



# Promoting Community Relationships and Resources

Theme **10**

## INTRODUCTION

Beyond the traditional primary care that is essential for all children, families also may benefit from a broad range of community-based services, such as family support; housing, employment, and social services; educational services; mental health services; substance abuse treatment; language assistance; respite care; recreation opportunities; and services for children and youth with special health care needs. Referring a child, youth, or family for community services and support is, therefore, a common interaction of a health care professional with the community. These services, coupled with primary care provided in a medical home,<sup>1</sup> constitute a community-based system of care and are critical to promoting family well-being.

**P**romoting community relationships involves more than just knowing enough about local providers and agencies to make referrals, however. Individuals and families are formed by the communities in which they live, whether those communities are defined by race, ethnicity, socioeconomics, or lifestyle. Learning about these communities and understanding their cultures are key to making successful links between families and the services they need and to promoting the health and well-being of children and families.

Comprehensive health supervision also involves the recognition that the health of children and families are shaped to a significant degree by their environments, as well as by their individual choices. Health care professionals can promote the public health of community residents through a variety of consultation and advocacy activities that are carried out in partnership with groups and organizations that serve the community, such as schools, parks and recreation agencies, businesses, and faith groups. They also can encourage families and children, especially adolescents, to become active in community endeavors to improve the health of their communities.

### Roles for the Health Care Professional in Promoting Community Relationships

In developing a community-based system of care for their patients and families, health



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care professionals can pursue a number of options to increase their understanding of the community, strengthen relationships with community organizations and service providers, and foster positive health-promoting change at the community level.

### ***Learn About the Community and Collaborate With Community Partners***

Building a knowledge base of the resources in the community and collaborating with community agencies to identify and manage referrals is a natural way for office practices or clinics to expand their outreach into the community. These efforts will help promote community health services and allow the practice or clinic to address the special needs of a child, adolescent, or family. Many practices and clinics work with community partners to develop a confidential tracking system and produce an accessible, comprehensive, central record with pertinent information about the child and the services received.

Developing community partnerships and collaborating effectively can present challenges, however. The community-based system of services can be complex and difficult to navigate. Each organization or agency may offer a wide array of services, and each has unique criteria for enrollment and service provision that can present barriers. Even in small communities, developing new partners and maintaining existing relationships require commitment and effort, especially when relationships are first being established.

Box 1 lists common community resources that provide needed services for families and that can be sources of valuable community partnerships for health care professionals.

In addition to serving the needs of individual patients, health care professionals can consult with early care and education professionals and help with policy development on topics such as behavior problems, nutrition, and infectious diseases.<sup>2</sup> Preliminary evidence

indicates that health consultation in early child care settings has positive effects on health policy, health practices, immunizations, and children's access to health care.<sup>3-5</sup>

Health care professionals also can provide consultation on other important issues in child care, such as physical space, staffing ratios, and staff training.<sup>6</sup> National organizations, such as the American Academy of Pediatrics, American Public Health Association, National Association for the Education of Young Children, Child Welfare League of America, and Zero to Three, have developed standards and voluntary systems of accreditation that are often higher than state licensing regulations. These can provide useful guidance to health care professionals.

### ***Recognize the Special Needs of Certain Groups***

Although most families benefit from community services at one time or another, several population groups may require a wider range of services or longer-term services.

#### **RECENT IMMIGRANTS AND THOSE WITH LIMITED PROFICIENCY IN ENGLISH**

Communities must acknowledge the barriers that vulnerable families who are recent immigrants or have limited English proficiency face, and find support that is culturally and linguistically competent. Organizations that have the capacity and knowledge to address the needs and preferences of vulnerable families and that represent families can play particularly important roles in these efforts.

Health care professionals also must be sensitive to the tremendous fear of exposure among immigrant families who are undocumented. This fear often makes them reluctant to request care or seek services. Health care professionals and cultural brokers (individuals from the culture who can act as linguistic interpreters and liaisons between the family and the health care professional) can work together to effectively address health

and mental health issues from both community and cultural perspectives.<sup>7,8</sup>

Health care professionals also should be familiar with state and national organizations that can provide support or further referrals for recent immigrant families with children. Such organizations can be especially useful to parents who have limited English proficiency,

families who have literacy problems, and families who live in rural areas, tribal native lands, or other isolated communities.

Nurturing and supporting families who have newly arrived and are adjusting to a new culture promotes optimal family functioning and child health outcomes.

## BOX 1

### Local Community Resources

#### Health

- Title V Services for Children and Youth with Special Health Care Needs
- State Children’s Health Insurance Program (SCHIP)
- Local Child and Family Health Plus providers
- Medical specialty care
- Public health nursing
- Medical assistance programs
- Home care
- Respite care
- Mental health resources
- Substance abuse treatment
- Environmental health units
- Health literacy resources
- Physical activity resources

#### Development

- Head Start and Early Head Start
- Early intervention programs
- Early education and child care programs
- School-based or school-linked programs
- Recreation programs
- Playgroups

### Family Support

- US Department of Agriculture’s Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Social service agencies and child protection services
- Parenting programs/support groups
- Faith-based organizations
- Home visiting services
- Domestic violence resources
- Bereavement and related supports (due to sudden infant death syndrome, sudden unexpected infant death, or other causes of infant and child fatality)
- Food banks
- Child care resource and referral agencies
- Child care health consultants
- “Parents Helping Parents” organizations for children with special health care needs

### Adult Assistance

- Adult education and literacy resources
- Job training resources
- Adult education for English language instruction
- Legal Aid
- Immigration services
- Racial- and ethnic-specific support and community development organizations
- Volunteering opportunities

**Health care professionals should educate themselves about the community resources that serve and advocate for children and youth with special health care needs, and should identify ways to link families with these important community resources.**

### **CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS**

Families of children and youth with special health care needs often need strong support from their communities, and many states have organized systems that can offer links among parents for individual guidance and support. In recognizing that families of children with special needs can help each other, parents also have become advocates, consultants, educators of child health care professionals, and members of diagnostic, treatment, or hospital planning teams.

Health care professionals should educate themselves about the community resources that serve and advocate for children and youth with special health care needs, and should identify ways to link families with these important community resources. Organizations in which parents help other parents (eg, Family Voices) and consumer-directed organizations (eg, independent living centers) can provide remarkable support to families.

#### ***Encourage Informal Support***

For many families, informal support is as important as receiving specific services. Informal communications with friends, relatives, or support groups can provide advice, encouragement, praise, emotional support, practical assistance, and respite for parents. These interactions help parents understand the common ground they share with other families. They are especially important to some groups, such as families of children with special health care needs and recent immigrants.

Learning about parents' support networks, encouraging families to maintain these important connections, and, if necessary, linking them with other culturally and linguistically appropriate social supports all can be part of the care provided by health care professionals. When a family is isolated from the community or needs specific kinds

of support, the health care professional and office staff can help locate appropriate local resources, relevant literature, and suitable Internet resources.

#### ***Consult and Advocate***

Just as community resources can supplement the services of the medical home, health care professionals can work with the community to improve the quality of health care and enhance community services. Many of the health problems that children and families face today (eg, obesity, mental illness, bullying or violence, or intentional and unintentional injuries) are influenced by environmental and community factors. Creating change at the community level can, therefore, have a positive impact on the health of many. Health care professionals can become agents for health-promoting community change through a variety of consultation and advocacy activities. Advocacy demonstrates strong concern and often links to action in the community, legislative, and policy arenas.<sup>9</sup> (For more information on this topic, see the Promoting Family Support Theme.)

Success in these activities, however, requires partnerships and close working relationships with the groups that are most directly affected and their communities.



Health care professionals can partner with others to:

- Conduct a community needs and assets assessment to elucidate the strengths of the community, the opportunities for successful collaboration among community partners, and the effect on health outcomes of health and social risks that are particular to that community.
- Compile a matrix of existing services and identify service gaps.
- Develop a strategic or community improvement plan.
- Provide health consultation to a community program.
- Advocate for improved health and safety practices.
- Educate policy makers about other ways health care professionals can contribute.
- Advocate for approaches and resources that contribute to efforts to eliminate racial, ethnic, and mental health disparities.
- Assist families of low health literacy to understand and act upon health information.

A promising strategy in community assessment has been developed by Kretzmann and McKnight.<sup>10</sup> The Asset-Based Community Development (ABCD) approach involves using epidemiologic, demographic, economic, and other data to identify community problems, and then balancing those problems against an inventory of the skills and talents of the community members. The result is a “Community Assets Map” that describes individual talent as well as contributions by formal and informal associations (eg, faith groups or knitting circles). The American Academy of Pediatrics *Community-based Resident Projects Toolkit* describes this concept for health care professionals.<sup>11</sup> This approach could help address and reduce health disparities in the communities, an important objective of *Healthy People 2010*.

Other prime venues for health care professional consultation and advocacy are settings and organizations where children spend time (eg, child care programs, schools, and youth programs). Schools, early education and care settings, camps, sports teams, clubs, and faith-based groups can benefit from a partnership with a health care professional as a participant or leader. The ability to build consensus among parents, professionals, and other community members in these settings so as to address health issues that affect children requires that health care professionals be collaborative leaders with problem-solving skills<sup>12</sup> and knowledge of nonmedical topics, such as:

- Policy development and legal issues (eg, Americans with Disabilities Act)
- Economic and community development (eg, housing issues, employment, and business practices)
- Best practices in education, early intervention, and social and emotional health
- Community systems
- Use of public health and other data
- Communication skills
- Cultural contexts of communities

Child health care professionals often will be asked to advocate for different community programs and interventions. One important criterion is the demonstrated effectiveness. It may be helpful to consult the Centers for Disease Control and Prevention (CDC) *Guide to Community Preventive Services*, which lists effective programs and approaches.<sup>13</sup> Some of these recommendations, with particular implication for children and youth, are:

- Oral health
  - Community water fluoridation
  - School-based pit and fissure sealant development programs
- Social environment
  - Comprehensive center-based early childhood education development programs for low-income children

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- Tobacco
  - Increases in the unit price for tobacco
- Motor vehicles
  - Safety belt laws
  - Child safety seat laws
- Physical activity
  - School-based physical education

### **Promoting Community Relationships and Resources: Infancy—Birth to 11 Months**

Early brain and child development research unequivocally demonstrates that human development is powerfully affected by contextual surroundings and experiences.<sup>14</sup> Children's physical and emotional health and their social and cognitive functioning are strongly influenced by the one-on-one care they receive and by how well their family functions as a unit. Children achieve the best outcomes when they have nurturing, responsive caregivers and live with parents who respect and support one another, who have adequate social and financial resources, and who are actively engaged in the upbringing of their children. Parents who have adequate resources and support are better able to be responsive, gentle, and consistent with their infants. Parents with inadequate resources may have to devote significant time to meeting the basic needs of their family. This situation can make it challenging for them to be physically and psychologically available to their infant.

Connecting with groups that address issues, such as community or domestic violence, inadequate or unsafe housing, environmental hazards, poverty, substance abuse, or unemployment, is vitally important to ensure that families can meet their basic needs. Home visiting services from lactation specialists, hospitals, public health departments, and community resource centers can be important resources for families with infants.

Many families struggle to provide the high-quality early experiences that are necessary for a child's emotional well-being and social

competence. Whether parents are home full-time with their children or work outside the home (eg, full- or part-time jobs, multiple jobs, or seasonal work or farmwork), they need access to sound advice and support that is relevant to their situation. Finding high-quality child care can be challenging to all families, especially those who work multiple shifts or very long hours. By increasing their involvement in existing parent education, family support, and child care programs, health care professionals can help their patients have positive and nurturing early experiences as well as raise the quality of care for all young children in their community.

### **Promoting Community Relationships and Resources: Early Childhood—1 to 4 Years**

In 2005, 61% of children from birth through age 6 (and not in kindergarten) spent time in nonparental child care.<sup>15</sup> Many of these children start in such programs as infants. Health care professionals should view early education and child care programs as access points for ensuring that children have medical homes. Early care and education professionals and other colleagues with expertise in early childhood development and mental health can conduct important growth, development, and social and emotional screenings, and can help child health professionals' link families to community resources that can help children and families receive needed services at an early age.

Health care professionals often help families assess the quality of child care for their young children. Their advice and guidance on the transition from home to child care can be invaluable to families. This is especially true for families of children and youth with special health care needs, for whom medication administration and technology are 2 of the most common areas of concern.<sup>16</sup> Early intervention programs and respite care are additional community services that can provide support and resources for parents.

### Promoting Community Relationships and Resources: Middle Childhood—5 to 10 Years

During the middle childhood years, children become increasingly aware of the outside world and its opportunities, challenges, and fun. Communities play an essential role in promoting development and socialization and provide opportunities to explore the wider world as parents begin to relinquish some control and children demonstrate increased independence in their daily life activities. Participation in organized activities, including team sports, Scouts programs, religious groups, and organized lessons, such as dance or music, fosters independence during the middle childhood years. Health care professionals can help families find the right balance between participating in enriching activities and ensuring sufficient “down time” and family time. For families who have children and youth with special health care needs, relinquishing control and promoting the child’s independence can require special considerations and adaptations that are specific to the child’s individual needs.

The middle childhood years are characterized by children’s need to develop friendships and participate in peer groups. These needs are met in the broad community as children begin to discern where they fit in their family, school class, and neighborhood. Providing safe and supervised recreational programs and activities for children and youth is an important community role. Communities should be encouraged to adapt programs that promote socialization and opportunities for children and youth with special health care needs. Health care professionals can advocate for safe, well-equipped facilities for children and families in neighborhoods and communities where these resources are currently absent or sparse.

School is the most important community organization for children and their families in the elementary and middle-school years. Schools are mandated to help children

achieve success with learning, a key developmental task for all children, including those with special health care needs. Children need to be as healthy as possible to learn well, and school health programs have many components to support this goal. Box 2 presents 8 critical components of a coordinated school health program, as identified by the CDC.<sup>17</sup>

#### BOX 2

##### Components of a Coordinated School Health Program<sup>17</sup>

- Health education
- Health services
- Counseling and psychological and social services
- Physical education
- Nutrition services
- Healthy school environment
- Health promotion for staff
- Family/community involvement

A “Healthy School Team” is composed of school professionals, parents, students, and community members who work together to improve the health outcomes for the children and youth in their schools by promoting a high-quality coordinated school health program.<sup>18</sup> In addition to service on, or relating to, such a committee, health care professionals can consider membership on a school board. This participation can help health care professionals improve their knowledge and understanding of their patients’ community. It also gives the health care professional an opportunity to promote and advance the global understanding of the solid link between good health and learning, as well as highlight the importance of health considerations in the board’s fiscal decisions.

A “Healthy School Team” is composed of school professionals, parents, students, and community members who work together to improve the health outcomes for the children and youth in their schools by promoting a high-quality coordinated school health program.

**Health care professionals should ask about adolescents' "connectedness" to family, school, and community to gain valuable insights into the challenges and opportunities that exist for the physical and emotional well-being of their patients.**

### **Promoting Community Relationships and Resources: Adolescence—11 to 21 Years**

In the 1980s, the Search Institute, a social science research group, developed a framework of developmental assets. These assets described 40 positive factors in young people, families, and communities that promote healthy development.<sup>19</sup> Research demonstrates a correlation of a greater number of assets in the lives of youth with decreased reports of risk-taking behavior. Among these assets, those related to support, boundaries and expectations, constructive use of time, and commitment to learning have a particularly robust research base.<sup>20</sup>

Community contributions that enhance the adolescent's sense of being a needed, valued, and responsible member of the community firmly fit within the assets that support this stage of a young person's development.<sup>21</sup> Data from The National Longitudinal Study of Adolescent Health also show that "connectedness" to parents and schools protects adolescents from health risk behaviors and prepares them for comfortable relationships in the future.<sup>22</sup>

Health care professionals should ask about adolescents' "connectedness" to family, school, and community to gain valuable insights into the challenges and opportunities that exist for the physical and emotional well-being of their patients.<sup>21</sup> For youth with special health care needs and their families, a particular focus on their developmental assets and community relationships helps balance the attention that is needed to coordinate complex services, medications, and ongoing evaluation.

The asset model reinforces interactions and social involvement that promote health. Safe, supervised recreational programs and facilities, opportunities to pursue meaningful work and community service activities, and access to training programs for adolescents are examples of community assets that promote healthy development. Some communities have enacted health supervision measures, including regulating the sale and use of alcohol, cigarettes, and guns; mandating safety belt and helmet use; and instituting a graduated driver's license. Because communities differ, health care professionals should ask young people about their knowledge of opportunities and services in their community and encourage adolescents to abide by community laws and safe social practices.

Health care professionals who care for homeless youth or those in substitute care (eg, juvenile justice and the foster care system) must understand the legal protections, policies, and services that are available at the community and state levels. These youth have an increased incidence of both physical and mental health needs, such as post-traumatic stress disorder and substance abuse. Health care professionals should be advocates for high-quality, integrated services that foster young people's strengths and help them achieve long-term goals. Because these youth do not always have the support and guidance of a responsible adult who really cares about them, their success depends on the advocacy of many health care professionals, nonmedical professionals, and community members working with them and on their behalf.



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