

## VT Community Health Equity Partnership Community Project Funding to Address Health Inequities: Funding Application

Deadline: Midnight on September 9, 2022

Funding is intended to assist **Vibrant ONE (Orleans & Northern Essex) Accountable Health Community** to address health inequity(s) experienced in the Newport District which were exacerbated during COVID-19, and which are described in a Data Driven Problem Statement as: *We are not providing the right mental health/substance misuse care, at the right place, at the right time, every time; and too many in our community are getting stuck at the wrong level of care/ wrong care location. This is frustrating, costly, and ineffective.*

**Vibrant ONE** is interested in supporting projects which help us achieve our Vision for a vibrant, thriving, safe and inclusive Orleans and Northern Essex and our Aspiration that everyone living in Orleans/No. Essex will have easy access to person-centered and coordinated mental health and substance misuse services that are timely, close to home, at the appropriate level and with the appropriate transition supports for continued success in a person's home community.

Type of Applicant:

1. \_\_\_Non-profit Organization Group/Association^ \_\_\_Individual\* \_\_\_Other (please describe):

2. Name of Applicant (organization, group, individual): ABC & LOL Child Care LLC

^If you operate under the umbrella of a larger organization (for example, the Wellness Center operates under North Country Hospital), please provide the name of the organization:

\*If an individual, please provide the name of your fiscal sponsor organization:

3. Applicant's (organization or fiscal sponsor as applicable) Street Address (Street/Road, City, State, Zip Code): 1448 Memorial Drive, St Johnsbury, VT 05819

4. Primary Contact Person (for project) Name: Natasha Brooks

5. Primary Contact Person (for project) Email Address: natashia.brooksabc@gmail.com

6. Primary Contact Person (for project) Preferred Phone Number: 802-371-8989

7. Tax Identification Number (organization or fiscal sponsor as applicable):

8. Amount Requested (no less than \$2,500 or more than \$50,000): \$50,000

9. Schedule of Work:

- Start Date: immediately - End Date (no later than May 31, 2023): will be on going

10. Project Name – Provide a one-line name for your project: Caring about healthcare

11. Project Purpose Summary – Provide a short three to four sentence summary of the purpose of your project:

The purpose of this project would be to fund a position to allow for families to be supported who are currently without health insurance and also whose children need support to be up to date on childhood vaccinations, allowing them to participate in childcare and school settings. Barriers will be identified, and solutions compiled and subsequent consequences also will be identified and supported to overcome. Adequate health care for the family will allow for access to mental health services and also healthy children will support adults be less susceptible to anxiety due to missing work and depression for losing work and wages. The 5 centers that are licensed through ABC & LOL Child Care Center LLC will be supported in this endeavor.

12. What Vermont town(s) will be directly served by your project?

St Johnsbury, Lyndonville, Danville, Peacham, Groton, Hardwick, Craftsbury – the 5 Centers serve children within Caledonia, Orleans, and Essex counties.

13. Describe the Project – the work you'll do, the overall timeline and how you'll use the requested funds (will also need to attach a Project Budget – see example below on Page 3) (funded portion must be complete by May 31, 2023) (no more than 1,500 characters):

- . This position would work with families who are flagged as not in compliance with immunization requirements by identifying barriers to get vaccinations complete or for those who chose not to be vaccinated for religious purposes, how to maintain healthy children in the midst of a global pandemic. This project would also allow for existing child files to be reviewed to identify families who do not have insurance listed which would result in follow up to verify if there is insurance present or to help find affordable insurance options. The staff member would also review files as children are enrolled in the program. When children are absent due to chronic illnesses, the staff member will be in close contact with families to help support a positive turn in health and also long term changes in lifestyles to support the child and also the family.

14. Describe the Focus Population (who will benefit?) (no more than 500 characters):

The focus population will be children ages 6 weeks to 13 years of age directly, and of all household family members indirectly.

15. Describe how this project was identified or designed by the intended beneficiaries (no more than 500 characters):

This project was identified as a need as many children were enrolled without insurance, and often had many absences and children were unable to return due to a lack of diagnosis of illness. The increase of illnesses during the pandemic as children were masked and then not, having a weaker immune system, increased absences. When speaking with parents when ill children needed to be sent home, many families expressed feelings of stress, anxiety, and distress for having to leave work and miss future work.

16. Describe the Project Goals and Desired Results (what will success look like?) (no more than 500 characters):

The desired results will be children who are enrolled in the childcare program and their families have insurance that meets the needs of all household members, and healthy living is encouraged to avoid welcoming unnecessary stressors.

17. Identifying milestones provides a way to monitor the progress of your project and make course corrections, if needed. When and how will you identify milestones for this project? (no more than 1,500 characters):

Milestones will be measured by continuing updating the percentage of enrolled families who have health insurance and those who do not. It will also be measured by the percentage of chronic absences.

18. Describe your team (the project champions and any community partners you are working with / intend to work with to achieve these results). If not yet working with these partners, please also describe your plan to outreach and engage these partners (no more than 1,500 characters):

We will work closely with community advocates at United Way, Community Connections through NVRH, NEKCA, and any other provider we come across that can support families.

19. Please explain how the intended work may positively impact the data driven problem statement and/or help Vibrant ONE achieve our Vision and Aspiration described above (no more than 1,500 characters):

This project will allow for community members to have access to insurance to provide mental health support and remove triggers for anxiety, stress, and depression.

20. (Optional) Feel free to provide additional information you think may be useful to the reviewers in evaluating this application. What else should we know about the project that we didn't ask? (no more than 1,500 characters):

VT Community Health Equity Partnership  
Community Project Funding to Address Health Inequities:  
**Project Budget Example**

<b>Organization/Group/Grantee Name: ABC &amp; LOL Child Care Center LLC</b>			
<b>Title of Project: Caring about healthcare</b>			
Expense Category*	Description	Request	Please note any other secured funding or in-kind donation toward expenses for Project
<b>Staffing</b>	Family support coordinator – this will provide the employee with a livable wage in order to have time to review files and also make time to meet with families and coordinate with providers	<b>\$45,000</b>	The child care center will pay a difference of .... To have a competitive wage for this position
<b>Consultants</b> (legal fees, trainers, graphic design, etc.)			
<b>Materials &amp; Supplies</b> (printing, books, art supplies, building materials, etc.)			
<b>Travel</b>	Mileage to the different centers and to meet with families if they are unable to go to their child's respective center.	<b>\$ 5000</b>	
<b>Other</b> (fees for conferences, trainings etc.)		<b>\$</b>	
	<b>Total Request</b>	<b>\$ 50,000</b>	

\*If a category is not applicable, please leave it blank