

Community Access to Child Health (CATCH)

Lessons Learned:

Bringing Community Pediatrics to Life

Introduction

Through its Community Access to Child Health (CATCH) program, established in 1992, the American Academy of Pediatrics (AAP) provides grant funding and technical support to individual pediatricians pursuing efforts to increase children’s access to health careⁱ. Through a short series of summary reports developed through interviews with previous CATCH implementation grant recipients and review of their grant materials, the CATCH program seeks to provide a reflection on the lessons learned in these projects and advice gleaned from the field for future CATCH applicants and granteesⁱⁱ.

In 2005, the AAP Committee on Community Health Services (COCHS)—now the Council on Community Pediatrics (COCP)—released a policy statement with 11 recommendations for pediatrician involvement in community pediatrics.ⁱⁱⁱ Eight of these recommendations are directed to pediatricians specifically, while the remaining three suggest ways that medical education programs and AAP chapters and their members might support increased engagement in community pediatrics.

The committee specifically recognized the CATCH program for “furthering the understanding of community pediatrics and encourag[ing] participation in creative, community-based integrated models” of care. Not surprisingly, the projects supported by the CATCH program had already been implementing these recommendations.

This report provides a sampling of the projects of previous CATCH grantees organized in reference to the recommendations of the COCHS/COCP policy statement. By providing examples of strategies and approaches used by pediatricians in practice, we hope to inspire others to implement and operationalize these recommendations through developing innovative, community-based initiatives of their own.

Note: This report is drawn from the final reports of 18 grantees who conducted CATCH implementation grant projects during 2003 and 2004, and recent interviews with 17 of them. Their CATCH projects varied in scope and purpose and were conducted in large and mid-sized cities as well as urban communities. This sample is much too small and much too diverse to offer a representation of pediatrics or even of CATCH grantees. Nonetheless, we believe the experience, insights and advice of these grantees can be of value to future applicants and can serve to enhance the effectiveness of efforts to improve child access to primary care.

For the purposes of this issue brief, we highlight those aspects of projects that seem to most clearly represent the intent of the COCP recommendation. The intent is to demonstrate how different pediatricians, in a variety of communities, promoted the spirit of the COCP recommendations in pursuit of their goals and interests.

Recommendations for Community Pediatrics

- 1. Pediatricians should use community data (epidemiologic, demographic, and economic) to increase their understanding of the health and social risks on child outcomes and of the opportunities for successful collaboration with other child advocates.**

CATCH grantees used a variety of sources to access existing community characteristics and identify or learn more about their targeted communities. These included:

- Community needs assessments and reports;
- Needs assessments conducted by community organizations serving the target population. In some cases, a CATCH project partner had previously conducted a local needs assessment;
- Service data from child-serving organizations, such as Head Start;
- Medicaid and SCHIP enrollment rates by zip code or school district to identify areas of poverty;

- An electronic records review within the pediatric practice to identify families likely to benefit from a telemedicine project between a primary care pediatrician and pediatric specialists.

In some cases, CATCH grantees engaged in efforts to develop new data on community needs or to uncover data that was not directly available through existing sources. For example:

- A project targeting oral health services for undocumented immigrant children estimated the number of children in need by calculating the number of children in Head Start Programs who were not eligible for Medicaid. In addition, local focus groups on community needs identified dental services as a serious gap. Focus group participants included the public school nursing director and Head Start staff.
- Other projects also conducted planning meetings and focus groups as part of their project planning process. In most cases, these focus groups included members of the target community (e.g., local adolescents). In one case, an advocacy group of parents of children with special health care needs (CSHCN) conducted community focus groups.
- CATCH grantees served on community task forces, thus meeting community leaders and developing a greater understanding of community resources and needs.

Needs assessments were not limited to CATCH planning grants. Gathering qualitative data on the needs of a target community were among the identified goals of some of the CATCH implementation grants reviewed for this project.

- A convenience sample of youth served by a partner youth agency was conducted to specify the demographics and identify needs among youth.
- Focus groups with residents of homeless shelters helped to uncover concerns and build trust between care providers and residents.

2. Pediatricians should work collaboratively with public health departments and colleagues in related professions to identify and decrease barriers to the health and well-being of children in the communities they serve.

Many CATCH projects involved local health departments, community health agencies and other physicians in efforts to improve care for children. For example:

- A CATCH grantee facilitated collaboration between the local health department, area dentists and the State University's College of Dentistry to increase access to dental care in rural communities.
- CATCH grantees delivered specialized services, such as mental health care or developmental screening, through cooperating primary care offices.
- CATCH grantees developed interdisciplinary care teams to provide services to target populations. These teams included, as appropriate, social workers, dental students and residents, medical students and residents, medical specialists, psychologists, nurses, and health care coordinators.
- A telemedicine project sought to provide concurrent co-management and streamlined specialist and primary care services for families of CSHCN.
- CATCH grantees participated in local task force efforts to identify and address barriers to health care for children.

3. Pediatricians should become comfortable with an interdisciplinary collaborative approach and advocacy effort to child health. Pediatricians can play an important role in coordinating and focusing new and existing services to realize maximum benefit for all children.

The CATCH program requires partnerships between pediatricians and community organizations and strongly encourages the inclusion of members of the targeted communities within those partnerships. Partnerships increase the reach and capacity of CATCH grantees, and the involvement of the communities that will receive services helps to sharpen the focus of services and maximize their acceptance within the community.

- A rural dental health program achieved 100% enrollment among families familiar with the project but very limited enrollment among families from other counties. In addition to distance, a lack of familiarity with staff and the project was identified as a primary cause of the decreased enrollment.
- A primary care practice partnered with a nonprofit organization offering outreach services to mothers of infants. Each partner promoted the services of the other, increasing utilization of both.

Maximizing the benefits and effectiveness of existing services was a central theme to several CATCH projects. CATCH grantees brought services to the targeted population or better coordinated the services provided by multiple agencies:

- A youth center project coordinated the efforts of local schools, clinics and after-school programs to promote adolescent health;
- A CATCH grantee streamlined services to new mothers provided by the local Women, Infant and Children (WIC) food supplement program, mental health centers and community health agencies. Establishing clear referral structures served as an important first step;
- CATCH grantees worked with local transportation companies to address transportation issues, providing taxi vouchers and bus tokens and training to assist clients in reaching medical appointments;
- Health fairs conducted by several CATCH grantees provided families with an introduction to health care services and screening procedures, and provided opportunities for various service agencies to become familiar with one another;

CATCH grantees also built bridges between child- and family-serving agencies and the families that they served by working with—and in some cases establishing—organizations and structures comprised of community members.

- Families United, an advocacy organization for families of children with severe emotional disturbance (SED), worked with healthcare professionals to increase empathy and understanding among professionals and to promote effective advocacy among families of children with SED.

- A CATCH project aimed at promoting access to health care among adolescents attending a community afterschool program was bolstered by the development of a youth advisory board. The board provided input into program design and helped to build acceptance of services in the community.

4. Pediatricians and other members of the community should interact and advocate to improve all settings and organizations in which children spend time (e.g., child care facilities, schools, youth programs). School and community resources should be considered as assets in developing strategies for the problems that children face now and throughout their lives.

- CATCH grantees sought to improve health care for school-aged children by hosting health fairs on school property and engaging schools in communicating to families about available services.
- Youth centers were the locus of two CATCH grants focused on adolescent health. These centers served as locations for health education, referrals and for gathering input from adolescents about ongoing needs.
- A project focused on up-to-date status of immunization and well child visits for pre-school children recruited childcare centers to assist in tracking these services.
- Other community agencies, including homeless shelters and parent advocacy organizations, served to link CATCH grantees to the communities they sought to serve.

5. Pediatricians should nurture and advocate for neighborhood structures that support healthy families capable of promoting optimal health, safety, and development in children.

Projects to improve the provision of mental health services supported entire families in meeting their children's health care needs. Support for and engagement with advocacy organizations and local task forces also bolstered family and community capacity.

In the context of their CATCH project, some grantees sought to establish structures that would provide ongoing care for children in the targeted communities.

- CATCH projects improved the provision of health education, wellness services and referrals for adolescents through youth centers.
- A rural dental health initiative and a referral system for mental health screening and services for new mothers and infants are among the sustainable programs that developed out of CATCH projects.

6. Pediatricians should advocate improving the effectiveness and efficiency of health care for all children, striving to ensure that every child in the community has a medical home.

One of the goals of CATCH is to increase access to and understanding of the medical home. Projects approached this in different ways.

- Outreach and education for families was conducted through health fairs, nursery and nursing home visits, telemedicine and the provision of medical home services in homeless shelters.
- Outreach and education for physicians included invitations to collaborate in CATCH projects, trainings and presentations on medical home services, and presentations on completed CATCH projects.
- One CATCH grantee noted the importance of evaluation in developing quality data to support a medical home approach.

Care coordination—promoting communication between medical professionals serving the same family, assuring the family’s understanding of the various types of care received, and addressing all aspects of a child’s health care needs—is a central focus of medical home services. Several CATCH projects included care coordination components:

- Mental health and other specialty services were provided in primary care settings, as a means of assuring convenient access for families and promoting communication among professionals.
- Providing primary care services in homeless shelters increased the availability of these services and enhanced the understanding of a multi-disciplinary team regarding the needs of homeless patients.
- Efforts to provide mental health screenings to very young children helped to assure early access to needed mental health services and improved links between primary and mental health care professionals.
- Teleconferencing technology was utilized to enhance communication between families of children with special health care needs, primary care clinicians, and specialty care providers.

7. Pediatricians should educate themselves concerning the availability of community resources that affect the health and well-being of the children they serve.

Needs assessments and the development of partnerships were widely used strategies for identifying community resources.

- One CATCH project linked medical school students with families of children with severe emotional disturbance; by shadowing these families, students learned first hand about resources and service gaps in the community.

Familiarity with community resources was often a precursor to a grantee's implementation of a CATCH project. Nevertheless, a few grantees were pleasantly surprised to uncover broader interest and develop new partnerships in promoting child health.

- A Central American consulate assisted with outreach to the local immigrant population
- Managed care programs sought to participate in and support health fairs where they provided enrollment assistance to eligible families.

The CATCH program strongly recommends that pediatricians develop and maintain a local directory of community resources available to the families they serve. Developing such a directory can be a first step toward a needs assessment or partnership leading to a CATCH project.

- 8. Pediatricians are encouraged to become involved in the education of residents and medical students in community settings. Pediatricians have the unique opportunity to model roles outside the traditional clinical roles that students and residents encounter. Pediatric academicians should use resources from the AAP and the Ambulatory Pediatric Association (now the Academic Pediatric Association) to engage the community pediatrician as an educator, both in the care of individual patients in community-based practice and in roles related to promotion of the well-being of all children in the community. Community-based resources outside the bounds of the traditional hospital and outpatient office setting should be used to instruct residents in the effect of the community on child health status and the positive effect of interdependent collaboration of community agencies with health professionals on child health.**

While other CATCH program components focus on supporting residents and residency programs, several very successful CATCH grant projects involved medical and dental students in the provision of care. These partnerships tended to be strong and long-lasting, as students gained valuable experience in realistic settings, and children and families received care:

- A rural dental health program linking students from the College of Dentistry to rural clinics has now been adopted and institutionalized by the local health district;
- The participation of medical students in the homeless health initiative has been incorporated into the medical school's community pediatrics curriculum. Pediatric residents are exposed to an advocacy curriculum that includes a presentation on the health services program and requires the pediatric residents to

- make at least one visit to a homeless shelter to provide medical education to shelter residents;
- A project linking medical students to families with children with severe emotional disturbance has resulted in the medical school's pediatrics club seeking to incorporate these activities within the curriculum.

Conclusion

A review of the activities of past CATCH grantees in light of the recommendations of the policy statement on community pediatrics reveals a variety of strategies that have been utilized to put these recommendations into action. We hope future applicants are inspired and challenged by this broad range of activities to choose, adapt or develop creative and innovative approaches to their community's needs.

In addition to these reports, the CATCH Program has an AAP district- and chapter-based network of pediatricians—District and Chapter CATCH Facilitators—who are available to offer technical assistance in planning, development and implementation of CATCH projects. Contact information is available for the District and Chapter CATCH Facilitators on the CATCH Web site at <http://www.aap.org/catch/ta.htm>.

Pediatricians who are interested in more involvement in community pediatrics may consider joining the Council on Community Pediatrics (COCP). More information on COCP can be found at www.aap.org/COCP

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CATCH Committee

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CATCH Grantees

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ⁱ For more information about the CATCH program, including grant opportunities and deadlines, please see <http://www.aap.org/CATCH>

ⁱⁱ Please visit the CATCH website (www.aap.org/catch/ta.htm) to access two other briefing papers developed through this review process: *Forming and Maintaining Effective CATCH Partnerships: Lessons from the Field* and *Implementing CATCH Programs: Strategies for Addressing Common Challenges*.

ⁱⁱⁱ American Academy of Pediatrics, Committee on Community Health Services. The Pediatrician's Role in Community Pediatrics. *Pediatrics*. 2005; 115: 1092-1094.