Strengthening your CATCH Proposal Webinar

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DEDICATED TO THE HEALTH OF ALL CHILDREN®

Agenda

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

About CATCH

Mission

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

Vision

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

CATCH Accomplishments

- Provided close to $10 million in grants.
- Funded more than 1700 pediatricians working in their communities: 842 planning, 585 resident, and 305 implementation grants.
- Support to communities in every state as well as the District of Columbia and Puerto Rico; and in urban, suburban and rural settings.

What is a CATCH Project?

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

Types of Grants

- Planning and Implementation
- Resident

Planning Grants

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

Implementation Grants

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

Resident Grants

- Resident grants are for pediatric residents to conduct initial implementation of or to pilot innovative, community-based initiatives that increase children's access to optimal health or well-being.
- **Requirements**
  - Project must be new in your community but may exist in another community.
  - Project includes plans for community partnerships.
  - Project is for planning **or** implementation activities. If project proposal only includes implementation activities, then prior planning must be demonstrated.
  - Methods for measurement of project goals and objectives are clearly described.
  - Budget reflects project timeline and activities.
- **Eligibility**

  Postgraduate status as of July 31, 2019
  - PL-1 or PL-2
  - PL-3 or below in medicine-pediatrics residency
  - PL-3 if planning a chief resident year in 4th year
  - PL-4 or below in triple-board residency
  - PL-3 residents may apply as co-applicants

Ineligible Expenses

- **Supplemental funding to previously awarded grants or existing programs**
- **Any payment to a pediatric care provider* or dentist**
- Any clinical encounter i.e., any service that is deemed a billable encounter
- **Professional development (conferences or educational/training activities)**
- Educational materials for a pediatric care provider* or medical student
- Speaker fees or speaker travel reimbursement
- Quality improvement projects only benefiting clinics or practices
- **Health fairs or one-time events**
- Building or office construction, maintenance, or repairs
- **Capital equipment** (i.e., durable items lasting beyond the project timeline)
- Medical equipment, medical supplies, or pharmaceuticals (Exception: select supplies for oral health projects)
- Indirect costs or fiscal agent fees
- *Pediatric care provider includes a physician, nurse practitioner, or physician assistant

Special Funding Opportunities

For All:

- Food security

For Residents Only:

- Oral health
- Early childhood, home visiting, food security, poverty and child health (work with subspecialist)
- Environmental health
- Injury prevention
- School health (e.g., early literacy, vision and hearing, pregnancy prevention, asthma)
- Improving quality of care for children in a community setting
- Advocacy
- Head Start/Early Head Start

What Makes a Strong Proposal?

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

What Makes a Strong Proposal?

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

What Makes a Strong Proposal?

- **Plan or intervention is clearly described**

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

What Makes a Strong Proposal?

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

What Makes a Strong Proposal?

- **SMART Goals**
  - Specific
  - Measurable
  - Attainable
  - Realistic/Reasonable
  - Time sensitive

Example: By the end of **April 2017**, project staff **will refer and/or link at least 50 children** between the **ages of 1-18** who need **immunization services** to identified resources in their local community.

Example: By the end of **April 2017**, program staff **will assess the immunization status** of **100 children** between the **ages of 1-18** who visit the "Live Well" clinic.

What Makes a Strong Proposal?

- **Evidence of Sustainability**
  - Plan for it from the beginning
  - Collect photographs, anecdotes and data from the beginning of the project
  - Identify potential community, grant based, and foundation based funding sources
  - Understand their agendas
    - The Foundation Center (https://foundationcenter.org/)
    - Health and Human Services (https://www.hhs.gov/grants/grants/index.html)
    - Chronicle of Philanthropy (https://www.philanthropy.com/)
    - The Foundation Directory (https://fconline.foundationcenter.org/)
    - Local forum or collaboration of donors
    - AAP National CATCH Staff

What Makes a Strong Proposal?

- Appropriate Budget Items
- Get help! Technical assistance is available from:
  - District CATCH Facilitators
    - District I – Dr. Robert Dudley dudleyrobw@comcast.net
    - District II – Dr. Cappy Collins cappycollins@gmail.com
    - District III – Dr. Shilpa Pai paiss@rwjms.rutgers.edu
    - District IV – Dr. Amber Pendleton amberlynette@gmail.com
    - District V – Dr. Barbara Oettgen oettgaj@aol.com
    - District VI – Dr. Bryan Wohlwend bwohlwend75@gmail.com
    - District VII – Dr. Thira Choojitarom thirachoo@gmail.com
    - District VIII – Dr. Carole Stipelman carole.stipelman@hsc.utah.edu
    - District IX – Dr. Janice Kim kimjaniceh@gmail.com
    - District X – Dr. Michele Lossius lossimn@peds.ufl.edu
  - Chapter CATCH Facilitators
  - District Resident CATCH Liaisons
  - CATCH staff

Scoring

- Each Planning & Implementation application is scored by:
  - Chapter CATCH Facilitator
  - District CATCH Facilitator
  - Random District CATCH Facilitator
  - CATCH staff
- Each Resident application is scored by:
  - Chapter CATCH Facilitator
  - District CATCH Facilitator
  - District Resident CATCH Liaison
  - Randomly selected District Resident CATCH Liaison or at-large Resident Liaison
  - Randomly selected National Resident Liaison
  - CATCH staff

Important Dates

- **January 14, 2019**
  - Technical assistance available through this date.
- **January 31, 2019, 3 pm CST**
  - Application deadline.
- **By May 1, 2019**
  - Applicants receive e-mail notice of funding decisions.
- **By August 1, 2019**
  - Submit signed award documents; projects are 12-month in length and may begin upon receipt of funds.

Find out More

- CATCH: www.aap.org/catch
- Community Pediatrics: www.aap.org/commpeds
- Funded project list of grantees: www.aap.org/fundedprojects

QUESTIONS
ANSWERS