

History

In 1980, the Governor of Vermont established a State Refugee Coordinator and developed a State Plan for Refugee Resettlement that coordinates resources for resettlement and service delivery for refugees in Vermont. The Vermont Department of Health (VDH) has since facilitated the creation of the VDH Refugee Health Coordinator, the Refugee and Immigrant Services Providers Network, and a Limited English Proficiency Committee at the Agency for Human Services to better serve refugees and others with limited English capabilities.

Health Priorities

The VDH identified the following health priorities for the people of Vermont and specific priorities for racial/ethnic minority populations residing in the state.

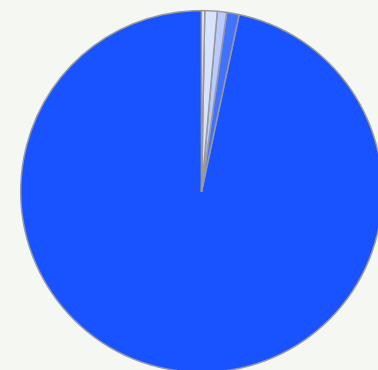
Health Priorities for the General Population	Health Priorities Specifically for Racial/Ethnic Minority Populations
Obesity prevention	Health disparities in underserved, rural and minority populations
Tobacco cessation	Preventive health services in minority communities
Heart disease prevention	Expansion of health care providers and quality practice management in underserved communities
Substance abuse prevention, treatment & recovery	State policies that support Departmental initiatives to reduce health disparities
Mental health – prevention and promotion	

Overview

	Funding for MH/HD Activities	Personnel Dedicated to MH/HD	MH/HD Unit	MH/HD Advisory Body	State MH/HD Legislation or Mandate	MH/HD Strategic Plan	Evaluation of MH/HD Activities
Vermont	✗	✓	✗	✓	✓	✓	✓
Total Affirmative Responses out of 46	30	38	36	36	27	36	39

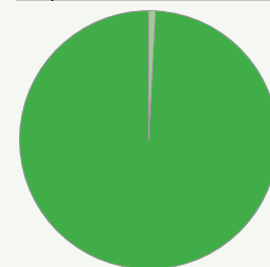
Total State Population:
623,908

Racial Distribution



- American Indian/Alaskan Native (0.4%)
- Asian (1%)
- Black/African American (1%)
- Native Hawaiian/Pacific Islander (0%)
- Other Race (0%)
- Two or More Races (1%)
- White (96%)

Hispanic/Latino Ethnic Distribution



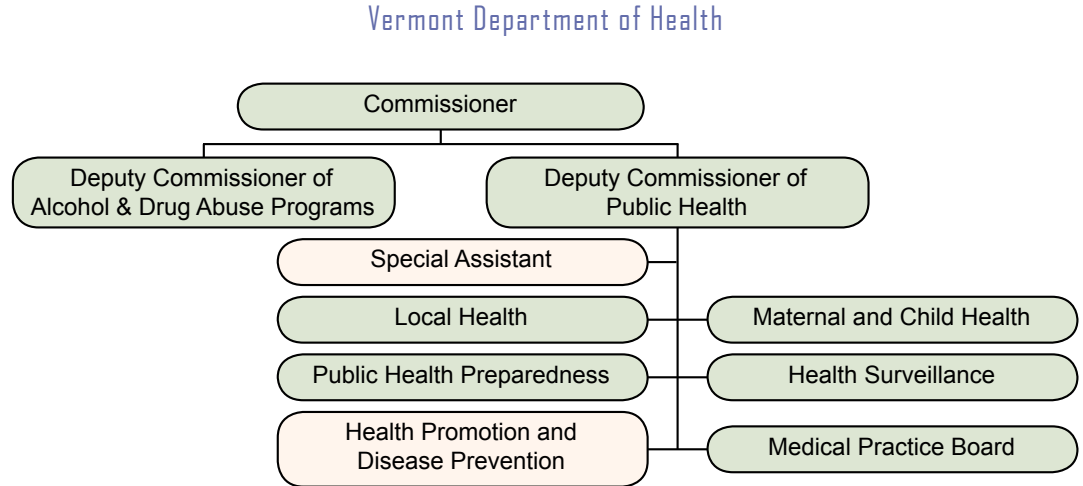
- Hispanic/Latino Ethnicity (1%)
- Non-Hispanic/Latino Ethnicity (99%)

Note: People can self-identify as members of any racial group in the Census, as well as report having Hispanic/Latino ethnicity.

Source: 2006 American Community Survey, US Census Bureau

Organization, Infrastructure and Resources

At present, the primary contact for MH/HD – the Special Assistant to the Commissioner for Minority Health – is a local health district director. As of July 1, 2008, the VDH plans to place responsibility for MH/HD in a Chief of Planning in a Planning and Quality Section under the Commissioner. The following is a simplified organizational chart that demonstrates the current location of the MH/HD focal point in relation to the state’s key public health leadership:



Minority Health Entities and Partnerships

- Each program office at the Vermont Department of Health creates and administers its own health disparities interventions and activities in response to inequities encountered in their respective focus areas.
- At the time of the survey, the VDH was in the process of developing an internal health disparities work group and an external health disparities advisory council that would provide guidance on racial/ethnic minority health and health disparities (MH/HD) issues in the state.
- The Vermont Commission on Native American Affairs protects and strengthens Native American heritage and advocates for their needs in Vermont.
- VDH maintains partnerships with an array of external entities active in MH/HD including: local health departments, community-based/non-profit organizations, and clinical networks.

Human Capital Investments

The following staff dedicates all or part of their work hours to MH/HD activities at the VDH:

Job Category	Total Number Dedicated to MH/HD	% of Work Hours Each Spends on MH/HD Activities
Administrator/Director	1	.20%
Program Specialist	1	.20%
Administrative Assistant	1	.25%

Financial Investments

The VDH reported that there is no annual budget for minority health activities. Although the VDH does not allocate financial resources specifically for state MH/HD activities, it reports supporting MH/HD activities through the budgets of its public health divisions where MH/HD activities are conducted. It also provides monies to local health departments to support their health disparities efforts. Specific data on VDH spending on MH/HD activities were not provided.

At the time of the survey, financial support for Vermont’s Minority Health Strategic Plan was being discussed with the HHS Office of Minority Health and Region I Office of Minority Health. In addition, Vermont had been accepted to participate in the HHS National Partnership for Action to Eliminate Health Disparities that started in 2007. Participation in this partnership was expected to provide additional support for implementation of Vermont’s MH/HD activities.

Strategic Planning

The Vermont Department of Health (VDH) has developed a strategic plan for minority health that directs its efforts to eliminate racial/ethnic health disparities in the State. It is structured around the following goals:

Goal 1:	Build health disparities organizational structure and capacity
Tracking Methods:	Indicators: establishment of an MH/HD budget; designation of a 'home' for MH/HD coordination at VDH; identification of grant funding sources for Vermont's MH/HD activities; participation on Governor's Workforce Equity and Diversity Council; incorporation of workforce diversity issues into VDH annual report; development of plan to increase diversity of state's health care workforce; development of marketing plan for the VDH loan repayment program at minority colleges and universities
Goal 2:	Improve health disparities data quality, collection and reporting
Tracking Methods:	Indicators: creation of a racial and ethnic health data collection plan; production of Vermont Minority Health Status Report
Goal 3:	Support cultural competency training
Tracking Methods:	Indicators: adoption of NACCHO tools and internal dialogue process at VDH for addressing health disparities; creation of standards, guidelines and technical assistance for cultural competency in health care training; identify toolkits, trainers and potential health care entities for cultural competency training; bi-monthly VDH meetings with State Refugee Coordinator and Limited English Proficiency Committee; number of VDH initiatives that target racial/ethnic minority populations; creation of a VDH racial/ethnic social marketing plan; yearly discussion/presentation with executive leadership regarding VDH health disparities plan and activities.
Goal 4:	Increase access to preventive and treatment services for racial/ethnic minorities
Tracking Methods:	Indicators: Number of racial/ethnic minority representatives involved in VDH planning and program implementation; incorporation of racial/ethnic health disparities goals in Department of Mental Health strategic planning
Goal 5:	Enhance community development and leadership
Tracking Methods:	Indicators: Provision of health information at organizations serving racial/ethnic minorities; creation of resource directory for racial/ethnic minority health services; execution of biennial Minority Health Summit

Activities

Health Disparities Work Group

The VDH formed the Health Disparities Work Group to promote collaboration on eliminating health disparities among minorities and underserved populations in Vermont. The Work Group meets as needed to identify health disparities, consider health data, coordinate resources and information on or with diverse communities. Work Group membership is comprised of a variety of representatives involved in health care for minority populations in Vermont.

Partners

VDH executive leadership and staff

Activity Outcomes

Membership has facilitated the development and adoption of health disparities goals in the respective organizational plans of VDH health programs.

Evaluation Methods

Periodic updates and reports on the Strategic Plan status

Activities continued...

Tobacco Prevention and Cessation

The Health Promotion and Disease Prevention Division within the VDH is targeting its tobacco-related activities on tobacco prevention and cessation among populations with low socioeconomic status (SES) and severe mental illness. Rates of smoking among these groups are higher than the general population, with rates as high as 60% among individuals with severe mental illness.

Partners and Funding

The VDH has established partnerships with an array of external stakeholders including: the Tobacco Review Board, the Department of Education, healthcare organizations, primary care organizations, and community groups. The tobacco budget is \$4.1 million; the budget is being used to target the two populations overviewed above.

Activity Outcomes

None reported

Evaluation Methods

Not reported

Minority Health Strategic Plan

The VDH developed a two-year Minority Health Strategic Plan in 2007 that outlines goals, objectives and the action steps it will carry out to resolve health disparities identified through state health surveillance. The plan includes priorities for a health disparities data report, allocation of resources to support MH/HD activities and the creation of capacity to address health disparities within the Department.

Partners

VDH executive leadership and staff

Activity Outcomes

Targeted health disparities planning and activities; expanded capacity of the state health department to address the needs of underserved and minority populations

Evaluation Methods

Feedback from VDH leadership and stakeholders on the plan, ongoing monitoring of plan action steps

Biennial Health Disparities Summit

The 2007-2009 VDH Minority Health Strategic Plan proposes a state-wide health disparities summit that will foster collaborative partnerships between state and local health organizations, improve coordination and utilization of health disparities research, improve grant writing capabilities for health disparities activities, and develop the foundations for future health disparities grant programs in Vermont.

Partners

VDH leadership and program staff, state and local health organizations, health care providers and community advocacy groups; assistance from the HHS National Partnership for Action to Eliminate Health Disparities will be provided.

Activity Outcomes

The initiative is under development.

Evaluation Methods

Not yet determined

Vermont's primary contact for racial/ethnic minority health and health disparities is:

Judy Ashley-McLaughlin

Special Assistant to the Commissioner on Minority Health
Vermont Department of Health
<http://healthvermont.gov>
minorityhealth@vdh.state.vt.us
Phone: (802) 527-5582