

Colorado Pediatricians' Involvement in Community Activities

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To determine Colorado American Academy of Pediatrics (AAP) pediatricians' involvement in community-based activities and awareness of and interest in the AAP Community Access to Child Health (CATCH) program, a 22-item survey was mailed to all general pediatrician AAP fellows and candidate fellows practicing in Colorado (n = 434). The return rate was 65%. Of the respondents, 73% provide direct patient care as their primary professional activity, 58% reported either current or past involvement in community-based programs outside of their practices, 91% of this community-based work was voluntary, and 80% of the respondents described this work as moderate to very rewarding. Half of the respondents (51%) were aware of the AAP CATCH program, and 68% were interested in attending a statewide CATCH meeting. We conclude that Colorado AAP pediatrician survey respondents participate heavily in community programs outside of their clinical practices and that among this group there is substantial interest in the AAP CATCH program.

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Little has been published about physicians' involvement in community activities. What little that has been deals mostly with physicians' volunteer clinical work providing charity medical care or service in free medical clinics.¹⁻⁴ There are no articles available regarding the involvement of physicians in community-based activities outside of their practices such as in day-care facilities, Boys' and Girls' Club activities, church groups, community organizations, and recreation leagues. The goal of our study is to document Colorado State's American Academy of Pediatrics (AAP) pediatricians' involvement in their communities, both through and outside of their clinical practices, and to determine what impediments exist to becoming involved in community activities.

The goal of the AAP Community Access to Child Health (CATCH) program is to improve health care for children. This program, one of the AAP's community-based initiatives, was started so that pediatricians could work with other members of the community to solve children's health problems, often with local resources. Modeled after the successful "Healthy Children" program developed by Phil Porter, MD, in Boston, Massachusetts, and with support from the Robert Wood Johnson Foundation, CATCH seeks to effect change for

children at the local level. The CATCH program has a pediatrician designated by each state AAP chapter as the state CATCH facilitator. These CATCH facilitators are available as consultants for local pediatricians with a desire to plan, finance, and implement a community-based project that addresses a specific community need. There are no data available to demonstrate pediatricians' knowledge of the CATCH program. An additional goal of our project is to determine the level of recognition by Colorado AAP pediatricians of the CATCH program and their willingness to become involved in CATCH activities.

Methods

All general pediatricians in Colorado who were identified as either fellows or candidate fellows of the AAP (n = 434) were mailed a 22-item survey. The survey included questions about the pediatrician's type of practice, diversity of patients served, extent and scope of community involvement, and any impediments to community involvement. In addition, pediatricians were asked about any unmet health- and non-health-related needs of children in their communities. Finally, the survey asked questions about the pediatrician's knowledge of the CATCH program and any interest they had in a statewide CATCH meeting. Nonresponders to the initial

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ABBREVIATIONS USED IN TEXT
 AAP = American Academy of Pediatrics
 CATCH = Community Access to Child Health

survey mailing were sent a second survey questionnaire and encouraged to respond.

The survey responses were entered into a computer database (Paradox 3.5) using an IBM PC. Simple percentages of the respondents' answers to the survey questions were calculated using the database program and the spreadsheet Quattro Pro 3.0.

Results

Out of 434 surveys sent, 282 were returned, for a return rate of 65.0%. For this study, "respondent" refers to Colorado AAP pediatrician survey respondents. Percentages are calculated from individual question respondents rather than total survey respondents.

The respondents were to a great extent involved in primary care and for the most part worked in either a group or hospital setting (Table 1). A total of 58.0% of the respondents were either currently involved in community-based programs or had been involved in the past (Table 2). The type of involvement for this total group varied greatly, ranging from 17.7% in a clinic for poor or uninsured children to 14.3% in school health programs to 19.6% in various other types of programs, including church groups, various camps, and Head Start. The respondents initially got involved in these programs in a variety of ways (Table 2). A quarter (25.5%) began through a nonclinical community organization, 24.2% through their clinical practice, and 19.9% through the school system, among other ways. Of those involved, 91.2% worked with community-based programs at least partially on a voluntary basis, and a majority of the

TABLE 1.—*Characteristics of Respondents to Colorado CATCH Survey (n = 282)*

Characteristic	Respondents,	
	%	No.
Primary professional activity		
Direct patient care.....	73.1	209
Medical teaching.....	8.4	24
Resident or fellow.....	7.0	20
Clinical administration or management.....	4.9	14
Research.....	3.2	9
Public health administration or management.....	1.1	3
Retired.....	0.7	2
Other.....	1.8	5
Primary professional setting		
Group.....	28.5	79
Hospital.....	25.3	70
Solo or 2-physician practice.....	17.0	47
HMO.....	11.2	31
Medical school.....	8.7	24
Public clinic.....	5.1	14
Administrative office.....	1.1	3
Other.....	3.3	9

CATCH = Community Access to Child Health, HMO = health maintenance organization

TABLE 2.—*Colorado AAP Pediatricians' Reported Involvement in Community-Based Activities*

Community-Based Activity	Respondents,	
	%	No.
Currently participate in any community-based programs.....	51.6	143
No current participation but past participation in any community-based programs.....	6.4	18
Types of community programs with which currently involved		
Clinic for poor or uninsured children.....	17.7	57
School health program.....	14.3	46
Recreation program or sports team.....	12.4	40
Board of community organization.....	11.5	37
Boy or Girl Scouts.....	7.1	23
International health work.....	6.8	22
Day care.....	4.0	13
Homeless shelter.....	3.7	12
YMCA, Boys' and Girls' Club.....	2.8	9
Other.....	19.6	63
Voluntary community-based program participation.....	91.2	145
How they got involved in a community-based program		
Nonclinical community organization.....	25.5	59
Clinical practice.....	24.2	56
School system.....	19.9	46
Church activities.....	9.1	21
AAP, Colorado or national.....	3.9	9
Other.....	17.3	40
Level of reward to community participants		
Very rewarding.....	52.0	78
Moderately rewarding.....	28.0	42
Somewhat rewarding.....	17.3	26
Moderately or very unrewarding.....	2.7	4

AAP = American Academy of Pediatrics, YMCA = Young Men's Christian Association

respondents involved spent at least three to five hours per month with their community group. Four fifths (80.0%) of the respondents found their involvement at least moderately rewarding.

Of those respondents who listed impediments to becoming involved in community-based programs in the future, most cited a lack of time as the primary reason. Others indicated that family obligations (children and spouses) were a large factor, whereas some respondents mentioned that they were unaware of the opportunities available.

Of all respondents, 87.6% reported unmet health needs for children in their community. These needs included immunization services, access to preventive medicine services, and access to primary health care, among others. Of all respondents, 83.5% reported unmet non-health-related needs for children in their community. These ranged from day care to school-based programs to recreational programs.

In regard to the respondents' awareness of the CATCH program, 50.8% reported that they were aware of it. Of all respondents, 67.6% reported a willingness to participate in a statewide CATCH meeting and 50.6% chose to coordinate such a meeting with the state AAP meeting.

Discussion

Most of the Colorado AAP pediatricians responding to our survey (58%) reported either current or past participation in community-based activities outside of their clinical practices. These community volunteers were mostly practicing clinicians, and they offered their time to a wide array of programs and activities, ranging from clinics for indigent children to recreational programs. In our opinion, the three to five hours per month spent by most of the respondents involved in these community-based programs is a generous amount. Most of the physicians participating in community-based programs (80%) found their work to be at least moderately rewarding. Few of those involved in their community had heard about community-based opportunities through the AAP. This indicates that the state AAP chapter could play a role in advertising and promoting available community volunteer work for interested pediatricians.

The AAP CATCH program is becoming widely recognized. Half of the respondents to our survey were aware of CATCH, and two thirds expressed interest in participating in a statewide CATCH meeting. The CATCH program is promulgated on the premise that pediatricians now and in the future are willing to become involved in their communities to improve access to health care for children. Nearly every chapter of the AAP has a pediatrician appointed as a facilitator to serve as a resource and convener for pediatricians who wish to work with parents, teachers, public health workers, social workers, public safety personnel, and others to develop systems to improve health care for children. The facilitators, assisted by personnel from the national AAP, hold chapter meetings for interested pediatricians to show what others have done to solve community problems, demonstrate what community resources are available for support, and provide information about the benefits of community pediatrics for children in local communities. The data in this report can serve as a valuable baseline for a later survey to determine if the CATCH program stimulated the involvement of more Colorado pediatricians (both in number and time

commitment) in local community-based projects. Many pediatricians who responded to our survey are currently doing CATCH-like activities in their communities. A formal tie to the CATCH program may help them in their community-based programs and efforts.

The large unmet health- and non-health-related needs of children in the communities of most of the survey respondents suggest that few areas of the state—and probably the country—are immune to the problem of inadequate services for children. The wide range of types of services that are deficient in the communities of the survey respondents provides an insight into the magnitude of this problem.

Health care reform legislation continues to be widely debated and will clearly affect, both directly and indirectly, the availability and array of health services for infants, children, and adolescents throughout the United States. Regardless of the health care reform that does evolve, not all health and non-health needs of children will be met. In fact, the health care benefits packages that are developed for children may be far leaner than the comprehensive package many have advocated for. Pediatricians' voluntary involvement in community programs will undoubtedly continue to be an important supplementary form of services and care. In addition, organized programs like the AAP CATCH program will be valuable to assist pediatricians as they continue to participate on a local level with many other colleagues to fill the service gaps in their communities in meeting the needs of all children.

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