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Pediatrics 2005;115;1185-1187
DOI: 10.1542/peds.2004-2825Q

This information is current as of April 18, 2005

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located on the World Wide Web at:
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American Academy of Pediatrics

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Building Healthier Communities for Children and Families: Applying Asset-Based Community Development to Community Pediatrics

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ABSTRACT. Social capital is the power of social networks and relationships, which constitute the social environment. Social capital has been associated with many measures of health and development. Asset-based community development (ABCD) provides a framework to increase social capital and build stronger, healthier communities for children. ABCD is a strength-based approach to community building that emphasizes bringing together community assets including individual community members, voluntary associations, and institutions. How pediatricians can apply ABCD to child health is described. *Pediatrics* 2005;115:1185–1187; *social environment, health promotion, community medicine, pediatrics, medical education.*

ABBREVIATION. ABCD, asset-based community development.

It takes a village to raise a child.

African proverb

There is growing recognition that a community's social environment significantly influences the health of individuals living in it. The "millennial morbidity"¹ in children is particularly affected by this. In this article we discuss how pediatricians can influence the social environment of communities to improve the health of children by using a method called asset-based community development (ABCD).

SOCIAL RELATIONSHIPS, SOCIAL CAPITAL, AND HEALTH

In 2003, the Task Force on Community Preventive Services created a model to describe the influence of social environment on health.² In that model, social relationships, along with social institutions and surroundings, comprise the broad categories of social determinants of health. Prevailing community norms, customs, and processes and social cohesion, civic engagement, and collective efficacy (or a community's capacity to work together to achieve a com-

mon goal) are intermediate outcomes that either positively or negatively influence the health of that community.

The characteristics of social relationships, in large part, constitute the notion of social capital, a concept that describes the power of social networks in communities. In *Bowling Alone: The Collapse and Revival of American Community*, Putnam defined social capital as "connections among individuals—social networks and norms of reciprocity and trustworthiness that arise from them."³ In other words, social capital is characterized by participation in networks, reciprocity (with which members can expect to give and receive), mutual trust, shared recognition of social norms of behavior, shared ownership of common resources, and collective efficacy. Empirical evidence from research in social epidemiology has demonstrated associations between characteristics of social capital and mortality,⁴ self-reported health status,^{5,6} access to health care,⁷ normal development in at-risk children,⁸ breastfeeding initiation,⁹ and children's quality of life.¹⁰ Social capital is believed to influence health by increasing access to social support including emotional support and information, social influence on behavior, engagement and attachment, and access to shared resources and material goods.¹¹ Given the relationship between social capital and health, it is possible that if social capital can be increased in a community, it may result in improved health of those living in that community.

ASSET-BASED COMMUNITY DEVELOPMENT

ABCD provides a framework in which individuals or groups can act to increase the social capital of a community. Organizations and communities nationwide are applying the principles of ABCD to address issues as diverse as child health, education, community safety, access for those with disabilities, and economic development.^{12–17} ABCD represents a fundamental shift from a traditional focus on assessing needs and deficits within communities to a focus on identifying and mobilizing local strengths or assets. The goal is to bring together the assets within a community and use them to solve problems and build a stronger community. In *Building Communities From the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*,¹² Kretzmann and McKnight interviewed numerous individuals from hundreds of neighborhoods to identify what characteristics make communities strong. Even in the most

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Accepted for publication Dec 22, 2004.

doi:10.1542/peds.2004-2825Q

No conflict of interest declared.

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distressed-appearing neighborhoods, they discovered that 5 major assets are used in creative ways for problem solving and community building. When all 5 assets within communities are mobilized, they provide powerful resources for change.¹⁸

The first major asset is the skills and capacities of the individuals who reside in the community. People who live marginalized lives or are clients of services (governmental and nongovernmental, including health, welfare, legal, education, nutrition, etc) are frequently assessed for their needs but rarely asked about their capacities and skills. Opportunities to engage community members are lost when they are not asked to share their assets; by contributing, people are empowered as community members.¹⁹ As McKnight states, "A gift is not a gift until it is given."

The second major asset is the associational life found within all communities. Associations are groups of people who volunteer to come together for a common purpose and form the social fabric of communities. Associations range from informal card-playing groups and walking groups; to religious groups, sports clubs, and political action groups; to more formal service organizations such as the Rotary and Kiwanis clubs. Associations are the organizing venues in which residents and others can contribute their gifts, talents, and skills, and they provide a forum for networking and social support. Associations mobilize the capacities of community members to create social capital.²⁰

The third major asset is institutions, which include government agencies, businesses, and nonprofit organizations operated by paid staff, not volunteers. Institutions such as hospitals, clinics, libraries, schools, community-based organizations, health and social service agencies, county and city government, and local businesses comprise the infrastructure of the community providing employment, goods, and services. Institutional "treasures" for community-building efforts include facilities for meetings, purchasing power, professional expertise, workforce, and connections with key decision makers who control community resources.¹⁴

The fourth asset is economic development potential, and the fifth asset is land and other physical assets. Leveraging the economic potential of institutions such as schools and hospitals and turning physical liabilities such as abandoned buildings and vacant lots into assets are some of the ways in which ABCD has been used locally.¹⁷

APPLYING ABCD

How can pediatricians apply ABCD to increase social capital and build healthier communities? The first critical step is to recognize that the process requires a fundamentally different approach from the traditional medical model. Instead of identifying a community problem and writing a prescription to fix it, pediatricians must develop a collaborative relationship with other community members. The process begins by assessing one's own assets, referred to as "asset mapping," by identifying the knowledge and skills one possesses, the associations to which one belongs (especially those related to nonprofes-

sional interests and hobbies), and one's institutional relationships. Pediatricians often have tremendous assets to offer, such as knowledge of medicine, a passion for children, and membership in professional (eg, American Academy of Pediatrics) and nonprofessional (eg, parent-teacher association, faith group, other volunteer groups) associations. Pediatricians often are leaders within institutions such as clinics, hospitals, universities, health departments, and schools. For a community group interested in improving the health of children in its neighborhood, the pediatricians caring for those children can be tremendous assets.

The next step is completing an asset map of the community. To truly find the resources that exist in a community, one must embrace the view that everyone living or working in that community has something to offer. One method is to conduct key stakeholder interviews with parents, association leaders, professionals, and other community leaders. Another approach involves holding focus groups or conducting capacity interviews with adults, youth, and children living in the community. An inventory of a community's associations and physical and economic assets should be completed. From this information, certain themes will emerge, yielding a picture of not only the state of children's health in the community but also the kinds of skills, capacities, and resources that exist. These themes should be reported back to the collaborative group and the community at large for validation. At this stage, a discussion of the community's priorities to improve children's health can begin. Matching these priorities with the assets that already exist within the group and identifying those that still need to be found provide the basis for an action plan.¹⁹

Partnerships to change the social environment of a community are most successful when the partners share the same values and goals and a commonality of purpose. It is important to note that partnerships that are formed among individual, associational, and institutional assets and use physical and economic assets are the strongest and, in the long run, the most lasting. Each asset brings unique strengths to contribute to the purpose. Social change occurs when community members, including pediatricians, develop a consensus on their priorities and bring to the issue their ideas, skills, involvement, and passion.

ABCD AND COMMUNITY PEDIATRICS

The pediatric community has begun to realize the potential of ABCD in community pediatrics. In 1999, the American Academy of Pediatrics Community Access to Child Health program collaborated with the Asset-Based Community Development Institute to develop a pediatricians' guide to local associations.²¹ The goal was to help pediatricians understand how to use the basic principles of ABCD to improve child health. At the University of California Davis, Communities and Physicians Together teaches pediatric residents and community physicians to apply ABCD to community-based child advocacy. The Community and Physicians Together program consists of collaboration across 3 assets:

individuals, community associations, and institutions. To illustrate the application of ABCD to community pediatrics, the following is an example of a University of California Davis pediatric resident applying these principles.

Stephanie Flaherty, MD, a pediatric resident working in the emergency department, noticed that a greater-than-expected number of children were presenting for treatment of dog bites. In talking with these children, she discovered that they had very little knowledge of how to safely approach dogs and, in fact, were inadvertently provoking the dogs. To address this problem, the resident applied ABCD in her assigned neighborhood (Tahoe Park). She began the process by assessing her own assets. As both a pediatrician and a dog owner, she possessed knowledge about dog safety. The next step was completing an asset map of the community by interviewing key stakeholders and completing an inventory of the community's associations and physical and economic assets. She found the following community assets available to help address dog safety issues: dog owners, crossing guards, children, the neighborhood association, the elementary school, and the city park. Together these partners planned and implemented a dog-safety fair.

The neighborhood association helped to publicize the event and provided links to the local elementary school after-school program. School officials and teachers agreed to set up a day and time for the children to participate and to help publicize the event as well. The school crossing guard invited parents and their children to attend, because the guard had established strong relationships with many parents. The guard had the added benefit of seeing the children every day and knowing who would benefit the most from the course. The city provided space for the safety fair in a park next to the elementary school. The community association helped recruit local dog owners to participate in the training with their dogs, which allowed them to contribute their knowledge about dogs and how they saw children interacting with their pets. At the fair, dog owners allowed children to practice dog-safety behavior with their dogs. In addition, dog owners gained an opportunity to get to know the children in the neighborhood. This approach will likely do more to reduce morbidity from dog bites in that neighborhood than a focus limited strictly to providing antibiotics and suturing at the nearby hospital. By working with individuals, associations, institutions, and local physical assets, Dr Flaherty addressed a health problem by building new social networks and changing the social norms for children in a whole community.

CONCLUSIONS

ABCD provides a framework for pediatricians seeking to increase social capital for children and families and a method to mobilize a community to create better social environments for children, thereby leading to improved health. The fundamen-

tal principle of ABCD is to mobilize community assets in partnership with community members, associations, and institutions to successfully improve child health.

REFERENCES

1. Satcher D, Kaczorowski J, Topa D. The expanding role of the pediatrician in improving child health in the 21st century. *Pediatrics*. 2005;115(4 pt 2):1124–1128
2. Anderson LM, Scrimshaw SC, Fullilove MT, Fielding JE; Task Force on Community Preventive Services. The Community Guide's model for linking the social environment to health. *Am J Prev Med*. 2003;24(3 suppl):12–20
3. Putnam RD. *Bowling Alone: The Collapse and Revival of American Community*. New York, NY: Simon & Schuster; 2000
4. Kawachi I, Kennedy BP, Lochner K, Prothrow-Stith D. Social capital, income inequality, and mortality. *Am J Public Health*. 1997;87:1491–1498
5. Kawachi I, Kennedy BP, Glass R. Social capital and self-rated health: a contextual analysis. *Am J Public Health*. 1999;89:1187–1193
6. Subramanian SV, Kim DJ, Kawachi I. Social trust and self-rated health in US communities: a multilevel analysis. *J Urban Health*. 2002;79(4 suppl 1):S21–S34
7. Hendryx MS, Ahern MM, Lovrich NP, McCurdy AH. Access to health care and community social capital. *Health Serv Res*. 2002;37:87–103
8. Runyan DK, Hunter WM, Socolar RR, et al. Children who prosper in unfavorable environments: the relationship to social capital. *Pediatrics*. 1998;101:12–18
9. Anderson AK, Damio G, Himmelgreen DA, Peng YK, Segura-Perez S, Perez-Escamilla R. Social capital, acculturation, and breastfeeding initiation among Puerto Rican women in the United States. *J Hum Lact*. 2004;20:39–45
10. Drukker M, Kaplan C, Feron F, van Os J. Children's health-related quality of life, neighbourhood socio-economic deprivation and social capital. A contextual analysis. *Soc Sci Med*. 2003;57:825–841
11. Berkman LF, Glass T, Brissette I, Seeman TE. From social integration to health: Durkheim in the new millennium. *Soc Sci Med*. 2000;51:843–857
12. Kretzmann JP, McKnight JL. *Building Communities From the Inside Out: A Path Toward Finding and Mobilizing a Community's Assets*. Evanston, IL: Asset-Based Community Development Institute, Institute for Policy Research, Northwestern University; 1993
13. Rans S, Altman H. *Asset-Based Strategies for Faith Communities*. Evanston, IL: Asset-Based Community Development Institute, Institute for Policy Research, Northwestern University; 2002
14. Punttenney D. *City-Sponsored Community Building: Savannah's Grants for Blocks Story*. Evanston, IL: Asset-Based Community Development Institute, Institute for Policy Research, Northwestern University; 1998
15. Kretzmann JP. *School Participation in Local Community Economic Development: Ideas for Getting Started*. Evanston, IL: Institute for Policy Research, Northwestern University; 1993
16. O'Connell M. *Community Building in Logan Square: How a Community Grew Stronger With the Contributions of People With Disabilities*. Evanston, IL: Community Life Project, Center for Urban Affairs and Policy Research, Northwestern University; 1990
17. Sheehan G. *Building the Mercado Central: Asset-Based Development and Community Entrepreneurship*. Evanston, IL: Institute for Policy Research, Northwestern University; 2003
18. McKnight JL. *A Twenty-First Century Map for Healthy Communities and Families*. Evanston, IL: Asset-Based Community Development Institute, Institute for Policy Research, Northwestern University; 1996
19. Kretzmann JP, McKnight JL, Sheehan G, Green M, Punttenney D. *A Guide to Capacity Inventories: Mobilizing the Community Skills of Local Residents*. Evanston, IL: Asset-Based Community Development Institute, Institute for Policy Research, Northwestern University; 1997
20. Kretzmann JP, McKnight JL, Turner N. *Voluntary Associations in Low-Income Neighborhoods: An Unexplored Community Resource. A Case Study of Chicago's Grand Boulevard Neighborhood*. Evanston, IL: Asset-Based Community Development Institute, Institute for Policy Research, Northwestern University; 1996
21. McKnight JL, Pandak CA. *New Community Tools for Improving Child Health: A Pediatrician's Guide to Local Associations*. Elk Grove Village, IL: American Academy of Pediatrics, Asset-Based Community Development Institute, Institute for Policy Research, Northwestern University; 1999. Available at: www.aap.org/commpeds/state_resources/localasn.pdf. Accessed November 3, 2004

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