations Act of 2006 (Act 215) established the Coordinated Healthy Activity, Motivation and Prevention Programs (CHAMPPS) initiative to distribute competitive, substantial multi-year grants to communities beginning July 1, 2007. These grants are to be used to fund “comprehensive community health and wellness projects” that are designed to “promote healthy behavior and disease prevention across the community and across the lifespan of individual Vermonters”. Under this Act, the Department of Health intends to continue funding coalitions that are working to enhance communities’ abilities to develop and implement community action plans for policy, systems and environmental change strategies to help prevent or manage risk factors for chronic disease. The renewal grant period is October 15, 2010 through October 14, 2011.

Activities must be directed towards one or more of the following focus areas:

1. Promoting physical activity and healthy eating
2. Reducing tobacco use and exposure
3. Preventing alcohol and drug abuse
4. Improving access to quality preventive health care services

All applicants must include activities to promote health equity and methods to engage lower income populations.

AVAILABLE FUNDS

Grantees may apply for up to \$40,000. Awards will be given contingent on available state funding.

ELIGIBILITY

Eligible organizations are coalitions currently in year one of FY 2010 CHAMPPS funding and have met the grant requirements such as submitting reports on time, attending required meetings, and that continue to demonstrate the capacity and readiness to implement strategies related to the intent of the CHAMPPS program.

GRANT LIMIT AND USE OF FUNDS

The grant period is 12 months starting October 15, 2010 through October 14, 2011. Deliverables include implementation of activities in the work plan, timely submission of reports, attending required meetings and creating an updated work plan, narrative, and budget for year two (as described below). Grantees will be required to demonstrate in-kind and other funding support during year two. All awards are subject to annual state budget allocation for the CHAMPPS grant program.

Grant funds **may** be used for the following:

- Project staff salaries
- Consultant fees
- Operating expenses
- Direct project expenses

Grant funds **may not** be used for the following activities:

- Capital expenditures

- To pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Legislature, an officer or employee of Legislature, an employee of member of Legislature in connection with the awarding of a Federal or State contract, continuation, renewal, amendment, or modification of any Federal or State contract, loan or cooperative agreement
- Direct service or individual based programs

TECHNICAL ASSISTANCE

Individuals with questions regarding the CHAMPPS community grants or the grant application process should contact: Suzanne Kelley at 802-657-4202 or Suzanne.Kelley@ahs.state.vt.us

SUBMISSION AND DEADLINE

- Applications must meet all of the guidelines on the Application Checklist
- Include one unstapled single sided original and two stapled double sided copies
- Applications must be received by close of business (4:30 p.m.) on September 10, 2010 or postmarked September 10, 2010.
- Mail applications to:
Vermont Department of Health
P.O. Box 70
Burlington, VT 05402
Attn: Suzanne Kelley

Or deliver to: 101 Cherry Street (Burlington Town Center), 5th Floor

GUIDELINES

Applications That Do Not Meet **All** Of The Following Guidelines Will **Not** Be Reviewed And Will Be Returned To The Applicant:

- The Applicant Information Sheet must be submitted as the first page of the application.
- Updated workplan (not counted as part of the two page narrative described below)
- The narrative section must not exceed 2 single-spaced pages, with one-inch margins and 12-point Times New Roman font. The work plan does not count as part of these two pages.
- Supplemental attachments that are short and relevant to the narrative may be included. Information critical to the proposal should be contained in the narrative and required attachments, not in the supplemental attachments.
- Pages must be numbered and attachments clearly labeled.
- One unstapled single-sided original and two securely stapled double-sided copies of the entire proposal must be submitted.
- Applications must be received at the Department of Health by September 10, 2010. No faxed or electronic copies will be accepted.
- Applications postmarked after the deadline will not be accepted for review and will be returned to the applicant.

GRANT REVIEW AND AWARD PROCESS

The Vermont Department of Health will review all renewal proposals. VDH reserves the right to reject any application that does not comply with eligibility requirements. It also reserves the right to reject all applications after they have been reviewed, to negotiate awards after the application process and to accept applications deemed most favorable to the interest of the State of Vermont and the goals of the CHAMPPS initiative.

Applicants may receive conditional approval, in which case certain changes or clarifications must be made to their proposal before funding will be granted.

Coalitions **with a change in fiscal agent** must submit a new Memorandum of Understanding (MOU) with a not-for-profit 501(c)3.

REPORTING AND TRAINING REQUIREMENTS

A. Required training/meetings

Grantees must attend a minimum of two trainings/networking events and three conference calls arranged by VDH and as outlined in the grant agreement.

B. Technology Requirements

Grantees are required to have e-mail and internet access.

C. Reporting Timeline and Requirements

Grantees will be required to submit an initial revised work plan if requested by the State, and narrative and financial reports at the end of each quarter.

Reporting Period	Estimated Due Date & Report Type
10/15/10 – 11/15/10	Due: 11/15/10 Workplan revisions, if needed
10/15/10 - 1/15/11	Due: 2/15/11 Quarter 1 Report (narrative, financial)
1/16/11 – 4/15/11	Due: 5/15/11 Quarter 2 Report narrative, financial)
4/16/11 - 7/15/11	Due: 8/15/11 Quarter 3 Report (narrative, financial);
7/16/11 – 10/15/11	Due: 11/15/11 Quarter 4 Report (end of year progress, financial)

D. Grant Payments

With each report described above and detailed financial report of expenditures for each quarter, grantees will be able to invoice the state for payment. The invoice will need to match the amount of expenditures and payment from the State will be equal to the expenditures for that timeframe, not to exceed a certain percent of the total award (this amount is yet to be determined and will be based on final award amounts).

Renewal Application Requirements

A. APPLICANT INFORMATION SHEET (ATTACHMENT 1)

Complete Attachment 1 and use as cover page for your renewal application.

B. WORKPLAN FOR FY 2011 (TEMPLATE, ATTACHMENT 2)

This funding opportunity is for continuing with the development and/or implementation of a community plan to prevent or manage risk factors for chronic disease through policy, systems and environmental change strategies addressing one or more of the following activities:

- Promoting physical activity and healthy eating
- Reducing tobacco use and exposure
- Preventing alcohol and drug abuse
- Improving access to quality preventive health care services

1. The work plan can be an updated year one document. Updated plans must clearly indicate which objectives and activities are:

A. *Continuing* from year one, and include:

- Which evidence based strategy each objective is related to (see Focus Area guidance on pp 23-29), and
- Who is responsible, projected completion date, evaluation (see 2-5 below).

B. *New*, and clearly indicate:

- Which evidence based strategy each objective is related to (see Focus Area guidance pp 23-29).
- Why the objective was selected, including: any assessment that was done or will be done, partners contacted or to be contacted, planning conducted or to be conducted.
- Who is responsible, projected completion date, and evaluation (see 2-5 below).

It is acceptable to include new objectives, in alignment with the Focus Area guidance on pages 23-29 such as “increase access to healthy food choices by providing incentives to retailers to offer healthier food and beverages” and use “implement the Healthy Retailers project” as your activity. You must include a description of the assessment, capacity building, and planning that has been, or will be, conducted related to that objective (Prevention Framework, Appendix C) to ensure it’s successful implementation and sustainability in the community.

2. Using the work plan template format in Attachment 2, describe the SMART objectives (Appendix B), major activities, and timetable you have set to implement your plan. The objectives and activities must address the overall goal of developing and/or implementing policy, systems and environmental change strategies to help prevent or manage risk factors for chronic disease and must follow the program specific Focus Area guidance in the appendices, pages 23-29.

Please note: *the nutrition and physical activity Focus Area has been updated significantly. Make sure you review before updating your work plan. Only objectives and activities directly related to the strategies listed will be approved for that focus area.*

3. The objectives must include specific activities, the individual responsible for each activity, the target audience in regards to population and geographic area reached the timeline for the activity, and measures for success. Objectives must be measurable and assure that the work can be completed in this funding year or have a clear plan for sustainability.

4. Partnerships—work plans should clearly demonstrate community partnerships and delegation of responsibilities among the people and organizations involved.

5. Evaluation: describe the evaluation methods including process, outcome and impact measures. Identify who will be doing the evaluation and what data will be gathered.

C. NARRATIVE REPORT (NOT TO EXCEED TWO PAGES, TIMES NEW ROMAN, 12 POINT FONT)

1. Coalition Capacity

Provide a concise description of how you will be working in FY 2011 to maintain and strengthen your coalition as well as describe methods you will be using to promote health equity in your community.

2. Sustainability

Provide a concise description of how you plan to maintain the interventions, strategies and activities planned for FY11 after this funding cycle ends.

3. Updates/Changes

If your *catchment area* has changed since FY 2010, provide an explanation as to why it has changed and a description of the new area to be served by the proposed activities—name, geographic boundaries, and relevant demographic information. Geographic areas must be smaller than the entire state of Vermont.

Management and Staffing: If new or a change, provide a list of the staff and job descriptions for the positions funded under this application. Please identify who will supervise staff and how evaluations will be completed for each employee. Include resumes for new staff as an attachment.

D. BUDGET AND BUDGET NARRATIVE, ATTACHMENT 3

Use the format in Attachment 3 for the budget and budget narrative and provide a justification for each budget item.

E. JOINT LETTER OF COMMITMENT FOR NEW PARTNERS, ATTCHMENT 4

The joint letter of commitment is a single letter signed by all involved parties, which outlines the roles and responsibilities of each member or organization involved in the community coalition who is actively participating in grant activities.

NEW organizations or individuals who are included in the work plan as a responsible party should agree to and sign the Joint Letter of Commitment.

You must have the Vermont Department of Health District Director sign this letter for year two.

F. MEMORANDUM OF UNDERSTANDING (MOU) IF NEW, ATTACHEMNT 5

An MOU between applicant and fiscal agent is required if you will be using another entity as your fiscal agent. The MOU must define the roles and responsibilities of each party regarding grant management. At a minimum, it should identify the process by which funds can be accessed, who can access them, who makes final decisions on how funds are spent, what role the fiscal agent plays with respect to hiring and supervision of staff, reporting.

Attachment 2 Work Plan Template Guidance for Community Prevention Work Plans

Integrated Approach to Prevention

Diverse coalitions and community groups have goals and objectives that contribute to overall chronic disease prevention at the primary and secondary level. CHAMPPS provides an opportunity to bring together these goals and objectives in a manner that will facilitate collaboration and coordination.

About Goals, Objectives, and Activities

Goals: Goals are a broad sweeping statement of what you would like to accomplish. They can comprise lofty ideas or the best case scenario.

Objectives: Objectives are the means by which you will reach your goal or goals. Unlike goals that can be lofty ideas, objectives should be down to earth and achievable. They set benchmarks to measure success. An objective uses verbs and includes specific conditions (how well or how many) that describe to what degree the program has met the desired outcome. An acronym that is commonly used is SMART: specific, measurable, achievable, realistic, and time sensitive.

Activities: Activities are the things you do to reach your objectives. Questions to be asked when planning activities are: What can we do to reach objective “A”? Who can do it? When can it be done? How will we know if the activity worked? As we carry out the activity, what do we have to record or keep track of so we can report our results? It is possible that certain activities might help reach more than one objective; it is also likely that for any one objective, there might be several activities needed to reach it.

Capacity: Your goals and objectives should be achievable given the personnel and time available in your office. Make sure to limit your plan to activities within your community’s resources.

Evaluation

Process Measure: Measure activities to be accomplished that have an effect toward reaching the eventual intended outcome. For example, coalition members attending a town meeting to discuss improving a local trail (a process step toward the eventual outcome of getting the trail created), or meetings with school personnel to work on implementing a school wellness policy to remove school vending machines (removing the machines and students making healthier food choices is the outcome, the meetings to figure out how is the process that leads to the outcome).

Outcome Measure: Measure activities to be implemented that demonstrate progress toward an intended target. Examples include: a Healthy Foods in the Workplace Policy is adopted and people report eating more fruits and vegetables; a school playground is open to the community and more parents report being active with their children.

Please see the format on the next page, which has been simplified to two goals and two objectives under each goal. Your plan may have one or more goals and any number of objectives under each goal. You also may have any number of activities under each objective.

Community Prevention Work Plan

Goal 1:

G1 Objective 1:

G1 O1 Narrative Description: *[Describe the evidence based strategy this relates to and include a brief description of the initiative and evaluation strategy highlighting the content area: physical activity, nutrition, tobacco use, substance abuse, and or access to preventive health care; and the primary place of impact/delivery: community, workplace, school, health care and/or faith community. Describe the partnership and the primary audience(s) involved.]*

Activity	Responsible Party(ies)	Start/End Dates

Evaluation	Responsible Party(ies)	Start/End Dates
[Evaluation activity]		
[Summary of evaluation approach]		

G1 Objective 2:

G1 O2 Narrative Description: *[Describe the evidence based strategy this relates to and include a brief description of the initiative and evaluation strategy highlighting the content area: physical activity, nutrition, tobacco use, substance abuse, and or access to preventive health care; and the primary place of impact/delivery: community, workplace, school, health care and/or faith community. Describe the partnership and the primary audience(s) involved.]*

Activity	Responsible Party(ies)	Start/End Dates

Evaluation	Responsible Party(ies)	Start/End Dates
[Evaluation activity]		
[Summary of evaluation approach]		

Goal 2:

G2 Objective 1:

G1 O1 Narrative Description: *[Describe the evidence based strategy this relates to and include a brief description of the initiative and evaluation strategy highlighting the content area: physical activity, nutrition, tobacco use, substance abuse, and or access to preventive health care; and the primary place of impact/delivery: community, workplace, school, health care and/or faith community. Describe the partnership and the primary audience(s) involved.]*

Activity	Responsible Party(ies)	Date

Evaluation	Responsible Party(ies)	Date
[Evaluation activity]		
[Summary of evaluation approach]		

G2 Objective 2:

G1 O2 Narrative Description: *[Describe the evidence based strategy this relates to and include a brief description of the initiative and evaluation strategy highlighting the content area: physical activity, nutrition, tobacco use, substance abuse, and or access to preventive health care; and the primary place of impact/delivery: community, workplace, school, health care and/or faith community. Describe the partnership and the primary audience(s) involved.]*

Activity	Responsible Party(ies)	Date

Evaluation	Responsible Party(ies)	Date
[Evaluation activity]		
[Summary of evaluation approach]		

**Attachment 3
CHAMPPS Budget Form
Fiscal Year 2011**

Applicant Name:					
	FTEs	CHAMPPS Funding	Other Funding	In Kind	TOTAL
PERSONNEL					
Program Staff (list position titles)					
Total Payroll					
Benefits					
Consultants					
Other					
Total Personnel					
OPERATING					
Advertising/Marketing					
Professional Liability Insurance					
Telephone					
Travel					
Postage					
Materials					
Training Education					
Building					
Insurance					
Rent/Mortgage Payments					
Repair & Maintenance					
Utilities					
Total Operating					
INDIRECT/ADMINISTRATIVE					
Supplies					
Postage					
Printing/Duplicating					
Telephone					
Equipment					
Total Indirect/Administrative					
GRAND TOTAL					

Budget Narrative Format

For each line item in the budget form provide a brief narrative description of how it will be used to support the proposed project.

PERSONNEL	(insert total amount)
<p>A. Program Staff (for each person provide a brief description of the scope of work to be accomplished and the percent of full-time equivalent dedicated to the project).</p> <p style="margin-left: 20px;">1. Title Description</p> <p style="margin-left: 20px;">2. Title Description</p> <p>B. Benefits Brief description of the benefits offered by your organization</p> <p>C. Consultants Itemize consultants by project, provide a description of the scope of work of the consultant and the number of hours required.</p> <p>D. Other</p>	

OPERATING	(insert total amount)
<p>A. Advertising/Marketing Itemize advertising and marketing expense, providing a brief description of the advertising or marketing strategy.</p> <p>Professional Liability Insurance</p> <p>B. Telephone</p> <p>C. Travel Itemize travel expenses by project. Mileage reimbursement should be calculated at the current state rate.</p> <p>D. Postage Itemize projects requiring postage and describe the project.</p> <p>E. Materials Itemize materials, providing a brief description of the how the materials will be used to accomplish the goals of the project.</p> <p>F. Training Education Provide a description of training needs and expenses.</p>	

Building	(insert total amount)
<p>G. Insurance</p>	

H. Rent/Mortgage Payments

I. Repair & Maintenance

J. Utilities

INDIRECT/ADMINISTRATIVE	(insert total amount)
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K. Supplies

L. Postage

M. Printing/Duplicating

N. Telephone

O. Equipment

In kind (non federal, not matched elsewhere)	(insert total amount)
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Attachment 4 Joint Letter of Commitment

Partner Organization: _____
Contact Person: _____
Title: _____
Mailing Address: _____
Town: _____ State: _____ Zipcode: _____
Telephone: _____ Fax #: _____ Email: _____

Brief description of the work and support provided by the organization for the proposed project.

Partner Organization: _____
Contact Person: _____
Title: _____
Mailing Address: _____
Town: _____ State: _____ Zipcode: _____
Telephone: _____ Fax #: _____ Email: _____

Brief description of the work and support provided by the organization for the proposed project.

Partner Organization: _____
Contact Person: _____
Title: _____
Mailing Address: _____
Town: _____ State: _____ Zipcode: _____
Telephone: _____ Fax #: _____ Email: _____

Brief description of the work and support provided by the organization for the proposed project.

Statement of Commitment

Signatures

,

,

, VDH District Director

I agree to the applicability of the activities outlined in the work plan for the community and target audience, and inclusion of the relevant community partners.

Appendix A: Tips on Writing Objectives

Additional Work plan Guidelines

Goal(s) are the outcomes you desire because of your activities. Projected outcomes of your activities form the basis of objectives. The operant verb in your objectives should indicate *measure* (e.g., increase, decrease, etc.) rather than activity (e.g., to offer, develop, etc.). The objectives articulate the outcome of the project that will move the community toward realizing the stated goal.

Objectives must be SMART:

- **Specific** - Identify a specific target population to be addressed; state the behavior, attitude, condition, or knowledge to be changed.
- **Measurable** - Use "increase", "decrease", or other measurable language; identify specific data sources to be used to measure change.
- **Achievable** – The objective must be attainable.
- **Realistic** – The level of change reflected in the objective is possible given your resources
- **Time Limited** - include an end date by when change will occur.

Activities should describe:

- how you plan to reach your goal(s) and objectives
- the timeline for completion
- who will be responsible for implementing the strategies/programs

Appendix B: Potential Organizations/Entities for Collaboration

Vermont Department of Health District Office Directors—the local Department of Health District Director can assist with data and information from other planning initiatives that may assist you with your application. Collaboration with your local VDH office is required and must be described in your proposal narrative.

Health-related organizations: Lung Association, American Cancer Society, American Heart Association, Blue Cross/Blue Shield.

Health Care – health care providers, hospital wellness departments, clinics for the uninsured, Blueprint-participating hospitals, and health care teams.

Social/Human Services organizations (public and private)
Community Action Agencies, Department of Children and Families, Economic Services, Office of Vermont Health Access (Medicaid), Department of Employment and Training, United Way, Vermont 211, Area Agencies on Aging.

Mental Health - local mental health agencies and providers.

Community Collaboratives and Coalitions - tobacco, alcohol and drug, maternal and child health, nutrition and/or physical activity, food security, other coalitions and community-wide groups.

Colleges/Universities - faculty, staff, students.

Media – newspapers, community papers, radio, TV.

Law Enforcement - local & state police, school resource officers.

Faith Community - formal or informal religious or spiritual leaders.

Business - area businesses/corporations, Workforce Investment Boards.

Volunteer Groups – parent groups, civic groups, grassroots groups, service organizations, advocacy groups, Girl Scouts, Boy Scouts, individual volunteers.

Recreation - local park and recreation departments, teen centers, Boys & Girls Clubs, fitness centers, sports leagues outdoor groups, senior centers.

Food system – Agriculture, grocers, food co-ops, restaurants, trade organizations.

School - school nurse, principal, health teacher, school board member, Student Assistance Program Counselor, Safe & Drug Free School Coordinator.

Municipal leaders – town clerks, town planners, select board members, transportation/public works, town recreation boards or departments.

Government – federal, state and local elected officials, Offices of Local Health, Dept. of Forest Parks and Recreation, Transportation.

Appendix C: Prevention Framework & Prevention Model

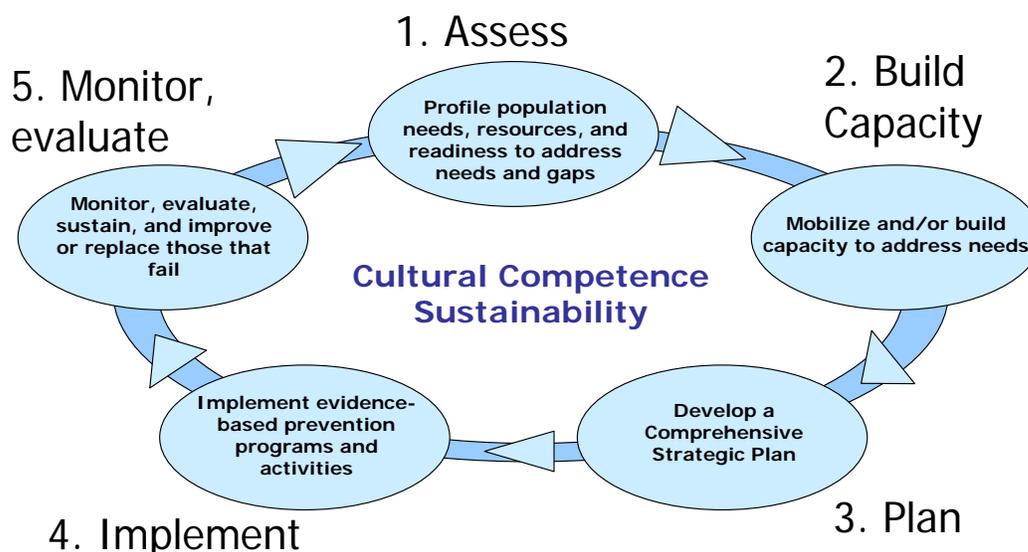
Overview

Developing and implementing effective community based programs requires the use of the following:

- The Strategic Prevention Framework
- Vermont's Prevention Model, and
- Evidence based and/or practice based strategies

The Strategic Prevention Framework offers a step by step process for assessing, developing, implementing and evaluating community based prevention programs. This is an evidence-based process for community development.

Prevention Framework



Step 1: Community Assessment: An assessment must be completed prior to starting programs or activities. A comprehensive community assessment includes gathering qualitative and quantitative data to identify priorities, assets and gaps, developing a greater understanding of the target audience and identifying priorities for prevention.

Step 2: Capacity building: Programs need to engage a wide variety of partners and include them in all stages of planning and implementation to ensure success.

Step 3: Planning: Based on the community assessment findings, communities will work with partners to: prioritize findings, write goals and measurable objectives for written community action plans that addresses one or more of the focus areas and address the upper levels of the prevention model.

Communities who apply for step 4 implementation activities must demonstrate successful completion of the steps 1-3.

Step 4: Implementation: Implement prevention programs using and building on best practice and evidence based guidelines as recommended by the Vermont Department of Health chronic disease prevention programs

Applicants must demonstrate completion of a community plan to apply for funds to implement policy, systems and environmental change strategies for chronic disease prevention activities. Successful plans should include:

Partnerships: Outline the partnerships that exist including a diverse representation of community partners such as organization leaders, public and private sector representatives, members of the community, and representatives of the target population. Indicate how partners will be engaged in planning and implementing of activities.

Focus Area Actions: Implementation of policy, system and environmental change strategies to address one or more of the focus areas. Strategies outlined in the action plan must be tied to the community assessment findings.

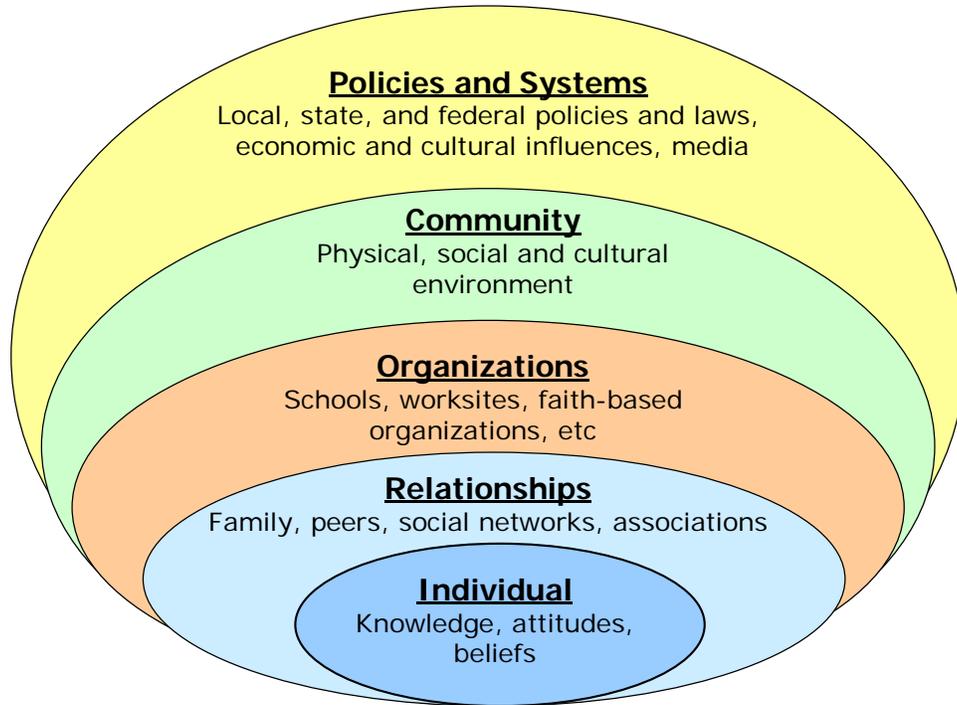
Integration: Strategies are integrated into existing programs that focus on chronic disease, prevention, education and service delivery. Include methods to identify model program and best practices and integrate efforts. Experienced partnerships will be asked to mentor other communities as they develop plans.

Sustainability: How will the community continue CHAMPPS efforts in future years?

Step 5: Evaluation: Conduct an evaluation of the assessment, capacity building planning process. Implementation plans should include evaluation measures.

Vermont's Prevention model describes the multiple levels for potential intervention. Comprehensive prevention programs, to be most effective for the long term, and to reach the largest number of people, should address multiple levels of the model. Proposals for CHAMPPS funding must address one or more of the policy, systems and community environment levels.

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.

Development of a successful community plan for policy, systems and environmental change strategies requires completion of the step by step process outlined in the prevention framework.

Successful applications must outline activities planned or already undertaken to address each step in the process.

Implementation activities must be directed towards policy, systems and environmental changes to address one or more of the focus areas.

In addition,

- Communities must include methods to enhance health equity and include methods to engage lower income populations in interventions and planning,
- Sustainability and cultural competency must be considered throughout the entire community process.

Appendix D Health Equity Resources

Health equity is achieved when everyone has the opportunity to attain full health potential, regardless of their social position or other socially determined circumstances.

The Health Disparities of Vermonters, 2010, Vermont Department of Health
<http://healthvermont.gov/research/healthdisparities.aspx>

CDC guide “Promoting Health Equity A Resource to Help Communities Address Social Determinants of Health.” <http://www.cdc.gov/nccdphp/dach/chaps/>

Searchable database of health equity and community health resources
http://apps.nccd.cdc.gov/dach_chaps/Default/index.aspx

National Association of City and County Health Officials NACCHO
Health Equity and Social Justice
<http://www.naccho.org/topics/justice/>

Focus Area 1: Promoting physical activity and healthy eating

Community obesity prevention projects are required to develop programs following the Fit and Healthy Vermonter Guidelines.

The steps for developing community programs, based on the Strategic Prevention Framework, are described in Appendix C above. For a tool to accomplish each step, see the Community Health Assessment and Group Evaluation (CHANGE) Tool and Action Guide <http://www.cdc.gov/healthycommunitiesprogram/tools/change.htm>

Programs Must

- Be in a planning phase (capacity building, assessment, planning) or be based on the results of a comprehensive assessment of the environmental, policy and systems assets/deficits available to the target population and community, see the Community Health Assessment and Group Evaluation (CHANGE) Tool and Action Guide <http://www.cdc.gov/healthycommunitiesprogram/tools/change.htm>) and a planning process based on the assessment results.
- Have clearly stated goals and objectives that are linked to the Fit and Healthy Vermonter state plan for obesity prevention.
- Use either:
 1. The CDC's Recommended Community Strategies to Prevent Obesity in the United States, July 2009, listed on page 24 below, or:
http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf
 2. OR the MAPPS strategies, listed on page 26 below or:
http://www.cdc.gov/chronicdisease/recovery/PDF/MAPPS_Intervention_Table.pdf

In addition, programs must:

- Be designed to reach the priority target audience of parents and families with young children.
- Clearly define intervention and evaluation methods and strategies.
- Be designed to be sustainable, with plans for funding, committed partners willing to continue activities, or methods to integrate activities into the community.

VDH has, or is developing, tools and resources on environmental and policy strategies, list below. Grantees are highly encouraged to use these and not develop new ones without VDH approval:

- Schools: Vermont Nutrition and Fitness Policy Guidelines and Healthy Schools Resource http://www.healthvermont.org/local/school/healthy_schools.aspx#resource
- Worksites: Vermont Worksite Wellness Resource <http://healthvermont.gov/family/fit/worksitewellness.aspx#tool>
- Healthcare Providers: Promoting Healthy Weight in Adult Primary Care; Promoting Healthier Weight in Pediatrics http://healthvermont.gov/family/fit/documents/healthier-weight_pediatric-toolkit.pdf
- Breastfeeding: Breastfeeding Friendly Workplace <http://healthvermont.gov/wic/food-feeding/breastfeeding/friendly-employer-project.aspx>
- Retailers (Healthy Retailers Resource – in development)
- Community development/"built environment" (Vermont Healthy Community Design Resource - in development)
- Media messaging (Eat for Health, Get Moving Vermont, and Move More, Eat More Colors and Turn it Off!) www.getmoving.vermont.gov; www.eatforhealth.gov

CDC's Recommended Strategies for Obesity Prevention

Grantees **MUST** demonstrate having the appropriate partners committed to working on the strategies selected, i.e. if a school based strategy is selected, a school administrator must be on the team, if a worksite venue is chosen, leadership from that workspace must be committed, if a built environment strategy is chosen, town officials must be committed.

Category 1: Strategies to Promote The Availability of Affordable Healthy Food and Beverages

1. Increase availability of healthier food and beverage choices in public service venues.
2. Improve availability of affordable healthier food and beverage choices in public service venues.
3. Improve geographic availability of supermarkets in underserved areas.
4. Provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas. *
5. Improve availability of mechanisms for purchasing foods from farms.
6. Provide incentives for the production, distribution, and procurement of foods from local farms.

Category 2: Strategies to Support Healthy Food and Beverage Choices

7. Restrict availability of less healthy foods and beverages in public service venues.
8. Institute smaller portion size options in public service venues.
9. Limit advertisements of less healthy foods and beverages.
10. Discourage consumption of sugar-sweetened beverages.

Category 3: Strategy to Encourage Breastfeeding

11. Increase support for breastfeeding.

Category 4: Strategies to Encourage Physical Activity or Limit Sedentary Activity Among Children and Youth

12. Require physical education in schools.
13. Increase the amount of physical activity in physical education programs in schools.
14. Increase opportunities for extracurricular physical activity.
15. Reduce screen time in public service venues.

Category 5: Strategies to Create Safe Communities that Support Physical Activity**

16. Improve access to outdoor recreational facilities.
17. Enhance infrastructure supporting bicycling.
18. Enhance infrastructure supporting walking.
19. Support locating schools within easy walking distance of residential areas.
20. Improve access to public transportation.
21. Zone for mixed-use development.

22. Enhance personal safety in areas where persons are or could be physically active.
23. Enhance traffic safety in areas where persons are or could be physically active.
24. Participate in community coalitions or partnerships to address obesity.

* If this strategy is chosen, you must use VDH Healthy Retailers materials under development.

** If these strategies are chosen, you must use the Vermont Healthy Community Design Resource under development.

MAPPS Strategies

Five evidence-based MAPPS strategies, when combined, can have a profound influence on improving health behaviors by changing community environments: Media, Access, Point of decision information, Price, and Social support/services. These actions will change policy and environment in schools and communities, including in worksites and businesses, health care settings, faith-based communities, and other places where people live, work and play.

	Nutrition	Physical Activity
Media	<ul style="list-style-type: none"> Media and advertising restrictions Reduce TV time, restrict advertising in schools and public places Promote healthy food/drink choices Marketing healthy options Counter-advertising for unhealthy choices (TV ads junk food vs. healthy) 	<ul style="list-style-type: none"> Promote increased physical activity e.g. social marketing messages Promote active transportation (bicycling and walking for commuting and leisure activities) Counter-advertising for screen time (e.g. media smart youth, TV turn off week)
Access	<ul style="list-style-type: none"> Healthy food/drink availability (e.g., incentives to food retailers to locate/offer healthier choices in underserved areas, healthier choices in child care, schools, worksites) Limit unhealthy food/drink availability (whole milk, sugar sweetened beverages, high-fat snacks) school wellness policies, meeting and worksite policies Farm to institution, including schools, worksites, hospitals, and other community institutions Hospitals, worksites, schools and state government 	<ul style="list-style-type: none"> Safe, attractive accessible places for activity (i.e., access to outdoor recreation facilities, enhance bicycling and walking infrastructure, place schools within residential areas, increase access to and coverage area of public transportation, mixed use development, reduce community design that lends to increased injuries) City planning, zoning and transportation (e.g., planning to include provision of sidewalks, parks, mixed use, parks with crime prevention measures, and Health Impact Assessments) Restrict screen time (afterschool, daycare)
Point of Purchase/ Promotion	<ul style="list-style-type: none"> Signs for healthy/less healthy items (e.g. store promotional material) Product placement & attractiveness (increase visibility and shelf placement for fruits and vegetables in stores, healthier options in workplaces) Menu labeling 	<ul style="list-style-type: none"> Signage for neighborhood destinations in walkable/mixed-use areas (library, park, shops, etc); promoting trails Signage for public transportation, bike lanes/boulevards
Price	<ul style="list-style-type: none"> Changing relative prices of healthy vs. unhealthy items (e.g. through bulk purchase/procurement/ competitive pricing) coupons, discounts and vouchers for healthier options. 	<ul style="list-style-type: none"> Reduced price for park/facility use Incentives for active transit (e.g. worksite tax benefits for biking)
Social Support & Services	<ul style="list-style-type: none"> Support breastfeeding through policy change and maternity care practices Baby friendly hospitals 	<ul style="list-style-type: none"> Safe routes to school Workplace, faith, park, neighborhood activity groups (e.g., walking hiking, biking)

Focus Areas 2: Reducing tobacco use and exposure

Introduction:

The goals of the Vermont Tobacco Control Program are to:

1. Reduce the prevalence of smoking among Vermont adults from a rate of 22% in 2000 to a rate of 11% in 2010 by linking people who want to quit with the resources to do so.
2. Reduce the prevalence of smoking among Vermont youth from a rate of 31% in 1999 (not measured in 2000) to a rate of 15% in 2010
3. Reduce the exposure of all Vermonters to secondhand smoke

To mirror these goals, the Department of Health organizes three statewide “common theme” campaigns throughout the year, with a campaign focusing on each of the three tobacco control goals.

The strategies for reaching these goals are based on *Best Practices for Comprehensive Tobacco Control Programs* developed by the Centers for Disease Control and Prevention (CDC).

Tobacco Control Funding Specifications:

Applicants must carry out activities that address one or more of the following Tobacco Control Program community objectives:

1. During FY 2011, the organization will develop and implement a workplan that aims to create policy/environmental change in their community around restricting/reducing local retail point of purchase tobacco advertising.
2. During FY 2011 the organization will develop and implement a workplan that aims to create policy/environmental change in their community around reducing exposure to secondhand smoke.
3. During November and December 2010, the organization will carry out sustained local adult cessation common theme campaign activities for three or more consecutive weeks.*
4. During February and March 2011, the organization will carry out sustained local youth prevention common theme campaign activities for three or more consecutive weeks.*

**Community events/activities will be held in conjunction with mass media (TV, newspapers and/or radio). Grantees are expected to design and conduct local events/activities that reinforce the message or “common theme” being delivered throughout the statewide program.*

Grant funds may not be used for the following activities:

- Media creation (TV/radio) or purchasing of TV/radio spots
- Delivering cessation services, although grantees may conduct activities to promote the utilization of the Vermont Quit Network cessation services
- Community-based drug and alcohol prevention efforts
- School-based curriculum or policies or Student Assistance Programs (SAPs)

Focus Areas 3: Preventing alcohol and drug abuse

Based on a comprehensive review of Vermont's substance-related problems, the following priorities were identified for Vermont's Strategic Prevention Framework:

1. Reduce underage drinking
2. Reduce high-risk drinking among persons under the age of 25
3. Reduce marijuana use among persons under the age of 25

Applicants selecting focus area 2, preventing alcohol and drug abuse, must address at least one of the above priorities on their plan. Grantees will select an environmental strategy which decrease risk factors and increase protective factors most associated with the priority, based on the grantee's community assessment.

Risk and Protective Factors

Risk Factor—Conditions for a group, individual, or defined geographic area that increase the likelihood of a substance use/abuse problem occurring (*Achieving Outcomes*, 12/01). These have been shown to have the highest correlation to substance abuse:

- Alcohol and other drugs are readily available
- Community laws and norms are favorable toward drug use
- Family member has a history of alcohol and other drug abuse
- Parents use drugs, involve youth in their use, or tolerate use by youth
- Family member has a history of alcohol and other drug abuse
- Parents use drugs, involve youth in their use, or tolerate use by youth
- Young person thinks most friends use
- Young person thinks alcohol and other drug use is "cool"
- Person begins using at a young age

Protective Factors—Conditions that build resilience to substance abuse and can serve to buffer the negative effects of risks and are also referred to as assets (*Achieving Outcomes*, 12/01) are:

- Strong bonds exist between youth and adults
- Youth gain the skills necessary for becoming a mature adult
- There are opportunities for youth to have meaningful involvement in the community
- Such involvement is recognized
- Healthy beliefs and clear standards are communicated and modeled

What is an Environmental Strategy?

Environmental strategies focus on changing aspects of the environment that contribute to the use of alcohol and other drugs. Specifically, environmental strategies aim to decrease social and health consequences of substance abuse by limiting access to substances and changing social norms that are accepting and permissive of substance abuse. They can change public laws, policies and practices to create environments that decrease the probability of substance abuse. Environmental strategies involve longer term, potentially permanent changes that have a broad reach (e.g. policies and laws that affect all members of society). As a public health model, environmental strategies impact large numbers of people, affecting population level outcomes.

Additional Requirement CHAMPPS grantees selected to address focus area 2 will be expected to work cooperatively with other alcohol and drug prevention grantees in their region. This may include participation in joint training or technical assistance activities.

Focus Areas 4: Improving access to quality preventive health care services

Health equity is achieved when all have the opportunity to attain their full health potential, regardless of their social position or other socially determined circumstances. Populations with disproportionate burden of chronic diseases/conditions tend to experience disparities in access to and use of preventive and health care services. Populations of special focus might include:

1. Racial and ethnic minorities,
2. Low-income persons,
3. The medically underserved,
4. Persons with disabilities,
5. Others with special needs.

Access to quality prevention and health care services may be impacted by factors including: health insurance status, establishment of primary care providers or medical homes, financial resources, availability of health care providers and services, cultural competency of health care system and providers, and barriers to obtaining care such as transportation, time of available appointments or services, and duration of appointments or services.

Under access to quality preventive services CHAMPPS strives to develop comprehensive organizational, community, and policy and systems level changes that improve access to prevention and preventive health care services.

Successful grantees must:

- Demonstrate innovation and/or be based on best practices where available (identify the source of best practice information such as “Promoting Health Equity: A Resource to Health Communities Address Social Determinants of Health”).
- Derive from data and community assessment. It will be imperative that each community demonstrate how the intervention plan was developed utilizing the data from the VDH district office community profile, community assessments, and health statistics. Identify additional knowledge gaps and continue to gather data to fill them.
- Partner with the Vermont Department of Health District Office, Blueprint hospital and local health care system.
- Outline strategies that integrate community based prevention efforts with the clinical practice.
- Involve community and clinical partners; identifying a health care provider champion.
- Include a clear plan and methods for evaluation.
- Interventions must utilize a comprehensive system approach; no stand alone individual classes, services or one time interventions.
- Enhance health equity and engage lower income populations.
- Assures the accessibility of existing prevention, self-management, and primary care resources. Special efforts should be taken to ensure focus on populations with disproportionate burden of chronic diseases/conditions including members of ethnic and racial minorities.
- Assures quality of prevention or health care services.