



EDITORIAL

Community pediatrics

La pediatría comunitaria

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Community medicine is a key element in improving population health and a determinant of primary care quality; individual care does not suffice to meet the health care needs of the population. At present, several autonomous communities in Spain are developing community health strategies through the guideline known as “Recomendaciones para el diseño de estrategias de salud comunitaria en atención primaria a nivel autonómico” (Recommendations for the design of community health strategies in the primary care setting at the autonomous community [regional] level).¹ This document was developed in the context of the Strategic Framework for Primary and Community-Based Care² and the 2022–2023 Primary Care Action Plan.³

On the other hand, the Ministry of Health of Spain has just published a guideline titled “La brújula comunitaria. Orientaciones didácticas en acción comunitaria para ganar salud” (The regional compass. Didactic guidelines in community-based action for health promotion),⁴ which, combined with the already known guideline “Acción comunitaria para ganar salud” (Community-based action for health promotion)⁵ will be helpful tools in the development of community-based interventions aimed at improving health and wellbeing.

Health can be affected by numerous factors that we usually neglect to take into account, such as our lifestyles, diet, social relationships, education, occupation or health

care system. The process of socialization starts at birth and continues throughout the lifespan. The main agents of socialization are the family, the school, peer groups, colleagues and other work contacts, and other groups to which we belong (political or social organizations, volunteer groups...). Other powerful agents of socialization include mass media and social networks, which contribute to the creation and maintenance of social image and status.

The health and wellbeing of children depend on the ability of families and community support systems to provide the necessary conditions for healthy physical and emotional development. At present, the greatest threats to child health are emerging diseases resulting from problems that cannot be resolved adequately solely through the traditional clinical approach, such as childhood obesity, screen abuse, alcohol and substance abuse, environmental risks, the disproportionately high prevalence of behavioural problems, school failure, intentional self-injury, sexually transmitted diseases, unplanned pregnancy or family dysfunction precluding a healthy home environment.

To address the social determinants involved in these health problems, it is essential to work with a community-based approach, having the community engage actively in optimising the health and quality of life of the individuals who live, work, or are located in it. Community-based care is closely related to health promotion and can be implemented at 3 levels⁴:

1 At the individual and family level: “Practicing with an eye out to the street”. It involves the provision of care taking into account the social context, social determinants and entire life of the patient. The whole primary care

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(PC) team should adopt a biopsychosocial and community-based approach to everyday clinical practice.

- 2 At the group level: "Group-based health education [HE] to address the causes of causes". Health education can be delivered to groups of individuals through the implementation of educational activities taking into account the identified needs and characteristics of the given population. The purpose is to invite reflection, promote the development of skills that can address existing problems and concerns of the individuals and to strengthen individual resources through peer learning and the promotion of self-care.
- 3 At the collective level: "The primary care centre is not the only health centre". This level acts across sectors by engaging local agents that play a relevant role in improving the wellbeing of the population. The purpose is for paediatricians to participate in existing community-based interventions or lead their implementation. To understand health in all its complexity, a salutogenic approach (a positive perspective of health based on what generates health and empowers individuals, families and communities to take greater control of and improve their health) and health assets (factors or resources that generate health and wellbeing and are recognised as such by the community) are of the essence. This requires active involvement from citizens, intersectoral and multidisciplinary cooperation and interventions on determinants of health and disease with an approach aimed towards equity.

These three levels must be included in community-based health strategies to ensure that social determinants of health are addressed and in pursuit of empowerment, shared responsibility, demedicalization, social prescription, participation, evaluation and equity. The level of development and involvement varies between PC teams: from those that basically focuses solely on the population that demands services to those involved in community-based projects through teamwork.

The paediatrician is a key element in providing the necessary skills to individuals and communities to choose healthy habits and promoting self-care. As health care professionals, we have long assessed health with a strictly biological perspective, without taking into account the influence that other determinants (economic, environmental, educational, etc) have on it. The delivery of primary care requires an understanding that, at least in some cases, the origin of disease may be related to where and how we live and, in every case, the outcome of disease will be affected by our cultural, social and economic context. It is particularly important for paediatricians to strengthen our role as community-based providers and train for it, the same way that we train to perform our traditional clinical role.

In the primary care setting, we have a large amount of information about the life and context of our patients and their families, which is important to understand health problems from the perspective of a social model of health. We need to implement a biopsychosocial model of care and work with a salutogenic approach, making use of the health assets and resources of the community and promoting connections between them, and not only among care resources. We need a policy and strategic agenda that will enable delivery of high-quality PC with a community-based approach.

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Conflicts of interest

The authors have no conflicts of interest to declare.

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