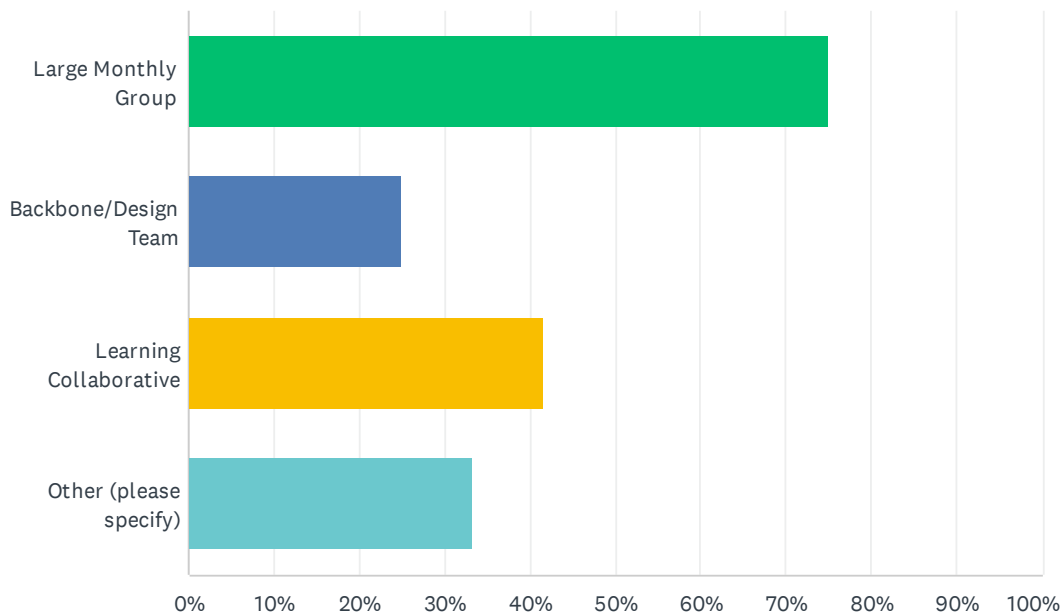


Q1 Which Vibrant ONE teams/groups do you regularly participate in? (check all that apply):

Answered: 12 Skipped: 0



ANSWER CHOICES	RESPONSES
Large Monthly Group	75.00% 9
Backbone/Design Team	25.00% 3
Learning Collaborative	41.67% 5
Other (please specify)	33.33% 4
Total Respondents: 12	

Other (please specify)

Lately have been unable to attend. However, look forward to getting reengaged.

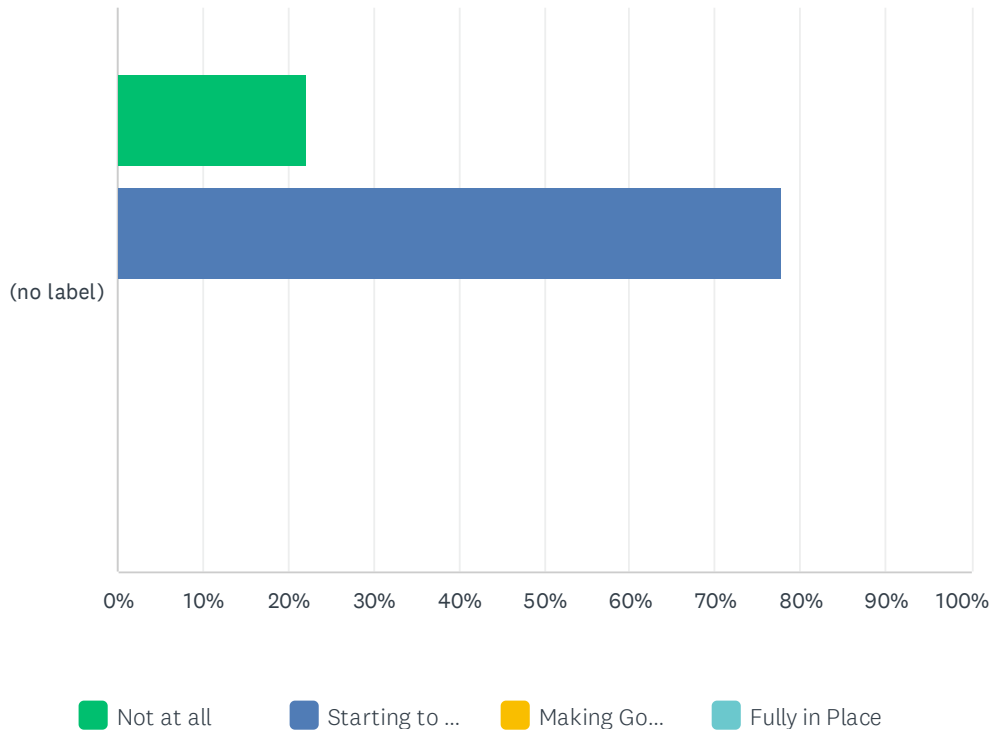
I don't attend VIBRANT ONE

Mentally Healthy CAN

Social detox sub-committee

Q2 To what extent does Vibrant ONE engage local residents to support your efforts (e.g., by providing input, selecting priorities, co-designing strategies, taking action roles, etc.)?

Answered: 9 Skipped: 3



	NOT AT ALL	STARTING TO MAKE PROGRESS	MAKING GOOD PROGRESS	FULLY IN PLACE	TOTAL	WEIGHTED AVERAGE
(no label)	22.22% 2	77.78% 7	0.00% 0	0.00% 0	9	1.78

Other thoughts/comments:

Starting to on co-designing strategies and taking action roles.

We are not explicitly doing or saying we are engaging local residents at any given moment...having said that there are many members of the teams potentially wearing different hats...this is not acknowledged explicitly or often.

local service providers - not residents.

We have used community-generated data to choose our focus area.

Q3 What could you engage residents in? Who do you engage or want to engage? How do you want to or engage these residents?

Answered: 8 Skipped: 4

Being part of the large group. We could engage community members through a process similar to what was used to create the St. Johnsbury Community Hub.

I could engage residents and businesses in a conversation around child care in Orleans county - who needs it, why it matters, what are the challenges that individuals and businesses in Orleans county are experiencing, what are possible solutions and what role can we each play in the solution.

As a SASH Coordinator, some of my residents are elders and disabled adults. I listen to their needs and share their concerns where needed. This is a population of people often missed. More paper copies of surveys and such is often best communication style as few have or can afford internet.

The discussion around meeting people where they are at was a great one. There was a comment by another group member about using the resources we already have... places we are going and people we are connecting with as part of our own lives. Also continuing on work that NKHS has already done and hold community events to start discussions.

Health Coaching, Mindfulness for healing and safe spaces, healthy cooking, meal planning for BIPOC to prevent known/manage preventable lifestyle disease, people reentering the community after incarceration, people and their families who are living in poverty, people living with mental health and substance use conditions. Putting advocacy panels together to tell our stories with an ask. I engage the mental health community through NAMI VT programs and the cooking classes with the Restorative Justice Center. I want to engage with a community of like-minded people who are ready to take action on system change. I want to go to other communities and hear/learn about their experiences, raise the voices of those who have not yet found their voice, and design/propose changes around their experiences.

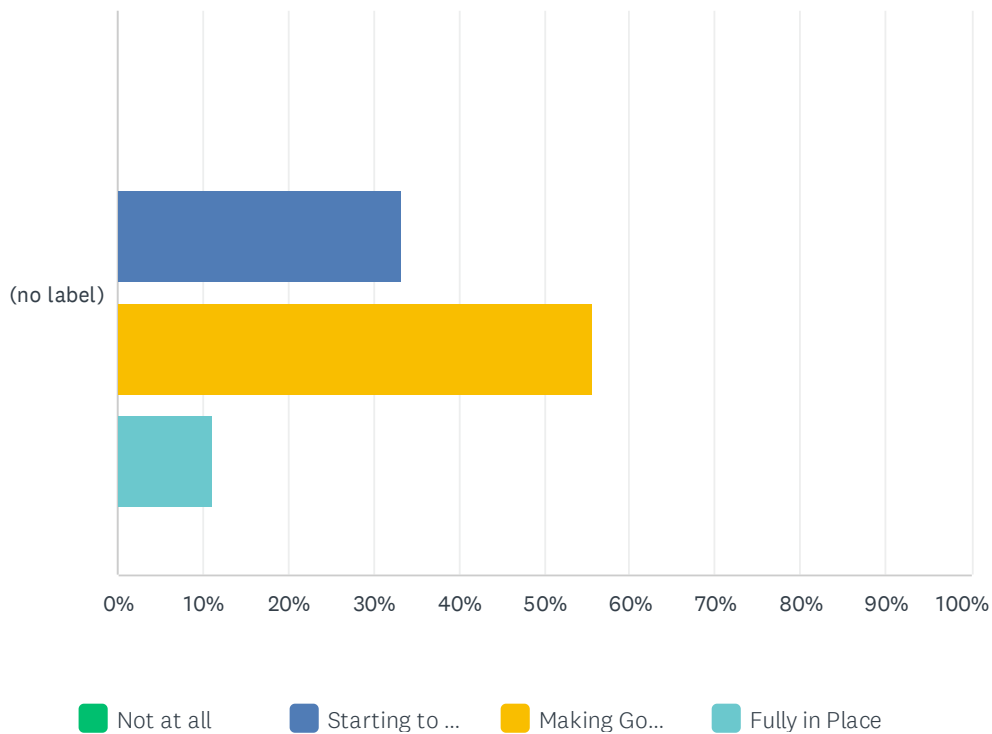
Community events..community conversations...small local and many... youth, older Vermonters Going to people... Do like the HUB events... DO like the HUB preparation of the invite...

If I knew the answer to this I'd be very busy doing exactly that!

Every step. Data walks. Events. Program and service design. Leadership.

Q4 To what extent does Vibrant ONE ask questions to understand the systemic reasons why problems are happening before designing solutions.

Answered: 9 Skipped: 3



	NOT AT ALL	STARTING TO MAKE PROGRESS	MAKING GOOD PROGRESS	FULLY IN PLACE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	33.33% 3	55.56% 5	11.11% 1	9	2.78

Other thoughts/comments:

The peer respite house is a great example of this.

Bravo! This will save lives.

Doing a lot in this space.

Q5 Have you done a root cause analysis? If so, what did you learn and what has been done to address the root causes?

Answered: 7 Skipped: 5

Yes, we have in our sessions together. We are looking to see what is behind the problem of too many repeated ER visits among those who are experiencing mental health or substance misuse related challenges. We are working as a sub-group to pull data and determine why this is happening.

Let's Grow Kids has done tremendous work around this issue and I think the opportunity here in Orleans County is to be able to talk specifics to our region - and then dig down from there to see if the root causes we identify align with the root causes that LGK has generalized for the entire State.

Yes to a completed root cause analysis but I don't believe that anything has been done to address the causes.

I have done one as part of Vibrant One in Newport, it's powerful and shows people can come together for the good of an extremely vulnerable population and make a difference. I can't wait to see the data on lives saved.

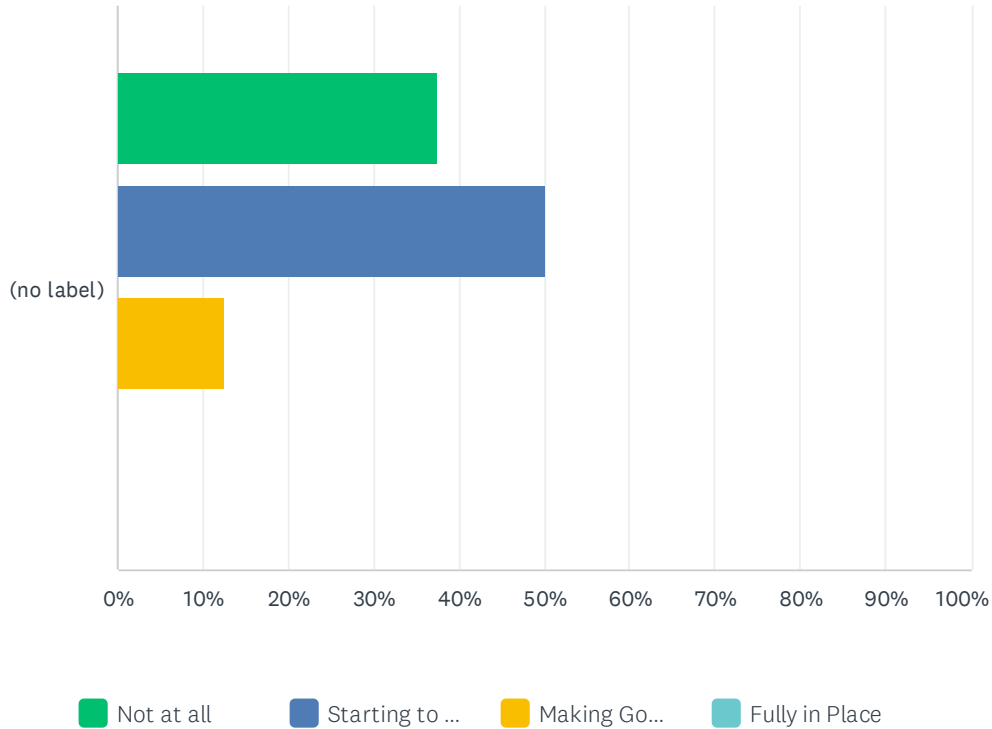
Yes...keep asking the question why...do it for individual issues...systems issues..policy issues, procedure issues

didn't fully pay attention - unsure.

Yes. Still pulling all that together.

Q6 To what extent does Vibrant ONE use action learning and gather rapid feedback from diverse perspectives on the implementation and impact of your efforts to promote continuous improvement. Action learning is also called the PDSA cycle (plan, do, study, act).

Answered: 8 Skipped: 4



	NOT AT ALL	STARTING TO MAKE PROGRESS	MAKING GOOD PROGRESS	FULLY IN PLACE	TOTAL	WEIGHTED AVERAGE
(no label)	37.50% 3	50.00% 4	12.50% 1	0.00% 0	8	1.75

Other thoughts/comments:
 I'm not sure about this one.
 Haven't started implementing anything yet.

Q7 How often does your group use the concept of continuous improvement in your work? Example: Plan – identify a problem; Do - pilot or implement a strategy; Study – track and evaluate the effectiveness of the strategy toward the intended outcome; Act – adjust the strategy based on what you have learned.

Answered: 7 Skipped: 5

The hard part for me is the area that is being focused on right now with VIBRANT ONE is not my priority area. But watching and participating in the process is helpful as I work on a parallel process for childcare.

Progressing

This has not been used yet, to my knowledge.

I think it is probably required or grants. I know a good example is the numbers they had up on the NEK Prosper website for all the CANS for target percentages and where we are now.

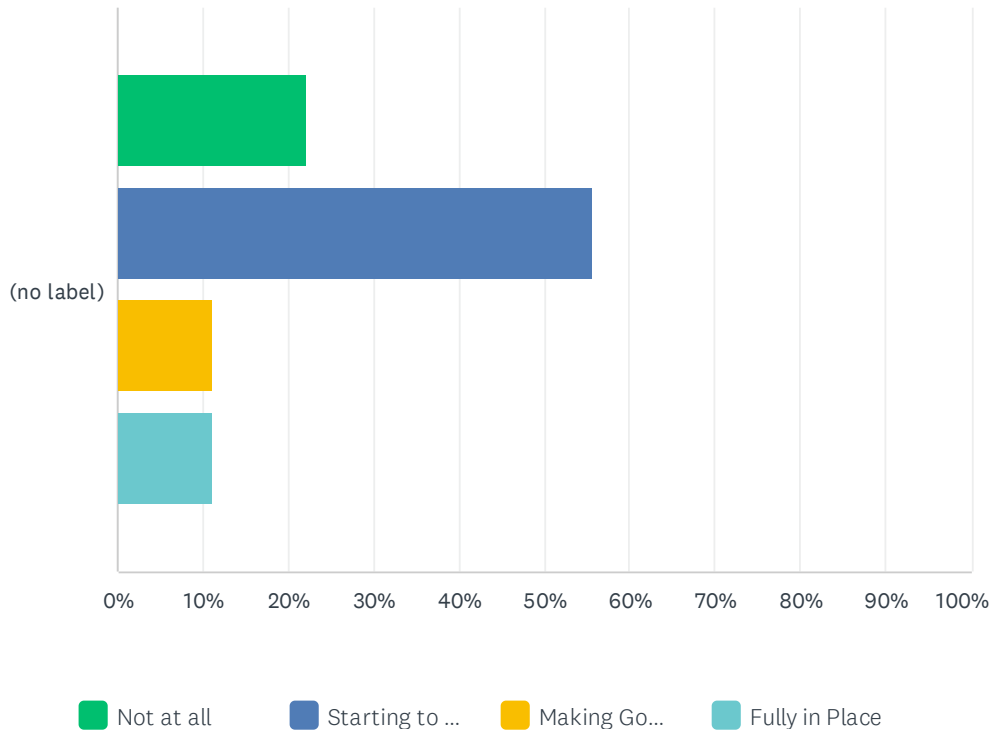
not yet..however...many folks have done this in other venues...it will not be hared to implement...

Sometimes get caught in the weeds with "we can't do it like that because..." which squashes innovation.

We will.

Q8 To what extent does Vibrant ONE ask questions during planning and decision-making processes to ensure your efforts are contributing to equity rather than unintentionally contributing to local inequities.

Answered: 9 Skipped: 3



	NOT AT ALL	STARTING TO MAKE PROGRESS	MAKING GOOD PROGRESS	FULLY IN PLACE	TOTAL	WEIGHTED AVERAGE
(no label)	22.22% 2	55.56% 5	11.11% 1	11.11% 1	9	2.11

Other thoughts/comments:

Hope to see that change.

I think this is built in but not specifically asked.

We're in the discussion stage.

Q9 How often does your group ask health equity questions before making decisions? Example questions: What disparities (e.g., differences in outcomes across groups) exist related to your group’s targeted outcomes? Which groups are experiencing these disparities? Are some groups disproportionately disadvantaged and advantaged? Which groups should be prioritized by your efforts? What outcomes/indicators should be used to track progress on reducing these disparities? Which do residents from disadvantaged groups prioritize? What systemic root causes are driving these disparities/inequities? Which root causes do residents from disadvantaged groups identify and prioritize? Which root causes are the most important to prioritize for action (e.g., have the biggest impact on affected groups, are prioritized by residents, etc.)?

Answered: 8 Skipped: 4

I think we try to do this some!

Again, because the current focus is off from ours for our organization it has been difficult to fully engage however I enjoy reading through the notes of the meetings I cannot attend and observing the process.

We discuss these issues. However, I think hearing directly from the individuals we want to work with need.

Health equity is at the forefront of our work.

We have to be careful with this, there are many people who have been part of the current system and efforts to build a flourishing community, and that is to be commended. However, if we are looking at the grant funding from the CDC, this is a new initiative, it requires a fresh start, with different leaders at the table.

Not yet!!! But very hopeful we will!!!

This question is WAY too big. Can't deal with it.

At least on our radar now.