

# ***VERMONT*2007**

## ***CHAMPPS***

*Coordinated Healthy Activity Motivation and Prevention Programs*

Report to the Legislature on **Act 215**  
Sec. 321 - Report Relating to 18 V.S.A. § 104b  
2006 (ADJ) Session  
January 15, 2008



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**Agency of Human Services**

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## **Executive Summary**

In accordance with *Act 215*, CHAMPPS shall serve as the foundation for the community wellness initiatives within the department. By January 15 of each year, the commissioner shall report on the status of the program to the general assembly, the senate committee on health and welfare, and the house committees on human services and on health care.

In its first full year of implementation, the CHAMPPS initiative successfully awarded community grants to nine organizations throughout Vermont. At the time of this report, these grants are mid-way through their grant cycle.

The legislatively mandated CHAMPPS Advisory Committee continued to provide guidance to the CHAMPPS process during 2007, and the internal VDH CHAMPPS working group continues to meet around issues of coordination of prevention activities within the Department.

Most significantly, the leadership of the department of health and the CHAMPPS Advisory group has developed the Vermont Prevention Model which draws on national conceptual models from public health and substance abuse for a full systems approach to improving health and reducing disease. Health Department program leadership quickly moved from siloed approaches to combining efforts to improve the overall health of Vermonters. The Vermont Prevention Model in only one year's time, has been embraced throughout the Department, Agency, and beyond as the model for implementation prevention initiatives. Also, increased collaboration between department programs and Divisions within the Department has been facilitated by CHAMPPS i.e. tobacco, substance abuse, obesity prevention.

Initially, the challenges to the CHAMPPS process have been administrative barriers presented by specific requirements posed by federal and special funding sources that challenge streamlining the CHAMPPS process and initially labor intensive administration to set up this new grants program. In addition, some communities indicated the process fostered competition among local organizations rather than collaboration, indicating a need for further technical support of community organizations to leverage resources to improve the overall health of their citizens. Finally, the lack of additional appropriation for CHAMPPS had put the potential for realizing its original intent for "comprehensive, substantial multi-year grants" in jeopardy. The Vermont Department of Health and the 12 district health offices provide the opportunity to build on an existing infrastructure to guide and support community organizations to improve the health of their citizens through health promotion and disease prevention efforts. Governor Douglas' FY 2009 budget would add to the CHAMPPS grants with \$300,000 in new state general funds to be directed to community prevention work.

## *Introduction*

The Coordinated Health Activity, Motivation and Prevention Programs (CHAMPPS) initiative as mandated by Act 215, has as its primary goal to award “comprehensive, substantial multi-year grants to communities for health and wellness projects”. Over the past year, the CHAMPPS Advisory Committee and an internal Department of Health working group developed guidelines and executed the first round of grants offered through CHAMPPS. The CHAMPPS process provided an impetus for exploring ways to better coordinate disparate grant processes within the Department of Health. In addition, a common framework for prevention – the Vermont Prevention Model – was developed and adopted through the CHAMPPS process and has since become the basis for preventive efforts at the Department, including for the Blueprint for Health.

Nine grants were awarded through CHAMPPS for fiscal year 2008. Five of these grants were for “capacity building”, which provides support for mobilizing the community, developing coalitions and partnerships, and assessing health needs prior to actual implementation of programmatic activities. This initial capacity building process is recognized, accepted public health practice and ensures that interventions are developed with the input of the community and with a valid understanding of its needs and priorities, thereby increasing the potential for successful programs. Four awards were for actual implementation of projects in communities that had sufficient capacity to carry out programmatic activities. Implementation grantees are eligible for three years of funding, with years two and three funding levels of 80% and 60% of year one, respectively.

The most significant challenge to the CHAMPPS process was the “pooling” of multiple funding streams, some of which carry very specific requirements for their use as directed by federal agencies or state special funds i.e. Center for Disease Control obesity funds and state tobacco settlement dollars. In addition, these funds are administered through many different VDH accounts, which resulted in complicated business processes in order to effectively plan and manage funds internally.

## ***CHAMPPS Process and Methodology***

With input from the CHAMPPS Advisory Committee, the VDH internal CHAMPPS working group developed a Request for Proposals for CHAMPPS grants. (See Appendix A). The cross-programmatic and Departmental composition of the working group allowed it to draw upon existing applications for funding used by various VDH programs, and allowed for strategizing around better coordination of disparate grant processes within the Department of Health. A common framework for prevention – the Vermont Prevention Model – was developed and adopted through the CHAMPPS process. This prevention model draws on the nationally accepted best practices for prevention in substance abuse and also draws on the standard of public health practice of a systems approach referred to as the social-ecological model. This prevention model recognizes that for significant improvement in health care outcomes a full system approach is required with strategies directed at the levels of individual, relationship, organization, community and public policy. Most recently the Vermont Prevention Model has also become the basis for preventive efforts being incorporated into Vermont’s Blueprint for Health. (See Appendix B)

The RFP for CHAMPPS funding was released in January 2007. Communities were notified via existing communication channels and mailing lists, the VDH web site and a press release. Applicant training sessions were designed and conducted by the working group and were required for all CHAMPPS grant applicants. These were conducted via Vermont Interactive Television with over 200 individuals attending, representing over 150 organizations statewide. Due to the comprehensive intent of CHAMPPS grants, applicants were encouraged to collaborate with other potential applicants in their area. This was also advisable in that only one application would be funded in a specific geographic area. Therefore, collaboration among organizations on a single proposal was well advised with respect to likelihood of being funded. To facilitate such collaboration, immediately following the applicant training sessions, VDH published a list on its web site of all organizations that attended the sessions, along with their target geographic area and contact information. This allowed potential applicants to easily identify and make contact with other organizations in their area that also were considering a CHAMPPS proposal.

Thirty (30) applications were received and reviewed by a 23 member application review team comprised of a diverse mix of public and private sector representatives, including program experts from the Department of Health. Members of the CHAMPPS Advisory Committee were invited to serve on the grant review committee unless they had a vested interest in any CHAMPPS application. Each CHAMPPS application was reviewed and scored by at least four reviewers. A standardized scoring instrument was used in the review process.

Nine applications were selected for funding - five capacity building and four implementation projects. Grants were awarded as of July 1, 2007 and at the time of this

report are halfway through their grant cycle. VDH oversight of grants is conducted by several staff. Those receiving federal substance abuse funding must be overseen by the Division of Alcohol and Drug Abuse Programs. Non-substance abuse or “general health and wellness” CHAMPPS grants receive administrative oversight by a member of the Blueprint for Health staff with consultation by programmatic experts within the Department relevant to each particular grant’s activities. Department of Health District Directors and other District Office staff provide local consultation and oversight of CHAMPPS grants.

## ***Conclusions***

CHAMPPS was funded through various existing sources, including a large federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). The inclusion of SAMHSA funding presented many significant challenges and resulted in essentially two separate CHAMPPS processes – one for the “general health and wellness” funds and one for the substance abuse funds. Very specific language regarding use of the substance abuse funds had to be included in the RFP, to meet federal funding requirements, which at times was confusing to applicants. In addition, proposals requesting this funding required a supplemental review process, beyond that developed for CHAMPPS. These funds need to be accounted for separately in the VDH system due to federal auditing requirements, which has presented numerous business process challenges. The SAMHSA substance abuse prevention grant was the largest single source of funding put into CHAMPPS, yet it was federal funding. The administration of these funds became its own process that was guided principally by SAMHSA requirements, not by those of CHAMPPS. This created essentially two separate processes – a reality that seems antithetical to the intent of the CHAMPPS legislation.

A core group of VDH staff with other full-time responsibilities assumed the responsibility to administer the CHAMPPS grant process. This affected the expediency with which CHAMPPS activities were carried out, and the efficiency with which staff were able to respond to public inquiries. In addition to a significant amount of staff time, other administrative costs of CHAMPPS (VIT training, supplies, printing, etc.) were borne by other Department of Health programs.

One of the biggest challenges of CHAMPPS was time. Communities were given a very short time to prepare CHAMPPS proposals. This was primarily due to legislatively mandated timelines for the first year of grant awards, which should be improved now that the grant process is in place. The Department facilitated and allowed time for proposal review by a 23 member review team, made funding decisions, secured Commissioner approval of funding recommendations and drafted grant documents within six weeks of receipt of proposals. Some communities indicated that the process may have fostered more competition than collaboration locally. CHAMMPS has begun to create significant change to move state and local organizations from siloed, categorical health improvement efforts to broader health improvement strategies for the overall health of Vermonters. The broad scope of CHAMPPS made it difficult for some communities to focus their strategies and develop cohesive proposals. For example in some communities, small programs and organizations described feeling “shut out” of the process if they were not brought under the umbrella of a much larger proposal. Furthermore, because CHAMPPS was funded through the reallocation of pre-existing funding streams, sources of funding previously accessible to smaller organizations/programs were not available. Yet the large size of implementation grants provided significant opportunities for larger scale projects than previous categorical grants and has begun to bring the siloed efforts of community organizations together to optimize resources both monetary and personnel.

At the time of the original implementation of CHAMMPS, there was no dedicated staffing for CHAMPPS, thus significantly stretching the Department’s ability to provide needed technical assistance, training and quality assurance oversight, to local community grantees. The Vermont Department of Health and the 12 district health offices, provide the opportunity to build on an existing infrastructure to guide and support community organizations to improve the health of their citizens through health promotion and disease prevention efforts. Governor Douglas’ fiscal budget for 2008 would dedicate 12 public health specialists to be available to support communities for CHAMMPS.

Although the original intent of CHAMPPS was “substantial, multi-year grants”, no new funding was appropriated in the 2006-2007 legislative session. Implementation grantees are eligible for up to three years of funding. Existing funding will quickly diminish as implementation projects are funded for their second and third years and as existing capacity building grantees are funded for implementation projects. Governor Douglas’ fiscal year budget for 2008 does include new state general funds for CHAMMPS for \$300,000.

## ***Recommendations***

The future success of CHAMMPS is dependent, in part, on further state general funds for multi-year grants to communities to fund comprehensive health and wellness projects. State funds directed at prevention following the CHAMMPS grant process and the Vermont Prevention Model offer significant opportunity for Vermont to lead in improving the overall health of its citizens. Using the CHAMMPS process thus avoids categorical funding and creates the opportunities for maximizing precious state and community resources. In addition, this would ensure efficiencies in the grant administration and oversight by the Department of Health and avoid multiple grant submissions by community organizations.

CHAMMPS identified state funds should continue to be combined with federal funds which focus on health promotion and disease prevention when ever possible. Federal and special grant funding applications should be submitted to follow the Vermont Prevention Model and CHAMMPS process for awarding community grants. Although it is recognized that federal grant applications must follow prescribed federal guidance every effort should be made to move towards this comprehensive full systems approach to health promotion and disease prevention, thus optimizing federal resources.

The Vermont Department of Health and the twelve district health offices provide the opportunity to build on an existing infrastructure to guide and support community organizations to improve the health of their citizens through health promotion and disease prevention efforts. Through the state public health system, communities can be supported in their work to apply for CHAMMPS grants including technical assistance for assessment, review of best and promising practices, implementation strategies and evaluation.

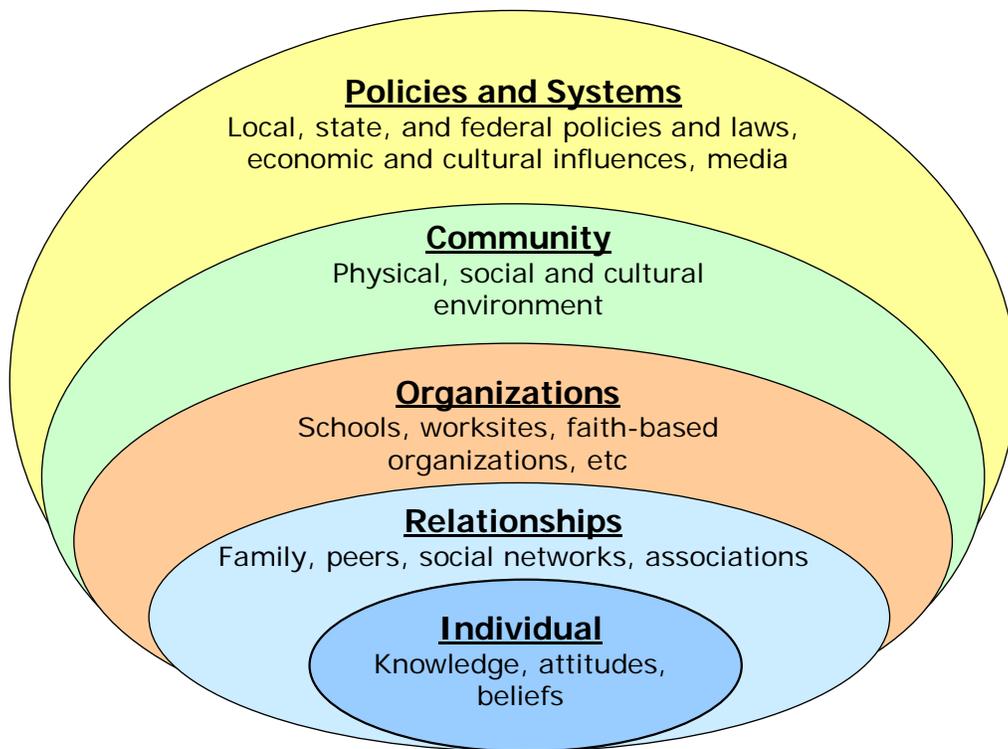
## Appendix A

### CHAMPPS Advisory Committee Members

Name	Organization
Deputy Secretary Dave Lane	Agriculture
Acting Commissioner Sharon Moffatt	VDH
Deputy Commissioner Barbara Cimaglio	VDH
John Nelson	Vermont School board Association
Jeanice Garfield	Springfield Prevention Coalition
Jennifer Flannery	The Collaborative
Kristy Sprague	OVHA
Amy Nickerson	DAIL
Shevonne Travers	Dept of Education
Barbara Hanson	Governor's Commission on Healthy Aging
Coleen Krauss	Tobacco Evaluation Review Board
Barbara Gassner	Consultant
Tom Roberts	Ottauquechee Health Foundation
Sue Shepard	DCF
Karen Horn	Vermont League of Cities & Towns
Jonathan Billings	Northwestern Medical Center
Penrose Jackson	FAHC Community Health Improvement
Name	Organization
Susan Coburn	VDH
Marcia LaPlante	VDH
Sheri Lynn	VDH
Kelly Dougherty	VDH
Karen Garbarino	VDH

## Appendix B

### Vermont Prevention Model



## The Vermont Prevention Model

The prevention model illustrates that there are many factors in play that influence individual and population health.

Health promotion efforts are most likely to be effective if they are:

- consistent with the needs and resources of the community
- developed with an understanding of the factors contributing to the problem
- designed to specifically address those factors
- inclusive of strategies addressing multiple levels of the model simultaneously
- sustainable over time
- age, gender and culturally appropriate
- evidence based or based on best and promising practices

### Levels of influence

#### **Individual**

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

Examples of individual level strategies include:

- one-on-one counseling using skills such as motivational interviewing and behavior modification techniques
- health education curricula
- media literacy education
- counseling on the health risks of tobacco use
- educational campaigns that state drinking and driving is “uncool”

#### **Relationships**

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

Examples of relationship level strategies include:

- youth empowerment and peer education groups (e.g. Our Voices Exposed Youth led movement against tobacco)
- parent education and family strengthening programs
- self management workshops (e.g. Healthier Living workshops)
- group walking programs
- mentoring programs

### **Organizations**

Norms, standards and policies in institutions or establishments where people interact such as schools, worksites, faith based organizations, social clubs and organizations for youth and adults

Strategies addressing this level of influence are designed to affect multiple people through an organizational setting.

Examples of organizational-level strategies include:

- policies prohibiting tobacco use in schools and worksites
- after school programs offering physical activity programs
- worksites offering tobacco cessation programs
- worksite policies allowing flex time for physical activity or other wellness activities
- health insurance premium reductions for those with fewer risk factors (e.g., non-smokers)

### **Community**

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

Examples of community-level strategies include:

- New Directions coalitions implementing evidence based alcohol and drug abuse prevention strategies
- A community tobacco coalition throwing a smoke free barbeque event
- Converting unused railways into recreation paths
- Developing bike paths

### **Policies and Systems**

Local, state and federal policies; laws; economic influences; media messages and national trends that regulate or influence behavior

Strategies at this level are designed to have wide-reaching impact through actions affecting entire populations.

Examples of policy and systems-level strategies include:

- media campaigns and marketing to promote public awareness and advocacy for change.
- public advocacy to ban the use of items that target the branding of alcohol companies to youth (e.g. free t-shirts)
- legislation to prohibit smoking in public places
- taxes on “junk food”

## Appendix C

### CHAMPPS Grantees

#### Capacity Building Grants

**Chelsea Area Resource Exchange (C.A.R.E)** – Tunbridge, VT

Serving Chelsea, Tunbridge, Vershire and Washington

Development of new coalition - membership, charter, plans for community health assessment

\$ 60,000

**Grand Isle County Clean Team & Franklin County Caring Communities** – Isle La Motte, VT

Serving all of Franklin and Grand Isle counties

Funded exclusively through SAMHSA SPF funds

Will conduct needs assessment and form community partnerships to build, strengthen and enhance efforts to reduce underage drinking

\$ 68,000

**Northeast Kingdom Community Action** – Newport, VT

Will serve Orleans and northern Essex counties in the Northeast Kingdom (AHS Newport district)

Complete systematic review of existing community data and generate a Community Report Card; to build a community health coalition; to generate a strategic regional plan for community health; generate an early childhood regional plan (linked to community health plan)

\$ 60,000

**Ottauquechee Community Partnership** – North Pomfret, VT

Will serve six towns from the Windsor Central Supervisory Union (Banard, Bridgewater, Killington, Pomfret, Reading, and Woodstock) and five towns of the Hartford School District (Hartford, West Hartford, Quechee, White River Junction and Wilder)

Will receive 68,000 from SAMHSA SPF funds, \$30,000 general health and wellness funds

Formation of new prevention coalition in Hartford, expansion of OCP's initiatives beyond alcohol, tobacco and other drug abuse issues; conduct community assessment and joint strategic planning

\$ 98,000

**Prevention Partnerships of Braintree, Brookfield and Randolph** – Randolph, VT

Will serve the towns of Braintree, Brookfield and Randolph in Central Vermont build coalition capacity and conduct needs assessment to better address issues of underage drinking

\$ 68,000

**Implementation Grants**

**Parks Place Resource Center – Bellows Falls, VT**

Will serve Rockingham, Westminster, Brattleboro and Springfield

Reduce the incidence of lead poisoning in children through increased testing; training of landlords and contractors in essential maintenance practices and lead-safe renovation practices; education and outreach to medical providers, social service providers, local officials and legislators, and the community at large; case consultation

\$ 70,000

**Rutland Area Physical Activity Coalition – Rutland, VT**

Serving all of Rutland County

Outreach/education regarding benefits of and opportunities for physical activity and healthy diet; encourage creation of built environments to support physically active lifestyles through advocacy and education to policy makers ; ongoing physical activity events throughout Rutland County

\$111,714

**The Collaborative – South Londonderry, VT**

Will serve the Northshire and Mountain Communities (Londonderry, Weston, Langrove, Peru, Dorset, Danby, Pawlet, Rupert, Sunderland, Stratton, Winhall, Manchester, Mt. Tabor)

Funded exclusively with SAMHSA SPF funds to reduce youth substance use

\$ 68,000

**Winooski Community Center – Winooski, VT**

Will serve all residents of Winooski

Nutrition and physical activity interventions across the lifespan coordinated through the Winooski Community Center; will include Winooski Health Program (through FAHC CHI), senior fitness program, Get Moving Winooski!, Winooski Girl Scouts, Camp Dream, Fit WIC, Food To Grow On nutritional support to child care providers

\$100,000