

Community Access to Child Health (CATCH)

Lessons Learned

Implementing CATCH Programs: Strategies for Addressing Common Challenges

Background

A national effort by the American Academy of Pediatrics (AAP), the Community Access to Child Health (CATCH) program provides grant funding and technical support to individual pediatricians pursuing community-based efforts to increase access to child health servicesⁱ. CATCH grants have served as start-up funds for new and innovative partnerships, and have allowed existing partnerships to expand. Initiatives supported through the CATCH program continue to have an impact; some have become mainstays in their communities.

In an effort to strengthen the program, the CATCH program recently reviewed application and final report materials from eighteen 2003-2004 Implementation Grant recipients. Seventeen of the 18 grantees provided additional information about their experiences via electronic and/or phone interviews. The program sought to better understand the experience of grantees, and to provide additional support and guidance to future applicants and grantees. This report represents one of three briefing papers developed from this review.ⁱⁱ

This review of CATCH was not intended to be a rigorous research project, but rather to gather information accessible from grantees through reports and interviews in the hopes that the insights gleaned would be of benefit to future applicants and grantees. The grantees whose experience informs this report do not comprise a representative sampling of pediatricians, AAP members, or even CATCH grantees.

Common Areas of Challenge

Four common areas of challenge faced by CATCH grantees were identified during the review process: partnerships, **staffing**, **scheduling**, and **evaluation**. This report provides suggested strategies to help future CATCH grantees avoid or overcome struggles similar to those encountered by previous grantees. These suggestions include strategies successfully employed by past CATCH grantees, and lessons learned in hindsight.

Partnerships

The CATCH program encourages partnerships between pediatricians and other community-based entities, including local government, public health organizations, community service organizations, schools, parent and civic groups, and others. Identifying and engaging in community partnerships is critical to developing a clear understanding of community needs and assets. Partnerships can also form the basis of new organizations and structures which support the sustainability of a project long after the CATCH grant has ended.

Many CATCH projects have benefited from the knowledge, resources, insight, and support of a wide variety of partners, from parent advocacy groups to local media to adolescent leadership groups formed during the grant period. At times, however, partnerships have been the cause of much frustration and challenge. The most common partnership challenge was a perceived lack of interest on the part of community-based organizations or the families targeted for services. In other cases, divergent interests or inflexible policies or program structures strained the partnerships.

Preventing partnership challenges is the best strategy, since these problems may be among the most difficult to address once they exist. Planning may help build partnerships that are less vulnerable to the challenges described. The following strategies may help promote strong partnerships in planning or implementation grants:

Utilize CATCH Planning Grants. The CATCH program offers both planning and implementation grants for pediatricians. While either grant program will provide

funds to help enhance partner relationships, planning grants may be especially useful for building partnerships and developing a more thorough understanding of the epidemiologic, demographic, and economic landscape of a target community.

Announce your award. Sharing the news of your CATCH planning or implementation grant may be an effective strategy for recruiting or further engaging program partners. Secure funding will underscore the reality of the project, and may relieve any concerns that organizations are being invited to expend time and energy on a project unlikely to come to fruition.

Remember that patients are partners. The best planned, best resourced project will not be effective if patients are not engaged. CATCH grantees who actively involved the target population early on benefited from the insight and participation of those that they hoped to serve. In some cases, CATCH projects included the formation of advisory groups as a goal of the project; these groups helped to guide the project development during and after the grant period. In other cases, patient advocacy groups already existed in the community, and were engaged as early project partners.

Include partners in planning. Organizations that seem like “natural partners” may face challenges to active engagement in the CATCH project, or may have a different view of community needs. For example, community resistance to providing services to undocumented immigrants limited the outreach and marketing efforts of a dental health promotion project. In several cases, the structure of the CATCH project had to be revised to meet the policy or regulatory requirements of partner organizations.

Families and children targeted for services may not share a physician’s perspective regarding a health access issue. A mental health project offering group counseling services encountered significant scheduling and staffing challenges when the families involved expressed their strong preference for individual counseling.

Developing partnerships early in the planning of the project can bring to light differences in perspective or partnership requirements that must be addressed in order for the project to succeed.

Start with partners you already know. The most successful grantees included existing partners in their CATCH projects. While most CATCH projects also developed new relationships, building from a foundation shared with at least one central partner appeared to provide a greater level of stability to CATCH projects.

A prior grantee suggested that the short time period of the CATCH grant was best used by building on existing partnerships, rather than “starting from scratch.” In addition, familiar partners often provided the bridge to new collaborations.

Expanding relationships where trust, communication, and operations pathways have already been established can shorten the timeline for starting a project and help to assure its success.

Help partners maintain a clear project focus. Grantees spoke of the need to maintain the central focus of the project and to weigh suggestions for expansion against their cost in time, effort, and focus. One grantee identified maintaining partners’ focus on the mission and the project as a key responsibility

of his. Grantees emphasized the need to work with partners with whom they shared a mission and vision, and to emphasize that mission and vision in partnership communications. Within a focused context, however, successful

CATCH grantees also demonstrated flexibility and openness to new ideas and opportunities, especially in planning and in the early stages of implementation.

“I saw one of my responsibilities to be maintaining everyone’s focus on the project and our shared

Seek strong personal connections with a decision-maker in partner organizations. In many cases, personal relationships

informed and strengthened successful CATCH partnerships. Grantees

“Transparent communication- and lots of it-was key to keeping the program on track, and all parties involved.”

cautioned that these relationships might be more difficult to form—or may be less influential—in partnerships with large institutions such as hospitals, schools, and state agencies. Grantees who encountered difficulties in partnering with larger organizations suggested that these challenges might stem from their very size and structure. Larger organizations may not be as flexible as smaller agencies, and thus may not be able to quickly adjust or adapt if challenges are encountered.

Use partners to strengthen outreach and evaluation. Working with organizations that were already well known and trusted within targeted communities helped grantees build relationships with community members, and increased participation in CATCH grant activities. Grantees strongly recommended using partners to complete evaluation activities; most grantees felt they had neither the skills nor the time available to conduct evaluations on their own.

Establish clear roles and responsibilities for each partner. Clear and explicit communication regarding the roles, responsibilities, and expectations of each partner during planning and implementation may prevent conflict and confusion later in the project. In a few cases, changes at partner organizations resulted in changes to that organization's role in the CATCH project. Explicit commitments may be more likely to be honored, even in the face of budget or structural changes at the partner institution.

Provide benefits to partners. Partnering organizations commit time and resources to the CATCH project, often without direct reimbursement. Sharing program planning and resources can help build and maintain the partners' enthusiasm and continued involvement. Expressing thanks and sharing credit broadly helps all partners feel valued, often strengthening their commitment to the project.

“We try to offer whatever resources we have—advice, connections, freebies—to our partners. We write lots of thank you notes and try to appreciate our partners and volunteers in any way possible.”

Facilitate communication between partners. Grantees often noted the difficulties of scheduling meetings among busy professionals. Teleconferences and electronic communications helped to maintain communication when meetings could not be held. One project charged a specific staff person with the responsibility of maintaining partnership communications.

Staffing

Unexpected staffing challenges can arise in even the best-planned program. There are, however, some anticipatory steps that might ameliorate these challenges when they arise.

Explore the local workforce in advance. Several grantees reported difficulty in recruiting and hiring staff necessary for project implementation. In some cases, specific skills such as language fluency, proved difficult to find among local professionals. If project implementation depends upon new hires, the applicant may wish to post preliminary job announcements to gauge the availability of the necessary staff and skills.

Plan time and processes for hiring and training. If hiring protocols are likely to require substantial time (for example, for multiple partner interviews), this time should be accommodated in the project schedule. New staff also needs time to learn the routines of the project setting, as well as any project protocols. One grantee’s realistic assessment: “It may be best to put the project on [temporary] hold” while new staff are brought on board.

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CATCH grantees have up to 6 months

to officially accept their grant and can then receive up to two 6-month extensions. Through communication with CATCH staff, a project can be put on hold until appropriate staff are hired and trained. Building in reasonable time and protocols for staff hiring and training will help create more realistic time frames; can keep projects from feeling “behind from the start;” and may reduce the need for project extensions.

Plan to be flexible. The number of factors that can delay or impede implementation of a project is so great that one can safely assume *something* is going to go wrong. One CATCH project had three different program coordinators during the six-month grant period; another weathered the resignations of three key staff. Including extra time in implementation schedules may allow for an easier adjustment when a delay occurs.

Share tasks. Identifying the person ultimately responsible for each aspect of the project and having your decision-making and review process in order early in the process is critical for accountability. However, sharing or delegating tasks among staff members can broaden the awareness, enthusiasm, and learning from a project, and can provide for the continuation of project activities during staff transitions.

One grantee, whose project essentially shut down during the vacation of a key staff person, suggested that future grantees develop contingency plans to address the absence of each critical staff member. Cross-training and cross-coverage could be a central strategy in such planning.

Predict where possible! Prior to project implementation, ask staff about their interest in the project, and willingness and availability to participate. This information can help inform staff about the proposed CATCH project, begin to engage them in the project, and will communicate the commitment necessary for successful implementation. Involving staff in project planning, illustrating the importance of their contribution, and collaboratively creating contingency plans for absences may all help increase a sense of investment and accountability among staff;

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“Develop contingency plans to cover project tasks in the absence of each critical staff person”

increase the likelihood that staffing challenges will be recognized early; and reduce the number of unexpected staffing challenges a project may encounter.

Scheduling

Difficulties in scheduling program activities might be minimized by “piloting” the various aspects of the project.

Identify client preferences. In some cases, client preferences for types of services (e.g., individual or group counseling), or the timing and location of services, proved difficult to meet and challenging to project success. Involving potential clients in planning, as suggested above, and specifically asking about their preferences for services and schedules may help prevent challenges such as those faced previously. Designing services to best meet client preferences or needs will also increase the likelihood of a project’s acceptance and success.

Conduct scheduling feasibility tests. Previous grantees encountered some difficulty in scheduling staff and partners for meetings, trainings, and other project activities. A project linked medical students to families of children with special needs encountered significant difficulties arranging for these two very busy groups to come together. Future grantees might assess the ease or difficulty of scheduling proposed activities by attempting to clear the necessary time in a “typical” week.

Do advance planning for critical activities.

Consider the expertise necessary for the design, translation (if necessary), and development of project materials, and for project evaluation activities. Determine the source of that expertise and conduct as much advanced planning as possible, in order to avoid unnecessary revisions to the project plan.

***“Think small and concrete.
Everything takes more
time, energy, and money
than you think.”***

Avoid “reinventing the wheel.” Save time by working with existing models and materials when possible, taking advantage of the information and technical assistance available to applicants and grantees. Use of existing expertise, resources, and models can save time, promote enthusiasm among partners, and enhance a project’s likelihood of success.

Suggested resources include:

- AAP Chapter and District CATCH Facilitators can provide guidance and support for project planning and implementation.
- The AAP Community Pediatrics Web site (<http://www.aap.org/commpeds>) provides links to resources and tools, as well as a grants/projects database that archives previously funded community-based projects, including those that are funded through CATCH.
- The CDC’s *Guide to Preventive Services (the Community Guide—* www.communityguide.org) provides evidence-based recommendations for programs and policies to promote population health.

Evaluation

Grantees recognized that evaluation is critical to gauge the impact of a project, to guide its development, to provide insight for others, and to secure continued funding. The following strategies may help grantees avoid some of the evaluation challenges faced in the past. Evaluation planning resources are also available through the AAP Community Pediatrics Web site: <http://www.aap.org/commpeds/resources/evaluation.html>.

Recruit an evaluation partner. Previous CATCH grantees sometimes felt unqualified to plan and conduct strong evaluations. When asked what would have helped her in her project evaluation, one exasperated grantee replied, “An MPH degree!” Because of the burden of time, expertise, and effort involved in conducting a thorough evaluation of the CATCH project, most CATCH grantees suggested that this responsibility be shared with or assigned to a partner organization with evaluation experience.

Grantees suggested contacting local universities for assistance with evaluation or to recruit university students or staff to conduct the evaluation.

Keep evaluation simple and realistic. Identify the critical questions to answer in order to successfully evaluate the project. Limit data collection to only those items necessary to answer those questions. Use evaluation materials that can be completed on-site, and provide specific incentives for the completion of evaluation materials.

Incorporate data collection and analysis activities into the project plan. Assign responsibility for all aspects of evaluation, cross-train project staff as appropriate, and plan to monitor data collection and analysis throughout the project, so that any necessary adjustments can be made promptly.

Choose appropriate evaluation measures. Both process (e.g., “what did you do?”) and outcome (e.g., “what was the impact?”) measures are necessary to project evaluations. Delivery of services, client satisfaction, client plans, and other qualitative measures may provide some insight into effects of the intervention in the short term. Positive interim evaluations such as these may improve the chances that a project can win long-term support from another funding source.

Recognize the need for staffing and scheduling of evaluation activities. The evaluation portion of a project may be particularly vulnerable to the challenges of staffing and scheduling, discussed above. Using the previous suggestions regarding staffing and scheduling may help to preserve the quality and integrity of evaluation activities.

Summary

A review of prior CATCH projects resulted in the identification of several common challenges in the areas of partnerships, staffing, scheduling, and evaluation. These challenges reflect the intrinsic difficulties of designing, implementing, and evaluating a health access program. They also speak to the courage and creativity of CATCH

grantees. As a prior grant recipient stated, “If some portion of CATCH grantees weren’t running into problems, it would suggest they weren’t out there on the cutting edge.” The good news is there are a number of effective strategies which can help prevent, or reduce the impact of, these challenges, and we hope you find those presented here helpful in your application and CATCH projects.

With this and other briefing papers, we hope to provide specific insights and tips which will help you bring your ideas to fruition in your community. Further guidance, encouragement and assistance is available on the CATCH website, from CATCH staff, and especially through the network of District and Chapter CATCH Facilitators. Contact information for these facilitators is available on the CATCH website:

<http://www.aap.org/catch/ta.html>. Working to support pediatricians interested in CATCH via one-one-one technical and assistance is a vital part of the CATCH program. We welcome your inquiries!

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CATCH Committee

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CATCH Grantees

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ⁱ For more information about the CATCH program, including grant opportunities and deadlines, please see <http://www.aap.org/CATCH>

ⁱⁱ This document represents one of three briefing papers developed through this review process. The others, “Bringing Community Pediatrics to Life,” and “Partnerships,” are available through the CATCH website (www.aap.org/CATCH).