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# 2007 Healthy Tomorrows Grantees: West Virginia & Indiana Receive Funding for the First Time

The Healthy Tomorrows Partnership for Children Program (HTPCP) is proud to announce 11 new 2007 grants that will focus on improving children's health through prevention and better access to health care. These new grant recipients were selected through a highly competitive process and represent the 19th round of funding for the HTPCP. Grant recipients will receive \$50,000 in funding per year for 5 years to implement their community-based initiatives. The HTPCP is a partnership between the American Academy of Pediatrics (AAP) and the federal Maternal and Child Health Bureau.

A special congratulations goes to Indiana and West Virginia, 2 states that are receiving HTPCP funding for the first time. To view full project descriptions, visit [www.aap.org/commpeds/htpcp/index.html](http://www.aap.org/commpeds/htpcp/index.html). To find out about other HTPCP projects that are currently active in your state, search the Grant/Project Database at [www.aap.org/commpeds/grantsdatabase/grantsdb.cfm](http://www.aap.org/commpeds/grantsdatabase/grantsdb.cfm).

### The 2007 HTPCP Grant Recipients

- **Food Smart and Fit Program** in New Britain, CT, will implement a multicomponent health promotion, obesity prevention, and policy change intervention for young women (grades 9–12) in New Britain High School, Connecticut's largest high school.



- **Committed to Kids Pediatric Weight-Management Program** in Indianapolis, IN, will implement a school-based weight management model for 9- to 13-year-olds to promote wellness as a mechanism to prevent excess weight and diseases related to being overweight.
- **The Breathmobile Program** in Baltimore, MD, will increase access to care by providing free, preventive asthma care services to underserved Hispanic children in Baltimore.
- **West Virginia CARES (Coordinating Access to Resources and Emergency Services) Project** in Huntington, WV, will improve access to a medical home for Appalachian children who are homeless or in foster care.

*continued on page 5*



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The mission of CATCH is to support pediatricians who work with communities to ensure that all children have medical homes and access to any other needed health care services.

A CATCH project is a broad-based community partnership that increases children's access to medical homes or specific health services not otherwise available. All CATCH grant-funded projects must be led by a pediatrician or pediatric resident.

The CATCH Program is a national program of the American Academy of Pediatrics supported by Wyeth, CVS Caremark Charitable Trust, Gerber Products Company, Hasbro Children's Foundation, The Harris Foundation, Ronald McDonald House Charities, Dyson Foundation, Milk PEP, and individual donations through the AAP Friends of Children Fund.

**Wyeth**



A NEWSLETTER FOR AND ABOUT CHILD HEALTH ADVOCATES WORKING TO EXPAND COMMUNITY-BASED SERVICES.

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# CATCHers' Corner

## Rocking Horse Center

James Duffee, MD, MPH, FAAP, 1997 CATCH Planning Grant Recipient



**R**ocking Horse Center is a stunning example of what can be achieved with a small CATCH grant and a committed community coalition. Fearing what might happen to children in the wake of welfare reform, Jim Duffee, MD, MPH, FAAP, a community pediatrician in Springfield, OH, received a CATCH grant in 1997 to plan a program to care for low-income children and families in a medically underserved area. Rocking Horse Center opened its doors in mid-1999. The program now provides a medical home with enhanced pediatric services and fully integrated behavioral medicine to more than 9,000 children.

In the mid to late 90s, at least 3 challenges to conventional pediatric care convinced Dr Duffee to promote an alternative. Because of progressive deterioration of social connectedness of young families, most births in Springfield were to poor, young mothers who tried to raise their infants without much support. Welfare reform of 1997, especially before the establishment of the State Children's Health Insurance Program, threatened to leave a large number of young children without health care coverage. Dr Duffee believed the paradigm of a single practitioner treating one child at a time in a 12-minute visit could not address the complexity of the needs presented by the children and families in his practice.

In spring 1998 Springfield activists held a rally in the civic center called Pentecost for the Poor. The event inspired a small coalition, including the mayor, an inner-city

minister, and a pediatrician, to plan a project to support the health of low-income children who then were seeking primary care in local emergency departments. Later meetings included vice presidents of the 2 local hospitals and the commissioner of the combined city-county health district. Dr Duffee succeeded in convincing them that a center of excellence should be built in the southern poor area of the city to draw funding from diverse sources to support the care of uninsured families. Plans for a new building with an innovative approach to pediatrics progressed rapidly.

John DUBY, MD, FAAP, a developmental pediatrician who has since become American Academy of Pediatrics Ohio Chapter president, was the CATCH coordinator for the Springfield region. Dr DUBY and Dr Duffee met a number of times and toured potential sites for a new facility. They spoke of the challenges of primary care and the need for enhanced services. A small planning grant from CATCH was essential in catalyzing the funding streams to get the project underway. Soon, a board of trustees was established and a

funding strategy was identified with the help of local banks and the hospitals. The chosen site was included in a faith-based effort of urban renewal. A number of lead- and asbestos-filled multiple family dwellings were razed in order to build a beautiful building dedicated to the children of Springfield. The name was chosen to represent the area characterized by low-income housing, known as the Rocking Horse district because of the shape it made on the Springfield map.

**A CATCH grant of just over \$7,000 has been leveraged into a \$3 million operation....**

Dr Duffee chose to participate in the national primary care initiative Healthy Steps for Young Children. This is a developmentally oriented program for children from birth to 3 that focuses on a team approach and mid-level practitioners. Dr Duffee's team included a developmental specialist and a pediatric nurse practitioner. In addition, a child therapist was hired to be the first element in an integrated behavioral health program.

The center opened in June 1999 with a business plan to care for

about 2,000 children. Rapid growth ensued, making a building expansion necessary within 4 years. Rocking Horse Center now serves more than 9,000 children, generating 25,000 annual visits, and employs more than 50 persons, including 5 child therapists and a part-time child psychiatrist. Trainees include students in nursing, medicine, and social work from colleges and universities in nearby cities. Many volunteers support programs such as Reach Out and Read. Another building project is planned for 2007 to house the Clark County Child Advocacy Center, a multidisciplinary child abuse team, and psychotherapeutic activities to address the antecedents and consequences of family violence and child maltreatment.

Fundraising has been essential in order to fill the gaps left by public and third-party payers. Special events, individual contributions, salary support agreements, and public-sector funding streams have added necessary funds to maintain a high-quality program. A CATCH grant of just over \$7,000 has been leveraged into a \$3 million operation with about \$4 million in assets. Most importantly, children and families in Springfield have access to a multidisciplinary team prepared to provide compassionate, family-centered care that meets the needs of relationship-based and socially complex problems. Rocking Horse Center is a medical home that helps raise healthy children in caring families. [CQ](#)



Rocking Horse Center, Springfield, OH, started with 1997 CATCH Planning Grant.

# South Carolina CATCH Meeting Addresses Screening & Referral, Family-Centered Care, and Other Important Topics

Francis Ruston, Jr, MD, FAAP

The South Carolina Chapter of the American Academy of Pediatrics convened an annual CATCH meeting with the support of South Carolina's Department of Health and Human Services. This is approximately the 11th CATCH meeting over the past 14 years. Goals for this meeting were to promote the CATCH program and to enhance child health access through quality improvement techniques centered on the provision of medical home services.

Some of the topics addressed at this continuing medical education meeting were

- Importance of data in quality initiatives
- Plan-Do-Study-Act cycle quality improvement techniques
- Change concepts in the areas of screening and referral, community connectedness, family-centered care, care coordination, and transitioning to adult care
- South Carolina Medicaid managed care
- CATCH grant opportunities for enhancing pediatric medical homes

Eighty-three individuals participated, including physicians, office staff, public health representatives (including most of the state district health directors), and representatives of Medicaid managed care entities. [CQ](#)



# Respected Researcher Advises on Improving Care to Hispanic Children

New Mexico: Rome CATCH Visiting Professorship

Lance Chilton, MD, FAAP

The Visiting Professorship grant to New Mexican Lance Chilton, MD, FAAP, brought Glenn Flores, MD, from Milwaukee, WI, to discuss issues in the care of Hispanic children with 3 University of New Mexico–associated programs. Dr Flores first went to Santa Fe, where he met with

residents in the Northern New Mexico Family Practice Program, administrators at the St Vincent Medical Center, and pediatric and family practice practitioners. He then toured the Young Children's Health Center in Albuquerque, where Dr Chilton works, again speaking on cultural practices among Hispanic families. At a dinner he spoke to numerous Albuquerque providers, emphasizing the importance of adequate language interpretation in avoiding errors in working with Hispanic families. On the final day, he made rounds with pediatric residents at the University of New Mexico Hospital, listening to their concerns about working with Hispanic families, and delivering 3 lectures on aspects of Hispanic health care.

Though it is difficult to quantify the results of his efforts, it seems that language interpretation services have been markedly improved in the time since he came. "It seems to me that pediatric residents are less inclined to 'wing it' with limited Spanish proficiency and no interpreter with their patients with limited English proficiency" said Dr Chilton. Dr. Flores' visit came at a time when both St Vincent Medical Center and the University of New Mexico Hospital were considering the importance of adding interpretation staff; in both cases, it seems his visit added impetus to their attempts. [CQ](#)

# African American Pioneer Discusses Expanding Access to Care and Gathering Community Input

Indiana: Rome CATCH Visiting Professorship

Sarah Stelzner, MD, FAAP

In January 2007 Aaron Shirley, MD, came to Indiana University and Riley Children's Hospital as a Rome CATCH Visiting Professor. He was invited as a speaker for the school of medicine's Diversity Week and as grand rounds speaker for the department of pediatrics. During his 3-day stay, Dr Shirley also had the opportunity to meet with students and residents in a formal noon conference setting as well as informally at a dinner near campus. Students, residents, and faculty were inspired by his stories of being the first African American pediatric resident at the University of Mississippi; by his work developing the Jackson Medical Mall in Jackson, MS, which serves its community out of an abandoned strip mall; and his work on the Citizen's Health Working Group, a multidisciplinary group that traveled the country seeking input from Americans about the current state of health care in our country. Finally, Dr Shirley met with the Marion County's Latino Disaster Preparedness Committee as well as the Sunny Start committee, which directs Indiana's State Early Childhood Comprehensive Systems grant. His experience with hurricanes Katrina and Rita, as well as work with his own state's governor on early childhood development, was appreciated by all participants. Dr Shirley invited any interested students and residents to come to Mississippi. We look forward to working with him in the future! [CQ](#)

**2007 Healthy Tomorrows Grantees***continued from page 1*

- **Breathe Easy Crockett County Project** in Memphis, TN, will implement a comprehensive program that provides asthma education to children, teachers, and parents in rural Tennessee with the goal of creating asthma-friendly communities.
- **Supporting Pan Asian Runaway and Homeless Youth Project** in Minneapolis, MN, will conduct street outreach, health education, prevention, and intervention services to Asian

American and Pacific Islander runaway and homeless youth aged 10 to 18 years, with a special focus on Hmong runaway girls who bear the highest risk of sexual abuse.

- **Boys Town Transitions Clinic** in Omaha, NE, will assist youth who have experienced trauma resulting in out-of-home placement. The transitions clinic will provide health education and connect youth with a medical home in their communities.
- **Get In Shape Program** in Lancaster, NH, will implement an intensive therapy program to

address the needs of overweight and obese school-aged children in the primary care setting.

- **The Health Education and Adult Literacy (HEAL) Program** in New York, NY, will implement a culturally and linguistically appropriate health literacy program aimed to increase medication compliance. The program will include health literacy training for community health workers and pediatric providers.
- **San Ysidro Health Center School Readiness Initiative** in San Ysidro, CA, will implement

a comprehensive screening, assessment, and clinical intervention program for children aged 3 to 5 years living in the San Ysidro Elementary School district.

- **Growing Connections for Kids** in Denver, CO, will implement a medical home for Denver County foster children to address chronic or urgent health needs and ensure continuity of care.

*For more information about the HTPCP, contact Nicole Miller at [nmiller@aap.org](mailto:nmiller@aap.org), 847/434-7082 or Karla Palmer at [kpalmer@aap.org](mailto:kpalmer@aap.org), 847/434-4279. [CQ](#)*

## CATCH Grant Blossoms Into a \$750,000 Telehealth Grant

*Bryan Burke, MD, FAAP, 2006 CATCH Planning Grant Recipient*

The University of Arkansas for Medical Sciences Center for Distance Health has proven that planning works with the recent receipt of a \$750,000 telehealth implementation grant from the Health Resources and Services Administration (HRSA). The key to landing this sizable grant was a 2006-funded CATCH Planning Grant that gave us the solid foundation required to justify the need for telehealth intervention for children in Arkansas' most impoverished county.

In December 2005 my team was awarded a \$10,000 CATCH Planning Grant to assess the health needs of Lee County Arkansas, located deep in the Delta region of eastern Arkansas. CATCH grant funds enabled us to make several 2-day trips to the region, more than 100 miles away from the medical university. Meetings were set with many important groups in the community, including the local schools, health departments, and local physician offices. The project advertised and held a number of community forums at which refreshments were provided and interested community lay people voiced their opinions on the pediatric health care needs of the county. Through these efforts, we learned and confirmed the number of barriers and challenges encountered daily by the county's population. Many of those challenges are familiar to anyone dealing with a medically underserved population—poverty, lack of local physicians, access to subspecialty care, obesity, dental hygiene, difficulty in traveling for needed medical care, family disruption, lack of social capital, and a general sense of hopelessness. A far-reaching goal was achieved through CATCH Planning Grant funds: We identified what programmatic improvements would contribute a beneficial effect on the health of the county's children.

**A 2006 CATCH Planning Grant has allowed us to discover new ways to render care to medically underserved children in Arkansas....**

Our group decided to pursue the establishment of a telemedicine clinic with 2 schools in the area, recognizing that it had the potential to address the myriad barriers and associated needs among the pediatric population. To that end, we applied for and received a \$750,000 grant from the Office for the Advancement of Telehealth, a division of HRSA. Beginning in February, this effort, born from CATCH Planning Grant funds, started holding twice daily, 2-hour telemedicine clinics, one with the county's local

public elementary school and the other with the public high school. The school nurse, with the assistance of a facilitating licensed practical nurse, screens children at school for their health problems. The more difficult problems are presented to me via a telemedicine link and newly installed telehealth equipment. A remote advanced practice nurse is the first and primary contact for the school nurse, managing most of the problems independently with my pediatric supervision and position as the project's medical director. Subspecialty care referrals are provided for those problems without an obtainable solution. As this project evolves, this research group and I will establish an emphasis on diabetes care and chronic behavioral problems, using direct links into the affected children's homes.

A 2006 CATCH Planning Grant has allowed us to discover new ways to render care to medically underserved children in Arkansas, with the potential to bring medical care to children who historically were unable to gain access to such care. [CQ](#)

# AAP Julius B. Richmond Center of Excellence for Children Addresses Secondhand Smoke Exposure

Secondhand tobacco smoke (SHS) exposure is associated with many serious health problems in childhood, including sudden infant death syndrome, asthma, and recurrent ear infections. Secondhand smoke also contributes to increased rates of lung cancer and coronary artery disease in adults. The 2006 Surgeon General's report concluded that there is NO safe level of SHS exposure. Despite the evidence, declines in adult smoking rates; access to effective quit approaches; and marked changes in social norms, effective strategies and roles have not yet been developed for pediatricians to prevent children's exposure to SHS. The American Academy of Pediatrics (AAP) received a major grant from the Flight Attendant Medical Research Institute (FAMRI) for a national Center of Excellence. The Julius B. Richmond Center, the fourth Center of Excellence funded by FAMRI, is a virtual center to improve child health by reducing children's exposure to SHS and its

associated diseases through changing the clinical practice of pediatrics. The center is administered through the AAP headquarters in Elk Grove Village, IL, and the University of Rochester in Rochester, NY.

The Richmond Center aims to expand scholarship and available information on children and SHS and develop practice tools to address it.

The center's Building the Field and Diffusing Information project focuses on community pediatrics and aims to develop the pediatric workforce, clinical services, and policies essential to protecting the nation's children from SHS. The next generation of new, anti-SHS activist-scholars will be trained through educational initiatives and small grant programs under the auspices of the AAP. In 2008


two or more Julius B. Richmond CATCH Implementation Grants will be awarded on a competitive basis for projects to address the reduction or elimination of children's exposure to SHS. In addition, Julius B. Richmond Visiting

Lectureship award support will be available to AAP chapters and/or academic partnerships to help develop and strengthen SHS and tobacco control activities.

Smoking by parents in the home is the primary source of children's exposure to SHS, especially those younger than 6 years. Parents typically see their child's pediatrician more often than their own doctor, providing opportunities for pediatricians to intervene on behalf of children and reaching parents of many diverse populations and communities, including minority

and low socioeconomic groups, who are disproportionately affected by SHS exposure. Another center project, Dissemination of Best Practices for Smokefree Homes, is beginning nationwide dissemination of best practices to reduce children's exposure to SHS.

Pediatric clinicians interested in being Smokefree Homes Chapter Champions will be trained in effective ways to counsel parents to change their behaviors so that children are not exposed to smoke, and will help develop partnerships with AAP chapter educational initiatives and state and local health department tobacco prevention and control activities.

For more information, please contact staff at [richmondcenter@aap.org](mailto:richmondcenter@aap.org) or check out our Web site ([www.aap.org/richmondcenter](http://www.aap.org/richmondcenter)) to learn more about the Richmond Center. Opportunities to become involved in these and future initiatives are posted on the Richmond Center Web site. 

**The 2006 Surgeon General's report concluded that there is NO safe level of SHS exposure.**


## Supporting Community Pediatrics Training

The Community Pediatrics Training Initiative (CPTI) has recently piloted several new opportunities for residency training programs to gain support in community pediatrics and child advocacy training. Through a partnership with the CATCH program, the CPTI is supporting 10 grants to residency programs to build sustainable opportunities for residents to gain experience working on community-based child health initiatives through the CATCH Residency Training Grants Program. In collaboration with the Ambulatory Pediatric Association, the CPTI is cosponsoring training for 10 community pediatrics scholars under the Pediatric Academic Societies Educational Scholars Program. Finally, the CPTI is providing 5 faculty-resident pairs with scholarships to attend the American Academy of Pediatrics (AAP) Legislative Conference in June 2007 through the CPTI Advocacy Training Grants Program. Funds of up to \$1,000 will be provided



COMMUNITY  
PEDIATRICS  
TRAINING INITIATIVE

A program of the American Academy of Pediatrics

to the collaborating AAP chapter to work with the faculty-resident pairs on an educational advocacy activity following the conference. To learn about the award recipients of these programs, be sure to visit [www.aap.org/commpeps/cpti/opportunities.htm](http://www.aap.org/commpeps/cpti/opportunities.htm). For additional information on the CPTI, e-mail [cpti@aap.org](mailto:cpti@aap.org). 

## New AAP Project Brings Together Adolescent Health Resources

The American Academy of Pediatrics (AAP) is expanding its promotion of issues and resources related to adolescent health. The AAP is 1 of 8 grantees funded by the federal Maternal and Child Health Bureau for the Partners in Program Planning for Adolescent Health (PIPPAH) project. As a PIPPAH grantee, the AAP Adolescent Health Partnership Project will focus on elevating adolescent health within the membership and in collaboration with the other grantees and allied health professional organizations.


Through this initiative, the AAP will strengthen the capacity of AAP members to address adolescent health issues. The project will focus on 2 critical concepts—reduction of health disparities and promotion of youth development—through-out its activities.

As part of the new grant activities, AAP project staff has organized an additional educational opportunity this year in conjunction with the Future of Pediatrics: Community Pediatrics, the Medical Home and Beyond Conference. A 3 hour seminar will be held on Thursday,

June 28, 2007, from 6:00–9:00 pm at the Hilton at Walt Disney World, Orlando, FL. This seminar will focus on the unique characteristics of adolescent brain development and strategies for incorporating youth development into practice and community programs. To register or find out more, go to [www.pedialink.org/cmefinder](http://www.pedialink.org/cmefinder).

New information and resources on the AAP Adolescent Health Initiatives and Resources Web site focus on adolescent HIV prevention and related sexually

transmitted diseases. The resources feature information to help work with schools and the public health system to improve adolescent HIV prevention activities in your community or state. These resources and other information can be accessed at [www.aap.org/adolescenthiv](http://www.aap.org/adolescenthiv).

For more information on the Adolescent Health Partnership Project, contact Charlotte O. Zia, MPH, CHES, Program Manager, at 847/434-7870 or [czia@aap.org](mailto:czia@aap.org). 

## CDC Child Development Campaign Expands to Target More Than 400,000 Child Care Facilities Nationwide

NATIONAL CENTER ON BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

Learn the Signs. Act Early.




The Centers for Disease Control and Prevention, in collaboration with a coalition of national partners including the American Academy of Pediatrics, is launching a new phase of the Learn the Signs. Act Early. public awareness campaign. The new phase targets more than 400,000 child care facilities in the United States and will provide free

materials to help child care providers and preschool teachers educate parents about child development and autism.

The Learn the Signs. Act Early. campaign has developed a free resource kit of materials on child development and autism for day care providers and teachers to share with parents of children in their care. The kit, available in both

English and Spanish, includes a CD-ROM containing fact sheets on age-specific developmental milestones and on developmental disabilities such as autism, a growth chart that allows parents to track specific developmental milestones along with the height and weight of the child, and educational posters.

Pediatricians should encourage all parents to make sure that their child's day care providers have this information. The Child Care Provider Resource Kit, along with resources for parents and pediatricians, is available for free at [www.cdc.gov/actearly](http://www.cdc.gov/actearly). 

# CATCH Grants Now Available in Amounts Up to \$12,000

## Call for Proposals: 2008 CATCH Planning Funds and CATCH Resident Funds

**F**or the 14th consecutive year, the American Academy of Pediatrics is offering pediatricians an opportunity to put their ideas into action by taking advantage of the funding available through the CATCH Program. The CATCH mission and the focus of the CATCH Planning Grant funds are to enable pediatricians to plan innovative community-based child health initiatives that increase access to medical homes or specific health services not otherwise available. A pediatrician must lead the project and be involved in the


proposal development and project activities.

CATCH Planning Funds grants are awarded in amounts from \$2,500 to \$12,000 on a competitive basis for planning activities such as needs assessments and community asset mapping, feasibility studies, community coalition/collaboration meetings, focus groups, and development of grant proposals for project implementation after the planning phase is complete. Priority is given to projects that will be serving communities with the greatest health disparities.

CATCH Resident Funds grants are limited to a maximum of \$3,000. Resident grant projects must include planning activities, but also may include some implementation activities. A pediatric resident must lead the project and be involved in the proposal development and project activities.

For more information, visit [www.aap.org/catch/planninggrants.htm](http://www.aap.org/catch/planninggrants.htm) or [www.aap.org/catch/residentgrants.htm](http://www.aap.org/catch/residentgrants.htm), e-mail [catch@aap.org](mailto:catch@aap.org), or call 800/433-9016, ext 7632. The grant applications will be available at the above

Web sites in May; the deadline for submission is July 31. Note: Applications will be available online only.

Join more than 850 pediatricians who, through their CATCH projects, have learned that local child health problems can be solved locally, often using local resources. 

*One pediatrician  
can make  
a difference!*

Are you receiving the CQ electronic mailing list, which provides information on upcoming educational opportunities, funding announcements, and new resources and tools? If not, send an e-mail to [cqlistserv@aap.org](mailto:cqlistserv@aap.org) with "add" in the subject line to begin receiving CQ announcements directly via e-mail!

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