


CDC HEALTH DISPARITIES GRANT

FEBRUARY 2022

- 
- Grant Overview
 - Link to State Health Improvement Plan
 - Key Strategies, Activities and Budget Overview

Grant Overview

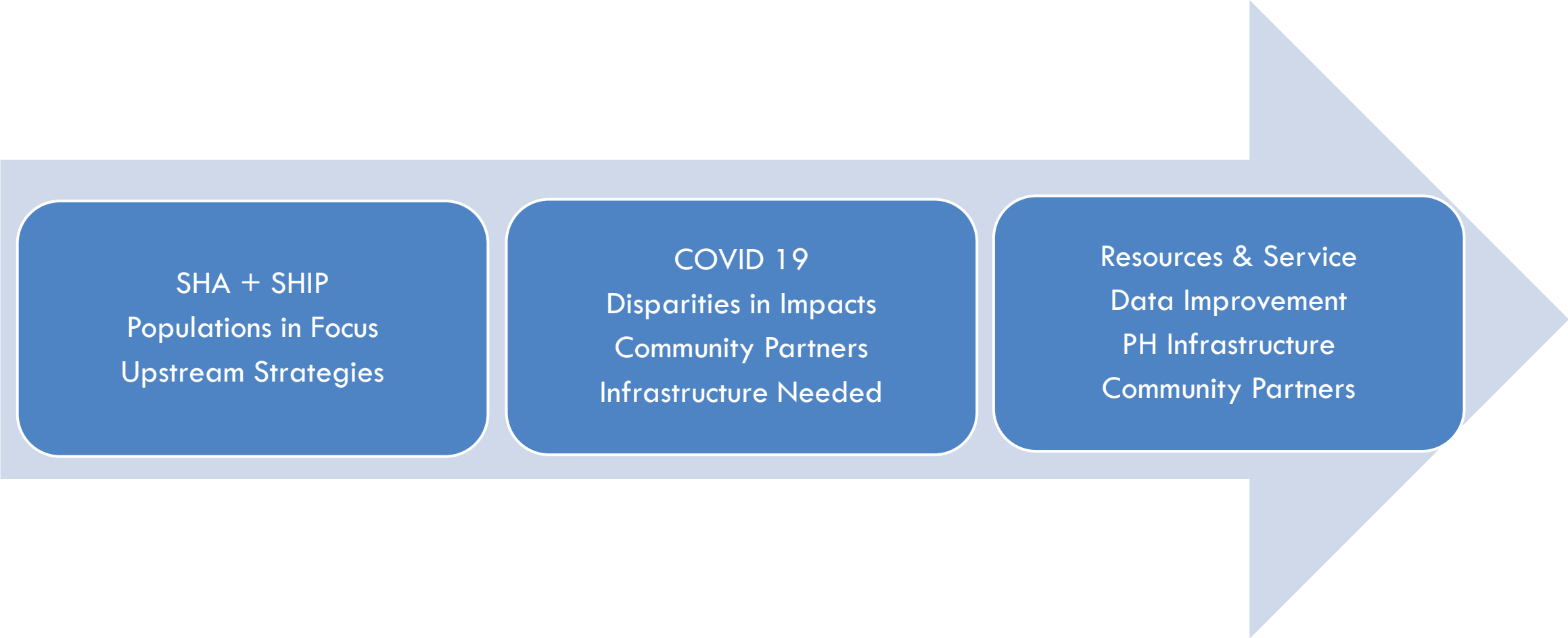
CDC Health Disparities Grant

National Initiative to Address **COVID-19 Health Disparities** Among Populations at High-Risk and Underserved, Including **Racial and Ethnic Minority Populations** and **Rural Communities**

Timeline: June 1, 2021 – May 31, 2023; No Cost Extension Anticipated

Total Budget: \$28,498,810

The Health Disparities Plan in Context



5

Which populations are most affected?

Those who have experienced socioeconomic disadvantage, **historical injustice** and other **avoidable inequalities** that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation and disability.

Priorities from the State Health Assessment

Populations

- ❑ BIPOC/ELL
- ❑ LGBTQ
- ❑ People with Disabilities
- ❑ People living in poverty

Health Conditions/Outcomes

- ❑ Child Development (*chD*)
- ❑ Chronic Disease (*CD*)
- ❑ Mental Health (*MH*)
- ❑ Oral Health (*OH*)
- ❑ Substance Use Disorder (*SU*)

Social Conditions (*SDOH*)

- ❑ Housing
- ❑ Transportation
- ❑ Food
- ❑ Income/Economic Stability

<http://www.healthvermont.gov/about/reports/state-health-assessment-2018>

Each strategy is designed to improve one or more priority health and social conditions (color key below) –

State Health Improvement Strategies

Invest in policies and infrastructure that create healthy communities - page 6.

Implement policies and promote norms that encourage physical activity and healthy eating, and discourage tobacco, alcohol, drug use/misuse.



Use health care reform and regulatory levers to support access to food, housing, transportation.



Expand housing and weatherization programs.



Form partnerships and shared investments to expand transportation services.



Expand community water fluoridation.



Invest in programs that promote resilience, connection and belonging - page 8.

Expand access to home visiting programs.



Promote the *Strengthening Families* system.



Expand opportunities such as mentoring, peer support and after-school programs for youth.



Implement strong school health and wellness plans, policies and programs.



Create community supports for people in recovery.



Implement *Zero Suicide* in health care systems.



Expand access to integrated person-centered care - page 10.

Integrate oral health, mental health, substance use disorder prevention into primary care.



Create a universal system for developmental screening and referrals for children and families.



Implement SBINS* for health behaviors, housing, transportation, food and economic security.



Integrate oral health into health care practice and other settings (nursing homes, schools, etc.).



Promote practice improvements and professional development for early care and learning providers.



* Screening, Brief Intervention & Navigation to Services

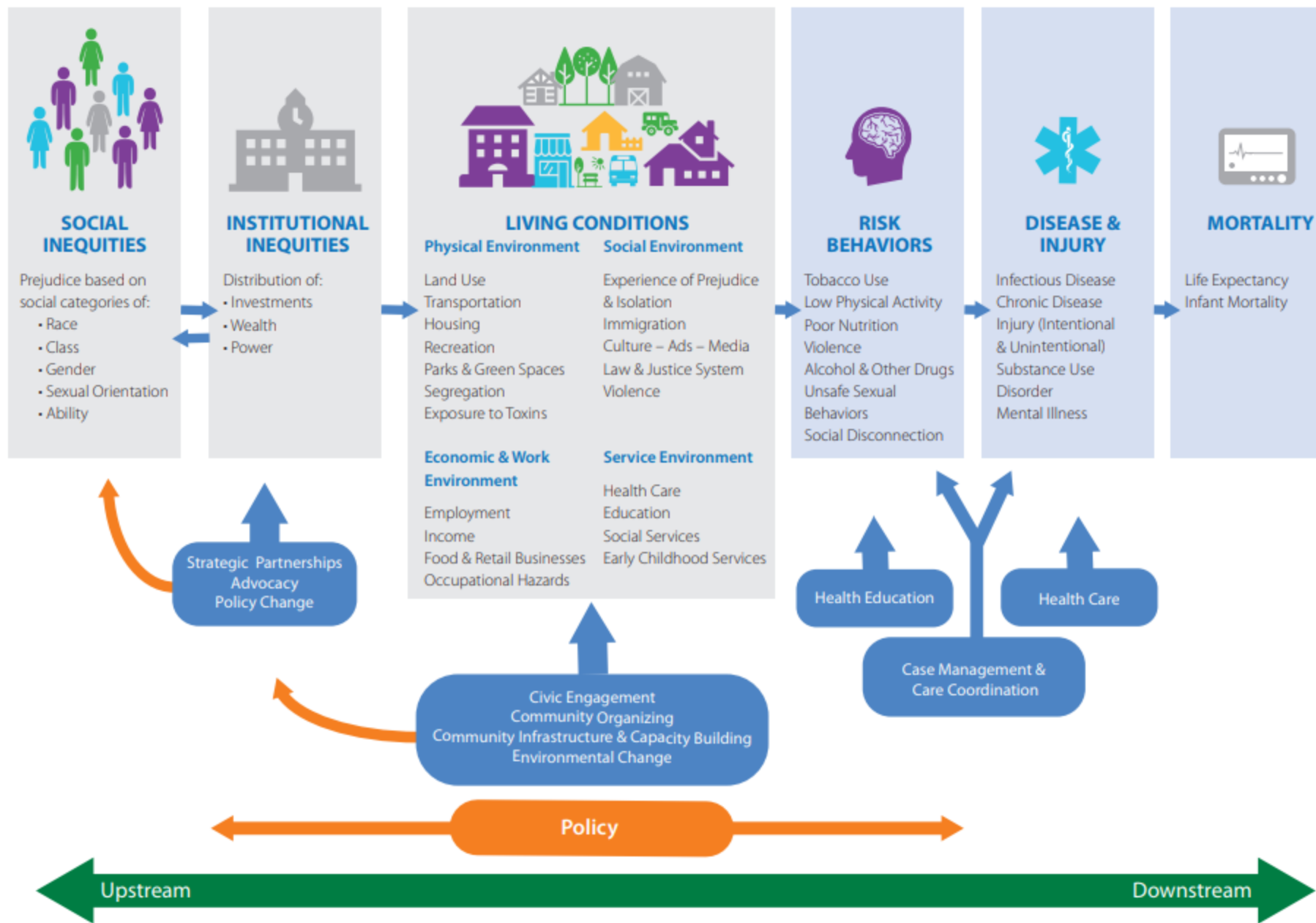
Adopt organizational and institutional practices that advance equity - page 12.

Meaningful community engagement • Equitable programs, policies and budgets • Respectful care and services • Informed actions and decisions



KEY – Child Development Chronic Disease Prevention Mental Health Oral Health Substance Use Prevention Housing, Transportation, Food & Economic Security

A Public Health Framework for Reducing Health Inequities

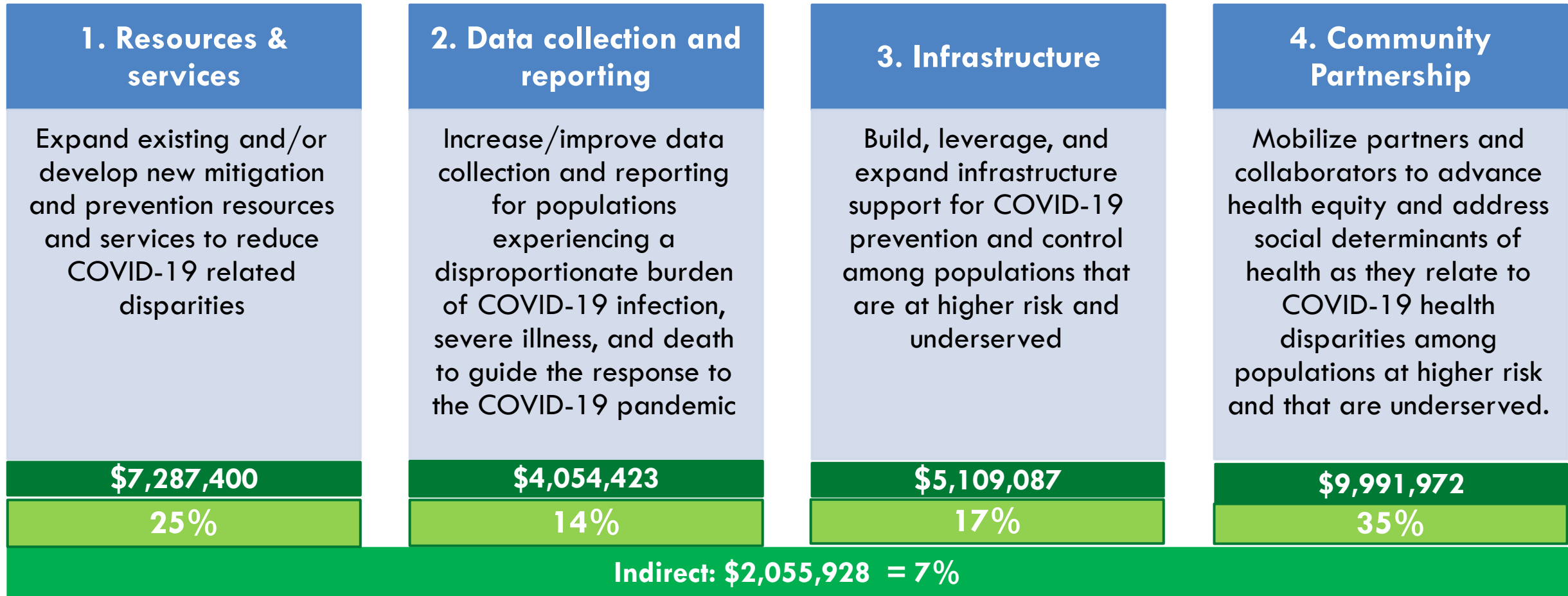


Intended Grant Outcomes

Among populations at higher risk and that are underserved, including racial and ethnic minority groups and people living in rural communities:

1. Reduced COVID-19-related **health disparities**.
2. Improved and increased **testing and contact tracing**.
3. Improved state, local, US territorial, and freely associated **state health department capacity** and services to prevent and control COVID-19 infection (or transmission).

Strategies and Budget



Strategy 1: Expand Mitigation and Prevention Resources & Services

- Strengthen and expand community partnerships activated in COVID response
 - ▣ (re)establish grants with community-based organizations

 - Expand health mental health, substance use and suicide prevention supports for populations most impacted
 - ▣ BIPOC, ELL, LGBTQ, Rural
 - ▣ Homeless

 - Invest in workforce development among communities most impacted by COVID
 - ▣ Community health workers (multiple agencies and across the continuum of health/wellness)
 - ▣ EMS providers from populations impacted
- * This is specific to continued response

Strategy 2: Increase and Improve Data Collection and Reporting

- Broaden collection, analysis, and reporting of essential data on race, ethnicity, and preferred language
 - ▣ Improve data collection – VHIE
 - ▣ Improve data collection systems across the VT Agency of Human Services
 - ▣ Expand Data Dashboards

- Improve understanding of community impacts and needs
 - ▣ Update AHS Community Profiles and with a focus on “equity” *
 - ▣ Conduct community health needs assessments with a focus on “equity”

Strategy 3: Build Infrastructure

- Stabilize the staffing and health department systems
 - ▣ Formalize Health Equity and Engagement Team
 - ▣ Increase Communication Capacity
 - ▣ Expand Data Analytic and Evaluation Support
 - ▣ Increase Workforce Cultural Competency and Equity Informed Action

- Improve access to culturally and linguistically appropriate information *
 - ▣ Website updates
 - ▣ Translation services
 - ▣ VT Language Justice Project (Multi-Lingual Task Force)

* This is specific to continued response

Strategy 4: Mobilize Partners and Collaborators to Advance Equity and Address SDOH

- Invest in Community Health Improvement
 - ▣ Place based grant making to address SDOH in partnership with ACCD, VTrans, AARP
 - ▣ Community Collaborative investments based on data and priorities of the impacted community

- Establish Grants to Community Based Organizations
 - Data gathering – quantitative and/or qualitative – to inform action
 - Community Health Worker/Cultural Brokers
 - Outreach, education and promotional efforts which are culturally and linguistically appropriate
 - Education and training of health, public health and social service providers re: culturally and linguistically appropriate engagement and service delivery
 - Wellness and healing programming (non-clinical)