

STATE OF VERMONT JOINT FISCAL OFFICE

MEMORANDUM

To: James Reardon, Commissioner of Finance & Management

From: Nathan Lavery, Fiscal Analyst

Date: April 29, 2009

Subject: JFO #2372 & #2373

No Joint Fiscal Committee member has requested that the following items be held for review:

JFO #2372 — \$50,000.00 grant from the Harvard Medical School to the Department of Health. These grant funds will be used to implement health surveillance objectives of the Vermont Office of Minority Health strategic plan, including the production of a health status report for minorities and other disparate populations. [*JFO received 3/30/09*]

JFO #2373 — \$2,053,161.00 grant from the Substance Abuse and Mental Health Services Administration to the Department of Mental Health. These grant funds will be used to address the needs of Vermont veterans and other adults with trauma spectrumillness by creating a statewide system which would identify, assess, and divert this population from the criminal justice system and into a system focused on treatment. [*JFO received 3/30/09*]

In accordance with 32 V.S.A. §5, the requisite 30 days having elapsed since these items were submitted to the Joint Fiscal Committee, the Governor's approval may now be considered final. We ask that you inform the Secretary of Administration and your staff of this action.

cc: Wendy Davis, Commissioner Michael Hartman, Commissioner Robert Hofmann, Secretary Hi Nathan,

Here are the answers. Thanks again for your patience as we recovered from the computer virus that hit all of AHS last week.

Leo Clark, CFO VDH & DMH (802) 863-7284 leoclark@vdh.state.vt.us

1) Why are certain sections pertaining to the timing and method of payment crossed out of the submission? What did these sections require and why was the requirement(s) eliminated?

The timing of payment and invoices (Item #2 in Attachment 4) was changed because VDH had negotiated that we would invoice Harvard Medical School either twice (50% each invoice), or as one lump sum. Harvard Medical School made an error when they included language for "monthly invoices". They agreed that monthly invoicing for such a small amount would be excessive work. All parties agreed that the best solution was to cross out and initial the change, rather than re-issue the agreement and start the signature process again.

The statement on page 5 of Attachment 5 was crossed out to reflect the above-mentioned change, which will allow Harvard to pay VDH in one lump sum.

2) Are the positions that are mentioned in this grant still in existence? Specifically, does the position of "director of the office of minority health" currently exist and is it filled? Does this position or any other position associated with this grant application (or the activities described therein) appear on any list of positions that may or will be eliminated?

The analyst/epidemiologist position exists and is currently filled. It does not appear on any list of positions that may or will be eliminated. The Minority Health Director was a vacant position that was cut effective 7/1/08 (Round 1). However, Tracy Dolan, Director of Public Health Planning and Performance Improvement, has assumed those duties and will be doing the work described in the grant as assigned to Judy Ashley-McLaughlin. Neither Tracy's nor Judy's positions appear on any list of positions that may or will be eliminated.

----Original Message-----From: Nathan Lavery [mailto:nlavery@leg.state.vt.us] Sent: Monday, April 13, 2009 3:13 PM To: Ashley-McLaughlin, Judy; Clark, Leo Cc: Riven, Matt; Mark Larson; Michael Obuchowski Subject: Questions on minority health grant

Hello Mr. Clark,

Below are a few questions associated with JFO #2372, the grant to the Health Department for the Office of Minority Health.

I have also sent this message to Judy Ashley-McLaughlin because I saw her name appear frequently in the application materials. Your responses are appreciated. 1) Why are certain sections pertaining to the timing and method of payment crossed out of the submission? What did these sections require, and why was the requirement(s) eliminated?

2) Are the positions that are mentioned in this grant still in existence? Specifically, does the position of "director of the office of minority health" currently exist and is it filled? Does this position or any other position associated with this grant application (or the activities described therein) appear on any list of positions that may or will be eliminated?

If you need further clarification, please contact me via phone (828-1488) or email.

Please copy Rep. Obuchowski (obie@leg.state.vt.us) and Rep. Mark Larson (mlarson@leg.state.vt.us) on your response.

Thank you.

Nathan Lavery Fiscal Analyst Legislative Joint Fiscal Office One Baldwin Street Montpelier VT 05633-5301 (802) 828-1488 nlavery@leg.state.vt.us

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STATE OF VERMONT JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee MembersFrom: Nathan Lavery, Fiscal AnalystDate: April 2, 2009Subject: Grant Request

Enclosed please find two (2) requests that the Joint Fiscal Office has received from the Administration:

JFO #2372 — \$50,000.00 grant from the Harvard Medical School to the Department of Health. These grant funds will be used to implement health surveillance objectives of the Vermont Office of Minority Health strategic plan, including the production of a health status report for minorities and other disparate populations. Included in this submission is form AA-1PN; this form serves as notification to the Joint Fiscal Committee that the grant recipient intends to spend state funds in advance of JFC action on this item. Please note that this form was not submitted to the Joint Fiscal Committee prior to submission of form AA-1. [JFO received 3/30/09]

JFO #2373 — \$2,053,161.00 grant from the Substance Abuse and Mental Health Services Administration to the Department of Mental Health. These grant funds will be used to address the needs of Vermont veterans and other adults with trauma spectrum-illness by creating a statewide system which would identify, assess, and divert this population from the criminal justice system and into a system focused on treatment. Included in this submission is form AA-1PN; this form serves as notification to the Joint Fiscal Committee that the grant recipient intends to spend state funds in advance of JFC action on this item. Please note that this form was not submitted to the Joint Fiscal Committee prior to submission of form AA-1. Additional supporting documents will be provided upon request. [JFO received 3/30/09]

The Joint Fiscal Office has reviewed these submissions and determined that all appropriate forms bearing the necessary approvals are in order.

In accordance with the procedures for processing such requests, we ask you to review the enclosed and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; <u>nlavery@leg.state.vt.us</u>) if you have questions or would like an item held for Joint Fiscal Committee review. Unless we hear from you to the contrary by <u>April 16</u> we will assume that you agree to consider as final the Governor's acceptance of this request.

Wendy Davis, Commissioner Robert Hofmann, Secretary

VT LEG 244781.1



STATE OF VERMONT JOINT FISCAL OFFICE

MEMORANDUM

- To: Representative Pugh
- From: Nathan Lavery, Fiscal Analyst

Date: April 2, 2009

Subject: JFO #2372 & 2373

Representative Michael Obuchowski asked that I forward to you a copy of the enclosed requests and cover memo. He requests your observations regarding the enclosed items.

cc: Rep. Michael Obuchowski Stephen Klein



STATE OF VERMONT JOINT FISCAL OFFICE

MEMORANDUM

- To: Representative Maier
- From: Nathan Lavery, Fiscal Analyst

Date: April 2, 2009

Subject: JFO #2372 & 2373

Representative Michael Obuchowski asked that I forward to you a copy of the enclosed requests and cover memo. He requests your observations regarding the enclosed items.

cc: Rep. Michael Obuchowski Stephen Klein

INFORMATION NOTICE

The following items were recently received by the Joint Fiscal Committee:

JFO #2372 — \$50,000.00 grant from the Harvard Medical School to the Department of Health. These grant funds will be used to implement health surveillance objectives of the Vermont Office of Minority Health strategic plan, including the production of a health status report for minorities and other disparate populations.

[JFO received 3/30/09]

JFO #2373 — \$2,053,161.00 grant from the Substance Abuse and Mental Health Services Administration to the Department of Mental Health. These grant funds will be used to address the needs of Vermont veterans and other adults with trauma spectrum-illness by creating a statewide system which would identify, assess, and divert this population from the criminal justice system and into a system focused on treatment.

[*JFO received 3/30/09*]



02372

Agency of Administration

State of Vermont

Department of Finance & Management 109 State Street, Pavilion Building Montpelier, VT 05620-0401

[phone] 802-828-2376 [fax] 802-828-2428

STATE OF VERMONT FINANCE & MANAGEMENT GRANT REVIEW FORM

3320						
Grant Summary:		To implem Minority H			bjectives of the Ver	mont Office of
Date:		3/10/2	2009			
Department:		Health De	partment			
Legal Title of Grant:		Cooperative Agreements to Improve the Health Status of Minority Populations				
Federal Catalog #:		93.004				
Grant/Donor Name and Addr	ess:	Harvard Medical School, Boston, Massachusetts 02115				
Grant Period: From:		12/1/2008	To:	11/30/2009		
Grant/Donation		\$50,000				
	S	FY 1	5	SFY 2	SFY 3	Comments
Grant Amount:	\$1	15,600	\$	34,400	\$	

	# Positions	Explanation/Comments	
Position Information:	0		
	•		

Additional Comments:

This grant will support the Health department in meeting the deliverable for this grant; they need to produce a "Health Disparities Report" this state fiscal year. This is one-time funding that will help the Health department produce this report. This is a federal subgrant from the Federal Office of Minority Health sub awarded through Harvard Medical School to Vermont's Department of Health.

Department of Finance & Management	(Initial)
Secretary of Administration	<u>FPM 3/16/09</u> (Initial)
Sent To Joint Fiscal Office	<u> 3/24/09</u> Date



STATE OF VERMONT GRANT SPENDING PRE-NOTICE (Form AA-1PN)

PURPOSE & INSTRUCTIO	NS:			
in advance of Joint Fiscal Com funded grant award. Pre-notific preparation and filing costs. E State of Vermont, or that a futu	mittee app cation is re (penditure re grant a leted Fori oval befor	proval of gr equired for of these s ward will b m AA-1 Re	Int Fiscal Committee of the unavoidable need to sper ant requests and with the intent of securing a federal expenditures of state funds beyond basic grant appli tate funds does not guarantee that a grant will be aw e accepted by the Joint Fiscal Committee. If a grant quest for Grant Acceptance must be submitted to a colligating additional funds.	ly or privately cation arded to the award is
				·
1. Agency:		<u>ıman Servi</u> ealth	ces	
2. Department:			· · · · · · · · · · · · · · · · · · ·	
3. Program:	Su	rveillance		
<u></u>	<u> </u>			
4. Legal Title of Grant:	Co	operative	Agreements to Improve the Health Status of Minority	Populations
5. Federal Catalog #:		.004		
			· · · · · · · · · · · · · · · · · · ·	
6. Grant/Donor Name and Ad	ldress:	·		
Harvard Medical Scho	ol			
7. Grant Period: From	n: 12/1	/2008	To: 11/30/2009	
· · · · · · · · · · · · · · · · · · ·				
8. Purpose of Grant:				· D1 (
L		ance object	tives of the Vermont Office of Minority Health Strate	gic Plan. (see
AA1 summary attache				
			E OF GRANT ACCEPTANCE BY JOINT FISCA	L:
Expenditures:		2009	Required Explanation/Comments (Include type of expenditures to be incurred, i.e. training, planning, pro-	magal davalanment
Personal Services		\$5,200.00	(include type of expenditures to be incurred, i.e. training, planning, pro	posa development,
Operating Expenses		\$0.00	Staff costs for planning and assessment thru the end	
Grants		\$0.00	Grant award has been received and AA1 is	attached but
Total		\$5,200.00	JFC approval is not expected until then.	
10. AUTHORIZATION AGE	NCY/DE	PARTME		
I/We certify that spending these	Sig	gnature:		Date:
State funds in advance of Joint		Ċ		2/13/2009
Fiscal Approval of a Grant is		tle: Comm	issioner, Department of Health	W. J
unavoidable, and that a complete		Deputy	(Oppmissioner of Public Well	· · · · · · · · · · · · · · · · · · ·
Form AA-1 Request for Grant	Sig	gnature: U		Date:
Acceptance will be submitted for Joint Fiscal Committee approva			Parich Cond	2/20/09
grant award is received for this	Tit	tle:		
program:			DEPUTY SECRETARY	6 ^V
	relevant	documenta	tion that demonstrates the necessity of this expenditu	re. (example: d
funding opportunity guidelines			• 2	re. (example:
Distribution:		,		
Original - Joint Fiscal Office; Copy 1 – Department Grant File Copy 2 – Attach to Form AA-1 (subsequent	ly received).	
	(End For	m AA-1PN - 0	Grant Spending Pre-Notice – Form AA-1PN)	

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STATE OF VERMONT REQUEST FOR GRANT ACCEPTANCE (Form AA-1)

BASIC GRANT INFORM	ATION								
1. Agency:	Agency of Human Ser	vices	······································	· ·					
2. Department:	Health	Health							
3. Program:	Health Surveillance								
	<u> </u>								
4. Legal Title of Grant:	Cooperative Agreemer	Cooperative Agreements to Improve the Health Status of Minority Populations							
5. Federal Catalog #:	93.004								
· · · · · · · · · · · · · · · · · · ·			, <u>, , , , , , , , , , , , , , , , , , </u>						
6. Grant/Donor Name and	Address:								
Harvard Medical Sch	hool, Boston, Masssach	usetts 02115							
7. Grant Period: Fre	om: 12/1/2008	To: 11/2	30/2009	<u> </u>					
9. Implement the he summary attached) 9. Impact on existing progr none 10. BUDGET INFORMAT	am if grant is not Acce	ves of the Vermont Office pted:		in Strategic Plan. (se					
	SFY 1	SFY 2	SFY 3	Comments					
Ewin and Hawana	FY 09	FY 10	FY	Comments					
Expenditures: Personal Services	\$15,600	\$31,283	\$						
	\$15,000	\$3,117	<u>\$</u>						
Operating Expenses Grants	\$		\$						
Tota		\$34,400	<u>\$</u>						
Revenues:	μ <u>φ15,000</u>	φυτ,του	Ψ						
State Funds:	\$	\$	\$						
Cash	\$	\$	\$						
In-Kind	\$	\$	\$						
m-Niiu	φ	Ŷ	Ψ						
Federal Funds	\$15.600	\$34 400	\$						
Federal Funds: (Direct Costs)	\$15,600	\$34,400	<u>\$</u> \$						
(Direct Costs)	\$15,250	\$33,695	\$	· · · · · · · · · · · · · · · · · · ·					
(Direct Costs) (Statewide Indirect)	\$15,250 \$35	\$33,695 \$70	<u>\$</u> \$	· · · · · · · · · · · · · · · · · · ·					
(Direct Costs)	\$15,250	\$33,695	\$						
(Direct Costs) (Statewide Indirect) (Departmental Indirect)	\$15,250 \$35 \$315	\$33,695 \$70 \$635	\$ \$ \$						
(Direct Costs) (Statewide Indirect) (Departmental Indirect) Other Funds:	\$15,250 \$35 \$315 \$315 \$	\$33,695 \$70 \$635 \$	\$ \$ \$ \$	Total Award					
(Direct Costs) (Statewide Indirect) (Departmental Indirect) Other Funds: Grant (source)	\$15,250 \$35 \$315 \$315 \$ \$	\$33,695 \$70 \$635 \$ \$ \$	\$ \$ \$ \$ \$	Total Award					
(Direct Costs) (Statewide Indirect) (Departmental Indirect) Other Funds:	\$15,250 \$35 \$315 \$315 \$ \$ \$	\$33,695 \$70 \$635 \$	\$ \$ \$ \$	Total Award \$50,000					
(Direct Costs) (Statewide Indirect) (Departmental Indirect) Other Funds: Grant (source) Tota	\$15,250 \$35 \$315 \$ \$ \$ al \$15,600	\$33,695 \$70 \$635 \$ \$ \$ \$34,400	\$ \$ \$ \$ \$ \$						
(Direct Costs) (Statewide Indirect) (Departmental Indirect) Other Funds: Grant (source) Tota	\$15,250 \$35 \$315 \$315 \$ \$	\$33,695 \$70 \$635 \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						
(Direct Costs) (Statewide Indirect) (Departmental Indirect) Other Funds: Grant (source) Tota	\$15,250 \$35 \$315 \$ \$ \$ al \$15,600	\$33,695 \$70 \$635 \$ \$ \$ \$34,400	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						
(Direct Costs) (Statewide Indirect) (Departmental Indirect) Other Funds: Grant (source) Tota	\$15,250 \$35 \$315 \$ \$ \$ al \$15,600	\$33,695 \$70 \$635 \$ \$ \$ \$34,400 Amount:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						
(Direct Costs) (Statewide Indirect) (Departmental Indirect) Other Funds: Grant (source) Tota	\$15,250 \$35 \$315 \$ \$ \$ al \$15,600	\$33,695 \$70 \$635 \$ \$ \$ \$34,400 Amount:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						
(Direct Costs) (Statewide Indirect) (Departmental Indirect) Other Funds: Grant (source) Tota	\$15,250 \$35 \$315 \$ \$ \$ al \$15,600	\$33,695 \$70 \$635 \$ \$ \$ \$34,400 Amount:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						
(Direct Costs) (Statewide Indirect) (Departmental Indirect) Other Funds: Grant (source) Tota	\$15,250 \$35 \$315 \$ \$ \$ al \$15,600	\$33,695 \$70 \$635 \$ \$ \$ \$34,400 Amount:	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						

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STATE OF VERMONT REQUEST FOR GRANT ACCEPTANCE (Form AA-1)

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PERSONAL SERVICE I	NFORMATION		
		e or more Personal Service Contracts? 🗌 Ye	
If "Yes", appointing author	-	licate intent to follow current competitive bidding	g process/policy.
Appointing Authority Nan	ne: Agreed by:	$\frac{1}{2/307}$ (initial)	
12. Limited Service			
Position Information:	# Positions	Title	
	0		·
······································			
Total Position			-
12a. Equipment and spac positions:	e for these	presently available. Can be obtained with	available funds.
13. AUTHORIZATION	GENCY/DEPARTMEN		
I/we certify that no funds beyond basic application	Signature:	Fembras	Date:
preparation and filing costs	Title: Commissioner, I	Department d'Health	2/13/2009
have been expended or	Anorty	Emmunication and Author Hon H	(i)
committed in anticipation of Joint Fiscal Committee	Signature:	Committee of prove plant	Date:
approval of this grant, unless		hich Flord	2/20/09
previous notification was made on Form AA-1PN (if			
applicable):		EPUTY SECRETARY	
14. ACTION BY GOVER	NOR		
Check One Box:	A.F	24	
Accepted	Mino		3/24/09
Rejected	(Governor's signature)		Date: '
15, SECRETARY OF AD	MINISTRATION		
Check One Box:	φ .	0 M . I	
Request to JFO			3/16/09
Information to JFO	(Secretary's signature	or designee)	Date:
16. DOCUMENTATION	REQUIRED		
	Required (GRANT Documentation	
Request Memo		Notice of Donation (if any)	
Dept. project approval (it applicable)	Grant (Project) Timeline (if applicable) Request for Extension (if applicable)	
Grant Agreement		Form AA-1PN attached (if applicable)	
Grant Budget			
	Er	nd Form AA-1	لــــــــــــــــــــــــــــــــــــ

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Cooperative Agreement to Improve the Health Status of Minority Populations 2/13/09

The Department of Health has received a subgrant of \$50,000 to implement the health surveillance objectives of the Department's Minority Health Strategic Plan. These are Federal funds from the Office of Minority Health being subawarded through Harvard Medical School to the Department of Health, under CFDA # 93.004 for Cooperative Agreements to Improve the Health Status of Minority Populations.

Under this subaward, the Department will assess health surveillance systems, identify gaps and develop an improvement plan, and produce a health status report for minorities and other disparate populations. The grant period runs through November of 2009, and the Department proposes to complete the project, providing all deliverables to Harvard, by that date.

Funds will be used primarily to underwrite the staff time associated with the project. Project activities will utilize current Department personnel, primarily a public health analyst in the Department's Statistics section. No additional personnel will be required. About \$3,000 of these funds will be used to print and distribute project reports.

In order to meet the Deliverables Time Line established in the grant award, the Department will need to begin the planning and assessment stages of the project by early April. Understanding that final Legislative authorization to receive these funds may not be granted before that date, we are submitting the AA-1PN form, Grant Spending Pre-Notice, to indicate that other funds might be expended before the final approval date.

The original application funded an existing employee at three-quarters time for a full year. The AA-1 budget assumes that the project will require a full-time effort for nine months, with a third of these personnel costs falling in the current State fiscal year, 2009. The remaining grant funds will be carried forward into State fiscal year 2010. We are including a copy of the original application to Harvard and a copy of the Subaward Agreement, as well as the AA-1PN.

Subaward	Agreement					
Institution/Organization (UNIVERSITY)	Institution/Organization (COLLABORATOR)					
Name:	Name:					
President and Fellows of Harvard College Harvard Medical School	Vermont Department of Health					
Address:	Address:					
Sponsored Programs Administration 108 Cherry Street 25 Shattuck Street Suite 509 PO:Box 70						
Durlington VII 05 402						
Boston, MA 02115						
EIN #.:	EIN #.:					
1042103580C5						
Prime award #: 6:MPCMP051007-04-03	Subaward #: 151807:1008					
Awarding agency: RHS-OASH/OMH	93.004					
Subaward period of performance: 12/01/08 11/30/09	Amount funded this action: Est. total (if incrementally funded \$50,000.00					
Project title.: State Office of Minority Health Infrastructure Building Project						
Reporting Requirements [Check here if applicable: X See	Attachment 4]					
Terms a	nd Conditions					
 University hereby awards a (choose one): Cost reimbursable The statement of work, budget and deliverables schedule are sp shall be an independent entity and not an employee or agent of 	subaward) firm-fixed-price subaward as described above, to Collaborato ecified in Attachment 5 . In its performance of subaward work, Collaborator University.					
invoice shall be submitted using Collaborator's standard invoice certification as to truth and accuracy of invoice. Invoices and que	upon execution of this Agreement and receipt of Invoice for the full amount, but at a minimum shall include full dollar amount, subaward number, and estions concerning invoice receipt or payments should be directed to the Expenditures of Collaborator shall conform to budget in Attachment 5.					
 A final statement of cumulative costs incurred, including cost sha NOT LATER THAN forty-five (45) days after subaward end date report. 	aring, marked "FINAL," must be submitted to University's Financial Contact . The final statement of costs shall constitute Collaborator's final financial					
4. All payments shall be considered provisional and subject to adju necessary as a result of an adverse audit finding against the Col	stment within the total estimated cost in the event such adjustment is aborator.					
5. Matters concerning the technical performance of this subaward s Attachment 3. Technical reports are required as shown above, "F	hould be directed to the appropriate party's Project Director, as shown in Reporting Requirements."					
changes requiring prior approval, should be directed to the appro	the terms, conditions, or amounts cited in this subaward agreement, and an priate party's Administrative Contact, as shown in Attachment 3. Any such proval of each party's Authorized Official, as shown in Attachment 3.					
 Each party shall be responsible for its negligent acts or omission to the extent allowed by law. 	s and the negligent acts or omissions of its employees, officers, or directors					
	notice to the appropriate party's Administrative Contact, as shown in sts as allowable under OMB Circular A-21, A-122 or A-110 (45 CFR Part					
	quests for a no-cost extension should be addressed to and received by the hirty days prior to the desired effective date of the requested change.					
10. The Subaward is subject to the terms and conditions of the Prime	Award and other special terms and conditions, as identified in Attachment					
11. By signing below Collaborator makes the certifications and assur	ances shown in Attachments 1 and 2.					
an Authorized Official of UNIVERSITY:	By an outporized Official of COLLABORATOR:					
penoran cecer 1/23/09	("husting Janlier 2/13/09					
Signature Date	Signature Date					
itle:	Title: Christine Finley					
Associate Director, SPA	- Deputy Commissioner					

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Attachment 1 Subaward Agreement

By signing the Subaward Agreement, the authorized official of COLLABORATOR certifies, to the best of his/her knowledge and belief, that:

Certification Regarding Lobbying

- 1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the Collaborator, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or intending to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, Ioan, or cooperative agreement, the Collaborator shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," to the University.
- 3. The Collaborator shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less that \$10,000 and not more that \$100,000 for each such failure.

Debarment, Suspension, and Other Responsibility Matters

Collaborator certifies by signing this Subaward Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

OMB Circular A-133 Assurance

Collaborator assures University that it complies with A-133 and that it will notify UNIVERSITY of completion of required audits and of any adverse findings, which impact this subaward.

Attachment 2 Subaward Agreement

Agency-Specific Certifications/Assurances

The following assurances/certifications are made and verified by Collaborator's Authorized Official on the face page of this Subaward. Descriptions of individual assurances/certifications are provided in Section III of the PHS 398. 1) Human Subjects; 2) Research Using Human Embryonic Stem Cells; 3) Research on Transportation of Human Fetal Tissue, 4) Women and Minority Inclusion Policy; 5) Inclusion of Children Policy; 6) Vertebrate Animals; 7) Debarment and Suspension; 8) Drug-Free Workplace; 9) Lobbying; 10) Non-Delinquency on Federal Debt; 11)Research Misconduct; 12) Civil Rights (Form HHS 441 or HHS 690); 13) Handicapped Individuals (Form HHS 641 or HHS 690); 14) Sex Discrimination (Form HHS 639-A or HHS 690); 15) Age Discrimination (Form HHS 680 or HHS 690); 16) Recombinant DNA and Human Gene Transfer Research; 17) Financial Conflict of Interest.

General terms and conditions

extent those restrictions are pertinent.

2. 45 CFR Part 74 or 45 CFR Part 92 as applicable.

3. The Authorization Title XVII, Section 1701(e)(1), Public Health Service Act, as amended.

4. The Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all entities which expended \$500,000 or more of federal funds in each fiscal year.

5. Collaborator must obtain prior approval from University authorized business official and Principal Investigator (as listed in Attachment 3) for any change in the Collaborator Principal Investigator including replacement, absence or reduction in the level of participation. The University must be notified no later than 30 days before the expected date of departure or change in participation level. A resume must be submitted for approval for any replacement.

Special terms and conditions

1. Copyrights: Collaborator grants to University an irrevocable, royalty-free, non-transferable, nonexclusive right and license to use, reproduce, make derivative works, display, and perform publicly any copyrights or copyrighted material (including any computer software and its documentation and/or databases) first developed and delivered under this Subaward Agreement solely for the purpose of and only to the extent required to meet University's obligations to the Federal Government under its Prime Award.

2. Data Rights: Collaborator grants to University the right to use data created in the performance of this Subaward Agreement solely for the purpose of and only to the extent required to meet University's obligations to the Federal Government under its Prime Award.

Additional Terms and Conditions referenced in the MOU for Cooperative Agreement for Minority Faculty Development Program

1. Any publication/announcements (flyers, brochures, pamphlets, public service announcements, etc.) developed under this project must be submitted to OMH for approval prior to publication and/or distribution.

2. An interim report must be submitted by 06/15/09 to the University and to OMH. Final report due 11/30/09.

Version January 2005

	achment 3 ard Agreement
University Contacts	Collaborator Contacts
Administrative Name: Tiffany Blackman Sr. Sponsored Programs Administrator	Administrative Name: Chris Finley, Deputy Commisioner of Health
Address: Sponsored Programs Administration Harvard Medical School 25 Shattuck Street, Ste. 509 Boston, MA 02115	Address: 108 Cherry Street PO Box 70 Burlington, VT 05402
Telephone: (617) 432-2660 Fax: (617) 432-2651	Telephone: 802-863-7281 Fax: 802-951-1275
E-mail: tiffany_blackman@hms.harvard.edu	E-mail: cfinley@vdh.state.vt.us
Principal Investigator Name:	Project Director Name:
Joan Y. Reede Dean for Diversity and Community Partnership	Elizabeth Peterson, Epidemiologist IV
Address: Minority Faculty Development Program Harvard Medical School 164 Longwood Avenue, 2nd Fl Boston, MA 02115	Address: 108 Cherry Street PO Box 70 Burlington, VT 05402
Telephone: (617) 432-2413 Fax: (617) 432-3834	Telephone: (802) 863-7654 Fax: (802) 652-4157
E-mail: joan_reede@hms.harvard.edu	E-mail: epeters@vdh.state.vt.us
Financial Name:	<i>Financial</i> Name:
Ying Wang Assistant Director	Charon Goldwyn, Business Administrator
Address: Ainority Faculty Development Program Iarvard Medical School 64 Longwood Avenue, 2nd Fl Boston, MA 02115	Address: 108 Cherry Street PO Box 70 Burlington, VT 05402
elephone: (617) 432-2313 Fax: (617) 432-3834	Telephone: (802) 865-7748 Fax: (802) 652-4157
-mail: ying_wang@hms.harvard.edu	E-mail: cgoldwyn@vdh.state.vt.us
uthorized Official	Authorized Official
ame: Il Mortali irector	Name: Chris Finley, Deputy Commisioner of Health
ddress:	Address:
ponsored Programs Administration arvard Medical School 5 Shattuck Street, Ste. 509 oston, MA 02115	108 Cherry Street PO Box 70 Burlington, VT 05402
elephone: (617) 432-1596 Fax: (617) 432-2651	Telephone: (802) 863-7281 Fax: (802) 951-1275
mail: spa_award@hms.harvard.edu	E-mail: cfinley@vdh.state.vt.us

Version June 2004

Attachment 4 Harvard Special Conditions and Reporting Requirements

1. Harvard assumes no obligation to reimburse costs in excess of the total amount funded.

Payment:-Invoices, indicating approval by Cellaborating Institution's authorized project director, are to be when the submitted on a monthly basis. Two (2) copies of all invoices, detailing current charges and total-to-date submitted on a monthly basis. Two (2) copies of all invoices, detailing current charges and total-to-date submitted no later than forty-five (45) days after the end of each subcontract budget period. If the final invoice - is submitted after the forty-five (45) day period, it may not be reimbursed. The Collaborating Institution shall - inform the larvard Financial Contact. The final invoice dearly marked final; must be submitted after the forty-five (45) day period, it may not be reimbursed. The Collaborating Institution shall - inform the larvard Financial Contact if the final invoice cannot be submitted within such forty five (45) day - period. The total amount of any-unobligated balance which Collaborating Institution elects to carryforward - under expanded authorities must be reflected in the final invoice.

3. Collaborator shall cooperate with Harvard in resolving questions Harvard may have concerning the auditors' report and plan for corrective action. Harvard may send notices requesting that the Subreceipient audit Form be completed. If no reponse is received within thirty (30) days, the second notice will be sent. If no reponse is received within thirty (30) days, the second notice will be sent. If no reponse is received within thirty (30) days thereafter, Harvard may withhold all, or a portion of, the final payment from the Collaborator until the form is received.

promotion without the prior written approval of the party whose name is requested to be used. The parties may, however, acknowledge Harvard and Prime Sponsor's support for, and the nature of, the scope of work being pursued under this Agreement. In any such statement, the relationship of the parties shall be accurately and appropriately described.

- 5. In the event of any controversy or claim arising out of or relating to any provision of this Agreement or the breach thereof, the parties shall try to settle such conflicts amicably between themselves. Subject to the limitation stated herein, any such conflict which the parties are unable to resolve shall be settled through arbitration conducted as set forth in this paragraph and otherwise in accordance with the rules of the American Arbitration Association. The demand for arbitration shall be filed within a reasonable time after the controversy or claim has arisen, and in no event after the date upon which institution of legal proceedings based on such controversy or claim would be barred by applicable statute of limitations periods. This provision will not be applicable to state institutions unable to accept it.
- 6. The final technical report describing accomplishments and significant research findings is due 45 calendar days after the expiration or termination of the award.

Human Subjects Clause

7. Collaborating Institution hereby certifies compliance with all regulatory requirements pertaining to the protection of human subjects in research. If human subjects are used in the conduct of the research, the protocol must be approved by the Collaborating Institution's human subjects committee, and verification of same must be submitted to Harvard upon Collaborating Institution's execution of this Consortium Agreement and any amendments, and, if requested by Harvard, for ratification by Harvard's Committee on the Use of Humans as Experimental Subjects. No research involving human subjects may be carried out under this agreement in the absence of a protocol approved by the Collaborating Institution's human subjects committee or institutional review board. In the event of a lapse in protocol approval, all human subjects' activities must cease and any costs associated with human subjects activities conducted during the lapse, whether or not the protocol is ultimately re-approved, are unallowable under this agreement.

Collaborating Institution hereby certifies that it is in compliance with the requirements for human subjects training as set forth in "REQUIRED EDUCATION IN THE PROTECTION OF HUMAN RESEARCH PARTICIPANTS," dated June 5, 2000 (Revised August 25, 2000, NOTICE: OD-00-039, National Institutes of Health).

Foreign Agreements

- 8. Collaborator shall, whenever possible, purchase only American-made items.
- 9. Governing Language: The English Language version of this agreement shall be the official version.

ATTACHMENT 5

STATEMENT OF WORK

PROJECT TITLE: State Office of Minority Health Infrastructure Building Project REVISED – January 12, 2009

<u>APPLICANT</u>: Vermont Department of Health

CONTACT:

Judy Ashley-McLaughlin, Special Assistant to the Commissioner for Minority Health State Office of Vermont 20 Houghton St. St. Albans, VT 05478

Phone: (802) 527-5582 Fax: (802) 527-5405

BACKGROUND:

In 1992, the Vermont Department of Health created the Office of Minority Health (VT-OMH) by administrative order in response to community requests to address persistent gaps in health status and access to health services among racial and ethnic populations in Vermont.

Each program office at the Vermont Department of Health creates and administers its own health disparities interventions and activities in response to inequities encountered in their respective areas. Throughout the years various programs within the Vermont Department of Health have provided technical assistance and grant funding to community based organizations to address minority health needs.

We maintain partnerships with an array of entities active in minority health/health disparities work including local health departments (12 throughout the state), community based/non-profit organizations and clinical networks. Additionally, Vermont has a strong and committed Black/African American community. They work tirelessly to improve the health of the Black/African American population and would benefit immensely from participation in this effort.

With community input and support, the Vermont Department of Health developed a Strategic Plan (finalized 12/01/07) that directs its efforts to eliminate racial/ethnic health disparities in the State. This Strategic Plan is Vermont's blueprint for action and includes many of the areas of interest identified by CEED. The Strategic Plan is located at the end of this document.

The mission of the Office of Minority Health is to reduce and eliminate racial and ethnic health disparities through partnership, education, and advocacy. The Office's vision is to improve the health status of racial and ethnic populations so they can lead healthier lives.

The activities in the VT-OMH are based on the following values:

Access – We will support public and private initiatives that guarantee equal healthcare access and treatment, regardless of race, culture, or belief system.

Cultural Sensitivity – We will respect the diverse knowledge, experiences, and traditions of our community members, and promote understanding and trust of every culture's perspective across all health delivery systems.

Collaboration – We will engage communities and individuals in planning and implementation to achieve equitable public health for all Vermonters.

Integrity – We will work with our partners in an atmosphere of honesty, fairness, and respect, and meet the highest ethical and professional standards.

Responsibility – We will establish trust with our partners by integrating their voices and needs into our activities and track our progress on measurable objectives.

Empowerment – We will promote effective citizen participation in the identification of health disparities, the development of solutions that address the unique needs of their community, and local leadership that sustains progress.

The five goals of the Strategic Plan include:

Goal 1: Build health disparities organizational structure and capacity.

Goal 2: Improve health disparities data quality, collection and reporting.

Goal 3: Support cultural competency training.

Goal 4: Increase access to preventive and treatment services for racial/ethnic minorities.

Goal 5: Enhance community development and leadership.

	1990 Census	Percent of Population	2000 Census	2006 Estimate	Percent of Population	Percent Change 1990-2006
Total Population	562,758	100%	609,952	623,908		10.9%
White	555,088	98.6%	592,027	601,706	96.4%	8.4%
Black or African American	1,951	0.3%	4,048	5,554	0.9%	184.7%
American Indian and Alaska Native	1,696	0.3%	3,059	2,823	0.5%	66.5%
Asian, Native Hawaiian and Other Pacific Islander ¹	3,215	0.5%	5,755	7,240	1.2%	125.2%
	وروانا المراجع والمحاجم والمراجع والمحاجم والمحاجم					
Some other race	808	0.1%	1,274	1,876	0.3%	132.2%
Two or more races ²	N/A	N/A	8,129	8,019	1.3%	N/A
Hispanic or Latino .	5,687	0.7%	5,572	7,135	1.1%	93.5%

Race Categories for Total Population

¹ Due to Vermont's numbers, "Asian" is combined with Native Hawaiian/Pacific Islander. This also allows for comparison to older years.

² Two or more races not collected in 1990 Census.

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PURPOSE:

The purpose of this award is to implement the health surveillance objectives (Goal 2) of the Vermont Office of Minority Health 2007-2009 Strategic Plan (see attachment A). The collection, analysis, and reporting of health statistics are essential for establishing the baseline, monitoring progress toward the goal of eliminating health disparities, and for planning and implementing all other initiatives of the strategic plan. Under this award, we will assess health surveillance systems, identify gaps and develop an improvement plan, and produce a health status report for minorities and other disparate populations similar to *The Health Status of Vermonters* report (see attachment B).

DELIVERABLES AND TIME LINE:

The Deliverables and Time Line have been revised per communication with the Office of Minority Health at HHS and the Harvard Medical School. Approval for award and implementation of this project was provided by OMH to the VDH in September 2008 with a request by OMH to revise the time line to cover the period of 12/1/08 - 11/30/09. In October, the VDH provided a revised time line covering this period.

Per the communications in January 2009, this revised document includes:

Revised time line of 12/1/08 – 11/30/09;

- Revised plan for deliverables;
- Grant agreement format stipulated as a deliverables payment.

· A copy of this revised document will be provided to the points of contact for both organizations.

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DELIVERABLES	TIME LINE
PHASE ONE Assess Current Data Collection for Race/Ethnicity at VDH	12/1/08 - 1/30/09
Planning Meetings for Minority Health Status (MHS) Report	12/1/08 - 1/30/09
Identify High-Risk Populations for Inclusion in MHS Report	2/1/09 - 3/15/09
Content Meetings for Minority Health Status Report	2/1/09 - 3/15/09
PHASE TWO Data Analysis for MHS Report	3/16/09 - 6/15/09
Early Draft of MHS Report	6/15/09
Progress Report Submitted to OMH and Harvard	6/15/09

PHASE THREE Feedback on MHS Report Draft from Programs and Stakeholder	s 6/16/09 - 7/30/09
Final Draft of MHS Report	8/15/09
Approvals – VDH Leadership; Communications Office	8/30/09
MHS Report Completed	9/15/09
MHS Report Printed: Press Release: Distribution	10/15/09

PHASE FOUR

Meetings with Key Programs / Stakeholders on Using MHS Report 10/15/09 - 11/15/09 (including feedback on improving data collection of race/ethnicity data)

Complete a Revision of Dept. Web Site with Race/Ethnicity Data and Resources 11/2

11/30/09

Grant Report to OMH and Harvard (includes copy of Minority Health Status Report; presentations; etc.)

11/30/09

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PAYMENT SCHEDULE:

The award shall be a "deliverables" agreement. The awarding office has the option to award the grant to the VDH either as, a) one lump sum of \$50,000 at the start of work, aby as a so a lump sum of \$50,000 at the start of work, aby as a so a lump sum of \$50,000 at the start of work, aby as a so a lump sum of \$50,000 at the start of work, aby as a so a lump sum of \$50,000 at the start of work, aby as a so a lump sum of \$50,000 at the start of work, aby as a so a lump sum of \$50,000 at the start of work, aby as a so a lump sum of \$50,000 at the start of work, aby as a so a lump sum of \$50,000 at the start of work, aby as a so a lump sum of \$50,000 at the start of work at the bar as a so a so a lump sum of \$50,000 at the start of work at the bar as a so a so a lump sum of \$50,000 at the start of work at the bar as a so a so a lump sum of \$50,000 at the start of work. Aby as a so a so a lump sum of \$50,000 at the start of work at the bar as a so a so a lump sum of \$50,000 at the start of work at the bar as a so a so a lump sum of \$50,000 at the start of work. Aby as a so a so a lump sum of \$50,000 at the start of work at the bar as a so a so a lump sum of \$50,000 at the start of work at the bar as a so a so a lump sum of \$50,000 at the start of work at the bar as a so a so a lump sum of \$50,000 at the start at the bar as a so a lump sum of \$50,000 at the start at the bar as a so a lump sum of \$50,000 at the start at the bar as a so a lump sum of \$50,000 at the start at the bar as a so a lump sum of \$50,000 at the start at the bar as a so a lump sum of \$50,000 at the start at the bar as a so a lump sum of \$50,000 at the start at the bar as a so a lump sum of \$50,000 at the start at the bar at the bar as a so a lump sum of \$50,000 at the bar at th

PERSONNEL:

All matters related to contractual agreements and payment will be conducted with Richard McCoy, Director for the Center for Health Statistics, for the VDH.

The analyst funded under this award and assigned to the project is Liz Peterson and she will serve as the project manager. Liz will coordinate her activities with other staff, such as:

- Jennifer Hicks (Research and Statistics Unit Chief): Jennifer is the supervisor that assigns and reviews Liz's projects. Liz will meet on a regular basis with her supervisor to assess progress towards this project's deliverables. Jennifer's role as supervisor will be to provide guidance on data collection methods, appropriate data sources for analytical activities, and report writing.
- Judy Ashley-McLaughlin (VDH Office of Minority Health Director): Judy is our Department's coordinator and facilitator for incorporating the needs of racial and ethnic minorities within our public health planning. Liz will consult with Judy at least monthly to obtain input on the most important information for the community as the analyses and report writing are initiated. Judy will assist Liz with obtaining feedback from important stakeholders to ensure that the deliverables will meet the needs of multiple parties.

We expect that Liz will be working with a variety of support staff and program managers across the VDH during the period of this project. For example, she will interact with the Vital Records' Office on matters of race/ethnicity data collection (births and deaths) and to obtain data for the final report. Also, Liz will work with the BRFSS Program Coordinator to utilize BRFSS data for the final report. Due to the variety of programs that Liz will be contacting, we foresee the possibility that she may need to convene a short-term workgroup specific to planning and developing the Minority Health Status Report.

The reporting "channel" for this project is as follows: Liz Peterson reports to Jennifer Hicks, and for purposes of this specific project, there is a dotted line between Judy Ashley-McLaughlin and Liz Peterson. If there are any situations in which there is a difference of opinion for any of the

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deliverables under this grant or the content of the final report, Jennifer and Judy will discuss it with Richard McCoy.

Important contact information:

Richard McCoy Director, Health Statistics Vermont Department of Health 108 Cherry St., PO Box 70 Burlington, VT 05402-0070

Phone: 802-651-1862 Fax: 802-865-7701

Email: rmccoy@vdh.state.vt.us

Liz Peterson Vermont Department of Health 108 Cherry St., PO Box 70 Burlington, VT 05402-0070

Phone: 802-863-7654 Fax: 802-865-7701

Email: epeters@vdh.state.vt.us

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<u>PERIOD OF PERFORMANCE</u>: December 1, 2008 – November 30, 2009 <u>BUDGET REQUEST</u>: \$50,000

Budget Narrative and Justification

Name	Position		Percent		Non-	Total
		Salary	Effort	Share	Federal	
Improve data quality,	Public	\$47,000	75%			\$35,250
collection, and reporting	Health					
	Analyst					
1. Support reporting of	-					
racial and ethnic data by						
federally defined			ļ		·	
categories including use		•		. •	· ·	
of subpopulations where	-		1			
possible.		1.]	
• .						
 Assess current data 				1]	
collection forms and						
standards.						
Collaborate with						
department programs to						
improve collection of				· ·		
racial and ethnic health						
data						
 Investigate sources and 						
content of race/ethnicity				·}		
data collected by other						
Agency of Human			•			
Services and develop						
plan to standardize data						
collection	·					
Identify minority						
populations and assess		· · .	• · ·			
health disparities and the		ļ				
effectiveness of health						. •
interventions targeting						
these groups						(-
Identify gaps in data due						
to small populations and						
strategies to address						
them	1					
Publish Minority Health	1				.	
Status Report in August						
2009						
	}]				
2. Establish web page for						
Office of Minority						

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State Office of Minority Health Infra	Jundoutre D	ling Project	· · · · · · · · · · · · · · · · · · ·			·····
Health.			· ·			
Collaborate with webmaster to develop minority health web pages					· .	
Provide appropriate health and health disparities links to health education						•
information, and health statistics.				•		
SUBTOTAL PERSONNEL FTE			.75 FTE			\$35,250
FringetBenefits						
Personnel	Positi	1 Rate	Total Program Salaries	Federal Share	Non- Federal Share	Total
SUBTOTAL FRINGE	PH Analyst	30%				\$10,575
						Ψ10,010
Total Direct Costs						\$45,825
Indirect Costs	PH Analyst	3%				\$45,825 \$ 1,058
Indirect Costs Report Printing / Copying; Supplies	PH Analyst					\$45,825
Indirect Costs Report Printing / Copying; Supplies	PH Analyst					\$45,825 \$ 1,058 \$ 3,117
Indirect Costs Report Printing / Copying; Supplies TIOTAL Personnel	PH Analyst					\$45,825 \$ 1,058 \$ 3,117 \$46,883
Indirect Costs Report Printing / Copying; Supplies	PH Analyst			FEDERAL DIRECT	NON- FEDERAL IN-KIND	\$45,825 \$ 1,058 \$ 3,117
Indirect Costs Report Printing / Copying; Supplies TIOTAL Personnel	PH Analyst				EEDERAL	\$45,825 \$ 1,058 \$ 3,117 \$46,883
Indirect Costs Report Printing / Copying; Supplies TOTAL Personnel Fringe Benefits	PH Analyst			DIRECT	EEDERAL	\$45,825 \$ 1,058 \$ 3,117 \$46,883

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Joan Y. Reede 10 Harvard Medical School

STATEMENT OF WORK

PROJECT TITLE: State Office of Minority Health Infrastructure Building Project

<u>APPLICANT</u>: Vermont Department of Health

CONTACT:

Judy Ashley-McLaughlin, Special Assistant to the Commissioner for Minority Health State Office of Vermont 20 Houghton St. St. Albans, VT 05478

Phone: (802) 527-5582 Fax: (802) 527-5405

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Joan Y. Reede 11 Harvard Medical School

The activities in the VT-OMH are based on the following values:

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Responsibility – We will establish trust with our partners by integrating their voices and needs into our activities and track our progress on measurable objectives.

Empowerment – We will promote effective citizen participation in the identification of health disparities, the development of solutions that address the unique needs of their community, and local leadership that sustains progress.

The five goals of the Strategic Plan include:

- Goal 1: Build health disparities organizational structure and capacity.
- Goal 2: Improve health disparities data quality, collection and reporting.
- Goal 3: Support cultural competency training.
- Goal 4: Increase access to preventive and treatment services for racial/ethnic minorities.

Goal 5: Enhance community development and leadership.

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Race Categories for Total Population

¹ Due to Vermont's numbers, "Asian" is combined with Native Hawaiian/Pacific Islander. This also allows for comparison to older years.

Joan Y. Reede 12 Harvard Medical School

Some other race	808	0.1%	1,274	1,876	0.3%	132.2%
Two or more races ²	N/A	N/A .	8,129	8,019	1.3%	N/A
Hispanic or Latino	5,687	0.7%	5,572	7,135	1.1%	93.5%

<u>PURPOSE</u>:

The purpose of this contract is to implement the health surveillance objectives (Goal 2) of the Vermont Office of Minority Health 2007-2009 Strategic Plan (see attachment A). The collection, analysis, and reporting of health statistics are essential for establishing the baseline, monitoring progress toward the goal of eliminating health disparities, and for planning and implementing all other initiatives of the strategic plan. Under this contract, we will assess health surveillance systems, identify gaps and develop an improvement plan, and produce a health status report for minorities and other disparate populations similar to *The Health Status of Vermonters* report (see attachment B).

Deliverables and Time Line

Project period is based on contract requirements and is unknown at this time. For the timeline below, the project period is estimated as September 1, 2008 – August 31, 2009.

DELIVERABLESDUE DATE1.Submit a work plan that outlines the strategies, actions,
and schedule for deliverables.12/01/082.Submit progress reports.02/01/09, 04/01/093.Submit final report08/31/09

PAYMENT SCHEDULE

Payment 1	Receipt of 02/01/09 Progress Report
Payment 2	Receipt of 04/01/09 Progress Report
Payment 3	Receipt and Acceptance of Final Report

² Two or more races not collected in 1990 Census.

Joan Y. Reede 13 Harvard Medical School

PERIOD OF PERFORMANCE: September 30, 2008 – September 29, 2009 **BUDGET REQUEST:** \$50,000

Budget Narrative and Justification

Name	Position	Annual Salary	Percent Effort	Federal Share	Non- Federal	Total
Improve data quality,	Public	\$47,000	75%	· · · · · · · · · · · · · · · · · · ·		\$35,250
collection, and reporting	Health	,		÷ (+,
	Analyst		:	-		
1. Support reporting of				[[· · · ·
racial and ethnic data by						
federally defined	ĺ .			1 1		[[
categories including use	· .					
of subpopulations where				[[
possible.	•					
 Assess current data collection forms and 						. •
standards.						
 Collaborate with 						
department programs to			. *		· •	
improve collection of						
racial and ethnic health						
data						
• Investigate sources and						
content of race/ethnicity						
data collected by other		· · · · ·				
Agency of Human						
Services and develop						
plan to standardize data				· · · · ·		
collection	х.					
Identify minority						
populations and assess						[
health disparities and the						. (
effectiveness of health		l				
interventions targeting					•	
these groups					1	
• Identify gaps in data due						
to small populations and						. [
strategies to address	}					•
				· ·		
Publish Minority Health Status Report in August	· .					
2009						
2007						
					{	

Joan Y. Reede 14 vard Medical School

Harvard Medical School						
2. Establish web page for Office of Minority Health.						
 Collaborate with webmaster to develop minority health web pages Provide appropriate health and health disparities links to 						
health education information, and health statistics.						
SUBTOTAL PERSONNEL FTE			.75 FTE			\$35,250
Fringe Benefits			1			
Personnel	Position	Rate	Total Program Salaries	Federal Share	Non- Federal Share	Total
SUBTOTAL FRINGE	PH Analyst III	30%				\$10,575
· · · · · · · · · · · · · · · · · · ·		(
Total Direct Costs						\$45,825
Indirect Costs	PH Analyst III	3%	• •			\$ 1,058
Report Printing / Copying; Supplies		· 				\$ 3,117
TOTAL						\$46 292
Personnel Fringe Benefits				FEDERAL	NON-	\$46,883 TOTAL
				DIRECT	FEDERAL IN-KIND	
TOTAL REQUEST BUDGET YEAR ONE				· · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·		\$50,000

Joan Y. Reede 15 Harvard Medical School

Attachment A

Vermont Department of Health

Office of Minority Health Strategic Goals & Objectives

Goal 1: Build organizat	ional infrastructure and capacity	
Objectives	Activities	Accountability Measures and Target Date
<i>Objective 1.1</i> Create a realistic and sustainable budget.	 Identify funding requirements for a functioning OMH. Locate the OMH within the department where it will have optimal impact on policy, planning and decision-making. Develop boilerplate material to use in obtaining grant funding. Identify viable grant opportunities to support racial and ethnic health priorities. Collaborate within the department to include a racial and ethnic component in funding requests. 	 * Establish OMH budget with VDH Financial Operations and Deputy Commissioner. > July 2008 * Confer with Deputy Commissioner and Commissioner regarding location of OMH within the department. > July 2008 * Prepare boilerplate grant information. > January 2008 * Develop a list of potential grant opportunities and review with Financial Operations and Deputy Commissioner to determine optimal opportunities for submission. > July 2008 * Identify program grant funding deadlines and make recommendations regarding opportunities to include racial and ethnic populations. > Ongoing
<i>Objective 1.2</i> Establish an internal leadership team to support, monitor, and evaluate the progress of the Strategic Plan.	 Each department will select at least one representative to participate in internal leadership team to share accountability to the strategic plan's objectives. 	 * Internal leadership team developed to meet on a quarterly basis. > July 2008
<i>Objective 1.3</i> Support recruitment and retention of qualified racial and ethnic health professionals.	 Collaborate with the Governor's Workforce Equity and Diversity Council Explore and examine health workforce issues. Advocate for the hiring of qualified individuals from 	 Participate in the Governor's Workforce Equity and Diversity Council and incorporate pertinent racial and ethnic workforce issues into the annual report. December 2009 Increase number of qualified individuals from federally recognized racial and ethnic backgrounds within the health department.

Joan Y. Reede 16 Harvard Medical School		·
	federally recognized racial	> Monitor yearly personnel report on
	and ethnic backgrounds at higher levels of responsibility within state government.	 employee recruitment and retention * Increase number of qualified individuals from federally recognized racial and ethnic backgrounds within state government.
	3. Collaborate with the Office of Rural Health and Primary Care and others (e.g., Area	 Monitor yearly personnel report on employee recruitment and retention. * Develop coordinated plan to increase racial
	Health Education Centers) to recruit and retain racial and ethnic health care providers	 and ethnic health care providers. > July 2009 ★ Develop and implement marketing plans for
	throughout state.	the Office of Rural Health's loan repayment program at minority colleges and university including Historically Black Colleges and
		Universities (HBCU), Hispanic Serving Institutions (HSI), and Tribal Colleges and Universities (TCU).
		▶ July 2008
Goal 2: Improve data qui Objectives	ality, collection, and reporting Activities	Accountability Measures and Target Date
Objective 2.1	1. Assess current data	* Consult with Director for the Center for
Support reporting of racial and ethnic data by federally defined	collection processes.Collect and use standardized data to correctly identify all	Health Statistics to identify current data collection and develop plan for future. >> Ongoing.
categories including use of subpopulations where possible.	high-risk populations and monitor the effectiveness of health interventions.	 * Participate in health statistics meetings. > As scheduled * Minority Health Status Report published.
	targeting these groupsCollaborate with VDH programs to improve	≻ August 2009
	collection of racial and ethnic health data4. Initiate strategies to identify	
	gaps in data from smallpopulation groups.5. Produce Minority HealthStatus Baract	
<i>Objective 2.2</i> Establish web page for Office of Minority	Status Report. 1. Collaborate with webmaster to develop minority health web page	 * Racial and ethnic health web page developed. > July 2008
· · ·	 Provide appropriate health and health disparities links, health education information, and data. 	
Goal 3: Support cultural		
Objectives	Activities	Accountability Measures and Target Date
	1. In addition to Angel cultural competency training, engage	* Adapt tools from the National Association of City and County Health Officials to

Joan Y. Reede 17 Harvard Medical School

Harvard Medical School	1	
	competency standards into	* Develop standards and guidelines for
	all VDH policies,	participation and use of cultural competency
	procedures, and programs	training.
	where appropriate.	December 2008
	3. Research and compile list of	
· · · ·		Flovide technical assistance for incorporation
	local, regional and national	of cultural competency issues to VDH
	trainers available to provide	program planners.
	culturally competency	Beginning January 2009
	training.	* Produce and distribute list of trainers.
	4. Work with health care	September 2009
	delivery oversight entities	* Identify and contact health care delivery
· .	(e.g., Vermont Hospital and	oversight entities to discuss CLAS standards.
	Health Care Association) to	> January 2009
	ensure that National	
	Standards on Culturally and	
	Linguistically Appropriate	
	Services (CLAS) standards	
	are in place.	
Objective 3.2	1. Collaborate with Vermont	* OMH Chief, State Refugee Coordinator and
Ensure clear and	State Refugee Coordinator	VDH Refugee Health Coordinator meet every
effective health	and VDH Refugee Health	other month.
communications for an	Coordinator to ensure	➢ Beginning in June 2007
increasingly diverse	appropriate translation and	· · ·
population.	interpretation services at	Own chief represents v Dif at the Agency of
population.	public health encounters.	Human Services Limited English Proficiency
	2. Ensure emergency response	(LEP) Committee.
	planning addresses non-	➢ Ongoing
	English speakers and racial	
	and ethnic populations.	
	3. Recognize informal leaders	· · · ·
	within racial and ethnic	
	communities as points of	
	information dissemination.	
Objective 3.4	1. Assist VDH Divisions and	* Increase number of health department
Support VDH programs	Programs to ensure that	initiatives that address racial and ethnic
addressing racial and	health disparities are	populations.
ethnic health and health	addressed in prevention and	> Ongoing
disparities.	intervention efforts.	* Regular meetings with programs and VDH
	2. Ensure that social marketing	Communications Office to review social
	strategies are culturally	marketing outreach.
	sensitive and that public	> Ongoing
	awareness campaigns are	* Federally funded programs submit yearly
	directed at high-risk racial	reports outlining past and future racial and
	and ethnic populations.	ethnic activities.
· · ·	3. Include racial and ethnic	 > December 2007
	minority populations in the	
	pilot testing of VDH	Recommendations presented to Expanded
	materials.	Senior Management Team yearly.
	4. Obtain yearly internal reports	 April 2008 Conduct an inventory of current VDH toolkits
	from federally funded	Conduct an inventory of current v D11 toorkits
	programs outlining past and	for culturally appropriate materials.
	future activities that address	≻ July 2009
L	Tuture user these managements	

Joan Y. Reede 18	· .	
Harvard Medical Schoo	 racial and ethnic populations. Assess and provide recommendations regarding priorities in health disparities by examining current and proposed VDH health initiatives. Review current Toolkits to assure culturally competent materials are included. 	
Goal 4: Increase access	to preventive and treatment servic	es
Objectives	Activities	Accountability Measures and Target Date
<i>Objective 4.1</i> Collaborate with racial and ethnic community groups to identify health concerns and plan strategies to address them.	 Support opportunities for individuals and groups to participate in design and implementation of programs to meet local needs. Provide technical assistance to community organizations in assessing health needs and priorities. Encourage the use of lay community health workers to improve access to healthcare. 	 * Establish mechanism for participation in program design and implementation. > July 2009
<i>Objective 4.2</i> Determine mental health initiatives that address racial and ethnic populations.	 Review Report of the Surgeon General on Mental Health: Culture, Race, Ethnicity. 	 * Initiate conversations with the Department of Mental Health on how to incorporate racial and ethnic mental health goals into planning. > July 2009
Goal 5: Enhance commu	inity development and leadership	
Objectives	Activities	Accountability Measures and Target Date
<i>Objective 5.1</i> Improve health care knowledge in racial and ethnic communities.	 Disseminate culturally appropriate health education information to community groups and other common health care access points. Organize Minority Health Summit that will support sharing of knowledge between VDH and community partners. 	 * Incorporate health care information at existing access points that serve racial and ethnic community organizations. > January 2009 * Provide yearly updates on racial and ethnic health resources and prevention services available. > January * Develop internal and external communication channels for information dissemination and health education. > July 2008 * Arrange Minority Health Summit to coincide with National Minority Health month. > Biennially
Objective 5.2	1. Identify agency and non-	 Contact agencies within the state addressing
Develop a statewide collaborative of agency	agency entities who are involved in addressing racial	racial and ethnic health issues and determine interest in establishing a collaborative to

Harvard Medical School		
and non-agency entities involved with addressing racial and ethnic health issues.	and ethnic health issues.	coordinate resources. ≻ July 2009
Objective 5.3 Guide program planning and implementation through community participation in OMH.	 Determine best mechanism for engaging racial and ethnic population as advisors to the OMH. 	 Convene small groups or engage in individual discussions to determine best mechanism for participation. ➤ July 2008

Attachment B

The Health Status of Vermonters

See link to Vermont Department of Health web site:

Joan Y. Reede 19

http://healthvermont.gov/research/healthstatusreport.aspx
VERMONT

02372

State of Vermont Department of Finance & Management 109 State Street, Pavilion Building Montpelier, VT 05620-0401

Agency of Administration

[phone] 802-828-2376 [fax] 802-828-2428

STATE OF VERMONT FINANCE & MANAGEMENT GRANT REVIEW FORM

				<u></u>		
Grant Summary:				h surveillance o ategic Plan.	objectives of the Ver	mont Office of
					,	
Date:	3/10/2009					
						· · · · · ·
Department:		Health D	Department		······································	
	•		,			
Legal Title of Grant:		Coopera	tive Agree	ments to Improv	ve the Health Status	of Minority Populations
		000000				
Federal Catalog #:		93.004				
Grant/Donor Name and Add	ress:	Harvard Medical School, Boston, Massachusetts 02115				
			1			
Grant Period: From:		12/1/200	8 To:	11/30/2009		
		12/ 1/ 200		11/20/2005	· · · · · · · · · · · · · · · · · · ·	
Grant/Donation	· · · · ·	\$50,000				
	S	FY 1		SFY 2	SFY 3	Comments
Grant Amount:		15,600		\$34,400	\$	
	μ <u>ψ</u>	,			_I*	I
	# Posit	ions F	xnlanatio	n/Comments		
Position Information:	0		Apianatio			

Additional Comments:

This grant will support the Health department in meeting the deliverable for this grant; they need to produce a "Health Disparities Report" this state fiscal year. This is one-time funding that will help the Health department produce this report. This is a federal subgrant from the Federal Office of Minority Health sub awarded through Harvard Medical School to Vermont's Department of Health.

Department of Finance & Management	(Initial)
Secretary of Administration	<u> </u>
Sent To Joint Fiscal Office	



Page 1 of 1

STATE OF VERMONT GRANT SPENDING PRE-NOTICE (Form AA-1PN)

in advance of Joint Fiscal Com funded grant award. Pre-notific preparation and filing costs. Ex State of Vermont, or that a futu	notification to the Jo mittee approval of gr ation is required for penditure of these s re grant award will b leted Form AA-1 Re oval before spending	int Fiscal Committee of the unavoidable need to spe ant requests and with the intent of securing a feder expenditures of state funds beyond basic grant app tate funds does not guarantee that a grant will be a e accepted by the Joint Fiscal Committee. If a gran equest for Grant Acceptance must be submitted to g or obligating additional funds.	ally or privately lication warded to the t award is
1. Agency:	Human Servi	ces	
2. Department:	Health	letter,	·
· · · · · · · · · · · · · · · · · · ·	······································		
3. Program:	Surveillance		·
4. Legal Title of Grant:	Cooperative	Agreements to Improve the Health Status of Minori	ty Populations
5. Federal Catalog #:	93.004		- <u></u>
6. Grant/Donor Name and Ad Harvard Medical School	ol		
7. Grant Period: From	: 12/1/2008	To: 11/30/2009	
AA1 summary attached 9. STATE FUNDS TO BE SP	l) ENT IN ADVANC	tives of the Vermont Office of Minority Health Stra E OF GRANT ACCEPTANCE BY JOINT FISC	
Expenditures:	FY 2009	Required Explanation/Comments	
Personal Services	\$5,200.00	(Include type of expenditures to be incurred, i.e. training, planning, p etc.)	roposal development,
Operating Expenses	\$0.00	Staff costs for planning and assessment thru the er	nd of March.
Grants	\$0.00	Grant award has been received and AA1	
Total	\$5,200.00	JFC approval is not expected until then.	
10. AUTHORIZATION AGE			
I/We certify that spending these State funds in advance of Joint Fiscal Approval of a Grant is unavoidable, and that a complete		Westine Finley issioner, Department of Health Tommer Martin Halth	Date: 2/13/2009
Form AA-1 Request for Grant Acceptance will be submitted fo Joint Fiscal Committee approva grant award is received for this		Patrich Flord	Date: $\frac{1}{2}/\frac{20}{0^{4}}$
program:		DEPUTY SECRETARY	6K.
	rolovont da avera a sta		
funding opportunity guidelines		tion that demonstrates the necessity of this expendit.)	ture. (example:
Distribution: Original - Joint Fiscal Office; Copy 1 – Department Grant File Copy 2 – Attach to Form AA-1 (tly received)	
	(End Form AA-1PN –	Grant Spending Pre-Notice – Form AA-1PN)	

STATE OF VERMONT REQUEST FOR GRANT ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMA	ATION			
1. Agency:	Agency of Human Ser	vices	· · · · · · · · ·	
2. Department:	Health		· · · · ·	
· · · · · · · · · · · · · · · · · · ·				
3. Program:	Health Surveillance	3		
4. Legal Title of Grant:	Cooperative Agreeme	nts to Improve the Health	Status of Minority	Populations
5. Federal Catalog #:	93.004			
6. Grant/Donor Name and A				
Harvard Medical Sch	ool, Boston, Masssach		. <u></u>	
7. Grant Period: Fro	m: 12/1/2008	To: 11/2	30/2009	
summary attached) 9. Impact on existing progra none	am if grant is not Acce	ves of the Vermont Office	of Minority Hea	lth Strategic Plan. (se
10. BUDGET INFORMATI				
	SFY 1	SFY 2	SFY 3	Comments
Expenditures:	FY 09	FY 10	FY	
Personal Services	\$15,600	\$31,283	\$	
Operating Expenses	\$	\$3,117	\$	
Grants	\$	· \$	\$	
Tota	1 \$15,600	\$34,400	\$	
Revenues:		<u></u>	<u></u>	
State Funds:	\$	\$	<u>\$</u> \$	
Cash	\$	\$	the second se	
In-Kind	\$	\$	\$	
Federal Funds:	\$15,600	\$34,400		
rederat runds:			×.	
(Direct Costs)			<u> </u>	
(Direct Costs) (Statewide Indirect)	. \$15,250	\$33,695	. \$	· · · · · · · · · · · · · · · · · · ·
(Statewide Indirect)	\$15,250 \$35	\$33,695 \$70	<u>\$</u> \$	· · · · · · · · · · · · · · · · · · ·
	. \$15,250	\$33,695	\$ \$ \$	······································
(Statewide Indirect) (Departmental Indirect)	\$15,250 \$35 \$315	\$33,695 \$70 \$635	\$ \$ \$	
(Statewide Indirect) (Departmental Indirect) Other Funds:	\$15,250 \$35 \$315 \$315 \$	\$33,695 \$70 \$635 \$	\$ \$ \$ \$	Total Award
(Statewide Indirect) (Departmental Indirect) Other Funds: Grant (source)	\$15,250 \$35 \$315 \$ \$ \$	\$33,695 \$70 \$635 \$ \$ \$	\$ \$ \$ 	Total Award
(Statewide Indirect) (Departmental Indirect) Other Funds:	\$15,250 \$35 \$315 \$ \$ \$	\$33,695 \$70 \$635 \$	\$ \$ \$ \$	Total Award \$50,000
(Statewide Indirect) (Departmental Indirect) Other Funds: Grant (source) Tota	\$15,250 \$35 \$315 \$ \$ \$ 1 \$ \$15,600	\$33,695 \$70 \$635 \$ \$ \$ \$34,400	\$ \$ \$ \$ \$ \$	
(Statewide Indirect) (Departmental Indirect) Other Funds: Grant (source) Tota	\$15,250 \$35 \$315 \$ \$ \$	\$33,695 \$70 \$635 \$ \$ \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
(Statewide Indirect) (Departmental Indirect) Other Funds: Grant (source) Tota	\$15,250 \$35 \$315 \$ \$ \$ 1 \$ \$15,600	\$33,695 \$70 \$635 \$ \$ \$ \$34,400	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
(Statewide Indirect) (Departmental Indirect) Other Funds: Grant (source) Tota	\$15,250 \$35 \$315 \$ \$ \$ 1 \$ \$15,600	\$33,695 \$70 \$635 \$ \$ \$ \$34,400	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
(Statewide Indirect) (Departmental Indirect) Other Funds: Grant (source) Tota	\$15,250 \$35 \$315 \$ \$ \$ 1 \$ \$15,600	\$33,695 \$70 \$635 \$ \$ \$ \$34,400	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
(Statewide Indirect) (Departmental Indirect) Other Funds: Grant (source) Tota	\$15,250 \$35 \$315 \$ \$ \$ 1 \$ \$15,600	\$33,695 \$70 \$635 \$ \$ \$ \$34,400	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
(Statewide Indirect) (Departmental Indirect) Other Funds: Grant (source) Tota	\$15,250 \$35 \$315 \$ \$ \$ 1 \$ \$15,600	\$33,695 \$70 \$635 \$ \$ \$ \$34,400	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	

STATE OF VERMONT REQUEST FOR GRANT ACCEPTANCE (Form AA-1)

PERSONAL SE	ERVICE IN	FORMATION		
			e or more Personal Service Contracts? 🔲 Y	
If "Yes", appoin	ting authorit	-	icate intent to follow current competitive biddin	g process/policy.
Appointing Aut	hority Name	e: Agreed by:	$\frac{1}{2}$ (initial)	
12. Limited Ser				
Position Inform	ation:	# Positions	Title	
		0	· · · · · · · · · · · · · · · · · · ·	·····
	l Positions			
12a. Equipment positions:			presently available. Can be obtained with	available funds.
		GENCY/DEPARTMEN	Т	
I/we certify that no beyond basic appl		Signature:) tembras	Date: 2/13/2009
preparation and fil	ling costs	Title: Commissioner, I	Department of Health	12/13/2009 (M
have been expended committed in antic		Donatu (Emmusioner of Hillic Hoat	\mathcal{O}
Joint Fiscal Comm		Signature:		Date:
approval of this gr		Pal	hich Hond	2/20/09
previous notificati made on Form AA		Title:	EPUTY SECRETARY	•
applicable):			EFUTY SULKETIFICY	
14. ACTION BY	Y GOVERN	NOR		
Check One	e Box:	Annot.		26.000
Accepted		(Governor's signature)	6	
Rejected			,	Date.
15. SECRETAE	RY OF ADM	MINISTRATION		
Check One		L L.	P Mconts	3/16/09
Request to	JFO			
Informatio	on to JFO	(Secretary's signature	or designee)	Date:
16. DOCUMEN	TATION F	EQUIRED		
		Required (GRANT Documentation	
Request Men			Notice of Donation (if any)	
Dept. project		f applicable)	Grant (Project) Timeline (if applicable) Request for Extension (if applicable)	
 Notice of Aw Grant Agreer 			Form AA-1PN attached (if applicable)	
Grant Budger				
		Ei	nd Form AA-1	

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Cooperative Agreement to Improve the Health Status of Minority Populations 2/13/09

The Department of Health has received a subgrant of \$50,000 to implement the health surveillance objectives of the Department's Minority Health Strategic Plan. These are Federal funds from the Office of Minority Health being subawarded through Harvard Medical School to the Department of Health, under CFDA # 93.004 for Cooperative Agreements to Improve the Health Status of Minority Populations.

Under this subaward, the Department will assess health surveillance systems, identify gaps and develop an improvement plan, and produce a health status report for minorities and other disparate populations. The grant period runs through November of 2009, and the Department proposes to complete the project, providing all deliverables to Harvard, by that date.

Funds will be used primarily to underwrite the staff time associated with the project. Project activities will utilize current Department personnel, primarily a public health analyst in the Department's Statistics section. No additional personnel will be required. About \$3,000 of these funds will be used to print and distribute project reports.

In order to meet the Deliverables Time Line established in the grant award, the Department will need to begin the planning and assessment stages of the project by early April. Understanding that final Legislative authorization to receive these funds may not be granted before that date, we are submitting the AA-1PN form, Grant Spending Pre-Notice, to indicate that other funds might be expended before the final approval date.

The original application funded an existing employee at three-quarters time for a full year. The AA-1 budget assumes that the project will require a full-time effort for nine months, with a third of these personnel costs falling in the current State fiscal year, 2009. The remaining grant funds will be carried forward into State fiscal year 2010. We are including a copy of the original application to Harvard and a copy of the Subaward Agreement, as well as the AA-1PN.

	Subawa	ard Agreement			
			<u> </u>		
Narr	Institution/Organization (UNIVERSITY)	Institution/Org	anization (CO	LLABORAT	OR)
Pre	sident and Fellows of Harvard College vard Medical School	Vermont Department of H	ealth		
	ress:	Address:			
25 S	onsored Programs Administration Shattuck Street, Suite 509 Iton, MA 02115	108 Cherry Street PO Box 70 Burlington, VT 05402			
EIN 1 1042	#. 2103580C5	EIN #.:			
6:MF	e award #: RCMP051007-04-03	Subaward #: 151807.1008	· .		
	rding agency:	CFDA #: 93.004	• • • •	:	
	ward period of performance: 12/01/08 11/30/09	Amount funded this action: \$50,000:00	Est. total	(if incremer	ntally funded):
	et title.: Office of Minority Health Infrastructure Building Proje	ct - Vermont			
State Repo	Control of Minority Health Infrastructure Building Projecting Requirements [Check here if applicable: Solution Strems University hereby awards a (choose one): Cost reimbursal The statement of work, budget and deliverables schedule are shall be an independent entity and not an employee or agen	ee Attachment 4] s and Conditions ble subaward O firm-fixed-price su e specified in Attachment 5 . In its pe it of University.	rformance of su	baward work	, Collaborator
State Repo 1.	Coffice of Minority Health Infrastructure Building Proje inting Requirements [Check here if applicable: Soft Terms University hereby awards a (choose one): Cost reimbursal The statement of work, budget and deliverables schedule are shall be an independent entity and not an employee or agen University shall issue a lump sum payment of \$50,000 US invoice shall be submitted using Collaborator's standard invo certification as to truth and accuracy of invoice. Invoices and appropriate party's Financial Contact, as shown in Attachmer	ee Attachment 4] s and Conditions ble subaward firm-fixed-price su e specified in Attachment 5 . In its pe at of University. SD upon execution of this Agreemer bice, but at a minimum shall include f questions concerning invoice receip nt 3. Expenditures of Collaborator st	rformance of su t and receipt of ull dollar amoun t or payments si nall conform to b	baward work Invoice for the t, subaward hould be direc oudget in Atta	, Collaborator e full amount, number, and cted to the chment 5.
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Attachment 1 Subaward Agreement

By signing the Subaward Agreement, the authorized official of COLLABORATOR certifies, to the best of his/her knowledge and belief, that:

Certification Regarding Lobbying

- 1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the Collaborator, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or intending to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, Ioan, or cooperative agreement, the Collaborator shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," to the University.
- 3. The Collaborator shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less that \$10,000 and not more that \$100,000 for each such failure.

Debarment, Suspension, and Other Responsibility Matters

Collaborator certifies by signing this Subaward Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

OMB Circular A-133 Assurance

Collaborator assures University that it complies with A-133 and that it will notify UNIVERSITY of completion of required audits and of any adverse findings, which impact this subaward.

Attachment 2 Subaward Agreement

Agency-Specific Certifications/Assurances

The following assurances/certifications are made and verified by Collaborator's Authorized Official on the face page of this Subaward. Descriptions of individual assurances/certifications are provided in Section III of the PHS 398. 1) Human Subjects; 2) Research Using Human Embryonic Stem Cells; 3) Research on Transportation of Human Fetal Tissue; 4) Women and Minority Inclusion Policy; 5) Inclusion of Children Policy; 6) Vertebrate Animals; 7) Debarment and Suspension, 8) Drug-Free Workplace; 9) Lobbying; 10) Non-Delinquency on Federal Debt; 11)Research Misconduct; 12) Civil Rights (Form HHS 441 or HHS 690); 13) Handicapped Individuals (Form HHS 641 or HHS 690); 14) Sex Discrimination (Form HHS 639-A or HHS 690); 15) Age Discrimination (Form HHS 680 or HHS 690); 16) Recombinant DNA and Human Gene Transfer Research; 17) Financial Conflict of Interest.

General terms and conditions

jextent those restrictions are pertinent.

2. 45 CFR Part 74 or 45 CFR Part 92 as applicable.

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3. The Authorization Title XVII, Section 1701(e)(1), Public Health Service Act, as amended.

4. The Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all entities which expended \$500,000 or more of federal funds in each fiscal year.

5. Collaborator must obtain prior approval from University authorized business official and Principal Investigator (as listed in Attachment 3) for any change in the Collaborator Principal Investigator including replacement, absence or reduction in the level of participation. The University must be notified no later than 30 days before the expected date of departure or change in participation level. A resume must be submitted for approval for any replacement.

Special terms and conditions

1. Copyrights: Collaborator grants to University an irrevocable, royalty-free, non-transferable, nonexclusive right and license to use, reproduce, make derivative works, display, and perform publicly any copyrights or copyrighted material (including any computer software and its documentation and/or databases) first developed and delivered under this Subaward Agreement solely for the purpose of and only to the extent required to meet University's obligations to the Federal Government under its Prime Award.

2. Data Rights: Collaborator grants to University the right to use data created in the performance of this Subaward Agreement solely for the purpose of and only to the extent required to meet University's obligations to the Federal Government under its Prime Award.

Additional Terms and Conditions referenced in the MOU for Cooperative Agreement for Minority Faculty Development Program

1. Any publication/announcements (flyers, brochures, pamphlets, public service announcements, etc.) developed under this project must be submitted to OMH for approval prior to publication and/or distribution.

2. An interim report must be submitted by 06/15/09 to the University and to OMH. Final report due 11/30/09.

Version January 2005

1	achment 3 ard Agreement
University Contacts	Collaborator Contacts
Administrative Name: Tiffany Blackman Sr. Sponsored Programs Administrator	Administrative Name: Chris Finley, Deputy Commisioner of Health
Address: Sponsored Programs Administration Harvard Medical School 25 Shattuck Street, Ste. 509 Boston, MA 02115	Address: 108 Cherry Street PO Box 70 Burlington, VT 05402
Telephone: (617) 432-2660 Fax: (617) 432-2651	Telephone: 802-863-7281 Fax: 802-951-1275
E-mail: tiffany_blackman@hms:harvard.edu	E-mail: cfinley@vdh.state.vt.us
Principal Investigator Name:	Project Director Name:
Joan Y. Reede Dean for Diversity and Community Partnership	Elizabeth Peterson, Epidemiologist IV
Address: Minority Faculty Development Program Harvard Medical School 164 Longwood Avenue, 2nd Fl Boston, MA 02115	Address: 108 Cherry Street PO Box 70 Burlington, VT 05402
Felephone: (617) 432-2413 Fax: (617) 432-3834	Telephone: (802) 863-7654 Fax: (802) 652-4157
E-mail: joan_reede@hms.harvard.edu	E-mail: epeters@vdh.state.vt.us
Financial Name:	<i>Financial</i> Name:
ring Wang Assistant Director	Charon Goldwyn, Business Administrator
ddress: Ainority Faculty Development Program Iarvard Medical School 64 Longwood Avenue, 2nd Fl ioston, MA 02115	Address: 108 Cherry Street PO Box 70 Burlington, VT 05402
elephone: (617) 432-2313 Fax: (617) 432-3834	Telephone: (802) 865-7748 Fax: (802) 652-4157
-mail: ying_wang@hms.harvard.edu	E-mail: cgoldwyn@vdh.state.vt.us
uthorized Official ame:	Authorized Official Name:
Il Mortali irector	Chris Finley, Deputy Commisioner of Health
ddress: consored Programs Administration arvard Medical School 5 Shattuck Street, Ste. 509 oston, MA 02115	Address: 108 Cherry Street PO Box 70 Burlington, VT 05402
lephone: (617) 432-1596 Fax: (617) 432-2651	Telephone: (802) 863-7281 Fax: (802) 951-1275
mail: spa_award@hms.harvard.edu	E-mail: cfinley@vdh.state.vt.us

Version June 2004

Attachment 4

Harvard Special Conditions and Reporting Requirements

1. Harvard assumes no obligation to reimburse costs in excess of the total amount funded.

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-2. Payment:-Invoices, indicating approval by Collaborating Institution's authorized project director, are to be with the submitted on a monthly basis. Two (2) copies of all invoices, detailing current charges and total-to-date - charges, should be sent to the Harvard Financial Contact. The final invoice clearly marked final, must be submitted no later than forty-five (45) days after the end of each subcontract budget period. If the final invoice - is submitted after the forty-five (45) day period, it may not be submitted after the forty-five (45) day period, it may not be submitted after the forty-five (45) day period, it may not be submitted after the forty-five (45) day period, it may not be submitted within such forty-five (45) day - period. The form the larvard Financial Contact if the final invoice cannot be submitted within such forty-five (45) day - period. The total-amount of any-unobligated balance which Collaborating Institution elects to carryforward - under expanded authorities must be reflected in the final invoice.

3. Collaborator shall cooperate with Harvard in resolving questions Harvard may have concerning the auditors' report and plan for corrective action. Harvard may send notices requesting that the Subreceipient audit Form be completed. If no reponse is received within thirty (30) days, the second notice will be sent. If no reponse is received within thirty (30) days, the second notice will be sent. If no reponse is received within thirty (30) days, the second notice will be sent. If no reponse is received within thirty (30) days thereafter, Harvard may withhold all, or a portion of, the final payment from the Collaborator until the form is received.

promotion without the prior written approval of the party whose name is requested to be used. The parties may, however, acknowledge Harvard and Prime Sponsor's support for, and the nature of, the scope of work being pursued under this Agreement. In any such statement, the relationship of the parties shall be accurately and appropriately described.

- 5. In the event of any controversy or claim arising out of or relating to any provision of this Agreement or the breach thereof, the parties shall try to settle such conflicts amicably between themselves. Subject to the limitation stated herein, any such conflict which the parties are unable to resolve shall be settled through arbitration conducted as set forth in this paragraph and otherwise in accordance with the rules of the American Arbitration Association. The demand for arbitration shall be filed within a reasonable time after the controversy or claim has arisen, and in no event after the date upon which institution of legal proceedings based on such controversy or claim would be barred by applicable statute of limitations periods. This provision will not be applicable to state institutions unable to accept it.
- The final technical report describing accomplishments and significant research findings is due 45 calendar days after the expiration or termination of the award.

Human Subjects Clause

7. Collaborating Institution hereby certifies compliance with all regulatory requirements pertaining to the protection of human subjects in research. If human subjects are used in the conduct of the research, the protocol must be approved by the Collaborating Institution's human subjects committee, and verification of same must be submitted to Harvard upon Collaborating Institution's execution of this Consortium Agreement and any amendments, and, if requested by Harvard, for ratification by Harvard's Committee on the Use of Humans as Experimental Subjects. No research involving human subjects may be carried out under this agreement in the absence of a protocol approved by the Collaborating Institution's human subjects committee or institutional review board. In the event of a lapse in protocol approval, all human subjects' activities conducted during the lapse, whether or not the protocol is ultimately re-approved, are unallowable under this agreement.

Collaborating Institution hereby certifies that it is in compliance with the requirements for human subjects training as set forth in "REQUIRED EDUCATION IN THE PROTECTION OF HUMAN RESEARCH PARTICIPANTS," dated June 5, 2000 (Revised August 25, 2000, NOTICE: OD-00-039, National Institutes of Health).

Foreign Agreements

- 8. Collaborator shall, whenever possible, purchase only American-made items.
- 9. Governing Language: The English Language version of this agreement shall be the official version.

Version January 2005

ATTACHMENT 5

STATEMENT OF WORK

<u>PROJECT TITLE</u>: State Office of Minority Health Infrastructure Building Project REVISED – January 12, 2009

APPLICANT: Vermont Department of Health

CONTACT:

Judy Ashley-McLaughlin, Special Assistant to the Commissioner for Minority Health State Office of Vermont 20 Houghton St. St. Albans, VT 05478

Phone: (802) 527-5582 Fax: (802) 527-5405

BACKGROUND:

In 1992, the Vermont Department of Health created the Office of Minority Health (VT-OMH) by administrative order in response to community requests to address persistent gaps in health status and access to health services among racial and ethnic populations in Vermont.

Each program office at the Vermont Department of Health creates and administers its own health disparities interventions and activities in response to inequities encountered in their respective areas. Throughout the years various programs within the Vermont Department of Health have provided technical assistance and grant funding to community based organizations to address minority health needs.

We maintain partnerships with an array of entities active in minority health/health disparities work including local health departments (12 throughout the state), community based/non-profit organizations and clinical networks. Additionally, Vermont has a strong and committed Black/African American community. They work tirelessly to improve the health of the Black/African American population and would benefit immensely from participation in this effort.

With community input and support, the Vermont Department of Health developed a Strategic Plan (finalized 12/01/07) that directs its efforts to eliminate racial/ethnic health disparities in the State. This Strategic Plan is Vermont's blueprint for action and includes many of the areas of interest identified by CEED. The Strategic Plan is located at the end of this document.

The mission of the Office of Minority Health is to reduce and eliminate racial and ethnic health disparities through partnership, education, and advocacy. The Office's vision is to improve the health status of racial and ethnic populations so they can lead healthier lives.

The activities in the VT-OMH are based on the following values:

Access – We will support public and private initiatives that guarantee equal healthcare access and treatment, regardless of race, culture, or belief system.

Cultural Sensitivity – We will respect the diverse knowledge, experiences, and traditions of our community members, and promote understanding and trust of every culture's perspective across all health delivery systems.

Collaboration – We will engage communities and individuals in planning and implementation to achieve equitable public health for all Vermonters.

Integrity – We will work with our partners in an atmosphere of honesty, fairness, and respect, and meet the highest ethical and professional standards.

Responsibility – We will establish trust with our partners by integrating their voices and needs into our activities and track our progress on measurable objectives.

Empowerment – We will promote effective citizen participation in the identification of health disparities, the development of solutions that address the unique needs of their community, and local leadership that sustains progress.

The five goals of the Strategic Plan include:

Goal 1:	Build hea	th disparities	organizational	structure and	l capacity.
---------	-----------	----------------	----------------	---------------	-------------

Goal 2: Improve health disparities data quality, collection and reporting.

Goal 3: Support cultural competency training.

Goal 4: Increase access to preventive and treatment services for racial/ethnic minorities.

Goal 5: Enhance community development and leadership.

	1990 Census	Percent of Population	2000 Census	2006 Estimate	Percent of Population	Percent Change 1990-2006
Total Population	562,758	100%	609,952	623,908		10.9%
White	555,088	98.6%	592,027	601,706	96.4%	8.4%
Black or African American	1,951	0.3%	4,048	5,554	0.9%	184.7%
American Indian and Alaska Native	1,696	0.3%	3,059	2,823	0.5%	66.5%
Asian, Native Hawalian and Other Pacific Islander ¹	3,215	0.5%	5,755	7,240	1.2%	125.2%
• • • • • • • • • • • • • • • • • • •						
Some other race	808	0.1%	1,274	1,876	0.3%	132.2%
Two or more races ²	N/A	N/A	8,129	8,019	1.3%	N/A
Hispanic or Latino .	5,687	0.7%	5,572	7,135	1.1%	93.5%

Race Categories for Total Population

¹ Due to Vermont's numbers, "Asian" is combined with Native Hawaiian/Pacific Islander. This also allows for comparison to older years.

² Two or more races not collected in 1990 Census.

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PURPOSE:

The purpose of this award is to implement the health surveillance objectives (Goal 2) of the Vermont Office of Minority Health 2007-2009 Strategic Plan (see attachment A). The collection, analysis, and reporting of health statistics are essential for establishing the baseline, monitoring progress toward the goal of eliminating health disparities, and for planning and implementing all other initiatives of the strategic plan. Under this award, we will assess health surveillance systems, identify gaps and develop an improvement plan, and produce a health status report for minorities and other disparate populations similar to *The Health Status of Vermonters* report (see attachment B).

DELIVERABLES AND TIME LINE:

The Deliverables and Time Line have been revised per communication with the Office of Minority Health at HHS and the Harvard Medical School. Approval for award and implementation of this project was provided by OMH to the VDH in September 2008 with a request by OMH to revise the time line to cover the period of 12/1/08 - 11/30/09. In October, the VDH provided a revised time line covering this period.

Per the communications in January 2009, this revised document includes:

Revised time line of 12/1/08 – 11/30/09;

- Revised plan for deliverables;
- Grant agreement format stipulated as a deliverables payment.

A copy of this revised document will be provided to the points of contact for both organizations.

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DELIVERABLES	<u>TIME LINE</u>
PHASE ONE Assess Current Data Collection for Race/Ethnicity at VDH	12/1/08 - 1/30/09
Planning Meetings for Minority Health Status (MHS) Report	12/1/08 - 1/30/09
Identify High-Risk Populations for Inclusion in MHS Report	2/1/09 - 3/15/09
Content Meetings for Minority Health Status Report	2/1/09 - 3/15/09

PHASE TWO

Data Analysis for MHS Report	

Early Draft of MHS Report

Progress Report Submitted to OMH and Harvard

PHASE THREE

Feedback on MHS Report Draft from Programs and Stakeholders	6/16/09 - 7/30/09
Final Draft of MHS Report	8/15/09
Approvals - VDH Leadership; Communications Office	8/30/09
MHS Report Completed	9/15/09
MHS Report Printed; Press Release; Distribution	10/15/09

PHASE FOUR

Meetings with Key Programs / Stakeholders on Using MHS Report 10/15/09 - 11/15/09 (including feedback on improving data collection of race/ethnicity data)

Complete a Revision of Dept. Web Site with Race/Ethnicity Data and Resources 11/

11/30/09

3/16/09 - 6/15/09

6/15/09

6/15/09

Grant Report to OMH and Harvard (includes copy of Minority Health Status Report; presentations; etc.)

11/30/09

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PAYMENT SCHEDULE:

PERSONNEL:

All matters related to contractual agreements and payment will be conducted with Richard McCoy, Director for the Center for Health Statistics, for the VDH.

The analyst funded under this award and assigned to the project is Liz Peterson and she will serve as the project manager. Liz will coordinate her activities with other staff, such as:

- Jennifer Hicks (Research and Statistics Unit Chief): Jennifer is the supervisor that
 assigns and reviews Liz's projects. Liz will meet on a regular basis with her supervisor
 to assess progress towards this project's deliverables. Jennifer's role as supervisor will be
 to provide guidance on data collection methods, appropriate data sources for analytical
 activities, and report writing.
- Judy Ashley-McLaughlin (VDH Office of Minority Health Director): Judy is our Department's coordinator and facilitator for incorporating the needs of racial and ethnic minorities within our public health planning. Liz will consult with Judy at least monthly to obtain input on the most important information for the community as the analyses and report writing are initiated. Judy will assist Liz with obtaining feedback from important stakeholders to ensure that the deliverables will meet the needs of multiple parties.

We expect that Liz will be working with a variety of support staff and program managers across the VDH during the period of this project. For example, she will interact with the Vital Records' Office on matters of race/ethnicity data collection (births and deaths) and to obtain data for the final report. Also, Liz will work with the BRFSS Program Coordinator to utilize BRFSS data for the final report. Due to the variety of programs that Liz will be contacting, we foresee the possibility that she may need to convene a short-term workgroup specific to planning and developing the Minority Health Status Report.

The reporting "channel" for this project is as follows: Liz Peterson reports to Jennifer Hicks, and for purposes of this specific project, there is a dotted line between Judy Ashley-McLaughlin and Liz Peterson. If there are any situations in which there is a difference of opinion for any of the

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deliverables under this grant or the content of the final report, Jennifer and Judy will discuss it with Richard McCoy.

Important contact information:

Richard McCoy Director, Health Statistics Vermont Department of Health 108 Cherry St., PO Box 70 Burlington, VT 05402-0070

Phone: 802-651-1862 Fax: 802-865-7701

Email: rmccoy@vdh.state.vt.us

Liz Peterson Vermont Department of Health 108 Cherry St., PO Box 70 Burlington, VT 05402-0070

Phone: 802-863-7654 Fax: 802-865-7701

Email: epeters@vdh.state.vt.us

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<u>PERIOD OF PERFORMANCE</u>: December 1, 2008 – November 30, 2009 <u>BUDGET REQUEST</u>: \$50,000

Budget Narrative and Justification

Name	Position		Percent Effort	Federal Share	Non- Federal	Total
Improve data quality,	Public	\$47,000	75%			\$35,250
collection, and reporting	Health					
1. Support reporting of	Analyst					
racial and ethnic data by						
federally defined						
categories including use				. •		
of subpopulations where						
possible.						
· .						
Assess current data						
collection forms and						
standards.Collaborate with					• ,	
department programs to						
improve collection of						
racial and ethnic health						
data						
• Investigate sources and				• .		
content of race/ethnicity						
data collected by other						
Agency of Human						
Services and develop						
plan to standardize data						
collection	,					
 Identify minority populations and assess 						
health disparities and the			• •			
effectiveness of health						
interventions targeting						
these groups						
• Identify gaps in data due					l	
to small populations and						
strategies to address						
them						
Publish Minority Health	.				-	l
Status Report in August 2009	·					
2009						
2 Establish wish page for						
2. Establish web page for Office of Minority						

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State Office of Minority Health Infra	structure B	ing Project			· · · · · · · · · · · · · · · · · · ·	- <u></u>
Health.						
 Collaborate with webmaster to develop minority health web pages Provide appropriate health and health disparities links to 					·	
health education information, and health statistics.						
SUBTOTAL PERSONNEL FTE			.75 FTE	•		\$35,250
Fringe Benefits						
Personnel	Positi	1 Rate	Total Program Salaries	Federal Share	Non- Federal Share	Total
SUBTOTAL FRINGE	PH Analyst III	30%				\$10,575
·				·		
Total Direct Costs						\$45,825
Indirect Costs	PH Analyst III	3%	<u>.</u>			\$ 1,058
Report Printing / Copying; Supplies TIOTAL						\$ 3,117
Personnel						<u>+ 10 000</u>
Fringe Benefits		The second		FEDERAL	NON-	\$46,883 TOTAL
	đ			DIRECT	EEDERAL IN:KIND	
TOTAL REQUEST						
BUDGET YEAR ONE						· · · ·

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Joan Y. Reede 10 Harvard Medical School

STATEMENT OF WORK

PROJECT TITLE: State Office of Minority Health Infrastructure Building Project

<u>APPLICANT</u>: Vermont Department of Health

CONTACT:

Judy Ashley-McLaughlin, Special Assistant to the Commissioner for Minority Health State Office of Vermont 20 Houghton St. St. Albans, VT 05478

Phone: (802) 527-5582 Fax: (802) 527-5405

BACKGROUND:

In 1992, the Vermont Department of Health created the Office of Minority Health (VT-OMH) by administrative order in response to community requests to address persistent gaps in health status and access to health services among racial and ethnic populations in Vermont.

Each program office at the Vermont Department of Health creates and administers its own health disparities interventions and activities in response to inequities encountered in their respective areas. Throughout the years various programs within the Vermont Department of Health have provided technical assistance and grant funding to community based organizations to address minority health needs.

We maintain partnerships with an array of entities active in minority health/health disparities work including local health departments (12 throughout the state), community based/non-profit organizations and clinical networks. Additionally, Vermont has a strong and committed Black/African American community. They work tirelessly to improve the health of the Black/African American population and would benefit immensely from participation in this effort.

With community input and support, the Vermont Department of Health developed a Strategic Plan (finalized 12/01/07) that directs its efforts to eliminate racial/ethnic health disparities in the State. This Strategic Plan is Vermont's blueprint for action and includes many of the areas of interest identified by CEED. The Strategic Plan is located at the end of this document.

The mission of the Office of Minority Health is to reduce and eliminate racial and ethnic health disparities through partnership, education, and advocacy. The Office's vision is to improve the health status of racial and ethnic populations so they can lead healthier lives.

Joan Y. Reede 11 Harvard Medical School

The activities in the VT-OMH are based on the following values:

Access – We will support public and private initiatives that guarantee equal healthcare access and treatment, regardless of race, culture, or belief system.

Cultural Sensitivity – We will respect the diverse knowledge, experiences, and traditions of our community members, and promote understanding and trust of every culture's perspective across all health delivery systems.

Collaboration – We will engage communities and individuals in planning and implementation to achieve equitable public health for all Vermonters.

Integrity – We will work with our partners in an atmosphere of honesty, fairness, and respect, and meet the highest ethical and professional standards.

Responsibility – We will establish trust with our partners by integrating their voices and needs into our activities and track our progress on measurable objectives.

Empowerment – We will promote effective citizen participation in the identification of health disparities, the development of solutions that address the unique needs of their community, and local leadership that sustains progress.

The five goals of the Strategic Plan include:

- Goal 1: Build health disparities organizational structure and capacity.
- Goal 2: Improve health disparities data quality, collection and reporting.
- Goal 3: Support cultural competency training.
- Goal 4: Increase access to preventive and treatment services for racial/ethnic minorities.

Goal 5: Enhance community development and leadership.

1990 Census	Percent of Population	2000 Census	2006 Estimate	Percent of Population	Percent Change 1990-2006
562,758	100%	609,952	623,908		10.9%
555,088	98.6%	592,027	601,706	96.4%	8.4%
1.951	0.3%	4,048	5,554	0.9%	184.7%
1,696	0.3%	3,059	2,823	0.5%	66.5%
3,215	0.5%	5,755	7,240	1.2%	125.2%
	Census 562,758 555,088 1.951 1,696	Census Population 562,758 100% 555,088 98.6% 1.951 0.3% 1,696 0.3%	CensusPopulationCensus562,758100%609,952555,08898.6%592,0271.9510.3%4,0481,6960.3%3,059	CensusPopulationCensusEstimate562,758100%609,952623,908555,08898.6%592,027601,7061.9510.3%4,0485,5541,6960.3%3,0592,823	CensusPopulationCensusEstimatePopulation562,758100%609,952623,908555,08898.6%592,027601,70696.4%1.9510.3%4,0485,5540.9%1,6960.3%3,0592,8230.5%

Race Categories for Total Population

¹ Due to Vermont's numbers, "Asian" is combined with Native Hawaiian/Pacific Islander. This also allows for comparison to older years.

Harvard Medical School						
Some other race	808	0.1%	1,274	1,876	0.3%	132.2%
Two or more races ²	N/A	N/A	8,129	8,019	1.3%	N/A
Hispanic or Latino	5,687	0.7%	5,572	7,135	1.1%	93.5%

PURPOSE:

Joan Y. Reede 12

The purpose of this contract is to implement the health surveillance objectives (Goal 2) of the Vermont Office of Minority Health 2007-2009 Strategic Plan (see attachment A). The collection, analysis, and reporting of health statistics are essential for establishing the baseline, monitoring progress toward the goal of eliminating health disparities, and for planning and implementing all other initiatives of the strategic plan. Under this contract, we will assess health surveillance systems, identify gaps and develop an improvement plan, and produce a health status report for minorities and other disparate populations similar to *The Health Status of Vermonters* report (see attachment B).

Deliverables and Time Line

Project period is based on contract requirements and is unknown at this time. For the timeline below, the project period is estimated as September 1, 2008 – August 31, 2009.

DELIVERABLES

1. Submit a work plan that outlines the strategies, actions, and schedule for deliverables.

2. Submit progress reports.

3. Submit final report

DUE DATE

12/01/08

02/01/09, 04/01/09

08/31/09

PAYMENT SCHEDULE

Payment 1	Receipt of 02/01/09 Progress Report
Payment 2	Receipt of 04/01/09 Progress Report
Payment 3	Receipt and Acceptance of Final Report

² Two or more races not collected in 1990 Census.

Joan Y. Reede 13 Harvard Medical School

PERIOD OF PERFORMANCE: September 30, 2008 – September 29, 2009 BUDGET REQUEST: \$50,000

Budget Narrative and Justification

Name	Position	Annual Salary	Percent Effort	Federal Share	Non- Federal	Total
 Improve data quality, collection, and reporting Support reporting of racial and ethnic data by federally defined categories including use of subpopulations where possible. 	Public Health Analyst	\$47,000	75%			\$35,250
 Assess current data collection forms and standards. Collaborate with department programs to improve collection of racial and ethnic health data 						
• Investigate sources and content of race/ethnicity data collected by other Agency of Human Services and develop plan to standardize data collection						
 Identify minority populations and assess health disparities and the effectiveness of health interventions targeting these groups Identify gaps in data due to small populations and 					3	- -
 strategies to address them Publish Minority Health Status Report in August 2009 	•					

Joan Y. Reede 14

Harvard Medical School						-
2. Establish web page for Office of Minority Health.						
 Collaborate with webmaster to develop minority health web pages Provide appropriate health and health disparities links to health education information, and health statistics. 						
SUBTOTAL PERSONNEL FTE			.75 FTE		-	\$35,250
Fringe Benefits						
Personnel	Position	Rate	Total Program Salaries	Federal Share	Non- Federal Share	Total
SUBTOTAL FRINGE	PH Analyst III	30%				\$10,575
		· · ·				A 17 007
Total Direct Costs			·			\$45,825
Indirect Costs	PH Analyst	3%				\$ 1,058
	111					
Report Printing / Copying; Supplies		· · · · · · · · · · · · · · · · · · ·				\$ 3,117
Copying; Supplies TOTAL		· · · · · · · · · · · · · · · · · · ·				
Copying; Supplies TOTAL Personnel		· · · · · · · · · · · · · · · · · · ·				\$46,883
Copying; Supplies TOTAL Personnel Fringe Benefits				FEDERAL DIRECT	NON- FEDERAL IN-KIND	
Copying; Supplies TOTAL Personnel		· · · · · · · · · · · · · · · · · · ·			FEDERAL	\$46,883
Copying; Supplies TOTAL Personnel Fringe Benefits TOTAL REQUEST					FEDERAL	\$46,883

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Attachment A

Vermont Department of Health

Office of Minority Health Strategic Goals & Objectives

Goal 1: Build organizat	ional infrastructure and capacity	
Objectives	Activities	Accountability Measures and Target Date
<i>Objective 1.1</i> Create a realistic and sustainable budget.	 Identify funding requirements for a functioning OMH. Locate the OMH within the department where it will have optimal impact on policy, planning and decision-making. Develop boilerplate material to use in obtaining grant funding. Identify viable grant opportunities to support racial and ethnic health priorities. Collaborate within the department to include a racial and ethnic component in funding requests. 	 * Establish OMH budget with VDH Financial Operations and Deputy Commissioner. > July 2008 * Confer with Deputy Commissioner and Commissioner regarding location of OMH within the department. > July 2008 * Prepare boilerplate grant information. > January 2008 * Develop a list of potential grant opportunities and review with Financial Operations and Deputy Commissioner to determine optimal opportunities for submission. > July 2008 * Identify program grant funding deadlines and make recommendations regarding opportunities to include racial and ethnic populations. > Ongoing
<i>Objective 1.2</i> Establish an internal leadership team to support, monitor, and evaluate the progress of the Strategic Plan.	1. Each department will select at least one representative to participate in internal leadership team to share accountability to the strategic plan's objectives.	 * Internal leadership team developed to meet on a quarterly basis. > July 2008
<i>Objective 1.3</i> Support recruitment and retention of qualified racial and ethnic health professionals.	 Collaborate with the Governor's Workforce Equity and Diversity Council Explore and examine health workforce issues. Advocate for the hiring of qualified individuals from 	 * Participate in the Governor's Workforce Equity and Diversity Council and incorporate pertinent racial and ethnic workforce issues into the annual report. > December 2009 * Increase number of qualified individuals from federally recognized racial and ethnic backgrounds within the health department.

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			· · · · · ·	
	Joan Y. Reede 16			
Г	Harvard Medical School	federally recognized racial	> Monitor yearly personnel report on].
		and ethnic backgrounds at	employee recruitment and retention	
		higher levels of	* Increase number of qualified individuals from	
		responsibility within state	federally recognized racial and ethnic	
		government.	backgrounds within state government.	
		3. Collaborate with the Office	Monitor yearly personnel report on	
		of Rural Health and Primary	employee recruitment and retention.	
		Care and others (e.g., Area	* Develop coordinated plan to increase racial	
		Health Education Centers) to	and ethnic health care providers.	
		recruit and retain racial and	≻ July 2009	
		ethnic health care providers	* Develop and implement marketing plans for	
		throughout state.	the Office of Rural Health's loan repayment	
			program at minority colleges and university	
			including Historically Black Colleges and	
			Universities (HBCU), Hispanic Serving	
			Institutions (HSI), and Tribal Colleges and Universities (TCU).	
		1	> July 2008	
+	Coal 2. Improve data an	lality, collection, and reporting		
	bjectives	Activities	Accountability Measures and Target Date	
	Dijective 2.1	1. Assess current data	* Consult with Director for the Center for	
	upport reporting of	collection processes.	Health Statistics to identify current data	
	acial and ethnic data by	2. Collect and use standardized	collection and develop plan for future.	
	ederally defined	data to correctly identify all	> Ongoing.	
c	ategories including use	high-risk populations and	* Participate in health statistics meetings.	
	f subpopulations where	monitor the effectiveness of	> As scheduled	
p	ossible.	health interventions.	* Minority Health Status Report published.	
		targeting these groups	≻ August 2009	
		3. Collaborate with VDH		
		programs to improve collection of racial and		
1		ethnic health data		
		4. Initiate strategies to identify		
		gaps in data from small		
1.		population groups.		
		5. Produce Minority Health		
		Status Report.	· · · · · · · · · · · · · · · · · · ·	
	bjective 2.2	1. Collaborate with webmaster	* Racial and ethnic health web page developed.	
	stablish web page for	to develop minority health	≻ July 2008	
	ffice of Minority ealth.	web page 2. Provide appropriate health		
H	caltil.	and health disparities links,		
		health education		
		information, and data.		÷ 1
G	oal 3: Support cultural			
	bjectives	Activities	Accountability Measures and Target Date	
0	bjective 3.1	1. In addition to Angel cultural	* Adapt tools from the National Association of	
	xplore culturally	competency training, engage	City and County Health Officials to	
	ompetent program	in an internal collaborative	implement an internal dialogue process	
tra	aining delivery.	learning process.	addressing health disparities.	
	·	2. Incorporate national cultural	➤ January 2009	

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Harvard Medical Schoo		
Harvard Medical Schoo	 competency standards into all VDH policies, procedures, and programs where appropriate. Research and compile list of local, regional and national trainers available to provide culturally competency training. Work with health care delivery oversight entities (e.g., Vermont Hospital and Health Care Association) to ensure that National 	 * Develop standards and guidelines for participation and use of cultural competency training. > December 2008 * Provide technical assistance for incorporation of cultural competency issues to VDH program planners. > Beginning January 2009 * Produce and distribute list of trainers. > September 2009 * Identify and contact health care delivery oversight entities to discuss CLAS standards. > January 2009
	Standards on Culturally and Linguistically Appropriate Services (CLAS) standards are in place.	
Objective 3.2 Ensure clear and effective health communications for an increasingly diverse population.	 Collaborate with Vermont State Refugee Coordinator and VDH Refugee Health Coordinator to ensure appropriate translation and interpretation services at public health encounters. 	 * OMH Chief, State Refugee Coordinator and VDH Refugee Health Coordinator meet every other month. > Beginning in June 2007 * OMH Chief represents VDH at the Agency of Human Services Limited English Proficiency (LEP) Committee.
	 Ensure emergency response planning addresses non- English speakers and racial and ethnic populations. Recognize informal leaders within racial and ethnic communities as points of information dissemination. 	> Ongoing
<i>Objective 3.4</i> Support VDH programs addressing racial and ethnic health and health disparities.	 Assist VDH Divisions and Programs to ensure that health disparities are addressed in prevention and intervention efforts. Ensure that social marketing strategies are culturally sensitive and that public awareness campaigns are directed at high-risk racial and ethnic populations. Include racial and ethnic minority populations in the 	 * Increase number of health department initiatives that address racial and ethnic populations. > Ongoing * Regular meetings with programs and VDH Communications Office to review social marketing outreach. > Ongoing * Federally funded programs submit yearly reports outlining past and future racial and ethnic activities. > December 2007 * Recommendations presented to Expanded
	 pilot testing of VDH materials. Obtain yearly internal reports from federally funded programs outlining past and future activities that address 	 Senior Management Team yearly. > April 2008 * Conduct an inventory of current VDH toolkits for culturally appropriate materials. > July 2009

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Joan Y. Reede 18 Harvard Medical Schoo	bl	•
	racial and ethnic populations.	
	5. Assess and provide recommendations regarding	
	priorities in health disparities	
	by examining current and	
	proposed VDH health initiatives.	
	6. Review current Toolkits to	
	assure culturally competent	
	materials are included.	
Goal 4: Increase access	to preventive and treatment servic	es
Objectives	Activities	Accountability Measures and Target Date
<i>Objective 4.1</i> Collaborate with racial	1. Support opportunities for individuals and groups to	* Establish mechanism for participation in program design and implementation.
and ethnic community	participate in design and	> July 2009
groups to identify health	implementation of programs	
concerns and plan strategies to address	to meet local needs. 2. Provide technical assistance	
them.	to community organizations	
	in assessing health needs	
	and priorities.3. Encourage the use of lay	
	community health workers	
	to improve access to healthcare.	
.Objective 4.2	1. Review Report of the	* Initiate conversations with the Department of
Determine mental health	Surgeon General on Mental	Mental Health on how to incorporate racial
initiatives that address racial and ethnic	Health: Culture, Race, Ethnicity.	and ethnic mental health goals into planning. ▶ July 2009
populations.	Lumerty.	- July 2007
	inity development and leadership	
Objectives Objective 5.1	Activities 1. Disseminate culturally	Accountability Measures and Target Date * Incorporate health care information at existing
Improve health care	appropriate health education	access points that serve racial and ethnic
knowledge in racial and	information to community	community organizations.
ethnic communities.	groups and other common health care access points.	 January 2009 Provide yearly updates on racial and ethnic
· · · ·	2. Organize Minority Health	health resources and prevention services
	Summit that will support sharing of knowledge	available.
	between VDH and	 January * Develop internal and external communication
	community partners.	channels for information dissemination and
		health education.
		 July 2008 Arrange Minority Health Summit to coincide
		with National Minority Health month. > Biennially
Objective 5.2	1. Identify agency and non-	* Contact agencies within the state addressing
Develop a statewide collaborative of agency	agency entities who are involved in addressing racial	racial and ethnic health issues and determine interest in establishing a collaborative to
		· · · · · · · · · · · · · · · · · · ·

Joan Y. Reede 19 Harvard Medical School		
and non-agency entities involved with addressing racial and ethnic health issues.	and ethnic health issues.	coordinate resources. ≻ July 2009
<i>Objective 5.3</i> Guide program planning and implementation through community participation in OMH.	1. Determine best mechanism for engaging racial and ethnic population as advisors to the OMH.	 Convene small groups or engage in individual discussions to determine best mechanism for participation. ➢ July 2008

Attachment B

The Health Status of Vermonters

See link to Vermont Department of Health web site:

http://healthvermont.gov/research/healthstatusreport.aspx



JF0 2372

Agency of Administration

State of Vermont Department of Finance & Management 109 State Street, Pavilion Building

Montpelier, VT 05620-0401

[phone] 802-828-2376 802-828-2428

STATE OF VERMONT FINANCE & MANAGEMENT GRANT REVIEW FORM

[fax]

Grant Summary:		To implement health surveillance objectives of the Vermont Office of Minority Health Strategic Plan.					
Date:		3/10/2	2009				
Department:		Health De	partment				
			14				
Legal Title of Grant:		Cooperativ	e Agree	ments to Impro	ve the Health Stat	us of Minority Populations	
Federal Catalog #:		93.004					
Teueral Catalog #.		75.004					
Grant/Donor Name and Add		I Towned N	adian C.	haal Destan	Maaraaluuratta 02	115	
Grant/Donor Name and Add	ress:	Harvard IV	ledical So	Boston,	Massachusetts 02	115	
		10/1/2000	-	11/00/0000			
Grant Period: From:		12/1/2008	To:	11/30/2009			
Grant/Donation		\$50,000					
	SI	FY 1		SFY 2	SFY 3	Comments	
Grant Amount:	\$1.	\$15,600		\$34,400	\$		
	# Positio	ions Explanation/Comments					
Position Information:	0						
Additional Comments:							
	TT 1/1	-					
This grant will support the							
produce a "Health Dispari	A			•		C A	
Health department produc	e this re	port. This	s is a fed	leral subgran	t from the Fede	eral Office of Minority	
Health sub awarded through	gh Harva	ard Medi	cal Scho	ol to Vermon	nt's Departmen	t of Health.	
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MAR 30 2009

STATE OF VERMONT GRANT SPENDING PRE-NOTICE (Form AA-1PN)

PURPOSE & INSTRUCTIO	NS:						
This form is intended solely as		cation to the Jo	int Fiscal Comm	ittee o	oft	the unavoidable need to s	pend State funds
in advance of Joint Fiscal Com							
funded grant award. Pre-notifie	cation	is required for	expenditures of	state	fu	nds beyond basic grant ap	oplication
preparation and filing costs. Ex							
State of Vermont, or that a futu							
subsequently received, a comp	leted	Form AA-1 Re	equest for Gran	t Acce	ep	tance must be submitted	to the Joint Fiscal
Committee for review and appr			g or obligating ac	ldition	al	funds.	
BASIC GRANT INFORMAT	TION						
1. Agency:	-	Human Servi	ices		-		
2. Department:		Health					
3. Program:		Surveillance					
					_	1 II LI CL CLC	·
4. Legal Title of Grant:			Agreements to Ir	nprov	'e	the Health Status of Mino	rity Populations
5. Federal Catalog #:		93.004		-			
6. Grant/Donor Name and Ac	dres	ç.			-		
Harvard Medical School		5.					
7. Grant Period: From		12/1/2008		To:	Т	11/30/2009	
	•	12/112000	1	10.	1	11/20/2009	
8. Purpose of Grant:						······································	
	h sur	veillance object	tives of the Verm	iont C	Off	fice of Minority Health Str	rategic Plan. (see
AA1 summary attached						····· · · · · · · · · · · · · · · · ·	0
9. STATE FUNDS TO BE SP		IN ADVANCI	FOFCRANT	CCI	7 P	TANCE BY JOINT FIS	CAL
Expenditures:		FY 2009	Required Exp		_		CAL.
Personal Services		\$5,200.00				be incurred, i.e. training, planning	, proposal development,
Operating Expenses		\$0.00	etc.)	.1			and of Moush
Grants		\$0.00				g and assessment thru the as been received and AA1	
Total		\$5,200.00				is not expected until then.	is attached but
10. AUTHORIZATION AGE	NCY			piova	11	is not expected until then.	
I/We certify that spending these		Signature:	11	1	-	• ,	Date:
State funds in advance of Joint		Signature.	histing 1 -	1	1	lach	2/13/2009
Fiscal Approval of a Grant is Title: Commissioner, Department of Health							
unavoidable, and that a complete	d	Applit	Lissioner, Departi	nom (Dulit Alatte	
Form AA-1 Request for Grant		Septing	<u>Correnas</u>	Int	2.	g runo pain	Deter
Acceptance will be submitted fo	r	Signature:	Ud .	1	-	"Cool	Date:
Joint Fiscal Committee approva			Taruh	, /		Cora	2/20/09
grant award is received for this		Title:					1
program:			DEPUTY	1 5	E	CRETARY	6-
11. ATTACHMENTS: Attach	relev	ant documentat	tion that demons	trates	th	e necessity of this expend	liture. (example:
funding opportunity guidelines							12
Distribution:							
Original - Joint Fiscal Office;							
Copy 1 - Department Grant File	;						
Copy 2 - Attach to Form AA-1 (nt is subsequent	ly received).				
	(En	d Form AA-1PN – C	Grant Spending Pre-N	otice -	Fo	orm AA-1PN)	
	1		Bereit and Bereit				

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STATE OF VERMONT REQUEST FOR GRANT ACCEPTANCE (Form AA-1)

1. Agency:	Agency of Human Servi	ces			
2. Department:	Health				
3. Program:	Health Surveillance				
		2			
4. Legal Title of Grant:	Cooperative Agreements	s to Improve the Health St	tatus of Minority	y Populations	
5. Federal Catalog #:	93.004				
6. Grant/Donor Name and A					
	ool, Boston, Masssachus				
7. Grant Period: Fro	m: 12/1/2008	To: 11/3	0/2009		
 8. Purpose of Grant: To implement the hea summary attached) 9. Impact on existing progranone 10. BUDGET INFORMATI 	am if grant is not Accept	es of the Vermont Office of ted:	of Minority Hea	Ith Strategic Plan. (s	
	SFY 1	SFY 2	SFY 3	Comments	
Expenditures:	FY 09	FY 10	FY	Comments	
Personal Services	\$15,600	\$31,283	\$		
Operating Expenses	\$	\$3,117	\$		
Grants	\$	\$	\$		
Tota		\$34,400	\$	-	
Revenues:					
State Funds:	\$	\$	\$		
Cash	\$	\$	\$		
In-Kind	\$	\$	\$		
			*		
Federal Funds:	\$15,600	\$34,400	\$		
(Direct Costs)	\$15,250	\$33,695	\$ \$		
(Statewide Indirect)	\$35	\$70 \$635	<u> </u>		
(Departmental Indirect)	\$315	2022	\$		
Other Funds:	\$	\$	\$		
Grant (source)	\$	\$	\$	Total Award	
Tota		\$34,400	\$	\$50,000	
1014			*	1	
	.0021000	Amount:	\$15,600		
Appropriation No: 342			\$		
Appropriation No: 342					
Appropriation No: 342			\$		
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STATE OF VERMONT REQUEST FOR GRANT ACCEPTANCE (Form AA-1)

PEF	RSONAL SERVICE IN	FORMATION		CHRISTER CHRISTER
If "Y		y must initial here to ir	one or more Personal Service Contracts? Y adjusted intent to follow current competitive biddir W (initial)	
	Limited Service tion Information:	# Positions 0	Title	
	Total Positions			
	Equipment and space tions:	for these	s presently available. Can be obtained with	n available funds.
13.	AUTHORIZATION AG	GENCY/DEPARTME	INT	
I/we certify that no funds Seyond basic application		Signature: Title: Commissioner	Department of Health	Date: 2/13/2009
committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):		Buch Flord DEPUTY SECRETARY	Date: 2/20/09	
14.	ACTION BY GOVERN	IOR	and a straight of the straight the straight of	
7	Check One Box: Accepted	Annot	25	3/24/09
	Rejected	(Governor's signature	e)	Date:
15.8	SECRETARY OF ADM	IINISTRATION		
	Check One Box: Request to JFO	Runda P Mconto 3/16/09		3/16/09
	Information to JFO	(Secretary's signature or designee) Date:		
16. I	DOCUMENTATION R	EQUIRED		
		Required	GRANT Documentation	
	Request Memo Notice of Donation (if any) Dept. project approval (if applicable) Grant (Project) Timeline (if applicable) Grant Agreement Request for Extension (if applicable) Grant Budget Form AA-1PN attached (if applicable)			
NO.	sevel of the subsetue	MINISTER FRANK	Cnd Form AA-1	

By

Cooperative Agreement to Improve the Health Status of Minority Populations 2/13/09

The Department of Health has received a subgrant of \$50,000 to implement the health surveillance objectives of the Department's Minority Health Strategic Plan. These are Federal funds from the Office of Minority Health being subawarded through Harvard Medical School to the Department of Health, under CFDA # 93.004 for Cooperative Agreements to Improve the Health Status of Minority Populations.

Under this subaward, the Department will assess health surveillance systems, identify gaps and develop an improvement plan, and produce a health status report for minorities and other disparate populations. The grant period runs through November of 2009, and the Department proposes to complete the project, providing all deliverables to Harvard, by that date.

Funds will be used primarily to underwrite the staff time associated with the project. Project activities will utilize current Department personnel, primarily a public health analyst in the Department's Statistics section. No additional personnel will be required. About \$3,000 of these funds will be used to print and distribute project reports.

In order to meet the Deliverables Time Line established in the grant award, the Department will need to begin the planning and assessment stages of the project by early April. Understanding that final Legislative authorization to receive these funds may not be granted before that date, we are submitting the AA-1PN form, Grant Spending Pre-Notice, to indicate that other funds might be expended before the final approval date.

The original application funded an existing employee at three-quarters time for a full year. The AA-1 budget assumes that the project will require a full-time effort for nine months, with a third of these personnel costs falling in the current State fiscal year, 2009. The remaining grant funds will be carried forward into State fiscal year 2010. We are including a copy of the original application to Harvard and a copy of the Subaward Agreement, as well as the AA-1PN.

Subaward	Agreement					
Institution/Organization (UNIVERSITY)	Institution/Organization (COLLABORATOR)					
Name:	Name:					
President and Fellows of Harvard College Harvard Medical School	Vermont Department of Health					
Address:	Address:					
Sponsored Programs Administration 25 Shattuck Street, Suite 509 Boston, MA 02115	108 Cherry Street PO Box 70 Burlington, VT 05402					
EIN #.: 1042103580C5	EIN #.:					
Prime award #: 6 MPCMP051007-04-03	Subaward #: 151807.1008					
Awarding agency: PHS-OASH/OMH	CFDA #. 93.004					
Subaward period of performance: 12/01/08 11/30/09	Amount funded this action: Est. total (if incrementally funded): \$50,000.00					
Project title.: State Office of Minority Health Infrastructure Building Project -						
Reporting Requirements [Check here if applicable: 🔀 See /	Attachment 4]					
 The statement of work, budget and deliverables schedule are specified in Attachment 5. In its performance of subaward work, Collaborator shall be an independent entity and not an employee or agent of University. University shall issue a lump sum payment of \$50,000 USD upon execution of this Agreement and receipt of Invoice for the full amount. Invoice shall be submitted using Collaborator's standard invoice, but at a minimum shall include full dollar amount, subaward number, and certification as to truth and accuracy of invoice. Invoices and questions concerning invoice receipt or payments should be directed to the appropriate party's Financial Contact, as shown in Attachment 3. Expenditures of Collaborator shall conform to budget in Attachment 5. 						
 appropriate party's Financial Contact, as shown in Attachment 3. Expenditures of Collaborator shall contorm to budget in Attachment 5. A final statement of cumulative costs incurred, including cost sharing, marked "FINAL," must be submitted to University's Financial Contact NOT LATER THAN forty-five (45) days after subaward end date. The final statement of costs shall constitute Collaborator's final financial report. 						
 All payments shall be considered provisional and subject to adjustment within the total estimated cost in the event such adjustment is necessary as a result of an adverse audit finding against the Collaborator. 						
5. Matters concerning the technical performance of this subaward should be directed to the appropriate party's Project Director, as shown in Attachment 3. Technical reports are required as shown above, "Reporting Requirements."						
6. Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this subaward agreement, and any changes requiring prior approval, should be directed to the appropriate party's Administrative Contact, as shown in Attachment 3. Any such changes made to this subaward agreement require the written approval of each party's Authorized Official, as shown in Attachment 3.						
. Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or directors, to the extent allowed by law.						
8. Either party may terminate this agreement with thirty days written notice to the appropriate party's Administrative Contact, as shown in Attachment 3. University shall pay Collaborator for termination costs as allowable under OMB Circular A-21, A-122 or A-110 (45 CFR Part 74 Appendix E), as applicable.						
 No-cost extensions require the approval of the University. Any requests for a no-cost extension should be addressed to and received by the Administrative Contact, as shown in Attachment 3, not less than thirty days prior to the desired effective date of the requested change. 						
10. The Subaward is subject to the terms and conditions of the Prime Award and other special terms and conditions, as identified in Atlachment						
11. By signing below Collaborator makes the certifications and assurances shown in Attachments 1 and 2.						
By an Authorized Official of UNIVERSITY:	By an Authorized Official of COLLABORATOR:					
Deborah Cecer 1/25/09	Christian Jonkin 2/13/04					
Signature Date	Signature Date					
Title: Christine Finley						
Associate Director, SPA	Deputy Commissioner					

Attachment 1 Subaward Agreement

By signing the Subaward Agreement, the authorized official of COLLABORATOR certifies, to the best of his/her knowledge and belief, that:

Certification Regarding Lobbying

- 1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the Collaborator, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or intending to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Collaborator shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," to the University.
- The Collaborator shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less that \$10,000 and not more that \$100,000 for each such failure.

Debarment, Suspension, and Other Responsibility Matters

Collaborator certifies by signing this Subaward Agreement that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

OMB Circular A-133 Assurance

Collaborator assures University that it complies with A-133 and that it will notify UNIVERSITY of completion of required audits and of any adverse findings, which impact this subaward.

Attachment 2 Subaward Agreement

Agency-Specific Certifications/Assurances

The following assurances/certifications are made and verified by Collaborator's Authorized Official on the face page of this Subaward. Descriptions of individual assurances/certifications are provided in Section III of the PHS 398. 1) Human Subjects; 2) Research Using Human Embryonic Stem Cells; 3) Research on Transportation of Human Fetal Tissue; 4) Women and Minority Inclusion Policy; 5) Inclusion of Children Policy; 6) Vertebrate Animals; 7) Debarment and Suspension; 8) Drug-Free Workplace; 9) Lobbying; 10) Non-Delinquency on Federal Debt; 11)Research Misconduct; 12) Civil Rights (Form HHS 441 or HHS 690); 13) Handicapped Individuals (Form HHS 641 or HHS 690); 14) Sex Discrimination (Form HHS 639-A or HHS 690); 15) Age Discrimination (Form HHS 680 or HHS 690); 16) Recombinant DNA and Human Gene Transfer Research; 17) Financial Conflict of Interest.

General terms and conditions

extent those restrictions are pertinent.

2. 45 CFR Part 74 or 45 CFR Part 92 as applicable.

3. The Authorization Title XVII, Section 1701(e)(1), Public Health Service Act, as amended.

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4. The Single Audit Act Amendments of 1996 (31 U.S.C. 7501-7507) combined the audit requirements for all entities under one Act. An audit is required for all entities which expended \$500,000 or more of federal funds in each fiscal year.

5. Collaborator must obtain prior approval from University authorized business official and Principal Investigator (as listed in Attachment 3) for any change in the Collaborator Principal Investigator including replacement, absence or reduction in the level of participation. The University must be notified no later than 30 days before the expected date of departure or change in participation level. A resume must be submitted for approval for any replacement.

Special terms and conditions

1. Copyrights: Collaborator grants to University an irrevocable, royalty-free, non-transferable, nonexclusive right and license to use, reproduce, make derivative works, display, and perform publicly any copyrights or copyrighted material (including any computer software and its documentation and/or databases) first developed and delivered under this Subaward Agreement solely for the purpose of and only to the extent required to meet University's obligations to the Federal Government under its Prime Award.

2. Data Rights: Collaborator grants to University the right to use data created in the performance of this Subaward Agreement solely for the purpose of and only to the extent required to meet University's obligations to the Federal Government under its Prime Award.

Additional Terms and Conditions referenced in the MOU for Cooperative Agreement for Minority Faculty Development Program

1. Any publication/announcements (flyers, brochures, pamphlets, public service announcements, etc.) developed under this project must be submitted to OMH for approval prior to publication and/or distribution.

2. An interim report must be submitted by 06/15/09 to the University and to OMH. Final report due 11/30/09.

Version January 2005
	achment 3
	ard Agreement
University Contacts Administrative Name: Tiffany Blackman Sr. Sponsored Programs Administrator	Collaborator Contacts Administrative Name: Chris Finley, Deputy Commisioner of Health
Address: Sponsored Programs Administration Harvard Medical School 25 Shattuck Street, Ste. 509 Boston, MA 02115	Address: 108 Cherry Street PO Box 70 Burlington, VT 05402
Telephone: (617) 432-2660 Fax: (617) 432-2651	Telephone: 802-863-7281 Fax: 802-951-1275
E-mail: tiffany_blackman@hms.harvard.edu	E-mail: cfinley@vdh.state.vt.us
Principal Investigator Name:	Project Director Name:
Joan Y. Reede Dean for Diversity and Community Partnership	Elizabeth Peterson, Epidemiologist IV
Address: Minority Faculty Development Program Harvard Medical School 164 Longwood Avenue, 2nd Fl Boston, MA 02115	Address: 108 Cherry Street PO Box 70 Burlington, VT 05402
Telephone: (617) 432-2413 Fax: (617) 432-3834	Telephone: (802) 863-7654 Fax: (802) 652-4157
E-mail: joan_reede@hms.harvard.edu	E-mail: epeters@vdh.state.vt.us
Financial Name:	Financial Name:
Ying Wang Assistant Director	Charon Goldwyn, Business Administrator
Address: Minority Faculty Development Program Harvard Medical School 164 Longwood Avenue, 2nd Fl Boston, MA 02115	Address: 108 Cherry Street PO Box 70 Burlington, VT 05402
elephone: (617) 432-2313 Fax: (617) 432-3834	Telephone: (802) 865-7748 Fax: (802) 652-4157
-mail: ying_wang@hms.harvard.edu	E-mail: cgoldwyn@vdh.state.vt.us
Authorized Official	Authorized Official
lame: ill Mortali Director	Name: Chris Finley, Deputy Commisioner of Health
ddress:	Address:
ponsored Programs Administration larvard Medical School 5 Shattuck Street, Ste. 509 oston, MA 02115	108 Cherry Street PO Box 70 Burlington, VT 05402
elephone: (617) 432-1596 Fax: (617) 432-2651	Telephone: (802) 863-7281 Fax: (802) 951-1275
-mail: spa_award@hms.harvard.edu	E-mail: cfinley@vdh.state.vt.us

Version June 2004

Attachment 4 Harvard Special Conditions and Reporting Requirements

1. Harvard assumes no obligation to reimburse costs in excess of the total amount funded.

-2.— Payment: Invoices, indicating approval by Collaborating Institution's authorized project-director, are to be submitted on a monthly basis. Two (2) copies of all invoices, detailing current charges and total-to-date. charges, should be sent to the Harvard Financial Contact. The final invoice clearly marked final; must be submitted no later than forty-five (45) days after the end of each subcontract budget period. If the final invoice - is submitted after the forty-five (45) day period, it may not be reimbursed. The Collaborating Institution shall - inform the larvard Financial Contact which Collaborating Institution shall - inform the larvard Financial Contact. The final invoice - is submitted after the forty-five (45) day period, it may not be reimbursed. The Collaborating Institution shall - inform the larvard Financial Contact if the final invoice cannot be submitted within such forty five (45) day - period. The total amount of any-unobligated balance which Collaborating Institution elects to carryforward - period. The total amount of any-unobligated balance which for the final invoice.

3. Collaborator shall cooperate with Harvard in resolving questions Harvard may have concerning the auditors' report and plan for corrective action. Harvard may send notices requesting that the Subreceipient audit Form be completed. If no reponse is received within thirty (30) days, the second notice will be sent. If no reponse is received within thirty (30) days, the second notice will be sent. If no reponse is received within thirty (30) days thereafter, Harvard may withhold all, or a portion of, the final payment from the Collaborator until the form is received.

promotion without the prior written approval of the party whose name is requested to be used. The parties may, however, acknowledge Harvard and Prime Sponsor's support for, and the nature of, the scope of work being pursued under this Agreement. In any such statement, the relationship of the parties shall be accurately and appropriately described.

- 5. In the event of any controversy or claim arising out of or relating to any provision of this Agreement or the breach thereof, the parties shall try to settle such conflicts amicably between themselves. Subject to the limitation stated herein, any such conflict which the parties are unable to resolve shall be settled through arbitration conducted as set forth in this paragraph and otherwise in accordance with the rules of the American Arbitration Association. The demand for arbitration shall be filed within a reasonable time after the controversy or claim has arisen, and in no event after the date upon which institution of legal proceedings based on such controversy or claim would be barred by applicable statute of limitations periods. This provision will not be applicable to state institutions unable to accept it.
- The final technical report describing accomplishments and significant research findings is due 45 calendar days after the expiration or termination of the award.

Human Subjects Clause

7. Collaborating Institution hereby certifies compliance with all regulatory requirements pertaining to the protection of human subjects in research. If human subjects are used in the conduct of the research, the protocol must be approved by the Collaborating Institution's human subjects committee, and verification of same must be submitted to Harvard upon Collaborating Institution's execution of this Consortium Agreement and any amendments, and, if requested by Harvard, for ratification by Harvard's Committee on the Use of Humans as Experimental Subjects. No research involving human subjects may be carried out under this agreement in the absence of a protocol approved by the Collaborating Institution's human subjects committee or institutional review board. In the event of a lapse in protocol approval, all human subjects' activities must cease and any costs associated with human subjects activities conducted during the lapse, whether or not the protocol is ultimately re-approved, are unallowable under this agreement.

Collaborating Institution hereby certifies that it is in compliance with the requirements for human subjects training as set forth in "REQUIRED EDUCATION IN THE PROTECTION OF HUMAN RESEARCH PARTICIPANTS," dated June 5, 2000 (Revised August 25, 2000, NOTICE: OD-00-039, National Institutes of Health).

Foreign Agreements

- 8. Collaborator shall, whenever possible, purchase only American-made items.
- 9. Governing Language: The English Language version of this agreement shall be the official version.

Version January 2005

ATTACHMENT 5

STATEMENT OF WORK

<u>PROJECT TITLE</u>: State Office of Minority Health Infrastructure Building Project REVISED – January 12, 2009

<u>APPLICANT</u>: Vermont Department of Health

<u>CONTACT</u>:

Judy Ashley-McLaughlin, Special Assistant to the Commissioner for Minority Health State Office of Vermont 20 Houghton St. St. Albans, VT 05478

Phone: (802) 527-5582 Fax: (802) 527-5405

BACKGROUND:

In 1992, the Vermont Department of Health created the Office of Minority Health (VT-OMH) by administrative order in response to community requests to address persistent gaps in health status and access to health services among racial and ethnic populations in Vermont.

Each program office at the Vermont Department of Health creates and administers its own health disparities interventions and activities in response to inequities encountered in their respective areas. Throughout the years various programs within the Vermont Department of Health have provided technical assistance and grant funding to community based organizations to address minority health needs.

We maintain partnerships with an array of entities active in minority health/health disparities work including local health departments (12 throughout the state), community based/non-profit organizations and clinical networks. Additionally, Vermont has a strong and committed Black/African American community. They work tirelessly to improve the health of the Black/African American population and would benefit immensely from participation in this effort.

With community input and support, the Vermont Department of Health developed a Strategic Plan (finalized 12/01/07) that directs its efforts to eliminate racial/ethnic health disparities in the State. This Strategic Plan is Vermont's blueprint for action and includes many of the areas of interest identified by CEED. The Strategic Plan is located at the end of this document.

The mission of the Office of Minority Health is to reduce and eliminate racial and ethnic health disparities through partnership, education, and advocacy. The Office's vision is to improve the health status of racial and ethnic populations so they can lead healthier lives.

The activities in the VT-OMH are based on the following values:

Access – We will support public and private initiatives that guarantee equal healthcare access and treatment, regardless of race, culture, or belief system.

Cultural Sensitivity – We will respect the diverse knowledge, experiences, and traditions of our community members, and promote understanding and trust of every culture's perspective across all health delivery systems.

Collaboration – We will engage communities and individuals in planning and implementation to achieve equitable public health for all Vermonters.

Integrity – We will work with our partners in an atmosphere of honesty, fairness, and respect, and meet the highest ethical and professional standards.

Responsibility – We will establish trust with our partners by integrating their voices and needs into our activities and track our progress on measurable objectives.

Empowerment – We will promote effective citizen participation in the identification of health disparities, the development of solutions that address the unique needs of their community, and local leadership that sustains progress.

The five goals of the Strategic Plan include:

Goal 1: Build health disparities organizational structure and capacity.

Goal 2: Improve health disparities data quality, collection and reporting.

Goal 3: Support cultural competency training.

Goal 4: Increase access to preventive and treatment services for racial/ethnic minorities.

Goal 5: Enhance community development and leadership.

	1990 Census	Percent of Population	2000 Census	2006 Estimate	Percent of Population	Percent Change 1990-2006
Total Population	562,758	100% ·	609,952	623,908		10.9%
White	555,088	98.6%	592,027	601,706	96.4%	8.4%
Black or African American	1,951	0.3%	4,048	5,554	0.9%	184.7%
American Indian and Alaska Native	1,696	0.3%	3,059	2,823	0.5%	66.5%
Asian, Native Hawalian and Other Pacific Islander ¹	3,215	0.5%	5,755	7,240	1.2%	125.2%
						14-18-01-0-1-0-1-1
Some other race	808	0.1%	1,274	1,876	0.3%	132.2%
Two or more races ²	N/A	N/A ·	8,129	8,019	1.3%	N/A
Hispanic or Latino .	5,687	0.7%	5,572	7,135	1.1%	93.5%

Race Categories for Total Population

¹ Due to Vermont's numbers, "Asian" is combined with Native Hawaiian/Pacific Islander. This also allows for comparison to older years.

² Two or more races not collected in 1990 Census.

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Page 2 of 13

PURPOSE:

The purpose of this award is to implement the health surveillance objectives (Goal 2) of the Vermont Office of Minority Health 2007-2009 Strategic Plan (see attachment A). The collection, analysis, and reporting of health statistics are essential for establishing the baseline, monitoring progress toward the goal of eliminating health disparities, and for planning and implementing all other initiatives of the strategic plan. Under this award, we will assess health surveillance systems, identify gaps and develop an improvement plan, and produce a health status report for minorities and other disparate populations similar to *The Health Status of Vermonters* report (see attachment B).

DELIVERABLES AND TIME LINE:

The Deliverables and Time Line have been revised per communication with the Office of Minority Health at HHS and the Harvard Medical School. Approval for award and implementation of this project was provided by OMH to the VDH in September 2008 with a request by OMH to revise the time line to cover the period of 12/1/08 - 11/30/09. In October, the VDH provided a revised time line covering this period.

Per the communications in January 2009, this revised document includes:

- Revised time line of 12/1/08 11/30/09;
- Revised plan for deliverables;
- Grant agreement format stipulated as a deliverables payment.

A copy of this revised document will be provided to the points of contact for both organizations.

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Page 3 of 13

DELIVERABLES	TIME LINE
PHASE ONE Assess Current Data Collection for Race/Ethnicity at VDH	12/1/08 - 1/30/09
Planning Meetings for Minority Health Status (MHS) Report	12/1/08 - 1/30/09
Identify High-Risk Populations for Inclusion in MHS Report	2/1/09 - 3/15/09
Content Meetings for Minority Health Status Report	2/1/09 - 3/15/09
PHASE TWO Data Analysis for MHS Report	3/16/09 - 6/15/09
Early Draft of MHS Report	6/15/09
Progress Report Submitted to OMH and Harvard	6/15/09
PHASE THREE Feedback on MHS Report Draft from Programs and Stakeholders	6/16/09 - 7/30/09
Final Draft of MHS Report	8/15/09
Approvals - VDH Leadership; Communications Office	8/30/09
MHS Report Completed	9/15/09
MHS Report Printed; Press Release; Distribution	10/15/09

PHASE FOUR

Meetings with Key Programs / Stakeholders on Using MHS Report 10/15/09 - 11/15/09 (including feedback on improving data collection of race/ethnicity data)

Complete a Revision of Dept. Web Site with Race/Ethnicity Data and Resources 11/3

11/30/09

Grant Report to OMH and Harvard (includes copy of Minority Health Status Report; presentations; etc.) 11/2

11/30/09

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PAYMENT SCHEDULE:

The award shall be a "deliverables" agreement. The awarding office has the option to award the grant to the VDH either as, a) one lump sum of \$50,000 at the start of work, & DY & X & X payments split as \$25,000 entry by a divery after progress report and the their report. The X WDH is comfortable with either report solves by the first decument report of the warding office and last and a peak for the first advanced wat a weak lost and the warding office and last and a peak for the first advanced wat a weak lost and a set of the first advanced with the f

PERSONNEL:

All matters related to contractual agreements and payment will be conducted with Richard McCoy, Director for the Center for Health Statistics, for the VDH.

The analyst funded under this award and assigned to the project is Liz Peterson and she will serve as the project manager. Liz will coordinate her activities with other staff, such as:

- Jennifer Hicks (Research and Statistics Unit Chief): Jennifer is the supervisor that assigns and reviews Liz's projects. Liz will meet on a regular basis with her supervisor to assess progress towards this project's deliverables. Jennifer's role as supervisor will be to provide guidance on data collection methods, appropriate data sources for analytical activities, and report writing.
- Judy Ashley-McLaughlin (VDH Office of Minority Health Director): Judy is our Department's coordinator and facilitator for incorporating the needs of racial and ethnic minorities within our public health planning. Liz will consult with Judy at least monthly to obtain input on the most important information for the community as the analyses and report writing are initiated. Judy will assist Liz with obtaining feedback from important stakeholders to ensure that the deliverables will meet the needs of multiple parties.

We expect that Liz will be working with a variety of support staff and program managers across the VDH during the period of this project. For example, she will interact with the Vital Records' Office on matters of race/ethnicity data collection (births and deaths) and to obtain data for the final report. Also, Liz will work with the BRFSS Program Coordinator to utilize BRFSS data for the final report. Due to the variety of programs that Liz will be contacting, we foresee the possibility that she may need to convene a short-term workgroup specific to planning and developing the Minority Health Status Report.

The reporting "channel" for this project is as follows: Liz Peterson reports to Jennifer Hicks, and for purposes of this specific project, there is a dotted line between Judy Ashley-McLaughlin and Liz Peterson. If there are any situations in which there is a difference of opinion for any of the

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deliverables under this grant or the content of the final report, Jennifer and Judy will discuss it with Richard McCoy.

Important contact information:

Richard McCoy Director, Health Statistics Vermont Department of Health 108 Cherry St., PO Box 70 Burlington, VT 05402-0070

Phone: 802-651-1862 Fax: 802-865-7701

Email: <u>rmccoy@vdh.state.vt.us</u>

Liz Peterson Vermont Department of Health 108 Cherry St., PO Box 70 Burlington, VT 05402-0070

Phone: 802-863-7654 Fax: 802-865-7701

Email: <u>epeters@vdh.state.vt.us</u>

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PERIOD OF PERFORMANCE: December 1, 2008 – November 30, 2009 BUDGET REQUEST: \$50,000

Budget Narrative and Justification

Name.	Position	Annual Salary	Percent Effort	Federal Share	Non- Federal	Total
Improve data quality, collection, and reporting	Public Health	\$47,000	75%		<u>, vilega z radic</u>	\$35,250
 Support reporting of racial and ethnic data by federally defined categories including use 	Analyst					
of subpopulations where possible.		. ·				
 Assess current data collection forms and standards. 						
Collaborate with department programs to					· .	
improve collection of racial and ethnic health data						
• Investigate sources and content of race/ethnicity				•		
data collected by other Agency of Human Services and develop						
plan to standardize data collection • Identify minority	·					
populations and assess health disparities and the effectiveness of health interventions targeting		•				
 Identify gaps in data due to small populations and 					-	
strategies to address them Publish Minority Health						
Status Report in August 2009	. •					
 Establish web page for Office of Minority 						

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State Office of Minority Health Infin	astructure B	ling	g Project				
 Health. Collaborate with webmaster to develop minority health web pages Provide appropriate health and health disparities links to health education information, and health statistics. 							
SUBTOTAL PERSONNEL FTE		-		.75 FTE			\$35,250
Fringe Benefits		33		J			
Personnel	Positi	1	Rate	Total Program Salaries	Federal Share	Non- Federal Share	Total
SUBTOTAL FRINGE	PH Analyst III		30%				\$10,575
Total Direct Costs		+					\$45,825
Indirect Costs	PH Analyst III		3%				\$ 1,058
Report Printing / Copying; Supplies							\$ 3,117
Personnel		\dagger					\$46,883
Fringe Benefits TOTAL REQUEST BUDGET YEAR ONE					FEDERAL DIRECT	NON- FEDERAL IN-KIND	TOTAL.
<u>.</u>		1000 (1000)					\$50,000

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STATEMENT OF WORK

PROJECT TITLE: State Office of Minority Health Infrastructure Building Project

<u>APPLICANT</u>: Vermont Department of Health

CONTACT:

Judy Ashley-McLaughlin, Special Assistant to the Commissioner for Minority Health State Office of Vermont 20 Houghton St. St. Albans, VT 05478

Phone: (802) 527-5582 Fax: (802) 527-5405

BACKGROUND:

In 1992, the Vermont Department of Health created the Office of Minority Health (VT-OMH) by administrative order in response to community requests to address persistent gaps in health status and access to health services among racial and ethnic populations in Vermont.

Each program office at the Vermont Department of Health creates and administers its own health disparities interventions and activities in response to inequities encountered in their respective areas. Throughout the years various programs within the Vermont Department of Health have provided technical assistance and grant funding to community based organizations to address minority health needs.

We maintain partnerships with an array of entities active in minority health/health disparities work including local health departments (12 throughout the state), community based/non-profit organizations and clinical networks. Additionally, Vermont has a strong and committed Black/African American community. They work tirelessly to improve the health of the Black/African American population and would benefit immensely from participation in this effort.

With community input and support, the Vermont Department of Health developed a Strategic Plan (finalized 12/01/07) that directs its efforts to eliminate racial/ethnic health disparities in the State. This Strategic Plan is Vermont's blueprint for action and includes many of the areas of interest identified by CEED. The Strategic Plan is located at the end of this document.

The mission of the Office of Minority Health is to reduce and eliminate racial and ethnic health disparities through partnership, education, and advocacy. The Office's vision is to improve the health status of racial and ethnic populations so they can lead healthier lives.

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The activities in the VT-OMH are based on the following values:

Access – We will support public and private initiatives that guarantee equal healthcare access and treatment, regardless of race, culture, or belief system.

Cultural Sensitivity – We will respect the diverse knowledge, experiences, and traditions of our community members, and promote understanding and trust of every culture's perspective across all health delivery systems.

Collaboration – We will engage communities and individuals in planning and implementation to achieve equitable public health for all Vermonters.

Integrity – We will work with our partners in an atmosphere of honesty, fairness, and respect, and meet the highest ethical and professional standards.

Responsibility – We will establish trust with our partners by integrating their voices and needs into our activities and track our progress on measurable objectives.

Empowerment – We will promote effective citizen participation in the identification of health disparities, the development of solutions that address the unique needs of their community, and local leadership that sustains progress.

The five goals of the Strategic Plan include:

- Goal 1: Build health disparities organizational structure and capacity.
- Goal 2: Improve health disparities data quality, collection and reporting.
- Goal 3: Support cultural competency training.
- Goal 4: Increase access to preventive and treatment services for racial/ethnic minorities.
- Goal 5: Enhance community development and leadership.

Race Categories for Total Population

1990 Census	Percent of Population	2000 Census	2006 Estimate	Percent of Population	Change 1990-2006
562,758	100%	609,952	623,908		10.9%
.555,088	98.6%	592,027	601,706	96.4%	8.4%
1.951	0.3%	4,048	5,554	0.9%	184.7%
1,696	0.3%	3,059	2,823	0.5%	66.5%
3,215	0.5%	5,755	7,240	1.2%	125.2%
	Census 562,758 .555,088 1.951 1,696	Census Population 562,758 100% 555,088 98.6% 1.951 0.3% 1,696 0.3%	CensusPopulationCensus562,758100%609,952555,08898.6%592,0271.9510.3%4,0481,6960.3%3,059	CensusPopulationCensusEstimate562,758100%609,952623,908555,08898.6%592,027601,7061.9510.3%4,0485,5541,6960.3%3,0592,823	CensusPopulationCensusEstimatePopulation562,758100%609,952623,908

¹ Due to Vermont's numbers, "Asian" is combined with Native Hawaiian/Pacific Islander. This also allows for comparison to older years.

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Some other race	808	0.1%	1,274	1,876	0.3%	132.2%
Two or more races ²	N/A	N/A	8,129	8,019	1.3%	N/A
Hispanic or Latino	5,687	0.7%	5,572	7,135	1.1%	93.5%

PURPOSE:

The purpose of this contract is to implement the health surveillance objectives (Goal 2) of the Vermont Office of Minority Health 2007-2009 Strategic Plan (see attachment A). The collection, analysis, and reporting of health statistics are essential for establishing the baseline, monitoring progress toward the goal of eliminating health disparities, and for planning and implementing all other initiatives of the strategic plan. Under this contract, we will assess health surveillance systems, identify gaps and develop an improvement plan, and produce a health status report for minorities and other disparate populations similar to *The* Health Status of Vermonters report (see attachment B).

Deliverables and Time Line

Project period is based on contract requirements and is unknown at this time. For the timeline below, the project period is estimated as September 1, 2008 – August 31, 2009.

DELIVERABLES

1.

DUE DATE Submit a work plan that outlines the strategies, actions, 12/01/08

and schedule for deliverables.

2. Submit progress reports.

3. Submit final report

02/01/09, 04/01/09

08/31/09

PAYMENT SCHEDULE

Payment 1	Receipt of 02/01/09 Progress Report
Payment 2	Receipt of 04/01/09 Progress Report
Payment 3	Receipt and Acceptance of Final Report

² Two or more races not collected in 1990 Census.

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PERIOD OF PERFORMANCE: September 30, 2008 – September 29, 2009 BUDGET REQUEST: \$50,000

Budget Narrative and Justification

Name	Position	Annual Salary	Percent Effort	Federal Share	Non- Federal	Total
Improve data quality,	Public	\$47,000	75%			\$35,250
collection, and reporting	Health					
 Support reporting of racial and ethnic data by federally defined categories including use 	Analyst					
of subpopulations where possible.	•					
• Assess current data						
collection forms and standards.						
• Collaborate with						
department programs to improve collection of						
racial and ethnic health data						•
Investigate sources and						
content of race/ethnicity						
data collected by other Agency of Human					· .	
Services and develop plan to standardize data						• • · ·
collection Identify minority						
populations and assess health disparities and the						
effectiveness of health interventions targeting						- -
these groups						
Identify gaps in data due to small populations and					- - -	
strategies to address them						•
Publish Minority Health Status Report in August	· .					
2009						

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 Establish web page for Office of Minority Health. 						
 Collaborate with webmaster to develop minority health web pages Provide appropriate health and health disparities links to health education information, and health statistics. 						
SUBTOTAL PERSONNEL FTE			.75 FTE			\$35,250
Fringe Benefits						
Personnel	Position	Rate	Total Program Salaries	Federal Share	Non- Federal Share	Total
SUBTOTAL FRINGE	PH Analyst III	30%				\$10,575
Total Direct Costs		·				¢45.005
Indirect Costs	PH Analyst III	3%				\$45,825 \$ 1,058
Report Printing / Copying; Supplies						\$ 3,117
TOTAL					·	<u> </u>
Personnel Fringe Benefits				FEDERAL DIRECT	NON- FEDERAL IN-KIND	\$46,883 TOTAL
TOTAL REQUEST BUDGET YEAR ONE				······································		
						\$50,000

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Attachment A

Vermont Department of Health

Office of Minority Health Strategic Goals & Objectives

Goal 1: Build organizational infrastructure and capacity							
Objectives	Activities	Accountability Measures and Target Date					
<i>Objective 1.1</i> Create a realistic and sustainable budget.	 Identify funding requirements for a functioning OMH. Locate the OMH within the department where it will have optimal impact on policy, planning and decision-making. Develop boilerplate material to use in obtaining grant funding. Identify viable grant opportunities to support racial and ethnic health priorities. Collaborate within the department to include a racial and ethnic component in funding requests. 	 * Establish OMH budget with VDH Financial Operations and Deputy Commissioner. > July 2008 * Confer with Deputy Commissioner and Commissioner regarding location of OMH within the department. > July 2008 * Prepare boilerplate grant information. > January 2008 * Develop a list of potential grant opportunities and review with Financial Operations and Deputy Commissioner to determine optimal opportunities for submission. > July 2008 * Identify program grant funding deadlines and make recommendations regarding opportunities to include racial and ethnic populations. > Ongoing 					
<i>Objective 1.2</i> Establish an internal leadership team to support, monitor, and evaluate the progress of the Strategic Plan.	 Each department will select at least one representative to participate in internal leadership team to share accountability to the strategic plan's objectives. 	 * Internal leadership team developed to meet on a quarterly basis. > July 2008 					
<i>Objective 1.3</i> Support recruitment and retention of qualified racial and ethnic health professionals.	 Collaborate with the Governor's Workforce Equity and Diversity Council Explore and examine health workforce issues. Advocate for the hiring of qualified individuals from 	 * Participate in the Governor's Workforce Equity and Diversity Council and incorporate pertinent racial and ethnic workforce issues into the annual report. > December 2009 * Increase number of qualified individuals from federally recognized racial and ethnic backgrounds within the health department. 					

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	 federally recognized racial and ethnic backgrounds at higher levels of responsibility within state government. Collaborate with the Office of Rural Health and Primary Care and others (e.g., Area Health Education Centers) to recruit and retain racial and ethnic health care providers throughout state. 	 Monitor yearly personnel report on employee recruitment and retention Increase number of qualified individuals from federally recognized racial and ethnic backgrounds within state government. Monitor yearly personnel report on employee recruitment and retention. Develop coordinated plan to increase racial and ethnic health care providers. July 2009 Develop and implement marketing plans for the Office of Rural Health's loan repayment program at minority colleges and university including Historically Black Colleges and Universities (HBCU), Hispanic Serving Institutions (HSI), and Tribal Colleges and Universities (TCU). July 2008
Goal 2: Improve data qu	ality, collection, and reporting	<i>Sulf 2000</i>
Objectives	Activities	Accountability Measures and Target Date
Objective 2.1	1. Assess current data	* Consult with Director for the Center for
Support reporting of racial and ethnic data by federally defined categories including use of subpopulations where possible.	 collection processes. Collect and use standardized data to correctly identify all high-risk populations and monitor the effectiveness of health interventions. targeting these groups Collaborate with VDH programs to improve collection of racial and ethnic health data Initiate strategies to identify gaps in data from small population groups. Produce Minority Health Status Report. 	 Health Statistics to identify current data collection and develop plan for future. > Ongoing. * Participate in health statistics meetings. > As scheduled * Minority Health Status Report published. > August 2009
Objective 2.2	1. Collaborate with webmaster	* Racial and ethnic health web page developed.
Establish web page for Office of Minority Health.	 to develop minority health web page Provide appropriate health and health disparities links, health education information, and data. 	≻ July 2008
Goal 3: Support cultural		
Objectives	Activities	Accountability Measures and Target Date
<i>Objective 3.1</i> Explore culturally competent program training delivery.	 In addition to Angel cultural competency training, engage in an internal collaborative learning process. Incorporate national cultural 	 * Adapt tools from the National Association of City and County Health Officials to implement an internal dialogue process addressing health disparities. > January 2009

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	 competency standards into all VDH policies, procedures, and programs where appropriate. Research and compile list of local, regional and national trainers available to provide culturally competency training. Work with health care delivery oversight entities (e.g., Vermont Hospital and Health Care Association) to ensure that National Standards on Culturally and Linguistically Appropriate Services (CLAS) standards Develop standards and guidelines for participation and use of cultural competency training. Develop standards and guidelines for participation and use of cultural competency training. Develop standards and guidelines for participation and use of cultural competency training. Provide technical assistance for incorporation of cultural competency issues to VDH program planners. Beginning January 2009 Identify and contact health care delivery oversight entities to discuss CLAS standards January 2009 	on
<i>Objective 3.2</i> Ensure clear and effective health communications for an increasingly diverse population.	 are in place. 1. Collaborate with Vermont State Refugee Coordinator and VDH Refugee Health Coordinator to ensure appropriate translation and interpretation services at public health encounters. 2. Ensure emergency response planning addresses non- English speakers and racial and ethnic populations. 3. Recognize informal leaders within racial and ethnic communities as points of information dissemination. * OMH Chief, State Refugee Coordinator and VDH Refugee Health Coordinator meet ever other month. > Beginning in June 2007 * OMH Chief represents VDH at the Agency of Human Services Limited English Proficiency (LEP) Committee. > Ongoing 	y of
<i>Objective 3.4</i> Support VDH programs addressing racial and ethnic health and health disparities.	 Assist VDH Divisions and Programs to ensure that health disparities are addressed in prevention and intervention efforts. Ensure that social marketing strategies are culturally sensitive and that public awareness campaigns are directed at high-risk racial and ethnic populations. Include racial and ethnic minority populations in the pilot testing of VDH materials. Obtain yearly internal reports from federally funded programs outlining past and future activities that address Assist VDH Divisions and Programs to ensure that health disparities and initiatives that address and minitiatives that address Include racial and ethnic minority populations in the pilot testing of VDH materials. Obtain yearly internal reports from federally funded programs outlining past and future activities that address * Increase number of health department initiatives that address * Ongoing * Regular meetings with programs and VDH Communications Office to review social marketing outreach. > Ongoing * Federally funded programs submit yearly reports outlining past and future activities that address 	S

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	racial and ethnic populations.5. Assess and provide	
	recommendations regarding	
	priorities in health disparities	
	by examining current and	
	proposed VDH health	
	initiatives.	
	6. Review current Toolkits to	
	assure culturally competent	
	materials are included.	
	materials are included.	
Goal 4: Increase access	to preventive and treatment servic	es
Objectives	Activities	Accountability Measures and Target Date
Objective 4.1	1. Support opportunities for	* Establish mechanism for participation in
Collaborate with racial	individuals and groups to	program design and implementation.
and ethnic community	participate in design and	> July 2009
groups to identify health	implementation of programs	
concerns and plan	to meet local needs.	
strategies to address	2. Provide technical assistance	
them.	to community organizations	
	in assessing health needs	
	and priorities.	
	3. Encourage the use of lay	
,	community health workers	
	to improve access to	
	healthcare.	
Objective 4.2	1. Review Report of the	* Initiate conversations with the Department of
Determine mental health	Surgeon General on Mental	Mental Health on how to incorporate racial
initiatives that address	Health: Culture, Race,	and ethnic mental health goals into planning.
racial and ethnic	Ethnicity.	 ➢ July 2009
populations.	Etimetty.	July 2009
	nity development and leadership	
Objectives	Activities	Accountability Measures and Target Date
Objective 5.1	1. Disseminate culturally	* Incorporate health care information at existing
Improve health care	appropriate health education	access points that serve racial and ethnic
knowledge in racial and		weeved points that berre racial and emilie
ethnic communities.	information to community	community organizations.
cume communities.	information to community groups and other common	community organizations.
	groups and other common	➤ January 2009
	groups and other common health care access points.	 January 2009 Provide yearly updates on racial and ethnic
	groups and other common health care access points.Organize Minority Health	 January 2009 Provide yearly updates on racial and ethnic health resources and prevention services
	groups and other common health care access points.Organize Minority Health Summit that will support	 January 2009 Provide yearly updates on racial and ethnic health resources and prevention services available.
	groups and other common health care access points.Organize Minority Health Summit that will support sharing of knowledge	 January 2009 Provide yearly updates on racial and ethnic health resources and prevention services available. January
	 groups and other common health care access points. Organize Minority Health Summit that will support sharing of knowledge between VDH and 	 January 2009 Provide yearly updates on racial and ethnic health resources and prevention services available. January Develop internal and external communication
	groups and other common health care access points.Organize Minority Health Summit that will support sharing of knowledge	 January 2009 Provide yearly updates on racial and ethnic health resources and prevention services available. January Develop internal and external communication channels for information dissemination and
	 groups and other common health care access points. Organize Minority Health Summit that will support sharing of knowledge between VDH and 	 January 2009 Provide yearly updates on racial and ethnic health resources and prevention services available. January Develop internal and external communication channels for information dissemination and health education.
	 groups and other common health care access points. Organize Minority Health Summit that will support sharing of knowledge between VDH and 	 January 2009 Provide yearly updates on racial and ethnic health resources and prevention services available. January Develop internal and external communication channels for information dissemination and health education. July 2008
	 groups and other common health care access points. Organize Minority Health Summit that will support sharing of knowledge between VDH and 	 January 2009 Provide yearly updates on racial and ethnic health resources and prevention services available. January Develop internal and external communication channels for information dissemination and health education. July 2008 Arrange Minority Health Summit to coincide
	 groups and other common health care access points. Organize Minority Health Summit that will support sharing of knowledge between VDH and 	 January 2009 Provide yearly updates on racial and ethnic health resources and prevention services available. January Develop internal and external communication channels for information dissemination and health education. July 2008 Arrange Minority Health Summit to coincide with National Minority Health month.
	 groups and other common health care access points. Organize Minority Health Summit that will support sharing of knowledge between VDH and community partners. 	 January 2009 Provide yearly updates on racial and ethnic health resources and prevention services available. January Develop internal and external communication channels for information dissemination and health education. July 2008 Arrange Minority Health Summit to coincide with National Minority Health month. Biennially
Objective 5.2	 groups and other common health care access points. Organize Minority Health Summit that will support sharing of knowledge between VDH and community partners. 1. Identify agency and non- 	 January 2009 Provide yearly updates on racial and ethnic health resources and prevention services available. January Develop internal and external communication channels for information dissemination and health education. July 2008 Arrange Minority Health Summit to coincide with National Minority Health month. Biennially Contact agencies within the state addressing
<i>Objective 5.2</i> Develop a statewide collaborative of agency	 groups and other common health care access points. Organize Minority Health Summit that will support sharing of knowledge between VDH and community partners. 	 January 2009 Provide yearly updates on racial and ethnic health resources and prevention services available. January Develop internal and external communication channels for information dissemination and health education. July 2008 Arrange Minority Health Summit to coincide with National Minority Health month. Biennially

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and non-agency entities involved with addressing racial and ethnic health issues.	and ethnic health issues.	coordinate resources. ≻ July 2009
<i>Objective 5.3</i> Guide program planning and implementation through community participation in OMH.	1. Determine best mechanism for engaging racial and ethnic population as advisors to the OMH.	 Convene small groups or engage in individual discussions to determine best mechanism for participation. ≻ July 2008

Attachment B

The Health Status of Vermonters

See link to Vermont Department of Health web site:

http://healthvermont.gov/research/healthstatusreport.aspx