

Transforming Pediatrics to Support Population Health  
Request for Letters of Intent (LOI)  
Release Date: **March 1, 2019**  
LOI due by: **April 1, 2019**

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A recent report, [\*Transforming Pediatrics to Support Population Health: Recommendations for Practice Changes and How to Pay for Them\*](#), makes the case for redesigning pediatric primary care to play a broader role in the health and well-being of children and their families, and outlines the principles to guide payment reform to support new services. The report includes recommendations that emerged from a study group of providers, payers, foundations, policymakers, and parent advocates convened by the Child Health and Development Institute (CHDI) and the Connecticut Health Foundation and facilitated by Health Law & Policy staff at the University of Massachusetts Medical School's Commonwealth Medicine. The study group's recommendations include payment reforms in pediatrics that reward effective health promotion and prevention among all children, receiving care in all practice settings, and covered by all payers.

### **Purpose**

The purpose of this grant is to explore the feasibility and resources needed to integrate innovative, community-based, and evidence-based health promotion and prevention services into pediatric primary care. This grant is an opportunity for pediatric primary care practices to connect children and their parents/caregivers to a broader array of non-medical services as a part of their care by initiating, deepening, and/or expanding health promotion and prevention services within the practice. Project outcomes are expected to inform and advance efforts by policymakers, practitioners, program staff, and advocates committed to health equity and payment reform in pediatric primary care.

### **Target Impact Population**

The target impact population is children and their parents/caregivers at pediatric primary care practices.

### **Grant Focus Area**

Proposals must promote at least one of the following focus areas:

1. Healthy weight (e.g., through lactation consultation, nutritional counseling, [Secrets of Baby Behavior](#), and connecting families to community nutrition support such as the federal the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC] program).
2. Socio-emotional well-being among all children (e.g., through parent/caregiver support and education interventions, [Positive Parenting Program](#), [Circle of Security-Parenting](#), strategies for enhancing family and child resiliency as used in the [Strengthening Families Protective Factors Framework](#), and greater integration of behavioral health services with primary care throughout childhood and adolescence).
3. Developmental outcomes that ensure school readiness and success for all children, and particularly children who may have lower rates of success in school due to language, cultural, and other barriers (e.g., [Reach Out and Read](#), Healthy Steps, [Project Dulce](#), and [Video Interaction Project](#)).

### **Criteria for Health Promotion and Prevention Services**

Health prevention and promotion services funded by this grant should:

- Have the potential for costs to be incorporated into a bundled payment package
- **NOT** currently be supported by fee-for-service payments from Medicaid or commercial insurance
- Be evidence-based or represent a clearly established best practice

- Focus on children and their parents/caregivers regardless of insurance type
- Provide opportunities to promote health equity across diverse socio-economic, racial, and ethnic groups
- Include parent/caregiver input into the selection of health prevention and promotion services
- Be coordinated and accessed through the pediatric primary care practice
- Be integrated with other services and sectors (e.g. early care and education programs, schools, WIC) and/or non-medical personnel to work with children and parents/caregivers (e.g., mental health providers, legal consultants, dietitians, care coordinators, home visitors, community health workers, developmental specialists, parent/caregiver support staff and others).

### **Total Awards**

This grant is funded by the Connecticut Health Foundation and the Children's Fund of Connecticut (CFC), and will be managed through CFC's subsidiary, CHDI. Selected grantees will be awarded up to \$37,500 to integrate medical services with innovative, community-based, and evidence-based health promotion and prevention services that address healthy weight, socio-emotional well-being, and/or developmental outcomes. The project period is October 1, 2019-September 30, 2020. Applicants are encouraged to secure additional funding or in-kind services from other sources if needed to support their proposed project.

### **Eligibility**

This grant is open to pediatric primary care practices in Connecticut that participate in commercial health insurance and HUSKY Health (Medicaid). This grant does not fund individuals, private foundations, federal agencies, building projects, endowments, lobbying, or projects that do not benefit primary or preventive pediatric or mental health care in Connecticut.

### **Use of Grant Funds**

Grant funds may be used for project staff, consultant fees, parent/caregiver stipends, program fees, supplies, project-related travel, and other direct project expenses including a limited amount of equipment essential to the project. Grant funds may be used to purchase services from community partners. Indirect costs are limited to 15% of the direct costs.

### **Grantee Expectations**

Selected grantees will be expected to:

- Identify someone within the practice to lead this work
- Complete an interim (6-month) project report
- Complete a final project report
- Participate in a follow-up call with the funders at the conclusion of the grant period.

Project reports may solicit information such as:

- The total number of patients/families served by your practice during the reporting period (if the project was implemented practice-wide)
- The percent of patients/families enrolled in or served by the project by race/ethnicity and insurer
- The number of clinical and non-clinical staff that participate in the delivery of the project and/or project workflow and processes
- A description of resources (including grant supported and in-kind staff, materials, etc.) you used to implement the project to date

- How long the project was fully implemented (i.e., all core components of the proposed service being put in place and excludes the planning phase)
- Your progress in implementing each core component of the project
- A description of any adaptations or modifications made to the original project plan.
- A description of any improvements or refinements you plan to make in the second half of the grant period based on lessons learned during the first half
- A description of any factors (e.g., organizational capacity/infrastructure, processes, culture, partnerships, technical assistance, etc.) that have facilitated implementation of project activities
- A description of any factors or barriers (e.g., organizational capacity/infrastructure, processes, culture, partnerships, technical assistance, etc.) that have limited implementation of project activities
- A description of the way you engaged parents/caregivers in the design of the project and improvements during implementation
- A description of any existing and/or partnerships you leveraged and/or new partnerships you have formed with other organizations as part of the funded project
- A description of any additional resources (in-kind or external funding) that you have secured to continue offering the service/program beyond the grant period
- A description of any unintended consequences (positive or negative) of the program.

### **Evaluation Criteria**

Full proposals will be invited based on Letters of Intent (LOI), to be submitted by April 1, 2019. Refer to page 4 for instructions on submission of LOIs. A review team will assess and evaluate full proposals according to the following criteria:

- Extent to which the project addresses the target population, focus area, and health promotion and prevention
- Extent to which the proposal presents clearly stated goals and objectives
- Extent to which health promotion and prevention services:
  - Have the potential for costs to be incorporated into a bundled payment package
  - Are evidence-based or represent well-established best practices
  - Are focused on all children and parents/caregivers regardless of insurer
  - Address health equity across diverse socio-economic, racial, and ethnic groups
  - Include parent/caregiver input into the selection of health prevention and promotion services
  - Are coordinated and accessed through the pediatric primary care practice
  - Are integrated with other services and sectors and/or non-medical personnel to work with children and parents/caregivers.
- Extent to which the project activities can inform value-based payment reform in pediatric primary care in Connecticut
- Potential for informing further development of, or use as, a scalable model that could be replicated in other locations
- Extent to which identified staff are qualified to implement the proposed project
- Appropriateness of timeline/work plan
- Appropriateness of budget

### Key Dates

- **March 1, 2019:** Request for LOI released
- **April 1, 2019 by 5pm:** LOI due
- **April 29, 2019:** Successful LOI submissions invited to submit full proposal. Full proposals will be aligned with information requested in the LOI and limited to 5 pages.
- **May 31, 2019 by 5pm:** Full proposals due (by invitation only)
- **July 31, 2019:** Notification of awards. Grants distributed following execution of fully signed Letter of Agreement.
- **October 1, 2019:** Project start date

### How to Submit a Letter of Intent

LOIs should be single-spaced, 1" margins, 11 or 12 pt. font, no longer than 2 pages, and include the following information:

1. Name of applicant (must be pediatric primary care practice)
2. Name, title, and email of contact person for this LOI
3. Name and title of person who will be leading this project
4. Number of pediatric patients served annually
5. Percent of patients insured by HUSKY Health (Medicaid)
6. Estimated amount requested from the funders (no budget is required for the LOI)
7. Key project partners (letters of support are not required with the submission of the LOI)
8. Brief description of the project's proposed activities including how they address the target population, focus area, and health promotion and prevention.

Please e-mail your LOI to Susan Macary ([macary@uchc.edu](mailto:macary@uchc.edu)), Senior Associate for Health Initiatives at CHDI, by **April 1, 2019, 5pm**. Please e-mail Susan if you do not receive a confirmation of receipt within 24 hours.

### Questions

If you have questions regarding this grant, please contact Susan Macary at [macary@uchc.edu](mailto:macary@uchc.edu). This grant announcement can be found at [www.chdi.org/about/funding-opportunities](http://www.chdi.org/about/funding-opportunities).