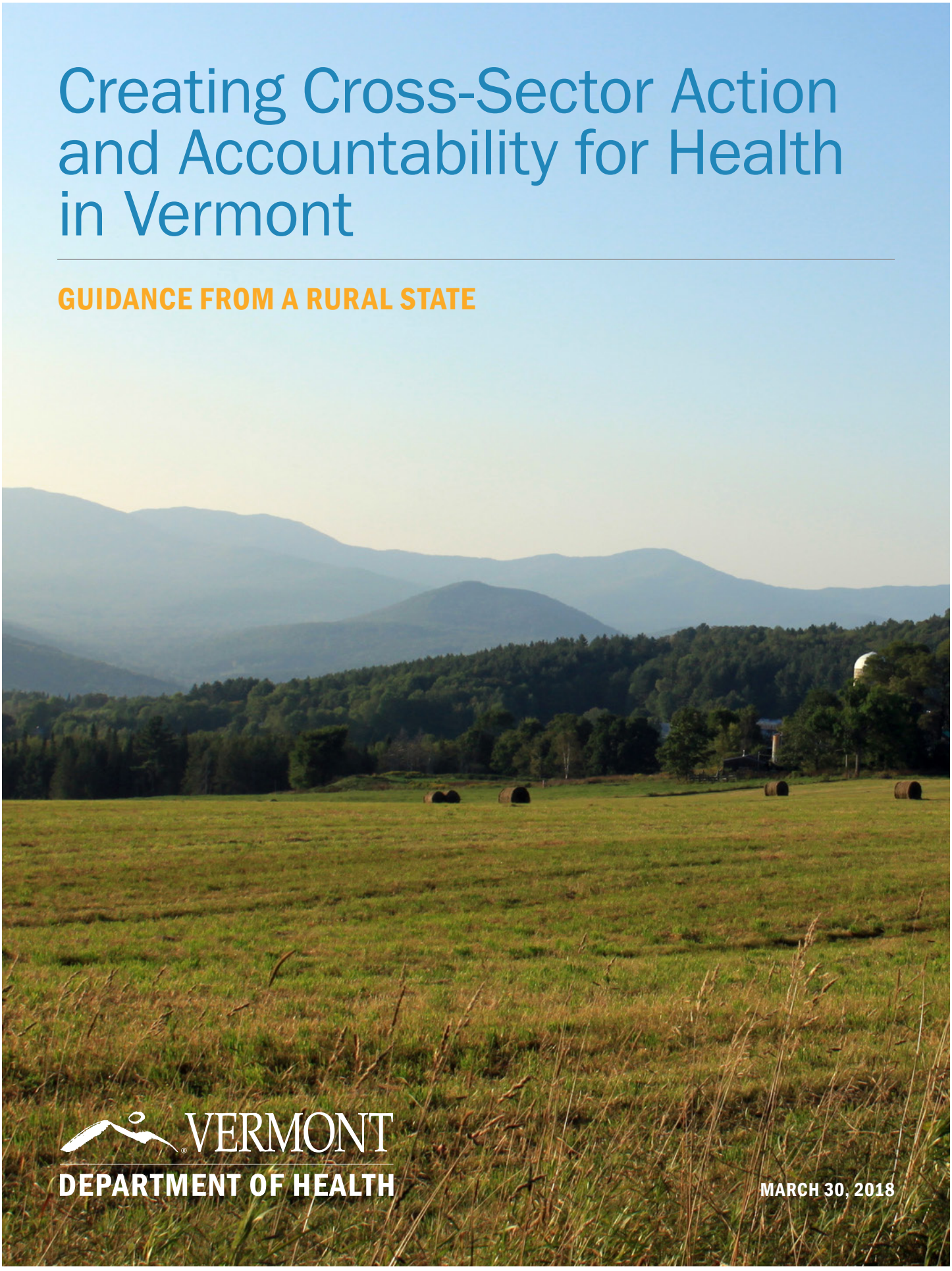
Creating Cross-Sector Action and Accountability for Health in Vermont

GUIDANCE FROM A RURAL STATE



VERMONT
DEPARTMENT OF HEALTH

MARCH 30, 2018

Vermont has long been committed to a vision of healthy and vital communities where the quality of life is enhanced by strong relationships with one another and our natural environment.

I am pleased to present you with this guide, created under the Building a Culture of Health in Vermont grant funded by the Robert Wood Johnson Foundation. This guide reflects the synergistic strategies that Vermont has adopted towards building a Culture of Health. The strategies emphasize widening the lens on health care reform to use a health in all policies approach to budgeting, program planning, and policy creation within the health care sector and beyond. These efforts are further strengthened by the work of the Vermont Health in All Policies Task Force, a cabinet-level group appointed by the Governor that has now overlapped and informed two administrations. This work within and across diverse agencies in State Government provides examples that can serve to enlighten and inspire future partnerships and collaborations fostering the culture change we are committed to.

It is our hope that the Vermont story offers other strategies and lessons that will help improve health and increase equity through collaborative decisions by partners within the health care sector and across multiple state agencies.

Regards,

MARK LEVINE, MD
Commissioner of Health

Purpose and Audience

This guide is intended to be a resource for individuals in state government interested in working toward health in all policies and creating a cultural health movement; especially those working with rural communities. It provides information on the Vermont Health in All Policies Task Force and an innovative model to quantify total health expenditures by non-health sector agencies and departments.

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> "Saving our planet, lifting people out of poverty, advancing economic growth... these are one and the same fight. We must connect the dots between climate change, water scarcity, energy shortages, global health, food security and women's empowerment. Solutions to one problem must be solutions for all."
>
> **BAN KI-MOON**

ACKNOWLEDGEMENTS:

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Support for the Total Health Expenditure Analysis as part of Building a Culture of Health in Vermont was provided by the Robert Wood Johnson Foundation. The views expressed here do not necessarily reflect the views of the Foundation.

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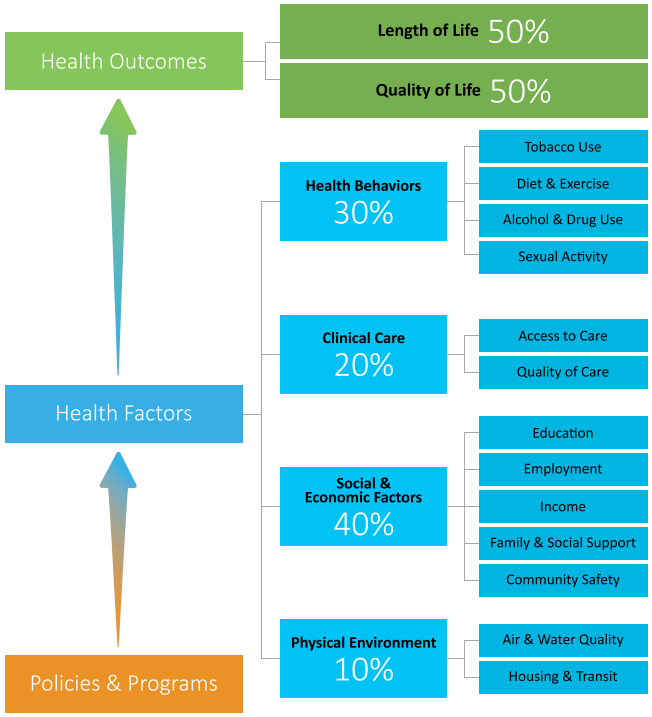
INTRODUCTION

Our health is determined, not only by genetics and health care, but by a complex set of social, economic and environmental factors. Income, education and occupation, housing and the built environment, access to care, race, ethnicity and cultural identity, stress, disability and depression are "social determinants" that affect one's health and the health of a population[1]. These determinants are outside the scope of the traditional health care system and are influenced by other sectors such as transportation, agriculture and education.

Vermont state government is committed to improving the health of all Vermonters and is working across state government in health and non-health sectors toward a common goal: to improve population health, well-being and equity[2]. Achieving health for all communities and people requires collaboration and integration of these other sectors with health; sometimes called "a health in all policies" approach.

With a grant from The Robert Wood Johnson Foundation for the Building a Culture of Health in Vermont project[3], Vermont made great strides towards health in all policies, and building a culture of health movement within state government. The project received national recognition, positive feedback from those in Vermont state government, and kindled interest from other states. This broad appreciation for the lessons learned and models developed in Vermont was the impetus behind the development of this guide.



This model shows what we know when it comes to what is keeping people healthy or making them sick and shows what we can do to create healthier places to live, learn, work and play, and is the basis for County Health Rankings.

http://www.countyhealthrankings.org/explore-health-rankings/reports/state-reports
ACCESSED MARCH 2018

Social Determinants of Health are the conditions in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. These include social, economic, and physical conditions, as well as patterns of social engagement and sense of security and well-being.

Health in All Policies is a collaborative approach to improving the health of all people by identifying the ways in which decisions in multiple sectors affect health and how better health can support the goals of multiple sectors. The goal is to ensure that the potential health consequences are identified and considered during the decision-making process. The approach has gained traction over the past several years based on the understanding of the social determinants of health.

1 Healthy People 2020, Social Determinants of Health, ACCESSED FEBRUARY 2018; CDC Social Determinants of Health, ACCESSED FEBRUARY 2018

2 Health equity exists when all people have a fair and just opportunity to be healthy, especially those who have experienced socioeconomic disadvantage, historical injustice and other avoidable systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation, and disability. Health inequity exists when these avoidable inequalities lead to an uneven distribution of the resources and opportunities for health.

3 Vermont received funding from RWJF's Culture of Health portfolio https://www.rwjf.org/en/how-we-work/building-a-culture-of-health.html from May 2015-March 2018.

HEALTH IN RURAL VERMONT

According to the Centers for Disease Control and Prevention[4], rural Americans face unique circumstances and factors affecting health outcomes compared with their urban counterparts. These factors include geographic isolation and limited connection to town centers and services, lower socio-economic status, higher rates of health risk behaviors, greater difficulty in accessing health services due to transportation, limited job opportunities, and limited access to fresh, affordable and healthy food.

Because of these factors, those living in rural communities often have poorer health outcomes, for example, they are more likely to die from heart disease, cancer, and unintentional injury. People living in rural communities generally have higher rates of cigarette smoking, high blood pressure, and obesity and experience less leisure-time, physical activity and lower seatbelt use.

In addition, several studies have shown that rural residents are often older, poorer, and have fewer physicians to care for them. This inequality is intensified as rural residents are less likely to have employer-provided healthcare coverage, and if they are poor, often do not have adequate health insurance.

Vermont data and the experience of rural Vermonters confirms the national findings. Vermont consistently ranks as one of the healthiest states in the nation--as evidenced by Vermont's overall statistics on health outcomes, and factors that contribute to health. However, these ratings mask persistent inequities in health outcomes and well-being in certain geographic communities, particularly the most rural parts of the state.

While there are pockets of poor health closest to Vermont's "city" centers, the poorer health outcomes are most often in the most rural areas. As Vermont seeks to address disparities in health outcomes, it is important to consider the rural nature of its communities and seek strategies which address the unique conditions of rural life. Unfortunately, many of the evidence-based strategies for health promotion and disease prevention in the literature that have proven effective in urban areas do not easily apply to rural communities.

Rural ingenuity is needed and plentiful in Vermont. Vermont's small towns, deep community connections and commitment to civic life, along with shared values related to Vermont's quality of life create strong interest in collaborative cross-sector action and accountability for health. Vermont's approach is built upon its citizens pride in quality of life, strong communities, natural places and commitment to healthy living along with the shared goal to ensure that our state continues to be one of the healthiest and best places in the U.S. for all of us to live, work and play.

About Vermont

Vermont is the second smallest by population and the sixth smallest by area of the 50 U.S. states. Vermont is also a very rural state with an aging population.

- Vermont has an estimated 625,000 people and 65.1 percent live in one of Vermont's 11 rural counties.
- The poverty rate in rural Vermont is 12.7 percent compared with 10.3 percent in urban areas of the state.
- 8.7 percent of the rural population has not completed high school compared with 7.2 percent of the non-rural population.
- Vermont is aging faster than other states and the age gap is widening.

(From Rural Health Quarterly, 2017 Rural Health Report Card)

These characteristics pose unique challenges in terms of health in Vermont such as access to quality health care, connectivity to town centers and amenities, social isolation, and a reliance on personal motor vehicles for transportation.

4 CDC Rural Health ACCESSED JANUARY 2018

Health in All Policies Task Force, Health Expenditures, and Demand for Accountability Measures

This section provides:

- Key strategies to advance a culture of health within state government.
- An overview of the major project components and innovations developed by the Vermont Health in All Policies Task Force.
- A review of the Total Health Expenditure Analysis (THEA).

The seeds of the movement, planted years earlier, were able to grow with the funding of the RWJF project from May 2015 through March 2018. The project capitalized on three converging streams for innovation:

- Major health care reform initiatives underway to expand health care access, reduce costs and improve health outcomes;
- Demands by the state Legislature and executive branch for performance-based accountability for Vermont's quality of life;
- Creation of the Vermont Health in All Policies Task Force, a cabinet-level, Governor-appointment group that mandates consideration of health in the budgets, policies and programs of non-health agencies.

Strategies for Success

Throughout the project Vermont was very intentional in its approach to change. The success of the project was due in large part to several strategies.

- Leading with a positive recognition of Vermonters' strengths, traditions, and values that contribute to health and well-being.
- Creating a shared understanding of the influence of the social determinants on health and well-being (using the County Health Rankings framework).
- Changing the narrative from "health care reform" to "system reform to improve health and well-being" for partners in the health care sector – thereby broadening the lens to consider how some solutions may be found beyond health care.
- Developing a shared vision and framework for healthy communities that highlights the shared values of access, affordability and equity and recognizes the importance of the different sectors.
- Identifying existing efforts to showcase champions in other sectors and actions already underway that foster cross-sectoral collaborations that improve health.
- Developing an appreciation of the decision-making processes in other sectors and working toward adapting those processes to include the examination of potential health impacts and thereby improve health.
- Embedding the work into existing mandates, such as the Governor's Executive Order and Act 186[5], rather than creating new mandates.
- Helping all sectors understand what health is and how their work often favorably impacts health even when not traditionally identified by them in that manner.

Key to the success of the project included critical funding from RWJF's culture of health program capitalizing upon three converging streams for innovation and using the strategies for success. Leaders recognized the strategic moment to advance these efforts, previously led by the Health Department, to engage leaders across government and across sectors.

5 Act 186, also known as the Outcomes Bill, establishes Outcomes of Well-being and a process for the Executive Branch to report associated indicators that reinforce a common, measurable agenda to improve quality of life in Vermont. http://www.leg.state.vt.us/docs/2014/Acts/ACT186.pdf

Health in All Policies Task Force

After years of building shared values around health, sustainability and equity, our former Governor issued an executive order to form a Health in All Policies (Interagency) Task Force in 2015. The Task Force is a cabinet-level body composed of eight state agencies with the authority to determine the direction of programs, policies, and investments to improve the health of Vermonters, especially vulnerable populations, while advancing shared goals such as protecting natural resources and agricultural lands, increasing the availability of affordable housing, improving air and water quality, planning sustainable communities, increasing educational attainment and meeting the state's climate change goals. The Task Force's work is based on the shared health and equity framework that describes the elements needed in Vermont communities to ensure that all people in Vermont have an equal opportunity to be healthy and live in healthy communities. The Task Force is committed to the values of equity, access and affordability in alignment with the governmental priority to promote economic vitality and focus on vulnerable populations.

The Health in All Policies Task Force was charged with reporting annually on the following:

1. Potential opportunities to include health criteria in regulatory, programmatic and budgetary decisions;
2. Promising practices in other jurisdictions to identify opportunities for innovation and coordination across sectors that include consideration of potential positive and negative health impacts of decisions; and
3. Evidence-based actions and policies to improve the wellness of employees across state government, including healthy food procurement policies.

The Commissioner of Health serves as the Chair of the Task Force and is personally committed to hosting and attending all meetings.

LESSON LEARNED:
Commitment and outward communication by an executive level leader, in Vermont's case, the Vermont Commissioner of Health, is most effective.

LESSON LEARNED:
During the course of the project, significant changes in the Vermont executive branch occurred after an election. Succession planning was necessary to ensure a smooth transition. Leaders from the outgoing Administration brought along permanent staff to the last meeting of the Task Force during their tenure so the work could continue seamlessly once a new administration was in place.

The initial projects of the Task Force were selected to meet the mandate of the Executive Order and develop a deeper understanding among leaders, especially the non-health sectors, about opportunities for action in their sectors.

A key to success was the formation of the Health in All Policies Task Force, therefore, worth considering for other states, is the formation of a Health in All Policies Task Force or cross-agency group that is committed to health and can be a champion for health within non-health agencies.

PROJECT SUMMARY: OPPORTUNITIES AND INNOVATION CONTD.

Best Practices by Sector

The Health in All Policies Task Force developed inventories of best practices for including health in departmental regulatory, programmatic and budgetary decisions for all non-health sectors. As a first step, the Health Department developed the inventories based on a review of the literature, actions in other states and localities, and discussions with leaders engaged in promoting health in all policy approaches. The best practice inventory was then reviewed by appropriate agency staff to identify which practices have been adopted in Vermont, and which might be considered for future action. The final best practice inventories for agriculture, economic development, education, energy, housing, and transportation are published on the Health Department website (http://www.healthvermont.gov/about/vision/health-all-policies).

LESSON LEARNED:
These inventories are an essential building block in the strategy to develop cross-sector action for health. They served as a way of educating staff in other agencies, identifying current practices to build upon, and focusing discussion on opportunities for future innovation.

LESSON LEARNED:
Support and guidance from the Department of Health staff was instrumental to the success of the Health in All Policies Task Force and completion of the best practices. Commitment by the Commissioner of Health in convening the task force kept the leaders from other departments and agencies involved.

Determinants of Health and Equity

- Affordable, Healthy, Local Food
- Healthcare + Physical Health, Mental Health and Substance Use Prevention Services
- Recreation, Parks and Natural Resources
- Safe and Efficient Transportation
- Affordable, Safe, Quality Housing
- Early Childhood Development
- Equitable Law and Justice System
- Family Wage Jobs and Economic Prosperity
- Clean and Sustainable Natural Environments
- Quality Education
- Strong, Safe and Vibrant Communities
- Civic Engagement and Community Connections

PROJECT SUMMARY: OPPORTUNITIES AND INNOVATION CONTD.

Health Impact Assessments

Several health impact assessments were conducted under the scope of the Health in All Policies Task Force. Health Impact Assessments (HIA) are data-driven examinations of proposed projects and policies that shape our communities. Based on the data collected in the HIA process, recommendations are offered for practical strategies to enhance positive health outcomes – and minimize negative ones – in a broad array of policies and projects that fall outside of the traditional public health arena, including transportation, land use, housing, and economic development.

Dashboard for Healthy Communities

A performance dashboard is also being developed through the Health in All Policies Task Force to track the;

- Progress of the Task Force in meeting its mandate and to demonstrate the shared commitment to include health in all agencies' policies, programs and budgets
- Alignment with other existing performance management activities within agencies (e.g. Act 186 reporting)
- Progress related to the best practices in other sectors for health improvement

To date, the dashboard has been built and each Task Force member has identified 1-2 performance metrics to include in the dashboard. In the future, the dashboard will be expanded to include actions related to each of the components identified in the Determinants of Health and Equity and the non-governmental actions and investments towards a Culture of Health. This way the dashboard reflects the positive contributions of multiple sectors to achieving healthy communities and health for all.

LESSON LEARNED:
Partners embraced the dashboard as a vehicle for promoting a vision and showcasing leadership across-sectors, rather than when it was perceived primarily as a tool for accountability.

			Time Period	Actual Value	Target Value	Current Trend
O	SDOH	All Vermonters have fair and just opportunities to be healthy				
Culture of Health Grant						
P	CultureofHealth	Total Health Expenditure Analysis				
PM	CultureofHealth	Total Spending from FY2015 that is "health-related": Vermont Department of Health (VDH)	2015	$141.00Mil	–	→ 0
PM	CultureofHealth	Total Spending from FY2015 that is "health-related": Department of Mental Health (DMH)	2015	$218.00Mil	–	→ 0
PM	CultureofHealth	Total Spending from FY2015 that is "health-related": Agency of Transportation (AOT)	2015	$46.00Mil	–	→ 0
PM	CultureofHealth	Total Spending from FY2015 that is "health-related": Agency of Agriculture (VAAFM)	2015	$13.11Mil	–	→ 0

Health Impact Assessment in Vermont

A number of health impact assessments have been done in Vermont. Examples include:

- regulation of recreational marijuana
- paid sick leave policy
- school transportation policy
- policy to incentivize transportation corridor redesign

TOTAL HEALTH EXPENDITURE ANALYSIS

Consideration of budgetary decisions is a core, key part of the approach to incorporating health in other sectors. The Total Health Expenditure Analysis (THEA) is an innovative approach to quantifying and describing investments made in health outside of the traditional healthcare system. Initially conceived as a tool for widening the lens from health care expenditures to include all health expenditures, the THEA is designed to quantify State investments and track successes by capturing spending on prevention and health improvement through performance and financial data sets not formerly considered part of health.

The goal of THEA is to paint a picture of how each Agency's budget contributes to health. The challenge is to figure out what percent of each Agency's program money contributes to health.

To date, the Vermont Agency of Agriculture, Farms & Markets (VAAFM), the Agency of Transportation (AOT), Department of Health, and the Department of Mental Health have completed an expenditure analysis (spending was captured during the 2015 State Fiscal Year and represents spending July 1, 2014-June 30, 2015).

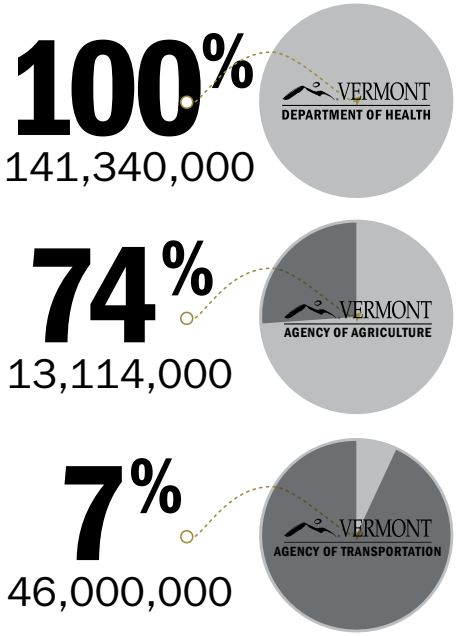
The analytic process also results in greater understanding about contributors to health and identification of programmatic opportunities for investing in health in the future. The analytic results show how each of these state agencies invest in and spend to improve population health in addition to meeting the core mandates within each sector.

Spending on Health According to THEA

The Vermont Agency of Agriculture, Farms & Markets attributed 74% of its State Fiscal Year 2015 spending on the health-related issues of food availability and access; food safety, and occupational health; which amounted to approximately $13,114,000. VAAFM spent 62% of this health-related spending on the programs related to the natural/built environment and 29% on programs related to economic stability.

AOT attributed 7% of its spending as health-related activities (approximately $46,000,000) to improve safety, walkability, biking and transit with 62% of that spending on programs and investments related to the natural/built environment.

Percent of Budget Spent on Health Related Expenditures



TOTAL HEALTH EXPENDITURE ANALYSIS CONTD.

The total health expenditure analysis builds upon prior innovation in Vermont to develop a state level Healthcare Expenditure Analysis. In the early 1990s, Vermont embarked on an effort to radically reform its healthcare system. The Robert Wood Johnson Foundation provided substantial financial support to the Vermont Health Care Authority for that effort, supporting a wide range of analytic activities. One of those activities was the creation of a state-level Healthcare Expenditure Analysis, modeled on the federal National Health Expenditure project. Vermont's Healthcare Expenditure Analysis is completed each year by the Green Mountain Care Board and includes two distinct expenditure matrices, one for care received by Vermont residents, regardless of where that care was provided, and the other for care provided in Vermont, regardless of patient residence. The THEA is intended to complement the health care expenditure analysis to capture non-care spending that has a strong influence on health.

Framework, Expenditure Information, Data Collection

Vermont's framework and process for THEA could be a useful model for other states interested in engaging partners across multiple agencies and sectors in looking to account for spending towards population health improvement. This section contains information on the framework and taxonomy for the THEA, considerations when collecting expenditure information, the process of data collected, and tips, tools and lessons learned.

Framework and Taxonomy

The THEA maps the "determinants" of health[6] by expense function and expenditure amount. The taxonomy draws from standard public health frameworks, the Essential Public Health Functions and Social Determinants of Health (a combination of RWJF's County Health Rankings and the RWJF's Culture of Health Action Framework).

6 As mentioned earlier, determinants of health are conditions in the environment in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Resources that enhance quality of life can have a considerable influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins. Although genetics play an important role in health, they are not included in this analysis.

TOTAL HEALTH EXPENDITURE ANALYSIS CONTD.

EXPENSE FUNCTIONS

are based on the 10 Essential Public Health Services, these describe how the money was spent. They include:

MONITOR/INVESTIGATION:
Any activity related to the systematic collection, analysis, and dissemination of data.

POLICY ENFORCEMENT/REGULATION:
Related to the regulation and promotion of policies (local, state, or national guidelines, evidence-based tools).

MOBILIZE COMMUNITY PARTNERSHIPS:
Any activity related to the creation and sustainment of community-based strategic partnerships, including coalition groups and stakeholder engagement.

EVALUATION:
Related to the collection, ongoing assessment, and dissemination of program-specific evaluation efforts.

CAPITAL INVESTMENT:
Acquisition of fixed assets, such as land, machinery, buildings, or IT systems.

TREAT/LINK TO CARE:
Activities that either directly treat a patient or connects people to services.

DETERMINANTS

Six key determinant that are known to affect health outcomes and were considered in the THEA. They include:

INDIVIDUAL HEALTH BEHAVIORS:
Any activity related to health attainment at an individual level such health promotion, diet, exercise, disease management, mental health promotion, tobacco cessation, and nutrition counseling.

ECONOMIC STABILITY:
Any activity related to income redistribution such as food security, housing stability, and unemployment.

EDUCATIONAL ATTAINMENT:
Related to formal educational attainment such as high school graduation, job skills development, and early childhood education programs.

NATURAL AND BUILT ENVIRONMENT:
Related to the physical and built environment including safety and perception of safety, complete streets, emergency preparedness, and environmental conditions.

SOCIOCULTURAL:
Combining the many sociocultural facets such as social cohesion and connectedness, civic participation, perceptions of discrimination and social and racial justice, and inclusivity.

CLINICAL CARE:
Access to and quality of health care utilization.

TOTAL HEALTH EXPENDITURE ANALYSIS CONTD.

Expenditure Analysis – Data Characterization, Collection and Assessment

Collection and characterization of financial data requires an understanding of each agency's accounting system.

Below is a list of important factors to consider in data characterization, and collection and assessment, including lessons learned:

- Financial data used for the THEA is based on actual expenditures, not budgetary allocations.
- Awareness of the possible duplication with healthcare-related (clinical) expenditures may be needed.
- Health expenditures include all money that is spent, regardless of its funding stream; this includes all direct (personnel, travel, subgrantees) and indirect expenditures.
- The availability of data is based on the accounting and coding system that the specific agency uses and how programs/projects are tracked over time.

LESSON LEARNED:
Accounting and coding is often best understood by financial- and program-managers who administer program codes, which are also accounting codes. It is important to engage these personnel early in the process.

LESSON LEARNED:
In Vermont, the amount of program/accounting codes varied from each state agency – ensuring the appropriate data was coded, collected and analyzed for each agency required engagement with a leader in the financial accounting department. Consistent and understandable terminology was necessary for all stages of implementation and data collection.

LESSON LEARNED:
Vermont Department of Health staff offered numerous trainings to outline universal language, definitions, and methodologies to ensure reliable data collection. The trainings had to be flexible and accessible to the different audiences.

LESSON LEARNED:
Finding areas of commonality and understanding in terminology across sectors is often necessary. For example, transportation professionals and planners often do not connect their work with health, as was the case in Vermont. Once staff shifted their language from "health" to identify "safety" as a way that the Transportation Agency impacts health, the connection to health for this sector was established.

The success of this project was dependent on extracting reliable information to both quantify and describe health-related spending across key determinants of health.

To facilitate efficient data collection and analysis, an Excel spreadsheet was created, which can be found in Appendix B.

OUTCOMES

The project resulted in positive outcomes toward building a culture of health in Vermont and cross-sector action and accountability for population health improvement.

These include:

- Increased awareness and understanding of what shapes health, especially the influence of the decisions, policies and programs of non-health sectors on population health.
- Strengthened partnerships and cross sector collaborations across state government – several more notable and illustrative examples are provided below.
- Development of tools and resources focused on understanding how these multiple sectors and agencies influence health – these include the best practices, the total health expenditure analysis and the dashboard.
- Shift from health department led projects to an increased number of projects that benefit health initiated or led by non-health sector partners.

"A big takeaway from the total health expenditure analysis is the startling realization of how much of the transportation project and program work we do impacts public health. The analysis showed that 7% of SFY2015 spending, or approximately $46 million was health-related."

Planner
Vermont Agency of Transportation

Building a Culture of Health in Vermont

Actions Led by the Health Sector

- Act 186 - Performance Outcomes and Results Based Accountability
- Act 48 - Universal and Unified Health System
- State Health Improvement Plan
- Hospital Budgets, Certificates of Need, Community Health Needs Assessments
- Culture of Health: Total Health Expenditure Analysis
- Health Impact Assessments
- 3-4-50 Campaign
- Population Health Plan

Actions Led by Other Non-Health Sectors

- Safe Routes to School
- Weatherization Programs and Healthy Housing
- Complete Streets Legislation
- Healthy Food Procurement Policy for Government
- Executive Order #7-15 - Vermont Health in All Policies Task Force
- Health Impact Assessments
- Healthy Town Plans
- Climate Change Council
- VT Farm to Plate
- School Wellness Policy
- Vermont Outdoor Recreation Economic Commission

MOVING FORWARD – FUTURE PLANS AND STRATEGIES

Vermont has made significant progress toward health in all policies, cross sector collaboration and building a culture of health. We are poised to continue this effort; additional funding would only help to expedite and bolster the movement.

VERMONT PLANS TO:

- Use the tools and levers of state government including the Governor's appointed cabinet-level Health in All Policies Task Force to increase the number of Vermont agencies and organizations involved in cross-sector collaborations to improve well-being.
- Increase opportunities to create healthier and more equitable communities – as part of continuing reforms in health systems.
- Increase the use of the Total Health Expenditure Analysis and other models to strengthen integration of health services and systems with other sectors that impact health through policies, program and budgets.

Lastly, Vermont is ready and excited to share its experiences and models with other states and contribute to the Culture of Health national movement and literature base.

HELPFUL RESOURCES

Dashboard, Rankings and Indicators

Country Health Rankings, Measures and Roadmaps, Building a Culture of Health, County by Country

County Health Ranks, What Works for Rural Counties

Metrics for Better Health, Building a Culture of Health through Better Measurement

LiveWell San Diego

RWJF, Building a Culture of Health

Health in All Policies

NACCHO Health in All Policies Experiences from Local Health Departments February 2017

Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). Health in All Policies: A Guide for State and Local Governments. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute. Access here http://www.phi.org/uploads/application/files/udt4vq0y712qpb1o4p62dexjlgxlnogpq15gr8pti3y7ckzysi.pdf

CDC Health in All Policies, accessed January 2018 (has links to all the major resources)

Health in All Policies Strategies to Promote Innovative Leadership. ASTHO 2013.

The State of Health in All Policies. Association of State and Territorial Health Officials. 2018.

Vermont Specific

Healthy Vermonters 2020

ECOS Scorecard: The State of Chittenden County

Several more notable resources, with links, are listed here.

A more detailed list of resources considered in the development of THEA and the outset of the project are provided in Appendix B.

APPENDIX A

In our analysis, we classify SFY15 spending by:

Expense Function
(how money was spent)

&

Determinants of Health
(health factors impacted by spending)

Expense Function	Determinant					
	Health Behaviors	Economic Stability	Educational Attainment	Natural/Built Environment	Sociocultural	Clinical Care
Information And Public Awareness						
Monitor/Investigation						
Policy Enforcement And Regulation						
Evaluation						
Mobilizing Community Partnerships						
Capital Investment						
Treatment/Linking To Care						

APPENDIX B

Vermont Health Dashboards

Benchmarks for A Better Vermont
http://www.bbvt.marlboro.edu

ECOS Scorecard: The State of Chittenden County
https://app.resultsscorecard.com/Scorecard/Embed/8502

Green Mountain Care Board Dashboard 2.0
http://gmcboard.vermont.gov/dashboard2

Healthy Vermonters 2020
http://healthvermont.gov

Lamoille Family Center
http://www.lamoillefamilycenter.org

Rise VT
http://www.risevt.com

Vermont Insights
http://www.vermontinsights.org

Vermont Psychiatric Care Hospital Outcomes
https://app.resultsscorecard.com/Scorecard/Embed/8136

VT Agency of Human Services
http://humanservices.vermont.gov/copy_of_ahs-results-scorecard

VT Dept. Mental Health
https://app.resultsscorecard.com/Scorecard/Embed/9939

VT Dept. of Aging and Independent Living
https://app.resultsscorecard.com/Scorecard/Embed/8865

VT Dept. of Vermont Health Access
https://app.resultsscorecard.com/Result/Embed/3091?navigationCount=1

Washington County Mental Health Services
http://www.wcmhs.org/crisis-data.html

Cross-Sector Frameworks, Indicators, & Datasets

CDC Data Set Directory of Social Determinants of Health at the Local Level
https://www.cdc.gov/dhdsp/docs/data_set_directory.pdf

County Health Rankings
http://www.countyhealthrankings.org/ and What Works for Rural Counties: http://www.countyhealthrankings.org/node/35670

Denver Regional Equity Atlas
http://www.denverregionalequityatlas.org

Health Indicators Warehouse
http://www.healthindicators.gov

HUD Healthy Communities Index and Healthy Communities Assessment Tool
http://healthyhousingsolutions.com/service/applied-field-research/hud-healthy-communities-transformation-initiative

LiveWell San Diego
http://www.sandiegocounty.gov/content/sdc/live_well_san_diego/indicators.html

Metrics for Healthy Communities
http://metricsforhealthycommunities.org

NCVHS Measurement Framework for Community Health and Wellbeing
http://www.astho.org/IntegrationForum/Successes-Measures/NCVHS-Population-Health-Framework-July-2016

Opportunity Index
http://opportunityindex.org/about

RWJF CoH Action Framework
http://www.cultureofhealth.org

Social Vulnerability in Vermont
https://ahs-vt.maps.arcgis.com/apps/MapSeries/index.html?appid=7d5f6517c31e40c1bd6f42e62492d2fe

The Determinants of Equity Report
http://www.kingcounty.gov/~/media/elected/executive/equity-social-justice/2015/The_Determinants_of_Equity_Report.ashx?la=en

The Wellbeing Index
http://wellbeing.smgov.net/about/wellbeing-index

Vital Signs: Core Metrics for Health and Health Care Progress
http://www.nationalacademies.org/hmd/Reports/2015/Vital-Signs-Core-Metrics.aspx

VT Governor's Dashboard 1.0
http://governor.vermont.gov/govdash

National Health Dashboards & Datasets

ACO Shared-Savings Program Quality Measures
https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Downloads/ACO-Shared-Savings-Program-Quality-Measures.pdf

Agency for Healthcare Research and Quality
http://nhqrnet.ahrq.gov/inhqrdr/state/select

CDC Sortable Stats
http://wwwn.cdc.gov/sortablestats

CDC: Chronic Disease Indicator
http://www.cdc.gov/cdi

CHI Database
http://wwwn.cdc.gov/chidatabase

Commission to Build a Healthier America: City Maps
http://www.rwjf.org/en/library/features/Commission/resources/city-maps.html

Commonwealth Fund Scorecard on Local Health System Performance
http://www.commonwealthfund.org/interactives/2016/jul/local-scorecard/?omnicid=EALERT1064693&mid=georgia.simpson@hhs.gov

Community Commons
http://www.communitycommons.org/maps-data

Critigen Health Indicators
http://www.critigen.com/sites/default/files/docs/downloads/tearsheet_health-indicators_0.pdf

Data Initiative / Piton Foundation
http://www.piton.org/our-work

Data Set Directory of SDHs at Local Level
http://www.cdc.gov/dhdsp/docs/data_set_directory.pdf

Health Information Technology
http://healthit.gov

Health System Data Center
http://datacenter.commonwealthfund.org

Institute for Health Metrics and Evaluation
http://www.healthdata.org

Kaiser Family Foundation
http://kff.org/statedata

March of Dimes: Peristats
http://www.marchofdimes.org/peristats/Peristats.aspx

National Equity Atlas
http://nationalequityatlas.org

National Public Health Data Resources
https://www.health.ny.gov/statistics/chac/national.htm

NIH Health Services Research Information Central
https://www.nlm.nih.gov/hsrinfo/datasites.html

Other State Dashboards

Boulder County Public Health
http://www.bouldercounty.org/dept/publichealth/pages/healthdata.aspx

Colorado Department of Public Health and Environment
https://www.colorado.gov/pacific/cdphe/data

Colorado Health Foundation
http://www.coloradohealth.org/ReportCard

Georgia Department of Public Health
http://dph.georgia.gov/phip-data-request

Hawaii Health Data Warehouse
http://www.hhdw.org

Indiana State Department of Health
http://www.in.gov/isdh/25196.htm

King County Dashboard
http://kingcounty.gov/healthservices/health/data.aspx

LA Health Data Now
https://dqs.publichealth.lacounty.gov/ // http://egis3.lacounty.gov/dph/slv/?Viewer=DPHViewer

Livingston County Dashboard
https://www.livgov.com/health/2014-health-dashboard

Nebraska Public Health Dashboard
http://data.publichealthne.org/rdPage.aspx

New York City Department of Mental Health & Hygiene
http://www.nyc.gov

Ohio Public Health Dashboard
http://www.healthpolicyohio.org

The California Endowment
http://www.chicagohealthatlas.org

Tri-County Health Department
http://www.tchd.org

Weld County Department of Public Health & Environment
http://www.co.weld.co.us/Departments/HealthEnvironment/DataStatistics/index.html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