Healthy Tomorrows Partnership for Children Program Fact Sheet

PROGRAM PURPOSE

The Healthy Tomorrows Partnership for Children Program (HTPCP) supports innovative, community-based initiatives to improve the health status of infants, children, adolescents, and families in rural and other underserved communities by increasing their access to preventive care and clinical services. HTPCP accomplishes its aim through the implementation and evaluation of innovative community-based programs and models of care.

PROGRAM HISTORY

Healthy Tomorrows began in 1989 as a grant program funded and administered by the Maternal and Child Health Bureau (MCHB). A partnership was formed with the American Academy of Pediatrics in 1991 to offer technical assistance, resources and tools to grantees and prospective applicants.

HTPCP projects must represent a new initiative within the community or an innovative component that builds on existing community resources. Projects work with vulnerable children, youth and families (including racial and ethnic minorities) in rural and other underserved populations and address four areas:

1. Access to health care,
2. Community-based health care,
3. Preventive health care, and
4. Service coordination.

Healthy Tomorrows grants have been awarded to a wide variety of organizations, including non-profit agencies, hospitals, universities, and Federally Qualified Health Centers.

PROGRAM IMPACT

Reach
In FY 2016, HTPCP projects served 327,688 women, infants, children, youth, and families. 58% of individuals served by HTPCP projects were racially diverse and 30% were Hispanic/Latino.

Resources
In FY 2016, HTPCP grantees produced a total of 117 products and publications.

Sustainability
95% of HTPCP projects are fully or partially sustained 5 or more years after federal funding ends.

Community Impact
83% of HTPCP grantees report improved children's access to care; 78% report enhanced recognition of child health issues; 78% report enhanced visibility of the organization; 75% report enhanced cultural competence of services; and 67% report enhanced family participation in services.

Evaluation
63% of HTPCP grantees report that their projects are well-evaluated. 78% of grantees used information collected from evaluations to improve services; 61% used information to advocate for their service population; 53% used information to obtain/leverage additional funding; and 41% used information to support replication of their project.

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PROGRAM LOCATIONS

California: Altamed Health Services Corporation (1/2) | Altamed Health Services Corporation (2/2) | Providence Little Company of Mary Foundation | Vista Community Clinic | The Achievable Foundation

Connecticut: YWCA of New Britain

Delaware: The Nemours Foundation

District of Columbia: Mary’s Center for Maternal and Child Care, Inc. | Georgetown University

Florida: Orlando Health, Inc.

Illinois: University of Chicago | Egyptian Public and Mental Health Department

Maryland: Primary Care Coalition of Montgomery County, MD, Inc. | San Mar Children’s Home

Massachusetts: Children’s Hospital Corporation

Minnesota: Saint Paul Public Schools

Michigan: The Regents of the University of Michigan

Missouri: Parents as Teachers National Center, Inc.

Nebraska: OneWorld Community Health Centers, Inc.

Nevada: Foundation for Positively Kids | Nevada Primary Care Association

New Jersey: Henry J. Austin Health Center, Inc.

New Mexico: La Clinica de Familia

New York: Montefiore Medical Center, New York Presbyterian Hospital | New York-Presbyterian Hospital |

Montefiore Medical Center | Maimonides Infants and Children’s Hospital of Brooklyn

Oklahoma: Community Service Council of Greater Tulsa

Pennsylvania: Kids Smiles, Inc.

Rhode Island: Rhode Island Department of Health

South Carolina: Greenville Health System

South Dakota: Youth and Family Services, Inc.

Texas: Baylor College of Medicine | Houston Independent School District

Virginia: Child Health Investment Partnership | People Incorporated of Virginia

Washington: Skagit County Public Hospital District

DIVISION OF MCH WORKFORCE DEVELOPMENT (DMCHWD)

DMCHWD, part of the Health Resources and Services Administration’s Maternal and Child Health Bureau, provides national leadership and direction in educating and training our nation’s current and future leaders in maternal and child health (MCH). The Division also provides leadership through state and community-based capacity building programs.

Special emphasis is placed on the development and implementation of interprofessional, family-centered, community-based and culturally competent systems of care across the entire life course.

DMCHWD supports programs established in federal legislation (Title V of the Social Security Act, the Autism CARES Act, and the 21st Century CURES Act) to complement state and local health agency efforts. DMCHWD partners with state MCH programs, academic institutions, professional organizations, and other health training programs of the federal government to ensure that MCH workforce development programs are grounded in emerging and evidence-based practices.

In FY 2016, DMCHWD awarded 161 grants, an investment of approximately $47 million.