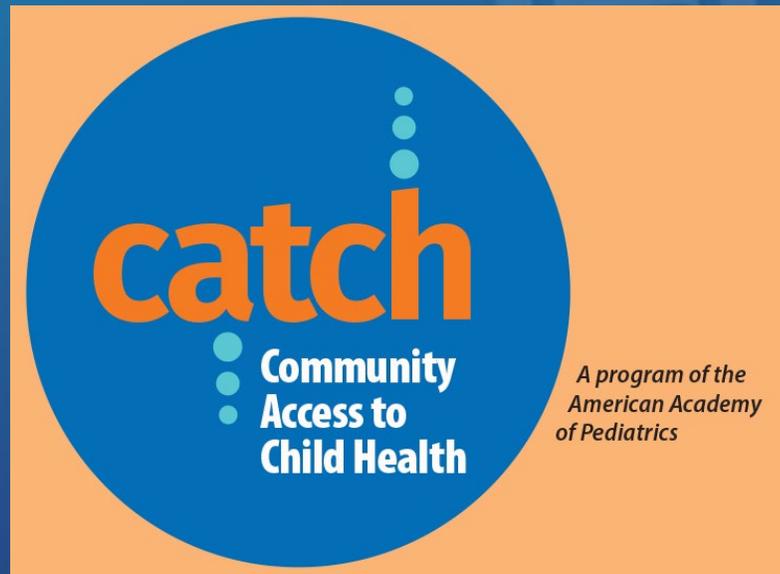


Tips for Strengthening Your CATCH Proposal

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American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



AGENDA

- Provide Background on the CATCH Program
- Discuss Core Components of a CATCH Project
- Review Types of Grants
- Review Ineligible Expenses
- Highlight Special Funding Opportunities
- Review Scoring
- Provide Tips for Strong Proposals
- Note Important Dates
- Q&A



ABOUT CATCH



Mission

CATCH supports pediatricians to collaborate within their communities to advance the health of all children.

Vision

Every child in every community reaches optimal health and well-being.



CATCH Accomplishments

- Provided over \$9 million in grants.
- Funded more than 1800 pediatricians working in their communities: 864 planning, 667 resident, and 333 implementation grants.
- Support to communities in every state as well as the District of Columbia and Puerto Rico; and in urban, suburban and rural settings.



WHAT IS A CATCH PROJECT?

- Is *led* by a pediatrician or pediatric resident.
- Focuses on building strong *community partnerships*.
- Serves those who are underserved/experience *health disparities*.
- Provides *access* to services that lead to optimal child health and well-being.
- Has *measurable outcomes*.
- Plans for *sustainability*.



TYPES OF GRANTS

- Planning
- Implementation
- Resident



PLANNING GRANTS

- Planning grants are for individual pediatricians or fellowship trainees to plan innovative, community-based initiatives that increase children's access to optimal health or well-being.
- **Requirements**
 - Project must be new in your community.
 - Project must include plans for services and/or outreach to children in the community, not just those served in your practice.
 - Project includes plans for community partnerships.
 - Project is for planning activities only.
 - Methods for measurement of project goals and objectives are clearly described.
 - Budget reflects project timeline and activities.
- **Eligibility**
 - AAP national and chapter memberships must be current.
 - Open to general pediatricians, pediatric medical subspecialists, pediatric surgical subspecialists, and fellowship trainees from the United States and its territories and Canada.



IMPLEMENTATION GRANTS

- Implementation grants are for individual pediatricians or fellowship trainees to conduct initial implementation of or to pilot innovative, community-based initiatives that increase children's access to optimal health or well-being.
- **Requirements**
 - Project must be new in your community.
 - Project must provide services and/or outreach to children in the community, not just those served in your practice.
 - Project includes plans for community partnerships.
 - Project is for the initial phase of implementation (can include a combination of planning and implementation activities).
 - Methods for measurement of project goals and objectives are clearly described.
 - Budget reflects project timeline and activities.
- **Eligibility**
 - AAP national and chapter memberships must be current.
 - Open to general pediatricians, pediatric medical subspecialists, pediatric surgical subspecialists, and fellowship trainees from the United States and its territories and Canada.



RESIDENT GRANTS

- Resident grants are for pediatric residents to plan and/or implement innovative, community-based initiatives that increase children's access to optimal health or well-being.
- **Requirements**
 - Project must be new in your community or a new program from an existing initiative.
 - Project includes plans for community partnerships.
 - Project is for planning or implementation activities. If project proposal only includes implementation activities, then prior planning must be demonstrated.
 - Methods for measurement of project goals and objectives are clearly described.
 - Budget reflects project timeline and activities.
- **Eligibility**
 - U.S. and Canadian pediatric residents (categorical or combined) in a training program AND have a definite commitment for another year of residency or chief year.



UNALLOWABLE EXPENSES

- **Supplemental funding to previously awarded grants or existing programs**
- **Any payment to a pediatric care provider* or dentist**
- Any clinical encounter i.e., any service that is deemed a billable encounter
- **Professional development (conferences or educational/training activities)**
- Educational materials for a pediatric care provider* or medical student
- Speaker fees or speaker travel reimbursement
- Quality improvement projects that do not meet application and budget criteria
- Research projects, such as clinical trials
- **Health fairs or one-time events**
- Building or office construction, maintenance, or repairs
- **Capital equipment** (i.e., durable items lasting beyond the project timeline)
- Medical equipment, medical supplies, or pharmaceuticals (Exception: select supplies for oral health projects)
- Indirect costs or fiscal agent fees

**Pediatric care provider includes a physician, nurse practitioner, or physician assistant*



2022 SPECIAL FUNDING OPPORTUNITIES

For Residents Only:

- Oral health (Boulter Oral Health Endowment)
- Child abuse and neglect (Council on Child Abuse and Neglect)
- Community pediatrics (Council on Community Pediatrics)
- Access to nature (Council on Community Pediatrics)
- Environmental health and justice (Council on Environmental Health and Climate Change; Pediatric Environmental Health Specialty Unit)
- Developmental pediatrics (Section on Developmental and Behavioral Pediatrics)
- Emergency medicine (Section on Emergency Medicine)
- School health (Council on School Health)
- Obesity prevention (Section on Obesity)
- Transitions/connections to medical home (Section on Hospital Medicine)
- Rx Against Racism (Section on Pediatric Trainees)



WHAT MAKES A STRONG PROPOSAL?

- **Target population is clearly described**
 - The project estimates reaching **approximately 1,000 children per year**. According to 2016 **data from the National Child Abuse and Neglect Data System**, there were 11,226 substantiated victims of child maltreatment in Colorado which represents a state incidence rate of 7.8 per 1000 children. There were over 70,000 referrals to child welfare and approximately 30,00 referrals were screened in for investigation. **40% of child victims were under 4 years old**. Physical and sexual abuse accounted for 20% of the cases and medical neglect accounted for 2% of the cases, for a total of approximately 1500 children. Of substantiated victims, **42% were white, 8% were black, 7% were Hispanic, 1% were American Indian/Alaskan Native, 1% were Asian or Pacific Islander**.



WHAT MAKES A STRONG PROPOSAL?

- **Target community is clearly described**
 - This project will reach a broad spectrum of children around the entire state. There are approximately **1.2 million children in Colorado**. The majority of the population lives east of the Rocky Mountains and along the interstate corridor that runs adjacent to the mountain foothills from Fort Collins to Colorado Springs, including the Denver metropolitan area. There are 64 counties within the state. **73% of the counties are considered rural**. 13% of the population lives in these rural communities and face challenges with **geographic isolation, poverty and lack of access to healthcare**. Thirteen counties have no hospital, and 12 counties have no licensed psychologist or social worker. There are just seven board certified specialists in the field of child abuse pediatrics in the state of Colorado, six in Denver and one in Colorado Springs.



WHAT MAKES A STRONG PROPOSAL?

- **Plan or intervention is clearly described**
 - Within 12 months, we hope to **implement a youth mentorship program** focused on South Asian females **in Alameda County**. This program will discuss prevalent mental health, cultural and gender identity issues that many of these individuals might be experiencing at home, at school, or in their broader communities. In a 12-month period, **we plan on working with 40 adolescents in two high schools** in Alameda County. Our **curriculum** will focus on the following topics: Module 1: Mental Health: Basics Related to Symptoms and Diagnoses of Depression and Anxiety...



WHAT MAKES A STRONG PROPOSAL?

- **Evidence of community partnerships**
 - **Every Child Succeeds** – an umbrella **home visitation program** covering mothers and infants in all the targeted neighborhoods of low breastfeeding rates. **They will help to identify successful breastfeeding moms in new target neighborhoods** to be trained to be Community Breastfeeding Champions in their own neighborhood. They will also help to **recruit new moms** to the groups as they are developed.
 - **Women Infants and Children (WIC)** – **They will be resources for moms** who are identified as needing more than peer-to-peer support in a group setting, and **they will help to recruit to the groups for moms** who are interested in something additional to the services WIC provides.



WHAT MAKES A STRONG PROPOSAL?

- **SMART Goals**

- Specific
- Measurable
- Attainable
- Realistic/Reasonable
- Time sensitive

Example: By the end of **April 2023**, project staff **will refer and/or link at least 50 children** between the **ages of 1-18** who need **immunization services** to identified resources in their local community.

Example: By the end of **April 2023**, program staff **will assess the immunization status** of **100 children** between the **ages of 1-18** who visit the “Live Well” clinic.



WHAT MAKES A STRONG PROPOSAL?

- **Evidence of Sustainability**

- Plan for it from the beginning
- Collect photographs, anecdotes and data from the beginning of the project
- Identify potential community, grant-based and foundation-based funding sources with similar goals or funding aims
 - The Foundation Center (now part of Candid) (<https://foundationcenter.org/>)
 - Health and Human Services (<https://www.hhs.gov/grants/grants/index.html>)
 - Chronicle of Philanthropy (<https://www.philanthropy.com/>)
 - The Foundation Directory (<https://fconline.foundationcenter.org/>)
 - Local forum or collaboration of donors



WHAT MAKES A STRONG PROPOSAL?

- Appropriate Budget Items
- Get help! Technical assistance is available from:
 - [Chapter CATCH Facilitators](#)
 - [District Resident CATCH Liaisons](#)
 - District CATCH Facilitators
 - CATCH staff via catch@aap.org



NEW – PLANNING TOOL FOR APPLICANTS

- Applicants are strongly encouraged to contact their Chapter CATCH Facilitator or District CATCH Resident Liaison to strengthen their proposal.
- A planning tool is available to aid in planning a CATCH project
- Applicant should share the completed tool as part of a CATCH application technical assistance request.

Planning Tool for a Successful CATCH Application

Directions: This tool is intended to help applicants develop a successful CATCH grant proposal. Applicants are strongly encouraged, at least 4 weeks prior to submission of a full proposal, to:

- Respond to the **italicized** questions listed in the boxes below
- Share the responses with your **Chapter CATCH Facilitator** (CCF) and/or **District CATCH Resident Liaison** (DRL)
- Review the responses as part of application technical assistance with your CCF or DRL

Disclaimer: Using this document does not guarantee funding support.

Step #1: Define the problem. Convey a thorough understanding of the child health issue you plan to address. Consider including a story of a child you encountered in your practice. Review the current literature, particularly as it relates to your community.

Community pediatric issue: Click or tap here to enter text.

Step #2: Define the community. Be explicit. Whose voice needs to be heard? Will your "community" involve all children in your city or a subset of those children (i.e., students at one elementary school or a population of Somali immigrant children living in a particular neighborhood)?

Community: Click or tap here to enter text.

Step #3: Know the data. Consider the relevancy of the data to your project. Is it current? Is it on local, state, and/or national levels? Does it involve your community of interest? If not, how is that community similar or different?

Step #4: Know the literature. It is essential to develop a strong knowledge base specific to that issue. Are there model programs? Contact article authors. Understand that ongoing learning is important to effecting change.

Step #5: Explore existing resources. What exists in my community? Look for needs and assets assessments by your local community hospital or public health department. If none, explore state, region, and/or national resources.

Community resources are: Click or tap here to enter text.

Step #6: Identify and engage community partners. Recognize there is tremendous capacity in the community in which you will be working. Identifying this existing capacity is crucial. What community groups are involved with your issue? It is very important that you are working **WITH** the community and their voice is represented.

Community partner(s) are: Click or tap here to enter text.

Step #7: Your project goals and objectives should be valuable to the community. Goals are broad statements of what your project will accomplish and generally are not measurable. Objectives are the measurable steps to achieve your goal. How? By when? How much change do you expect? Objectives should be in the SMART format.

Goal(s) are: Click or tap here to enter text.

Objectives are: Click or tap here to enter text.

Step #8: Determine project activities. Create a step-by-step action plan (see chart below). Make sure they align with your community's needs and assets.

Action Step	By Whom	By When	Resources and Support Needed
Click or tap here to enter text.			

Resources for Further Information:

- AAP Community Pediatrics Training Initiative (CPTI) "[Project Planning tool](#)"
- [Conducting a Community Needs Assessment](#)
- Asset Based Community Development from the [ABCD Institute](#), Northwestern Univ.
- [Writing SMART Objectives](#)

This document is adapted from the AAP Community Pediatrics Training Initiative (CPTI) "Project Planning tool"

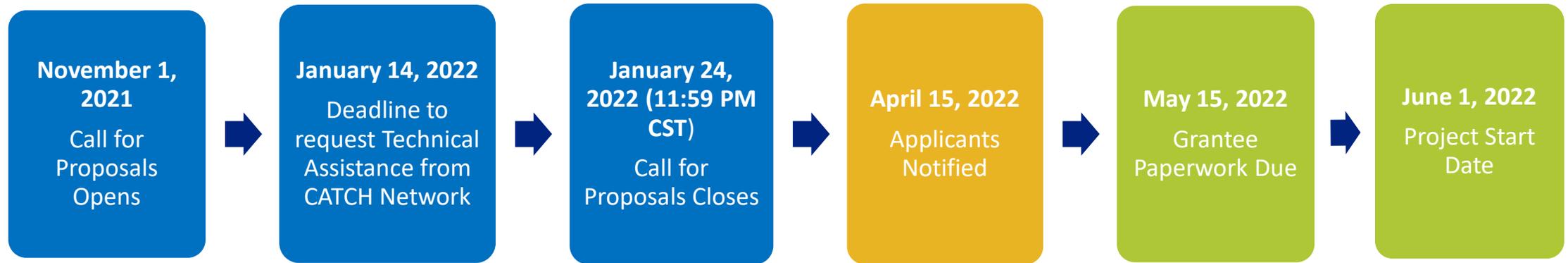


SCORING

- Each **Planning & Implementation** application is reviewed by 4 individuals, including:
 - Chapter CATCH Facilitators
 - District CATCH Facilitators
 - CATCH staff
- Each **Resident** application is reviewed by 6 individuals, including:
 - District Resident CATCH Liaisons
 - Chapter CATCH Facilitators
 - District CATCH Facilitator
 - Randomly selected National Resident Liaison
 - CATCH staff



CATCH 2022 APPLICATION TIMELINE



It is strongly suggested that all applicants request Technical Assistance as they develop any CATCH project proposals from the CATCH network of Chapter CATCH Facilitators (CCFs) and CATCH District Resident Liaisons (DRLs). Canadian applicants should contact CATCH staff to be connected to technical assistance.

CATCH network contact rosters and the Call for Proposals are available at www.aap.org/CATCH

Note: CATCH Grant projects are 12-months in length and may begin upon receipt of funds



WEBSITES

- CATCH - www.aap.org/catch
- Community Health and Advocacy - <https://www.aap.org/en/advocacy/community-health-and-advocacy/>
- Funded Project List of Grantees - <https://www.aap.org/en/advocacy/community-health-and-advocacy/community-pediatrics-funded-projects/>



APPLY NOW



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