

## 2012 CATCH Implementation Funds and Cycle 2 Resident Funds

**ONLY applications submitted online will be considered for CATCH funding.**

**Following are the questions contained within the online application at [www.aap.org/catch/funds](http://www.aap.org/catch/funds)**

Proposal Abstract (Maximum 250 words) Summarize the project.

What makes you a community pediatrician? (Describe in 2 sentences)

Narrative biographical sketch of the pediatrician applicant  
(Maximum 300 words, résumés and CVs will not be accepted)

Have you been awarded a CATCH grant as a primary applicant in the past?

(Note: former grantees are encouraged to apply, although their previous grant must be completed.)

- Yes, I have received a resident grant
- Yes, I have received a planning grant
- Yes, I have received an implementation grant
- No, I have applied but was not funded
- No, I have never applied

Did you receive technical assistance (encouraged) with the preparation of your grant application from any of the following sources? *Check all that apply.*

- AAP CATCH staff
- Chapter CATCH Facilitator
- District CATCH Facilitator
- Resident CATCH Liaison
- Former CATCH grantee
- Other pediatrician/physician
- Other (specify \_\_\_\_\_)
- No, I did not receive any assistance.

What type of technical assistance with the preparation of your grant application did you receive?

*Check all that apply.*

- Grant writing/proposal preparation
- Information/Materials
- Networking/Referrals
- Online application logistics
- Sample grant documents
- Information from AAP grants database or assistance with how to search the database
- Other (specify \_\_\_\_\_)
- I did not receive any assistance.

Please indicate the primary employment setting of the pediatrician applicant, that is, the setting where he or she spends the most time. *Please check only ONE response.*

- Solo or two-physician practice
  - Pediatric group practice, 3-10 pediatricians
  - Pediatric group practice, >10 pediatricians
  - Multispecialty group practice
  - Health Maintenance Organization (staff model)
- (Primary settings continued on the next page)

- Medical school or parent university
- Non-profit community health center
- Non-government hospital or clinic
- City/county/state government hospital or clinic
- US government hospital or clinic
- Other (please specify \_\_\_\_\_)

What is the present employment status of the pediatrician applicant? *Check ONE response.*

- Full
- Part-time
- Retired
- Semi-retired
- Temporarily not in practice
- Not active for other reasons (please specify \_\_\_\_\_)

Approximately what percentage of the pediatrician applicant's time is spent in the following areas?  
 (Note: This question is for program evaluation purposes only. Your response will not affect funding decisions.)

General Pediatrics..... \_\_\_\_\_%  
 Other specialty/subspecialty area (specify \_\_\_\_\_) \_\_\_\_\_%  
 100%

**Project Focus**

In your own words tell us what personal experience(s) led you to want to address this particular child health need in your community. (Maximum 300 words)

Please select ONE topic from the three lists below as the project's primary topic area.  
 Primary topic:

Then select up to a total of FIVE additional topics to serve as key words for your project from the three lists below. You do not need to select a topic from each list. Include topics specific to the 6-month grant period only—not long term.

<b>Health Topics</b>
<input type="checkbox"/> ADHD
<input type="checkbox"/> Asthma
<input type="checkbox"/> Autism spectrum disorders
<input type="checkbox"/> Behavioral health
<input type="checkbox"/> Breastfeeding
<input type="checkbox"/> Child development/developmental delay
<input type="checkbox"/> Child abuse and neglect
<input type="checkbox"/> Diabetes
<input type="checkbox"/> ER/urgent care
<input type="checkbox"/> Environmental quality
<input type="checkbox"/> Family violence
<input type="checkbox"/> Hearing
<input type="checkbox"/> HIV/AIDS
<input type="checkbox"/> Immunization
<input type="checkbox"/> Infectious disease
<input type="checkbox"/> Injury and violence
<input type="checkbox"/> Learning disabilities
<input type="checkbox"/> Mental health

<input type="checkbox"/> Nutrition
<input type="checkbox"/> Overweight and obesity
<input type="checkbox"/> Oral/dental health
<input type="checkbox"/> Pregnancy outcomes
<input type="checkbox"/> Responsible sexual behavior
<input type="checkbox"/> School health
<input type="checkbox"/> School violence
<input type="checkbox"/> SIDS
<input type="checkbox"/> STDs
<input type="checkbox"/> Substance abuse
<input type="checkbox"/> Teenage pregnancy and parenting
<input type="checkbox"/> Tobacco use
<input type="checkbox"/> Vision Health
<input type="checkbox"/> Well-child/well-baby care
<b>Special Population Groups</b>
<input type="checkbox"/> Adolescent health
<input type="checkbox"/> Border health
<input type="checkbox"/> Children of incarcerated parents
<input type="checkbox"/> Children w/special health care needs/disabilities
<input type="checkbox"/> Foster care
<input type="checkbox"/> Homeless care
<input type="checkbox"/> Immigrant/migrant/refugee/undocumented health
<input type="checkbox"/> Native American child health
<input type="checkbox"/> Rural health
<input type="checkbox"/> Urban health
<b>Strategies</b>
<input type="checkbox"/> Access/barriers to health care
<input type="checkbox"/> Advocacy
<input type="checkbox"/> Care coordination/case management
<input type="checkbox"/> Child care
<input type="checkbox"/> Crisis intervention
<input type="checkbox"/> Culturally effective care
<input type="checkbox"/> Disaster preparedness
<input type="checkbox"/> Family centered care
<input type="checkbox"/> General pediatrics
<input type="checkbox"/> Health disparities
<input type="checkbox"/> Health education and prevention
<input type="checkbox"/> Home visitation
<input type="checkbox"/> Literacy
<input type="checkbox"/> Medical home
<input type="checkbox"/> Medical-Legal partnership
<input type="checkbox"/> Mobile care
<input type="checkbox"/> Palliative care/hospice
<input type="checkbox"/> Parenting/parent education
<input type="checkbox"/> Physical activity
<input type="checkbox"/> Primary care
<input type="checkbox"/> Resident/medical student training
<input type="checkbox"/> SCHIP/Medicaid enrollment/outreach/retention
<input type="checkbox"/> Screening/detection/surveillance
<input type="checkbox"/> School readiness/Head Start
<input type="checkbox"/> Sex education
<input type="checkbox"/> Transitions

**Please identify the activities that will be a part of your project. Check up to ten boxes.**

<input type="checkbox"/> Coalition development
<input type="checkbox"/> Community assessment/Needs assessment
<input type="checkbox"/> Community awareness promotion
<input type="checkbox"/> Community meeting support
<input type="checkbox"/> Curriculum development
<input type="checkbox"/> Focus groups
<input type="checkbox"/> Grant writing/Proposal development
<input type="checkbox"/> Interviews
<input type="checkbox"/> Mentorship
<input type="checkbox"/> Outreach
<input type="checkbox"/> Program development/ Program planning
<input type="checkbox"/> Program evaluation
<input type="checkbox"/> Program implementation
<input type="checkbox"/> Resident/Medical student community experiences
<input type="checkbox"/> Resource/tool development
<input type="checkbox"/> Survey development
<input type="checkbox"/> Task Force development

**Community Information**

Please describe your target population (include children's health statistics and number of children potentially affected by the project). (Maximum 300 words)

Do children with any of these types of health care coverage comprise 50% or more of the project's target population? *Check all that apply to the 6-month grant project only – not long term.*

- .Indian Health Service
- .Medicaid/SCHIP recipients
- .Private Insurance
- .Uninsured children
- .Other (specify \_\_\_\_\_)

What is the race/ethnicity of the project's primary target population?  
*Check all that apply to the 6-month grant project only – not long term.*

- Asian/Pacific Islander
- Black
- Hispanic
- Native American
- White, non-Hispanic
- Other (specify \_\_\_\_\_)

What is the developmental stage of the primary target population AND the projected number of children who will be served by the project? *Check all that apply to the 6-month grant project only – not long term.*

- Infant and toddler (birth-2 years) Enter #: \_\_\_\_\_
- Preschool age (3-5 years) Enter #: \_\_\_\_\_
- School age (6-10 years) Enter #: \_\_\_\_\_
- Adolescent (11-21 years) Enter #: \_\_\_\_\_
- Other (specify \_\_\_\_\_) Enter #: \_\_\_\_\_

Does the project target any of these special populations? *Check up to ten boxes.*  
*Check all that apply to the 6-month grant project only – not long term.*

<input type="checkbox"/> Children living in poverty	<input type="checkbox"/> Homeless families
<input type="checkbox"/> Children with special needs	<input type="checkbox"/> Immigrant/Migrant/Undocumented families
<input type="checkbox"/> Families in crisis	<input type="checkbox"/> Minority populations
<input type="checkbox"/> Families in transition	<input type="checkbox"/> Native Americans
<input type="checkbox"/> Foster children	<input type="checkbox"/> Pregnant women/New mothers
<input type="checkbox"/> Gay, Lesbian, Bisexual, or Transgender Youth	<input type="checkbox"/> Refugee families
<input type="checkbox"/> Families in crisis	<input type="checkbox"/> Underserved children & families
<input type="checkbox"/> Families in transition	<input type="checkbox"/> Uninsured/Underinsured children & families
	<input type="checkbox"/> Youth with special needs

Please describe the community; eg, agricultural, industrial, number of pediatricians and other health care professionals in the area, employment data, socioeconomic data. (Maximum 300 words)

Please characterize the target community for the project.  
*Check all that apply to the 6-month grant project only – not long term.*

- Urban, inner-city
- Urban, not inner-city
- Suburban
- Rural
- Other (specify \_\_\_\_\_)

Is the primary setting of your project academic or non-academic?

- Academic
- Non-academic

Please identify the primary setting of your project.

- Clinic - FQHC
- Clinic - not FQHC
- Community-based organization
- Hospital
- Multispecialty clinic
- Preschool/day care center/Head Start
- Private practice
- Public Health Department
- School (elementary or secondary)
- Other (specify \_\_\_\_\_)

Please describe the barriers in your community that impact access to medical homes and other needed health care services for your target population; eg, geographic, cultural, physical, socioeconomic, communicative. (Maximum 300 words)

How will the proposed project address these access barriers? (Maximum 300 words)

Why should the CATCH Program fund your project; ie, summarize and justify the need for funding (Maximum 300 words)

**Collaboration Information**

Identify present and future community collaborative partners and describe their role in this project; (eg, grassroots associations, parents, faith-based groups, local businesses, local public health service agencies, nongovernmental health agencies, hospitals)

Do not use acronyms

Who are your current community partners?

With what additional individuals, groups or organizations do you plan to partner during this project? Describe their role in this project.

What are the pediatrician applicant’s responsibilities in carrying out the project? (Maximum 300 words)

Describe project-related activities completed to date (eg, had prior involvement with local community, conducted informal health assessment, attended community meetings focused on child health issues, read literature suggesting a need in the community, informally documented child health trend in own practice). (Maximum 300 words)

**Project Goals**

The goals of this implementation project are to:

(Note: list goals for the 6-month project period only.

You will be asked an additional question later about the long-term goals of the project beyond the initial period).

**LIST GOALS—NOT ACTIVITIES**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Approximately how many children will be served during your 6-month grant project?

Describe the major projects activities, with timeline incorporated, based on a 6-month grant period

Project Activity	From: Month	To: Month

Identify the long-range goals for this project beyond the grant period. (Maximum 300 words)

How do you plan to sustain and implement the project beyond the grant period? (Maximum 300 words)

How will you assess the achievement of your project goals listed at the beginning of this section (outcomes must be measurable)? (Check all that apply).

- Number of children served – required of all CATCH implementation projects
- Coalition formed
- Community Forum held
- Completion of community assessment
- Number children/families enrolled
- Number grants written
- Number grants submitted
- Funding obtained
- Number of meetings of planning committee/task force
- Number provider contacts
- Number of referrals made or completed
- Number of surveys/focus groups/interviews
- Partnerships developed
- Other (specify \_\_\_\_\_)

Please describe how you will assess achievement of your project goals. (Maximum 300 words)

## Project Budget

### **Budget and justification:**

You will be asked to list activities, description/formula and amounts requested for each activity. (See *Call for Proposals* for a list of typical activities.)

To avoid the possibility of personal tax liability, it will be necessary for you to appoint a tax-exempt fiscal agent once you receive your award. Per federal tax law, individuals are responsible for the taxes on unexpended funds at year-end. Individuals are also responsible for the taxes on expended funds for which an expense report has not been submitted at year-end. *The institution or organization that acts as fiscal agent, however, is not the grantee.*

**Future funding:** List sources of past, current (proposed project only), and possible future funding.

## Pediatrician Applicant Survey

*The pediatrician applicant must respond to the questions below in order to submit the completed application. **These questions are not scored or considered in CATCH funding decisions***

1. How did you learn about CATCH grants? *Check all that apply.*

- AAP News
- AAP Website
- AAP Mailing
- AAP Chapter Meeting
- CQ Newsletter
- Email list serve (specify \_\_\_\_\_)
- Colleague
- Other (specify \_\_\_\_\_)

2. Please indicate your current involvement with AAP. *Check all that apply.*

State AAP Chapter

- Attend meeting
- Serve on committee
- Other (specify \_\_\_\_\_)
- None

National AAP

- Attend meeting
- Serve on committee
- Other (specify \_\_\_\_\_)
- None

3. Have you participated in any of the following AAP child health initiatives? *Check all that apply.*

- Bright Futures
- CATCH
- Community Pediatrics Training Initiative (CPTI/Dyson Initiative)
- Healthy Child Care America
- Healthy Tomorrows
- Medical Home Initiative
- Mentorship and Technical Assistance Program (MTAP)
- None of the above

4. Please identify other community child health activities in which you have been involved in the past 12 months: *Check all that apply.*

- Health and Fitness Related  
*includes camp, health fair, public health clinic, recreational sports team physician*  
Please specify activity: \_\_\_\_\_
- School/Education Related  
*includes child care center, school consultant, school health clinic provider, special education program consultant, school board member, school sports team physician*  
Please specify activity: \_\_\_\_\_
- Other Government/Public Health Program Related  
*includes child protection services/agencies, children with special health care needs/Title V, Courts, Child-specific advisory committees (eg, IDEA (Individuals with Disabilities Education Improvement Act), newborn screening, Head Start, MCH, Immunization)*  
Please specify activity: \_\_\_\_\_
- Non Profit Organization Related  
*includes child advocacy (eg, Voices for Children, Children's Defense Fund), shelters for homeless, mobile health services, volunteer organizations (eg, AAP chapter or national activities, March of Dimes, Rotary, Kiwanis)*  
Please specify activity: \_\_\_\_\_
- Other Please specify: \_\_\_\_\_
- None of the above

5. What benefits do you receive as a result of your participation in community child health activities? *Check all that apply.*

- Benefits to practice (referrals, agency relationships, etc.)
- Money/compensation
- Professional recognition
- Opportunity to spend time with like-minded peers
- Gain valuable skills and/or knowledge
- Mentorship
- Meet professional requirement/obligations
- Personal satisfaction
- Visibility and/or credibility in the community

- Opportunity to improve child health in your community
- No benefits
- Other (please specify \_\_\_\_\_)
- None of the above

6. Do you have contact with a person who provides guidance or advice to you about involvement in community child health activities?  Yes  No

6a. Please indicate from whom you receive guidance or advice.

*Check all that apply*

- Pediatrician practicing in the community
- Pediatrician in an academic setting
- Non-clinician from a community-based organization
- Family member
- Community member
- Other (specify \_\_\_\_\_)
- None of the above

7. Do you provide guidance or advice to colleagues or trainees about community child health activities?  
 Yes  No

8. About how many days have you participated in community-based child health activities during the past 12 months?

- No days
- 1-10 days
- 11-20 days
- 21-30 days
- More than 30 days

9. Would you say your current level of involvement in community-based child health activities is:

- Too little
- About right
- Too much

10. In the next 5 years, do you expect your level of involvement in community-based child health activities will:

- Increase
- Stay the same
- Decrease

11. Which, if any, of the following strategies do you use to influence child health in your home or practice community? (Check all that apply)

- Volunteer at a community clinic
- Serve on a community organization board
- Participate on a child health committee or project
- Work as a coalition member
- Educate legislators (e.g. send letters, email, provide testimony)
- Communicate with the media (e.g. letter to editor, op ed, provide interviews)
- Address parent, teacher, or other community groups
- Mentor other professionals
- Work with local AAP Chapter or other professional organizations
- Vote in local or state elections
- Other (specify \_\_\_\_\_)
- None of the above

## Deadline for Submission

January 31, 2012; 2:00 pm Central Standard Time.

ONLY applications submitted online will be considered for 2012 CATCH funding.

Applicants will receive notification of the results of the review process by June 30, 2012.

For more information, please contact  
CATCH Program  
Division of Community-based Initiatives  
American Academy of Pediatrics  
800/433-9016, ext 4916 or 847/434-4916  
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