The Community Access to Child Health (CATCH) Program: A 25-Year Retrospective

Barbara Oettgen, MD, MPH, a Holly Ruch-Ross, ScD, b Hope A. Barrett, MPH, b Dana Bennett-Tejes, MA, b Karla Palmer, BA, b Wendy L. Hobson, MD, MSPH c

abstract

For 25 years, the American Academy of Pediatrics (AAP) Community Access to Child Health (CATCH) program has supported pediatricians in collaborating within their communities to advance the health of all children. CATCH grants support pediatric residents and pediatricians in planning or implementing community-based child health initiatives. The CATCH program has provided almost 10 million dollars through 842 planning, 585 resident, and 305 implementation grants to >1700 pediatricians. Urban, rural, suburban, and tribal communities in every state as well as the District of Columbia and Puerto Rico have benefited from CATCH-funded projects. Collaborations with community partners such as schools, homeless shelters, and mental health centers have led to programs serving children and families, especially those living in poverty and in minority groups. The most recent program data reveal that 87.5% of the projects are operating 2 years after funding. Many CATCH projects have not only sustained themselves but have grown into larger programs with funding from other sources. CATCH has influenced pediatricians’ careers by providing important skills, networking opportunities, career legitimacy, mentoring opportunities, and increased engagement with the AAP. More than 350 pediatricians have served the AAP as CATCH facilitators, the network of physicians that provides technical assistance to applicants and reviews grant applications. Responding to changing trends, CATCH leaders have looked at other funding models and recently launched the CATCH-On initiative. CATCH-On creates and provides templates from successful CATCH projects to busy pediatricians who can then implement the project in their communities with minimal funding.

HISTORY OF CATCH

In the 1960s, momentum built nationally and within the AAP to

an extensive network of trained CATCH pediatricians as well as American Academy of Pediatrics (AAP) staff, pediatricians address pediatric community health problems such as injury prevention, obesity and nutrition, oral health, and mental health.

F. Edwards Rushton, MD, often referred to as the father of the Community Access to Child Health (CATCH) program, once said, “Anything a pediatrician does sitting with others in the community to assess and meet a need (and lots of pediatricians do that) could be called a CATCH project.”

CATCH provides grants to pediatricians who encounter a child health need in their practice that cannot be solely addressed in a traditional clinical setting. With technical assistance from an extensive network of trained CATCH pediatricians as well as American Academy of Pediatrics (AAP) staff, pediatricians address pediatric community health problems such as injury prevention, obesity and nutrition, oral health, and mental health.

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address the unmet health care needs of children, especially those living in poverty. In the mid-1980s, Phil Porter, MD, a pediatrician in Boston, Massachusetts, successfully streamlined services, improving access to care through coordination of existing community-based programs such as home visitation and school-based health centers.1,2 After Dr Porter’s success in Boston and other communities, the Healthy Children program was born in 1983, funded by the Robert Wood Johnson Foundation. The goal of the Healthy Children program was to provide information (not grants) and technical assistance from Dr Porter to communities interested in making health care universally accessible to children using innovation and existing resources.1 In 1988, as Robert Wood Johnson Foundation funding ended, the Healthy Children program was moved to the AAP.

In 1993, under the direction of Dr Rushton, the CATCH program began, eventually being settled in the department of community pediatrics. Dr Rushton believed that pediatricians were a critical catalyst in addressing child health problems at the community level.1,2 He promoted the idea of a network of CATCH facilitators, pediatricians who could give guidance to other pediatricians at the local level to implement community projects. Rushton believed in the importance of pediatricians as the initiators of collaborative community projects because they are ideally suited for community leadership roles and because solving child health issues is at the core of pediatrics. In 1993, with $250,000 from Wyeth-Ayerst, the AAP funded the first CATCH planning grants. They served as “seed grants” allowing pediatricians and communities with ideas about improving child health to have financial resources and advice to plan an intervention.2

CATCH LEADERS RESPOND TO CHANGING NEEDS

Over the years, CATCH grants have reflected the pediatric issues of the day as well as those that are emerging. During the 1990s, both health care providers and health insurance companies began to understand the value of a medical home.3,4 CATCH, whose initial mission was “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,”2 championed programs that created or improved the medical home and its connection to community resources or increased access to care. Care coordination, particularly for children and youth with special health care needs, was a part of more than one-quarter of the grant programs in the early years.

In the early 2000s, the obesity epidemic came into focus.6 Pediatricians working with children with obesity realized they could not address the issue solely in the office but needed to include partnerships with the entire community (e.g., schools, community centers, religious organizations, and day care centers). Physicians had already turned to CATCH to build community programs addressing nutrition and physical activity; 25% of the grants funded in the mid-2000s were focused on nutrition and obesity.

More recently, health equity has come to the foreground. Addressing the political, cultural, and economic

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<th>Table 1 Target Populations of CATCH Grants (2006–2017)</th>
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<tr>
<td>Children in foster care</td>
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<td>Children living in poverty</td>
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<td>Children or youth with special needs (2006–2012)</td>
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<td>Children with special needs (2013–2017)</td>
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<td>Youth with special needs (2013–2017)</td>
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<td>Families in crisis</td>
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<td>Youth who are LGBT</td>
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<td>Families who are homeless</td>
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<td>Immigrants, migrants, refugees, or immigrants who are undocumented</td>
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<td>Minority populations</td>
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<td>Native Americans</td>
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<td>Pregnant women and/or new mothers</td>
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<td>Children and families who are underserved</td>
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<td>Children and families who are uninsured or underinsured</td>
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LGBT, lesbian, gay, bisexual, transgender; n/a, not available.
obstacles that lead to health inequities requires a broad-based collaboration of health care providers, mental health practitioners, legal aid clinics, resettlement agencies, schools, food pantries, and other community service organizations. CATCH is a catalyst for creative partnerships to address the pressing health needs of groups such as families in crisis (34%), immigrants and refugees (24%), and those who are homeless (17%) (Table 1). These vulnerable populations have faced adverse childhood experiences and are at high risk of toxic stress.\textsuperscript{6–13} Given the broadening scope of child health issues and concerns, the mission of CATCH changed in 2017 to “CATCH supports pediatricians to collaborate within their communities to advance the health of all children.”\textsuperscript{14}

As community issues have changed, so has the CATCH program, which expanded to 3 types of grants: planning, resident, and implementation grants (Fig 1). In 1993, CATCH only provided planning grants, which allowed pediatricians to venture beyond the walls of a clinic and engage with the community, develop partnerships, and plan a community intervention that would serve community needs. The addition of CATCH resident grants in 2001 encouraged pediatricians-in-training to engage with the community early in their careers and enabled them to complete small-scale community interventions during their training. Applying for and receiving these $2000 grant awards can inspire a potential lifelong interest in community pediatrics and develop a sense of self-efficacy in community engagement. With the addition of implementation grants in 2003, CATCH allowed pediatricians to implement pilot programs, many of which materialized during a planning grant. Planning and implementation grant awards have ranged between $10 000 and $12 000. Grant topics funded since 2006 are listed in Table 2.

### Funding

CATCH began with support from generous donors. It continues to rely on charitable gifts to sustain its grant program. In addition to strategic AAP Board support through the operating budget and allocations from the Friends of Children Fund, CATCH has sustained itself by philanthropic investments from Pfizer, the National Dairy Council, and the Magic Pebble Foundation. Additionally, the personal philanthropy of many AAP members has supported the ongoing effectiveness of the program. CATCH’s future growth relies on building a sustainable source of income. In 2014, the CATCH Endowment started to provide long-lasting financial support. More recently, CATCH leaders started collaborating with AAP Sections and Councils to provide funding in specific interest areas. This mutually beneficial arrangement has drawn trainees interested in specific areas closer to the respective AAP Sections and Councils.

### The Network

The CATCH network, consisting of a nationwide network of pediatricians in every state, is 1 of the important pillars of the program. Today, the network consists of Chapter Community Access to Child Health facilitators (CCFs) (1 or 2 from each chapter of the AAP) and District Community Access to Child Health facilitators (DCFs) (1 from each of the 10 AAP districts). When CATCH resident grants were introduced in

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**TABLE 2** Topics of Funded CATCH Grants by Year

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<tbody>
<tr>
<td>Access to care</td>
<td>60 (10.7)</td>
<td>29 (7.8)</td>
</tr>
<tr>
<td>Adolescent health</td>
<td>45 (8)</td>
<td>36 (9.7)</td>
</tr>
<tr>
<td>CSHCN and/or disabilities</td>
<td>56 (10)</td>
<td>26 (7.0)</td>
</tr>
<tr>
<td>Community advocacy and/or health promotion</td>
<td>55 (9.8)</td>
<td>68 (18.3)</td>
</tr>
<tr>
<td>Health disparities and/or underserved population</td>
<td>69 (12.3)</td>
<td>54 (14.5)</td>
</tr>
<tr>
<td>Medical home and/or general pediatrics</td>
<td>103 (18.4)</td>
<td>79 (21.2)</td>
</tr>
<tr>
<td>Mental health</td>
<td>41 (7.3)</td>
<td>10 (2.7)</td>
</tr>
<tr>
<td>Nutrition and/or obesity</td>
<td>124 (22.1)</td>
<td>70 (18.8)</td>
</tr>
<tr>
<td>Other</td>
<td>6 (1)</td>
<td>n/a</td>
</tr>
</tbody>
</table>

CSH CN, children with special health care needs; n/a, not available.

* includes some previously published data.\textsuperscript{15}
2001, a network of district resident liaisons (DRLs) was instituted, and 2 national resident liaisons (NRLs) were added to the national DCF committee. The DCFs make strategic decisions about the program, develop new initiatives, and make final grant funding decisions. CCFs are the key link between the national AAP headquarters and the local pediatricians. As a local resource to pediatricians developing a community program and/or applying for a CATCH grant, CCFs provide technical assistance that is based on their knowledge of local and regional resources and experience in building community collaborations. CCFs advertise the program, helping residents and physicians become aware of CATCH and its priorities. CCFs score applications from their communities, providing knowledge of the local context of the project. Since 1993, 48 DCFs and >300 CCFs have served CATCH. Similarly, residents selected to serve as DRLs (2 from each district) provide peer-to-peer guidance and support to other residents. Another invaluable resource for applicants is an online catalog of previously funded grants. Pediatricians can search the catalog to connect with others who have developed similar programs. The CATCH network is composed of these leaders and the >1700 current and former CATCH grantees.

**THE CATCH APPLICATION PROCESS**

An online call for proposals for all 3 types of grants occurs every 6 months. A pediatrician must spearhead the project (ie, develop an idea, make initial community connections, potentially consult with a DCF, CCF, or DRL, and then apply). Grant funds must be used for projects that involve community collaboration and are not solely enhancements for one’s own clinic or practice. The number of applications submitted and the number of grants awarded have fluctuated greatly over time depending on available CATCH funds. From 2000 to 2013, CATCH funded 90 to 100 projects per year; more recently, CATCH funded 50 to 60 grants annually (Fig 2). Approximately 50% of funded projects since 2011 have been resident grants. On average, CATCH funds 40% to 50% of proposals it receives per year, but the rate of funded proposals has ranged from 18% to 90% annually (Fig 2). As noted above, funding depends in part on the availability of funds but also on the number of applications submitted and the reviewer’s score of the applications.

AAP staff, the local CCF and DCF, as well as ≥1 nonlocal DCF review planning and implementation applications. AAP staff, the local CCF, DCF, and DRL, as well as an NRL review resident applications. The multipoint scoring system is designed to favor applications that have the following: broad-based community collaborations (ie, broad array of community organization partners such as public health agencies, schools, social service agencies, and mental health providers), innovative ideas to solve local child health issues, an underserved population as its target audience, and the provision of access to needed health services not otherwise available.

**CATCH ACHIEVEMENTS**

Over the last 25 years, the CATCH program has awarded almost 10 million dollars through 842 planning, 585 resident, and 305 implementation grants to >1700 pediatricians. CATCH grantees and funds have influenced urban, suburban, and rural communities in every state as well as the District of Columbia and Puerto Rico. Grant-funded programs have influenced children of all ages and their families and have addressed a broad array of topics. Projects have involved community collaborations with a diverse group of organizations including schools; local public health agencies; the Special Supplemental Nutrition Program for Women, Infants, and Children; community mental health centers; military organizations; homeless and domestic violence shelters; and dental clinics. Children who live in poverty, minority populations, and those who are underserved are the largest populations of children served by CATCH projects. Additionally, CATCH projects have addressed more specific subgroups such as children in foster care, immigrants, and children and...
youth with special health care needs (Table 1).

CATCH has collected data from its grantees to evaluate the program, including project sustainability and community partnerships, and grant impact on pediatricians (ie, career, mentorship, and networking). Since 2006, CATCH has gathered grant application data online and, in 2008, CATCH instituted a 2-year follow-up online survey of grant recipients.15,18 From 2008 through 2015, 199 grantees responded to the follow-up survey with an average response rate of 67%; resident grantees typically had a lower average response rate of 43% (N = 90). Online follow-up surveys reveal a substantial proportion of CATCH-funded programs still exist in some form (87.5% from 2008 to 2015) 2 years after CATCH funding. Some projects have grown into comprehensive programs and have been integrated into institutions or communities. Many received additional funding, often through the sponsoring organization or local foundations, with some achieving tremendous success.19 A core component of CATCH, the development of community partnerships, has revealed sustainability in postproject surveys as well. Seventy-four percent of grantees from 2008 to 2015 reported sustained community partnerships 2 years after funding. In postproject surveys, close to three-quarters of respondents reported that their projects developed new partnerships between pediatricians and other health and social service professionals, expanded pediatrician involvement with community-based programs, and enhanced recognition of child health issues in the community. By design, CATCH has always been accessible to all pediatricians. The 2006–2017 application data revealed that only 20% of grant applicants report a medical school or parent university as their primary employment setting, and the majority work in practices or community clinics.

CATCH has positively influenced the individual pediatrician and the field of community pediatrics. In 2017, CATCH leaders sent a 26-item Web-based 25th anniversary survey to the 1122 former CATCH grantees for whom e-mail addresses were available to explore the impact of participation in the CATCH program on pediatricians and their communities. The anonymous survey had a 34% response rate (N = 386).20 Of the 25th anniversary survey respondents, >50% reported that implementation of the CATCH grant was the “best thing I ever did,” “one of the most fun things I have done in my career;” and “some of the most important work I have done in my career.”20 Open-ended comments were positive, including statements such as, “amazing well-rounded experience which has become the cornerstone of my career” and “CATCH has provided my career with legitimacy and … a network of colleagues.” Responses on the 25th anniversary survey highlighted physician involvement in community projects and self-efficacy regarding the ability to implement community projects. Eighty-five percent of CATCH grantee respondents continued to be involved in community pediatrics, and 88% felt more prepared to implement community projects. The majority of respondents reported that CATCH had a strong or very strong impact on their professional leadership skills and on their ability to build a community coalition. Pediatricians reported CATCH has provided opportunities to pursue leadership positions through CATCH itself (as a CCF or DCF) as well as positions in their institutions (56%), communities (43%), AAP chapters or districts (30%), and the national AAP (20%).20 For many, CATCH was the catalyst to launch a career in community pediatrics. According to resident grantee Joyce Javier, MD, “During my pediatrics residency, I obtained funding from the American Academy of Pediatrics CATCH program to conduct a community-based participatory project aimed at adolescent pregnancy prevention among Filipino youth. Receiving this grant permanently changed my career trajectory by introducing to me what a community pediatrician has the potential to accomplish.”

Implementing a CATCH program allows for networking locally, regionally, and nationally among physicians and other professionals and allows young physicians to find a mentor. More than half (57%) of 25th anniversary survey respondents who had received CATCH grants as residents reported finding a mentor because of their CATCH grants. Sixty-four percent of all respondents reported that they are now mentors in community pediatrics. Open-ended comments about how CATCH impacted the physicians included quotes such as “Helped me gain early skills and confidence in my ability to make a difference beyond the clinic” and “The connections built over the course of the project continue to be beneficial in my current work more than 10 years later.” These comments highlighted important skills, networking opportunities, career legitimacy, and increased engagement with the AAP, which are all qualities that promote career satisfaction in medical providers. Finding meaning in one’s work and developing supportive professional relationships are 2 characteristics known to decrease physician burnout.21

In addition, AAP administrative data have revealed an interesting association: Over the past 5 years, CATCH resident grantees have continued their AAP memberships after residency graduation at a rate of 81%, compared with all resident members at 50%.
CATCH recipients have been honored by national and local awards as a result of their work, including the prestigious Jefferson Awards for Public Service, the US Surgeon General Community Champion Award, AAP Special Achievement Awards, and State Pediatrician of the Year. In addition, resident and attending physicians present their work at national conferences such as the AAP National Conference and Exhibition and the Pediatric Academic Societies meetings.25,26

CATCH has inspired other programs, including the AAP Section on International Child Health’s International CATCH program, which recently celebrated its 10th anniversary.25 The International CATCH program uses a similar model as CATCH for promoting local community partnerships to solve local health problems. An application for a CATCH grant has become a teaching tool in some residency programs to provide residents with tangible access to understanding community pediatrics.23,24

FUTURE OF CATCH

As corporate and foundation funding decreases and pediatrician time becomes more limited, the DCFs have worked to expand the program’s reach beyond grant funding to include other initiatives to spread the wealth of innovation and community involvement that embody CATCH. Although community needs remain high, fewer pediatricians are engaging in community work.25 Recognizing a need for guided involvement in the community (just as Dr Porter implemented in the 1980s), the DCFs launched the CATCH-On model in 2017.

CATCH-On builds on the success of past CATCH projects through the dissemination of a project template that others can replicate and adjust to fit their communities. The first CATCH-On template guides pediatricians to implement a program that is based on the successful 2014 CATCH grant of Geoffrey “Cappy” Collins, MD, MPH, of Cada Paso.26

In 2014, Geoffrey “Cappy” Collins, MD, MPH created Cada Paso,26 a walking program developed for a Mexican immigrant population in the East Harlem neighborhood of New York City. The program uses walking to promote neighborhood health and the use of social service resources based on family needs assessments. While walking, families talk with health professionals, visit and connect to community resources, practice healthy habits, and strengthen their social networks. Currently, pediatricians and pediatric residents in Memphis, Tennessee; Lander, Wyoming; Baton Rouge, Louisiana; Berwyn, Illinois; and Louisville, Kentucky are piloting Cada Paso in their local communities.

The template is used to guide participants through phases of developing a community-based intervention, including (1) performing a community assessment to determine the need for service, (2) finding community partners to help implement the project, and (3) collecting data to determine project success.

CATCH-On pediatricians speak regularly via a facilitated teleconference or videoconference, obtaining technical assistance from DCFs, staff, and each other.

CONCLUSIONS

CATCH started as a simple idea for helping local pediatricians solve local child health issues with community partners. CATCH has not only survived but also thrived as it has grown over the past 25 years. A fundamental program of the AAP, CATCH has positively affected thousands of communities and pediatricians and will continue to fulfill its mission of “supporting pediatricians to collaborate within their communities to advance the health of all children” for future generations.

ACKNOWLEDGMENTS

We thank Jean Davis and Judy Dolins for their review of the article and their long-standing support of CATCH. We also thank the current and past DCFs and NRLs. We are grateful to all the volunteer pediatricians who have given their time to initiate projects, serve as mentors, or lead the program locally or nationally.

ABBREVIATIONS

AAP: American Academy of Pediatrics
CATCH: Community Access to Child Health
CCF: Chapter Community Access to Child Health facilitator
DCF: District Community Access to Child Health facilitator
DRL: district resident liaison
NRL: national resident liaison

REFERENCES


5. Dietz WH. The response of the US Centers for Disease Control and Prevention to the obesity epidemic.


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