

December 22, 2011

The CHAMPPS Program

Since its inception in 2006, the Vermont Department of Health's (VDH) CHAMPPS (Coordinated Healthy Activity Motivation and Prevention Programs Program) has served as a foundation for community health and wellness initiatives throughout Vermont. In 2006, Act 215 created the CHAMPPS Program as a means of awarding comprehensive, substantial multi-year grants to communities for health and wellness projects. This commitment to community-wide prevention efforts was intended to complement the Blueprint for Health's work on the transformation of Vermont's health care system. These efforts are intended to be the result of comprehensive, local community assessment and planning efforts to identify local priorities for prevention initiatives. Also called for in Act 203 (2008), community plans are envisioned as a tool to guide community decision-making about local prevention work.

By recognizing the economic impact that chronic illness has on the health care system, the Blueprint has prioritized the prevention and management of chronic illness through clinical interventions, patient education, payment reform, use of health information technology and community health teams. Local prevention strategies funded by CHAMPPS and implemented by local coalitions and public health professionals complete the continuum of efforts to address the human and economic toll of chronic disease. In addition, VDH's Division of Alcohol and Drug Abuse Programs was the recipient of the Strategic Prevention Framework State Incentive Grant (SPF SIG) which funded a statewide learning community focused on employing the public health model on a community level. Numerous community-based substance abuse prevention projects were funded. That grant ended in 2011. Some of these SPF projects have been sustained through an integration of the CHAMPPS program and the federal Substance Abuse Prevention and Treatment Block Grant community grants program. Although the substance abuse prevention funds have been greatly reduced, this integration has allowed some of the strongest community-level work to continue.

A list of projects that were funded with CHAMPPS funds in 2012 appears at the end of this document. The list of CHAMPPS and SPF projects funded in previous years is available in the 2010 Blueprint Annual Report, published in January, 2011, at

http://www.healthvermont.gov/prevent/blueprint/documents/Blueprint_AnnualReport_2009_0110rev.pdf.

Public Health Prevention

Three conceptual frameworks have shaped the thinking and work of public health professionals with respect to their role in creating improved population health and clinical outcomes. These constructs are increasingly shaping the way in which public health staff are working with community partners to plan and implement prevention initiatives such as those supported with CHAMPPS funds. These conceptual frameworks are discussed below.

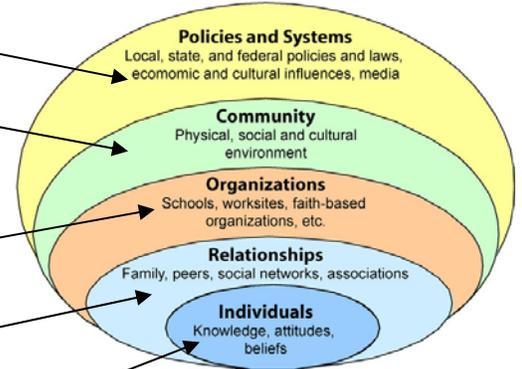
I. The Vermont Prevention Model

During the development of the CHAMPPS program, VDH and stakeholder communities adopted a model to describe various levels of focus for public health interventions. The *Vermont Prevention Model* offers a framework for understanding the importance of public health prevention efforts focused at many levels ranging from the individual level to the level of policy, systems and environmental change. (Figure 1) Although it is widely recognized that the most effective strategies involve the latter, prevention efforts must target all levels of influence in order to be effective. For example, Vermont's success in reducing the percentage of adults and youth grades 9-12 who smoke cigarettes to below the national level is largely the result of Vermont's deliberate work to address the public health issue of smoking at various levels of influence ranging from the individual level to the policy level. Similarly, efforts to improve Vermont's health outcomes with respect to the increasing public health burden of obesity are addressing nutrition and physical activity at each level of focus as the example in Figure 1 shows. Reducing the rate of obesity is one of the Center for Disease Control and Prevention's (CDC) "Winnable Battles", so named because of the large-scale impact on health and the availability of effective intervention strategies. Currently, all CHAMPPS-funded initiatives are prioritizing nutrition and physical activity for their community prevention work.

Figure 1 Prevention Strategies for Obesity

- The Morristown Select Board added a wellness chapter to their Town Plan.
- Establishment of community garden in a low income housing development in Barre
- Fit and Healthy Swanton's partnership between town, local families and a garden center to develop a community garden
- The After School Program in Sharon, S. Royalton and Tunbridge adopted a Healthy Snack Policy.
- Rutland's buddy programs and walking groups to encourage and combine physical activity and socialization
- Swanton Elementary school sends home newsletters to educate parents on efforts underway promoting fruit and vegetables consumption during snack and meal times.

Vermont Prevention Model



Source: Vermont Department of Health

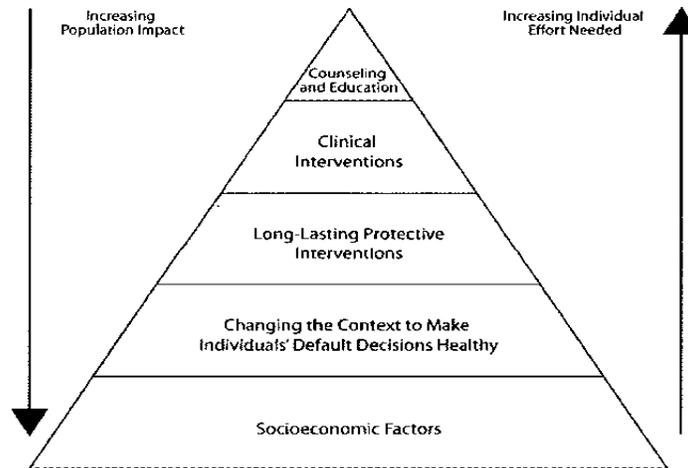
Adopted early in the process of developing the CHAMPPS initiative, the Vermont Prevention Model has and will continue to guide work that seeks to achieve improved health outcomes.

II. The Health Impact Pyramid

Since the inception of the CHAMPPS program, there has been a growing awareness that effective prevention efforts must do more than focus on the education and behavior change of individuals. In addition, it is essential that limited public health prevention resources and efforts be utilized in a manner that offers the most return on investment in terms of impact and outcomes. In early 2010, the Centers for Disease Control and Prevention's (CDC) newly appointed Director, Dr. Thomas Frieden, shared his vision of a 5-tier *Health Impact Pyramid* as a framework for public health action. This model is conceptualized as a pyramid, the base of which consists of interventions or efforts intended to address socioeconomic determinants of health. Proceeding up the narrowing pyramid in ascending order are: interventions that change the environmental context to make individuals' default decisions healthy, clinical interventions that require limited contact but confer long-term protection, ongoing direct clinical care and health education and counseling. Frieden describes the model in the following manner: *"In general, public actions and interventions at the base of the*

pyramid require less individual effort and have the greatest population impact, [but only by] implementing interventions at each of the levels can [we] achieve the maximum possible sustained public health benefit..¹

Figure 2



Frieden's Health Impact Pyramid

Frieden's Health Impact Pyramid is highly compatible with the Vermont Prevention Model and underscores the importance of the field of public health's need to focus its limited resources on efforts that will result in the greatest return on investment. Educating community leaders about this concept has been a significant effort of public health professionals at both the state and local level.

The following presents examples of how these frameworks have shaped local CHAMPPS-funded efforts to implement environmental and system change.

Fit and Healthy Enosburg: A pedestrian safety proposal was submitted by Fit and Healthy Enosburg to the Village Trustees and Town Select Board outlining things local government can do to increase pedestrian usage and safety. As a result of the proposal, the Village moved forward with striping cross walks.

Healthy Retailer-Fit and Healthy Enosburg coalition conducted a store audit with the Jolley Convenience Store in St Albans. This led to the manager inviting Fit and Healthy Enosburg partners to participate in a Customer Appreciation Day,

¹ Frieden, TR. A Framework for Public Health Action. *American Journal of Public Health*. 2010; 100(4):590-595.

where they had the opportunity to meet and describe the Healthy Retailer project to the regional and general managers.

Health Connections of the Upper Valley: The town of Sharon celebrated the opening of a half-mile long trail that improves access to places for physical activity for all community members and will connect the towns of Sharon and South Royalton in the future. The trail was made possible by funding from the Vermont Departments of Health (Fit & Healthy Vermonters), as well as the Vermont Department of Forests, Parks & Recreation (Recreational Trails Program), and the Office of the Attorney General.

III. Integration

The third concept guiding CHAMPPS work is that of integration. Historically, public health prevention programs have been funded from a variety of sources in a categorical manner related to a specific disease (heart disease) or risk factor (smoking). Although the need to prioritize around best practices and prevention strategies for specific outcomes will remain, integration of prevention work will maximize public health capacity and funding. Integration seeks to identify common risk factors among diseases and populations, and coordinate prevention strategies that evidence has shown to be effective in addressing them. Integration efforts will also involve identifying settings such as schools, worksites, etc. for multiple programs to target for enhanced impact. Integration does not result in compromised program identity or integrity; rather it allows for more efficient use of resources to achieve improved outcomes.

Public health prevention work in Vermont has involved the creation and support of multiple community coalitions responsible for the planning, development and implementation of local prevention strategies targeted to risk factors of poor nutrition, inactivity, tobacco use and substance abuse. Fundamental to this work at the local level are the community assessments and plans that have been completed to focus health prevention priorities. Whether through CHAMPPS-funded projects or other community-based efforts aimed at health and wellness, integration of prevention efforts will be emphasized where practical across common risk factors or settings. For example, the CHAMPPS application process has been streamlined to encourage the identification of opportunities to integrate prevention efforts related to nutrition, physical activity, tobacco, substance abuse and access to preventive health care services.

An example of integration working at the local level is the VDH Healthy Retailer project, funded by ARRA grants and the Patient Protection and Accountable Care Act. This initiative will integrate components of the work done by VDH nutrition, tobacco and alcohol prevention programs and communities. Retailers are encouraged to promote healthy foods including fresh, local fruits and vegetables, while limiting advertising of tobacco and alcohol products to youth. Prevention efforts aimed at a variety of risk factors will join forces to integrate

work in retail settings. The expectation is that this integration of prevention efforts will achieve improved coordination at the state and community level.

The community assessment, planning and intervention work that is important to community-level prevention work has required a significant investment in workforce development at VDH. The Department has established positions in the community to address chronic disease prevention and VDH district office staff have organized local and statewide prevention teams consisting of specialists of various program/disease/risk factors to focus on identifying and leading prevention and integration efforts where possible. For example, regional substance abuse prevention consultants have been trained in working with communities on a systematic process for assessing, planning, implementing and evaluating prevention practices and programs, as part of the national SPF SIG system. These consultants have provided this training to their District Office team members. The teams are prepared to offer leadership and consultation to communities and coalitions on the following:

- Assessment of community needs, strengths and stages of change readiness
- Analysis and interpretation of public health surveillance and other data
- Knowledge of evidence-based and best practices for prevention
- Employment of communication, leadership and community organization skills
- Program evaluation

In each district, a member of the local public health office will also serve on the Blueprint's Community Health Team, to both offer insight into available community resources and referral options and gather information about community resource gaps that can inform planning work.

To date, the CHAMPPS initiatives have served not only as a way to stimulate local prevention efforts but also as a foundation for building the skills and experiences necessary for continued work on preventing chronic illness. These efforts and the Blueprint's system transformation efforts should contribute to improved health outcomes and to reducing the individual, social and economic burden of chronic illness.

To further support integration and collaboration, in FY12 VDH began combining community based prevention grants starting with the Alcohol and Drug Prevention and Nutrition and Physical Activity grants. The alcohol and drug prevention grants build on the work of the five-year Strategic Prevention Framework State Incentive Grant (SPF SIG). Twenty-three communities participated in this project. Interventions were focused on three priorities: underage drinking, high risk drinking among people under 25, and marijuana use among people under 25. Every grantee also participated in a statewide learning community and evaluation of the initiative. This evaluation will be available in

2012.. In FY12 VDH launched the integrated Community-Based Prevention Grants program. The Division of Alcohol and Drug Abuse Programs contributed a portion of the Substance Abuse Prevention and Treatment Block Grant to this integrated grant. Of the sixteen community-based prevention grantees for FY12, twelve of them are former SPF SIG communities. Consistent with CHAMPPS goals, alcohol and drug prevention funds support communitywide, environmental strategies such as local policy initiatives, media advocacy, social marketing campaigns and support of law enforcement efforts. These compliment and strengthen other chronic disease prevention practices underway in the same communities. In addition, all the grantees are implementing VDH's Healthy Retailer initiative.

The descriptions below outline the grantee activities funded by the CHAMPPS state funds. These grantees are implementing policy, environmental and systems change for reducing or preventing chronic conditions.

CHAMPPS Grantees

State Fiscal Year 2012

- **Green Mountain United Way** Green Mountain United Way (GMUW) is focusing on Northfield and Barre – in Northfield, they are assisting with renovations to an unsafe playground and working on making schools open for public use; working with the town to improve traffic safety around the entrance to a local park; establishing community gardens in subsidized housing complexes; and participating in the region's food systems councils to reduce duplication of efforts. \$40,000.
- **Fit and Healthy Enosburg** Fit and Healthy Enosburg is working with the select board to make the town safer for walking and biking; working to increase access to places to be active in the community by posing signs for paths and facilities; helping to establish a vibrant Safe Routes to Schools program; and will implement the Healthy Retailers project to improve access to healthier foods. \$40,000.
- **Health Connections of the Upper Valley** - Royalton, Sharon. Health Connections is strengthening partnerships between the school and community through a "Joint Use Agreement" allowing residents access to the school gym and equipment after school hours. Working with partners to build a trail behind the Sharon Elementary School, and adding amenities such as benches to make it more accessible to people of all abilities, and working to increase pedestrian safety with signs posted along a busy road to slow traffic. Health Connections is establishing a healthy snack policy for the afterschool program; distributing information to families about farmers' market coupons and Farm Share opportunities; helping make EBT machines available at the South Royalton Farmer's Market; and establish a gleaning program to distribute produce to food shelves and day care centers. \$40,000.
- **Northeast Kingdom Community Action (NEKCA)** - Newport. NEKCA is working with the town to establish community gardens; working closely with the Vermont Food Bank and Green Mountain Farm to School program to distribute gleaned and

donated food to food shelves, schools and senior meal sites; promoting a Grow a Row campaign; and working with the after school program to create a new community trail. \$40,000

- **Essex CHIPS** - Essex Town, Westford. Essex CHIPS is focusing on “active transportation” – working with the town to increase walking through updating and distributing walking maps and painting sidewalks to indicate walking routes; active in supporting local farmers market and making sure it has a Electronic Benefits Machine to accept 3SquaresVT; working with school board to improve school policies related to physical activity and nutrition. \$40,000.
- **Windsor Area Community Partnership (WACP)**- Windsor, Hartland, Weathersfield, W. Windsor. WACP is working with schools to develop “Joint Use Agreements” allowing residents to use school facilities for physical activity when school is not in session; working with schools to develop and implement district wide school wellness policies focused on improving the nutrition environment; working with the towns to explore creating a recreation path for the community; and will provide training and technical assistance for planning commissions and zoning boards using the Vermont Healthy Design Resource once available. \$40,000
- **Ottawaquechee Community Partnership (OCP)** - Woodstock, Reading, Bridgewater. Implementing Farm to School activities in Reading and Bridgewater schools; working with schools to assess their environment to develop and implement school wellness policies; increasing participation by families in an annual, community wide healthy eating and physical activity challenge; implementing Safe Routes to Schools in Woodstock. OCP is also planning to implement the VDH Healthy Retailers project. \$40,000
- **Fit and Healthy Lamoille Valley** – Morristown. Partners are engaging key decision makers to implement changes based on recommendations from a walkability study conducted in 2010; they included a Wellness Article in the Morristown Town Plan; and are working on marketing and offering community wide events for families with young children to promote healthy lifestyles messages. Also working to improve nutrition and activity environments in child care centers, schools, and after school programs. \$40,000
- **Fit and Healthy Swanton** - Swanton. Fit and Healthy Swanton is working with the town to improve signage along paths, indicating where recreation fields or facilities are along the way, and they are working with the Town to enhance zoning language to ensure pedestrian access in new development. Fit and Healthy Swanton is working with the community to improve the two newly established community gardens. This coalition is also continuing to work with the school and afterschool program to implement wellness policies addressing both physical activity and healthy eating. \$40,000.