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Building Community Partnerships: Practical Applications Through Pediatric Examples

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As an experienced early intervention occupational therapist, I have worked with many teen moms in their home environment; however, the focus was always on the child's needs. After many years of working in this capacity, I decided to reach out to local high schools and explore various teen mom programs. I contacted administrators to discuss my purpose and broad-based vision for a partnership. After gaining permission and observing a local high school's teen mom program, I was able to host a few peer-learning style sessions that quickly grew into a regularly scheduled program. My agenda was flexible, and I used a semi-structured and strengths-based approach that allowed the teen moms to informally guide each session through conversation and the exchange of ideas and opinions. I placed myself in the role of a facilitator and I used conversation starters centered around relevant topics such as healthy family routines, home safety, parenting challenges, family customs and traditions, anger management, body image, leisure participation, education, and employment. The program director and I worked collaboratively, and this set the stage for planning specific and workable objectives to meet the needs of the teen moms with respect to their culture and diverse family units.



Teenagers who enter the world of parenting are faced with many new challenges and must adapt to new roles and responsibilities. The role acquisition of becoming a new parent is difficult, especially when a teen mom lacks basic parenting knowledge and has limited support systems in place. It is estimated that about half of teen mothers do not finish high school and these young mothers are more at risk of living in poverty than their peers without children (National Conference of State Legislatures [NCSL], 2018). Children born to teen moms are at risk of behavior problems and often struggle in school (NCSL, 2018).

Community programs often work toward addressing the complex needs of teen moms; thus, building a collaborative partnership is an area where occupational therapy practitioners (OTPs) can promote our profession. By developing a shared understanding with community teen mom programs, OTPs can work with young moms to reduce role conflict by addressing their daily habits, roles, and routines. —Frontline Provider [Julie Jones](#)

One of the largest organizations in my neighboring county is the Head Start Program, which provides services to more than 5,000 young students in 42 locations. This system currently does not directly collaborate with OTPs to enrich and support all students unless the student has an active individualized education program (IEP) with OT identified as a service provider. As a faculty member at Loma Linda University in California and an occupational therapist, I reached out to the administration to explore ideas to utilize OT students as volunteers to support the Head Start students and families. This collaborative relationship between the university and Head Start created opportunities such as a faculty member joining parents and leaders as the Community Member at the monthly Policy Council meetings and making contributions to enrich the program. Furthermore, this relationship opened doors for hands-on class activities, fieldwork experiences, program development, and research activities. This partnership also exposed the Head Start program to the role of OTPs working with children in the community and how OT can promote its mission.—Education/Organizations Provider [Arezou Salamat](#)

KEY CONSIDERATIONS FOR BUILDING COMMUNITY PARTNERSHIPS

Community practice is increasingly relevant to the role of occupational therapy in early childhood, and establishing partnerships with individuals and groups that share areas of interest can support best outcomes for children and families. Connecting and establishing relationships with community agencies are critical factors that can place OTPs into leadership roles and assist with local community planning. Although it is exciting when agencies agree with your novel ideas, you should also be ready to hear critical feedback and

suggestions: remember that adaptability is a strength of occupational therapy practitioners. Working with universities, pediatricians, business owners, and city/ state agencies can create social change. This social change includes not only traditional areas of early childhood practice but new avenues for health promotion and prevention, community development, advocacy, and policy (Janse van Rensburg, 2018).

Building community partnerships is a mutually beneficial process. Every OTP can reflect on where they stand with partnerships and, if possible, develop a plan of action to be more engaged in community practice. Start by thinking about who shares your area of interest and passion. Who else in the community is working with the same group of children and families? Identify key stakeholders who support sustainability of the program over time. Suarez-Balcazar et al. (2015) describe three phases of partnerships in occupational therapy based on feedback from stakeholders that can serve as a model for building community partnerships:

1. Enter into the community (inviting and convening)

How? Establish contact with individuals. Volunteer at the organization. Attend meetings.

2. Develop a trusting relationship (engaging and doing)

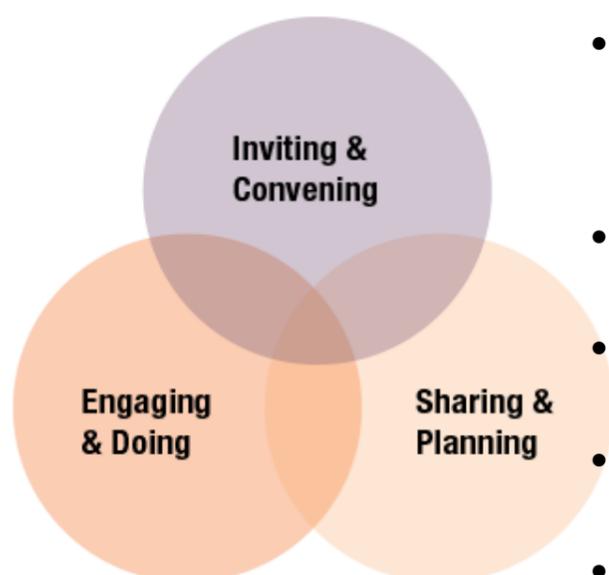
How? Establish a system of communication. Take the time to get to know contacts. Share resources.

3. Plan for the future (sharing and planning)

How? Ask for feedback. Make improvements. Look at outcomes and share improvements. Change policy. Obtain funding.

See Figure 1 and Table 1 for examples of OTPs building community partnerships through a continuous process loop.

Figure 1: Community Partnership Building Process



Practical, Everyday Action Steps to Build Community Partnerships

- Reach out to organizations to identify their current needs in relation to the COVID-19 pandemic and how telehealth services or online programs could be offered to support the needs of the population they serve. See AOTA's coronavirus resources for more information (www.aota.org/coronavirus).
 - Build relationships with individuals from various organizations through serving on committees and doing volunteer work.
 - Take the time to get to know the members of community organizations. Follow these organizations on social media to see what's important to them.
 - Discuss the value of OT and how it could help meet an organization's goals with administrators, leaders, or staff members.
 - Show up for meetings within your organization and other community events to gather ideas on the needs and how OT can help.
- Collaborate with academic OT programs to develop a community-based program for your organization.
 - Collaborate with community organizations to obtain funding for developing occupation-based programs.

Learn More About Developing Community Partnerships

Several articles are available through AOTA that provide examples of how to build effective community partnerships. See Table 2 for articles that discuss the process of building a partnership, as well as the outcomes of the process.

Conclusion

Each of these stories and examples demonstrates that community building is a vital leadership strategy, and that occupational therapy practitioners should continuously seek out and strengthen these community connections. The connections can be built around a practice area, shared concern, or new programming. Innovative internal and/or external partnerships may lead to broader programming or funding. Ultimately, building community connections may strengthen and expand occupational therapy's reach to improve occupational performance.

References

- Janse van Rensburg, E. (2018). A framework for occupational enablement to facilitate social change in community practice. *Canadian Journal of Occupational Therapy*, 85(4), 318–329. <https://doi.org/10.1177/0008417418805784>
- National Conference of State Legislatures. (2018, October 11). *Teen pregnancy prevention*. <https://www.ncsl.org/research/health/teen-pregnancy-prevention.aspx> (<https://www.ncsl.org/research/health/teen-pregnancy-prevention.aspx>)
- Suarez-Balcazar, Y., Mirza, M. P., & Hansen, A. M. (2015). Unpacking university–community partnerships to advance scholarship of practice. *Occupational Therapy in Health Care*, 29, 370–382. <http://dx.doi.org/10.3109/07380577.2015.1037945>

Table 1: Additional Examples of Building Community Partnerships

	Inviting and Convening	Engaging and Doing	Sharing and Planning	Evidence related to the example
Early Intervention Playgroup Program	<p>Florida Gulf Coast University (FGCU) and Early Steps of Southwest Florida came together with a shared vision of high-quality supports and services for children and their families in the context of everyday relationships, activities, and places. A shared area of passion of key personnel was to improve the social-emotional outcomes of children in the region.</p> <p>University-Agency Collaboration/Alliance.</p> <p>Both partners were providing playgroups as a service in the region.</p>	<p>A Playgroup Leadership Team was established, with regular face-to-face meetings.</p> <p>Parents Interacting with Infants (PIWI) was used as a model for implementation.</p> <p>Iterative development of a playgroup program to support parents using education of developmental topics while engaged in play interactions was ongoing.</p> <p>Development involved key personnel from both FGCU and Early Steps incorporating feedback from providers and families.</p>	<p>Both FGCU and Early Steps shared sources of potential funding and jointly applied for grants.</p> <p>The Playgroup Leadership Team sought out new areas in need of playgroups as part of comprehensive early intervention services.</p> <p>Trainings were created collaboratively for University students and providers who wanted to facilitate playgroups with their families in the region.</p> <p>A regional playgroup program was developed, implemented, and iterated to focus on parent confidence and competence; parent-child interaction; and child social-emotional growth, play & playfulness, and participation.</p>	<p>Fabrizi, S. E., Ito, M. A., & Winston, K. (2016). Effect of occupational therapy–led playgroups in early intervention on child playfulness and caregiver responsiveness: A repeated-measures design. <i>American Journal of Occupational Therapy</i>, 70, 7002220020. http://dx.doi.org/10.5014/ajot.2016.017012</p> <p>Fabrizi, S. & Hubbell, K. (2017). The role of occupational therapy in promoting playfulness, parent competence, and social participation in early childhood playgroups: A pretest posttest design, <i>Journal of Occupational Therapy, Schools, & Early Intervention</i>, 10(4), 346–365, https://doi.org/10.1080/19411243.2017.1359133</p>
STEM Starts Now Digital Parent Education Program	Partnerships have been established between school districts, early intervention OTPs, and health centers to provide parent education for developmentally appropriate early literacy, science, technology, engineering, and math concepts for young children.	School districts demonstrate their investment in kindergarten readiness, establishing a trusting relationship with parents.	The projected outcome for STEM Starts Now is improved kindergarten readiness, more confident parents, and parenting practices that are based on evidence.	Verdine, B., Golinkoff, R., Hirsh-Pasek, K., & Newcombe, N. (2017). Links between spatial and mathematical skills across the preschool years. <i>Society for Research in Child Development</i> , 82, 7–30. https://doi.org/10.1111/mono.12280
AOTA Communities of Practice (CoPs)	AOTA has supported several pediatric CoPs for the past decade. The AOTA Early Childhood CoP (EC CoP) brings together members from across the U.S. with experience in early childhood settings including early intervention, NICUs and hospitals, preschools, community-based practices, academia, and research.	The EC CoP meets virtually once per month through web-based conferencing. Members of the EC CoP share their practice, education, and advocacy needs, and smaller communities form around these shared interests.	One outcome example: The authors of this article came together to take action around the shared topic of community partnerships in pediatric OT. The CoP model has guided our process of convening around a shared topic, setting priorities and next steps for action and shared work, and deepening our connections by reaching out and including additional stakeholders to inform the work.	<p>Grajo, L. C. & Candler, C. (2017). The occupation and participation approach to reading intervention (OPARI): A community of practice study. <i>Journal of Occupational Therapy, Schools, & Early Intervention</i>, 10(1), 90–99. https://doi.org/10.1080/19411243.2016.1257967</p> <p>Bazyk, S., Demirjian, L., LaGuardia, T., Thompson-Repas, K., Conway, C., Michaud, P. (2020). Building capacity of occupational therapy practitioners to address the mental health needs of children and youth: A mixed-methods study of knowledge translation. <i>American Journal of Occupational Therapy</i>, 69(6):6906180060p1–10. https://doi.org/10.5014/ajot.2015.019182</p>

				https://www.aota.org/communities-of-practice
Illinois Early Intervention and Schools OT Community of Practice	The IL CoP was developed in 2015 to bring together OTPs and students with an interest in EI and school-based practice. It was developed with support from AOTA in recognition of the need to network, mentor, and collectively partner within the OT community in Illinois. CoP members do not have to be AOTA or state association members, in order to expand the reach to more OTPs in the state.	Goals of the IL CoP are to share resources, identify common interests and needs, and collaboratively create action plans to address issues within EI and school-based practice in Illinois. Members connect via a newsletter, group telephone calls, a Google Sites website which houses the shared work of the CoP, a Google Group email listserv for discussion and case questions, and in-person meet-up opportunities.	Examples of shared work include: AOTA and Illinois Occupational Therapy Association (ILOTA) conference presentations; OT Practice articles; pediatric OT podcasts; and data sheets and practice resources. The IL CoP has partnered with the Illinois OT Association for advocacy efforts and to offer CE courses.	Hoffmann, T., Desha, L., & Verrall, K. (2011). Evaluating an online occupational therapy community of practice and its role in supporting occupational therapy practice. <i>Australian Occupational Therapy Journal</i> (58), 337–345. https://doi.org/10.1111/j.1440-1630.2011.00954.x

Table 2. AOTA Resources for Building Community Partnerships

Resource	Evidence Summary	What this resource offers
Foy, C., Sponseller, L., Loreman, L., & Rudzinski, T. (2019). Breastfeeding and postnatal support: A Community Partnership. <i>OT Practice</i> , 24(6), 24–25.	Discusses the process of developing a collaborative community-based relationship between a nonprofit organization and an academic OT program to support mothers' abilities and opportunities to breastfeed.	Provides information on program development and outcomes.
Silverman, F., & Tyszka, A. C. (2017). Forming partnerships to develop sensory-friendly community programs. <i>SIS Quarterly Practice Connections</i> , 2(1), 5–7.	Discusses the process of developing a partnership between an academic OT program and a science museum to create a safe space to meet the needs of children and young adults with sensory processing differences, with the shared goals of inclusion and getting more museum attendees.	Provides information on developing a community partnership and program sustainability.
Sood, D., Comer-Hagans, D., Peter, J., Ryan, M., Koziol, M., Fridlind, V., ... Hector, A. (2019). Creating accessible programming for a sculpture park through organizational level consultation. <i>OT Practice</i> , 24(6), 10–14.	Discusses an organizational level consultation between an academic OT program and a local sculpture park to develop an accessible art program for students with intellectual and developmental disabilities.	Provides information on the process of developing a community partnership and program outcomes

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