Community pediatric initiatives aim to bridge gaps in child health care

This is another in a year-long series of articles leading up to the celebration of the Academy’s 75th anniversary in October.

“Inferior doctors treat the patient’s disease; mediocre doctors treat the patient as a person; superior doctors treat the community as a whole.”

— Huang Lee, 2600 BC

Many may think community pediatrics is a relatively new concept, but the importance of the community has been recognized since recorded time.

Early U.S. pediatricians acknowledged the profession’s responsibility to improve child health by going beyond the exam room and into the communities in which children live. In fact, the Academy was established after the American Medical Association opposed legislation that would allow the federal government to provide state grants for maternal and child health programs.

For 75 years, the Academy has been committed to caring for children in the context of the community. Following are some of the milestones in community pediatrics.

In 1967, the Academy established the Committee on Community Health Services, which has served as a beacon for pediatricians concerned about underserved populations of children and clinical topics. Underserved populations have included Native Americans, children in foster care, children living in rural areas, children with special health care needs and all children with limited or no access to care. Clinical topics include mental health, breastfeeding, oral health, child care and screening, among others.

In 1971, the Academy established the Department of Community Health Services, which was charged with assisting communities and AAP chapters in developing programs that would provide services directly to children. During this time, the Academy was instrumental in providing a Head Start Medical Consultation Service, which supported the development of projects in Pennsylvania, Missouri, Texas and Maine. These projects provided basic health services to thousands of children who previously had limited or no access to health care.

With increasing concern about children not receiving adequate health care, the Academy received a grant from the Robert Wood Johnson (RWJ) Foundation in 1988 to educate and involve pediatricians in community-based activities. The Healthy Children Program, developed by Philip J. Porter, M.D., from Harvard University, served as a model. In 1991, another grant from the RWJ Foundation provided the support for what was to become the Community Access to Child Health (CATCH) program.

CATCH is a national program that increases access to medical homes for all children by:

• providing pediatricians with tools and resources to put ideas into action, including training and technical assistance in planning, management and fundraising;
• providing pediatricians with support and model programs through networking and peer consultation;
• providing pediatricians with funding opportunities; and
• motivating pediatricians to get involved in their communities.

As CATCH celebrates 12 years, more than 17,000 pediatricians participate in the CATCH network, providing peer support and networking opportunities. Through CATCH, the Academy and its partners (Wyeth, Hasbro Children’s Foundation, CVS Charitable Trust, Irving Harris Foundation, Ronald McDonald House Charities, the American Academy of Pediatric Dentistry and the AAP Friends of Children Fund) have provided the seed funds to more than 700 CATCH projects. These projects have leveraged millions of dollars for pediatrician-led community-based initiatives. Descriptions of CATCH grants can be found at www.aap.org/commpeds/grantsdatabase.

The CATCH program is one of many AAP community pediatric initiatives. Others include Medical Home for Children with Special Needs and Healthy Tomorrow’s Partnership for Children.

The newest effort is the Community Pediatrics Training Initiative (CPTI), which is designed to collaborate with academic pediatrics training programs working to develop educational curricula and scholarly efforts concerning community-oriented and community-based health care. Through the initiative, pediatric academia and residents will be equipped with the tools and knowledge to become professionals committed to improving children’s health. The CPTI is funded by the Dyson Foundation, named in honor of Anne E. Dyson, M.D., FAAP.

“Economics, family dynamics, community resources, and access to resources, among other things, all play critical roles in determining the health of our patients,” noted Ronald Marino, D.O., FAAP, a member of the AAP Committee on Community Health Services.

“Unavoidable disparities exist in all of these areas. Each community has its own special profile of strengths and challenges, and pediatricians can play an important role in collaborative, community-based problem-solving.”

Through a variety of community pediatric initiatives, the Academy has tapped into its members’ creativity and commitment to bridge the gaps in services that exist today.

Community pediatrics is beginning to develop the science on how to best serve the needs of an increasingly diverse population of children and adults. Community pediatrics is the responsibility of all those taking care of children’s health, including pediatricians, pediatric medical subspecialists and pediatric surgical specialists. Community pediatrics gives all pediatricians an oppor-