Summarized below are findings from a national survey of pediatricians fielded in 2004 (AAP Periodic Survey #60) and from three focus groups during which practicing pediatricians discussed their perspectives regarding community child health activities. These focus groups were held to gather information that would guide national efforts to develop new and revise existing programs designed to help pediatricians become more involved in community child health initiatives. Twenty pediatricians in both private and hospital based practice participated in these conversations, which took place in early 2006 in Delaware, Maryland, and Pennsylvania.

What do we know about pediatrician involvement in community child health activities?

Findings from the AAP PS#60\textsuperscript{1,2} reveal that:

- 86% of pediatricians report participating in community activities at various times in their careers.
- Fewer than half of pediatricians (45.1%) report participating in community child health initiatives, reflecting a decline over the last decade. Pediatricians now are less involved in certain specific settings and activities including schools, camps, neighborhood health centers, child advocacy, child protection services, child care centers, and courts.
- Pediatricians who are involved in community child health more often do so on a volunteer, rather than paid, basis.
- While the level of involvement has decreased, nearly two-thirds indicated that their level of involvement was too little—nearly twice the proportion than reported ten years ago. Almost no one said it was too much.
- Pediatricians who recently completed residency reported having more training in community child health, but tended to be less involved than older pediatricians in community activities. Younger pediatricians also felt their current level of involvement was too little and anticipated that their community work would increase in the next 5 years.

Why and how are pediatricians involved in community child health activities?

Focus group discussions revealed several major themes with respect to pediatricians’ motivation for extending their work beyond the office to community activities. It appears that \textit{first and foremost, pediatricians want and need to feel that they are, and can be, effective}. Key ideas shared are reflected as follows:

- “At some point in their life people have done things for you and you want to give back to the community.”
- Some participants perceived their community involvement to benefit their patients. For example, one person noted that unless they get involved, “[we] are discharging them to communities which have no [supports]—[we have] no idea of what kind of resources are needed and [available] . . . ”
- Some pediatricians are motivated by the desire to serve as a role model for their own children and/or for their pediatric trainees.

Reported activities fell into several different realms, such as:

- Giving talks in community settings and sponsoring or participating in health fairs.
- Participating on various committees or boards.
- Volunteering in Boy/Girl Scouts, school activities, and other activities directly applicable to their family but also helpful to the community.
What personal and organizational challenges to involvement in community child health activities are pediatricians facing?

Participants generally agreed that there were age-related differences in the types of activities in which pediatricians participate, and that as careers evolved the nature of the activities and roles change. Gender and age issues appeared to be intertwined with the personal considerations of time, competing demands/family obligations, and money/finances -- all influencing the timing and intensity of community involvement.

- Competing time demands were the most common limiting factor identified among focus group participants; this is especially true for female physicians, particularly for younger women in practice. They anticipated that these conflicts would diminish over time; women with older children are likely to be more able to participate.

- Because some pediatricians have limited exposure or guidance in community child health activities during their training years, they may be less inclined to become involved once in practice.

- Monetary issues are present but do not seem to be a driving force. When asked whether financial issues are such a concern that they would actually say, “I cannot volunteer because I can’t be billing,” the answer was a resounding “No.”

- Type of practice appears to influence involvement in community work, though the perspectives of focus group participants varied.
  - Managed care can mean less investment in patients and the community because of volume pressures as well as the rapid turnover of patient population.
  - Some pediatricians in private practice find it easier to get involved because they control their schedules and can change office hours in order to facilitate involvement.
  - Several focus group participants indicated that working within larger institutional practice settings can help relieve the “bottom line” concerns.

Pediatricians generally recognize that many opportunities exist but find it difficult to learn about them due to the seemingly limited organization of these activities.

- Many pediatricians are not directly approached by public agencies or community organizations to become engaged in community activities.

- Requests for help currently received through the AAP are not sufficiently specific to motivate pediatricians to get involved.

What might be done to increase involvement in community child health?

The overarching message regarding facilitators was that pediatricians need a simple, straightforward means to volunteer that is flexible and tailored to their constraints. Focus group participants identified multiple, mutable factors that might facilitate involvement in community child health activities. Their comments suggest that the AAP, community, and governmental organizations seeking to involve pediatricians in community child health activities:

- Identify structured, task oriented, and time-limited activities. These activities need to fit into busy schedules with other obligations; activities should be tailored to people’s time and ability, as well as easy to do. There was great interest in having some person or organization that could identify volunteer opportunities and connect people.

- Promote family-friendly environments during community activities. Activities with definite, limited time parameters that encourage participation of young children, and that engage older children themselves in volunteer activities could bolster involvement of young pediatricians with children.

- Provide training specifically related to community involvement.


Support for PS#60 and for the focus groups was provided by the Maternal and Child Health Bureau, Health Resources and Services Administration, DHHS

July 2006