Reflection From the Department of Community Pediatrics

This year, the American Academy of Pediatrics (AAP) celebrates the 10-year anniversary of the development of its community-based initiatives to improve access to health care for children. Throughout the decade, the Community Access to Child Health (CATCH) Program and the Department of Community Pediatrics (DOCP) has expanded its vision of what pediatrics should be for America’s children. This supplement and the accompanying policy statement “The Pediatrician’s Role in Community Pediatrics” is a fitting acknowledgment of our progress to date, yet also a reminder of how far we have yet to go.

In December 1989, the AAP Board of Directors convened a group of pediatricians to discuss the growing crisis of access to health care for an increasing number of children in our country. The debate centered on whether access issues were limited to financial resources and whether pediatricians really made a difference in their respective communities. At the end of the day, the group reached consensus: the AAP needed to adopt a three-pronged approach to improve access to children’s health care. The first requirement was a comprehensive legislative package such as “Children First.” Second, it was imperative to raise public awareness of this issue. And finally, the group agreed that individual pediatricians did make a difference and that their activities should be facilitated and supported. This last step was a bold one. No other national professional medical association had focused its attention on the role of medical professionals within the context of the community. Early on, this tripartite approach culminated in the Healthy Tomorrows Partnership for Children Program and the CATCH Program of the AAP. Soon thereafter, the Medical Home Program for Children with Special Health Care Needs joined the other community-based initiatives. As a result, thousands of children have accessed health care through the hundreds of pediatrician-led community-based programs.

Undoubtedly, the CATCH Program has experienced growing pains and even occasional controversy. At the outset, a primary concern was that the AAP was asked to make a commitment to institutionalize the CATCH Program once the initial Robert Wood Johnson Foundation (RWJF) grant funding ended. Having just completed a building project and experiencing rapid growth, the AAP Board had to weigh carefully the financial impact of making a decision that would eventually commit future AAP Boards to support CATCH. Ultimately, the Board accepted the terms of the RWJF grant and agreed to sustain the program in the future.

Historically, the CATCH acronym itself has been controversial. “What exactly is CATCH?” “Who is part of it?” and “How is it different from what I am already doing?” are often-asked questions, even to this day. Some pediatricians define CATCH as a funding mechanism from which they may receive CATCH Planning Funds grants. Others regard CATCH as a philosophy of Community Pediatrics that aims to be inclusive by reaching out to all those whom appreciate the impact of population-based pediatrics and the significant contribution of the individual pediatrician to improving child health. These pediatricians feel a responsibility to reach out to children in the community who they do not see, and share their experiences with other pediatricians so they can learn from each other. Clearly, neither the CATCH Program nor any other program for that matter will ever have enough financial resources to fund a limitless number of projects that increase access to health care for children. This lack of clarity regarding the CATCH Program provided the impetus for the CATCH Program evaluation. It has also led to the development of a vision and mission statement, a definition of a CATCH program, and an official AAP statement on the definition of Community Pediatrics.

The external, summative evaluation conducted by the Johns Hopkins Women’s and Children’s Health Policy Center and the National Center for Education in Maternal and Child Health, covered the first 7 years of the CATCH Program. The evaluation provided insightful and valuable data concerning the Program’s strengths and weaknesses. For example, the evaluators noted a weakness in the District and Chapter CATCH Facilitator Network. We are pleased to share that since 1995, the network members, who had functioned previously as a project advisory committee (very much needed in the early years), were appointed as AAP district CATCH facilitators. They now function as “field staff” for the national AAP staff. District CATCH facilitators work to increase CATCH activity at the local level by attending AAP district meetings to work directly with chapter leadership.
An unrestricted educational grant from Wyeth-Lederle Vaccines provides support for local, chapter, and district CATCH meetings.

Other initiatives undertaken since the evaluation period include a recently developed DOCP database and the development of a collaborative relationship with the Maternal and Child Health Bureau and the Ambulatory Pediatric Association to develop the Pediatric Education in Community and Office Settings Project. The database will house information on the CATCH Program and other community-based initiatives to monitor program expansion, collect data about specific projects, and maintain a source of expert “CATCHers” who can provide consultation to other pediatricians. The Pediatric Education in Community and Office Settings Project will help community pediatricians (that is, CATCH pediatricians) provide early community experiences for medical students and pediatric residents. The DOCP also has begun to work closely with other national organizations, such as the National Association of Children’s Hospitals and Related Institutions, Shriners Hospitals, Volunteer Hospitals of America, and the American Hospital Association, to encourage them to engage the community to confront together the local issues that impede children’s access to health care. Further, the CATCH Program continues to cultivate relationships with community and conversion foundations to facilitate communication among funding sources, pediatricians, and families to help solve community pediatric issues. And finally, through deliberate collaboration with organizations and entities such as the Ambulatory Pediatric Association and the AAP Resident, Community Pediatric, and Senior Sections, CATCH is developing a cadre of pediatrician peer supporters.

The rest, as they say, is history. Bolstered by pediatricians’ continuing success in addressing issues of access to health care in their own communities, the CATCH Program has become a major activity of the AAP. What began as a modest program evolved into the AAP Office of Community Pediatrics and later into what is now the Department of Community Pediatrics. The DOCP is dedicated to and promotes the optimal health of all children by supporting pediatrician participation in community health initiatives. We are grateful to the RWJF for providing an opportunity for the AAP to be even more responsive to the needs of families and pediatricians. The DOCP incorporates three important CATCH concepts in its work, ie, one pediatrician can make a difference, local people can solve local problems using local resources, and pediatricians collaborating with others in their community can improve child health.

When faced with access issues in the community, pediatricians strive to identify traditional and non-traditional health access points for all children. These include child care settings, immunization appointments, schools, the medical home, breastfeeding, and services for children with special health care needs. To augment their activities, pediatricians who participate in the CATCH Program become part of an extensive peer network, receive training and technical assistance, and support from the national office.

Dr Indu Agarwal’s program “Pediatric Health Care at Spirit Lake Nation” in Fargo, North Dakota, exemplifies what CATCH pediatricians can do in their own communities. Dr Agarwal recognized the many challenges to children’s health care in the Native American population. She says she read about the CATCH Program in the AAP News, attended a North Dakota AAP chapter meeting to discuss the situation, and decided to move forward with her idea. Working with CATCH staff, Dr Agarwal developed a proposal, CATCH staff provided a letter of support, and Dr Agarwal ultimately received a $60,000 grant from the Otto Bremer Foundation to establish a pediatric clinic on the Spirit Lake Nation reservation. This program is being replicated again and again, all over the country.

Over the years, credit for the success of the CATCH Program can be attributed to many different people, starting with the vision of Dr Phil Porter, a Harvard University faculty member who developed the Healthy Children Program to make health care services universally accessible to children who need them, and to do so through the efficient use of resources already available in the community. Subsequently, Dr Jim Strain, former AAP Executive Director, and Dr Ruby Hearn, Vice President of the RWJF, forged a partnership to address issues of access to children’s health care. Dr Woodie Kessel, former director of the Division of Science, Education, and Analysis (MCHB, HRSA), and Dr Vince Hutchins, former director of the federal Maternal and Child Health Program, took the first steps toward formalizing the ideas by developing the Maternal and Child Health Bureau–AAP Cooperative Agreement, which ultimately led to the development of the Healthy Tomorrows Program. This particular program integrated key CATCH elements such as project sustainability through community matching funds, the importance of pediatrician involvement, and the value of peer support. Dr Ed Rushton, the first director of the CATCH Program, applied his “can do” attitude to ultimately launch the CATCH Program.

It is with cautious optimism that we look forward to the 21st century and reflect on where we have been. Several questions still loom on our horizon. The question “When will all children have financial access to health care?” threatens to divert us from our goal. We suggest that the bigger question is “When all children have financial access to health care, will we be prepared to serve them so that they have the opportunity to grow into self-fulfilled adults—will we deliver on our commitment to a medical home for all children?”

In 1998, General Colin Powell selected the CATCH Program as one of a handful of national model health programs showcased as a part of AMERICA’S PROMISE. The CATCH commitment to America’s children is to train 1000 pediatricians in the CATCH concepts that will result in 1000 new CATCH Programs that will increase access to children’s health care by the end of the year 2000. We are well on our
way to fulfilling this commitment. We hope that this supplement serves as a “call to action” for all pediatricians to get involved with the CATCH Program.

On behalf of the AAP, we thank Dr Guyer and his colleagues for the high-quality evaluation completed on the CATCH Program. We anticipate that others in the pediatric community also will find this evaluation useful as they develop and support their own community pediatric programs. We also thank the AAP and CATCH leadership for their commitment to self-examination and reflection. We applaud their decision to avoid complacency by participating in a rigorous, comprehensive, external evaluation. And finally, we would like to recognize the dedication and commitment of the DOCP staff, in particular, Crystal Milazzo, MPA; Grace Geslowski, MA; Kristine Hildy; Carol Pandak, EdD; and Linda Paul, MPH.

We also would like to recognize with gratitude those who have provided funding support for various components of the CATCH Program, including AAP Friends of Children Fund Donors, AAP Partnership for Children, the Curry Foundation, the Dyson Foundation, the Irving B. Harris Foundation, the Johnson & Johnson Pediatric Institute, A.L. Mailman Family Foundation, the Robert Wood Johnson Foundation, and Wyeth-Lederle Vaccines.

Margaret Mead perhaps said it best, “Never doubt that a small group of thoughtful committed citizens can change the world. Indeed, it’s the only thing that ever has.” From Dr Phil Porter, to the district and chapter CATCH facilitators, to the CATCH network, small groups of concerned pediatricians have made a difference in the lives of children across our country. It is their outstanding leadership and commitment that make the CATCH Program what it is.

**CATCH Vision Statement**

The vision of CATCH is that every child in every community has a medical home and other needed services to reach optimal health and well-being.

**CATCH Mission Statement**

The mission of CATCH is to support pediatricians who work in their community to provide medical homes for all children and to ensure them access to any other needed health care service.

**A CATCH Program Definition**

A CATCH program is a broad-based community partnership that increases children’s access to medical homes or to specific health services not otherwise available. Every CATCH program must be led by, facilitated by, or have the significant involvement of a pediatrician.

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