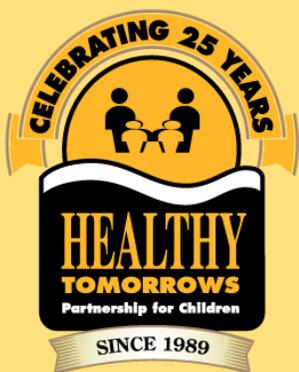# Writing an Effective Healthy Tomorrows Grant Proposal

A Step by Step Guide

A collaborative grant program of the Federal Maternal and Child Health Bureau and the American Academy of Pediatrics

HEALTHY TOMORROWS
Partnership for Children
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CELEBRATING 25 YEARS

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

**Writing an Effective Healthy Tomorrows
Grant Proposal**

Table of Contents

The Healthy Tomorrows Partnership for Children Program
www.aap.org/htpcp/

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and the American Academy of Pediatrics

The Healthy Tomorrows Partnership for Children Program (HTPCP) is a collaborative partnership between the American Academy of Pediatrics (AAP) and the Maternal and Child Health Bureau (MCHB). In keeping with its commitment to attain optimal physical, mental, social and emotional health for all children and their families, the AAP works with the MCHB to strengthen efforts to promote health and assure access to health care for children and their families. The initiative utilizes the AAP network of health professionals, including 59 local chapters throughout the United States. Through this partnership the MCHB provides funding for community-based initiatives. The AAP provides technical assistance to applicants and grantees to support successful planning, implementation, and evaluation of the initiatives.

PROGRAM FOCUS
The purpose of **Healthy Tomorrows** is to stimulate innovative community-based programs that employ prevention strategies to promote access to health care for children and their families nationwide. HTPCP funding supports **direct service** projects, **not** research projects. Healthy Tomorrows is designed to support family-centered initiatives that:

- ✓ Implement innovative approaches for focusing resources to promote community defined preventive child health and developmental objectives for vulnerable children and their families, especially those with limited access to quality health services
- ✓ Foster cooperation among community organizations, agencies, and families
- ✓ Involve pediatricians and other pediatric health professionals
- ✓ Build community and statewide partnerships among professionals in health, education, social services, government, and business to achieve self-sustaining programs to assure healthy children and families

GRANT AWARD SPECIFICATIONS AND REQUIREMENTS
Healthy Tomorrows grant awards are for up to $50,000 per year for a 5-year project period. To be eligible for funding, projects must be **direct service** initiatives that are new or are new components of established initiatives, and demonstrate the potential to sustain financially after federal support is withdrawn. Projects are required to provide 2-to-1 non-federal matching funds (either in-kind or from other sources) to support the project in years 2-5 to engender long-term sustainability. Other requirements for the program include:

- ✓ Pediatrician/Pediatric primary care provider involvement
- ✓ Collaboration with Title V
- ✓ Project advisory board
- ✓ Evaluation plan
- ✓ Matching funds

Healthy Tomorrows projects have historically focused on a wide variety of child health issues and target populations. These include:

- ✓ Primary care for uninsured children and children insured through Medicaid
- ✓ Intervention and care coordination services for children with special health care needs
- ✓ Interventions for health promotion through risk reduction in vulnerable families
- ✓ Adolescent health promotion including reproductive health, prenatal care, and education services
- ✓ Expanded perinatal care and parent education services
- ✓ Services for special child and family populations
- ✓ Overweight and obesity initiatives for children
- ✓ Special health services, such as mental health and oral health

HOW TO USE THIS GUIDE

The Proposal Development Guide is designed to assist you to plan for a community-based program that meets the requirements listed above. The following pages provide suggestions for assessment and planning activities along with tips for increasing access to care, engaging pediatricians and state partners, creating an advisory board, developing an evaluation plan, and creating a budget. Also included is information about a variety of resources that may be useful to community-based initiatives. **This guide is not to be used as a replacement for the formal HTPCP program guidance.**

WHERE TO GET ASSISTANCE

Technical assistance related to proposal development, pediatrician involvement, advisory boards, and evaluation planning is available through the AAP by contacting the AAP HTPCP staff:

Maureen Finneran, MSW
Program Manager, National Healthy Tomorrows Technical Assistance Resource Center
mfinneran@aap.org
800/433-9016 Ext 7082

Karla Palmer
Program Coordinator, National Healthy Tomorrows Technical Assistance Resource Center
kpalmer@aap.org
800/433-9016 Ext 4279

DEVELOPING A PROGRAM PROPOSAL

Developing a good grant application will take considerable time. Careful, well thought out collaborative planning of your project will be evident in your grant proposal. Investing time in assessing your community, establishing linkages with community-based agencies and partners and thinking through a manageable evaluation plan will set you apart from applicants who develop a proposal quickly without using a collaborative approach. All project partners, including members from the target population, should have input in the development of the program and the grant application. Below are some tips about conducting assessment and planning activities as you develop your project proposal.

<u>**ASSESSMENT ACTIVITIES**</u>

1. **Identify and document the health needs in your community through community assessment activities.** This may include: (1) gathering supportive community data from existing resources (local health department, etc.); (2) meeting with community representatives; and/or (3) promoting opportunities for families in the proposed target population to provide input and suggestions both in the planning process and throughout project implementation. To further strengthen your application and to document the needs for the proposed projects in the communities you intend to serve, review the <u>2010 State Title V MCH Block Grant Program Needs Assessments</u>. Additionally, review the <u>community health needs assessment data</u> from your state when conceptualizing your projects. This data is available to assist hospitals, non-profit organizations, state and local health departments, financial institutions, and other organizations to better understand the needs and assets of their communities, and to collaborate to make measurable improvements in community health and well-being.

2. **Investigate what others have done.** This should include not only research on what others are doing within your community but what approaches have been used to address the problem elsewhere. Local community organizations, health departments and medical/public health professional journals are good sources of information. Additionally, several national agencies have developed databases of health projects.

   ▪ <u>The American Academy of Pediatrics Grants Database</u>
   This database archives current and previously funded community-based grant projects, including the Community Access to Child Health (CATCH) Program and the Healthy Tomorrows Partnership for Children Program. The database is searchable by 7 major categories: target population, health topic, state/territory, project activity, AAP program, AAP district, and project year. Search results provide project descriptions, goals, keywords, and location. You can use this database to network with previous and current grantees in your health topic area of interest and learn how other projects implemented their activities.

   ▪ <u>National Association of County and City Health Officials Model Practice Database</u>
   The Model Practice Database is an online, searchable collection of public health programs based primarily in public health agencies and health departments. The database includes both "Model Practices" and "Promising Practices" that allow you to benefit from others' experiences, learn what works, and replicate proven programs.

   ▪ <u>Maternal and Child Health Projects Database</u>

The Maternal and Child Health Bureau (MCHB) Discretionary Grant Information System (DGIS) contains financial data, performance measure data, and abstracts for MCHB discretionary grants, including Healthy Tomorrows.

- The Community Guide
  The Community Guide is a project of the Centers for Disease Control and Prevention in partnership with the Department of Health and Human Services to provide leadership in the evaluation of community, population, and health care system strategies to address a variety of public health and health promotion topics. The guide has a specific section for community-based organizations and provides an assessment of interventions for common health topics (mental health, obesity, oral health, etc), including specific strategies that have been proven as successful models of intervention.

- The American Academy of Pediatrics (AAP) Policy Statements
  These policy statements assist you in developing a quality program. The AAP encourages the development of programs that promote a medical home and provide comprehensive pediatric primary care. A list of policy statements related to community pediatrics is available on the Council of Community Pediatrics Web site. Below is a list of some policy statements you may find useful:
  - ✓ Community Pediatrics: Navigating the Intersection of Medicine, Public Health, and Social Determinants of Child Health
  - ✓ Health Equity and Children's Rights
  - ✓ Providing Care for Children and Adolescents Facing Homelessness and Housing Insecurity
  - ✓ Providing Care for Immigrant, Migrant, and Border Children

PLANNING ACTIVITIES

1. **Invite appropriate family members, community representatives, and project partners to take part in the planning process.** Listed below are participants who should be part of the planning process and suggestions for identifying them. Consider these individuals as potential members of your advisory board.

1. Parents/Caregivers, families and other representatives of the project's target population	Your agency and your partner agencies should identify members of the target population for participation in assessment and planning activities. See additional resources in the Advisory Board section found on page 13.
2. Community pediatricians who practice in the area	A roster of CATCH Facilitators in your state who can help you identify a local pediatrician. This site provides a list of AAP Chapter Web sites where you can find chapter contact information. A chapter may also be able to help you locate a local pediatrician. Local hospitals and partner agencies will have information about community pediatricians in your area.

3. State Title V Contact or representative	This site has a [database](#) to find your State Title V Contact.
4. American Academy of Pediatrics chapter president and/or appointed representative	This site provides a list of [AAP Chapter Web sites](#) where you can find chapter contact information.
5. Representatives from all partner agencies	Each partner agency should identify at least 1 – 2 people to participate in community assessment activities and grant proposal development.
7. Community Health Centers	This site has a [database](#) which helps you locate a federally-funded health center in your area.
8. Other child advocates (i.e., school personnel, mental health workers, local government officials, local business professionals, community health centers)	As identified through the lead and partner agencies and members of the target population.

2. **Build effective partnerships.** Relationships with partners increase the project's ability to address and overcome barriers. Determine your existing partnerships and find partners who can fill project gaps. Seek partners committed to common outcomes and goals and make connections with groups that represent or work with the project's target population. When recruiting partners, determine how the project is beneficial to the potential partner. Share the news of new funding opportunities with partners and involve them early in the development and planning of the project. Establish clear and shared responsibilities of each partner early on and communicate regularly with partners.

3. **Consult Bright Futures.** MCHB encourages organizations to develop proposals that incorporate and build upon the goals, objectives, guidelines and materials of the Bright Futures for Infants, Children and Adolescents initiative. Bright Futures is a national health care promotion and disease prevention initiative that uses a developmentally based approach to address children's health care needs in the context of family and community. Its purpose is to promote and improve infant, child, and adolescent health within families and communities. The services provided under Bright Futures are covered by the Affordable Care Act with no cost-sharing. Bright Futures materials are flexible and can be used in many different types of settings, ranging from group practices to school-based health centers to inpatient tertiary care facilities. Bright Futures has been particularly useful to HTPCP grantees in identifying promising practice models centered on health promotion and prevention and partnering with stakeholders at the state and local levels to share lessons learned from Bright Futures and

foster improvements in clinical and public health practice. It is important to consider how Bright Futures can help inform your Healthy Tomorrows projects. More information can be found at http://brightfutures.aap.org .

4. **Plan early for staffing needs**. Explore the local workforce in advance of funding, and plan time and processes for hiring and training staff. Plan flexibility in your project in order to deal with delays, and involve staff in the planning process.

5. **Plan a realistic evaluation**. Integrate evaluation activities into the project plan. Identify both process and outcome measures. Partner with organizations with evaluation experience, and remember to staff and schedule evaluation activities. Consider how you will share your project outcomes and lessons learned with others.

6. **Form a culturally/linguistically competent project.**
   - ✓ Involve diverse community groups and families as equal collaborative partners and include them in the planning, implementation, and evaluation components of the project
   - ✓ Perform a needs/assets assessment in collaboration with the community
   - ✓ Collect and analyze data that includes race, ethnicity and language data elements
   - ✓ Design services that are responsive to the needs of culturally and linguistically diverse families and that address barriers to accessing these services
   - ✓ Hire project staff who reflect the ethnic and linguistic diversity of the population served
   - ✓ Encourage project staff to participate in cultural competence training activities
   - ✓ Involve diverse community groups and families as equal collaborative partners and include them in the planning, implementation, and evaluation components of the project

7. **Download a copy of *The Pediatrician's Guide to Proposal Writing*.**
   A Pediatrician's Guide to Proposal Writing is designed primarily to assist pediatricians and other child health advocates in grant writing and seeking funding from foundations and corporations. The guide also provides a brief overview of government funding. The information serves 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.

INCREASING ACCESS TO CARE

Healthy Tomorrows projects are strongly encouraged to employ specific strategies to assess the health insurance status of children and families and connect them with available health insurance programs. Even if it seems like this is not feasible for your project, it is important to consider how it could fit in. It is recommended that you include your local AAP chapter, CATCH facilitator, and State Title V in planning for how your project will increase access to care for children.

Strategies may include:
- ✓ Developing training materials for project staff
- ✓ Screening for health insurance coverage with the project population
- ✓ Developing culturally/linguistically competent outreach and educational materials for children and families that are written at an appropriate health literacy level
- ✓ Utilizing Electronic Health Records to keep track of health insurance coverage
- ✓ Coordinating outreach and enrollment activities with communities and collaborative partners

The efforts of trained project staff to reach out and engage uninsured children and families, enroll them in health coverage, and keep those who remain eligible continuously covered can financially sustain projects as well as ensure that children and families have access to coverage and quality care. Studies have shown that even after grant funding has ended, projects continue to offer enrollment assistance and train new staff on how to enroll children and families into health insurance programs because it benefits those enrolled and benefits projects by increasing the number of individuals with some form of health coverage (Kendall, J., Sullivan, J., 2014).

For more information about Medicaid, health coverage options, and enrollment:
http://www.medicaid.gov/AffordableCareAct/Affordable-Care-Act.html

ENGAGING PEDIATRICIANS & STATE PARTNERS

PEDIATRICIAN/PEDIATRIC PRIMARY CARE PROVIDER PARTICIPATION

Healthy Tomorrows proposals must demonstrate **active** pediatrician/pediatric primary care provider involvement in their programs. This participation is a significant part of the broad array of health care professionals involved in your project. Pediatricians and other pediatric primary care providers (family physicians, nurse practitioners, physician assistants) play a central role in the provision of a medical home and may offer medical guidance to projects. Many applicants are already partnering with one or more pediatricians and pediatric primary care providers and sometimes the applicant is a pediatrician. This partnership offers many benefits to the planning and implementation of the project. If you do not currently have a pediatrician/pediatric primary care provider as an active member of your planning team, the following points may be helpful in working through the process of enlisting pediatrician participation. These suggestions may also be helpful in further developing the role of a pediatrician or pediatric primary care provider in your project or recruiting additional pediatricians or pediatric primary care providers.

1. **Request input from a pediatrician/pediatric primary care provider early in the project planning stage.**
   Healthy Tomorrows grantees stress the importance of pediatrician/pediatric primary care provider involvement in the early stages of project planning, especially when writing the grant proposal. If you are having trouble identifying a pediatrician(s) to partner with, the AAP chapter president in your area, your local chapter CATCH facilitator, or Healthy Tomorrows staff can help identify local pediatricians who can work with you.

2. **Work with the pediatrician(s)/pediatric primary care provider(s) to determine the type of assistance you would like from them involved in your project.**
   In some projects pediatricians and pediatric primary care providers serve as project directors, while in others they serve as advisors or providers of services. Pediatricians/pediatric primary care providers have an important role to play in these projects as well. Because pediatricians/pediatric primary care providers serve a central role in providing care within a medical home, it is essential they are included in the development and implementation of programs that improve the lives of their patient population. For more information about the medical home concept, visit the [National Center for Medical Home Implementation](#).

   Pediatricians/pediatric primary care providers have varying levels of availability and expertise depending upon their training, work experience, and individual skills. Pediatricians/pediatric primary care providers can participate in many of the following activities:

   ✓ Assist in the development of the grant application
   ✓ Serve as an advisory board member
   ✓ Supervise the pediatric health care delivered by those other than pediatricians
   ✓ Provide primary health services for children
   ✓ Serve as an advisor to project planning and implementation
   ✓ Serve as the main contact (or medical home) for children with special health care needs who see more than one clinician
   ✓ Review parent education programs or materials
   ✓ Train volunteers or health professionals
   ✓ Present information to funders or community groups regarding the importance of the project

✓ Provide program evaluation guidance or expertise

3. **Identify and contact your Chapter CATCH Facilitator.**
The Community Access to Child Health (CATCH) Program at the AAP is based on the concept that local child health problems can be solved locally, using local resources. Pediatricians frequently are in a position to assist their communities in addressing such issues. To that end, the CATCH Program provides technical assistance (TA) in the key skills necessary to develop and implement a community-based child health initiative, including community assessment, developing resources, motivating colleagues and community, coalition building and program evaluation. Each AAP Chapter has designated at least one member to serve as a Chapter CATCH Facilitator. These individuals support community-based programs at the local level by providing their fellow pediatricians with guidance and encouragement. To find the Chapter CATCH Facilitator (s) in your state download the Chapter CATCH Facilitator roster.

4. **Replicate models of pediatrician participation from past projects.**
The AAP has worked with several Healthy Tomorrows projects that have found creative ways to secure the involvement of local pediatricians in Healthy Tomorrows projects. You can search the AAP Grants Database for ideas on pediatrician participation. The following are examples of pediatrician involvement in past Healthy Tomorrows projects:

→ Project staff working on a project in a rural area created a list of high-risk pediatric patients and asked each pediatrician to choose one patient to work with.

→ A project needed a local community pediatrician to serve as the primary care medical home for their project patients. They identified a pediatrician with an interest in the project's health topic area, mental health, by contacting their local AAP Chapter. Connecting with the AAP chapter paved the way for the project to be featured in the statewide chapter newsletter, present their program at a chapter meeting and become part of the statewide mental health network.

→ Another project asked each pediatrician to volunteer his or her services for 1 evening a week. The clinic was then able to provide care for an additional 15 patients per week, and each pediatrician only had to volunteer 1 evening every 2 months.

→ An oral health project conducted oral health assessments in the school setting. They wanted to increase their capacity to identify children with oral health issues. They contacted several pediatrician offices in their community to describe their program's benefits and offered to do on-site oral health trainings in each office in an effort to increase the number of oral health issues identified during primary care visits. Several offices implemented the program and referred children for oral health treatment using a resource list provided by the Healthy Tomorrows project.

CHAPTER INVOLVEMENT
The AAP has 59 AAP chapters in the United States. Your local AAP Chapter can be an excellent resource for your Healthy Tomorrows project. It is important that project staff connect with the chapter in the planning process. Your chapter may already be engaging in activities related to your project's health topic, or they may want to initiate a new program and are looking for partners. To find out about activities of your chapter, view that chapter's fact sheet.

Below is a list of ideas for working with your chapter:
- ✓ Inform the chapter of your intent to submit a proposal, and ask your AAP chapter to write a letter of support to include in your grant proposal. The strongest applications clearly demonstrate chapter involvement and commitment to working with your project.
- ✓ If you have not yet partnered with pediatricians in your area, contact your local chapter for assistance in identifying pediatricians in your community.
- ✓ Invite a chapter officer or chapter representative to be involved in the proposal planning process and/or serve on your project advisory board.
- ✓ Provide project updates to the chapter, especially when new activities are being implemented.
- ✓ Send your chapter reports of project outcomes and evaluation results.
- ✓ Submit an article about your project to the chapter newsletter.
- ✓ Offer to present your project during a chapter meeting.
- ✓ Encourage a chapter representative to attend your Healthy Tomorrows Technical Assistance visit, if you become a grantee.

STATE TITLE V INVOLVEMENT
The Title V Maternal and Child Health Services Block Grant is the nation's oldest federal-state partnership focused on assuring the health of women, children and adolescents, including children and youth with special health care needs and their families. Partnering with your Title V agency is important to further the goals and objectives of your project. Title V Directors have a strong understanding of children's health needs because they conduct statewide, comprehensive needs assessments. To find your Title V program, visit the MCHB web site.

Below is a list of ideas for working with your State title V:
- ✓ Inform your Title V agency of your intent to submit a proposal, and ask your Title V Director to write a letter of support to include in your grant proposal. The strongest applications clearly demonstrate Title V involvement and commitment to working with your project.
- ✓ Invite the Title V Director to be involved in the proposal planning process and/or serve on your project Advisory Board.
- ✓ Contact your State Title V agency to foster linkages between the project and other health initiatives at the local, state, and national levels.
- ✓ Provide project data and information to Title V on an annual basis.
- ✓ Partner with Title V to serve as a resource to families in areas such as preventive health services, screening, care coordination, Medicaid/CHIP eligibility, and the transition from pediatric to adult services for youth with special health needs.
- ✓ Work with Title V to explore reimbursement options for health services not covered by public or private insurance. Payment for health care services varies by state.

FORMING ADVISORY BOARDS

Healthy Tomorrows Partnership for Children programs must have or establish an advisory board in their program structure. Advisory boards are an objective source of information and guidance made up of project stakeholders, members of the target population, experts in child health or related fields and project partners. The advisory board serves as a valuable resource to provide feedback and connect you more closely to your community.

Establishing an Advisory Board
- ✓ Think of your program's goals and the target population you wish to serve when choosing your advisory committee members.
- ✓ Determine the needs of your project and choose people who represent those needs. For example, it might be helpful to include individuals with funding expertise, evaluation experience, or the family perspective.
- ✓ Plan ahead for board meetings. During the start-up phase of the program, your advisory group may need to meet more frequently as they establish a relationship with your program and each other, and as the problems of implementation are ironed out.
- ✓ Define the role and expectation of the advisory board. This will help potential members determine if they can make the time commitment and fulfill the expectation necessary to participate. Advisory board members will be invested in the project when their role is clear and their input is appreciated.
- ✓ Value the time, commitment and expertise provided by the advisory board members. Consider providing an incentive for their involvement.

Whom to Invite
- ✓ Involve potential members of the population the program serves. A parent/caregiver or patient may not be able to attend regular advisory board meetings, but you should ensure their voice is heard. Forming a parent-only advisory board in addition to the main advisory board may help program participants feel more comfortable to voice their concerns or suggestions and provide the project staff unique insight into the project's activities.
- ✓ Advisory board members should be knowledgeable or experienced on the project topic, in service provision, in working with the target population, providing the family perspective, or with community resources.
- ✓ Refer to refer to the table on page 6 in the Developing a Program Proposal section. The people who helped you plan the program can also be instrumental in providing guidance and resources as the project moves forward.
- ✓ Build diversity into the advisory board. Include key individuals and representatives of organizations and institutions relevant to the success of the project and of the community served by the project.

The Activities of an Advisory Board
- ✓ Advisory boards will have regularly scheduled meetings. Some projects may plan for a monthly meeting, while others will meet with the advisory board on a quarterly basis.
- ✓ The members of the advisory board can also be asked to provide resources from their institution, assist in fundraising or securing additional grants, or participate in other supportive activities for the project.
- ✓ Advisory board members can be asked to review the project's annual progress reports before submission and provide feedback.

- ✓ Members can review promotional, educational, and evaluation material developed by the project.
- ✓ Advisory boards can provide guidance and feedback regarding the project's evaluation plan or offer suggestions or strategies when project challenges occur.
- ✓ Advisory boards may have special sub-committees to advise the project on special topics like evaluation, health content, or outreach.

Benefits of an Advisory Board
- ✓ Membership on an advisory board is voluntary. However, members may benefit, as may the program, through mutual referrals and networking with other members of the advisory board.
- ✓ The program should gain valuable input and feedback from the board that improves its operations and linkages to the community.
- ✓ Advisory board members may provide training to staff or clients served by the project to improve the quality of services provided.
- ✓ Advisory board members may help secure additional sources of funding.

Challenges of an Advisory Board
- ✓ Coordinating schedules of a mixed group with multiple outside obligations may be a challenge. Scheduling a year of meetings in advance may be helpful. Also arranging different meeting styles such as in-person (i.e. Brown bag lunches or grand rounds) and conference calls.
- ✓ Conflicting opinions of board members. Prepare the group to work effectively as a team. Set clear expectations on respecting differing opinions that may arise among advisory board members.

Other Advisory Board Resources*:*

[Collaboration Primer, Health Research and Educational Trust](#)
Building on the lessons learned from the National Community Care Network Demonstration Program and Evaluation, this Health Research and Educational Trust publication provides recommendations for building a successful and operative collaboration.

[Michigan Community Service Commission: Developing and Maintaining Advisory Boards](#)
The Michigan Community Service Commission resource provides links to an advisory toolkit, sample by-laws, and retention strategies for advisory boards.

[Minnesota Department of Health, Community Engagement](#)
Community engagement means involving community members in ALL activities--from identifying the relevant issues and making decisions about how to address them, to evaluating and sharing the results with the community. The information on these Web pages provides background, tips and tools for effective community engagement.

DEVELOPING THE EVALUATION PLAN

Evaluation is integral to the success of community-based programs. It not only can be used to document the success of the project, but also to manage program activities and improve services. Evaluation plans can be written with several audiences in mind, including funders, partners, program staff, program participants and the community. It is essential that the project's evaluation plan is realistic, is able to measure the stated objectives, and is integrated into daily program activities.

The evaluation plan should include at least one goal and several objectives. A goal is a broad statement of what the program will accomplish for a specific population. An objective is a measurable step towards the achievement of a goal. Objectives should be specific, measurable, achievable, realistic, time related and use language that will indicate who will do what by when.

When developing the evaluation plan, you should develop both process and outcome objectives for each goal. **Process objectives** describe the program and implementation, who participates in the program and what services are received. This information can be obtained by looking at, for example, numbers served, client satisfaction, and number of referrals made. **Outcome objectives** detect whether the intervention made a difference and what changes can be measured. This information can be obtained by looking at changes in knowledge, attitude, behavior, and in health status of program participants. Additional examples of outcomes measures include referral outcomes, improved immunization rates, reduced ER visits, reduced pregnancies and reduced dental caries.

Once goals have been defined, develop a **logic model** to articulate the target, content, and intended impact of the project. A logic model illustrates the steps that connect resources to intended results. A standard logic model contains five pieces of information including the target population for the project, resources allocated to the project (inputs), services provided by the project (activities), expected outputs, and expected outcomes. The AAP has numerous web-based resources to help you develop a logic model that are listed at the end of this section.

Some basic tips to developing an evaluation plan:
- ✓ Keep it simple
- ✓ Good objectives lead to good evaluations
- ✓ Objectives must be SMART: **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime specific
- ✓ Develop objectives that directly contribute to your goals for the project
- ✓ Spend time and thought on objectives, data collection methods, and data storage
- ✓ If possible, find existing and reliable tools to measure outcomes
- ✓ Accurately track data from the beginning of the project to the end
- ✓ Plan to use only technology that is easy to use and well supported in your organization

<u>SAMPLE EVALUATION PLAN</u>
This is meant for technical assistance purposes only, and should not be copied directly into your grant application.

Behavioral health problems can interfere with children's relationships, school functioning and physical health that can lead to family conflicts, school failure, drug abuse, violence, and suicide. The key feature of the Healthy Connections project in Toledo, Ohio is the identification, referral

and treatment of emotional and behavioral problems in children 3-18 years within the context of primary health care at the St. Vincent Mercy Medical Center (SVMMC) Family Care Center. This model will maximize early identification of problems, decrease the stigma of entering the mental health system, allow primary care providers to transfer their rapport and trust to behavioral health professionals and to improve the coordination of care. All program strategies will incorporate Bright Futures, a nationally recognized developmental approach to providing services to children and adolescents.

The primary goal of the project is to improve the health status of children 3-18 by implementing a model for integrating behavioral and psychosocial aspects of care into primary healthcare.

The following tables are an example of how to think through your program evaluation from the development of a goal to creating measurable process and outcome objectives for each goal. **It is essential to establish all of these evaluation components in the beginning of your project**. In addition to the table, it is also important for you to take into consideration and identify the sources of evaluation data, tools for data collection and options for data management and storage. If program evaluation is not an area of strength for staff that will be working on the project, you may want to consider budgeting a small portion of the grant funds for an evaluation consultant. Project staff should work closely with the evaluation consultant.

GOAL: **To improve the health status of children by implementing a model for integrating behavioral and psychosocial aspects of care into primary healthcare.**

Objective	Strategy and Activities	Progress/Measurement
In 5 years, the proportion of Family Care Center (FCC) pediatric patients identified with behavioral health problems be maintained at least at 30% (1500/5000).	Strategy: Educate 5 FCC pediatricians on children's behavioral health issues. Activities: ▪ Orient 5 FCC pediatricians to Healthy Tomorrows project (month 0-3) ▪ Train 5 pediatrician on Bright Futures guidelines and behavioral/psychosocial issues (month 3-6) ▪ Review of identification process with pediatricians and advisory board; modify as appropriate (month 0-12)	Number and percent of patients identified with behavioral health problems (month 0-60). ▪ Orientation completed ▪ Training completed; number of physicians trained ▪ Number and percent of patients screened; number and percent of patients identified ▪ Review of identification process completed
In 5 years, the proportion of patients referred to a behavioral health care provider will increase to at least 70% (1050/1500) (excludes ongoing monitoring by pediatrician).	Strategy: Improve referral process and increase proportion of identified children referred for behavioral health care. Provide information and staff support to promote and support the referral process; develop formal protocol for pediatricians.	Number and percent of patients identified with behavioral health problems who are referred for behavioral health services (month 5 – 60). ▪ Number of directories distributed

Objective	Strategy and Activities	Progress/Measurement
	Activities: ▪ Provide 5 pediatricians with directory of behavioral healthcare services available through FCC, project partners, and the community (month 0-15) ▪ Facilitate referral, information releases, family preparation by Family Liaison for 50 children per year (month 16 and ongoing) ▪ Coordinate additional support services to address potential barriers to service access through Family Liaison (month 16 and ongoing) ▪ Initiate referral process (month 16 and ongoing)	▪ Number and percent of patients identified who met with Family Liaison ▪ Number of referrals made per agency and type of service ▪ Number and percent of patients identified with behavioral health problem who are referred for behavioral healthcare services classified by agency and type of service
In 5 years, the proportion of children/families referred for behavioral healthcare services who utilize those services will increase to at least 70% (735/1050) (does not include children receiving ongoing monitoring by pediatrician)	Strategy: Build partnerships with behavioral healthcare providers and county human services, service availability at primary care site, follow through by Patient Liaison. Activities: ▪ Finalize agreements and referral relationships with Harbor Behavioral Healthcare and Connecting Point (month 0-2) ▪ Finalize referral relationship for social services with Lucas County Department of Job and Family Services (month 0-2) ▪ Finalize agreement with Harbor to Provide mental health professional on-site at FCC (month 0-2) ▪ Follow through by Patient Liaison to support service utilization, social service referrals, and communication between pediatricians and behavioral healthcare providers. ▪ Complete Client Satisfaction Questionnaire	Number and percent of patients referred for behavioral healthcare services who come to intake appointments and participate in therapy (month 5-60). ▪ Agreements completed ▪ Referral relationships finalized ▪ Agreement finalized; professional scheduled ▪ Number and percent of patients referred for behavioral healthcare services who go through intake ▪ Number and percent of patients referred for behavioral healthcare services who receive therapy

Objective	Strategy and Activities	Progress/Measurement
Over the 5 year project, maximize family participation in program and planning activities	Strategy: Include family members in the planning, implementation, and evaluation of the program's activities. Activities: ▪ Include at least 2 family members on the advisory board ▪ Provide financial support (stipends) to family members to defray travel, child care and technical assistance ▪ Involve family members as trainers to project staff ▪ Hire at least one family member as paid staff or consultants if possible	Score on HTPC performance measure forms at the end of each year. ▪ Number of family members on the project advisory board ▪ Amount of financial support provided ▪ Number of parents involved in training of project staff ▪ Number of parents hired as paid staff or consultants to the project ▪ Cultural backgrounds of participating parents
Maximize sustainability of the project after the federal grant project is completed	Strategy: Identify and seek internal and external sources of support for the project that will continue after the federal grant is completed. Activities: ▪ Apply for FCC Medicaid certification as a mental health provider ▪ Continue partnerships allowing Harbor and Connecting Point to serve FCC Medicaid eligible patients; expand these partnerships to additional providers ▪ Continue to generate support from internal and external grant sources	Funding status of the program (additional federal and non-federal matching funds) at the end of each grant year and at the end of the federal grant project. ▪ Medicaid certification obtained ▪ Partnerships sustained and/or expanded ▪ Number and amount of grants obtained

EVALUATION RESOURCES
The American Academy of Pediatrics has the following resources available to assist you in the development and implementation of your evaluation plan.

Evaluating Your Community-based Program Part 1: Designing Your Evaluation
This publication is the first of a 2-part guide to program evaluation developed by the AAP for Healthy Tomorrows applicants and grantees. The guide helps you develop objectives and outcomes for your program and is a workbook for developing a logic model for your program.

Community Pediatrics Evaluation Web Resources
This Web page provides a list of resources on project evaluation.

The Healthy Tomorrows Program: Highlights and Lessons Learned from the National Evaluation
This report presents an overview of the major findings from the Healthy Tomorrows Partnership for Children National Evaluation Project conducted by the American Academy of Pediatrics between 2003 and 2005. The report includes lessons learned and promising practices for developing, evaluating and sustaining community-based health initiatives. Additionally, the report highlights three successful Healthy Tomorrows initiatives, including their accomplishments, evaluation approaches and sustainability strategies.

Logic Model Recording
This recorded presentation will help community-based organizations and others develop a logic model and apply a logic model to program planning and implementation.

Evaluating Community-based Initiatives Presentation
This recorded presentation focuses on evaluating community-based initiatives and features a former Healthy Tomorrows grantee.

MATCHING FUNDS, BUDGET, AND BUDGET JUSTIFICATION

The Healthy Tomorrows Program provides up to $50,000 per year for five years. During Year 1 of your project, you are **not required** to identify matching funds, although many projects choose to do so anyway to increase the overall budget. During Years 2-5 of your project, you **are required** to have non-federal matching funds in your budget. Matching funds are important because they increase the capacity of your project and can lead to long-term project sustainability.

Healthy Tomorrows projects use a variety of sources to meet matching fund requirements in years 2-5. The following are examples of matching fund sources:

- ✓ Sponsoring organization (clinic, hospital, university, etc) supports the project financially
- ✓ Local or national foundation
- ✓ United Way
- ✓ Local business/corporate funding
- ✓ Community fundraising
- ✓ In-kind funds (i.e. space, equipment, staff time, health provider time, volunteer time, etc)
- ✓ For-profit ventures (i.e. thrift store or gift shop)
- ✓ Private insurance payments

Projects cannot use other federal funds, including Medicaid and SCHIP payments as matching funds.

Applicants are required to submit a budget and budget narrative for each of the five years. If you anticipate that the budget will remain the same, please clearly state that the year 1 budget and narrative represent each of the five years, but make sure to include information related to matching funds for years 2-5.

Below is a sample Year 1 budget format from a Healthy Tomorrows project, followed by a sample budget justification to help you in the development of your project budget. Each project's budget is different and requirements for fringe and indirect rates vary by agency. These samples are to be used only as a guide.

BUDGET FORMAT EXAMPLE FOR YEAR ONE

Category			Federal Funds Requested	Other Sources/ In-kind	Project Total
Personnel	Base Salary	% Time			
INSERT NAME, MA, Project Director	$50,000	25%	$5,000	$7,500	$12,500
INSERT NAME, MD, Project Pediatrician	$100,000	10%	$0	$10,000	$10,000

Category			Federal Funds Requested	Other Sources/ In-kind	Project Total
INSERT NAME, Care Coordinator	$35,000	100%	$27,800	$7,200	$35,000
INSERT NAME, Mental Health Therapist	20 hrs/wk for 52 weeks + 1040 hrs @ $35 = $36,400	N/A	$0	$36,400	$36,400
Fringe 30%					
INSERT NAME, Project Director	(30% x Base= $15,000)	25%	$0	$3,750	$3,750
INSERT NAME, Pediatrician	(30% x Base= $30,000)	10%	$0	$3,000	$3,000
INSERT NAME, Care Coordinator	(30% x Base= $10,500)	100%	$5,500	$5,000	$10,500
INSERT NAME, MH therapist	N/A	N/A	$0	$0	$0
Personnel & Fringe Subtotal			**$38,300**	**$72,850**	**$111,150**
Travel					
2 staff to annual training meeting			$1,600	$0	$1,600
Travel Subtotal			**$1,600**	**$0**	**$1,600**
Category			Federal Funds Requested	Other Sources/ In-kind	Project Total
Equipment					
Office space and computer			$0	$12,000	$12,000
Equipment Subtotal			**$0**	**$12,000**	**$12,000**
Supplies					
Parent Education Materials			$1,955	$0	$1,955
Office Supplies			$0	$500	$500
Advisory Board Mtg supplies and incentives for caregiver participants (4 mtgs @ $150)			$600	$0	$600

Category			Federal Funds Requested	Other Sources/ In-kind	Project Total
Supplies Subtotal			**$2,555**	**$500**	**$3,055**
Subcontract/ Consultant					
Evaluation consultant			$3,000	$0	$3,000
Subcontracts/ Consultant Subtotal			**$3,000**	**$0**	**$3,000**
SUBTOTAL			**$45,455**	**$85,350**	**$130,805**
Indirect Cost - 10%			**$4,545**	**$8,535**	**$13,080**
TOTAL PROGRAM COST			**$50,000**	**$93,885**	**$143,885**

BUDGET JUSTIFICATION NARRATIVE
EXAMPLE FOR YEAR ONE

The amounts, percentages, and types of expenses listed below are not suggestions of appropriate expenses -- they are listed for informational purposes only. For specific information concerning appropriate expenses, please refer to the grant application guidance or contact the MCHB.

PERSONNEL

Project Director (25%): The project director, INSERT NAME, MA, is the person responsible for project oversight, and 25% of his time will be spent on oversight of the project, staff and evaluation consultant.

> Project Director: $5,000 (MCHB) and $7,500 (Other Sources) = Total of $12,500

Project Pediatrician (10%): The project pediatrician, INSERT NAME, MD, will spend 10% of her time on the project and will have clinical supervision of the project, recruit physician's partners to the project, and monitor project evaluation activities. (NOTE: Sometimes the pediatrician serves as the project director).
> Project Pediatrician: $10,000 (Other Sources) = Total of $10,000

Care Coordinator (100%): The care coordinator, INSERT NAME, BA, will spend 100% of her time on the project. She will coordinate the care of patients receiving services, track service referrals, administer family questionnaire, and work with evaluation consultant and project director to

identify appropriate survey questions, collect data, and monitor achievement of project objectives.

> Care Coordinator: $27,800 (MCHB) and $7,200 (Other Sources) = Total of $35,000

Mental Health Therapist: The mental health therapist, INSERT NAME, will spend 20 hours per week for a total of 52 weeks treating patients and consulting with other health care providers. The mental health therapist will also conduct an in-service training for clinic staff regarding mental health assessment.

> Mental Health Therapist: $36,400 (Other Sources) = Total of $36,400

Fringe Benefits (30%)

Fringe benefits are based on the organization's rate of 30% of salary costs. This covers costs related to health insurance, FICA, tax, pension plan, long-term disability, term life insurance, and other fringe benefits.

> Project Director: $3,750 (Other Sources)
> Project Pediatrician: $3,000 (Other Sources)
> Care Coordinator: $5,500 (MCHB) and $5000 (Other Sources) = Total of $10,500
> Mental Health Therapist: N/A
>
> Fringe: $5500 (MCHB) and $11,750 (Other Sources) = $17,250

TOTAL PERSONNEL: **$111,150:** $38,300 (MCHB) and $72,850 (Other Sources)

TRAVEL

Two project staff will attend the annual Healthy Tomorrows training meeting (location: TBD). Travel expenses to this meeting are estimated at $800 per person.

TOTAL TRAVEL: **$1,600 (MCHB)**

EQUIPMENT

This category includes the use of computers, office space, and office machines including photocopier.

EQUIPMENT TOTAL: **$12,000 (Other Sources)**

SUPPLIES

Parent Education Material: Program staff will review and purchase educational material to be used in parent education sessions.

> Parent Education Material: $1,955 (MCHB)

Office Supplies: This category includes paper, stationary, pens, printer ink cartridges, and other office supplies to support project staff.

Office Supplies: $500 (Other Sources)

Advisory Board Meeting Supplies: Program staff will purchase supplies for advisory board meetings including agendas and incentives for caregiver participants at $150 for each of the four meetings.

Advisory Board Meeting Supplies: $600 (MCHB)

TOTAL SUPPLIES: **$3,055**: $2,555 (MCHB) and $500 (Other Sources)

CONSULTANT

Evaluation Consultant: Funds will be used to hire an evaluation consultant from the local university. The consultant will assist project staff in formulating the program evaluation, selecting measurement tools, data collection methods, data storage, and integrating evaluation methods into every day program activities. The evaluation consultant will be part of the evaluation team, including the project director, pediatrician, care coordinator, and mental health therapist. The evaluation consultant will work with staff to analyze and develop reports on collected data.

TOTAL CONSULTANT: $3,000 (MCHB)

SUBTOTAL: $45,455 (MCHB) and $85,350 = Total of $130,805

INDIRECT CHARGES

The clinic's current negotiated indirect cost rate for grants and agreements is 10% of the total program budget. The total federal funds requested as indirect costs are $4,545 and the total for other sources of indirect charges is $8,535.

INDIRECT CHARGES TOTAL: $13,080: $4,545 (MCHB) and $8,535 (Other Sources)

TOTAL FUNDS REQUESTED FROM MCHB: $50,000
TOTAL OTHER SOURCES: $93,885
TOTAL PROGRAM COST: $143,885

AREAS EMPHASIZED BY THE REVIEWERS

The following criteria are usually requested in the grant application guidance and are important to keep in mind as you plan your Healthy Tomorrows proposal.

Need

- ✓ Describe the problem and the causes contributing to the problem.

- ✓ Document the need for the proposed service in your target population and community.

- ✓ Address the cultural and linguistic needs of the target population.

- ✓ Include a review of current scientific literature or data relevant to the needs of the target population, e.g. Title V MCH Block Grant Program Needs Assessment, Community Health Needs Assessment.

Response

- ✓ Description of new initiative or new component of an existing activity that will build upon, expand, and enhance the families' and communities' abilities to meet the needs of children and families.

- ✓ Discuss partnerships with public and private sector stakeholders served by the project.

- ✓ Discuss strategies to assess the health insurance status of children and families and connect them with available health insurance programs.

- ✓ Develop clear, specific, measurable process and outcome objectives for each goal, and explain how progress will be tracked.

  - o **Goal:** A goal is a broad statement of what the program will accomplish for a specific population

  - o **Objectives:** An objective is a measurable step towards the achievement of a goal. Objectives should be measurable, using language that will indicate who will do what by when.

- ✓ Clear description of proposed intervention along with activities or steps for each activity.

- ✓ Collaboration with the State Title V MCH Program and the state AAP chapter to achieve the goals and objectives of the project, e.g., including letters of support.

- ✓ Include your involvement with pediatricians and other pediatric primary care providers in the community-based project, e.g., including letters of support from AAP chapter.

- ✓ A list of advisory board members and descriptions of how these individuals will participate in project implementation. Explain the extent to which the advisory board represents project consumers, providers, representatives from the local pediatric provider community, and other key stakeholders.

- ✓ Address the goals and objectives of the Bright Futures for Infants, Children and Adolescents initiative and incorporate the *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, Third Edition* and other Bright Futures materials in project activities.

Evaluation

- ✓ Provide a concise discussion of the evaluation component.

- ✓ Keep it simple and manageable, while demonstrating how each objective will be measured and documented.

- ✓ Identify who will perform job tasks related to evaluation and how these services will be funded – generally, applicants underestimate the amount/cost of staff time necessary to complete an evaluation of their program.

- ✓ Make sure the evaluation plan is realistic and attainable.

Impact

- ✓ Include a description of how the project outcomes and lessons learned are relevant to other communities across the country.

- ✓ Describe plans to share project results, lessons learned and strategies for implementation with others in the community, regionally, and nationally through publications, presentations, and other communication.

- ✓ Include a discussion of other funding sources (in-kind or monetary) that are helping to support this project as matching funds for years 2 to 5 of the project and plans for sustainability following the grant period.

Resources/Capabilities

- ✓ Demonstrate that services will be provided by qualified health care professionals in available quality facilities.

- ✓ Describe collaboration with key stakeholders, including project participants, in all activities.

- ✓ Demonstrate the quality of approaches proposed to address challenges in implementation.

Support Requested

- ✓ Feasibility of the budget compared to proposed project objectives, activities, and anticipated results.

- ✓ Description of budget line items in budget justification.

- ✓ Adequate level of effort for key project personnel to obtain project objectives.

Appendix

- ✓ Include meaningful appendices as requested in the guidance of the grant application.

OTHER HELPFUL HINTS FOR WRITING THE PROPOSAL

- ✓ Keep sentences and paragraphs short. Be concise.
- ✓ Limit or avoid the use of jargon and explain acronyms.

✓ Avoid repetition by referring back to previous sections in the document, as needed.
✓ Edit your work and have others review the proposal and provide feedback.
✓ Follow the proposal instructions.
✓ Allow ample time to develop and write the proposal, and don't leave the budget until last. The program elements should tie back to the budget.
✓ *Don't be afraid to ask for help!* Technical assistance with proposal development and preparation are available through the AAP. Contact the Healthy Tomorrows Program:

Maureen Finneran, MSW
Program Manager, National Healthy Tomorrows Technical Assistance Resource Center
mfinneran@aap.org
800/433-9016 Ext 7082

Karla Palmer
Program Coordinator, National Healthy Tomorrows Technical Assistance Resource Center
kpalmer@aap.org
800/433-9016 Ext 4279

RESOURCES FOR COMMUNITY-BASED INITIATIVES

The following is a list of resources that may be of use as you develop a Healthy Tomorrows program proposal. Reviewing and accessing the resources listed can add value and content to your proposal. The list of resources provides content specific programs at the AAP that may relate to your project and general resources for community-based initiatives. These resources will also be useful when you begin to implement your project.

COMMUNITY PEDIATRICS WEB PAGES

Healthy Tomorrows Partnership for Children Program
This is the AAP Healthy Tomorrows Web site featuring general information about the Healthy Tomorrows Partnership for Children Program and resources for community-based programs.

Community Pediatrics Grants Database
This database archives previously funded community-based grant projects, including those funded through the CATCH Program and the Healthy Tomorrows Partnership for Children Program. The database is searchable by major categories including: target population, health topic, state/territory, project activity, AAP program, AAP district, and project year.

Community Pediatrics Resources and Tools
This Web site provides links to a variety of resources and tools to help you plan and implement community-based initiatives aimed toward improving child health. You will find an extensive list of resources and tools both within and outside the Academy that will help you complete your project goals and find information related to child health and community-based initiatives.

Cultural Effectiveness and Health Disparities Resources
This Web site provides links to cultural effectiveness and health disparities resources to help incorporate these issues into your project.

Family Participation Resources
This Web site provides useful links on integrating family participation into your project.

Community Pediatrics Funding Opportunities
This Web site provides information on funding opportunities from the Academy and other organizations, as well as links to other funding key contacts and resources.

DEMOGRAPHIC DATA

2010 State Title V MCH Block Grant Program Needs Assessment
States describe the need for preventive and primary care services for pregnant women, mothers, and infants up to age one; preventive and primary care services for children; and family-centered, community-based coordinated systems of care for children and youth with special health care needs and their families. The Title V MCH Services Block Gant to States legislation requires each State and jurisdiction to conduct a State-wide, comprehensive Needs Assessment every five (5) years.

Community Health Needs Assessment Toolkit (CHNA)
The CHNA toolkit is a free web-based platform designed to assist hospitals and organizations seeking to better understand the needs and assets of their communities, and to collaborate to make measurable improvements in community health and well-being.

AAP PROGRAM WEB SITES

Bright Futures
Bright Futures, initiated by the Maternal and Child Health Bureau (MCHB) over a decade ago, is a philosophy and approach that is dedicated to the principle that every child deserves to be healthy, and that optimal health involves a trusting relationship between the health professional, the child, the family, and the community. As part of this initiative, Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents was developed to provide comprehensive health supervision guidelines, including recommendations on immunizations, routine health screenings, and anticipatory guidance. The American Academy of Pediatrics (AAP) and the MCHB are committed to the multidisciplinary and multicultural nature of the Bright Futures initiative.

Bright Futures Mental Health Resources
Bright Futures in Practice: Mental Health (2002) is a two-volume set considering the mental health of children in a developmental context, presenting information on early recognition and intervention for specific mental health problems and mental disorders, and providing a tool kit with hands on tools for health professionals and families for use in screening, care management, and health education. The guide is published by the National Center for Education in Maternal and Child Health at Georgetown University.

Community Access to Child Health
The Community Access To Child Health (CATCH) Program is a national program of the American Academy of Pediatrics (AAP) designed to improve access to health care by supporting pediatricians and communities that are involved in community-based efforts for children.

Breastfeeding Program
From its inception, the American Academy of Pediatrics (AAP) has been a staunch advocate of breastfeeding as the optimal form of nutrition for infants. Although economic, cultural, and political pressures often confound decisions about infant feeding, the Academy firmly adheres to the position that breastfeeding ensures the best possible health as well as developmental and psychosocial outcomes for the infant. Enthusiastic support and involvement of pediatricians in the promotion and practice of breastfeeding is essential to the achievement of optimal infant and child health, growth, and development. Breastfeeding promotion at the AAP maintains high standards to maximize efforts to promote, support, and manage breastfeeding.

Childhood Immunization Support Program
Through a partnership between the American Academy of Pediatrics and the Centers for Disease Control and Prevention, the Childhood Immunization Support Program (CISP) provides resources, tools, and technical assistance for pediatricians, parents, and others to help ensure that children are appropriately vaccinated within the context of a medical home.

Healthy Child Care America

Healthy Child Care America (HCCA) seeks to ensure that all children experience quality childcare within a nurturing environment and have a medical home. Its principles are based on the fact that families, child care providers, and health professionals in partnership can promote the healthy development of young children in child care settings and increase access to preventive health services and safe physical environments.

National Center for Medical Home Implementation

The National Center for Medical Home Implementation supports effective implementation of medical home among pediatric health care providers, public health professionals, families, and others who care for children. This Web site links health care professionals to resources to provide medical homes for children. Tools include a list of funding opportunities, the medical home training curriculum, and medical home assessment tools.
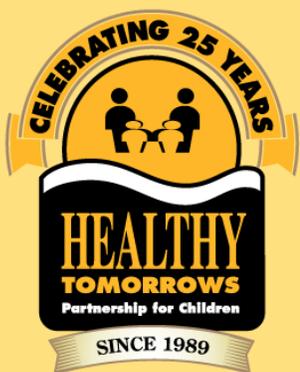
Oral Health

The AAP works to improve children's oral health through communication and collaboration between the medical and dental homes, and to make pediatricians and other health professionals an essential part of the oral health team. Through the Section on Oral Health and Chapter Oral Health Advocates, the AAP provides education, training, and advocacy for pediatricians, dentists, other health professionals, and families.

Mental Health

The AAP works with primary care clinicians to expand their comfort and skills in diagnosing and managing (or co-managing) children with common disorders and to ensure that children with severe mental illness maintain a medical home.

School Health Resources

The Council on School Health has a Web site for the general public as well as Council members. Whether you are a practicing health care provider working with schools or caring for school-aged children in your own practice, or school personnel, a parent or guardian, this Web site provides a comprehensive set of references for up-to-date school health information, hot topics, and frequently asked questions.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™