



Family Medicine Philanthropic Consortium Grant Awards SAMPLE APPLICATION: PUBLIC HEALTH

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ANSWERS FROM A TOP-SCORING 2013 FMPC APPLICATION

Answers are taken directly from a top-scoring 2013 FMPC Grant Award Application submitted by the North Carolina AFP Foundation. Please note that *answers are italicized in red ink*, and when a limit on the number of words is required the word-count has been provided.

APPLICANT INFORMATION:

Colorado Academy of Family Physicians

PROJECT TITLE: Provide your title using 8 words or less. Names that describe the project are best.

Fit Family Challenge: Pediatric Obesity Intervention Pilot Project

PROJECT SUMMARY:

FMPC Priority Areas. Select *only one*. Your choice must be reflected in your application as your project's *primary* focus.

Public Health Outreach Students-Residents Other (describe)

Type of Project. Select *only one*. New refers to an innovative project, not just new to your chapter. First Year refers to a project that is new to your chapter/foundation. Existing refers to a current or past program of your chapter/chapter foundation.

New First Year Existing

Executive Summary ~Describe your project and what you want it to achieve. Include major milestones and time frames. (300 words or less **Sample answer is 299 words**)

Rates of pediatric obesity have increased dramatically over the past several decades. The primary care practice is an ideal site to identify overweight and obese children, educate parents and children, and establish and implement therapeutic interventions. However, several barriers exist in the current environment that inhibits the implementation of these recommendations.

The Fit Family Challenge is a one-year program that teaches families how to live healthier through nutritious eating and physical activity. FFC is a primary care office-based pediatric intervention that screens for pediatric obesity and identifies lifestyle habits that may put a child at risk for obesity. Participation involves 1) weekly contact and goal-setting; 2) monthly group visit with a parent(s) and other family members; 3) collection of weekly goals; monthly weight, height, and blood pressure, and a lifestyle habits survey.

In addition to the numerous health benefits to FFC patients, the program has significant benefits for physician participants. To our knowledge, the FFC is the only program available to primary care practices that gives providers an actual tool for the treatment of pediatric obesity. FFC provides training and support for providers on screening for childhood obesity, implementation of the FFC program, and ongoing technical support. The interactive nature of FFC enables providers to reconnect with patients and families in their care.

The FFC project aims to decrease the incidence of pediatric obesity in Colorado and enable physicians to better identify and treat the pediatric obese patients. By the pilot's completion in 2015, the project team hopes to have collected the evidence base needed to prove the FFC's effectiveness. The project team will achieve this through the continuation of the FFC pilot; continued support to the FFC practices; data analysis and evaluation; the development of practice sustainability tools; and finally, the dissemination of the FFC state and nationwide.



Family Medicine Philanthropic Consortium Grant Awards SAMPLE APPLICATION: PUBLIC HEALTH

Who are your participants and how many people will be reached? How do you plan to bring this project to these participants? (200 words or less **Sample answer is 190 words**)

Approximately 200 pediatric obese patients and their families participate in the Fit Family Challenge. Focused on rural and underserved communities where access to healthy foods and resources may be limited, the pilot serves many Medicaid recipients. Patients invited to participate in the FFC are children aged 6-12 years who are 85% or higher for Body Mass Index (BMI). Participating practices are responsible for recruiting at least 10 patients per practice into the FFC. The project team supports patient recruitment with monthly conference calls, biannual learning collaboratives and marketing materials.

There are 21 practices from across the state of Colorado participating in the FFC pilot project. Participating clinic practice staff receives training on comprehensive instruction for successful implementation strategies, and methods and tools in prevention and treatment of childhood obesity. Participants become skilled on the HealthTeamWorks Childhood Obesity Guidelines, Fit Family Challenge Facilitators Guide, Fit Family Challenge Toolkit, HeartSmartKids™ system, motivational interviewing strategies, data collection, and reimbursement options. Project partners, HealthTeamWorks and HeartSmartKids, conducted Rapid Improvement Activities around office flow for implementation of the childhood obesity guidelines and the FFC at each practice (approximately 584 clinic staff trained during the RIAs).

Will you have partners engaged in this project? If so, who? Will these partners provide money or in-kind resources? Be specific. (200 words or less **Sample answer is 171 words**)

The Fit Family Challenge project is a collaboration among four key partners. The Colorado Academy of Family Physicians serves as the project lead and is responsible for coordination and overall implementation of the project. The University of Colorado School of Medicine, Department of Family Medicine is responsible for the project's research, design, and project evaluation. HealthTeamWorks is responsible for training on the childhood obesity guidelines. The Colorado Chapter of the American Academy of Pediatrics participates in the planning and execution of the grant deliverables. Half of the practices in the project pilot are pediatric practices.

The Colorado Health Foundation has funded the FFC since 2009. Funding for the pilot ends in 2015. In 2013 The Anschutz Family Foundation and the Colorado Academy of Family Physicians Foundation funded the FFC to expand the program into additional rural and underserved communities. A proposal is also being considered by the COPIC Foundation to support program expansion. At this point, additional funding is needed to support physician practices to screen, prevent, and treat pediatric obesity.

What grant amount are you seeking from the FMPC? Please round to the nearest dollar. \$ **7,000**

What is your grant project start date and end date?

Start date: **June 1, 2012**

End date: **May 31, 2015**

PROJECT DESCRIPTION

What problem or need are you addressing? Include data and information that demonstrates why this is a problem or need. (300 words or less **Sample answer is 272 words**)

Across the United States, childhood obesity has increased dramatically in recent decades, more than tripling over the past 30 years. In 2008, more than one third of American children and adolescents were overweight or obese. Colorado is experiencing one of the fastest childhood obesity rate increases in the nation. A 2011 Health Policy Solutions report showed Colorado's childhood obesity rate increasing faster than in every other state but one. Children living in Colorado's rural communities face the greatest risk, where diets tend to be higher in fat and calories, residents exercise less and watch



Family Medicine Philanthropic Consortium Grant Awards SAMPLE APPLICATION: PUBLIC HEALTH

more television. Adding to the challenge, rural communities face barriers to addressing obesity, such as higher poverty levels, less access to services that facilitate physical activity and healthy eating, and limited resources to provide nutrition education and physical education.

The primary care practice is an ideal site to identify overweight and obese children, educate parents and children about the health risks of obesity, and establish and implement therapeutic interventions. The 2003 policy statement issued by the American Academy of Pediatrics recommends that prevention and treatment of obesity in children and adolescents be provided within the primary care practice, where children are seen frequently for both health maintenance and sick care visits. However, several barriers exist in the current primary care environment that inhibit the implementation of these recommendations. Several recent surveys of provider attitudes and practices related to pediatric obesity reveal that many providers have not had training in behavioral interventions including motivational interviewing and the treatment of overweight pediatric patients and therefore do not feel confident in counseling or management of their overweight and obese pediatric patients.

What are your project's Goals, Objectives, and Activities? For each goal you list, you must identify a corresponding objective and activity that will help you achieve the goal. Objectives and activities should be specific, measurable, attainable, relevant, and time-bound. (No word limit but the total application plus attachments may not exceed 10 pages.)

Through the Fit Family Challenge our collaborative team aims to decrease the incidence of pediatric obesity in the state of Colorado and enable physicians to better identify and treat the pediatric obese patients. By the pilot's completion in 2015, the project team hopes to have collected the evidence base needed to prove the FFC's effectiveness. The project team will achieve this through the continuation of the FFC pilot; continued support to the FFC practices; data analysis and evaluation; the development of practice sustainability tools; and finally, the dissemination of the FFC state and nationwide.

OBJECTIVE 1: CONTINUATION OF THE FFC PILOT PROGRAM

Activity to achieve objective 1: 15 PRIMARY CARE PRACTICES WILL PARTICIPATE IN FFC PILOT UNTIL DECEMBER 2014

The project team conducted an extensive literature review of the research published on childhood obesity programs, with a focus on programs implemented in a primary care setting, and compiled evidence on the benefit of physician counseling for weight loss. Based on the results of this research search, the team developed a comprehensive primary care office-based program, called the Fit Family Challenge.

The FFC trains providers to screen for pediatric obesity and identify lifestyle habits that may put a child at risk for obesity (i.e. low fruit and vegetable intake, greater than 2 hours/day of screen time, less than 1 hour/day of physical activity, and high sugar sweetened beverage intake). Children aged 6-12 years with a Body Mass Index (BMI) of 85% or higher are invited to participate in the FFC. Participation in the FFC involves 1) weekly contact and goal-setting with the child's primary care practice; 2) attendance at a monthly group visit with a parent(s) and other family members; 3) collection of weekly goals; monthly weight, height, and blood pressure, and a lifestyle habits survey.

At this point in time we have 21 primary care practices from across the state of Colorado participating in the Fit Family Challenge pilot project. Each participating practices are responsible for recruiting at least 10 patients per practice into the Fit Family Challenge. Approximately 200 pediatric obese patients and their families participate in the Fit Family Challenge.

OBJECTIVE 2: CONTINUED SUPPORT TO THE FFC PRACTICES

Activity 1 to achieve objective 2: HOST MONTHLY CONFERENCE CALLS AND BIENNIAL LEARNING COLLABORATIVES AS A PLATFORM TO PROVIDE TRAINING AND SUPPORT FOR PRACTICE PROVIDERS.

Currently in its second year of the pilot, the FFC provides training and support for practice providers on screening for childhood obesity, implementation of the FFC program, and ongoing technical support. To our knowledge, the FFC is the only program available to primary care practices that gives providers an actual tool for the treatment of pediatric obesity. In addition to the numerous health benefits to FFC



Family Medicine Philanthropic Consortium Grant Awards SAMPLE APPLICATION: PUBLIC HEALTH

patients, the program has significant benefits for physician participants—both tangible and intangible. The interactive nature of the FFC enables providers to reconnect with patients and families in their care, and, in turn, reconnect with their communities, thereby supporting practice efforts to become true Patient Centered Medical Homes.

Participating clinic practice staff receives training on comprehensive instruction for successful implementation strategies, and methods and tools in prevention and treatment of childhood obesity as outlined in the CAFP Pediatric Obesity Initiative. Through bi-annual Learning Collaboratives, participants become skilled on the HealthTeamWorks Childhood Obesity Guidelines, the Fit Family Challenge Facilitators Guide, Fit Family Challenge Toolkit, Heart Smart Kids system, motivational interviewing strategies, data collection, and reimbursement options. The Fit Family Challenge Facilitator's Guide was developed by the project team and includes detailed information and procedures for the FFC and the materials for monthly group visits. The Fit Family Challenge Tool Kit includes provider tools, office tools, and patient tools. In addition, HealthTeamWorks conducted Rapid Improvement Activities around office flow for implementation of the childhood obesity guidelines and the FFC at each practice (approximately 584 clinic staff trained during the RIAs). The project team also conducts monthly conference calls with participation from each practice for ongoing support and training, including continued technical support.

OBJECTIVE 3: CONTINUED EVALUATION OF THE FFC

Activity to achieve objective 3: COLLECT AND ANALYZE DATA FOR THE NEXT TWO YEARS, WHICH WILL FURTHER THE ABILITY TO DETERMINE EFFICACY OF THE FFC.

Several methods will be utilized to calculate and report on the final results of the FFC:

- 1) A registry within HSK collects data on total number of children screened for obesity, BMI, blood pressure, and lifestyle factors related to the 5-2-1-0 message. The HSK survey is included in the attachment.
- 2) Each practice completes a weekly data sheet for each child participating in the FFC. Data collected includes goal setting and action planning and monthly weight, height, and blood pressure. A sample data sheet is included in the attachment.
- 3) Pre-post survey of providers and staff on their knowledge and clinical practice related to pediatric obesity.

The HeartSmartKids™ system is a web-based tool for gathering, processing, and presenting a child's cardiovascular risk data. A form of computerized decision support system, HSK helps healthcare providers implement the latest state and national guidelines for the assessment and prevention of childhood obesity at well-child visits. In addition, the HSK system serves as a screening tool for children who fall within the 85% or greater for BMI. Each participating FFC practice has a HSK kiosk installed in their waiting room. HSK is capturing data on baseline, 6 month, and 12 month BMI, blood pressure, and changes in lifestyle related to the HealthTeamWorks 5-2-1-0 action plan. Preliminary results of the program have shown significant progress toward our goals and objectives. Results are measured through a variety of methods including a provider awareness pre- and post-program survey. Physician participants have consistently reported increased fulfillment through both enhanced relationships with patients as well as an increased sense of community through participation in the program. Surveys have also indicated the FFC to be a powerful tool for disseminating and implementing the HealthTeamWorks pediatric obesity guidelines, and a promising intervention for overweight and obese patients. HealthTeamWorks guideline recommendations include goal setting using the 5-2-1-0 action plan (5 servings of fruits and vegetables, 2 hours or less of screen time, 1 hour or more of physical activity, and 0 servings of sugar-sweetened beverages). FFC participants have shown slight decreases in body mass index and blood pressure measurements. Lifestyle screening of factors associated with obesity recorded statistically significant improvements: children ate more fruits and vegetables daily; reduced their intake of soda, juice, or other sweet beverages; increased their physical activity; reduced the time spent watching television or playing video and computer games; ate out less; and spent more time doing family activities.

The project team will continue to collect and analyze data as this project continues, which will further the ability to determine the efficacy of the FFC. Analysis of the data from the FFC will include changes



Family Medicine Philanthropic Consortium Grant Awards SAMPLE APPLICATION: PUBLIC HEALTH

in participants' BMI and blood pressure and changes in lifestyle behaviors as well as changes in provider practices with their overweight and obese pediatric population. Data analysis is conducted twice per calendar year.

OBJECTIVE 4: DEVELOPMENT OF PRACTICE SUSTAINABILITY SUPPORT TOOLS

Activity 1 to achieve Objective 4: DEVELOPMENT OF WEB-BASED LEARNING MODULES FOR MOTIVATIONAL INTERVIEWING, GOAL SETTING AND ACTION PLANNING, AND SYSTEMS FOR DELIVERING CONSISTENT HEALTH WEIGHT MESSAGING.

Survey results from the pilot practices indicate that they would find the following tools helpful to sustain the FFC:

- a. Web-based tool for training on motivational interviewing and patient-centered counseling*
- b. Web-based tool for training on setting behavioral goals and action planning*
- c. Web-based tool to help practices routinely deliver healthy weight messages using the 5-2-1-0 message*

Based on this information, we have started to develop web-based training modules for motivational interviewing, goal setting and action planning, and systems for delivering consistent healthy weight messages. These modules will be developed, piloted, implemented, and evaluated over the duration grant.

OBJECTIVE 5: DISSEMINATION OF THE FFC STATEWIDE AND NATIONALLY:

Activity 1 to achieve objective 5: THE DEVELOPMENT AN ONLINE TRAINING FOR PRIMARY CARE PRACTICES SO THAT THEY CAN HAVE THE ABILITY TO OFFER THE FFC AT THEIR SITES.

The practices that currently participate in the Fit Family Challenge benefit from extensive training and support from the FFC project team. To support practices implementing the FFC at their clinics we plan to develop online training modules.

The online training will differ from the sustainability support tools in that these will include: 1) webinars of each FFC group visit and specific facilitator training for each monthly lesson, 2) instructions for data collection, and 3) technical support for implementation of the FFC. These modules will be developed, piloted, implemented, and evaluated over the duration of the grant.

Activity 2 to achieve objective 5: HOST A TRAINING COURSE AT CAFP ANNUAL SCIENTIFIC CONFERENCE

The CAFP Annual Scientific Conference is an ideal location to introduce and train Colorado family physicians on the Fit Family Challenge pediatric obesity intervention. Using materials developed during the last two years of the FFC Pilot the project team will instruct interested groups on 1) the FFC group visit and specific facilitator training, 2) instructions for data collection, and 3) technical support for implementation of the FFC.

What evaluation tools will you use to measure whether your project has achieved success? These evaluation tools should correspond to the goals, objectives, and activities stated in the question above. (300 words or less **Sample answer is 298 words**)

Several methods will be utilized to achieve the objectives outlined about:

- 1) Each practice completes a weekly data sheet for each child participating in the FFC. Data collected includes goal setting and action planning and monthly weight, height, and blood pressure.*
- 2) Pre-post survey of providers and staff on their knowledge and clinical practice related to pediatric obesity.*
- 3) Post survey of providers and staff who attend each bi-annual Learning Collaborative regarding additional training needs*
- 4) A registry within HSK collects data on total number of children screened for obesity, BMI, blood pressure, and lifestyle factors related to the 5-2-1-0 message.*
- 4) Post survey of families participating in the FFC*

One key tool the FFC utilizes for data collection and patient registry tools is HeartSmartKids. The HeartSmartKids™ system is a web-based tool for gathering, processing, and presenting a child's cardiovascular risk data. A form of computerized decision support system, HSK helps healthcare



**Family Medicine Philanthropic Consortium Grant Awards
SAMPLE APPLICATION: PUBLIC HEALTH**

providers implement the latest state and national guidelines for the assessment and prevention of childhood obesity at well-child visits. In addition, the HSK system serves as a screening tool for children who fall within the 85% or greater for BMI. Each participating FFC practice has a HSK kiosk installed in their waiting room. HSK is capturing data on baseline, 6 month, and 12 month BMI, blood pressure, and changes in lifestyle related to the HealthTeamWorks 5-2-1-0 action.

The project team will continue to collect and analyze data as this project continues, which will further the ability to determine the efficacy of the FFC. Analysis of the data from the FFC will include changes in participants' BMI and blood pressure and changes in lifestyle behaviors as well as changes in provider practices with their overweight and obese pediatric population. Data analysis is conducted twice per calendar year.

PRIOR ACHIEVEMENTS OF SAME/SIMILAR PROJECT PREVIOUSLY FUNDED BY FMPC GRANT AWARD

Description (No word limit but total application plus attachments may not exceed 10 pages.)

ATTACHMENT INFORMATION

Please provide a short descriptive summary of information contained in attachment and the total number of pages. (Total application plus attachments may not exceed 10 pages.)

Attachment 1: is a summary of results for the last 18months of Fit Family Challenge (FFC) Data; summary include BMI, Blood Pressure & HeartSmartKids Questionnaire outcomes

Attachment 2: Briefly outlines the topics covered during the Fit Family Challenge group visits

PROJECT BUDGET

	\$ Requested from FMPC	\$ Other Funding	\$ In-Kind Support	\$ Category Total
STAFF & ADMIN Include all staff and personnel, interns, consultants, volunteers, members, etc.	\$	\$ 141,603	\$172,800	\$ 314,403
SUPPLIES	\$	\$ 51,090	\$	\$ 51,090
EQUIPMENT	\$ 7,000	\$10,068	\$	\$17,068
OTHER	\$	\$ 19,992	\$	\$ 29,992
TOTAL per Funding Source	\$ 7,000	\$222,754	\$172,800	Grand Total \$ 402,554
% of Staffing & Admin Can't exceed 30% (Staffing & Admin FMPC/Total FMPC)	% 0			

Budget Narrative

This section should be comprehensive and address funding requested from FMPC as well as other funding sources, and in-kind support. For all categories (staff & admin; supplies; equip; and other) please explain the need for the cost and how costs were estimated. (No word limit but total application plus attachments may not exceed 10 pages.)

FMPC \$7000 funding will be used as follows: The FFC has proven a powerful tool for disseminating and implementing the HealthTeamWorks pediatric obesity guidelines and a promising intervention for overweight and obese patients. During the last year the FFC project team successfully recruited 14 additional practices to participate in the pilot project. Although fewer practices than anticipated continued on into the extension period of the grant, the caliber of the organizations participating in the program speaks to the need of the CAFPs efforts.

Given the outstanding turnout of new practices the project now faces a budget shortfall. The Heart Smart Kids screening and prevention tool, for which we are seeking funding, is a critical component of the FFC project. Easy to use, the interactive tool is an effective way for practices participating in the FFC to gather critical data about the habits of their patients. Initially budgeting anticipated five new and



Family Medicine Philanthropic Consortium Grant Awards SAMPLE APPLICATION: PUBLIC HEALTH

fourteen continuing practices; however, we only had seven continuing practices and recruited fourteen new practices. An additional \$7,000 is needed to provide HeartSmartKids hardware, subscription, installation and training for fourteen new FFC practices.

We have secured the remaining Income

Fit Family Challenge Income

<i>Anschutz Family Foundation</i>	<i>7,500.00</i>
<i>Colorado Health Foundation</i>	<i>214,144.00</i>
<i>Transferred from Prior Phase</i>	<i>1,110.00</i>
<i>In-kind Donations</i>	<i>172,800.00</i>

In-Kind Donation Estimates

\$4,800.00 for CAFP Board of Directors members overseeing project via email and phone (2 hours/month x 12 months x 2 board members x 100.00)

\$96,000.00 for primary care physicians in pilot participating in Fit Family Challenge patient work time (4 hours/month x 12 months x 20 physicians x 100.00)

\$72,000.00 for primary care practice staff participating in FFC patient work (8 hours/month x 12 months x 30 staff x 25.00/hour)

EXPENSES

PERSONNEL

CAFP

\$43,313 for project coordinator who will coordinate all pilot practice trainings and implementation

\$9,600 for project fiscal and grant management and administration

\$1,200 for Bookkeeping, accounting

\$10,828 for benefits and taxes @ 25% = includes health insurance (\$400/month, 7.65% taxes, and pension)

University of Colorado Department of Family Medicine

\$55,553 for project researcher including continued oversight of the program and data collection and analysis as well as the development, implementation, and evaluation of online training modules for the Fit Family Challenge: DFM will develop training modules specifically for the training and dissemination of the Fit Family Challenge statewide and nationally.

\$16,286.90 for for benefits and taxes

HeathTeamWorks

\$4,213 for RIA facilitation includes (8.5 staff hours X 5 RIAs X 100.00)

PROGRAM COSTS

CAFP

\$20,000 for clerical support for the practices (20 practices x \$1,000 each)

\$5,000 for project and training supplies, materials & printing;

\$1,500 for Spanish translation services of materials to be used by patients;

Heart Smart Kids

\$16,500 for annual Service Fee includes secure, encrypted data storage, server maintenance, technical support, server monitoring, site monitoring, and general operation of the system

\$380 for quarterly data processing & report generation

\$2,850 for year-end data processing and reporting

\$3,360 to continue lease on hardware includes the iPads and PCs for 21 practices through the grant end

\$17,980 for iPads, protective kiosks, and Apple Care for 14 new FFC Practices

CONFERENCES/MEETINGS

\$10,000 for 2 Learning Collaboratives (5 people/practice x 20 practices x \$50/person food)

\$2,000 for 2 Learning Collaborative speaker expenses

\$600 for meetings and conferences;



**Family Medicine Philanthropic Consortium Grant Awards
SAMPLE APPLICATION: PUBLIC HEALTH**

\$500 for HealthTeamWorks Rapid Improvement activities (5 RIAs x 10 participants per RIA x 10.00 per meal)

SAMPLE



Family Medicine Philanthropic Consortium Grant Awards SAMPLE APPLICATION: PUBLIC HEALTH

MARKETING

\$1,200 for marketing to include website development, newsletters, email blasts, and magazines;

OPERATING COSTS

\$2,400 for operating cost to include for rent, utilities, postage, and long distance phone;

\$168.40 for CU DFM operating costs

TRAVEL

\$1,200 for travel to 15 primary care practices across Colorado, 1 trip to each during for coordinator.

\$5,000 for 2 Learning Collaboratives travel for 5 practices x 5 people

\$287 for HealthTeamWorks travel cost includes 140 miles per RIA x 5 RIAs x .41 cents per mile

\$400 for CU DFM travel costs

End of Application

SAMPLE