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The Ideal Whole Health Family Oriented Community Center

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Abstract

This paper discusses what would make up the ideal whole health family oriented community center. It looks at the history of community centers in a general manner. It also looks at three existing community centers in New Hampshire. A member from The Foundation for Seacoast Health, Families First Health and Support Center, and Child and Family Services of New Hampshire was interviewed in order to learn more about what already exists in New Hampshire. The existing community centers give insight into what does and does not work well and what they hope to see in the future. This paper also addresses potential problems and difficulties a whole health family oriented community center might face.

The Ideal Whole Health Family Oriented Community Center

A whole health family oriented community center is a place that is able to provide an individual or family with everything they need to be healthy in body and mind. This type of community center would have a health center that provides services such as primary healthcare, dental care, and prenatal care. It would also have a family center that provides services like playgroups for parents/guardians and their kids, parenting classes, home visiting, a variety of support groups for families dealing with specific things such as divorce, loss of employment, when an illness or medical condition is part of a family member's life, and more. There would also be a third part, which is the fitness center. This last part is a place where families can go and get exercise, learn about nutrition and how to get in shape, work with personal trainers to meet specific goals, get involved in intramural sports, and more. In addition to these three centers, there would be a lot of specialists. These specialists would include a marriage and family therapist, a grief counselor, a behavioral health specialist, a social worker, a nutritionist, and more depending on the needs of the community.

Currently, there are no community centers that fit the above description. There are, however, some that fit at least parts of it. The Community Campus in Portsmouth, NH is home to nine non-profit organizations. These organizations include a childcare center, an afterschool program for adolescents, a brain injury support group, the county's child advocacy center, and more. This building was created based on the concept of a one stop shop, meaning that people/families would be able to find as many things that they needed as possible in one location. Families First Health and Support Center is one of the nine non-profits and is also loosely based on the one stop shop concept. It has both a health center and a family center. The health center provides primary healthcare, dental care, prenatal care, and there are even two

homeless healthcare vans. The family center offers parenting classes, child-parent playgroups, home visiting, and a program specifically for families who are homeless or similarly stressed. These are the only two community centers in New Hampshire that are similar to the whole health family oriented community center.

Background

Settlement Movement London, England 1800s

This movement came about in response to rising unemployment and widespread poverty in London. Religious leaders established neighborhood welfare centers that were devoted to addressing the needs of the poor (Columbus Federation of Settlements, 2009). These centers recruited workers to live on site as “settlers” and develop a range of public programs that included job training, child care, education, and other services (Columbus Federation of Settlements, 2009). The Settlement Movement is one of the first examples of a community center.

In 1886, Staton Coit founded the first US settlement to serve new immigrant populations on the lower east side of New York City (Columbus Federation of Settlements, 2009). This settlement was entitled Neighborhood Guild. Three years after it was created, Jane Addams founded Hull House on the west side of Chicago. Both of these houses followed the traditional settlement philosophy, which is a holistic approach to neighborhood improvement and a belief that social change comes from indigenous leaders and organizations (Columbus Federation of Settlements, 2009). These houses were successful, and by 1910 there were more than four hundred settlements in the United States. This means that in a matter of only about twenty-five years more than four hundred settlements were created. Even today, settlements exist although they are better known as community centers and neighborhood houses because the workers no

longer live on site (Columbus Federation of Settlements, 2009). These houses/centers are distinguished from other community centers by their holistic approach to strengthening neighborhoods and families (Columbus Federation of Settlements, 2009). For more than one hundred years, settlement houses have been a part of the US.

Early Maternal and Child Health Programs

The health of children and their mothers was not always regarded with the level of importance that it is today. It wasn't until the late 1800s and early 1900s that child and maternal health became a major topic of discussion. Knowledge of communicable diseases and children in the workforce were two major factors that struck up concern for children's health (Lesser, 1985). The realization that for preventative health services for kids to be effective, there needs to be an education piece for parents was another important development during this time (Lesser, 1985). In 1912, the United States Children's Bureau was established in order to investigate and report on all aspects of and affecting children's health (Lesser, 1985). There were voices from psychology, education, medicine, public health, and labor and social work that stated childhood is a period of growth and development and therefore children should not be a part of the labor force (Lesser, 1985). The importance of childhood in terms of development, the importance of preventative health care, and the importance of educating parents about their kids are three developments that are about one hundred years old and still important today.

Effectiveness of Community Center Approach

Community centers have been shown to be most effective if they have certain characteristics. According to Gillespie (2009) these characteristics include being accessible to many people, being able to meet many needs in one location, enable parents to participate in their local community with their children, and allow parents to go from being helped to being a

volunteer or even a paid worker at the center. Location and accessibility is a major factor in whether a community center is successful or not because if people have no way of getting there then there is no way it will survive. Gillespie (2009) also mentions the importance of having activities for all ages in order to better serve the community as a whole. The specific programs offered at a community center must be geared toward the specific population in order for them to be effective.

Another important factor in whether this “ideal” whole health community center will be effective is collaboration. In most health care centers, collaboration doesn’t exist even though it can be very beneficial (Bruner, Davey, & Waite, 2011). Collaboration among all staff at a whole health community center would have to exist in order to truly give each patient the best care possible. It’s important that all staff working with an individual or family is on the same page so the patient(s) don’t get mixed messages or have to hear the same exact message from ten different people. Bruner et al. (2011) found that a majority of the people they studied mentioned family being a tool in an individual’s health. A family member may help in translating if the patient doesn’t know English and they may even be able to help keep them on track at home (Bruner et al., 2011). Collaboration among staff and collaboration among family members can increase the effectiveness of a community center.

New Hampshire Background

Child and Family Services of New Hampshire has only been around in name since 1967. It was created by the merging of three different organizations, the Manchester City Missionary Society, the Concord Charity Organization, and New Hampshire Children’s Aid and Protective Society (NHCAPS). The Manchester City Missionary Society came about in 1850 in order to try to church the “unchurched.” Distribution of charity for direct relief of stricken families was added

towards the end of the century. This society also provided Fresh Air Camp, Sewing Circles, immigration services, child labor responses and day care nursery for laborers of the Amoskeag Mills. The Concord Charity Organization came about around 1900 and its goals included raising the needy above the need for relief, prevent begging and imposition, and diminish pauperism. By the 1920s both organizations changed their focus to the new wave of social work, which was family services.

In the mean time, NHCAPS came into existence in 1914, and focused on protecting children from abuse and neglect. In 1967 the name was changed to Child and Family Services. Finally in 1971, the Manchester City Missionary Society and the Concord Charity Organization merged with Child and Family Services. Child and Family Services is the oldest children's charitable organization in the state of New Hampshire, and therefore provides the roots of many child/family support centers.

Families First Health and Support Center, as mentioned earlier, has both a health center and a family center, but that wasn't always the case. This organization initially started out as a prenatal clinic at Portsmouth Hospital for low-income women and teens in 1984. Four years later, it was realized that these new mothers might need some help with parenting so the parent-aid program began. Another four years later, the family support center opened. In 1997, comprehensive primary care services were added in addition to prenatal care. Two years later, the health center and family center moved to the Community Campus, which allowed them to finally be in the same location. After that, health care for the homeless mobile units were added, the dental center opened, and a behavioral health specialist was added to the team. In a matter of less than thirty years, this organization grew from a prenatal clinic to a full-blown health center and family center.

The Foundation for Seacoast Health came about in 1985 because of the sale of Portsmouth Hospital to Hospital Corporation of America. This sale endowed them with about \$14,500,000 so they started out by identifying the most at risk populations, which ended up being adolescents and the elderly. Just two years later they provided funding for New Heights, an after school program for adolescents. They also held a teen health conference and collaborated to create Project HELP, which helped pregnant teens. In 1994, architects began designing the Community Campus. The groundbreaking for the Community Campus occurred in 1998, and was planned to house seven nonprofit/public programs as well as the foundation itself. The following year, the Community Campus opened, and collaboration among the nonprofits began. The Foundation's mission is "to invest its resources to improve the health and well-being of Seacoast residents" (Foundation for Seacoast Health, 2005). In the foundation's twenty-seven years of existence they have created numerous programs and initiatives as well as funded many programs in order to meet this mission.

The HUB Family Resource Center has been around since 1994. It came about because of the Goals 2000 initiative in the early 1990s, which mandated that every school district develop a plan to support school readiness. Dover created the Ready-to-Learn Task Force in order to meet the Goals 2000 initiative. This task force was made up of twenty-five educators, social service providers, parents, and health care providers. They used the Family Support Model in order to develop a family resource center, and so the HUB was created.

Currently in New Hampshire

Child and Family Services, Families First, the Foundation for Seacoast Health, and the HUB offer a multitude of services. Families First and the Foundation for Seacoast Health focus on the Seacoast area, whereas Child and Family Services is a statewide organization. The HUB

mainly helps those in Strafford county and surrounding towns. Each organization is serving a slightly different population, but ultimately they all have a focus on the family.

Each organization can offer similar programs and services because they are in three different locations. For example, the family center aspect of Families First offers very similar programs to the HUB, which includes parenting classes, home visiting, and playgroups. Families First also has the health center aspect, which is the biggest difference between them and the HUB. Child and Family Services also offers parent education and home visiting, but in addition to those, they offer programs related to adoption, foster care, early childhood services, family counseling, mental health counseling, pregnancy counseling, they have a summer camp targeted to low-income families, and more. Lastly the Foundation for Seacoast Health is in charge of the building that houses nine different non-profit organizations, including Families First. In addition to the Community Campus building, the foundation has scholarship programs for teens, monitors Portsmouth Regional Hospital to make sure Seacoast residents are getting the best medical care at competitive prices, and helps to fund various health-related programs in the Seacoast area including the non-profits located in the Community Campus. Each organization provides a variety of programs and services in order to help people and families.

Barriers to Community Center Approach

There are barriers to this approach. The main barrier is funding. The current economy has caused many non-profits to suffer so it is not an ideal time to start another one. It would cost a lot of money to create a building large enough to house all three centers, and it would continue to cost a good amount of money to maintain the building. Certain aspects of the center would bring in money, but not enough to support everything. Another barrier is location because it needs to be somewhere that people can get to, but the space also has to be big enough for a large

building. Related to location, transportation is a potential barrier because those who need the most help may not have a car. If the funding is there then the center could have some vehicles that would be able to transport people. Ultimately, this community center could not exist without money so all the other barriers only matter once the funding is there to create and maintain the center.

Purpose

The purpose of this paper is to determine the “ideal” whole health family oriented community center. In order to do this, information about existing community centers is needed. Answers to the questions: what already exists, what works and doesn’t work, what existing community centers see for their future, and what are the benefits to having so many different programs in one location are what will help determine this “ideal” community center.

Method

Participants

Three people were interviewed as part of this research. Participant A is the Executive Director of The Foundation for Seacoast Health and has been in that position for three years. She works inside the Community Campus building so they get to see first hand what is good and bad about the building. Participant B is the Human Resource Director and the Family Center Director at Families First Health and Support Center. She has been with the organization since its beginning in 1984, and gets a full scope of what the organization does by working with both health center and family center staff. Participant C is the Program Director for Early Childhood and Family Support for Child and Family Services of New Hampshire (CFSNH). She is a Licensed Independent Clinical Social Worker (LICSW) and has been with CFSNH for twenty

years. She works from the headquarters in Manchester, New Hampshire, but as a director she is responsible for communicating with the satellite locations throughout the state.

Procedure

The New Hampshire organizations that were researched were chosen for specific reasons. Families First is where this idea came from so that was an obvious choice, and doing an internship there has provided first hand knowledge of how the organization operates. The Foundation for Seacoast Health is in charge of the Community Campus building, which was part of the initial inspiration for this topic. CFSNH provides some of the same services as Families First, is present throughout the state, and is the oldest children's charitable organization in the state. There was no interview conducted with someone from The HUB family resource center, but this organization will also be mentioned throughout the paper because it offers similar programs to Families First.

The specific participants were also chosen for specific reasons. The title each participant holds in their organization was a big factor because the person needed to be high enough up in the chain of command to have a good overall sense of the organization but they could not be too high up to not have a sense of the day to day occurrences. Participant B and C are both directors of programs related to family support, and they have both been involved with their organizations for at least twenty years. Participant A is the executive director so she is one of the few members of the Foundation for Seacoast Health that actually works in the Community Campus building. She has only been with the foundation for three years, but she has a firm understanding of their history.

All three interviews took place at each participant's organization. The interview with Participant A took place in the Foundation's boardroom in the Community Campus in December

2011. The interview with Participant B took place in their office at Families First, which is also located in the Community Campus, in March 2012. The interview with Participant C took place in an office at CFSNH in Manchester in April 2012.

Measures

The interview was semi-structured and guided by an interview script but with enough flexibility to probe more about specific topics. The interviews consisted of about ten questions give or take a couple depending on the specific interview. There were six questions that were asked to all three participants and three to five additional questions that were specific to their organization. The six questions for all the participants asked about outreach, the effect of the current economy, demographics of the people each organization helps, elements needed for a family center to be successful, what additions they would make to their organization if money was not a factor, and what they envision in an ideal family oriented community center. The additional questions asked about things that were more specific to each organization including decisions made in the organization's past, the structure of the organization, and what they hope for the future. All the questions asked are included in Appendix A. Each interview took approximately 30 minutes to complete.

Results

Three themes came about from the interviews. The first is the importance of funding. All three participants talked about funding especially because of the current economy. One participant specifically mentioned the concept of having diversified funding. At least two of the three organizations interviewed have diversified funding. This means that their funding doesn't all come from the same place. Some of it comes from the federal level, state level, local level, and they are continually applying for a wide variety of grants. It was also mentioned to go where

the funding is, in other words, if one program doesn't have funding stop it and start one that there is funding for. Without funding, these organizations would not exist so it is very fitting that this was one of the themes.

The second theme was the importance of communication and collaboration. CFSNH has locations throughout the site so it is important that each site is able to communicate with headquarters to make sure everything is going smoothly. Families First has a health center and family center so it is important to have communication between the two in order to provide as many services as possible to clients. The Foundation for Seacoast Health has to make sure it is communicating with each of the nine non-profits in the Community Campus in order to make sure everyone is on the same page. In addition to communication between different parts of the organizations, it is important to have good communication among staff in general. Each of these organizations has a specific goal/mission, so in order to meet that goal everyone in the organization has to be of that same mindset. Regular communication among staff members will help to keep everyone on track.

The third theme from the interviews has to do with what population to target. All three organizations have the at-risk population as their target population. Even though the at-risk population is whom they want to reach, their services are still applicable to the general population. The at-risk population includes people who are homeless, unemployed, low-income, teenage parents, don't speak English, or anything else that causes them to need a little extra help. In support group settings such as parenting classes, no one really knows who fits the at-risk description because anyone is allowed to use this service. It is important to have a focus on who these services are for so that way the design of the service and how to tell people about it are done in a way to match that focus. Focusing on a particular population, but leaving room for

others to use the services too, strong collaboration and communication, and funding are the things that the three participants feel are important in making a community center successful.

Discussion

A whole health family oriented community center is something that will hopefully come about into existence in the future. Having a family center, health center, and fitness center in the same location would make life easier for those who do and do not have transportation. It is really hard for people without their own mode of transportation to get where they need to go unless it is within walking distance. The Community Campus building isn't really in walking distance for most people, but the Portsmouth Trolley now has a regular stop at the building, which allows many more people to get there. Location is everything because if people can't walk there, there needs to be some way for them to get there whether it is public transportation or if there is funding for the community center to have vehicles and drivers of their own to get people.

One thing that was mentioned by one of the participants is having a central intake and database. Currently at Families First, the health center has their own intake forms and database separate from the family center's intake forms and database of clients. It can get a little tricky when dealing with medical stuff because of confidentiality issues. These can be avoided by making sure everyone who will have access to patient information is properly trained about confidentiality and if all clients/patients are told that other people other than medical staff will have access to their information. If all goes well, the patients wouldn't ever know that people from the family center and fitness center have access to their information, but by telling them ahead a time it will prevent any potential problems. Having a central intake and database will allow staff to look at the whole picture of a person and give them the tools on how to best help

them. If a physical trainer is working with a client, it may be helpful to know what other staff they are working with so that everyone working with this particular client can set up a plan to get this person healthy. Collaboration among all the different aspects will give a client one plan rather than a different plan from each person they see.

An organization of this size would have to have a strong infrastructure. This means that there would have to be a development team, a communication team, IT support, administrative staff and a billing department in addition to the staff that are actually providing the various services. There would also have to be some form of hierarchy in the sense that there needs to be someone that everyone reports to with good and bad things. There will be communication among all staff, but there needs to be someone keeping an eye on things as a whole. The specific break down would be different for each of the three centers within the community center. This structuring is important because every staff member needs to know what is expected of them individually as well as within their department in order for the organization to be successful as a whole.

The whole health family oriented community center would offer a wide variety of services. The biggest difference it would have from places like Families First, besides the fitness center, would be family support groups. The family support groups would be based around a specific thing like diabetes. If one member of the family has diabetes, the whole family would get to attend this group in order to learn how to adjust to it. There would most likely have to be different groups within the group so the young kids aren't trying to learn the exact same thing as the parents or grandparents. Groups like this would allow families to create a support network with other families in the area that are dealing with the same thing. This setup can also be really helpful for parents because they often don't know how much to tell their kids so having someone

else teach them about the specific topic in a general and age appropriate way lifts some of the pressure off of them. The topics of these groups would depend on the people attending the community center because there is no use in starting a group that only one out of two hundred families will be able to use.

Research is a must for this type of community center to be successful. Finding out where the best location would be, what the biggest problems or difficulties faced by families in that area are, and finding the best staff to meet the goal of the center are all areas that require research. Additionally, there would need to be research on the best information to use in the various educational programs the center would offer. Surveying the people coming to the center once it is open or surveying the people most likely to come once it is open would give information about the specific programs and topics that should be offered. There would also need to be research on what grants are being offered that might be able to fund each program because without the funding there can be no program. Research does take time, but the more research done, the better chance there is for the community center to be a success.

People who come to the community center will get more than just information on how to get healthy. Attendees will be able to create a network with people in the community dealing with similar things as them. Parents in parenting classes love hearing other parents' stories because it helps them feel like they aren't the only ones struggling to be a good parent and it may give them ideas on other things to try with their own kids. While parents are sitting in parenting classes, their kids are in childcare playing and making friends. Between the groups, childcare, and the fitness center, people in the community have amazing opportunities to make connections with people who are somehow similar to them. Having that support network is such a security for people because they don't have to feel like they are completely on their own.

Having an ideal whole health family oriented community center could change people's lives for the better. Many people struggle to find healthcare when they are unemployed and/or uninsured so having a place that works with everyone to make sure they get the care they need is important. A place like this would provide people who need the most help with everything they need to be healthy. Not everyone will take full advantage of everything offered there, but those who want the help and want to change can and will. People who live with their family can take full advantage of all services offered because there will be childcare for parents in parenting classes, for people with appointments in the health center, for people who want to work out at the gym but they have a young child and no baby sitter. Those without families can still take advantage of the services because there may be a group about living on your own. The possibilities are endless when just hypothesizing about this "ideal" community center.

In reality, funding is what will stand in the way of this community center existing and being sustainable. Money is unfortunately very important in the world of non-profits. There are people out there that would back this concept, but those people aren't necessarily in positions that can help make it happen. The people that this center would help would be all for it, the people that work in similar community centers would support it, but the people with money and power may not see it as a top priority. The timing would have to be right for this community center to get started. There would have to be a lot of logistics figured out before really going ahead with this project, but it could be a huge success. Ideally it would bring community members together, get people healthy, give parents the tools they need to raise their kids, and help to lose some of the stigma associated with getting help with mental health. A whole health family oriented community center could do a whole lot of good so hopefully at some point in the future it can come into existence.

Conclusion

The ideal whole health family oriented community center would be loosely based off of Families First Health and Support Center. The programs that Families First currently offers would definitely be a part of this ideal community center. These programs include parenting classes, playgroups for kids age 0-5, childcare for parents taking parenting classes and for parents with health center appointments, primary health care, dental care, prenatal care, home visiting, a group specifically for families that are homeless or similarly stressed, two healthcare for the homeless vans, and two offsite programs that start off with parents and kids together and then the parents get a little break to learn about parenting. Families First also has a few specialists that would be fitting to have in the ideal community center as well. These specialists are a nutritionist, a behavioral health specialist, a certified family life educator, a social worker, and a home visitor that runs a program that focuses on families with kids who have a disability.

In addition to the programs and specialists that Families First has, the ideal community center would have a fitness center. The fitness center would have programs such as intramural sports, specific classes like yoga and kickboxing, groups to learn how to exercise and use the equipment properly, and exercise classes geared toward specific ages such as kids or the elderly. The specialists in the fitness center would include personal trainers and teachers for each class. The fitness center would be a great way for people to give back by volunteering their time to referee the intramural basketball games or teaching a one of the classes for kids once a month because you're an elementary school gym teacher. People would be able to create great support networks through classes and activities offered through the fitness center.

Another important piece to the ideal community center is getting out into surrounding communities. The health care for the homeless vans are a very important piece for Families First

to be able to help those that need it the most. The off-site groups are another way of being able to help more people that can't get to the main center very easily. This type of one stop shop community center best serves the people in the town/city it is located in and the surrounding ones. It is likely to be more successful in an urban setting because the population density is higher than in a rural setting. The urban setting allows more people to have convenient access to it, and an urban setting is much more likely to have public transportation. The off-site programs are meant to supplement the community center, but in a rural setting they would probably have to be a major focus.

One thing that Families First struggles with that could be fixed in this ideal whole health family oriented community center is the database system they use to store patient/client information. Currently at Families First, the health center and family center have separate databases, which limits the two centers ability to easily work together to help an individual or family. The ideal community center would have a central intake and one database for everyone that uses the facility. This would allow easy communication among all three centers in the community center, and lead to collaboration on individuals or families that are in need of multiple services. Using Families First as a starting point, making some additions, and fixing the problems they are aware of will result in the ideal whole health family oriented community center.

Appendix A

Community Campus

1. What were your main factors for deciding to create the Community Campus?
2. Was it easy to find non-profit organizations that wanted to be a part of the campus?
3. Are there other places like the Community Campus that helped to inspire this vision?
4. After a little over 10 years, has the community campus exceeded, met, and/or feel short of your goals/expectations? How and why?
5. What do you hope to see in the next 10 years?

Families First

1. What were the main factors for deciding to move into the Community Campus?
2. What are the benefits and drawbacks of being a part of the Community Campus?
3. Were there expectations from the beginning that Families First could become what it is today or has it exceeded those initial expectations?

Child and Family Services

1. Being the oldest children's charitable organization in the state, how has CFS survived and continued to grow?
2. How do the different CFS centers throughout the state work together to better serve NH?
 - a. Do they work mostly independent of each other? Why/why not?
3. What do you hope to see in the future for CFS?

All

1. How do you let people know about you and the programs you offer?
2. How has the current economy affected you and your ability to help families?

3. Do you have an annual report with demographics of who you are helping that I could have a copy of or can you talk a little about the demographics?
4. In your opinion what are the elements needed for a family center to be successful?
5. If you didn't have to worry about money, what additional program(s)/position(s) would you add or expand on and why?
 - a. What do you envision in an ideal family oriented community center?

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