



PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION

Vermont Department of Health
Office of Health Equity Integration
Health Equity Grant Evaluation Report

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Prepared for
**Vermont Department of Health
Office of Health Equity Integration**

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EXECUTIVE SUMMARY

In the middle of 2021, the Vermont Department of Health (VDH) was awarded a grant from the Centers for Disease Control and Prevention (CDC) through their National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities. The 28.5-million-dollar grant was originally for two years, but was extended until it was terminated by the CDC on March 24, 2025.

In the middle of 2024, VDH contracted with Pacific Institute for Research and Evaluation (PIRE) to conduct a retrospective evaluation of the grant-funded efforts from 2022 to 2024 that were managed and directly supported by VDH's Office of Health Equity Integration (OHEI) – a key part of the full range of work in Vermont funded by the grant. To help document and assess the impacts, successes, and challenges of these efforts led by OHEI, OHEI engaged PIRE to co-develop and implement a retrospective evaluation. The evaluation was designed to look both internally, at VDH organizational structures and systems, and externally, at the partnerships formed with grant-funded community-based organizations during the evaluation period.

The primary data collection activities were interviews with a purposive sample of 25 internal VDH staff and nine external partners. These virtual interviews were completed between January 31 and March 25, 2025.

Interview participants believed that the grant efforts that were initiated and overseen by OHEI led to progress by VDH on a wide array of issues related to addressing the health equity needs of the state. As indicated by one respondent: “[I]f there’s something we want to learn more about, it’s pretty automatic now or habitual for our staff to think... Whose voices do we need to inform this? Who is not at this table? What do we need to consider?”

Some of the most important VDH impact areas are listed below.

- Increased VDH staff awareness of health equity issues and appreciation of the importance of this to their work in public health.
- Increased VDH staff skills and resources available to address health equity needs.
- New and updated VDH policies and procedures to address health equity needs.
- Enhanced VDH staff understanding of, and relationships with, community partners that serve diverse communities and populations across the state, and better understanding of how to adjust standard approaches to partner with these organizations effectively.
- Enhanced VDH staff understanding of, and relationships with, other VDH staff and divisions/offices that have trusting relationships with diverse communities and populations across the state.
- Identification of areas to improve in the future to address the diverse health needs of the state.

Likewise, interview participants believed that the grant awards that were made to community partners by OHEI helped these organizations develop their capacities to serve diverse

communities and populations across the state. One respondent reflected: “They trusted us that we knew what was best, and allowed us to use the money in the ways that we asked for and that we need it... So I feel like it really strengthened the relationship between our org and VDH.”

Some of the most important community partner impact areas are listed below.

- Development of new capacities to apply for, receive, and manage government grant funds.
- Implementation of innovative projects to improve services for diverse populations, thereby helping to meet health needs across the state in an equitable manner.
- Development of new resources and approaches that will continue to benefit the communities they serve in the future.
- Enhanced community partner reputations within their community, and with other people across the state, as effective resources to help meet community health needs.
- Enhanced community partner understanding of, trust in, and relationships with, VDH and specific VDH staff members.
- Enhanced community partner understanding of, and relationships with, other organizations that serve diverse populations across the state.

Some of the noteworthy staff and community partner suggestions for VDH to consider if similar grants were made to community organizations in the future were:

- Allow for prospective, instead of retrospective, payments to grantees.
- Considering alternative ways for small organizations that are not official non-profits to receive funds, including assistance identifying a fiscal agent.
- Allow partners to submit applications both as a sole organizational project and with partners for collaborative projects.
- Provide funding streams that help sustain existing work rather than requiring the creation of new projects.
- Improve consistency across VDH in grant reporting systems. It is challenging when an organization receives multiple grants from VDH which all have different programmatic and financial reporting requirements.
- Provide support with obtaining data on the populations that were the focus of these projects and with measuring impact.
- Continue to trust communities to know what they need.

In addition to the positive impacts on health equity, it is important to acknowledge that many VDH staff and community partners were concerned about the undesirable impact that often occurs when funding and support is short-term. Fortunately, many of the VDH and external partner benefits and gains identified by the interview participants represent changes in individual perspectives, capacities, and relationships, and organizational capacities, structures, policies, and procedures that can help sustain health equity progress even if/when funding is reduced and/or withdrawn. Much of the impact and legacy of the project will be borne out across time in the individual and organizational actions that occur in the future based on progress made during the grant.

INTRODUCTION

In the middle of 2021, the Vermont Department of Health (VDH) was awarded a grant from the Centers for Disease Control and Prevention (CDC) through their National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities. The 28.5-million-dollar grant was originally for two years, but was extended through May 2026, with the core implementation period from the middle of 2022 through the middle of 2024. In the wake of changes at the federal level, the grant was terminated early on March 24, 2025.

In the middle of 2024, VDH contracted with Pacific Institute for Research and Evaluation (PIRE) to conduct a retrospective evaluation of the grant-funded efforts from 2022 to 2024 that were managed and directly supported by VDH's Office of Health Equity Integration (OHEI) – a key part of the full range of work in Vermont funded by the grant. Other efforts funded by the grant, such as actions by the Vermont Public Health Institute in collaboration with the 12 local health district offices within VDH's Division of Local Health that were not overseen by OHEI, were not part of this evaluation.¹ This report describes the planning, implementation, and findings of the evaluation project.

The CDC Grant

As stated in the CDC's Request for Applications grant announcement: "This grant will provide funding to address COVID-19 and advance health equity (e.g., through strategies, interventions, and services that consider systemic barriers and potentially discriminatory practices that have put certain groups at higher risk for diseases like COVID-19) in racial and ethnic minority groups and rural populations within state, local, US territorial, and freely associated state health jurisdictions." The CDC required that grant funds be used to implement one or more of the following strategies, and VDH chose to use funds to implement all four:

1. Expand existing and/or develop new mitigation and prevention resources and services to reduce COVID-19 related disparities among populations at higher risk and that are underserved.
2. Increase/improve data collection and reporting for populations experiencing a disproportionate burden of COVID-19 infection, severe illness, and death to guide the response to the COVID-19 pandemic.
3. Build, leverage, and expand infrastructure support for COVID-19 prevention and control among populations that are at higher risk and underserved.

¹ Other prominent VDH activities funded by the grant that were not overseen by OHEI included funding to the following entities: the Southern Vermont Area Health Education Center, Community Health Centers of the Rutland Region, Washington County Mental Health Services, Community Colleges of Vermont, the Department of Mental Health, and many other partnering agencies across the state.

4. Mobilize partners and collaborators to advance health equity and address social determinants of health as they relate to COVID-19 health disparities among populations at higher risk and that are underserved.

In their grant application to the CDC, VDH summarized their goals across these four areas in the following way:

“With the additional funds from this CDC grant, the Department will:

- Strengthen and expand the community partnerships put in place quickly as part of the COVID response;
- Broaden collection, analysis and reporting of essential data on race, ethnicity, and preferred language to determine populations most impacted;
- Stabilize the staffing and health department systems needed to incorporate the lessons learned from our COVID response to address health disparities; and
- Invest in workforce development and capacity building in communities most impacted by COVID.”

From the outset, there was emphasis on the development of a stronger, sustainable infrastructure to help address health needs associated with the COVID-19 pandemic and beyond. As stated in the CDC grant announcement; “All strategies should aim to build infrastructures that both address disparities in the current COVID-19 pandemic and set the foundation to address future responses.” In part because the grant funds lasted for several years beyond the most acute needs directly related to COVID-19 and beyond the original funding period, much of the grant activities were oriented towards the broad health equity sustainability goals.

Formation of OHEI

A foundational component of VDH’s strategy for enhancing health equity with the CDC grant was the development of OHEI. Prior to the CDC grant, VDH had a .5 FTE position in VDH’s Planning Unit dedicated to advancing health equity, with a specific focus on refugee health. In addition, there was a Health Equity Advisory Team made up of staff who volunteered their time to support these efforts. The CDC funds allowed for the creation of OHEI within the VDH Commissioner’s Office. The OHEI initially included eight full-time positions including a Director, Manager, Equity Team Lead, and five Community Engagement Coordinators, each focused on priority populations including indigenous, unhoused, BIPOC, LGBTQ+, and disability populations. In addition, there were twelve Equity Lead and Liaison positions embedded within VDH Divisions, some with a portion or all of their time supported by the CDC grant. The OHEI led VDH’s grant project efforts to develop internal and external health equity capacity, especially efforts to develop the sustainable infrastructure to address ongoing health disparities.

Purpose and Scope of this Evaluation

To help document and assess the impacts, successes and challenges of these efforts led by OHEI, OHEI engaged PIRE to co-develop and implement a retrospective evaluation. The

purpose of the evaluation was to document and assess the reach and impact of the grant-funded OHEI activities across VDH divisions and programs, and with community partners. The evaluation was designed to look both internally, at VDH organizational structures and systems, and externally, at the partnerships formed with grant-funded community-based organizations during the evaluation period. Table 1 below lists the evaluation questions identified by OHEI as the foundation for developing the evaluation plans.

Table 1: Primary Project Focus Areas and Evaluation Questions

Project Focus Areas	OHEI Evaluation Questions
1. Internal: Develop VDH capacity & infrastructure to address health disparities & integrate equitable practices	<ul style="list-style-type: none"> o How has VDH been able to enhance health equity within divisions? How well were these efforts implemented? o How has this investment in equity programs changed how VDH works with partners? o What types of partners were chosen across the department and why? o What was the impact on VDH staff managing subrecipients? o What type of new or continued relationships have transpired?
2. External: Empower & collaborate w/partners to advance health equity & increase capacity to reduce health disparities for priority populations	<ul style="list-style-type: none"> o How did the granting relationship impact trust in government? o What was the project impact on historically marginalized populations? o Was there any impact on partner organizations' sense of empowerment in the community?
3. Both internal and external	<ul style="list-style-type: none"> o Did VDH make an impact on enhancing health equity efforts, internal and external to the Department? o What are lessons learned from how VDH partners with organizations, prioritizes, and communicates information about funding opportunities, etc.?

The OHEI and PIRE developed the logic model in Figure 1 as a central part of the initial evaluation planning phase. It displays the relationship between the main internal and external OHEI project activities, the direct outputs of these activities, and the intended longer-term outcomes. The model development process also involved identifying existing and potential data sources for the specified outputs and outcomes.

Figure 1: Logic Model

Focus Areas	Activities	→	Outputs	→	Intended Outcomes
Internal: Develop VDH capacity & infrastructure to address health disparities & integrate equitable practices	Supporting five priority populations statewide w/dedicated community engagement coordinators to serve as a bridge between community orgs & VDH	→	Sharing VDH information at community events/meetings Sharing information w/in VDH to highlight community-level voice, programs & resources, & promote value of collaboration w/community organizations	→	Barriers broken down & connections/relationships established that contributed to shifting the culture at VDH, & strengthened the state & community partner network to serve the state during the project & in the future, including the following staff development & structural enhancements: 1. VDH staff increased their capacity to collaborate with, value, & support community partners serving priority populations, & increased their knowledge, comfort, & skills concerning equity issues (related to past, present & future equity issues); 2. Systemic structures, policies & practices adjusted or established to be more equitable
	Funding & supporting VDH division leads & liaisons to develop capacity & provide TA to increase divisional capacity to serve communities more effectively	→	Training, TA & other communications delivered by leads & liaisons to develop capacity within their divisions to address health equity issues	→	
	Facilitating efforts across all divisions to integrate equity processes, practices & procedures across VDH, & support (financially & otherwise) organizations & leaders that serve priority populations	→	Developing & championing processes, practices & procedures to facilitate greater collaboration w/community organizations	→	
		→	Communicating w/VDH staff to promote the value of collaboration with, & support for, community organizations & leaders	→	
	Establishing new communication mechanisms for VDH to share information about resources, new funding opportunities, etc. w/VDH	→	Developing & distributing new Equity newsletter & other new communication activities for organizations & VDH staff	→	
	Funding & supporting division projects & initiatives to enhance content-specific equity efforts	→	Providing funding to division projects	→	
External: Empower & collaborate w/partners to advance health equity & increase capacity to reduce health disparities for priority populations	Training & TA to orgs w/capacities to serve priority populations to develop their ability to apply for, & administer, VDH funding awards	→	Funding & collaborating w/Common Good VT to deliver Non-Profit Management Training	→	1a. Capacity of organizations increased to apply for, & manage, grants that add resources to serve community health-related needs; 1b. Local barriers broken down & connections/relationships established to build trust in VDH; 1c. State & community partner network strengthened to serve communities during project & in future; 2. Communities directly benefited from the implemented projects
		→	Funding & collaborating w/VT Community Foundation to deliver training & TA	→	
		→	OHEI staff delivering TA on grant administration and working towards sustainability	→	
	Funding & collaborative support to community-specific projects to serve priority communities	→	Providing funding to local community projects	→	
		→	Assisting funded organizations via regular communication, information, & resource sharing	→	

In accordance with the logic model, the main evaluation goal was to develop a data-informed report that reflected how, and to what degree, OHEI activity outputs influenced the intended project outcomes during the evaluation period, with a particular emphasis on helping to answer the fundamental OHEI questions specified in Table 1. As mentioned, the development of the logic model included identifying existing data sources related to the outputs and outcomes in the model, and collaborative planning for new surveys and interviews to collect relevant data (see description of data sources and collection plans in Appendix A).

Based on the evaluation plan, the first evaluation implementation step was the development of the surveys, and drafts of the surveys were created by PIRE in October (see Appendix B). However, a grant reprioritization of activities in November led to the reduction of the evaluation project budget and the breadth of the planned evaluation activities. This resulted in dropping the survey plans, scaling down the extant document review plans, and focusing the remaining evaluation resources on the interviews with internal VDH staff and external partners.

This report summarizes and reflects on the main grant activities implemented and overseen by OHEI between 2022 and 2024, including information about the outputs and outcomes associated with these actions. (Note that this report does not focus on grant funded work that was not overseen by OHEI.) The next section summarizes information from existing data sources, the following section reviews the findings from our interviews with VDH staff and community partners, and the final section describes our conclusions and recommendations for VDH to consider.

SUMMARY OF OHEI EFFORTS TO ENHANCE HEALTH EQUITY IN VERMONT

The following descriptions of OHEI's activities were developed based on discussions with OHEI staff, including multiple meetings to develop the logic model, as well as review of the documents provided by OHEI including: VDH's workplan for the CDC grant, a set of quarterly updates shared by lead staff on specific divisional projects, presentations made by OHEI staff to others within VDH on the different components of their work, the Health Equity Capacity Building Grant Request for Proposals (i.e., the sub-grants made to community partner organizations), a "Lessons Learned" report prepared by the Vermont Community Foundation (VCF) in July 2024 on their strategic partnership with VDH on the health equity grants made to community partners, Advancing Health Equity in Vermont: Community Success Stories – a report prepared by VCF which highlighted the community grant projects, and a report by Common Good Vermont from February 2024 on participation by health equity grantees in their Fundraising and Development and Nonprofit Management certificate programs. This section provides a short summary of the core OHEI activities between 2022 and 2024 as a prelude to the following section with the findings from our interviews that discussed these topics in greater depth.

Efforts within the Vermont Department of Health

As described earlier, VDH was able to establish and staff OHEI using the CDC funds. OHEI was then able to use the grant funds to facilitate efforts to integrate equity-focused processes, practices, and procedures throughout all VDH divisions. The OHEI Community Engagement Coordinators shared information bidirectionally between VDH and community partners serving populations experiencing health disparities, promoting the value of collaboration with these partners within VDH and providing partners with access to resources and information that could benefit the communities they serve. The 12 VDH Division Equity Leads and Liaisons (collaboratively coordinated by OHEI) delivered training and technical assistance within their divisions to develop capacity to address health equity issues. Leads and Liaisons served as equity subject matter consultants to their divisions, and were able to support material reviews, grant development and selection processes (e.g. RFP development, grant review committees, selection of community grantees), and assist with fostering and maintaining culturally responsive relationship building between community partners and divisional programs.

Collectively, the OHEI team and its internal VDH partners worked to establish new mechanisms and structures to increase health equity capacity within the department. New communications mechanisms were developed to share information throughout VDH, including an equity newsletter, a Community Engagement Guide that provided guidance on equitable engagement with community members and partners, and information sharing about equity-related resources and funding opportunities. Funding and support were provided for a wide range of content specific equity projects within VDH divisions including equity-focused needs assessments, public health workforce development, culturally responsive training for first responders and mental health crisis workers, public health communication accessibility, and

improvements to VDH data collection, analysis, and reporting systems with respect to race, ethnicity, and language.

Efforts with Community Partners

Another key focus of OHEI was the funding and support of community partners serving populations that have experienced historical and contemporary injustice and system inequities. In 2021, VDH approached the Vermont Community Foundation (VCF), an organization that manages a large portfolio of charitable funds and foundations in Vermont, to partner on this grant-making effort. This partnership was initiated because of limited VDH staff capacity due to continued response to COVID 19, VCF's established infrastructure to support and manage grants, and because of the historical mistrust some priority population leaders had concerning government agency support for health-related issues in their communities. The initial plan was for the grants to be made through VCF, but that ended up not being possible. A Request for Proposals (RFP) was written by VDH and VCF and issued in the spring of 2022 for Health Equity Capacity Building Grants to support community organizations in their efforts to continue to work on and build capacity to address persistent health disparities and inequities, with a focus on organizations providing services to:

- BIPOC Vermonters
- Essential and frontline workers
- LGBTQIA+ people
- Migrant workers
- People experiencing homelessness or insecure housing
- People experiencing mental illness
- People experiencing poverty
- People experiencing substance use disorders
- People living in rural areas/internet deserts
- People who are justice-involved
- People with disabilities
- Refugees/migrants/multi-lingual communities

VCF recruited and managed a Community Review Committee made up of individuals from across Vermont, many of whom self-identified as being part of one or more of the priority populations. This Community Review Committee scored the 48 applications received and made funding recommendations. The OHEI team then reviewed these recommendations and made final funding decisions. At the completion of the funding process, grants were provided to 34 community-based organizations for an initial period of one year (ending in May 2023), with some receiving an extended period to spend funds when VDH received the no-cost grant extension from the CDC through May of 2026 (these grants were terminated early in March 2025 as a result of termination of the CDC grant noted above). A report describing some of these community grant projects and highlighting successes was developed by VCF (available on the VDH website [here](#)).

Throughout the grant making process, and in managing and supporting these funded community-based organizations, OHEI prioritized efforts to work with smaller organizations to increase their capacity to apply for, and manage, funds provided by the state. OHEI staff provided extensive, customized technical assistance to grantees on grant administration and skills related to sustainability. OHEI intentionally structured a very flexible and culturally responsive grant management process for grantees, with lots of support for financial reporting and flexibility for programmatic reporting, centering relationship building and trust with community partners.

Additionally, VCF provided funding to Common Good Vermont, an organization that provides support and training to non-profit organizations throughout Vermont, to deliver non-profit management training to grantees. In 2023, 10 individuals representing 9 organizations received scholarships to participate in their Fundraising and Development Certificate Program and 10 individuals representing 7 different organizations received scholarships for the Nonprofit Management Certificate Program. These grant-funded scholarships allowed grantee organizations, many of which were very small and otherwise may not have had resources for this training, to send staff to these programs.

INTERVIEW FINDINGS

When reviewing the findings, it is important to note the broader political context in the United States at the time of the interviews. They began just after the new presidential administration took office in January 2025. One of the most immediate and visible actions of the administration was signing an executive order “Ending Radical And Wasteful Government DEI Programs And Preferencing,” The shorter and longer-term effects of this on health equity in Vermont were not immediately clear during the interview period, but the potential impact was undoubtedly on the minds of all parties working on these issues across the state.

Methodology

The purpose of the interviews was to learn directly from VDH staff and community partners about the perceived impacts of the grant-funded OHEI activities across VDH divisions and programs, and with community partners. Interview questions were developed in collaboration with OHEI staff, and were designed to collect information that would help answer the evaluation questions outlined in the evaluation plan. Separate guides were developed for VDH staff, the full-time OHEI staff team, and community partners (see Appendix C).

PIRE worked with OHEI to identify a purposive sample of interviewees consisting of both internal VDH staff and external community partners who were involved in the administration and implementation of the CDC grant. To enable greater staff input, VDH staff were assigned to group interviews based on their role within VDH (e.g., Office of Local Health District Directors) or their role as it relates to the CDC grant (e.g., Health Equity Leads and Liaisons). The OHEI Director and Managers sent introductory emails to all invited participants and then PIRE followed up to coordinate interview scheduling. All interviews took place virtually via Microsoft Teams between January 31 and March 25, 2025. Each group and interview lasted approximately 60 minutes, except for the focus group with full-time OHEI staff which lasted for 90 minutes. A total of twenty-five VDH staff participated in groups ranging from one to four people, representing the following VDH Divisions, Offices, and roles:

- Communications
- Deputy Commissioners
- Division of Substance Use Programs
- Emergency Preparedness Response and Injury Prevention
- Environmental Health
- Family and Child Health
- Health Equity Integration
- Health Promotion and Disease Prevention
- Health Statistics and Informatics
- Office of Local Health District Directors
- Planning
- Rural Health
- Workforce Development

Three of the staff interviewed were current or former Leads and/or Liaisons, in addition to their roles within their VDH Divisions. Nine community partners were interviewed representing eight CDC grant-funded organizations, and one staff person from the Vermont Department of Mental Health (their role was to manage funds from the CDC grant for equity-focused projects within their department). Each organization had a separate interview. All interviewees were read consent language by the interviewer and gave consent to participate and permission for the interviews to be recorded. Interviewers asked questions as scripted in the Interview Guides and took detailed notes throughout the interview. Participants from community partner organizations were offered a \$50 electronic gift card for their participation.

The notes from each interview were reviewed and coded to identify key themes and quotes that exemplified those themes. Recordings and transcripts were reviewed as needed to supplement and clarify the notes during analysis. Themes and findings for each participant type (VDH staff and community partners) are summarized below, organized by evaluation question.

Vermont Department of Health Staff Interviews

How has VDH been able to enhance health equity within divisions? How well were these efforts implemented?

Almost all interview participants described that this grant and the work of OHEI increased awareness of health equity issues among VDH staff and increased understanding of why health equity should be a focus within public health work. One participant reflected on how COVID-19

“A light has been shined on the challenges and the reasons why priority populations are priority populations.”

raised awareness of disparate impacts on certain populations, which provided momentum for integrating an equity lens throughout the work of VDH and with community partners.

In addition to awareness, many participants also noted an increase in skills related to having conversations about health equity and improving

practices through an equity lens in their work. Several described intensive trainings and Communities of Practice that were organized by OHEI, which focused on anti-racism within public health and created opportunities and space for staff to build skills in having sometimes difficult conversations about what it means to focus on health equity and to be anti-racist. One example of this is the use of the “purple flag” system that some divisions and programs began to utilize where someone could raise a purple flag during a meeting or conversation to make note of the use of offensive language. A few participants shared that this system helped staff to feel more comfortable bringing up sensitive topics because there was an established process for doing so that was based on awareness and education rather than judgement and blame.

The importance of the infrastructure created by establishing OHEI was cited many times by participants as being essential in moving this work forward. It was noted that having OHEI housed within the Commissioner's Office allowed for a much more intentional and in-depth focus on equity issues and equitable practices. Having staff (Leads and Liaisons) who were embedded throughout the department as a resource for improving practices and procedures with an emphasis on equity was described as critically important for affecting change. Leads and Liaisons served as a resource for staff to consult with on equitable practices in developing Requests for Proposals (RFPs), grant reporting tools, grant management, and outreach materials. Having the Community Engagement Coordinators who were working to build relationships between specific priority populations and VDH was also highlighted as a key component of this work. However, the sustainability of these positions was a concern for some, citing the loss of the Community Engagement Coordinators and other OHEI staff as the grant approached its end (see quote to the right).

“As we didn’t have the funding, I think it continues to leave a question, if not a bad taste in the mouth of the individuals who are filling those roles or partners who worked with those people, of: What is the commitment of the State, of the Department? Do we only pay attention when we’ve got money?”

Participants mentioned several tools developed by OHEI that were helpful, including a Community Engagement Guide with guidance on equitable engagement and relationship building with community members and partners and a SharePoint site housing equity-related guidance documents that were accessible to all staff. Also frequently mentioned was working with divisions on best practices to make their public outreach information more accessible to diverse populations. This included the translation of materials, the creation of videos in multiple languages to convey public health information, and changes to websites and other media to make them more accessible. Some identified that work through this grant with the Language Justice Project had deepened staff understanding of equitably delivered information beyond translation to include how (e.g. written, video, WhatsApp) and by whom messages are delivered to ensure accessibility and cultural responsiveness for the intended recipients.

Many other VDH practices that were advanced because of this grant were mentioned. These included changes in hiring practices, such as being more thoughtful about where jobs were posted to attract a more diverse applicant pool, and including language in job postings and interview questions that emphasized the value and importance of health equity. Changes to how data were collected and used were also mentioned, including revisions to data standards related to the collection and reporting of data on race and ethnicity and being more thoughtful about how and when these data are disaggregated. One staff person shared the importance of acknowledging and communicating the struggle between the desire to provide disaggregated data, and the limitations to doing so in a sensitive way due to small sample sizes. Staff also described increased use of qualitative data to help contextualize quantitative information and

elevate the perspectives of people with lived/living experience. Several participants also mentioned using community advisory boards to support their work and paying community members with lived/living experience to participate. One participant did express concern that it is often the same group of people being asked to participate in these advisory groups, which could lead to a risk of bias and/or burnout.

Another impact that was described was increased appreciation and respect for the role of the Office of Local Health within VDH. One participant noted that the focus on health equity has elevated awareness that the Office of Local Health can bring valuable perspective on “what things look like on the ground” to planning discussions, emergency responses, etc., resulting in more recognition and respect for the important work done by the District Offices. Another said that the presence of OHEI provided advocacy for equity within VDH’s central office which increased broader support for equity work that was already being done locally by the District Offices.

Several participants mentioned that there were some inconsistencies between Divisions in how equity practices have been implemented in that some Division Directors championed these efforts more than others and some equity Leads were better at moving health equity forward than others. One person expressed a desire to have the Division Directors come together in a more formal way to try to standardize equity work across the Department. Another raised the concern that having dedicated equity-focused staff may have the effect of absolving other staff from having to embrace working on equity because there is someone with an equity-focused job description to go to as a resource.

Participants described that there was some pushback on the focus on equity by some staff, which occurred explicitly in some meetings. One person shared that a recent staff survey revealed that some staff do not believe that equity work should be a part of their job and do not understand why equity is a focus. Others described how some staff are supportive of working on equity issues but may be unsure how to implement specific strategies.

“When you have, when those people are the most... diverse in terms of... race, ethnicity, gender identity, etc., then the burden is being placed on the people experiencing the harm to continue to educate and do the work.”

Several also raised the issue of how equity work takes an emotional toll and can place burden on staff of color. One staff person mentioned that the VDH leadership team was all white, which can make advocacy for, and conversations about, equity-focused practices challenging for staff of color. They cited the importance of white allies modeling leadership in advocating for and advancing equity.

Overall, participants expressed that the work of OHEI and this grant had facilitated and accelerated the integration of a health equity focus across VDH programs and staff. While there were some inconsistencies in implementation and a degree of pushback from some staff, the overwhelming sentiment of participants was that staff now viewed health equity as an integral and necessary part of their work, rather than an add-on or the sole responsibility of OHEI staff. While there were concerns about decreased funding resulting in the loss of dedicated OHEI staff, there was also optimism that the tools and skills that had been developed through this grant would continue and could have lasting impact (see quote on the right).

"It's more intentional, it's more visible, it's more clearly embedded as part of everything we do and that we're actually leading with that work."

How has this investment in equity programs changed how VDH works with partners? What was the impact on VDH staff managing subrecipients?

Most participants described improved relationships with community partners as a result of this investment in health equity. It was noted that some communities experiencing health disparities had also experienced harm by government entities in the past and had some mistrust of VDH as a result of this harm. These interviewees indicated that the flexibility of how these funds could be used and the intentional efforts to build genuine relationships with

"I will say that being able to tell partners...instead of telling them what we want them to do, saying we have money and we want to know what feels valuable and true for what you want to do for your community is an amazing way to build trust, right?"

smaller organizations who might not have received state grants before, or organizations that might have had a negative experience with VDH grants in the past, went a long way to building trust.

Many participants highlighted how in the past, many organizations did not meet requirements to apply for funds and that this grant allowed VDH to be more flexible and creative in how it made grants, in part because the CDC did not impose many requirements, but also because OHEI staff focused on changing VDH's practices to be more equitable. Participants described the importance and value of having OHEI staff spend more time

assisting smaller organizations with setting up a fiscal agent if needed, walking them through all aspects of managing their grant, and serving as a liaison with the VDH business office to facilitate receiving funds. They also mentioned the value of having OHEI staff providing training

and coaching to other VDH staff on more equitable grant management practices. In addition, staff described new practices to support collaboration with and between community partners such as a health equity newsletter and a WhatsApp group to share information.

Many participants mentioned that a continuing barrier for community partners was the reimbursement model of paying grant funds, which was extremely difficult for small non-profits that do not have the cash flow to be able to pay for work up front. Others talked about how long it took to get the money “out the door” to partners, which was frustrating to the partners and to staff. At the same time, some shared that the funding felt rushed and that more time was needed for thoughtful planning. Another challenge that was identified particularly by District Office staff was the lack of communication from Central Office about the various grants that community partners were receiving from across the Department. Sometimes grants to the same partner organization were managed differently by different divisions, increasing the burden on the community partners. Lastly, many participants expressed concern about the harm caused to relationships with community partners by granting them large amounts of money for a relatively short amount of time, and then not being able to sustain that funding when the grant ended.

“A considerable amount has changed because of this really intentional pressure to... make receiving money from the Health Department less administratively burdensome and... open to other partners... The way you see the change happen is through resources going to different places.”

What types of partners were chosen across the Department and why? What type of new or continued relationships have transpired?

“I think people are taking more time to understand why certain groups might not trust the health department and are trying to be more flexible in how we can work with different populations and be able to fund them in ways we haven't in the past.”

As a result of this grant, several participants noted an increased awareness of the importance of working with diverse community partners, especially those who may be serving very small, underserved populations. One respondent observed, “It was a much more in depth and I think effective way to get us all thinking about not just we've got some diversity here in the state, but we've got lots of diversity here in the state and some of it's visible, some of it's not.”. There was acknowledgement that it has been easy in the past to continue to fund the same community partners, but this grant has allowed them to notice this and to expand beyond the typical set of partners.

Staff also reported having increased understanding that work which may only engage a very small number of people can be very impactful on a larger community. An example that was cited by multiple participants was the relationships that were built with Abenaki communities by engaging in a slower, thoughtful process that allowed for the needs of the community to emerge organically rather than requiring a rigid set of deliverables. This process was facilitated by a Community Engagement Coordinator who was able to build trust with the Abenaki leaders. Another example was working closely with Bridges to Health (an organization that engages Community Health Workers to support the health of migrant workers and their families) on a tabletop exercise about the impacts of avian influenza on farm and migrant communities. Staff expressed uncertainty about how or whether these partnerships would continue given that the funding had ended. There was, though, a sense that some of the work would continue because capacity had been built with a higher degree of VDH staff attention to seeking out and facilitating funding for diverse community partners and projects, and greater readiness by community partners to receive and manage funding. As stated by one interviewee, “With a number of these projects... there was some nice sustainability planning and some increased capacity.”

“And so we were able to fund some really innovative projects that I think made big differences; maybe not on a population level, but certainly on an individual level to individuals involved... And it showed that the Health Department was mindful that that population needed additional support.”

Community Partner Interviews

How did the granting relationship impact trust in government?

“We've had broken relationships before with the Department of Health, and we were skeptical about that. But [our experiences with this grant led to] developing a lot better relationship where we actually trust the Health Department.”

Community partners described having positive relationships with their VDH grant managers and really appreciated the flexibility and hands-on technical assistance that was provided to help them with things like financial forms and other aspects of managing the grants. One partner observed that this grant was managed with a focus on relationship building first, rather than paperwork and other requirements, which helped to build trust with community partners. Many grantees especially appreciated the regular check-ins with their grant managers, noting the opportunity to discuss real-time implementation

strategies and pivot, as needed, after discussion. However, a few more experienced grantees shared that they thought the monthly meetings were not especially valuable to them. Several said that they appreciated the event held toward the end of the grant period that brought all of

the grantees together in person, as it was powerful to make connections and learn about the work of other organizations. Some also expressed that it would have been helpful to hold this event earlier in the grant timeline to be able to better benefit from those connections while still receiving funds.

Several partners expressed that they greatly appreciated the Community Engagement Coordinator's efforts to build relationships with them and attend grantee-sponsored events in the community, which increased trust in VDH. Some shared that there was some turnover of the VDH staff whom they worked most directly with which made it harder to develop trusting relationships. As VDH reduced the number of equity-focused staff, some partners noted less effective and timely support and fewer check-ins, reducing the benefit of the VDH-grantee relationship.

"They trusted us that we knew what was best, and allowed us to use the money in the ways that we asked for and that we need it... So I feel like it really strengthened the relationship between our org and VDH."

One partner described the complex history between VDH and populations experiencing disparities, with deep layers of mistrust that resulted in hesitancy to engage with VDH in recent years. This same partner detailed how the flexible, grantee-driven nature of this grant process led to a strong partnership that the grantee hoped would continue, but was uncertain how it would continue without sustained funding. Another participant shared that their previous experiences with VDH grants felt very transactional, and that this was the first time they felt like the people managing the grants were truly trying to understand and support their work.

There was some frustration amongst the grantees over the timeline of the grants, which resulted in some implementation challenges for community partners. Initially they were told they had six months to spend the funds, but then halfway into that six-month period, they learned that VDH was granted an extension which allowed for an additional eighteen months to do the work. While they were thankful to have the additional time, they shared that they would have spent the funds differently if they weren't so hurried in the early stages of the grant.

Most described feeling very supported by VDH, and some described bidirectional learning that took place through the relationship between VDH staff and funded partners. The relationships that were built with VDH as a result of this grant have served as a foundation for future partnership and work with VDH (e.g., vaccine clinics and other health outreach events).

What was the project impact on historically marginalized populations?

Participants described multiple ways that these grants had helped increase access, and reduce barriers, to receiving health services for various populations that had experienced health disparities including people with developmental disabilities, migrant farm workers, people from

“We know when we serve the people with the most need, everybody's care gets better.”

several Abenaki bands and tribes, immigrant, refugee, and BIPOC populations, and LGBTQ+ people. Through partnerships with community organizations funded through this grant, participants believed that delivery of health services and information to non-English speaking populations and individuals with developmental

disabilities had improved by expanding resource translation, providing information in plain language and graphics, and creating videos about various health topics in multiple languages that were more accessible and impactful for smaller refugee populations than translated information on a website. In addition, one grantee shared that this work had an economic impact on members of refugee communities who had steady work providing translation services.

Other examples shared by participants included how these funds helped support staff and infrastructure to coordinate healthy eating and cultural health programs for communities in different parts of Vermont. Some secondary benefits of this included partnerships with gleaning programs at local farms which increased access to healthy food, and increased hours at the food shelf which led to eligibility for USDA commodities. Another partner shared that this grant allowed their organization to invest in internal anti-racism work that helped to facilitate some organizational shifts toward centering people of color and more focus on gender diversity. A third community partner shared that the flexibility in these funds allowed their organization to increase the capacity in their development department, which in turn resulted in their ability to purchase new property and expand their existing services for the community that they serve.

As noted earlier, additional highlights from the specific projects implemented by grantees and their impact on communities can be found in [this report](#) prepared by the Vermont Community Foundation and the Vermont Department of Health.

After the Health Equity Capacity Building grants ended, some community partners had been able to identify other funding sources to continue the work through other VDH divisions, the Department of Mental Health, and other sources. However, several had to lay off staff or reduce staff hours,

“I think that's been the hardest because once you start having these programs for your people and they start to count on them, and then you say, sorry, we can't help you anymore, it's really tough for us. But it's tough for them because the things they come to expect are no longer there.”

and several expressed the negative impact of losing these funds on the communities that they serve (see quote on the right).

Was there any impact on partner organizations' sense of empowerment in the community?

Many partners shared that the work they were able to do with this grant led to positive outcomes and exposure as an organization, which had strengthened their position when applying for funding and had attracted donors interested in funding the work. Several described the benefits of collaborating with other organizations, some of which they had not worked with before. Many of these collaborations were able to continue and grow after the grant ended.

Several partners also described how this grant had facilitated capacity building within their organization, including strategic planning, staff development, hiring of development staff, and fundraising that helped put them in a better position to sustain the work once grant funding ended. One partner described how having the resources to do the work relieved some stress and created opportunities for prioritizing wellness and healing among staff, which was critical for being able to sustain the work within BIPOC communities.

CONCLUSIONS AND RECOMMENDATIONS FOR CONSIDERATION

The preceding summary of interview findings was organized by the evaluation questions relevant to VDH/OHEI's internal and external project focus areas (the former being the central topic of the staff interviews, and the latter being the central topic of the community partner interviews). This final section of the report is organized by the two additional evaluation questions concerning broader conclusions related to project impact, and recommendations to consider based on lessons learned from the project.

Did VDH make an impact on enhancing health equity efforts, internal and external to the Department?

As indicated in the summary of important interview themes in the prior section of the report, interview participants believed that the grant efforts that were initiated and overseen by OHEI led to progress by VDH on a wide array of issues related to addressing the health equity needs of the state. Some of the most important VDH impact areas are listed below.

- Increased VDH staff awareness of health equity issues and appreciation of the importance of this to their work in public health.
- Increased VDH staff skills and resources available to address health equity needs.
- New and updated VDH policies and procedures to address health equity needs.
- Enhanced VDH staff understanding of, and relationships with, community partners that serve diverse communities and populations across the state, and better understanding of how to adjust standard approaches to partner with these organizations effectively.
- Enhanced VDH staff understanding of, and relationships with, other VDH staff and divisions/offices that have trusting relationships with diverse communities and populations across the state.
- Identification of areas to improve in the future to address the diverse health needs of the state.

"It's become... a natural part of our process. [If] we are, say, starting a project, or if there's something we want to learn more about, it's pretty automatic now or habitual for our staff to think... Whose voices do we need to inform this? Who is not at this table? What do we need to consider?"

Likewise, interview participants believed that the grant awards that were made to community partners by OHEI helped these organizations develop their capacities to serve diverse communities and populations across the state. Some of the most important community partner impact areas are listed below.

- Development of new capacities to apply for, receive, and manage government grant funds.
- Implementation of innovative projects to improve services for diverse populations, thereby helping to meet health needs across the state in an equitable manner.

- Development of new resources and approaches that will continue to benefit the communities they serve in the future.
- Enhanced community partner reputations within their community, and with other people across the state, as effective resources to help meet community health needs.
- Enhanced community partner understanding of, trust in, and relationships with, VDH and specific VDH staff members.
- Enhanced community partner understanding of, and relationships with, other organizations that serve diverse populations across the state.

“I’m just grateful and thankful for VDH because this allowed us... to be able to sustain some of the key areas in our organization to be able to thrive as an organization.”

In addition to these positive impacts on health equity, it is important to acknowledge that many VDH staff and community partners were concerned about the undesirable impact that often occurs when funding and support is short-term. This, unfortunately, often happens with finite

“I worry about what it says to the communities that we’re serving and supporting with this work if we can’t sustain it.”

government grants like this CDC initiative to help address the increase in public health needs due to the COVID-19 pandemic. Fortunately, many of the benefits and gains listed above represent changes in individual perspectives, capacities, and relationships, and organizational capacities, structures, policies, and procedures that can help sustain health equity progress even if/when

funding is reduced and/or withdrawn. Much of the impact and legacy of the project will be borne out across time in the individual and organizational actions that occur in the future based on progress made during the grant.

What are lessons learned from how VDH partners with organizations, prioritizes, and communicates information about funding opportunities, etc.?

At the end of the interview sessions, staff participants were asked to share their suggestions for VDH or their Division to consider if a similar grant is provided to community organizations in the future. Their suggestions included the following:

- Allow for prospective, instead of retrospective, payments to grantees.
- Consider alternative ways for small organizations that are not official non-profits to receive funds, including assistance identifying a fiscal agent.
- Offer training to funded partners on equitable language and implementation (an example of this being Regional Planners who wanted to increase skills in making sure that everyone felt included in their projects).

Similarly, community partners were asked to share any suggestions for VDH about how to provide similar grants to community organizations in the future. Table 2 below summarizes their responses.

Table 2: Summary of Community Partner Recommendations to Consider

Recommendations
<ul style="list-style-type: none"> • Allow for the same flexibility with how funds can be used with future grants. • Allow partners to submit applications both as a sole organizational project and with partners for collaborative projects. • Provide longer term funding over multiple years so that communities can rely on services once they are started. • Provide funding streams that help sustain existing work rather than requiring the creation of new projects. • The reimbursement payment model is very difficult for small organizations. Prospective payments would be preferred. • Improve consistency across VDH in grant reporting systems. It is challenging when an organization receives multiple grants from VDH which all have different programmatic and financial reporting requirements. The siloed structure of VDH doesn't align well with how community partners view their own work and/or services. (As mentioned earlier, this concern also was raised by VDH staff interview participants.) • Continue to have regular check-in meetings with community partners, simplified reporting, and assistance with required paperwork. • Provide regular opportunities for community organizations to meet and collaborate, and to take time to reflect on the work together. • Be champions of partner organizations by promoting the work they are doing and facilitating connections between partners and different parts of VDH and other state agencies. • In particular, provide easier mechanisms for sharing information about the work and events of community partners through VDH networks (e.g. VDH's social media accounts and website). • Provide support with obtaining data on the populations that were the focus of these projects and with measuring impact. • Continue to trust communities to know what they need.

In addition to the specific recommendations to consider mentioned above, we recommend sharing this report broadly within VDH to help staff reflect on the progress made related to

health equity issues during the project, and how lessons learned can be incorporated into their work to meet the diverse public health needs across the state. The sustainability and legacy of the project will depend not only on the support of organizational decision makers, but also on the choices that are made every day by all VDH staff.

APPENDIX A: ACTIVITY OUTPUT AND OUTCOME DATA PLANS SPECIFIED IN ORIGINAL EVALUATION PLAN

Internal Activity Output and Outcome Data

Table A1 displays the primary anticipated data sources concerning each internal activity output and the associated intended outcomes specified in the evaluation logic model. As the table indicates, the primary sources for the outputs are existing resources that document or summarize the primary project actions (e.g., presentations and reports). Existing data sources will also be reviewed concerning the intended outcomes (e.g., VDH infrastructure changes). However, the primary data sources are expected to be the results from PIRE's new VDH survey and key informant interviews.

The survey will be conducted with VDH staff with the most informed perspectives about health equity issues across VDH. The survey will assess the following topics:

- The perceived strength of connection/relationship/partnership with project partners expected to be established and/or enhanced by the project, rating the current strength and degree of improvement during the project on functional relationship dimensions.
- Perception of VDH staff capacity to collaborate with, value, and support community partners serving priority populations, rating current capacity levels and changes related to participation in the project.
- Perception of VDH staff knowledge, comfort, and skills concerning equity issues, rating current staff levels and changes related to participation in the project.
- Perception that systemic structures, processes, practices, and procedures are equitable, rating the current infrastructure and changes related to participation in the project.

Following survey administration, we anticipate interviewing the primary OHEI staff, and a purposive sample of other VDH staff. The final content of the key informant interview protocol and selection of the VDH staff to be interviewed will be based on a review of the initial survey results. The quantitative survey data will help us identify important issues to explore in greater depth during the qualitative interviews, as well as the staff who may be most important to talk with about these issues. In addition to these emergent issues, we expect to ask the interviewees about the following central topics:

- The most important community and VDH benefits during the funding period.
- The most important positive and negative outside influences on the project during the evaluation period (e.g., important factors influencing the intended outcomes independently of OHEI project activities).
- The anticipated legacy of project participation at the community and state levels (i.e., the most important benefits or detrimental effects for VDH and communities that are expected to be sustained or realized in the future).

Table A1: Primary Data Sources Related to Internal Activities

Internal Activity Outputs	
Outputs	Primary Data Sources
Sharing VDH information at community events/meetings	Description of information-sharing activities, as summarized in past presentations & CDC reporting/extension application
Sharing information w/in VDH to highlight community-level voice, programs & resources, & promote value of collaboration w/community organizations	Description of information-sharing activities, as summarized in past presentations, CDC reporting/extension application, & communications liaison summative information about past VDH communications
Training, TA & other communications delivered by leads & liaisons to develop capacity within their divisions to address health equity issues	Documentation of lead and liaison FTEs across time; description of events/meetings & other key communication activities whereby information was shared, & description of knowledge and skills gained, reported in OHEI's Training Tracker and in pre/post survey results for some trainings (e.g., RISE)
Developing & championing processes, practices & procedures to facilitate greater collaboration w/community organizations	Description of the processes, practices, & procedures (including translation work) that were promoted for adoption or adjustment, & efforts to enact these potential changes, reported in VDH Procedures Inventory & related tracking mechanisms
Communicating w/VDH staff to promote the value of collaboration with, & support for, community organizations & leaders	Description of organizations & staff receiving newsletters, basic content, & frequency of distribution, as summarized in past presentations, CDC reporting/extension application, and communications liaison summative information about past VDH communications
Developing & distributing new Equity newsletter & other new communication activities for organizations & VDH staff	Description of funded projects, & funding levels across time, reported in past presentations, & CDC reporting/extension application
Providing funding to division projects	Description of information sharing activities, as summarized in past presentations & CDC reporting/extension application

Internal Activity Intended Outcomes	
Intended Outcomes	Primary Data Sources
<p>Barriers broken down & connections/relationships established that contributed to shifting the culture at VDH, & strengthened the VDH & community partner network to serve the state during the project & in the future, including the following staff development & structural enhancements:</p> <ol style="list-style-type: none"> 1. VDH staff increased their capacity to collaborate with, value, & support community partners serving priority populations, & increased their knowledge, comfort, & skills concerning equity issues (related to past, present & future equity issues); 2. Systemic structures, policies & practices adjusted or established to be more equitable 	<p>VDH system networking assessment, & key informant perspectives on changes in VDH culture & progress toward advancing health equity, based on information in the current VDH strategic plan & hiring practices, 2023 VDH staff survey results, & new survey/interviews with staff & other key informants. The information to be reviewed & collected includes:</p> <ol style="list-style-type: none"> 1. Assessments of collective VDH staff progress related to relevant equity dimensions (e.g., knowledge, comfort, skills, appreciation, etc.) 2. Descriptions of state-level infrastructure, process, practice, & procedure adjustments to support health equity

External Activity Output and Outcome Data

Table A2 displays the primary anticipated data sources concerning the external activity outputs and the associated intended outcomes specified in the evaluation logic model. At a broad level, the data sources are similar to the sources for the internal outputs and outcomes. As specified in the table, the primary output data sources are existing resources that document or summarize the primary project actions (e.g., presentations and reports), and existing data sources will also be reviewed concerning the intended outcomes (e.g., the VT Community Foundation Advancing Health Equity Report). As with the internal intended outcomes, the primary outcome data sources are expected to be the results from a new survey and key informant interviews conducted by PIRE.

The new survey will be conducted with representatives from each funded community organization. It will focus on assessment of the following topics:

- The organization's perceived capacity to apply for funding from VDH and other funders, rating current capacity level and changes related to participation in the project on survey scales.
- The organization's perceived capacity to manage grants from VDH and other funders; rating current capacity level and changes related to participation in the project.
- The organization's perception of the quality and usefulness of TA provided by Common Good VT, Vermont Community Foundation, and VDH staff, with ratings on relevant dimensions, including providing TA equitably.

- The organization's perceived strength of connection/relationship/partnership with VDH, rating the current strength and degree of improvement during the project on functional relationship dimensions.
- The organization's trust in VDH, rating current trust level and improvement during the project.
- The organization's rating of the degree to which they achieved their project goals.
- The organization's rating of the degree to which they have been/will be able to sustain their successes related to the project.

Following survey administration, we anticipate interviewing representatives of the funded agencies. The final content of the key informant interview protocol and selection of the staff to be interviewed will be based on a review of the initial survey results. As with the VDH staff interviews, the quantitative survey data will help us identify important issues to explore in greater depth during the qualitative interviews, as well as the organization representatives who may be most important to talk with about these issues. In addition to these emergent issues, we expect to ask the interviewees about the following central topics:

- The most important benefits for their community related to their funded project, including how this may have helped them secure new funding.
- The most important positive and negative outside influences on their project during the evaluation period (e.g., important factors influencing the intended community outcomes independently of the project activities).
- The anticipated legacy of project participation for their community (i.e., the most important benefits or detrimental effects that are expected to be sustained or realized in the future).
- Suggestions about how VDH could improve its support for community organizations and any future discreet project funding opportunities.

Table A2: Primary Data Sources Related to External Activities

External Activity Outputs	
Outputs	Primary Data Sources
Funding & collaborating w/Common Good VT to deliver Non-Profit Management Training	Description of organizations completing training & basic topics, & description of knowledge & skills gained, reported in VT Common Good Annual Health Equity Reports, & quarterly VT Community Foundation reports
Funding & collaborating w/VT Community Foundation to deliver training & TA	Description of people trained & basic topics, & description of knowledge & skills gained, reported in quarterly VT Community Foundation reports
OHEI staff delivering TA on grant administration and working towards sustainability	Description of people supported & basic topics, & description of knowledge & skills gained, reported in weekly meeting minutes & reporting to CDC
Providing funding to local community projects	Description of funded organizations, their plans for the funding, & funding levels across time, reported in Project Summary Presentation Slides, VT Community Foundation Advancing Health Equity Report, VDH agreements, & VDH program trackers
Assisting funded organizations via regular communication, information, & resource sharing	Description of frequency & basic content of key meetings & events, reported in subrecipient monitoring reports
External Activity Intended Outcomes	
Intended Outcomes	Primary Data Sources
1a. Capacity of organizations increased to apply for & manage grants that add resources to serve community health-related needs; 1b. Local barriers broken down & connections/relationships established to build trust in government agencies; 1c. VDH & community partner network strengthened to serve communities during project & in the future; 2. Communities directly benefited from the implemented projects	1. Local networking assessment, descriptions of any post-CDC grant funding to organizations to sustain/expand services, other organizational achievements related to increased capacity, & self-reported increases in capacity in relevant dimensions, based on new survey/interviews with key informants 2. Descriptions of achievements by funded organizations, reported in VT Community Foundation Advancing Health Equity Report, & identified in new survey/interviews with key informants

APPENDIX B: DRAFT SURVEY INSTRUMENTS

DRAFT Vermont Department of Health Internal Staff Survey – Equity Grant Program

Online Consent Form

Pacific Institute for Research and Evaluation (PIRE), an independent, not-for-profit research organization, is conducting this survey on behalf of the Vermont Department of Health (VDH) to learn about your experiences and thoughts related to VDH's health equity efforts. We are also interested in your perceptions of VDH's current capacity to address health equity, support community organizations that carry out health equity-related activities, and the degree to which it may have changed as a result of the grant. There are no right or wrong answers.

- The survey will take approximately 10 to 15 minutes to complete.
- If your answers were to be discovered, it could lead to some embarrassment or discomfort. However, we will make every effort to protect your privacy and confidentiality. Your responses to these questions will not be shared with anyone outside of the PIRE project team, and no one at VDH will see your individual responses to these questions. Results will only be reported by combining responses from all participants.
- All data will be stored on secure servers and computers with password protection.
- Participation in this survey is voluntary. If you agree to participate, you may skip any questions on the survey.
- There is no cost to you to participate in this survey.
- If you have any questions about the survey itself, please contact David Currey, Principal Investigator, at dcurrey@pire.org or 919-265-2622 or Amy Livingston at alivingston@pire.org or 802-490-5071.
- All research involving human subjects is reviewed by PIRE's Institutional Review Board (IRB) to protect your rights and welfare. If you have questions or concerns as a participant in this evaluation, you may contact Elizabeth Waiters, PIRE's Office of Research Integrity and Compliance at 866-PIRE-ORG (866-747-3674, Option 1) or IRB@PIRE.org.

Participant's Agreement

In order to continue with the survey, you must indicate your agreement to participate by checking "Yes" below. In so doing, you indicate that: (1) You have read the information provided above, (2) Contact information is provided if you need to ask any questions you may have about this survey and your rights as a participant in this evaluation, and (3) You voluntarily consent to participate in this survey.

☐ Yes, I agree to participate.

☐ No, I do not wish to participate.

DRAFT Vermont Department of Health Internal Staff Survey – Equity Grant Program

Introduction

Thank you for agreeing to participate in the survey. If you need to leave the survey before completing it, you can close out of it and then reenter to the same spot later by clicking the link again.

Our first few questions ask you to tell us a little about your role at VDH and your experiences with training related to health equity.

1. How many years have you worked at VDH?

- ☐ Less than one year
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ More than 5 years

2. Which division, unit, or office do you work in? (Note: Communications and Health Equity staff members who sit in Divisions/Units – not on central teams – please check your Division/Unit.)

- ☐ Commissioner's Office, Business Office, Operations
- ☐ Communications Office, Office of Health Equity Integration, Legal & Policy, Planning Unit, Medical Practice Board, Office of the Chief Medical Examiner, Rural Health & Healthcare Quality
- ☐ DEPRIP (Division of Emergency Preparedness, Response, and Injury Prevention)
- ☐ EH (Environmental Health)
- ☐ HPDP (Health Promotion and Disease Prevention)
- ☐ HSI (Health Statistics and Informatics)
- ☐ LH (Local Health)
- ☐ LSID (Laboratory Sciences and Infectious Disease)
- ☐ MCH (Maternal Child Health)
- ☐ DSU (Division of Substance Use)

3. Are you, or have you ever been, a member of the Health Equity Integration Team?

- ☐ I am currently a member
- ☐ I was a member in the past but am not currently a member
- ☐ I have not been a member

4. Which health equity trainings have you received in the last 2 years as an employee of VDH?

☐ Training A

☐ Training B

☐ Training C

☐ Other (Please specify:_____)

☐ I have not received any health equity trainings as an employee of VDH in the last 2 years.

[For each response selected in Q4 above, the question below will be asked. It will not be asked if “I have not received any...” is selected.]

4a. How useful did you find [Training name piped] in your work?

☐ Not at all useful

☐ A little useful

☐ Somewhat useful

☐ Very useful

5. Would you like access to more health equity trainings and professional development opportunities?

☐ Yes

☐ Maybe

☐ No

The next set of questions asks about the current status in your VDH division concerning a particular issue, followed by a question about how much it has changed since 2022 when VDH received grant funding from the CDC to address health equity issues in Vermont and the Office of Health Equity Integration was established.

6. When your VDH division is involved in quality improvement, performance measurement, and/or evaluation efforts, how frequently is health equity explicitly included?

☐ Never

☐ Some of the time

☐ Most of the time

☐ All of the time

6a. Since the beginning of 2022, please rate the level of change in the frequency in which your VDH division explicitly includes health equity in quality improvement, performance measurement, and/or evaluation efforts.

☐ Much less frequently

☐ A little less frequently

☐ The same frequency

☐ A little more frequently

☐ A lot more frequently

☐ I don't know

7. How frequently does your VDH division use demographic data from the people it serves or who are impacted by its work to determine how well it is meeting diverse needs?

☐ Never

☐ Some of the time

☐ Most of the time

☐ All of the time

7a. Since the beginning of 2022, please rate the level of change in the frequency in which your VDH division uses demographic data from the people it serves or who are impacted by its work to determine how well it was meeting diverse needs

☐ Much less frequently

☐ A little less frequently

☐ The same frequency

☐ A little more frequently

☐ A lot more frequently

☐ I don't know

8. How frequently does your VDH division use health equity strategies to inform the way its programs and services are designed or planned?

☐ Never

☐ Some of the time

☐ Most of the time

☐ All of the time

8a. Since the beginning of 2022, please rate the level of change in the frequency with which your VDH division uses health equity strategies to inform the way its programs and services are designed or planned?

☐ Much less frequently

☐ A little less frequently

☐ The same frequency

☐ A little more frequently

☐ A lot more frequently

☐ I don't know

9. How frequently does your VDH division use health equity strategies to inform the way it funds programs and services?

☐ Never

☐ Some of the time

☐ Most of the time

☐ All of the time

☐ Not applicable – my VDH division does not fund programs and services [If selected, skip 9a]

9a. Since the beginning of 2022, please rate the level of change in the frequency with which your VDH division uses health equity strategies to inform the way its programs and services are funded.

☐ Much less frequently

☐ A little less frequently

☐ The same frequency

☐ A little more frequently

☐ A lot more frequently

☐ I don't know

10. How frequently does your VDH division use health equity strategies to inform the way its programs and services are delivered or implemented?

☐ Never

☐ Some of the time

☐ Most of the time

☐ All of the time

10a. Since the beginning of 2022, please rate the level of change in the frequency with which your VDH division uses health equity strategies to inform the way its programs and services are delivered or implemented?

☐ Much less frequently

☐ A little less frequently

☐ The same frequency

☐ A little more frequently

☐ A lot more frequently

☐ I don't know

11. How frequently does your VDH division use health equity strategies to inform the way its programs and services are evaluated?

☐ Never

☐ Some of the time

☐ Most of the time

☐ All of the time

11a. Since the beginning of 2022, please rate the level of change in the frequency with which your VDH division uses health equity strategies to inform the way its programs and services are evaluated?

☐ Much less frequently

☐ A little less frequently

☐ The same frequency

☐ A little more frequently

☐ A lot more frequently

☐ I don't know

12. How frequently does your VDH division review its activities and products to ensure they are culturally appropriate for the intended recipients?

☐ Never

☐ Some of the time

☐ Most of the time

☐ All of the time

12a. Since the beginning of 2022, please rate the level of change in the frequency with which your VDH division reviews its activities and products to ensure they are culturally appropriate for the intended audience?

☐ Much less frequently

☐ A little less frequently

☐ The same frequency

☐ A little more frequently

☐ A lot more frequently

☐ I don't know

13. How would you rate the quality of your VDH division's current relationships with its community partners that serve populations that have experienced historical and contemporary injustice and systemic inequities?

☐ Very low quality

☐ Somewhat low quality

☐ Somewhat high quality

☐ Very high quality

13a. Since the beginning of 2022, please rate the level of change in the quality of VDH's relationship with community partners that serve populations that have experienced historical and contemporary injustice and systemic inequities.

☐ Much worse

☐ Somewhat worse

☐ About the same

☐ Somewhat improved

☐ Much improved

☐ I don't know

14. How would you rate the current comfort level of staff in your VDH division in collaborating with community partners to serve populations that have experienced historical and contemporary injustice and systemic inequities?

☐ Poor

☐ Fair

☐ Good

☐ Excellent

14a. Since the beginning of 2022, please rate the level of change staff in your VDH division have experienced in their comfort level in collaborating with community partners to serve populations that have experienced historical and contemporary injustice and systemic inequities.

- ☐ Much less comfortable
- ☐ Somewhat less comfortable
- ☐ About the same level of comfort
- ☐ Somewhat more comfortable
- ☐ Much more comfortable
- ☐ I don't know

15. How would you rate the knowledge and skills of staff in your VDH division to collaborate with community partners to serve populations that have experienced historical and contemporary injustice and systemic inequities?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Excellent

15a. Since the beginning of 2022, please rate the change in the level of knowledge and skills of staff in your VDH division to collaborate with community partners to serve populations that have experienced historical and contemporary injustice and systemic inequities.

- ☐ Much lower level of knowledge and skills
- ☐ Somewhat lower level of knowledge and skills
- ☐ About the same level of knowledge and skills
- ☐ Somewhat higher level of knowledge and skills
- ☐ Much higher level of knowledge and skills
- ☐ I don't know

16. Does your VDH division prioritize the creation of outreach materials that specifically reach any of the following priority populations? (Please check all that apply.)

- ☐ Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning+ (LGBTQ+) Community
- ☐ Black, Indigenous, and People of Color (BIPOC)/Global Majority
- ☐ English Language Learners
- ☐ Unhoused Populations
- ☐ Indigenous Populations
- ☐ Disability, Deaf/Hard of Hearing, Neurodivergent, and Chronic Illness Community
- ☐ Other
- ☐ None of the above [Skip 16a]

16a. Since the beginning of 2022, please rate the level of change in how much your VDH division has prioritized the creation of outreach materials for the populations you selected in the previous question.?

- ☐ Much lower priority
- ☐ Slightly lower priority
- ☐ About the same priority
- ☐ Slightly higher priority
- ☐ Much higher priority
- ☐ I don't know

The next set of questions asks you to rate your level of agreement with a statement about the health equity environment at VDH, followed by a question about how much it has changed since 2022 when VDH received grant funding from the CDC to address health equity issues in Vermont and the Office of Health Equity Integration was established.

17. VDH systems and structures support collaboration on equity across programs/groups.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Strongly agree

17a. Since the beginning of 2022, please rate the change in the degree to which VDH systems and structures support collaboration on equity across programs and group.

☐ Much less support

☐ A little less support

☐ About the same support

☐ A little more support

☐ Much more support

☐ I don't know

18. VDH leadership is supportive of collaboration on equity across programs/groups?

☐ Strongly disagree

☐ Somewhat disagree

☐ Neither agree nor disagree

☐ Somewhat agree

☐ Strongly agree

18a. Since the beginning of 2022, please rate the level of change in how supportive VDH's leadership is of collaboration on equity across programs/groups.

☐ Much less supportive

☐ A little less supportive

☐ About the same level of support

☐ A little more supportive

☐ Much more supportive

☐ I don't know

19. VDH devotes sufficient resources (e.g. time, funding, etc.) to support staff members' individual understanding of health equity.

☐ Strongly disagree

☐ Somewhat disagree

☐ Neither agree nor disagree

☐ Somewhat agree

☐ Strongly agree

19a. Since the beginning of 2022, please rate the level of change in how much VDH devotes resources (e.g., time, funding, etc.) to supporting staff members' individual understanding of health equity.

- ☐ A lot fewer resources
- ☐ A little fewer resources
- ☐ About the same amount of resources
- ☐ A little more resources
- ☐ A lot more resources
- ☐ I don't know

20. When there are structural barriers that might prevent marginalized groups from accessing its services, programs, products, resources, etc., VDH identifies and addresses them.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Strongly agree

20a. Since the beginning of 2022, please rate the level of change in how much VDH identifies and addresses structural barriers that might prevent marginalized groups from accessing its services, programs, products, resources, etc.

- ☐ Much worse
- ☐ Somewhat worse
- ☐ About the same
- ☐ Somewhat improved
- ☐ Much improved
- ☐ I don't know

21. Community partners currently have a high level of trust with VDH to collaborate on services with populations that have experienced historical and contemporary injustice and systemic inequities.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Strongly agree

21a. Since the beginning of 2022, please rate the level of change in community partners' level of trust with VDH to collaborate on services with populations that have experienced historical and contemporary injustice and systemic inequities.

- ☐ Much worse
- ☐ Somewhat worse
- ☐ About the same
- ☐ Somewhat improved
- ☐ Much improved
- ☐ I don't know

22. VDH's internal communications are inclusive and culturally responsive.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Strongly agree

22a. Since the beginning of 2022, please rate the level of change in how inclusive and culturally responsive VDH's internal communications are.

- ☐ Much worse
- ☐ Somewhat worse
- ☐ About the same
- ☐ Somewhat improved
- ☐ Much improved
- ☐ I don't know

23. Working toward health equity is a high priority for VDH.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Strongly agree

23a. Since the beginning of 2022, please rate the level of change in how much working toward health equity is a priority for VDH.

☐ Much lower priority

☐ Slightly lower priority

☐ About the same priority

☐ Slightly higher priority

☐ Much higher priority

☐ I don't know

24. At VDH, health equity work is viewed as an integral part of everyone's job responsibilities.

☐ Strongly disagree

☐ Somewhat disagree

☐ Neither agree nor disagree

☐ Somewhat agree

☐ Strongly agree

24a. Since the beginning of 2022, how much more or less is health equity viewed as an integral part of everyone's job responsibilities?

☐ Much less

☐ Somewhat less

☐ About the same

☐ Somewhat more

☐ Much more

☐ I don't know

25. The VDH work environment is supportive of many different cultural perspectives.

☐ Strongly disagree

☐ Somewhat disagree

☐ Neither agree nor disagree

☐ Somewhat agree

☐ Strongly agree

25a. Since the beginning of 2022, please rate the level of change in how supportive the VDH work environment is of many different cultural perspectives.

- ☐ Much less supportive
- ☐ Somewhat less supportive
- ☐ About the same
- ☐ Somewhat more supportive
- ☐ Much more supportive
- ☐ I don't know

26. Staff at VDH seem to be comfortable talking about health equity issues.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Strongly agree

26a. Since the beginning of 2022, please rate the level of change in how staff you interact with at VDH seem to be comfortable talking about health equity issues.

- ☐ Much less comfortable
- ☐ Somewhat less comfortable
- ☐ About the same level of comfort
- ☐ Somewhat more comfortable
- ☐ Much more comfortable
- ☐ I don't know

27. There is a sufficient amount of networking and communication within VDH to sustain its health equity initiatives.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Strongly agree

27a. Since the beginning of 2022, please rate the level of change in how much networking and communication there is within VDH to sustain its health equity initiatives.

- ☐ A lot less networking and communication
- ☐ A little less networking and communication
- ☐ About the same level of networking and communication
- ☐ A little more networking and communication
- ☐ A lot more networking and communication
- ☐ I don't know

28. Health equity is well-integrated into the operations of VDH.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Neither agree nor disagree
- ☐ Somewhat agree
- ☐ Strongly agree

28a. Since the beginning of 2022, please rate the level of change in how well integrated health equity is into the operations of VDH.

- ☐ A lot less integrated
- ☐ A little less integrated
- ☐ About the same level of integration
- ☐ A little more integrated
- ☐ A lot more integrated
- ☐ I don't know

29. How familiar are you with the efforts of the Office of Health Equity Integration that have been funded by VDH's health equity grant from the CDC?

- ☐ Not familiar at all
- ☐ Somewhat familiar
- ☐ Very familiar

[If "Somewhat familiar" or "Very familiar" is selected, the following questions will be asked.]

29a. How much do you believe the CDC grant helped VDH enhance its capacity to serve the state in an equitable manner?

- ☐ Not at all
- ☐ A little
- ☐ A lot

29b. How much do you feel the community grant program funded by the CDC grant helped address health disparities among the populations served by the grantees?

☐ Not at all

☐ A little

☐ A lot

30. Is there anything else you would like to tell us about VDH's efforts to address health equity or support organizations that work to reduce health disparities in their communities?

DRAFT Vermont Department of Health External Partner Survey – Equity Grant Program

Online Consent Form

Pacific Institute for Research and Evaluation (PIRE), an independent, not-for-profit research organization, is conducting this survey on behalf of the Vermont Department of Health (VDH) to learn about your experiences and thoughts related to its equity grant program in which your organization participated between 2022 and 2024. We are also interested in your perceptions of your organization's current capacity to carry out grant-related activities as well as the degree to which it may have changed as a result of the grant. There are no right or wrong answers.

- The survey will take approximately 10 to 15 minutes to complete.
- If your answers were to be discovered, it could lead to some embarrassment or discomfort. However, we will make every effort to protect your privacy and confidentiality. Your responses to these questions will not be shared with anyone outside of the PIRE project team, and no one at your organization or VDH will see your individual responses to these questions. Results will only be reported by combining responses from all participants.
- All data will be stored on secure servers and computers with password protection.
- Participation in this survey is voluntary. If you agree to participate, you may skip any questions on the survey.
- There is no cost to you to participate in this survey.
- At the end of the survey, you will be given the opportunity to enter a drawing for **your organization** to receive one of three \$300 cash incentives for your participation in the survey.
- If you have any questions about the survey itself, please contact David Currey, Principal Investigator, at dcurrey@pire.org or 919-265-2622 or Amy Livingston at alivingston@pire.org or 802-490-5071.
- All research involving human subjects is reviewed by PIRE's Institutional Review Board (IRB) to protect your rights and welfare. If you have questions or concerns as a participant in this evaluation, you may contact Elizabeth Waiters, PIRE's Office of Research Integrity and Compliance at 866-PIRE-ORG (866-747-3674, Option 1) or IRB@PIRE.org.

Participant's Agreement

In order to continue with the survey, you must indicate your agreement to participate by checking "Yes" below. In so doing, you indicate that: (1) You have read the information provided above, (2) Contact information is provided if you need to ask any questions you may have about this survey and your rights as a participant in this evaluation, and (3) You voluntarily consent to participate in this survey.

☐ Yes, I agree to participate.

☐ No, I do not wish to participate.

DRAFT Vermont Department of Health External Partner Survey – Equity Grant Program

Introduction

Thank you for agreeing to participate in the survey. If you need to leave the survey before completing it, you can close out of it and then reenter to the same spot later by clicking the link again.

Our first few questions ask you to tell us a little about your organization.

1. How many years have you worked at your organization?

- ☐ Less than one year
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ More than 5 years

2. In what sector or area of service is your organization? Please select all that apply.

- ☐ Agriculture
- ☐ Alcohol & Drugs
- ☐ Education
- ☐ Emergency Preparedness
- ☐ Employment
- ☐ Equity/Justice
- ☐ Faith-Based
- ☐ Food/Nutrition
- ☐ Health Care
- ☐ Hospitality
- ☐ Housing
- ☐ Mental Health
- ☐ Oral Health
- ☐ Public Health
- ☐ Public Safety
- ☐ Social or Community Group
- ☐ Transportation
- ☐ Other (Please specify:_____)

3. Prior to receiving the equity grant from VDH, how many years had your organization received grant funding from VDH?

- ☐ We had never received grant funding from VDH prior to the equity grant
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ 6-10 years
- ☐ 10 years or more
- ☐ Don't know

4. Approximately how many paid employees does your organization have?

- ☐ 0
- ☐ 1-4
- ☐ 5-10
- ☐ 11-20
- ☐ 21-50
- ☐ More than 50
- ☐ I don't know

5. What Vermont county/counties do you primarily work within? (Please select all that apply.)

- ☐ All Vermont counties
- ☐ Addison
- ☐ Bennington
- ☐ Caledonia
- ☐ Chittenden
- ☐ Essex
- ☐ Franklin
- ☐ Grand Isle
- ☐ Lamoille
- ☐ Orange
- ☐ Orleans
- ☐ Rutland
- ☐ Washington
- ☐ Windham
- ☐ Windsor

6. Other than geographic priorities, what populations does your organization prioritize serving? (Please select all that apply.)

- ☐ Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning+ (LGBTQ+) Community
- ☐ Black, Indigenous, and People of Color (BIPOC)/Global Majority
- ☐ English Language Learners
- ☐ Unhoused Populations
- ☐ Indigenous Populations
- ☐ Disability, Deaf/Hard of Hearing, Neurodivergent, and Chronic Illness Community
- ☐ Other (Please specify: _____)
- ☐ Our organization does not prioritize serving any specific populations

7. From whom did your organization receive training as part of the VDH health equity grant program? (Please select all that apply.)

- ☐ Vermont Department of Health (VDH)
- ☐ Common Good VT
- ☐ VT Community Foundation
- ☐ Other (Please specify: _____)
- ☐ I did not receive training as part of the VDH health equity grant program

With the exception of the last response, for each response selected in Q7 above, the following question will be asked.

7a. How useful did your organization find training from [Training org name piped in] to be in your work with the grant program?

- ☐ Not at all useful
- ☐ A little useful
- ☐ Somewhat useful
- ☐ Very useful

The next set of questions asks you to tell us about your organization's current status concerning a particular issue, followed by a question about how much change the organization has experienced since 2022 when it began to participate in the VDH equity grant program.

8. How would you rate your organization's current ability to successfully apply to VDH or other funding agencies for future funding opportunities?

☐ Poor

☐ Fair

☐ Good

☐ Excellent

8a. Please rate the level of change your organization has experienced in its ability to successfully apply to VDH or other funding agencies for future funding opportunities since receiving this grant from VDH in 2022.

☐ Much worse

☐ Somewhat worse

☐ About the same

☐ Somewhat improved

☐ Much improved

9. How would you rate your organization's current ability to manage grant funding, including tracking of spending and submitting required financial and programmatic reporting?

☐ Poor

☐ Fair

☐ Good

☐ Excellent

9a. Please rate the level of change your organization has experienced in its ability to manage grant funding, including tracking of spending and submitting required financial and programmatic reporting, since receiving this grant from VDH in 2022.

☐ Much worse

☐ Somewhat worse

☐ About the same

☐ Somewhat improved

☐ Much improved

10. How would you rate your organization's current ability to successfully collaborate with VDH to serve communities?

☐ Poor

☐ Fair

☐ Good

☐ Excellent

10a. Please rate the level of change your organization has experienced in its ability to successfully collaborate with VDH to serve communities since receiving this grant from VDH in 2022.

- ☐ Much worse
- ☐ Somewhat worse
- ☐ About the same
- ☐ Somewhat improved
- ☐ Much improved

11. How would you rate your organization's current ability to sustain its work or programming?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Excellent

11a. Please rate the level of change your organization has experienced in its ability to sustain its work or programming since receiving this grant from VDH in 2022.

- ☐ Much worse
- ☐ Somewhat worse
- ☐ About the same
- ☐ Somewhat improved
- ☐ Much improved

12. How would you rate your organization's current level of trust with VDH to collaborate on services with populations that have experienced historical and contemporary injustice and systemic inequities?

- ☐ Poor
- ☐ Fair
- ☐ Good
- ☐ Excellent

12a. Please rate the level of change your organization has experienced in its level of trust with VDH to collaborate on services with populations that have experienced historical and contemporary injustice and systemic inequities since receiving this grant from VDH in 2022.

- ☐ Much worse
- ☐ Somewhat worse
- ☐ About the same
- ☐ Somewhat improved
- ☐ Much improved

13. How much does your organization believe that it is a respected and valued partner of VDH?

- ☐ Not at all
- ☐ A little
- ☐ A lot

13a. Please rate the level of change in your organization's belief that it is a respected and valued partner of VDH since receiving this grant from VDH in 2022.

- ☐ Much worse
- ☐ Somewhat worse
- ☐ About the same
- ☐ Somewhat improved
- ☐ Much improved

14. How would you rate the quality of your organization's current relationship with VDH?

- ☐ Very low quality
- ☐ Somewhat low quality
- ☐ Somewhat high quality
- ☐ Very high quality

14a. Please rate the level of change your organization has experienced in the quality of its relationship with VDH since receiving this grant from VDH in 2022.

- ☐ Much worse
- ☐ Somewhat worse
- ☐ About the same
- ☐ Somewhat improved
- ☐ Much improved

15. How comfortable is your organization discussing health equity issues with VDH staff members?

- ☐ Very uncomfortable
- ☐ Somewhat uncomfortable
- ☐ Somewhat comfortable
- ☐ Very comfortable

15a. Please rate the level of change in your organization's comfort in discussing health equity issues with VDH staff members since receiving this grant from VDH in 2022.

- ☐ Much worse
- ☐ Somewhat worse
- ☐ About the same
- ☐ Somewhat improved
- ☐ Much improved

The next set of questions asks about the sustainability and success of activities you've implemented as part of the equity grant program.

16. The efforts funded by the grant program have continued to operate even after grant funding ended.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Strongly agree
- ☐ Our grant funding has not yet ended. *[If selected, skip question 17.]*

17. The efforts funded by the grant program have been sustained with funding from other sources.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Strongly agree

18. The efforts funded by the grant program are well integrated into the operations of our organization.

- ☐ Strongly disagree
- ☐ Somewhat disagree
- ☐ Somewhat agree
- ☐ Strongly agree

19. How much has your organization met its goals for the grant program?

- ☐ No goals were met
- ☐ Some goals were met
- ☐ All goals were met
- ☐ We exceeded our goals

20. How much have the grant funds from VDH helped your organization improve health outcomes in the communities you serve?

- ☐ Not at all
- ☐ A little
- ☐ A lot

21. Is there anything else you would like to tell us about your organization's experience with this grant?

APPENDIX C: INTERVIEW GUIDES

Vermont Office of Health Equity Integration – CDC Health Equity Grant

Interview Guide for OHEI Staff

Informed Consent

Thank you for attending today's interview session. My name is XXX and I am a researcher with Pacific Institute for Research and Evaluation, or PIRE. PIRE is a non-profit research organization assisting the Vermont Department of Health with an evaluation of their CDC Health Equity Grant. We are conducting interview sessions to learn about the impact of the grant-funded Office of Health Equity Integration (OHEI) activities across VDH divisions and programs and with community partners. This session will last under an hour. Before we get started, please remember there are no right or wrong answers to our questions. We just want to hear about your thoughts and perspectives in your own words.

With your permission, we will record this discussion. Please know that this recording will only be shared with authorized research staff. The recording will be used to produce a transcript of this session. This transcript will be grouped together with those from other sessions and analyzed. Once this process is complete, all recordings will be deleted.

We will not directly associate any of your feedback from today with you as an individual in our reports. We will aggregate all the information learned from these sessions during analysis and before sharing results with VDH. We may use quotes from this session when we report the results from our analysis, but we will not connect these quotes to your name or any other identifying information.

If there are any topics that you do not want to discuss, you are free to let us know. You may also choose to end your participation in this discussion at any time, for any reason. Again, just let us know. Do you have any questions? *[Answer questions]* **If you give your consent to continue with the interview, please indicate by saying yes, now.**

If you are ready, we will now start recording and begin the discussion. *[Enable recording]* We are now recording.

Introduction: I'd like to go around and ask each of you to tell me the ways you were involved with the CDC Health Equity Grant. What was the timeframe of your involvement? Had you worked at VDH prior to getting involved with the Health Equity Grant? If so, in what capacity and for how long?

The first set of questions will focus on the community Health Equity Capacity Building grants from VDH to local grantees using CDC funding.

- 1) How did the Health Equity Capacity Building grants influence grantees' capacity to implement projects that enhanced health equity in Vermont?
- 2) How did the CDC Health Equity Capacity Building grant funds impact the Office of Health Equity Integration's relationship to grantee organizations?

- a. What about the Vermont Department of Health's relationship with grantee organizations overall?
 - b. What about the state's (e.g., OHEI and/or VDH) relationship with the larger community served by these grants?
 - c. Was there anything in particular that strengthened those relationships? Was there anything in particular that hindered those relationships?
- 3) How did the CDC Health Equity Capacity Building grants impact grantees' ability to secure new funding?
- 4) Were there any downsides (financially or otherwise), to grantees who received a Health Equity Capacity Building grant?
- 5) Can you speak to any outside influences, independent of project activities, that impacted grantees or specific projects during the grant-funded period (e.g., political landscape, other community agencies, staffing, etc.)
 - a. What factors positively impacted the intended community outcomes?
 - b. What factors challenged or negatively impacted the intended community outcomes?
- 6) What were the more important things done by OHEI and/or VDH to support community organizations?
- 7) What could OHEI and/or VDH have done to be more supportive?
- 8) What are the most important, lasting, positive influences the sub-grants will have related to the intended community outcomes?
- 9) What are the most important challenges or negative impacts the sub-grants will have related to the intended community outcomes?
- 10) What suggestions do you have if VDH provides a similar grant to community organizations in the future?

Next I'd like to ask questions related to the impact of the CDC Health Equity Grant and the work of the Office of Health Equity Integration on VDH Divisions and staff.

- 11) How does the work of the Office of Health Equity Integration impact changes in VDH staff knowledge, comfort and skills concerning equity issues? Be as specific as possible.
- 12) To what extent do you think that health equity work is viewed as an integral part of everyone's responsibility at VDH?
 - a. How has this changed during the past three years?
- 13) In what ways did the Department of Health infrastructure change related to health equity as a result of the creation of the OHEI and equity-funded projects?

- a. What has been the impact of using health equity strategies to inform the way VDH funds programs and services?
- 14) How did procedures and practice change as a result of the creation of the OHEI and equity-funded projects?
- 15) What has been the overall level of support from within VDH for the work of OHEI?
- 16) What other impacts have you seen within VDH as a result of the creation of the OHEI and equity-funded projects?
- 17) Is there anything else you would like to share that we have not already discussed?

Vermont Office of Health Equity Integration – CDC Health Equity Grant

Interview Guide for VDH Staff

Informed Consent

Thank you for attending today's interview session. My name is XXX and I am a researcher with Pacific Institute for Research and Evaluation, or PIRE. PIRE is a non-profit research organization assisting the Vermont Department of Health with an evaluation of their CDC Health Equity Grant. We are conducting interview sessions to learn about the impact of the grant-funded Office of Health Equity Integration (OHEI) activities across VDH divisions and programs and with community partners. This session will last under an hour. Before we get started, please remember there are no right or wrong answers to our questions. We just want to hear about your thoughts and perspectives in your own words.

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If there are any topics that you do not want to discuss, you are free to let us know. You may also choose to end your participation in this discussion at any time, for any reason. Again, just let us know. Do you have any questions? *[Answer questions]* **If you give your consent to continue with the interview, please indicate by saying yes, now.**

If you are ready, we will now start recording and begin the discussion. *[Enable recording]* We are now recording.

Introduction: I'd like to go around and ask each of you to tell me the ways you were involved with the CDC Health Equity Grant. What was the timeframe of your involvement? Had you worked at VDH prior to getting involved with the Health Equity Grant? If so, in what capacity and for how long?

First I'd like to ask questions related to the impact of the CDC Health Equity Grant and the work of the Office of Health Equity Integration on VDH Divisions and staff.

- 1) How does the work of the Office of Health Equity Integration impact changes in VDH staff knowledge, comfort and skills concerning equity issues? Be as specific as possible.
- 2) To what extent do you think that health equity work is viewed as an integral part of everyone's responsibility within your division, and overall at VDH?
 - a. How has this changed during the past three years?

- 3) Please share how your VDH division reviews activities and products to ensure they are culturally appropriate for the intended recipients.
 - a. How has this changed during the past three years?
- 4) In what ways did the Department of Health infrastructure change related to health equity as a result of the creation of the OHEI and equity-funded projects?
 - a. What has been the impact of using health equity strategies to inform the way VDH funds programs and services?
- 5) How did procedures and practice change as a result of the creation of the OHEI and equity-funded projects?
- 6) What other impacts have you seen within your division as a result of the creation of the OHEI and equity-funded projects?

Thank you. This next set of questions will focus on your division's relationship with community partners.

- 7) How would you describe your division's current relationship with community partners that serve populations that have experienced injustice and systemic inequities (i.e. comfort level, collaborations, trust)?
 - a. What systemic or structural supports are there from VDH and divisional leadership? (i.e., is there devotion of sufficient resources?)
- 8) What were the more important things done by your division to support community organizations through the equity-funded projects?
- 9) What could your division have done to be more supportive?
- 10) (now I'd like you to think about the intended community outcomes resulting from equity-funded projects) What are the most important, lasting, positive influences the equity-funded projects will have related to the intended community outcomes?
- 11) What are the most important challenges or negative impacts the equity-funded projects will have related to the intended community outcomes?
- 12) What suggestions do you have if VDH and/or your Division provides a similar grant to community organizations in the future?
- 13) Is there anything else you would like to share that we have not already discussed?

Vermont Office of Health Equity Integration – CDC Health Equity Grant

Interview Guide for Grant-Funded Community Partner Organizations

Informed Consent

Thank you for attending today's interview session. My name is XXX and I am a researcher with Pacific Institute for Research and Evaluation, or PIRE. PIRE is a non-profit research organization assisting the Vermont Department of Health with an evaluation of their CDC Health Equity Grant. We are conducting interview sessions to learn about the impact of the grant-funded Office of Health Equity Integration (OHEI) activities across VDH divisions and programs and with community partners. This session should last for approximately one hour.

Before we get started, I want to acknowledge that participants in our discussions may have experienced harm from government systems and practices. My hope is that our discussion today will be an opportunity to share your honest thoughts, perspectives, and feedback on your experience as a recipient of a Health Equity Capacity Building Grant through VDH. The Office of Health Equity Integration will share information that we learn from these discussions with VDH programs and leadership to enhance and improve future work with community partners.

With your permission, we will be recording this discussion. Please know that this recording will only be shared with authorized research staff. The video and audio recording will be used to produce a transcript of this session. This transcript will be grouped together with those from other sessions and analyzed. Once this process is complete, all recordings will be deleted.

We will not directly associate any of your feedback from today with you as an individual or your organization in our reports. We will aggregate all the information learned from these sessions during analysis and before sharing results with VDH. We may use quotes from this session when we report the results from our analysis, but we will not connect these quotes to your name, organization, or any other identifying information.

In recognition of your time participating in this interview, we will offer you a \$50 gift card.

If there are any topics that you do not want to discuss, you are free to let us know. You may also choose to end your participation in this discussion at any time, for any reason. Again, just let us know. Do you have any questions? *[Answer questions]* **If you give your consent to continue with the interview, please indicate by saying yes, now.**

If you are ready, we will now start recording and begin the discussion. *[Enable recording]* We are now recording.

Introduction: Please tell me your name, a bit about your organization, how long you have worked there, and the role you play there.

The first set of questions will focus on the process for applying for Vermont Department of Health funding and the influence those funds had on your organization's capacity to implement projects focused on equity and your overall relationship with VDH.

- 1) Please tell me a bit about the equity-focused projects your organization was able to implement as a result of the Vermont Department of Health (VDH) Health Equity Capacity Building Grant.
 - a. Had your organization received other grant funds from VDH in the past? If yes, how was that experience?
 - b. What were the intended outcomes of the project? Prompt: What were the primary populations served by this project?
 - c. Had your organization done this kind of work with these populations in the past?
 - d. How did the Health Equity Capacity Building Grant influence your organization's capacity to address health disparities and inequities?
 - e. What were some successes of the grant for your organization and the people you serve?
 - i. Were any of these successes a surprise or unintended?
 - f. Have these efforts been able to continue even after grant funding has ended? If so, how (i.e., what are the new funding sources)?
- 2) How did the VDH Grant funds affect your organization's relationship with the Vermont Department of Health overall and the Office of Health Equity Integration, specifically? (prompt for trust, respect, collaboration)
 - a. What about other state partners?
 - b. What about other community partners?
 - c. What impact did those relationships have on your work and your ability to impact your community (in terms of programming, reach, collaborations, etc.)?
 - d. What impact did those relationships have on your level of trust in VDH to collaborate effectively with your organization on services with populations that have experienced injustice and systemic inequities?
 - e. In what ways, if at all, did your VDH Grant impact your ability to secure new funding? What were the impacts, if any, on your organization's ability to manage grants?
 - f. What were the downsides, if any, to receiving the Health Equity Grant?
 - g. What type of ongoing relationship would you like to have with VDH and/or the Office of Health Equity Integration? How do you see that being supported?

Next I will ask questions related to your community and other external factors that may have played into the outcomes of your funded project.

- 3) Please tell me about any outside influence, independent of the project activities, on your project during the grant-funded period (e.g., political landscape, other community agencies, staffing, etc.)

- a. What factors positively influenced the intended outcomes?
- b. What factors challenged or negatively impacted the intended outcomes?
- 4) What are the most important, lasting, positive influences this grant had related to the intended outcomes?
- 5) What are the most important challenges or negative impacts this grant had related to the intended outcomes?

Thank you. Shifting back to a focus on VDH, ...

- 6) What were some helpful supports that VDH offered to your organization related to this grant?
 - a. What training, if any, was received as part of the grant? How useful was it?
- 7) What could VDH have done to be more supportive?
- 8) What suggestions do you have for VDH if they were to provide a similar grant to community organizations in the future?
- 9) Is there anything else you would like to share that we have not already discussed?

Thank you for your participation. I will process your gift card and will send that to your email address.