The emergence of Community Pediatrics as a significant domain of interest and attention within the American Academy of Pediatrics (AAP) has been encouraged in part by the grant-making strategies pursued by The Robert Wood Johnson Foundation (RWJF).

Since its establishment as a national philanthropy in 1972, the Foundation has maintained an abiding commitment to the protection and advancement of the health of America’s children. From the outset, however, the RWJF has recognized that if it is to make the most of its role as a source of private investment capital, it must apply its funds thoughtfully and strategically. Thus, in child health and in other areas, its grant-making activities are crafted proactively and are governed by a range of strategies.

The Foundation’s broadest strategy is to invest in initiatives seeking to generate improvements in entire systems. The work force infrastructure of public health systems is an example. Initiatives specific to child health systems include demonstrations to consolidate services targeted on high-risk young people, to establish child-health taxing authorities, and to ensure the enrollment of eligible children in health care entitlements.

A second grant-making strategy pursued by the RWJF seeks to foster changes that are most beneficial when configured at the regional level. Examples include regional perinatal referral programs, immunization tracking networks, and rural infant care technology transfer programs.

A third approach shaping the Foundation’s giving is concerned with the vitality of the local enterprises that constitute the architecture for region-wide or system-wide improvement.

It is here—at the community level—that the Foundation’s grant-making efforts have met their most difficult test. Strategies for change, however well grounded in theory, are likely to falter when they do not become nested within the experience and values of the community and elicit a response that carries community ownership.

A good example is the concept of school-based health centers espoused by the RWJF in the early 1980s as a way of addressing the health needs of high-risk adolescents. The Foundation tested this intervention quietly. Working with civic, corporate, and local philanthropic leaders in several cities, it helped to establish comprehensive adolescent health centers in a number of high schools. However, when the RWJF acted to take this concept to scale and announced a national competitive grants program, it ignited a firestorm of attack. Although the RWJF was surprised and shaken, the national grants program did in fact proceed, and approximately 20 new sites were funded.

The Foundation learned the hard way that local innovations cannot simply be transplanted from one setting to another. They risk rejection when they do not match the sensitive tissue of community aspiration.

The RWJF encountered similar hostility early in its history—in the mid-1970s when it participated in the establishment of the Barrio Comprehensive Health Center, San Antonio, Texas. In this case, opposition, although more muted, came especially from the medical community. However, the tissue match was there. This was a project that constituted a true aspiration of the city’s Mexican-American neighborhoods. The courage and dedication of a young practicing pediatrician in San Antonio, Dr Fernando Guerra, made the project a reality.

By the time the Foundation began its support for the Healthy Children Program under Dr Philip Porter (1983), it had accumulated significant experience and savvy concerning community-based interventions for children.

As described in this article, the Foundation’s experience under the Healthy Children Program led to its assistance some 6 years later (1989) for the establishment by the AAP of the Community Access to Child Health (CATCH) Program.

In its work with Dr Porter, the RWJF recognized his astute capacity for identifying community potential and for activating local leaders to deploy their talents and resources around projects for children. Healthy Children was primarily a program of technical assistance and social marketing of the concept of community self-help. It resulted in some 55 projects—a few of which later commanded significant Foundation investments. One example is funding for a 16-county network of school-based health services organized by the Southeast Georgia Health
District under the leadership of Dr Ted Halloway and Dr Adrienne Butler. The key element in this project was the placement of public health nurses as primary care providers in the public schools. It replicated in a large underserved rural area the pioneering work undertaken by Dr Porter in 1965 in the Cambridge, Massachusetts, public schools.

As the RWJF looked to the future of its opportunities for investing strategically in the area of community-based child health, it determined that it would be advantageous to build an institutional resource for carrying forward such endeavors. Starting in 1989, it made several grants to the AAP for this purpose. The centerpiece is the CATCH Program.

As the program has evolved, it has assumed attributes of yet another (a fourth) primary strategy governing the Foundation’s giving—namely the identification and nourishment of individual talent and leadership. For more than a quarter century, this strategy has remained a consistent emblem of the Foundation’s work as a national philanthropy. Examples include the Clinical Scholars Program, Community Health Leaders Program, primary care residency training programs, faculty development initiatives in pediatrics, nurse-practitioner faculty training, and executive leadership training programs in nursing and in public health.

Thus, the emphasis of the AAP’s CATCH Program on the leadership role of practicing pediatricians in community health organization—and on related training, technical assistance, and support—is wholly consistent with the Foundation’s multiple investments in the development of individual human capital.

The RWJF is well aware that the exercise of leadership at the community level is no easy challenge. This is a role that requires both enterprise and skills in community mobilization; resource assessment and identification; and service interventions, staffing, and funding.

Under the CATCH Program, the AAP is helping local pediatricians acquire competencies of this kind. The Foundation’s most recent grant for the Program extends its funding through September 1999. The objective of this grant is to help support a workshop program with the leadership of community foundations. The hope is that these institutions will emerge as a resource for practicing pediatricians across the country’s developing projects under the auspices of CATCH.

In any event, the Program has helped to establish community pediatricians within the mainstream of the Academy’s programs and concerns. Under the Academy’s leadership, CATCH should have the resiliency to adapt to new conditions affecting pediatric practice and community-based child health enterprise as a whole.

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A Foundation Perspective on Community Access to Child Health Program
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