



Call for Proposals: 2009 CATCH Planning Funds and CATCH Resident Funds

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For the 15th 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 Planning Funds grants 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 or pediatric resident 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 or 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 or www.aap.org/catch/residentgrants.htm, e-mail catch@aap.org, or call 800/433-9016, ext 7632. The grant applications will be available on the Web sites in May 2008; the deadline for submission is July 31, 2008. Applications will be available online only.

Join more than 950 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!

A program of the
American Academy of Pediatrics
CATCH
Community Access to Child Health

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Community Access to Child Health

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™





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, AAP Richmond Center of Excellence for Children, McNeil Consumer Healthcare, 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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Project Tip: Grant Writing and Proposal Preparation

Did you know that there are resources available to assist you with grant writing? Well, there are! The following are some resources, available on the American Academy of Pediatrics (AAP) Web site at www.aap.org/commpeps/resources/grant_writing.html, that will provide insights as you develop your next grant proposal:

A Pediatrician's Guide to Proposal Writing

This guide is designed primarily to assist AAP members and other

child health advocates in seeking funding from foundations and corporations. The guide also provides a brief overview of government funding. The information should serve as a starting point to help you identify appropriate funding sources, guide you through the solicitation process, and assist you in writing an effective proposal. Also included are samples of cover letters, proposals, budgets, checklists, and other resources. Remember, too, that technical assistance is available from chapter CATCH facilitators and AAP staff.

Healthy Tomorrows Partnership for Children Program Supplemental Materials

This booklet is designed to assist applicants in developing a Healthy Tomorrows Partnership for Children Program (HTPCP) grant proposal. The HTPCP Supplemental Materials provide extra assistance with creating an advisory board, developing an evaluation plan, and writing a project budget. Although this information is tailored for Healthy Tomorrows applicants, others may

also find these materials useful for developing their community-based project proposal.

The Catalog of Federal Domestic Assistance—Developing and Writing Grant Proposals

This Web site features a guide to writing grant proposals, a list of federal agencies providing assistance programs with links to agency Web sites, and an introduction to the catalog and types of assistance available from the federal government. [CQ](#)

Community Pediatrics Training Initiative Advocacy Training Grants Program

The Community Pediatrics Training Initiative (CPTI) is pleased to announce the grantees for the annual CPTI Advocacy Training Grants Program. This year, the program supported 6 pediatric faculty-resident pairs (12 people) to attend the American Academy of Pediatrics (AAP) Legislative Conference on March 30 through April 1, 2008, in Washington, DC. Each faculty-resident pair will be implementing an educational activity on child advocacy in coordination with their local AAP chapter following the conference. Local chapters will be receiving up to \$1,000 toward completing the educational activity in conjunction with the faculty-resident pairs. Following is a listing of the award winners. If you have any questions about this program, please contact cpti@aap.org.



COMMUNITY
PEDIATRICS
TRAINING INITIATIVE

A program of the American Academy of Pediatrics

Washington, DC, Chapter

Children's National Medical Center
Faculty-resident pair:
Candice Chen, MD, MPH, and
Manuel Jimenez, MD

Virginia Chapter

University of Virginia
Faculty-resident pair:
Martha Hellems, MD, MS, FAAP,
and Arthi Krishman, MD

Georgia Chapter

Emory University
Faculty-resident pair:
Terri McFadden, MD, FAAP, and
Keyana Washington, MD, MPH

Texas Chapter

Baylor College of Medicine
Faculty-resident pair:
Robert Warren, MD, PhD, MPH,
FAAP, and Claire Bocchini, MD

Pennsylvania Chapter

Thomas Jefferson University/AI
duPont Hospital for Children
Faculty-resident pair:
Esther Chung, MD, MPH, FAAP,
and Daniel Walmsley, DO

New York Chapter 3

New York University School of
Medicine
Faculty-resident pair:
Rhonda Graves, MD, FAAP, and
Linda Aponte-Patel, MD [CQ](#)

Developmental Screening Web Site Updated

The Medical Home Surveillance and Screening Program, in conjunction with the Developmental Screening Policy Implementation Project practice sites, has developed a series of Web pages that provide information on the implementation of developmental surveillance and screening (DSS) in pediatric practices. The pages include an interactive DSS algorithm, mentorship opportunities, community resources, how to create an office system, forming partnerships, training and education, and additional resources for clinicians and parents.

Please visit this updated site at www.medicalhomeinfo.org/screening/DPIP%20Follow%20Up.html. [CQ](#)

CATCHers' Corner

CATCH Turns on the CHARM

Danielle G. Dooley, MD, MPhil, FAAP
2007 Catch Implementation Grant Recipient

When my chapter CATCH facilitator, Robert Zarr, MD, FAAP, approached me about applying for a CATCH grant for an obesity intervention project, I jumped at the chance. Dr Zarr has been a champion of CATCH grants in Washington, DC, and provided technical assistance throughout the grant application process. By providing support when designing and implementing the grant, the CATCH process ensures that community pediatricians receive the tools they need to complete a successful project. My project took place in a school-based health center and was designed to educate students about healthy eating habits and life skills. I recruited a resident from Children's National Medical Center, Kathleen Flecker, MD, to work on the grant with me. Dr Flecker has spent the majority of time in her residency continuity clinic working on obesity-related issues and educating providers about the technique of motivational interviewing.

Eastern Senior High School, located in the heart of Washington, DC, with an enrollment of 850 students, has a school-based health center run by Unity Health Care, Inc. The school-based health center serves as the medical home for a large population of adolescents who don't have access to health

care or don't use their designated clinic for various reasons. On average, we conduct 3,000 patient encounters per year. Of the students enrolled in the clinic, 55% are covered by one of the district's Medicaid health maintenance organizations, 19% are covered by private insurance, and 26% have no insurance. Seventy percent of students receive a free or reduced-price lunch. The student body is 99% African American and comes from 2 wards in the city that have scant access to health care. We provide routine care for acute and chronic illnesses, sports and school physicals, immunizations and laboratory testing, and health and family planning education.


We are different from a traditional health care center by virtue of our location, but like all centers, we are struggling with an epidemic of obesity among our patient population. A chart review demonstrated that 60% of the students are at risk of overweight or are overweight (body mass index [BMI] $\geq 85\%$). To provide a comprehensive, culturally effective medical home, we designed and implemented a unique program entitled Choosing Healthy and Rewarding Meals (CHARM) School. This 10-week program combined the expertise of a nutritionist, an image consultant, and pediatricians to promote healthy eating habits in

conjunction with life skills such as dining etiquette, dressing for a job interview, and meet and greet. It was open to all students, regardless of weight, gender, or grade level. This program ran from September 25 through December 4, 2007. We held the classes during lunch hour because many students have jobs or sports practice after school, and we provided healthy food for the students. Participants completed a survey to determine their knowledge of healthy eating habits and their actual eating habits.

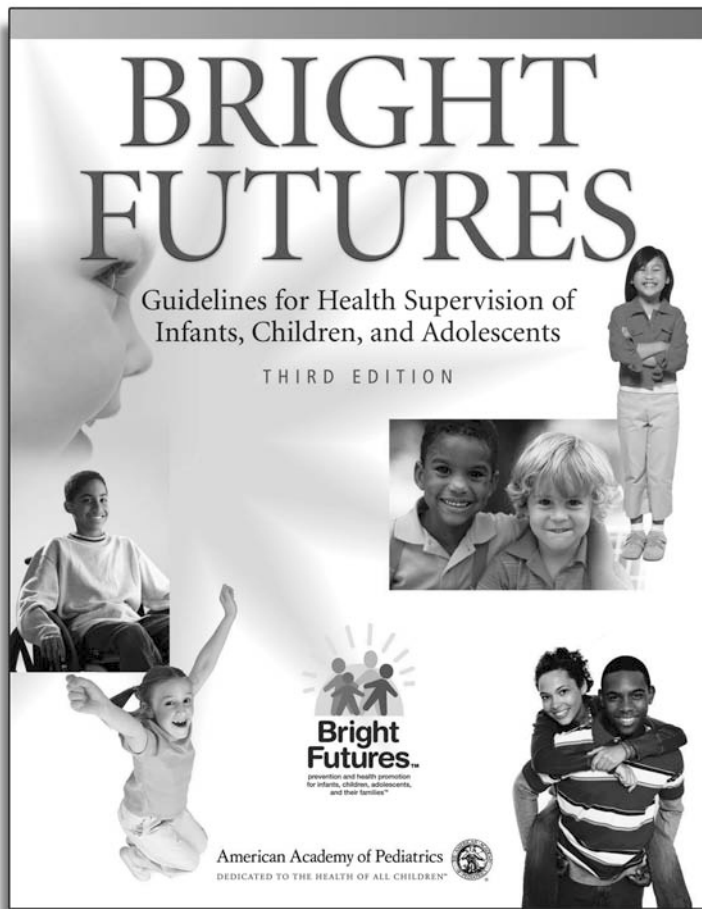
There were 3 objectives: to engage students in the issue of obesity; to determine whether students accurately perceive their weight status; and to increase awareness of healthy eating habits. Our approach was successful—80 students attended at least 1 session, and 31 students attended 5 or more sessions. It was this core group of 31 students on which we chose to focus our analysis. All of the students said they would participate in more CHARM School sessions and 76% said they shared what they learned in CHARM School with their families. We had 26 females and 5 males in this core group, with female BMIs ranging from 18.1 to 41.8 (average BMI = 25.3) and male BMIs ranging from 20.5 to 27.9 (average BMI = 25.2). All but one student correctly identified their weight status, but



only 45% of overweight students said they were interested in losing weight. After participating in CHARM School, students consumed more fruits and vegetables and fewer sugar-sweetened beverages and fast foods.

The advantage of doing a small program was that we were able to tailor it to fit the needs of our patient population. It is clear that when it comes to obesity interventions, there is no "one size fits all" approach. The most rewarding part was that after the first few sessions, the prizes didn't matter to the kids. They came because they enjoyed CHARM School, regardless of whether they got a prize at the end of class. The most illuminating part was that the students knew most of the life skills that we were teaching them—from common courtesy to dining etiquette, the students were able to demonstrate all of these skills. Yet we don't see these same behaviors exercised in school every day. This made me realize that we don't often set very high standards for the behavior of our youth, but when asked to do so, our kids rise to the occasion! 

Third Edition of Bright Futures Guidelines Is Released



In late 2007, the American Academy of Pediatrics (AAP) released the 3rd edition of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*.

Bright Futures is a national initiative based on the idea that successful child health promotion and care is rooted in a partnership of families, communities, health care professionals, and public health officials. Bright Futures Guidelines is the centerpiece of the Bright Futures initiative.

With the support and funding of the Maternal and Child Health

Bureau, the AAP and its collaborating partners have created the 3rd edition of the Bright Futures Guidelines and its companion Pocket Guide. Both publications are accessible, user-friendly resources for families, physicians and other child health professionals, public health officials, schools, and communities.

Designed to replace previous editions, the 3rd edition of Bright Futures Guidelines provides comprehensive health supervision guidelines—including recommendations on routine health screenings—and anticipatory guidance.

Like previous editions, this update is grounded in the philosophy that effective health promotion and disease prevention require the coordinated effort of diverse medical and nonmedical professionals and agencies.

Promoting Community Relationships and Resources

One of the 10 themes highlighted in the 3rd edition of Bright Futures Guidelines is “Promoting Community Relationships and Resources,” including information on understanding how families and children can benefit from community-based services, making referrals, and supporting the medical home.

Pediatricians praise the new guidelines for improving communication between families and their health care professionals. David M. Keller, MD, FAAP, said, “I really like that it focuses on the needs of families... and community linkages because that’s key to a lot of the issues that we raise.”

Paula M. Duncan, MD, FAAP, one of the editors of the 3rd edition, pointed out the relevance to community pediatrics where health care professionals are “...supporting families in a way that makes sense from the family’s point of view and makes sense from the science and evidence point of view so we can really be a unified voice supporting families.”

Now that the new guidelines have been released, the Bright Futures initiative is focused on implementing them in pediatric practices and other community health settings. This implementation includes a new Bright Futures Web site, a toolkit, an online curriculum, videos, PowerPoint presentations, screening tools, and other supportive

materials. In addition, Bright Futures representatives will attend a variety of national and regional conferences and will lead workshops on the implementation of Bright Futures.

Core Concepts

The 6 core concepts around which the Bright Futures initiative is based are addressed in the guidelines, along with practical steps on putting the concepts into action.

1. Building effective partnerships.

Clinical partnerships are productive when health care professionals, families, patients, and the community work together to promote health and prevent illness. Positive steps to building partnerships include tips on identifying shared goals and providing links to resources in the community.

2. Fostering family-centered communication.

A list of effective behaviors is provided to enhance communication, including appearing unhurried, verbally acknowledging stress or difficulties, and sitting at the child’s level to make eye contact.

3. Promoting health and preventing illness.

This concept lists ways that health professionals can identify and address the needs of each child and family, including asking open-ended questions, providing personalized guidance, and approaching each child and youth within the context of the family and community.

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Blast From the Past!

This year, CATCH will be celebrating 15 years of the Planning Funds program. To celebrate, we will be pulling from the CQ archives and featuring articles on some of the first CATCH grantees in each CQ this year.

This is the front page from the first CQ (known then as *CATCH Quarterly*), July 1993. [CQ](#)



CATCH Staff Changes

The CATCH Program bid farewell to one of its program coordinators, Holly Noteboom Griffin, who transferred to another department at the American Academy of Pediatrics (AAP) in March. Holly's enthusiasm and willingness to go the extra mile proved a great asset to the program. Thank you, Holly, for all your great work on behalf of CATCH!

Please welcome the new program coordinator, Katie Milewski. Katie transferred from another program within the AAP Division of Community-based Initiatives and is well versed in CATCH grant management and technical assistance. Welcome, Katie! [CQ](#)

CATCH and Healthy Tomorrows Plan Joint Training Meeting

Denia A. Varrasso, MD, FAAP

On August 15 and 16, 2008, Healthy Tomorrows Partnership for Children Program grantees, district and chapter CATCH facilitators, and district and national resident CATCH liaisons will meet together in Chicago, IL, for a joint training. The meeting will consist of 3 plenary speakers on the topics of leadership and advocacy, health disparities and cultural competence, and family collaboration. In addition, the meeting will feature workshops on sustainability, program evaluation, leadership skills, using technology for networking, implementing Bright Futures, and other topics. Healthy Tomorrows grantees and CATCH facilitators and liaisons will also participate in separate breakout sessions that will focus on program-specific skills. Of course there will be plenty of

opportunities for networking and informal discussions.

This is the second joint CATCH and Healthy Tomorrows training meeting. More than 100 CATCH facilitators and Healthy Tomorrows grantees who participated in the last meeting in 2006 provided positive feedback on their experiences. The meeting provided a unique opportunity for pediatricians and other health care professionals to share information, materials, and tools to enhance their practice as well as learn about innovative community-based projects.

This year's joint training meeting provides another opportunity to enhance the CATCH network and prepare future community leaders to improve and strengthen the CATCH and Healthy Tomorrows programs. [CQ](#)

2008 CATCH Residency Training Grantees

The Community Pediatrics Training Initiative and CATCH collaborated for the second year to fund the 2008 CATCH Residency Training Grants Program. The mission of this program is to provide support to residency programs to build sustainable opportunities for residents to gain experience working on community-based child health initiatives that increase access to medical homes or specific health services not otherwise available. Seven grants are being awarded in spring 2008 for up to \$12,000. More information on these grants is available at www.aap.org/commpepd/cpti/grantees.htm. [CQ](#)

Celebrating the 20th Healthy Tomorrows Funding Cycle With 08 New Grantees!

The Healthy Tomorrows Partnership for Children Program (HTPCP) is pleased to announce 8 new 2008 grants that will focus on improving the health status of mothers, infants, children, and adolescents through prevention and better access to health services. These new grant recipients represent the 20th round of funding for the HTPCP. Although there was no grant application cycle this year, the Maternal and Child Health Bureau (MCHB) used available funds to support 8 approved but not funded grant applications from the previous cycle. Grant recipients will receive up to \$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 and the federal MCHB.


A round of applause to Nevada for receiving HTPCP funding for the first time. And congratulations to Khudsiya Khan, MD, and chapter CATCH facilitator Elisa Nicholas, MD, MSPH, FAAP, for receiving their second HTPCP grant. Healthy Tomorrows projects provide a great opportunity for chapter CATCH facilitators to learn about child-focused community-based initiatives in their chapter. To view full project descriptions, visit www.aap.org/compeds/htpcp/index.html. The Healthy Tomorrows program currently supports 54 projects in 35 states plus Guam and Puerto Rico. To find out about other HTPCP projects that are currently active in your state, search the grant/project database at www.aap.org/compeds/grantsdatabase/grantsdb.cfm.



A program of the American Academy of Pediatrics

The 2008 Healthy Tomorrows grant recipients are

- **Begin With a Grin Program** in Roanoke, VA, will reduce the incidence of long-term oral hygiene disease in children aged 6 to 36 months who are enrolled and followed by Child Health Investment Partnership.
- **The Children's Clinic Mental Health Partnership for Children Program** in Long Beach, CA, will improve the overall health and wellness of patients by improving screening and identification of mental health disorders, improving access to mental health services for those in need through on-site mental health staff, and increasing collaboration among community agencies.
- **Connect Kids to Health** in Philadelphia, PA, will identify children with no medical home or health insurance, link them with primary care services, and facilitate procurement of health insurance.
- **Health Service Outreach, Education, and Prevention for Wilmington, CA**, will enroll eligible, needy children and families in public health insurance programs and assist them in accessing locally available services.
- **Nevada Care Program** in Las Vegas, NV, will provide prevention and intervention health care services for low-income African American, Native American, and Hispanic pregnant women, including those who are HIV-positive, and their infants and children.
- **Nurse Advocacy: Improving Access to Quality Care for Latino Women and Children** in Nashville, TN, will improve access to culturally competent care, including preventive and follow-up services, for Spanish-speaking women and their infants.
- **Project HOPE Parenting Center Home Visitation Project** in Bossier City, LA, will provide home visitation services to low-income, African American, expectant mothers and mothers of newborns, infants, and children younger than 2 years at risk for poor health and developmental outcomes because of the lack of access to health care in Ouachita Parish.
- **Successful Learning in Vulnerable Preschool Children Through Improved Mental Health** in Longview, WA, will improve the emotional and social development of children from pre-birth to age 6 years who are at risk of not being ready to learn to read so that they are better prepared to learn when they enter school.

For more information about HTPCP, contact Nita Patel at npatel@aap.org or 847/434-7082 or Karla Palmer at kpalmer@aap.org or 847/434-4279. 

The Healthy Tomorrows Partnership for Children Program anticipates the announcement of the 2009 grant cycle later this year. There will be no postcard announcement this year. If you are interested in applying for the grant, please make sure your e-mail address is part of the CQ electronic mailing list by e-mailing healthyt@aap.org. Thank you!

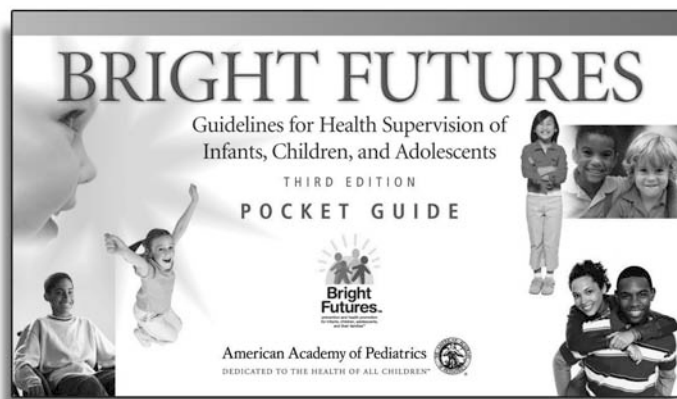
Third Edition of Bright Futures Guidelines Is Released

(continued from page 5)

- 4. Managing time for health promotion.** Suggestions for building health promotion into practice include training staff to get information and provide follow-up with families, scripting on prioritizing goals with the family, and providing referrals to community resources.
- 5. Educating families through teachable moments.** Well-child visits present health care professionals with many opportunities to teach the child and family. Tips include providing small amounts of information, demonstrating when appropriate, and providing constructive feedback.
- 6. Advocating for children, families, and communities.** Health care professionals can find opportunities for advocacy at the individual and community levels. Recommendations include getting data from a local public health department, learning what strategies have worked in the past for a family, and recognizing the value of learning from other families and health care professionals.

Pocket Guide

In addition to the complete 616-page comprehensive 3rd edition of Bright Futures Guidelines, the AAP and collaborators have developed a compact



65-page companion Pocket Guide. It includes all the essentials in one easy reference that summarizes each visit, including developmental observations, physical examinations, medical screening, immunizations, and anticipatory guidance. [CQ](#)

How can you get more information about the AAP Bright Futures initiative or order the 3rd edition of Bright Futures Guidelines? Go to the Bright Futures Web site at <http://brightfutures.aap.org> or e-mail staff at brightfutures@aap.org.

Are you receiving the CQ electronic mailings, which provide information on upcoming funding announcements, educational opportunities, and new resources and tools? If not, send an e-mail to cqlistserv@aap.org with “add” in the subject line to begin receiving CQ announcements directly via e-mail!

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