



The Healthy Tomorrows Partnership for Children Program: Highlights and Lessons Learned From the National Evaluation

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American Academy of Pediatrics

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Acknowledgments

The authors would like to thank the Maternal and Child Health Bureau at the Health Resources and Services Administration in the Department of Health and Human Services for its leadership in implementing the program. We would also like to acknowledge 2 groups from the American Academy of Pediatrics (AAP) for their ongoing oversight of the program: the District Community Access to Child Health (CATCH) Facilitator group and the Committee on Community Health Services (COCHS) (now known as the Council on Community Pediatrics). Additionally, a special thanks goes to former members of COCHS and the Healthy Tomorrows Project Advisory Committee who reviewed the evaluation materials and served as key informants for the evaluation.

We would like to send a special thanks to program staff at the AAP and the evaluation consultants for their direction in this project and for their vision to see this project from inception to completion. Last, but certainly not least, we would like to thank all of the Healthy Tomorrows project staff who participated in the evaluation. In particular, a heartfelt thanks goes to the projects that agreed to be case studies for the evaluation. Your time, dedication, and commitment to child health are undeniable and inspiring.

This report presents an overview of the major findings from the Healthy Tomorrows Partnership for Children (HTPCP) National Evaluation Project conducted by the American Academy of Pediatrics (AAP) between 2003 and 2005.

Introduction

The HTPCP

The HTPCP is a partnership between the AAP and the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration. Initiated in 1989, the program seeks to support innovative community-based efforts to improve children's health. The program provides funding, technical assistance, and access to other resources in the community. There are 4 major goals of the HTPCP: (1) implement innovative and cost-effective programs to promote preventive health care for vulnerable children and their families, especially for those with limited access to quality health services; (2) foster cooperation among community organizations, agencies, and families; (3) involve pediatricians and other pediatric health professionals; and (4) build community-wide and statewide partnerships among professionals in health, education, social services, government, and business to achieve self-sustaining programs to ensure healthy children and families. Usually projects are funded at \$50,000 per year for 5 years. Requirements of the program include implementation of a realistic evaluation plan and the development of a project advisory board. At the time of this study, each project was required to identify in-kind or monetary matching funds to enhance their project.

The HTPCP National Evaluation Project

The very number and diversity of HTPCP projects offers a unique opportunity to explore broad issues related to the support of community-based programs; however, the diversity of HTPCP projects renders most standard evaluation approaches impossible or meaningless. In 2003 the AAP undertook an evaluation effort designed to explore 2 specific areas of inquiry related to the experience of HTPCP projects. The first set of research questions addressed factors that make a difference in program effectiveness for community-based programs beyond the receipt of funds. The second set of questions focused on the evaluation potential of community-based organizations and their capacity to document outcomes.



Methods

The HTPCP National Evaluation Project used a multi-method approach, employing qualitative and quantitative methodologies. Four distinct though interrelated projects were completed (Table 1). The first, a systematic review of existing records, extracted relevant information from project files for completed projects (projects initially funded from 1989–1997 that were completed by 2003). The evaluation project also included 2 surveys, one exploring the HTPCP experience as well as use and benefit of nonmonetary resources and the other exploring the evaluation experience of HTPCP projects. The surveys included all projects funded from 1989 through 2003. Finally, a series of 9 case studies was conducted to explore promising practices among HTPCP projects and to inform results of the surveys and record reviews. All data collection instruments were developed in consultation with HTPCP program personnel and AAP committee members with expertise in the HTPCP. Each study was reviewed for compliance with standards for protection of human subjects by the AAP Institutional Review Board.

Table 1

Overview of 4 Studies Comprising the Healthy Tomorrows Partnership for Children Program Evaluation Project

Study	Target	Method	N
Systematic review of project records	All completed projects (initially funded 1989–1997)	Extraction of relevant data from final report or 4th-year continuation application	97
Project experience survey	All completed and currently active projects	Current projects surveyed at project directors' meeting; completed projects responded to mail survey (3 rounds)	128 (86%)
Evaluation experience survey	All completed and currently active projects	Mail survey (3 rounds)	123 (83%)
Case studies	Selected sites	Sites selected based on key informant interviews, focus, geographic distribution	9 sites 75 interviews 7 focus groups



Findings

I. HTPCP projects are a diverse set of interventions that seek to address critical access gaps for vulnerable children and families.

Through 2005, 188 HTPCP projects have been funded in 44 states, the District of Columbia, Guam, and Puerto Rico. Although most (59%) projects have been located in urban areas, 18% serve rural areas and another 17% serve counties or regions that may include rural areas. All projects serve children or adolescents, but many also serve adults, most significantly pregnant women (69%). Most projects serve minority communities and most serve members of more than one ethnic minority group (Figure 1). Additionally, most projects serve uninsured and Medicaid-eligible children (Figure 2).

Figure 1

Proportion of Healthy Tomorrows Partnership for Children Projects That Report Serving Each Ethnic Group

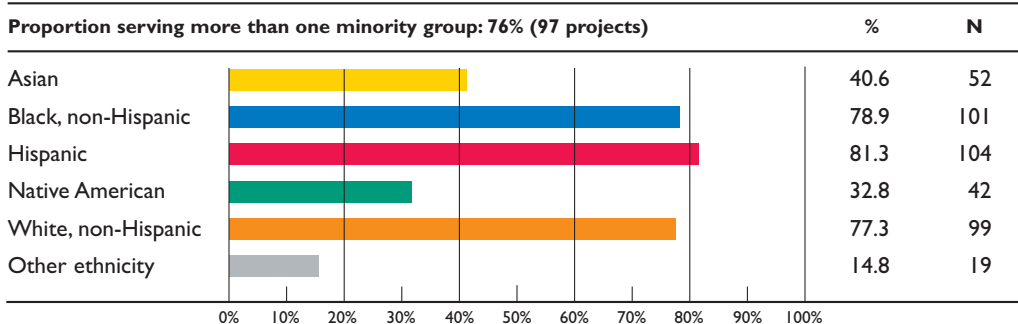
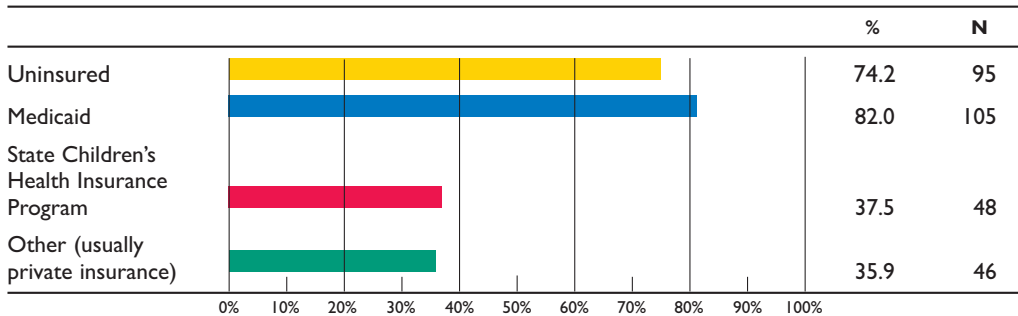


Figure 2

Proportion of Healthy Tomorrows Partnership for Children Projects That Report Serving Each Health Insurance Status Group



Although HTPCP projects are very diverse, their focus generally falls into a few broad direct service categories for 6 major target populations. Target populations for most projects in this evaluation were pregnant and parenting teens, families needing access to services, special needs populations, low birth weight infants, and abused children (Table 2). The services most often provided were case management, health education, home visitation, and medical services.

Table 2

Services Provided by Broad Area of Focus: Funded Projects 1989–1997 (Completed Projects)

Broad Area of Focus (Primary Focus)	Case Management		Health Education		Home Visitation		Medical Services	
	%	N	%	N	%	N	%	N
Pregnant/parenting teens (19)	79	15	89	17	89	17	89	17
Access to care (31)	36	11	74	23	26	8	90	28
Special needs populations (15)	87	13	80	12	47	7	93	14
Low birth weight (6)	83	5	83	5	50	3	100	6
Child abuse and neglect (7)	43	3	86	6	71	5	71	5
Other (16)	56	9	56	9	25	4	62	10
TOTAL (94)	60	56	77	72	47	44	85	80

The HTPCP projects have extensive collaborations with multiple partners and generally perceive these partnerships as critical factors in success. Important partners identified by participants in the case studies included community health clinics, community-based agencies, schools and day care centers, churches, city departments, private health care providers, hospitals, professional associations, volunteer networks, and other coalitions.

Leadership, characterized by consistency, vision, and commitment, was viewed as essential to project success. Although leadership was not always provided by a pediatrician, pediatrician involvement was seen as critical for success. The benefits of having pediatricians involved in projects are outlined below.

Benefits of Pediatrician Involvement Reported by Respondents Participating in the Case Studies

- Establishes credibility for the program
- Allows access to up-to-date information on child development and medical issues
- Allows access to medical home for participants
- Provides credible peer advocate within medical community
- Attracts medical providers as volunteers
- Elicits attention and respect of target population and lessens suspicion of interventions
- Helps bridge the gap between medical and oral health



Lessons Learned: Developing Your Community-Based Program

- Don't start from scratch. Review the relevant literature and learn from the wisdom and experience of others.
- Know your target population. Families served by community-based projects often are isolated by poverty, immigration status, culture, and language. Programs must be culturally competent to work with their target populations. Projects may need to budget for transportation or other needs that get in the way of full participation.
- Engage your target population. Successful projects invest time in getting community buy-in, sometimes involving clients in program planning and service delivery from the start. Provide frequent opportunities for feedback from program participants and the community at large, and ensure that they are active on your advisory board.
- Choose leaders who are strong, community-minded, knowledgeable about resources and supports, and effective communicators.
- Involve pediatricians. A pediatrician offers credibility and expertise, as well as access to the target population and other health care providers.
- Develop partnerships with other organizations and individuals interested in the same issue or population that you are addressing. An effective community collaboration is as inclusive as possible. True collaborations require good and consistent communication among partners.
- Stay flexible. Things may not go as planned; a program needs to be allowed to evolve.

Source: Healthy Tomorrows Partnership for Children Program National Evaluation Project; Case Study Findings, 2005





II. Organizations and their communities receive benefits beyond simple dollar awards from HTPCP.

Recipients of HTPCP grants generally recognize that the grant provides the opportunity to leverage federal dollars and make change in service delivery in their communities. They appreciate the availability of technical assistance and rate the assistance they receive positively. Participants in the case studies articulated the significance of being an HTPCP project in terms of the funding and the partnership between the AAP and MCHB (below).

Significance of Being an HTPCP Project Reported by Respondents Participating in the Case Studies*

- HTPCP funding allows programs to do innovative interventions.
- Federal funding in collaboration with the AAP is prestigious and attractive to other funders.
- The 5-year commitment increases the chances of sustainability.
- TA visits and other TA resources are extremely beneficial to programs.
- Annual grantee meetings are critical in bringing back ideas to the programs.
- The partnership between MCHB and AAP provided access to expertise, support networking that is not available in most other funding programs.

*HTPCP, Healthy Tomorrows Partnership for Children Program; AAP, American Academy of Pediatrics; TA, technical assistance; MCHB, Maternal and Child Health Bureau.

The HTPCP projects overwhelmingly rate their experience with HTPCP as positive (Figure 3). A significant part of the HTPCP experience is the technical assistance made available to all grantees. Technical assistance includes access to the staff and resources of the AAP and MCHB, as well as networking and training available at an annual grantee meeting. Additionally, all projects receive a technical assistance site visit, usually in their second year, by a team of AAP members and staff with expertise relevant to the needs of the project. Projects were generally positive about their experience with HTPCP technical assistance (Figure 4).

Figure 3

Overall Healthy Tomorrows Partnership for Children Program Experience

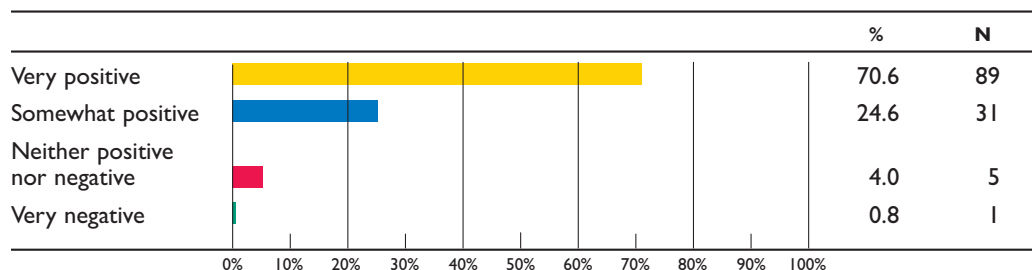
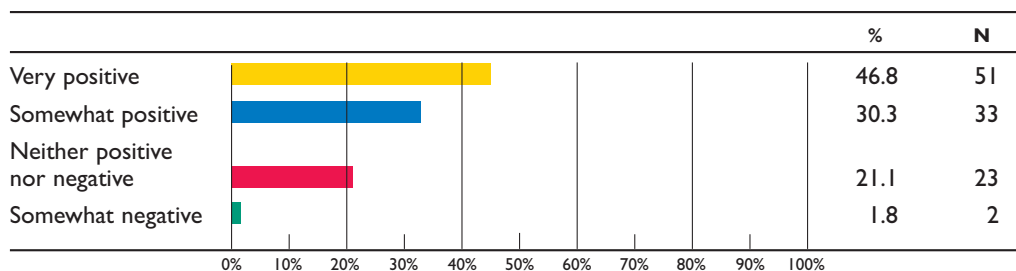


Figure 4

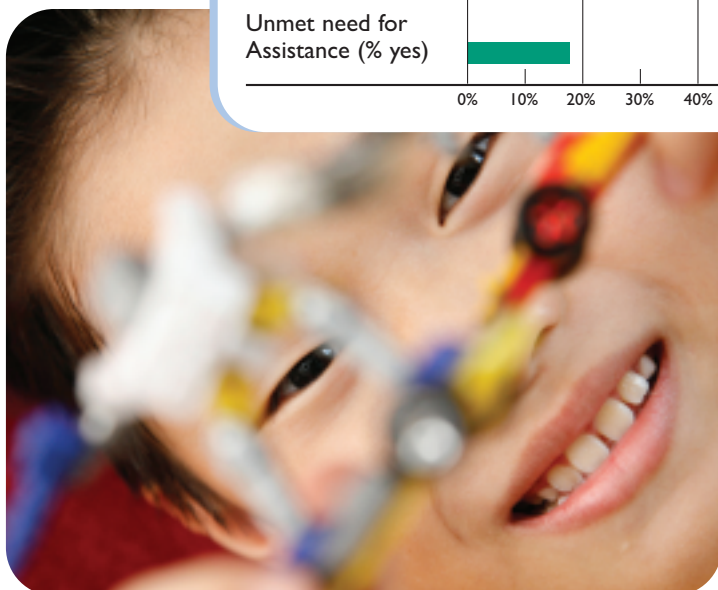
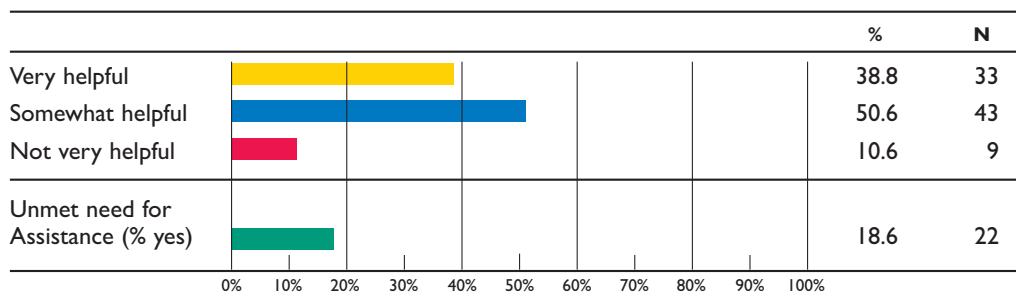
Overall Healthy Tomorrows Partnership for Children Program Technical Assistance Experience



Of those who had participated in a technical assistance site visit, 89% found the visit helpful; however, despite the level of technical assistance available, nearly 1 in 5 (18.6%) reported an unmet need for assistance (Figure 5). The respondents reported that assistance with evaluation and service delivery were areas in which they received technical assistance that was particularly helpful (see top of page 8).

Figure 5

How Helpful Was Healthy Tomorrows Partnership for Children Program Technical Assistance Visit?



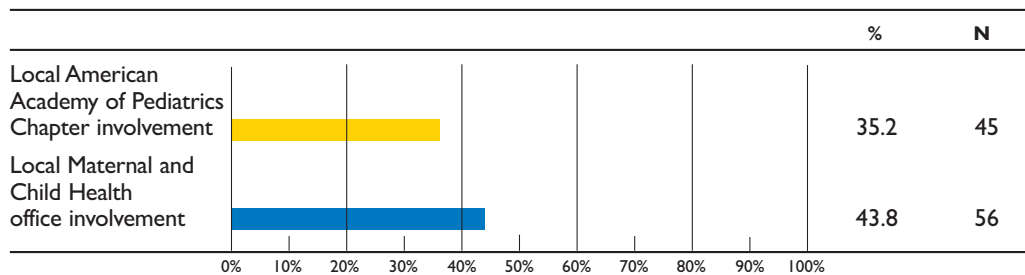
Areas in Which Healthy Tomorrows Partnership for Children Program Technical Assistance Was Particularly Helpful (Open-ended Responses)

- Best use of evaluation and how to evaluate the program
- Defining outcome and process measures for evaluation
- Service delivery
- An objective eye to program strengths and areas needing improvement
- Refining program goals and making program manageable
- Resolving problems as they arose
- Interaction, networking, support, and ideas
- Grant renewal
- Identifying needed resources
- Funding referrals for sustainability

One of the explicit goals of the HTPCP is building community-wide and statewide partnerships. As an indicator of progress on this goal, projects were asked about the involvement of their local AAP Chapter and MCHB office (Figure 6). Partnerships developed with these particular entities can be an important source of support for projects. To encourage this support, representatives from these agencies attend technical assistance visits for projects located in their state or chapter.

Figure 6

Involvement of Local Agencies



On the survey, 93% of projects reported that their projects were beneficial to their organizations and their communities. Nearly 78% reported that the HTPCP grant helped secure other funding, and 66% reported secondary gains of HTPCP (see next page).

Secondary Gains of Healthy Tomorrows Partnership for Children Program (Open-ended Responses)

- Obtained matching or additional funding
- Showed need for services
- Networked with other programs, gained new ideas
- Gained credibility
- Built partnerships and coalitions
- Became known in the community, gained prestige, recognition; became a resource
- Included an evaluation requirement, which was useful to the program and helped obtain additional funds
- Changed policy
- Recognized as a model of care and replicated
- Empowered families
- Provided opportunities for career development and growth for staff and volunteers



III. Evaluation has been a challenge for community-based HTPCP interventions, but the effort yields information useful for program purposes.

About 54% of projects surveyed reported changing their evaluation plans. Although reasons for changing the plan varied, many clearly reflected a need for realistic expectations or assistance early in the process (Figure 7).

Figure 7

Reasons for Changing the Evaluation Plan (N=63)

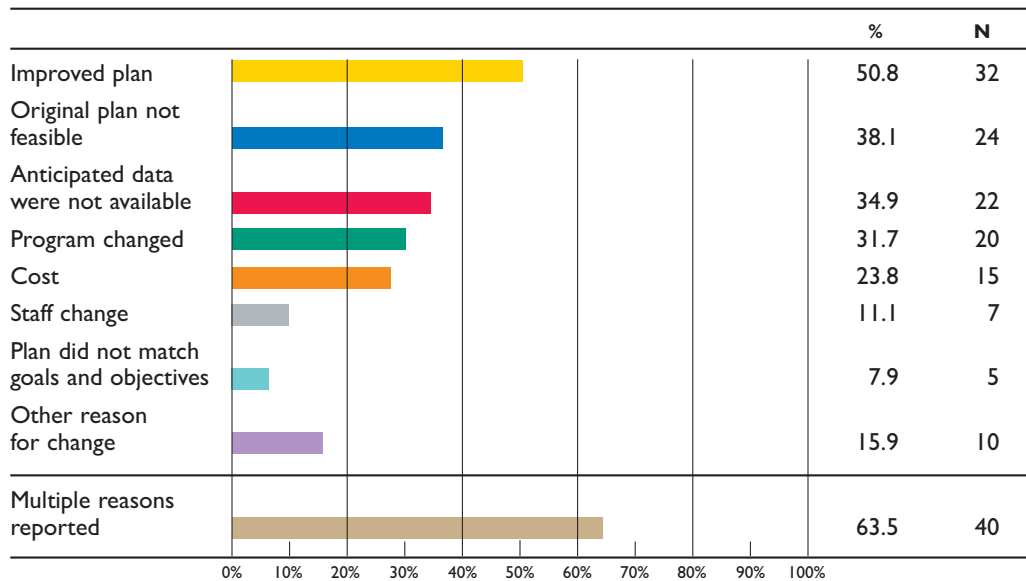
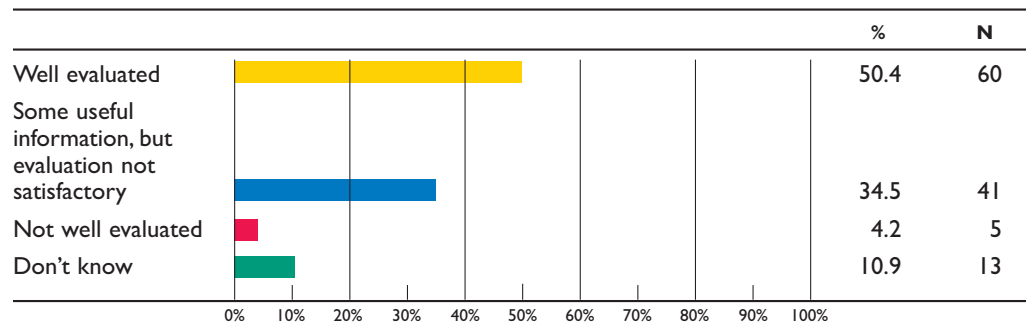


Figure 8

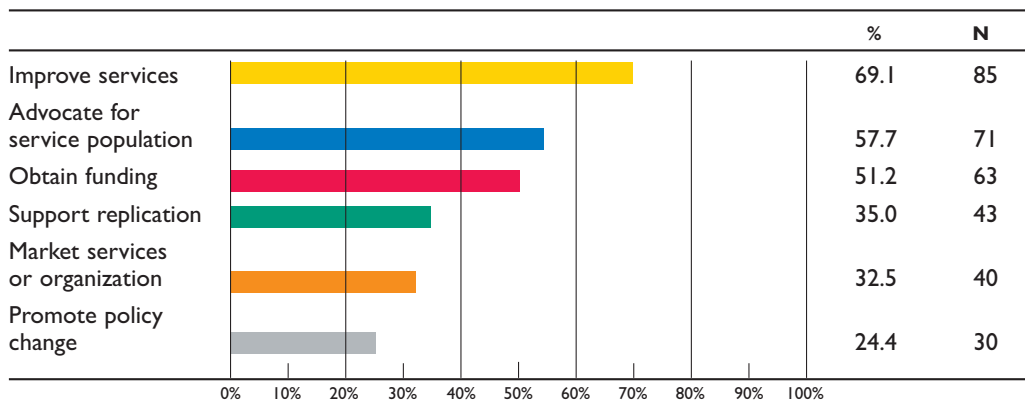
How Well Was Project Evaluated?



Only about half of the projects reported that their projects were well evaluated (Figure 8); however, almost 83% of programs reported that their evaluations produced information useful for multiple program purposes, including improving services and advocating for the service population (Figure 9).

Figure 9

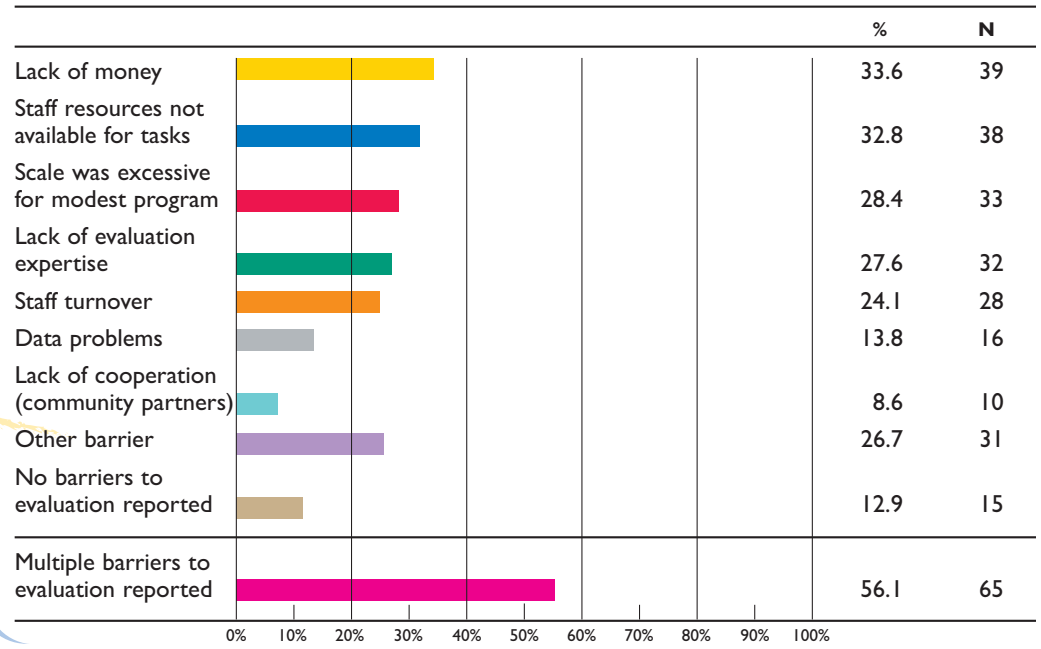
How Has Information From the Evaluation Been Used?



The 2 leading barriers to evaluation reported on the survey were resource issues (money and staff time), but many other issues interfered with the projects' ability to evaluate their efforts (Figure 10). Notably, after resource issues, the next 2 major barriers were an evaluation plan that was excessive for the size of the project and a lack of evaluation expertise.



Figure 10

Barriers to Evaluation (N=116)

Among the participants of the case studies, most projects had struggled with their evaluation efforts; however, all had developed an appreciation of the value of evaluation activities. In many cases, the HTPCP project was a learning experience, and most had made strides in focusing their goals and objectives, identifying resources, developing databases and tracking systems, and other evaluation activities.





Lessons Learned: Evaluating Your Community-Based Program

Evaluation Planning

- Consider staff skills, time, and monetary resources when planning and implementing the project's evaluation.
- Develop your evaluation plan at the same time that you develop your program plan.
- Explore how similar projects evaluated themselves, and adopt strategies that were successful.
- Know how you will handle data from the beginning, and set up your database early in the project.
- Consider using some of your project funds to hire an evaluator to assist you in areas that require more expertise than staff possess.

Evaluation Implementation

- Spend preliminary time with project staff thinking through how data collection will work and getting data collection forms and procedures in place.
- As you specify goals and objectives, identify potential (measurable) indicators for each.
- Use existing questions or instruments for your measures if possible. Designing your own instrument is time-consuming, and you will not have the benefit of knowing how the instrument was used previously and what the results were.
- When choosing an existing tool, ensure that the questions and instruments are appropriate for your target population, in terms of age, language, literacy, and feasibility within the setting of your project.
- Collect qualitative data to add richness to your quantitative results. Stories sometimes communicate more effectively than numbers.

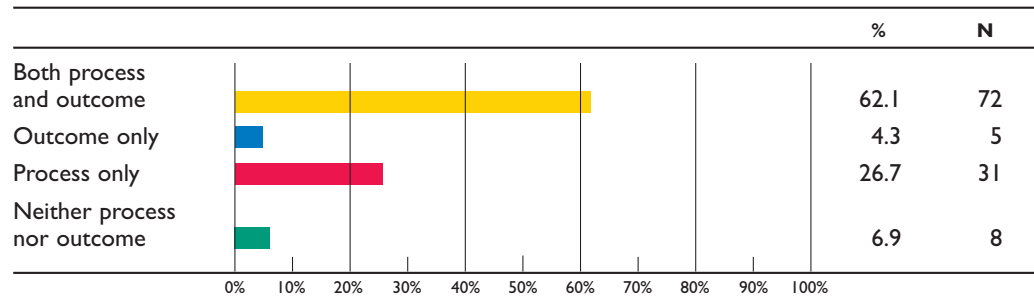


Source: Healthy Tomorrows Partnership for Children Program National Evaluation Project; Case Study Findings, 2005

IV. The HTPCP projects have been able to document impacts on child health and health care access.

Figure 11

Documentation of Process and Outcome Measures (N=116)*



*Respondents were able to list up to 4 outcome indicators. Most reported 3 or 4 indicators. Number served and client satisfaction have been excluded as outcomes.

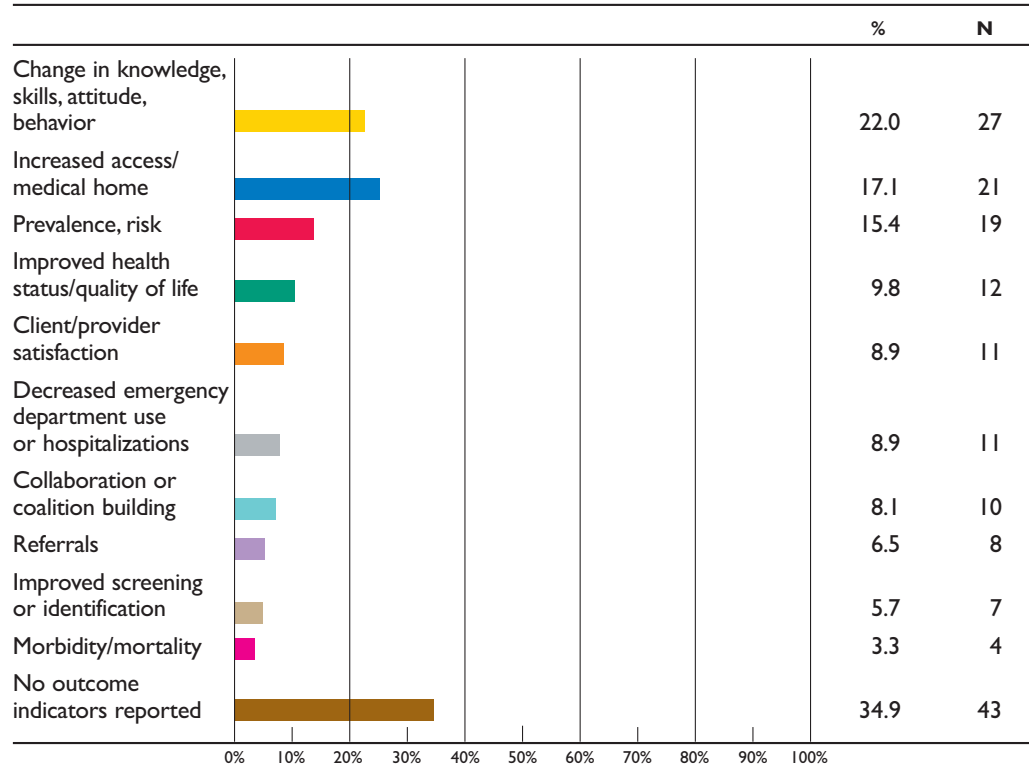
Most HTPCP projects documented process and outcome measures, although more than a quarter reported documenting process measures only (Figure 11). The most commonly reported process measures were simple numbers served (76%) or number of trainings/materials produced (54%).

Specific outcome indicators that projects reported documenting varied substantially based on the focus of the project. The single most common outcome indicator was a change in knowledge, skills, attitude, or behavior (22%), followed by increased access (17%) and a reduction in prevalence or risk (15%); however, when service delivery numbers and client satisfaction were excluded as outcomes, nearly 35% of projects reported no documented outcome measures (Figure 12).



Figure 12

Outcome Indicators Documented (N=123)



In addition to individual program level goals the HTPCP is pursuing several broad goals that should be reflected in the collective impact of individual funded projects. To explore these broad impacts, projects were asked directly on the survey whether their projects had an impact on each of 5 areas. In addition, they were asked whether these impacts had been documented by their projects. The HTPCP projects reported substantial rates of documentation of impacts on children’s access to health care and to a medical home, significant impacts on the lives of the children and families served, and some documented impact on the practice of medicine in their communities and on public policy (Figure 13).

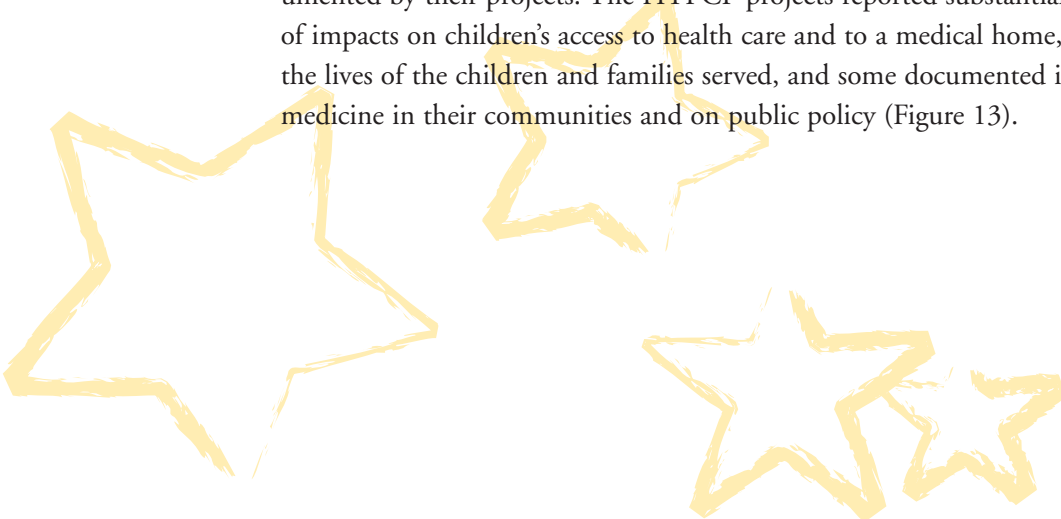
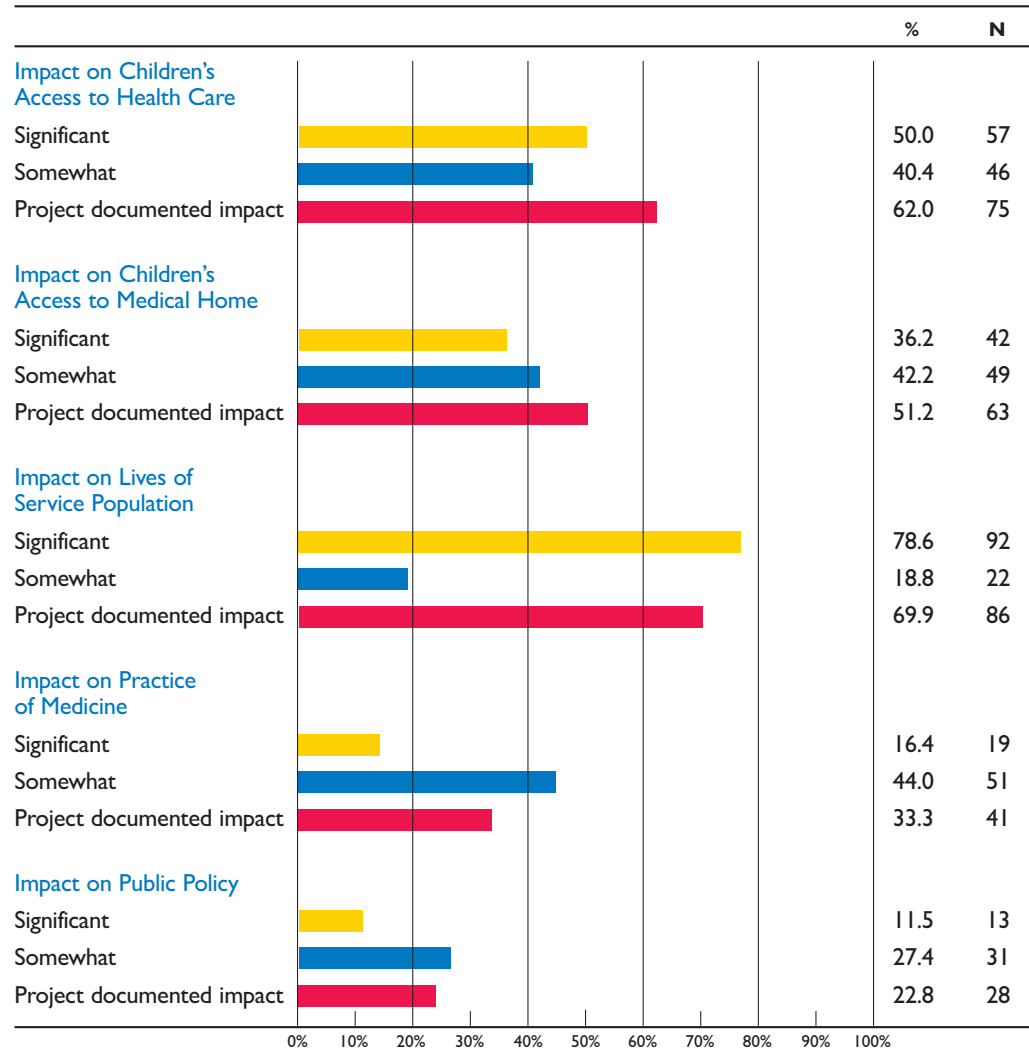


Figure 13

Reported Impacts on 5 Areas of the Healthy Tomorrows Partnership for Children Program Goals (N=23)



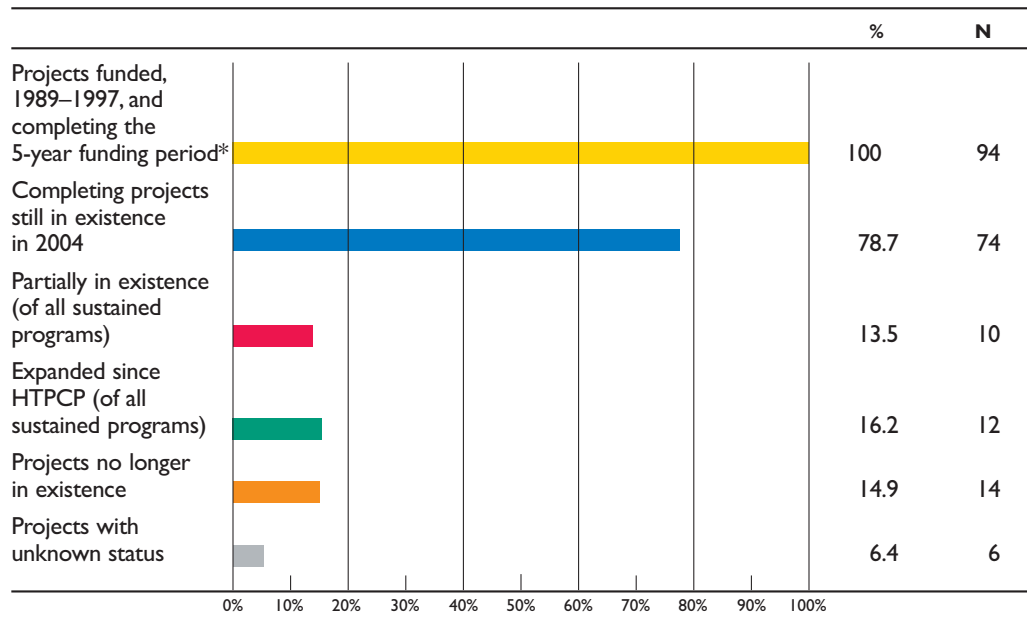
The case studies participants also described impacts in these areas. With one exception, a community-wide intervention, all of these projects sought to connect children to a medical home either by serving as a direct provider or through referral to partners. All discussed specific outcomes for their target populations and, interestingly, nearly all mentioned educational gains for children and adults as one of these program outcomes. Seven of the 9 projects discussed specific impacts on the practice of medicine in their communities, most commonly through medical training or student placements. Most of the projects, often through their directors, have at a minimum established their credibility as experts on relevant policy issues.

V. The HTPCP funds have a sustained impact on organizations and communities.

The typical HTPCP project continues to exist well past its original 5-year funding period. In 2003 nearly 79% of completed projects funded since 1989 were still in existence in some form (Figure 14).

Figure 14

Status of Healthy Tomorrows Partnership for Children Programs (HTPCP)

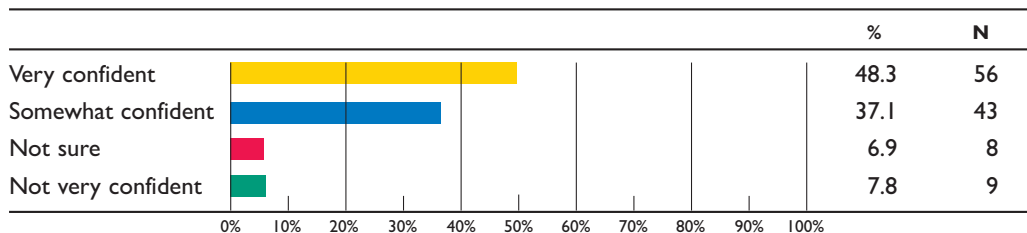


*A total of 97 projects were funded, but 3 withdrew before completion of their projects.

Although 53% reported that there were specific barriers to sustainability, most felt confident (85%) that their projects will be sustained (Figure 15). Almost half (48%) reported that there was good availability of monetary resources in their communities, and most (79%) reported good availability of nonmonetary resources (data not shown).

Figure 15

How Confident That Project Will Be Sustainable?





Lessons Learned: Sustaining Your Community-Based Program

- Begin working on sustainability at the start of your project.
- Develop strong community partnerships and networks that you can rely on for resources and support.
- Work to ensure institutional commitment within your own organization.
- Promote community “ownership” of the program.
- Adopt a continuous quality improvement orientation, and continually ask “how can we make it better?”
- Identify technical assistance needs early on to allow time to find resources to strengthen the program.
- Use your data and stories to generate understanding and support for your program in your community, with funders and with decision-makers.
- Seek resources and funding opportunities continuously.



Source: Healthy Tomorrows Partnership for Children Program National Evaluation Project; Case Study Findings, 2005



Promising Practices

As a part of the case studies, those interviewed were asked to reflect on the factors that helped make their projects successful. Analyses of data from the 9 case studies identified the following promising practices for implementing successful community-based initiatives.

Good Program Design

Programs emphasized using existing models and learning from the wisdom of experienced projects. New projects might be better thought of as the next step in a process, rather than as something totally new.

Program Flexibility

Successful programs believed that their ability to adapt when things did not go as planned was an important aspect of their success. Programs need to be allowed to evolve.

Quality Collaborations

Effective collaborations are inclusive and promote ownership of the problem and the solution among the partners. The organizational structure must make sense, and communication is critical. Inclusion of one individual or organization can make or break a project.

Effective Leadership

Leadership is particularly important in mobilizing a new concept in the community. Desirable characteristics of leaders identified by those interviewed included strength, community-mindedness, ability to motivate others, knowledge of resources and supports, and good communication skills.

Community Engagement

An agency with established credibility and relationships in the community has a decided advantage in creating a new program. Effective programs engage their target populations in program planning and service delivery, and provide frequent opportunities for feedback from program participants and the community at large.

Knowledge of Target Population

Successful projects know and understand their target populations. Projects often serve populations isolated by poverty or immigration status and need to budget resources to address barriers to accessing services by the target group.

Early Attention to Evaluation

Projects need to identify their desired results and build their evaluations early. Staff need to spend preliminary time thinking about how evaluation activities can be built into the program. Staff skills, time, and monetary resources need to be considered when planning and implementing the project's evaluation.

Early Sustainability Planning

According to the successful case studies projects, community partnerships, knowing your resources and continuing to seek more, and identifying technical assistance resources early on all promote sustainability.

Projects-at-a-Glance

The national evaluation project included intensive exploration of 9 HTPCP projects reflecting the diversity in mission and geography of HTPCP projects overall. Below we summarize 3 projects representative of those participating in the case studies.

Case Study I. Rural Partnership for Children Program in Chadron, NE

Program Description

The Rural Partnership for Children (RPFC) program was initiated in rural Nebraska to address the virtual absence of pediatric services in this large portion of the state. The initial HTPCP project, funded in 1990, recruited volunteer, private pediatricians to make a monthly trip to the Nebraska panhandle area to see patients with special health care needs who were referred by family practitioners.

Today, more than 15 years later, the program continues to thrive. A pediatric nurse practitioner from a private practice in Rapid City, SD, approximately 2 hours away by car, attends the monthly clinics. A pediatrician who staffed the clinics for many years has review and oversight of the work performed by the nurse practitioner. In a region with very limited mental health services, the project has found itself diagnosing and treating a large number of children with attention-deficit/hyperactivity disorder (ADHD). Children are referred to the monthly clinic by either a physician or the school. The project emphasizes the consultative role of the pediatric specialist, and the importance of a medical home for these children.

Major Accomplishments

- Virtually all of those involved with the RPFC program believe that it has made a significant difference in children's lives. Staff report that the children perform better in school, get better grades, and are not "ashamed" anymore. Families are educated about their children's diagnosis and able to participate in management of their ADHD.
- The project has developed a system of case management for patients, including consistent communication with the family practitioner. The structure ensures a medical home for patients in the RPFC program as well as the specialty care they need.
- The program has educated physicians, schools, and parents about the special medical needs of children, including medication management.
- Without this program, the families would have had to travel great distances to access care. Keeping health care local benefits the community and the local economy as well as patients.
- As of 2005 the state was planning to replicate the program throughout the Nebraska panhandle.

Evaluation Approach

The evaluation for this project focused on the implementation of the case management system and the impact on the patients and providers as a result of these services. The original grantee at the University of Nebraska in Omaha developed a record-keeping system to track referrals and client information. The project reported providing services to 317 children who were referred primarily (>50%) for behavior or school-related problems, such as ADHD. Qualitative interviews with providers supplemented the evaluation and demonstrated that as a result of the project, more children were being diagnosed and treated for behavior problems, and family physicians in the area strongly valued the "visiting pediatrician" concept. Additionally, the evaluation demonstrated an increased awareness of ADHD and identified a need for continuing medical education for providers on the topic.

Sustainability Strategy

Although initiated outside the community, the project was ultimately embraced locally and became community driven. The project facilitated the development of new networks and laid the foundation for a public health structure. Through the program, relationships were formed, skills were built, and resources were provided for a public health system in the community.

The program has been sustained through the commitment of Chadron Community Hospital, the ultimate institutional home for the project, and a grant from Children's Miracle Network in Rapid City. Use of the local clinic sites was donated, and that has been a critical resource for the program. The pediatric specialists' time was also donated. As the funding from the Children's Miracle Network was ending, the RPF program planned to cover costs through Medicaid reimbursement.



Case Study 2. Parent Run Evening Preschool Project in Chicago, IL

Program Description

The Chicago Youth Program (CYP) was founded by a group of medical students in 1984. The comprehensive program works with children and youth living in inner-city Chicago with the overall goal of improving their life opportunities. Children served by the project are predominantly from multi-risk families stressed due to poverty, poor living conditions, single-parent households, and violent neighborhoods. Since its inception, pediatricians and pediatric residents have worked with CYP on a volunteer basis, although CYP employs several staff to run its programs. The CYP leaders are all pediatricians, and all have been with the program since the beginning.

The Parent Run Evening Preschool (PREP) is a project of CYP and is intended to prepare children for

school and, at the same time, teach their mothers parenting and job skills and enhance their self-esteem. It became an HTPCP project in 2000. Parent Run Evening Preschool offers an intensive training for parents each year, with topics including child development and parenting practices. Parents who participate in the training may become leaders for the evening preschool program itself. During the preschool sessions, mothers work with their children, aged 3 through 6 years, on literacy skills to get them ready for school. There are also music, art, nutrition, and gym activities. A healthy meal prepared by parents is provided at each session. Each child has a book bag and can take work home. In addition to these services, 2 volunteer pediatricians provide health care at the center for children, and the clinic has become the medical home for many children.

Major Accomplishments

- Children are better prepared for school by their experience in the PREP environment and by the specific academic content of the curriculum. Moreover, entire families are likely better prepared for school by the mothers' involvement in their children's learning as PREP participants.
- The structure of the program, which engages mothers as program leaders and facilitators, leads to mothers' empowerment and practical job skills for the PREP mothers themselves. These women also become role models for other mothers in the program.
- Children who participate in PREP have access to a medical home through the services provided by volunteer pediatricians at the on-site clinic. The children and parents who use this service see their pediatricians present in the community and understand that their concern goes beyond the examination room.
- The program engages young physicians as volunteers early in their careers, presumably promoting long-term community involvement among practitioners.

Evaluation Approach

The PREP program's evaluation uses a set of standardized measures for mothers and children repeated at specific intervals. School readiness scales and a literacy skills assessment have been used with the children. The Adult-Adolescent Parenting Inventory (to assess child-rearing attitudes and behaviors) and the Modified Rosenberg Self-Esteem Inventory are the primary measures used with the mothers. A partner violence screening tool also is used. Direct observation during PREP activities is employed to monitor progress, particularly on parenting skills. The program also tracks indicators such as reports of child abuse and neglect. Data are kept in an existing database for the larger CYP initiative.

As is common in many community-based initiatives, the PREP program has struggled with how to show that their program is effective. The evaluation measures show positive trends, but differences have not been statistically significant due to relatively small numbers. A control group was not an option with the limited budget. There also are frustrations associated with the difficulty of keeping children consistently in service and having data collected at all time points. The program may consider the use of qualitative data to supplement their quantitative data.

In addition to the evaluation of the PREP program, CYP has an organizational evaluation plan that tracks all program participants from enrollment through college placement. They have been able to demonstrate some very positive effects. Their overall retention rates for all their programs are high (92% 1-year and 78% 4-year retention in 2004). Chicago Youth Program participants have very low rates of adolescent pregnancy and delinquency and high rates of college placement (88% vs the community rates of <20%). The program has been able to demonstrate positive effects even for program dropouts.

Sustainability Strategy

Parent Run Evening Preschool benefits enormously from its association with the CYP, both in terms of community support and potential for funding. The project continues to be supported by private funding. The parents are very involved and count on the program; PREP has been identified as meeting a real need in the community. The program, like CYP, uses the resources of the community, including employing its residents, and the community has taken ownership of it. In addition to funding, PREP benefits from donated space, which permits doing a great deal with limited funds. Volunteers also are a big resource, including the leadership of the program.

Case Study 3. San Diego County Children's Dental Health Initiative: Share the Care in San Diego, CA

Program Description

The San Diego County Children's Dental Health Initiative began with a small community needs survey and a community oral health forum. The survey highlighted the high numbers of uninsured children in San Diego County, and the significance of dental needs. This survey became the basis for an AAP CATCH grant to pilot a program of volunteer care.

The San Diego Dental Health Coalition, the San Diego County Dental Society, and the San Diego County Health and Human Services Agency collaborated to create Share the Care, and it received HTPCP funding in 1995. This was the first HTPCP dental grant, and it ultimately served as a pilot for incorporating oral health into various medical programs to address the total health of children. In fact, for the 2004 grant cycle, the MCHB placed a special emphasis on dental health initiatives and funded 7 dental projects with HTPCP funds.

The original Share the Care program had 2 primary goals: delivering emergency dental care through a network of volunteer dentists to children who did not otherwise have access to such care and educating families and care providers about the importance of oral health, including the need for prevention and treatment. A significant expansion of services has been the direct delivery of preventive services through periodic dental sealant clinics.



Major Accomplishments

- Receiving badly needed emergency dental care helps children to eat properly, focus on their schoolwork, and feel less socially awkward. It also facilitates school attendance and parents' ability to work. Moreover, the program's emphasis on oral health education leads to better long-term oral hygiene and prevention behaviors for children and their families. The program also links children to a medical home if they do not have one already.
- Oral health has become a part of medical training in San Diego, stressing the significance of early oral health screening and the importance of baby teeth. In addition, pediatric residents in the Dyson Initiative at the University of California at San Diego/Naval Center are placed in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) office as one of their

community rotations to get exposure to the program and to provide oral health education to parents. An annual meeting between pediatricians and dentists in San Diego stimulates dialogue and also may lead to referrals.

- Share the Care has led to a broad increase in public awareness of oral health and its relationship to overall health. The program has now become institutionalized not only in the health department but also in other organizations, such as WIC.



Evaluation Approach

In addition to oral health training becoming an institutionalized part of medical training in San Diego, the program also documented the impact of the direct dental service component of the project. Project staff documented the number of volunteer dentists recruited and the number of children referred for services. They used pretest and posttest surveys to measure parent knowledge and attitudes toward oral health. Information was tracked in an electronic database. A total of 341 dentists participated and, in 5 years, 1,899 children were referred with 975 receiving treatment. They also achieved a 90% success rate for kept appointments.

Sustainability Strategy

The most critical resource for sustaining the program has been the volunteer services of the dentists. Although the program must constantly search for financial support, it has become integrated into the county health department and uses its resources. Resources also are drawn from local universities, media, local foundations, and the dental coalition to sustain the program.

The network of community support has been a critical factor in sustaining the project. Community collaboration has been strong and consistent in this project. Many organizations remain partners long after the original grant period, and there is an extensive network of volunteers. The project has emphasized reaching people through existing systems (ie, WIC and Head Start) and using resources already in the community. The services provided by the program are perceived as essential in the community.

The background of the entire page is a solid blue color. Scattered across this background are numerous yellow stars of various sizes and orientations. The stars are drawn with a thick, hand-drawn style, giving them a slightly irregular, sketchy appearance. Some stars are large and prominent, while others are smaller and more subtle. The stars are distributed across the page, with some appearing in the top corners, some in the middle, and some near the bottom.

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