
O. Marion Burton, MD, FAAP

ABSTRACT. The Issue. Advocacy on behalf of children who are medically underserved and the pediatricians who care for them has been a long-standing core commitment of the Royal College of Paediatrics and Child Health and the American Academy of Pediatrics. Although different in etiology, barriers to adequate health care exist in both nations. In the United States, almost 18 million children have either no health insurance or inadequate coverage, whereas in the United Kingdom, parents can, in most cases, readily enroll their youngsters in a universal health insurance program that is not dependent on employers or employment.

How-ever, despite universal access to health care in the United Kingdom, as in the United States, there are infants and children who do not regularly use or otherwise connect to available health care delivery systems. Many of these families are not participants in other social systems (eg, church, school, voting, employment, property ownership/rental) and therefore are not known to governments, agencies, authorities, or health care professionals. Both nations have citizens living in extreme poverty with its associated environmental and health hazards and tendencies to health risk behaviors. Both the Royal College of Paediatrics and Child Health and the American Academy of Pediatrics have strategies and programs to address these issues and to support pediatricians who work in their communities to improve the lives of children.

The following describes the American Academy of Pediatrics Community Access to Child Health infrastructure that supports practicing community pediatricians in these efforts and opportunities to develop collaborative international endeavors to advance the practice of community pediatrics. Pediatrics 2003;112:735–737; access, advocacy, community pediatricians, community initiatives, health care delivery, health planning.

ABBREVIATIONS. AAP, American Academy of Pediatrics; CATCH, Community Access to Child Health; DOCP, Department of Community Pediatrics; RCPCH, Royal College of Paediatrics and Child Health; CPI, Community Pediatrics Initiative.

For more than a decade, the American Academy of Pediatrics (AAP) has focused many of its efforts on improving access to health care for all US youth. AAP initiatives have sought to 1) remove financial barriers to medical care by expanding health insurance coverage for children, 2) promote public awareness of the need for adequate access to care, and 3) support pediatricians who work in their communities to reduce barriers to care. This last activity, named Community Access to Child Health (CATCH), has matured into a well-organized philosophy and approach to assisting thousands of practicing pediatricians in their extended roles as advocates for children. The theme of CATCH is that “one pediatrician can make a difference” and that physicians are “natural” leaders in communities who can leverage their professional capital and use their social marketing skills to influence the use of existing community assets and resources to promote the well-being of children.

In developing this approach, the AAP initially used the experience and work of Phil Porter, MD, who used social marketing and data to demonstrate that improving access to care actually decreases the cost of health care.

Porter was a pioneer in discovering that human and financial resources within communities could be used to solve local problems related to the health and wellness of children and revealing the potential for pediatricians to use their social capital, knowledge base, and political will as catalysts for change.

In the early 1990s the CATCH Program consisted mainly of networking events among community pediatricians who shared a passion for improving the health and delivery of health care to all children in their communities. As a group, these physicians looked beyond the patients in their practices to focus on the overall needs of all children within their community. The networking meetings led to a loosely organized database of what did and did not work to improve access to care for children who are medically underserved. The success of the networking events and the value of the growing database of “best practices” in child advocacy motivated the AAP to organize these community pediatricians into district and chapter facilitators who assisted other pediatricians in their communities with projects designed to improve access to care. The facilitator also served as a conduit for community pediatricians to obtain technical assistance and resources from the AAP for advocacy activities.

The growth and popularity of CATCH in the AAP spawned a need to outline the core values and purpose of this new program (Table 1), and the program was given a core budget and a permanent home in the AAP Department of Community Pediatrics.
TABLE 1. CATCH Core Statements

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

CATCH mission
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 services.

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

(DOCP). Along with increasing technical support for pediatricians who were participating in CATCH activities, there was a growing awareness that these grassroots physicians often needed monetary assistance to be successful in planning their community-based advocacy work. In response, core financial support has been provided by Wyeth, the federal Maternal and Child Health Bureau, the AAP Friends of Children Fund, and community foundations.

Eighty to 90 $10 000 (£7000 pounds sterling) CATCH Planning Funds grants are awarded annually through the support of these funds. These planning grants assist community pediatricians with the design and development of their community-based advocacy initiatives. Each dollar of these “seed” funds spent on planning has been the catalyst for attracting $68 of ongoing support for successful programs (based on a 4-year review of 1996 Planning Grants awarded). This is a substantial return on the initial investment that continues to grow. Since CATCH planning funds became available in 1993, >500 000 children have been served by these projects. Applications for the AAP CATCH Planning Funds grants continue to increase with each funding cycle.

Since its incorporation into the AAP DOCP, several other strategic undertakings have been implemented to support this nationwide CATCH initiative:

- CATCH visiting professorships have been developed to introduce housestaff to CATCH early in their pediatric careers and to expand links among communities, community pediatricians, and academic medical centers.
- Resident CATCH Planning Funds grants have been established to facilitate links between residents and communities, orient housestaff to community pediatrics, and improve access to care for children.
- A well-organized national database of CATCH activities has been developed and technical assistance offered to aid community pediatricians in their effort to plan, implement, and evaluate child advocacy and CATCH initiatives.

The DOCP is engaged in an ongoing analysis of CATCH programs and the extent to which these various support activities (visiting professorships, planning grants, databases, and technical assistance) contribute to fulfilling the mission and vision of CATCH.

The success of CATCH is in part attributable to its network model of organization. A network provides a method for cooperation and support among otherwise independent people and institutions that is human resource intensive; relies heavily on written, verbal, and face-to-face communication; and has an agreed-on set of interests and agendas. The CATCH network’s tools are easily recognizable community assets (e.g., institutions, associations, organizations, government agencies, charities, faith-based entities) that can be mobilized and used by community pediatricians who are working to improve access to care for children in their geographic spheres of influence. The DOCP intends to build on this network model, using the “community assets as tools” approach guided by the operating principle that “one pediatrician can make a difference” to achieve the vision that “every child in every community has a medical home and other needed services to reach optimal health and well-being.” (Note: A medical home refers to the longitudinal and continuity relationship among a child, a family, and a pediatrician, such that the child receives comprehensive, culturally competent, continuous, family-oriented care. The child’s needs are considered in the context of the child’s family, community, and environment.)

CATCH also could be used as a platform to support collaboration between the Royal College of Pediatrics and Child Health (RCPCH) and the AAP with regard to further defining and developing the roles of pediatricians in community pediatrics. A series of collaborative CATCH initiatives could leverage the knowledge and experience of our respective organizations to advance our understanding and enhance our practice of child advocacy. Deterioration in the social, environmental, and behavioral determinants of health is a common concern in both countries. Although pediatricians function in different roles in the 2 nations (in the United Kingdom, pediatricians serve as consultant physicians, whereas in the United States, they are mainly primary care physicians), the challenge to develop optimal child health care delivery systems that are culturally relevant, patient/family centered, and accessible is shared by both countries.

CONCLUSIONS

The establishment of a joint Community Pediatrics Initiative (CPI), under the auspices of The Equity Project, should be considered by the RCPCH and the AAP. The CPI could use the CATCH Program that has been established in the United States and the extensive community pediatrics experience of the United Kingdom as the template to frame its initial structure and function. The CPI could be launched using the CATCH Planning Funds grants and visiting professorships as initial collaborative endeavors.

- CATCH Planning Funds Grants: The RCPCH and the AAP DOCP could issue requests for proposals for 2 or 3 CATCH Planning Funds grants for projects in the United Kingdom. These awards...
would be in the usual amount of $10,000 (£7000). The review process would be the same as for all other CATCH Planning Funds applications, except that community pediatricians and leaders in the RCPCH would be asked to review the proposals. The proposals that are accepted would be subject to preplanning and postplanning evaluation. The projects that are implemented from the planning stage would be monitored for success in improving access to care, sustainability, and improved health outcomes of children served by these initiatives. Members of the RCPCH and AAP would monitor the success of these projects to determine whether a formal ongoing link should be established between the AAP CATCH Planning Funds grant program and the RCPCH.

- CATCH Visiting Professorships: The RCPCH and the AAP should explore reciprocal CATCH visiting professorships. Academic exchanges can provide the catalyst for establishing sustainable collaboration in research and training and the vehicle for introducing new ideas into clinical settings. There is great potential to influence and improve the practice of community pediatrics in our countries by learning from our respective experiences. Although initial funding for this activity would be required, the potential return on this investment could prove substantial. Cross-fertilization of ideas and joint research projects targeted at identifying and eliminating barriers to care would be powerful stimulants for change, as each nation benchmarked the strengths and resources of the other to help improve the health and well-being of its children.

A joint vision and mission statement for the CPI derived from a shared and common definition would formalize this endeavor. The development of operating principles and generation of internal and external funding should ensure its sustainability through a vulnerable first stage of evolution. The program could be showcased at an international CATCH meeting. The United Kingdom and the United States could invite pediatricians and representatives from pediatric societies and organizations from other countries to begin an international effort to disseminate and further develop and refine the practice of community pediatrics. These collaborative endeavors could launch an ongoing and productive relationship between the RCPCH and the AAP to support and expand community pediatric endeavors. Children and pediatricians in and beyond both countries will benefit from this unique partnership.

REFERENCES

SUGGESTED READING
O. Marion Burton
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The online version of this article, along with updated information and services, is located on the World Wide Web at:
/content/112/Supplement_3/735.full.html