DEAR EDITOR:

In the article entitled “First We Have to Engage Them: A Mixed Methods Assessment of Low-Income Parents’ Preferences for and Barriers to Receiving Child Health Promotion Information” (Davis et al., 2015), the authors conclude that “new health information delivery methods are needed that take into account the barriers associated with parenting in the context of poverty.” However, several examples of new delivery methods do exist.

The first example is the Child Health and Development Interactive System (CHADIS), which provides online interactive support to participating health care providers and parents/families/teens by utilizing screening questionnaires and resources for use before, during, and/or after health care visits. The support offered through CHADIS enables health care providers to effectively reach parents of a wide range of socioeconomic levels, including those who have low incomes. More information about CHADIS is available at www.chadis.com.

The second example is an organization named Seeds 4 Success that has as its mission “Guiding children living in Annapolis public and subsidized housing so they become healthy, successful adults” through after-school programming and mentoring services. A certified pediatric nurse practitioner has advised and worked with program staff, educators, counselors, and others to initiate, develop, and integrate primary and secondary preventive health promotion efforts within its policies, parent challenges, and programming.

The aforementioned models share the following positive attributes:

1. Streamlined access to evidence-based health information, resources, and guidance so parents/teens/youth do not have to search through a vast array of unvetted sources of information on their own. Such streamlining also removes barriers. For example, it may not be necessary to find and pay for transportation to attend parenting classes at a separate location to acquire basic information about health promotion if that information is available in one place instead of several places.

2. Increased capability of parents/teens/youth to participate actively in the process of learning about health promotion, which empowers them to be engaged in and take responsibility for their own health concerns.

3. A ready means of collaboration and coordination between pediatric health care providers, mental health providers, educators, and others. With increased collaboration among multiple providers of varied disciplines, it is more likely that preventive health messages will be consistent across the spectrum of providers and that the same messages will be sent to parents/teens/youth.

4. The ability of pediatric primary health care providers to reach a wider audience within the community to inform and engage youth, family members, and leaders/staff of community organizations regarding the development of primary and secondary preventive practices.

5. Support of access to and improvement of the provision of primary health care. CHADIS is directly involved in enhancing the process of primary health care, whereas Seeds 4 Success supports the acquisition of primary health care services.

6. Provision of a respectful basis for teaching parents/teens/youth to be more effective health advocates for themselves and their family members.

In summary, as Davis and colleagues attest, “new and creative methods are needed to promote child health and development that do not increase the burden associated with raising children in the context of limited resources.” CHADIS and Seeds 4 Success are two examples of such methods.

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REFERENCE