

Integrating Early Relational Health into Pediatric Care: Key Lessons from People's Community Clinic

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Stanford
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PEOPLE'S COMMUNITY CLINIC

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Executive Summary

People's Community Clinic (People's) in Austin, Texas, is a nonprofit, federally qualified health center dedicated to improving the health of underserved patients. Key to People's pediatric care is early relational health (ERH), which is the notion that nurturing relationships with parents, caregivers, and other adults in early childhood can prevent or reverse the damaging effects of toxic stress responses in children and build the foundation for healthy development across the life course. People's partnered with the Continuous Improvement Rapid Cycle Learning and Evaluation (CIRCLE) team at the Stanford Center on Early Childhood (SCEC) to understand the impact of its ERH work and share key learnings.

When first exploring how to more explicitly embed ERH into the clinic's services for young children and their parents and caregivers in 2012, People's began by building on existing interventions (e.g., book distribution at well child checks through Reach Out and Read) and adding evidence-based programs designed for pediatric settings. Grant funding opportunities and feedback from employees and patients also informed decisions about programs to adopt. Importantly, People's existing emphasis on health as a partnership between providers and patients lent itself well to further ERH integration.

People's now provides three levels of support for relational health for pediatric patients: universal, short-term, and comprehensive. All pediatric patients receive universal services (e.g., screenings), and clinical staff refer families whom they identify as needing additional support to short-term and/or comprehensive services (e.g., individualized health education sessions). Parents and caregivers across People's ERH-focused interventions have reported an increase in responsive parenting skills, a decrease in stress, and an increase in their understanding of how powerfully their interactions can promote children's brain development after participating in the programs.

Through implementing and evaluating three tiers of support for relational health in pediatric care, People's has learned the importance of:

- Making referral conversations culturally sensitive to encourage uptake and engagement;
- Hiring the right people who can build trusting relationships with patients; and
- Integrating multiple interventions into a coordinated, holistic approach to prevent siloes.

Federally qualified health centers, safety net clinics, and other providers that, like People's, primarily serve underserved patients are well positioned to incorporate ERH into their pediatric care. Based on 15 years of implementing their ERH approach, People's identified the following enabling conditions for implementation success:

- A foundational understanding of the importance of ERH in pediatric care;
- Buy-in among leadership, staff, and families, and responsiveness to their input;
- A focus on fostering strong, supportive relationships between clinic team members first and foremost, with the knowledge that this relationship-forward mentality will extend to patient care;
- Opportunities to train people consistently and continuously to ensure that everyone understands how their individual work aligns with the clinic's bigger goals; and, most importantly,
- Starting small from interventions that already exist and not scaling too quickly.

When asked about the goals of this case study, the People's team shared their hope that other stakeholders will find takeaways for their own contexts from the clinic's 25-year journey of culture building and responsive, continuous improvement to integrate ERH into pediatrics.

Purpose of this Case Study

People's Community Clinic (People's) in Austin, Texas, is a nonprofit, federally qualified health center dedicated to improving the health of underserved patients and families by offering high-quality, affordable medical services with dignity and respect. As part of its wraparound and coordinated approach to healthcare, the clinic offers a suite of early childhood programs and pediatric services for young children and their parents and caregivers. To understand and communicate the impact of these services, People's partnered with the Continuous Improvement Rapid Cycle Learning and Evaluation (CIRCLE) team at the Stanford Center on Early Childhood (SCEC). The SCEC advances the pace and accessibility of research to inform policy and systems change, working to ensure that organizations, communities, policymakers, and early childhood systems have access to the evidence they need to make informed decisions, with the overarching goal of ensuring that each and every child thrives from the start. CIRCLE, the evaluation and technical assistance arm of the SCEC, works with partners to facilitate understanding of implementation and impact as well as how to effectively drive improvement at both the program and systems levels.

This case study provides an overview of the implementation of People's early childhood programs and pediatric services, key milestones in the clinic's journey to the current iteration of offerings, funding and sustainability challenges, and lessons learned. The primary goal of this case study is to highlight the work that People's has done for families with young children in the greater Austin area and share considerations for other clinics and health centers interested in adopting a similar model of pediatric care rooted in early relational health (ERH).

To develop this case study, we synthesized information and data from People's existing materials and evaluation data; two interviews that the CIRCLE team conducted with Dr. Louis Appel, People's Pediatric Health Director, and Celina Nance, People's Director of Early Childhood Programs; and six focus groups that the CIRCLE team conducted with 24 People's team members (providers, medical assistants, and early childhood program staff).



Overview of People's Community Clinic

Established in 1970, People's provides comprehensive primary care, including preventive services, chronic disease management, and specialized programs for women's health, adult health, adolescent health, behavioral health, and pediatrics. The clinic aims to be "a medical home that is family-centered, compassionate, and culturally sensitive" (People's Community Clinic). The majority of People's patients are Hispanic/Latine and live below 150% of the Federal Poverty Level (FPL), and approximately 16% of patients are children under age 4.

People's leverages a holistic approach, integrating medical, social, and educational support, to address the broader determinants of health for young children and their parents and caregivers. People's offers wraparound, coordinated care and also supports families in accessing specialty care, services, and community supports outside of the clinic. Within the clinic, services related to children include prenatal care, evaluations of newborns, anticipatory guidance for parents and caregivers, immunizations, health and developmental screenings, well-child examinations, medical assessments, and treatment for chronic and acute conditions.

Key to People's early childhood programs is integrating the science of early brain development, which shows the outsize importance of supportive and responsive relationships with caring adults early in life in preventing or reversing the damaging effects of toxic stress responses in children (Center on the Developing Child). People's leverages this science by centering ERH, which is the emotional security and positive connections that young children develop with their parents and caregivers in the early years. ERH emphasizes how safe, stable, and nurturing relationships can shape a child's lifelong well-being and long-term health (American Academy of Pediatrics, 2022). Pediatrics offers the unique context of trusted and frequent interactions with young children and their families, so healthcare providers in particular are well positioned to promote ERH and support parents and caregivers in creating a strong foundation for their children (Williams, 2023; Willis & Eddy, 2022).

To leverage this opportunity, People's adopted and established several programs that promote the critical role of early interventions in healthy development and have large-scale, national data supporting their effectiveness. By implementing the evidence-based initiatives in Figure 1, prioritizing developmental screenings, and incorporating ERH into conversations with parents and caregivers during the well child check (WCC) and other pediatric touchpoints, the clinic works to support maternal health, infant care, and early childhood development. People's incubated this approach for many years, learning how to best leverage the WCC and connect the clinic to the community in service of the healthy beginnings essential for positive, lifelong outcomes.

Figure 1: Evidence base of early childhood programs that People's implements

Created by the Barnard Center for Infant and Early Childhood Mental Health at the University of Washington, **Promoting First Relationships (PFR) in Pediatrics** is an in-person or virtual training program designed to support professionals who work with parents and caregivers and their children between birth and age 5. Randomized control trials about PFR training for parents and caregivers show that the program drives improvements in outcomes such as parents' and caregivers' sensitive and responsive care as well as their knowledge of children's social and emotional development and needs (Barnard Center for Infant and Early Childhood Mental Health, 2026).

Reach Out and Read (ROR) is a national nonprofit that integrates early literacy into pediatric care by providing books and guidance to families during WCCs. The program helps develop critical early reading skills, fostering strong parent-child bonds through shared reading. Studies show that participating parents and caregivers are 2.5 times more likely to read with their infants, toddlers, and preschoolers, and that children's language development is improved by 3-6 months (Reach Out and Read, 2023).

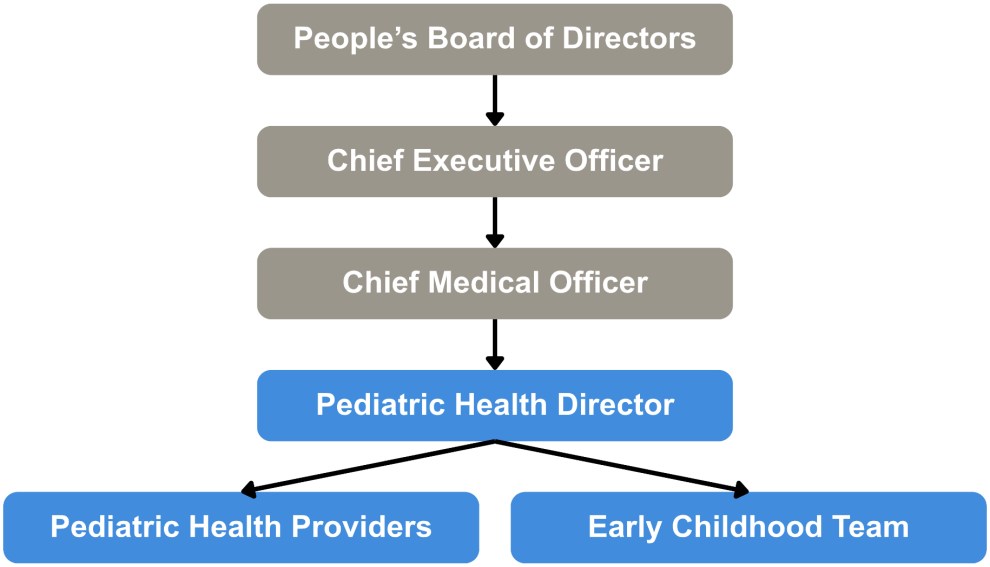
Created by the Stanford Center on Early Childhood, **Filming Interactions to Nurture Development (FIND)** is an evidence-based video coaching program that strengthens adult-child interactions by highlighting and reinforcing responsive behaviors like "Serve and Return" that support healthy brain development in young children. Randomized control trials show that the program drives improvements in adult-child interactions, improvements in child expressive and receptive language skills, decreases in challenging child behavior, decreases in adult stress, increases in adult self-efficacy, and increases in adult self-control (Stanford FIND).

Created by ZERO TO THREE, **HealthySteps** leverages primary pediatric care and routine WCCs to deliver key screening and counseling. The HealthySteps Specialist provides support to families related to developmental or behavioral concerns, care coordination and system navigation, and, for certain families, ongoing, preventive, and team-based WCCs. HealthySteps has positive impacts on children, their families, and the providers that serve them, including that children have a lower risk of adverse social-emotional and physical development, families are more likely to receive screenings and be connected to services, and both families and providers have a better experience during clinic visits (ZERO TO THREE, 2025).

Created by United Way for Greater Austin and Austin PBS, **Play to Learn** is a preschool readiness group with a primary focus on preparing young children, between the ages of 2-4, for pre-K or kindergarten. In post-testing of families who completed the program in 2016, over 91% of parents and caregivers reported that the program improved their parenting abilities, increased their parenting confidence, taught them how to better help their children prepare for success in school and beyond, increased the amount of time they spend interacting with their children, improved the quality of their interactions with their children, helped them feel more empowered as a parent, and increased their understanding of technology (Deakyne, 2016).

As shown in Figure 2, People's has embedded these early childhood interventions within the pediatric care branch of the clinic's organizational structure. This organization is important for ensuring that clinic visits (e.g., WCCs) serve as the foundation for integrating ERH into People's work with young children and their families. Specifically, ERH falls under the purview of the clinic's Pediatric Health Director. The Pediatric Health Director manages pediatric health providers – which includes pediatricians, nurse practitioners, and physician assistants – and an early childhood program team – which includes a director as well as staff members assigned to each intervention.

Figure 2: Snapshot of People's Community Clinic organization chart



People's Journey to Current Iteration of Early Childhood Programs and Pediatric Services

After attending a presentation by the American Academy of Pediatrics (AAP) in 2010 about their newest strategic priority of early brain and child development, Dr. Louis Appel, People's Chief Medical Officer at the time and current Pediatric Health Director, was inspired to more explicitly embed ERH into the clinic's approach to care. Supportive relationships with patients and among the staff were always central to People's work. Since its earliest days, People's has had a longstanding culture of believing in the dignity of all people and that healthcare requires a partnering approach focused on giving people control over their own health through knowledge and access to care, rather than a paternalistic approach of telling them what to do. What changed for Dr. Appel in 2010 was understanding the science of early brain development – which shows how important strong relationships with adults are to help calm stress responses and buffer against sources of stress among children – and the imperative that pediatric providers had to be proactive. As Dr. Appel explains,

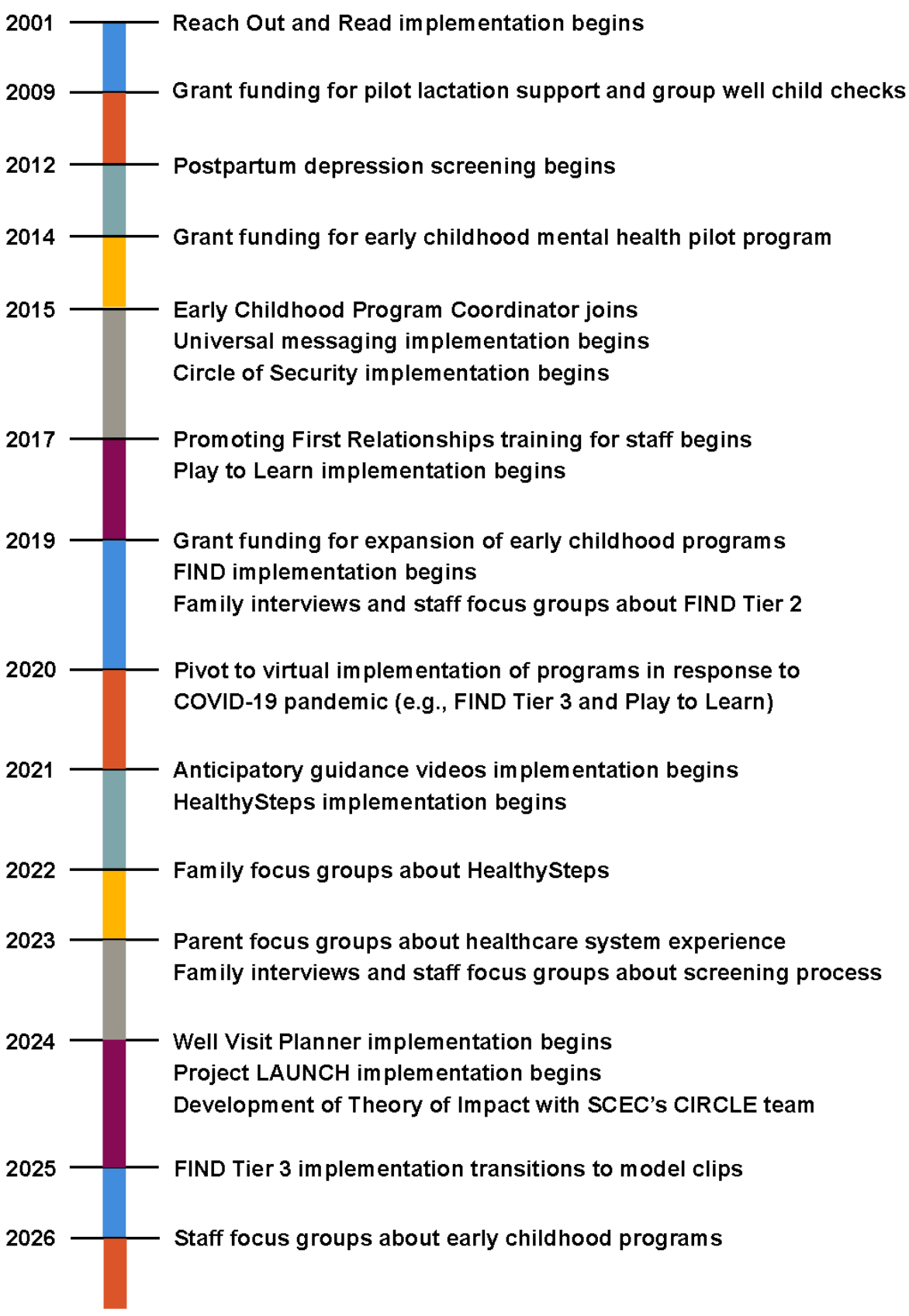
> *"Health education was always an important part from the clinic's earliest days… A decade before I started thinking about… early childhood… specifically in these terms, we were talking about the importance of relationships. The clinic had always taken a holistic approach to care and thinking about people and their needs beyond their specific medical problem… The thing that flipped for me when I learned about the science of early childhood experiences was this notion that… you can't actually get to the ultimate goal of improving health and having healthier*

communities if you don't address relational health, and we have an amazing opportunity to address it in pediatrics because those first years of life are so fundamentally important to this… The people who were here were… very receptive to this message. The science piece just brought another dimension to it, about how it's not just the right thing to do, it's… actually a critical thing to do from a biological standpoint… We just have people here who… understand these concepts at a really intuitive level."

Dr. Appel brought this message into his conversations with his colleagues and had the support of People's Chief Executive Officer to pursue funding to put ERH into action. Further, through connections to key stakeholders at the forefront of ERH, such as Dr. David Willis and the Pediatric Innovation Initiative of Harvard University's Center on the Developing Child, People's learned about interventions and screening tools that they could implement in a pediatric setting. The clinic began by reviewing its existing services and expanded its ERH work from there. People's had been an official ROR site since 2001, so rather than focusing primarily on early literacy promotion with this program, providers started talking about the books as tools for parents and caregivers to promote their children's brain development. Additionally, the clinic began doing formal postpartum depression screening to focus on the bonding between mothers and babies. People's already had an integrated behavioral health program, so there was an existing resource for mothers who screened positive for postpartum depression.

Over time, philanthropic funding opportunities enabled People's to put forward a comprehensive approach to ERH by offering a suite of programs. After receiving its first early childhood-specific grant in 2014, the clinic began implementing two levels of support. Through the universal tier, People's provided materials (e.g., pamphlets and videos) to families at WCCs to give them access to information. Through the higher-level tier, People's offered Circle of Security, a parent education and intervention program focused on helping parents and caregivers reflect upon their children's attachment needs in order to promote secure attachment (Circle of Security). People's began offering formal training in ERH to team members in 2014. First, the clinic worked with a psychologist who provided training on attachment. People's first implemented PFR in 2017 and a training on the Welch Emotional Connection Screen (WECS) in 2019; both of these trainings provided important coaching for providers on how to recognize and assess the caregiver-child interactions they observe in visits and respond to them in a strength-based, capacity-building manner. Figure 3 depicts major milestones in People's implementation and evaluation of its ERH work since 2001.

Figure 3: Milestones in People's early childhood programs' implementation and evaluation



Over the course of implementing its ERH approach for 15 years, People's commitment to learning and continuous improvement has been integral to the evolution and iteration of its offerings over time. In particular, the clinic has gathered and incorporated input from both staff and patients. Through closing these feedback loops, Celina Nance, People's Director of Early Childhood Programs, and her team work to ensure that key stakeholders are on board before making adjustments or starting something new:

> *"Whether it's been formal or informal, we've gotten feedback from parents, we've gotten feedback from providers, we've asked medical assistants, we've asked… anybody who participates within our programs… clinical staff… All of that has really helped to inform what we do next and how we better the next thing that we're going to do… We've definitely been lucky that we've had plenty of funding opportunities in different areas, but I think feedback… has been the thing that has worked really well for us… 'Let's take the temperature on this before we move on to this other thing'… That really helps to… get… buy-in from everybody, buy-in from all the staff who potentially are the ones who are going to make the referrals into the programs… We listen to what the needs of our patients are… So, we're offering things that didn't come just from our own expertise or thoughts about what would work or won't work, but on what they have asked, that is important to them."*

Nance's interviews with Circle of Security participants, including those who had not opted into or completed the program, revealed that it was too abstract. Parents and caregivers wanted something more concrete and practical that could support them in the here and now, with issues such as their children's tantrums or socialization. In response to this feedback, People's phased out Circle of Security and transitioned to Play to Learn, a preschool readiness group for which United Way provided free materials and participation incentives. Play to Learn immediately had high engagement and continues to be successful. As Nance describes,

> *"It was… the perfect space for our patient population who sometimes are immigrant families, who don't have any social support here in the city or in this area… When they joined this group, they met other moms with kids the same age as theirs… Not only were their kids learning these developmental skills that were important for school, but they were [also] making connections amongst each other."*

Being intentional about listening to patients and team members ultimately led to People's current three tiers of support for relational health in pediatric care. Nance and colleagues heard and responded to a desire from parents and caregivers for referrals to resources rather than just screenings for needs:

> *"That really became important about the work that we're doing… If there's an issue, then what's the referral?… Families… had told us, 'You make me fill out this form, but then there's no conversation afterwards.' Or, 'I think my child is at risk for these issues, but then I don't know what comes next.'… Being able to have something that was really clear and direct, not just for the provider, but for the family to understand what it meant, was critical to how we communicate what the programs are and what the services are."*

With this rationale and iteration through the feedback loops described above, People's currently implements the model of pediatric care grounded in ERH described in detail in the sections that follow.

Three Tiers of Services Supporting Relational Health in Pediatrics

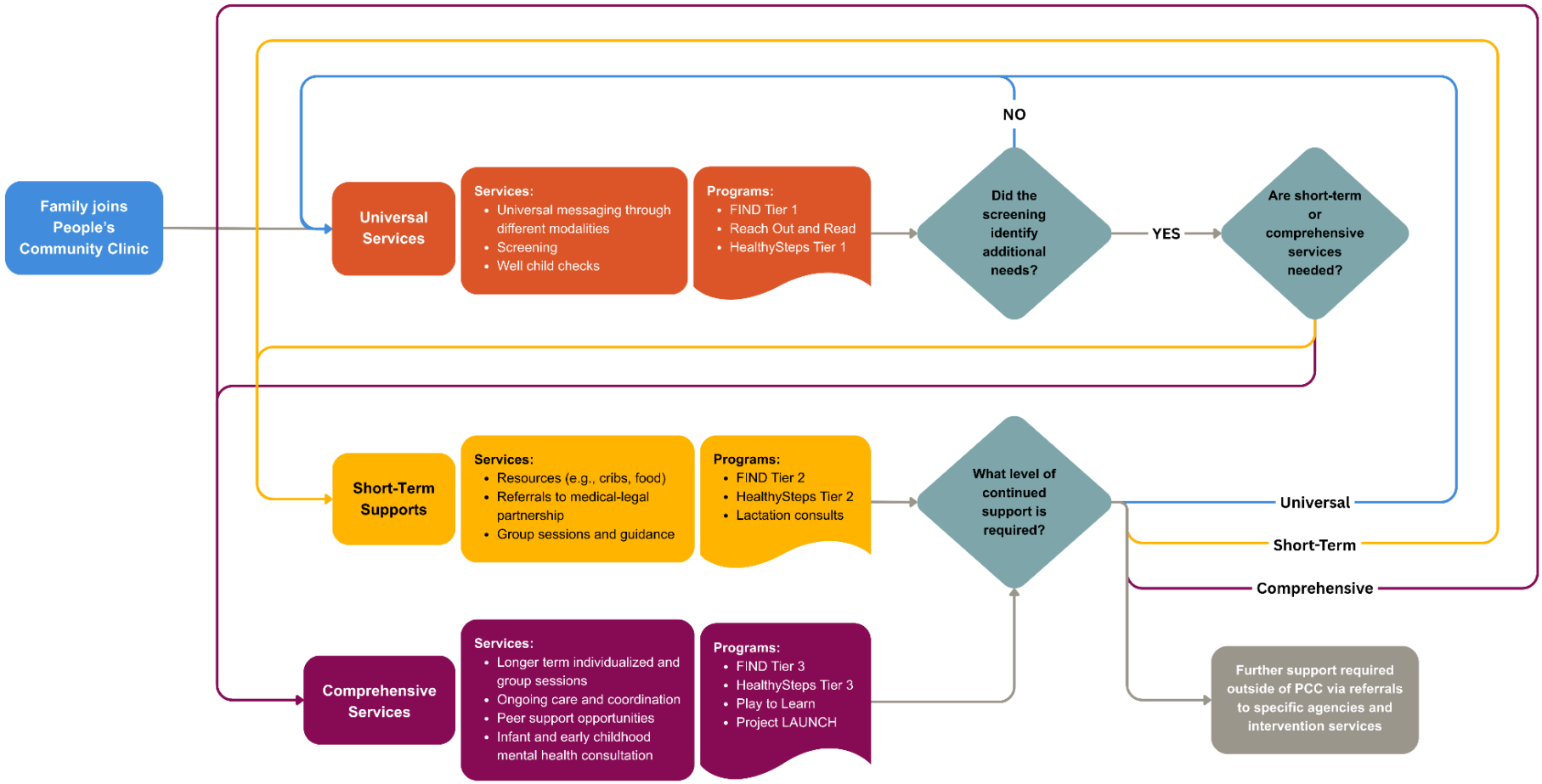
The overarching goal of People's early childhood initiatives is to support families to set their children on a trajectory for lifetime health and well-being by making the promotion of early brain development and ERH the organizing principle of the clinic's well child care for young children. To achieve this goal, the clinic has pursued five key approaches:

- Increase parents' and caregivers' understanding of how powerfully their interactions can promote children's brain development
- Build parents' and caregivers' responsive parenting skills through strength-based approaches
- Build pediatric providers' and other staff's skills to support caregivers in developing nurturing, responsive relationships with their children
- Reconfigure the WCC visit to allow for more strength-based focus on ERH and responsive parenting
- Reduce underlying sources of stress for parents and caregivers by connecting them to resources and working upstream on social drivers of health

Currently, People's encompasses these approaches by providing three levels of support for relational health for early childhood patients: universal, short-term, and comprehensive. Universal services are available to all early childhood patients when they join the clinic, and these services include screenings, WCCs, and general information sharing. Universal services also include providers', medical assistants', and staff's incorporation of ERH strategies into visits. If clinical staff identify additional needs during the WCC or a visit in between WCCs, then they route patients to short-term and/or comprehensive services depending on each patient's unique circumstances. Patients can also indicate the need for a referral themselves; flyers in exam rooms encourage parents and caregivers to let People's team members know if they want help with specific issues (e.g., tantrums). FIND and HealthySteps both have three tiers of support available (universal, short-term, and comprehensive), whereas other programs, such as Play to Learn, are only available at one tier (comprehensive). Early childhood program staff also make referrals among themselves; for example, the HealthySteps Specialist may identify a family who may also benefit from FIND.

In some cases, People's makes external referrals to specific agencies. If a patient does not require further support, they remain in the loop of universal services, continuing with WCCs and screenings. At each stage, clinical staff determine the next level of support and guide patients through the appropriate pathway. Figure 4 provides a visual of these pathways.

Figure 4: Patient pathways through three tiers of services supporting relational health in pediatric care at People's

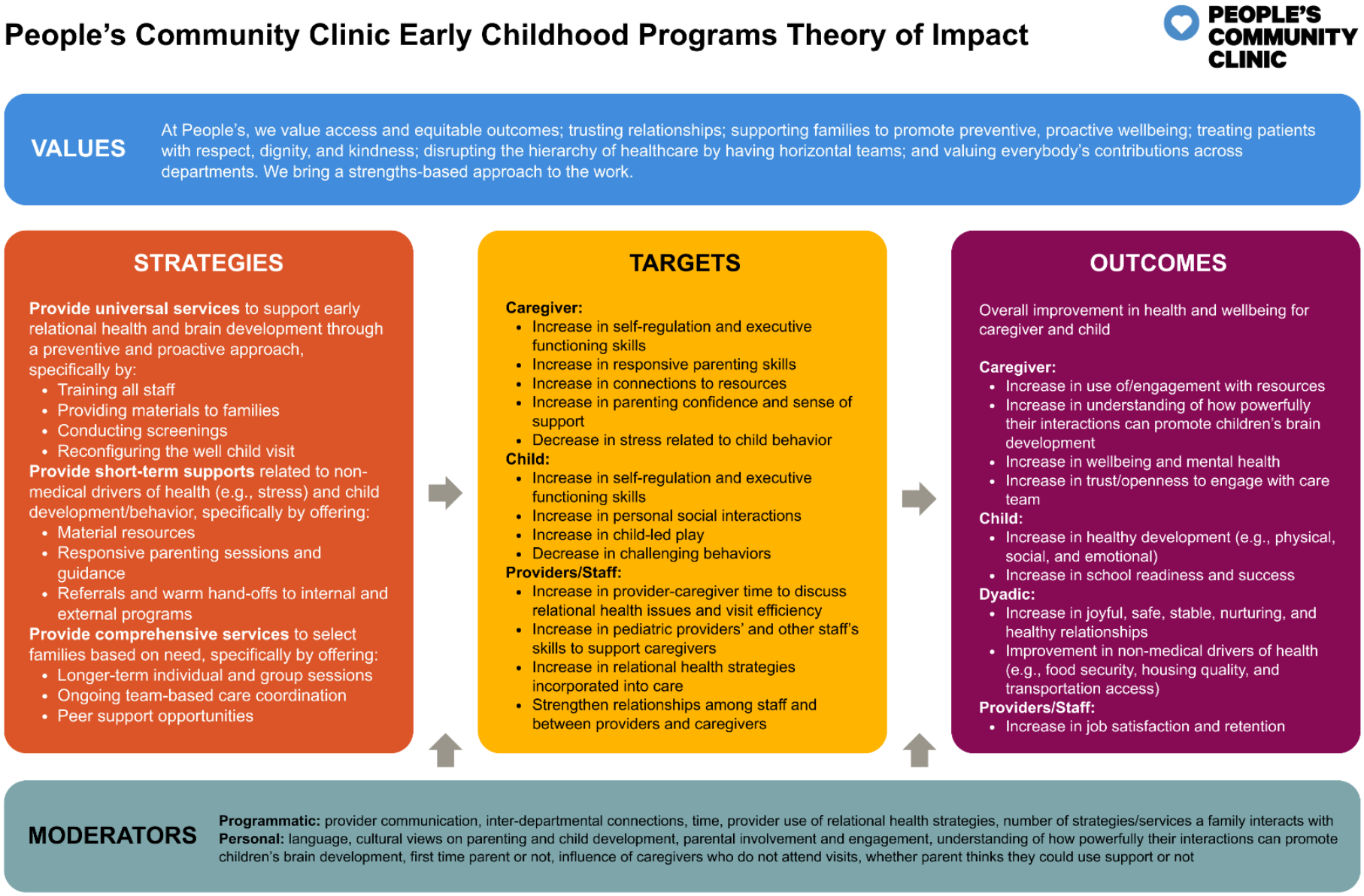


Theory of Impact

The CIRCLE team supported People's with detailing the key elements of its early childhood programs and pediatric services, ultimately resulting in the Theory of Impact (TOI) shown in Figure 5. The TOI serves multiple purposes, including outlining a roadmap for measurement and evaluation activities, providing shared language and understanding among stakeholders, identifying assumptions that require testing, and revealing opportunities to refine program theory and improve program implementation. The TOI articulates the why of People's early childhood programming and pediatric services (*values*), what happens within these interventions (*strategies*), the immediate, proximal changes People's expects as a direct result of the interventions (*targets*), the broader, longer-term goals of the interventions (*outcomes*), and the factors that affect who benefits most or least (*moderators*).

Building on the patient pathways in Figure 4, the TOI distills People's hypotheses for the positive changes it hopes to drive among children, parents and caregivers, and providers, medical assistants, and staff through its three-tiered approach to supporting relational health in pediatric care. Furthermore, the TOI provides a framework for organizing People's previous, ongoing, and future data collection to assess the impact of its ERH work on both patients and team members.

Figure 5: Theory of Impact for People's early childhood programs and pediatric services



Overview of Universal Services

People's provides universal services to all families to support ERH through a preventive and proactive approach. Universal services include training all staff, providing materials to families, conducting screenings, and reconfiguring the WCCs. Programs and approaches within this tier include staff orientation, PFR training, ROR, FIND Tier 1, HealthySteps Tier 1, screenings using the Well Visit Planner (WVP) platform, and creating more time in the WCC to address families' priorities and promote ERH through a strength-based lens. In addition to overviews of these programs, this section also includes People's existing data about the impact of its universal services on pediatric patients as well as providers, medical assistants, and staff.

Staff Orientation

All staff who join the pediatric department have an in-person orientation with the Pediatric Health Director and Director of Early Childhood Programs for a brief overview of the science underlying ERH and the clinic's early childhood programs. Additionally, orientation for new pediatric staff includes viewing a set of training videos on infant mental health, ERH, and cultural sensitivity in the context of ERH (which a state-wide nonprofit First3Years developed for the clinic) as well as a set of training videos about FIND (which the Stanford FIND program developed for the clinic).

Promoting First Relationships

People's has offered the external PFR in Pediatrics training periodically to supplement in-house professional development. People's has tracked team members' participation in PFR and their self-reported changes in their skills, including:

- Observations of (dis)engagement cues, parents' and caregivers' attachment behaviors, children's attachment behaviors, and mutual delight;
- Use of PFR strategies (e.g., asking joining questions, reading parents' and caregivers' cues and following their lead, mentioning children's cues when interacting with them, noticing parent and caregiver or child distress and providing co-regulation, offering strength-based or positive instructive feedback, providing reflective comments, and paying attention to their own feelings); and
- Use of PFR handouts.

From January to July 2021, both providers' self-reported observations made per visit and their self-reported use of strategies per visit increased. These responses indicate that the PFR training did improve providers' skills to support parents and caregivers.

Reach Out and Read

By providing books and guidance to families during WCCs, ROR helps develop critical early reading skills and foster strong parent-child bonds through interactions using books. All People's pediatric providers complete the national ROR training, which now includes strategies for using the books to promote ERH. People's tracks its ROR book distribution at the provider level (e.g., number of books that each provider distributes at WCCs) on a monthly basis. Among all WCCs at the clinic in 2024, People's distributed 5,191 books (distribution rate of 95.9%).

FIND Tier 1

Through FIND Tier 1, People's has provided strength-based messaging about supportive interactions to all families with children under age 5 since 2019. People's provides this universal messaging in English and Spanish through informational posters in exam rooms, short videos that clinical staff show during the WCC, and printed handouts that families can take home after the WCC. These materials introduce and use the framework of "Serve and Return" interactions to emphasize how responsive caregiving supports healthy child development.

Figure 6: Example of FIND Tier 1 Serve and Return poster that People's displays in exam rooms



To evaluate FIND Tier 1, People's administers a one-time survey in English and Spanish about parents' and caregivers' awareness of Serve and Return materials (i.e., posters, videos, or handouts) and the extent to which they endorse and use the parent-child practices promoted in the materials. Of the 388 parents and caregivers People's surveyed between 2020-2026, 25% reported recall of Serve and Return materials. This rate is higher than the 1% of parents and caregivers People's surveyed in 2019 who were aware of Serve and Return before the clinic began implementing FIND Tier 1. In 2025, more than 80% of parents and caregivers endorsed Serve and Return interactions and reported engaging in these practices with their children at least once a day or more often.

HealthySteps Tier 1

Although People's use of postpartum depression, developmental, and social determinants of health screenings predates its implementation of HealthySteps in 2021, the addition of the HealthySteps Specialist to the pediatric team added a new dimension to the universal services. Families can contact the HealthySteps Specialist for basic questions related to support for healthy child development.

Screenings and Well Visit Planner

Through its implementation of HealthySteps, People's transitioned from using the observation-based WECS tool to a family questionnaire-based social-emotional screener. People's also began screening for additional domains of family needs that the clinic's existing social determinants of health screening did not cover. In response to feedback from staff and families about the screening process, People's began using the Child and Adolescent Health Measurement Initiative's WVP in 2024 for families with children under 6 years old. The WVP is a unified screening tool platform designed to increase family engagement, provide families with useful resources, prepare providers with information that can help them build trust with families, and reduce staff time spent on scoring and interpreting screeners. In 2026, People's integrated its electronic health record with the WVP, which further increased the efficiency of the screening process. With the WVP, families can complete screenings prior to the visit, receive information about the purpose of questions, share information about things that are going well for both the caregiver and the child, indicate topics they want to learn more about, and receive a summary with resources based on their responses. Providers receive a summary of screening results that flags the domains that they need to review and includes links to resources that the provider can use to support families. The WVP has helped foster deeper communication with families; for example, the provider quoted below noticed changes in maternal depression screenings in particular:

> *"I have had so many conversations with moms about how they are feeling since starting the WVP, and I think they feel more comfortable opening up in this platform."*

Reconfigured Well Child Check

Underlying all of its universal services is People's intentional effort to reconfigure the WCC to allow for a more strength-based emphasis on ERH and responsive parenting. Structural changes to the visit have included the use of anticipatory guidance videos, the adoption of the WVP screening platform, and the addition of the HealthySteps Specialist to the pediatric team. Since 2021, People's has played anticipatory guidance videos for families on tablets in the exam room while they are waiting for the provider or, if there is no wait time, after the provider portion of the visit. These videos cover standard anticipatory guidance topics such as nutrition, safety, and basic developmental issues, freeing up time in the visit for the provider to focus on topics or concerns the family prioritizes and on the promotion of ERH. Participants in focus groups with the CIRCLE team mentioned how helpful anticipatory guidance videos are for their work, as the medical assistant quoted below describes:

> *"I think one of the [services] that help me a lot are the anticipatory guidance videos… We do have a lot of first [time] moms… They have basic questions, and a lot of those videos have all that basic information, and it basically explains it for itself."*

The use of the WVP allows families to complete screenings before the visit and concisely flags for the provider areas needing review, again freeing up time in the visit to focus on areas affecting ERH. By

giving providers information before the visit about what is going well for families and where they need more support, the WVP equips providers to begin WCCs by talking about existing strengths in parents', caregivers', and children's experiences. During the WCC, providers use the FIND Tier 1 materials and the ROR book to promote ERH. Providers also leverage their training to use the positive interactions they see to support parents and caregivers in further developing a nurturing relationship with their children. For families that meet certain criteria, the HealthySteps Specialist also joins the WCC, which provides additional support for ERH beyond what the provider has time to offer. Overall, these structural changes allow for changes in the content of the WCC by creating more time to focus on families' priority topics and ERH.

Overview of Short-Term Supports

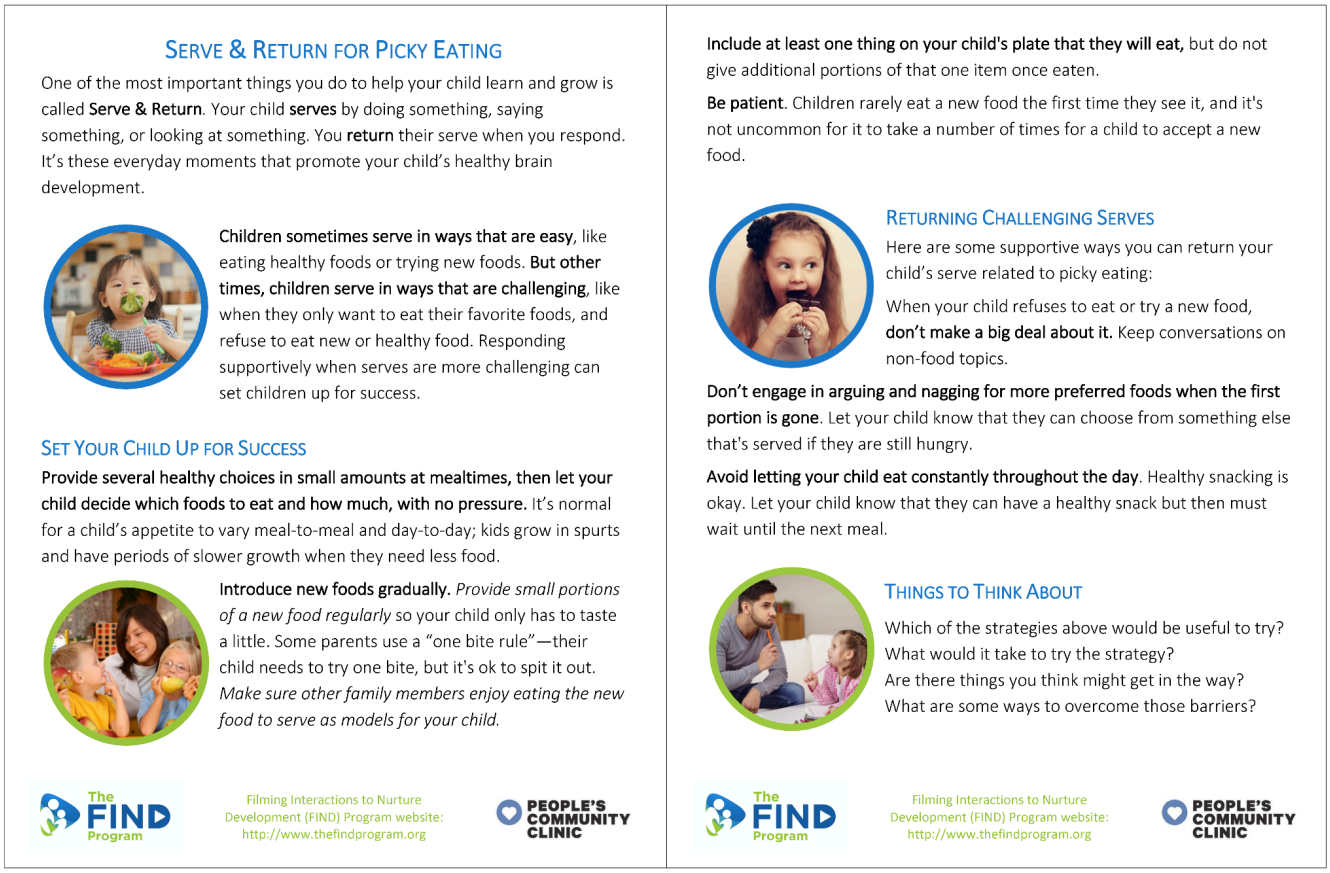
People's provides the following short-term supports related to non-medical drivers of health (e.g., health-related social needs) and child development: material resources, responsive parenting sessions and guidance, and referrals and warm handoffs to internal and external programs. In addition to overviews of these programs, this section also includes People's existing data about the impact of its short-term supports on patients and team members.

Interventions within this tier include FIND Tier 2, HealthySteps Tier 2, and lactation consults. People's provides these short-term supports to families whom clinic staff identify during universal screening as having additional needs. Through FIND Tier 2 and HealthySteps Tier 2, People's provides sessions and guidance, which are centered around actively and intentionally listening to parents' and caregivers' concerns about their children's behavior and providing strength-based guidance on how to help themselves and their children manage that behavior more effectively.

FIND Tier 2

Since 2020, People's has referred patients to FIND Tier 2 services to provide personalized and direct support using the Serve and Return framework to address challenging child behaviors and common toddler concerns. Through FIND Tier 2, People's uses the concerns that parents and caregivers request assistance with – related to common toddler behavioral issues – as opportunities to help parents and caregivers see those behaviors as the child's communication of a need and respond in a supportive manner that builds relational health. People's also coaches FIND Tier 2 participants to see how they can apply the Serve and Return framework more broadly to their interactions with their children, beyond the specific behavioral issues they raised. Through two health education sessions (initial and follow-up, each lasting about 15-20 minutes), an early childhood team member offers parents and caregivers brief personalized guidance and standardized strategies to help address specific concerns, including picky eating, tantrums, sleep resistance, challenging behaviors, language development, toilet training, temperament, and managing emotions. The sessions reinforce the importance of Serve and Return interactions and provide guidance on cues parents and caregivers can look for to support their child (e.g.,"How can you tell when your child is tired?").

Figure 7: Example of FIND Tier 2 picky eating handout that People's gives to patients



Serve & Return for Picky Eating

One of the most important things you do to help your child learn and grow is called **Serve & Return**. Your child **serves** by doing something, saying something, or looking at something. You **return** their serve when you respond. It's these everyday moments that promote your child's healthy brain development.

Set Your Child Up for Success

Provide several healthy choices in small amounts at mealtimes, then let your child decide which foods to eat and how much, with no pressure. It's normal for a child's appetite to vary meal-to-meal and day-to-day; kids grow in spurts and have periods of slower growth when they need less food.

The FIND Program

Filming Interactions to Nurture Development (FIND) Program website: http://www.thefindprogram.org

PEOPLE'S COMMUNITY CLINIC

Include at least one thing on your child's plate that they will eat, but do not give additional portions of that one item once eaten.

Be patient. Children rarely eat a new food the first time they see it, and it's not uncommon for it to take a number of times for a child to accept a new food.

Returning Challenging Serves

Here are some supportive ways you can return your child's serve related to picky eating:

When your child refuses to eat or try a new food, **don't make a big deal about it.** Keep conversations on non-food topics.

Don't engage in arguing and nagging for more preferred foods when the first portion is gone. Let your child know that they can choose from something else that's served if they are still hungry.

Avoid letting your child eat constantly throughout the day. Healthy snacking is okay. Let your child know that they can have a healthy snack but then must wait until the next meal.

Things to Think About

Which of the strategies above would be useful to try?
What would it take to try the strategy?
Are there things you think might get in the way?
What are some ways to overcome those barriers?

The FIND Program

Filming Interactions to Nurture Development (FIND) Program website: http://www.thefindprogram.org

PEOPLE'S COMMUNITY CLINIC

To evaluate FIND Tier 2, People's administers surveys in English and Spanish to parents and caregivers at the initial session and follow-up session. The surveys ask about the frequency and severity of the child's concerning behavior, the parent's and caregiver's stress associated with the child's concerning behavior, and the parent's and caregiver's confidence with helping their child.

People's conducted 192 FIND Tier 2 sessions in 2023 and 190 sessions in 2024. In 2023 and 2024, picky eating and tantrums were the top referral topics. In 2024, parents and caregivers reported a decrease in stress following their participation in FIND Tier 2. On average, two-thirds of parents and caregivers receiving FIND Tier 2 support reported experiencing a decrease in stress from the beginning of the session to the end of the session. When broken down by topic, parent and caregiver stress decreased the most in sessions focused on challenging behaviors, picky eating, and sleep resistance. Parent and caregiver stress related to these behaviors decreased within the session, indicating relief for parents and caregivers from attendance alone, prior to any changes in children's behavior as a result of parents and caregivers applying the strategies discussed in the session. FIND Tier 2 results from 2024 also show improvements at the follow-up session, with 69% of parents and caregivers reporting improvement in the frequency and severity of their children's challenging behavior, 68% reporting improvement in their own stress related to the behavior, and 85% reporting improvement in their confidence around managing the behavior.

HealthySteps Tier 2

In HealthySteps Tier 2, the HealthySteps Specialist provides short-term support to families related to developmental or behavioral concerns as well as connection to resources. Tier 2 support usually involves one touchpoint about a topic and sometimes a follow-up to determine if the family found the connection to resources helpful. From July 1, 2024 through June 30, 2025, People's served 136 children through HealthySteps Tier 2. At People's, the HealthySteps Specialist focuses on parent and caregiver areas of concern that FIND Tier 2 does not cover.



Lactation Consultations

Lactation consultations involve breastfeeding counseling that People's provides to patients during pregnancy and after delivery. Consults are available in clinic, virtually, and via telephone call. People's also offers monthly classes. In 2025, People's provided 1,351 lactation consultations, supporting 507 unique patients.

Research shows that with support from lactation specialists, new mothers' breastfeeding practices can "further enhance parent-child social bonding and strengthen the child's immune system" (Li and Ramirez, 2023, p. 18). As described by a medical assistant below, lactation consultations at People's lead to immediate, visible improvements, whereas the clinic's other ERH-focused interventions are more likely to have downstream, distal impacts based on follow-up with and uptake among patients:

> *"We have… newborn moms… They have trouble breastfeeding, trouble latching on, and… they're sad about it… We have a lactation… specialist… She comes in the room, and she's able to help… Then we see the big change in mom's face, that they're happy, that they're able to breastfeed."*

Referrals and Warm Handoffs

People's has a well-developed department of community advocacy and resources. Clinic staff refer families to community health workers (CHWs) when screenings for social determinants of health uncover resource needs – such as food insecurity, transportation needs, and housing needs – and families desire assistance. Depending on the urgency of the need, CHWs may see a family at their clinic visit or contact them outside of the clinic visit to assist with resource navigation. When a screening or conversation identifies potential health-harming legal needs, clinical staff can refer families to

People's medical-legal partnership, through which families can access an attorney to assist them with needs that can range from evictions to guardianship issues.

Overview of Comprehensive Services

People's offers the following comprehensive services to select families: longer-term individual and group sessions, ongoing team-based care coordination, and peer support opportunities. In addition to overviews of these programs, this section also includes People's existing data about the impact of its comprehensive services on patients.

Interventions within this tier include FIND Tier 3, HealthySteps Tier 3, infant and early childhood mental health consults, Play to Learn, and peer support opportunities. People's provides these comprehensive services to families whom clinic staff identify during universal screening and short-term supports as having additional needs. Both Play to Learn and FIND survey results show that parents and caregivers reported increased understanding of how powerfully their interactions can promote their children's brain development. This understanding is an important component of ERH.

FIND Tier 3

Since 2019, providers have referred families to FIND Tier 3 when they have a concern about the quality of the parent-child relationship or believe that support could strengthen interactions and benefit the child's development. People's delivers one-on-one coaching in person or virtually. There are six weekly sessions that last no longer than one hour each, and a People's staff member trained as a FIND coach conducts these sessions. During sessions, FIND coaches show video clips to model and provide coaching on positive parent-child interactions.

To evaluate FIND Tier 3, People's administers two surveys in English and Spanish to parents and caregivers: one before the first coaching session (pre-evaluation) and one after the final coaching session (post-evaluation). The surveys have questions from validated measures – such as the Parenting Sense of Competence (PSOC) scale, Parenting Stress Index (PSI), the Parent Daily Report (PDR), and Ages & Stages Questionnaires Social-Emotional (ASQ-SE) tool – the same Serve and Return awareness questions as the FIND Tier 1 survey, and original items to obtain participants' feedback about both the content and format of the sessions.

From 2020-2024, People's served 221 parents and caregivers through FIND Tier 3. FIND Tier 3 participants' reported sense of competence in parenting (overall PSOC scores) significantly increased from before to after their participation in coaching across all years, 2020-2024 ($p < .001$). FIND Tier 3 participants' reported parenting stress (overall PSI scores) significantly decreased from before to after their participation in coaching across all years, 2020-2024 ($p = .03$). More specifically, the percentage of parents and caregivers with high or clinically significant levels of stress was notably lower after participating in the program. Furthermore, when looking at ASQ-SE cutoff thresholds indicating that children should be monitored for progress or referred for further assessment and potential early intervention, the percent of children falling into the monitor or refer categories decreased from before (52%) to after (32%) the program across all years, 2020-2024. These results demonstrate parents' and caregivers' perceptions that their children's social-emotional skills improved following FIND coaching.

Interviews with FIND Tier 3 participants, as shown by the participant quote below, indicate that they felt very supported by their coach and the strength-based nature of the coaching:

> *"Well, the most useful thing: I feel that it was quite supportive for me because sometimes one has doubts about whether you're doing it right or not, so I feel like that was like an additional support. And also… affirming that I was doing things well, that everything was going well."*

Further, qualitative data also illustrates parents' and caregivers' increased awareness of parent-child interactions and early brain development through their participation in FIND Tier 3:

> *"It helped me a lot because it's like her little brain… that it's like a little sponge and they absorb everything…. They are learning from everything we do. And I say, 'Yes, my love, we're going to walk or we're going to run' and I even said to my oldest boy, 'Mijo, she's showing us a serve when she's crying' and my boy says, 'My sister is crying.' And I say, 'Yes, she's giving us the [serve] that she's bored or that she doesn't want that, so we're going to…see what's something new that she needs' and the boy says, 'Oh, ok, sounds good.' And so, it [had been that] I was completely unaware of it. We thought it was like a tantrum or that something was happening…and I didn't know the term [for it] …and I didn't know that it was something very basic…."*

HealthySteps Tier 3

In HealthySteps Tier 3, the HealthySteps Specialist provides ongoing support to families who meet specific criteria by participating in WCCs and through check-ins between visits. Criteria for participation in HealthySteps Tier 3 include adolescent or first-time mothers, caregivers with postpartum behavioral health concerns, reported lack of social support, significant social work involvement in the nursery at the time of birth, or provider concern. For these families, the HealthySteps Specialist provides support to the family by joining their WCCs from birth to age 3 or by following up with the family via phone if unable to attend the visit. Depending on clinic flow, the HealthySteps Specialist may see the family with the provider or either before or after the provider has seen the family, and the HealthySteps Specialist and provider collaborate on how best to support the family. From July 1, 2024 to June 30, 2025, People's served a total of 283 children (218 of whom were newly enrolled) through HealthySteps Tier 3.

Infant and Early Childhood Mental Health Consultations

Through a collaboration with Project Linking Actions for Unmet Needs in Children's Health (Project LAUNCH), People's offers infant and early childhood mental health consultations to promote the wellness of young children by addressing the social, emotional, cognitive, physical, and behavioral aspects of their development. These consultations can be for staff to support their care for the patient or directly with the patient to provide recommendations for approaching a concern or connecting to community behavioral health resources. In 2025, People's provided 162 infant and early childhood mental health consultations.

Play to Learn

Play to Learn is a preschool readiness group available for families with children ages 2-4 who have not attended or are not currently attending pre-K or Head Start. Parents and caregivers must be in attendance with their children. People's offers 5 sessions each year, and each session includes 10

classes (2 classes per week for 5 weeks). While the original model from United Way for Greater Austin and Austin PBS is 10 weeks long, People's learned that shortening the time commitment and doubling sessions each week leads to higher attendance.

Part of the program focuses on supporting responsive parenting skills, which People's measures through pre/post surveys. Overall, 2019-2024 Play to Learn survey responses suggest that participation in the program increased parents' and caregivers' responsive caregiving behaviors. Parents and caregivers also reported an increase in their sense of support after participating in Play to Learn. Responses to individual survey items also suggest changes in children's behavior in parents' and caregivers' view, specifically in terms of parents and caregivers reporting that their children talked about their feelings more often and had tantrums less often from before to after program participation.

Peer Support Opportunities

People's also has relationships with several specific external community partners to provide additional long-term support to families. People's staff can refer mothers who may be experiencing social isolation, mild depression, or anxiety to Any Baby Can's Mom's Connect support group. The clinic also has a referral arrangement with Partners in Parenting, which offers virtual, facilitated community support groups for first-time parents and caregivers to share parenting experiences, combat social isolation, and build community connections.

Lessons Learned

People's has learned key lessons over the course of implementing and evaluating its ERH work, including the importance of

- Culturally sensitive referral processes,
- Finding the right people to serve young children and their families, and
- Integrating multiple interventions into a coordinated, holistic approach.

In the early days, some families took offense to being referred to what they perceived as a parenting program. To be responsive to this concern, People's focused on emphasizing that parents' and caregivers' challenging experiences are common and that these programs are optional opportunities to receive more targeted support. As Nance details, providers and staff reframed referrals along the lines of,

> *"This isn't a slight [on] you as a parent, but really all of us have stressful things that happen in our lives, and… because of that, we understand that you might need extra support, and here's why we're offering it. It's… a universal program and service that everybody can access. We are not saying that you are more likely to fail or your child is more likely to fail. We are saying managing our children's challenging behaviors can be stressful and difficult, and we are here to offer guidance and support when needed."*

Staff have also learned to discuss supports in a strength-based manner, emphasizing the positive things the parent and caregiver is already doing and explaining that the supports People's offers are meant to build on and enhance those strengths. Team members are continually navigating the best way to have these conversations about sensitive topics with families. Moreover, team members' fit with People's culture is especially critical to the clinic's integration of ERH into care. As Dr. Appel shares,

"Getting the right people in the right positions definitely makes a difference… On the challenge end of that is staff turnover… It can be a challenge to find people, and it's very hard to know who's going to mesh from the interview process… Because all these things are so relational, I think finding people who can relate well to the families is really important."

Participants in focus groups with the CIRCLE team similarly highlighted how meaningful it is when patients and team members share backgrounds and lived experiences. One medical assistant said,

"It's a huge thing… that… a lot of doctors… speak Spanish… Around here, there's a lot of people that mostly speak Spanish, and it's a huge help."

Dr. Appel and Nance have an orientation with every new staff member who joins the pediatric department or an early childhood program. The goal of this orientation is to help new colleagues understand how their individual responsibilities connect to People's ERH work as a whole.

One of the biggest challenges for People's has been implementing new workflows for every new program, referral process, or other endeavor that they introduce. For example, as Nance shares, the maternal depression screening workflow

"didn't just immediately become as good as it is now, because we have a pretty high percentage rate of completion for that now… That was very much intentional work to get everybody… to understand what the [Patient Health Questionnaire-2] is and then what the Edinburgh [Postnatal Depression Scale] is and what the scores are, but then also making sure that they knew where they could fill that out within Epic [the electronic health record that People's uses]."

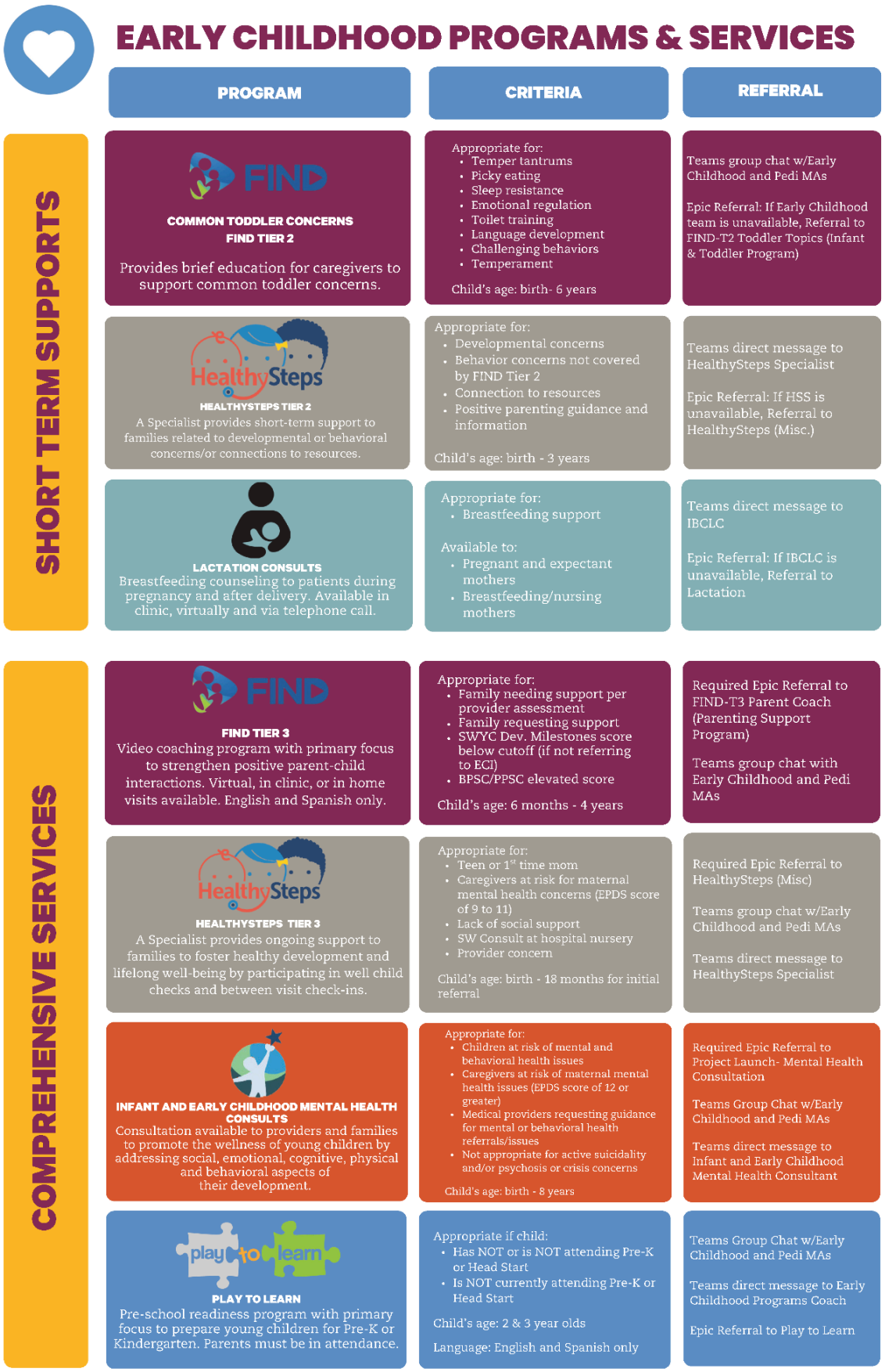
To successfully implement three tiers of services supporting relational health in pediatric care, People's regularly assesses whether things are working the way they are meant to be working and whether staff in different roles understand what their part in a particular metric, referral, or process is. Nevertheless, providers, medical assistants, and staff do sometimes feel overwhelmed by the number of different programs and are unsure about the right referral to make. The early childhood team works to ameliorate this uncertainty by taking a "no wrong door" approach with other members of the pediatric team, meaning that the early childhood team on the backend ensures that each family is connected to the right person and program for what they need. This integration is an ongoing challenge because, as Dr. Appel explains,

"the programs each require their own training, they each require some specialized approach and support... There are these distinct buckets to keep track of."

Currently, team members are dedicated to each program, such as the HealthySteps Specialist and FIND coaches. Dr. Appel and Nance want to transition these roles to generalists, such as early childhood specialists, who are equipped to provide any of the interventions.

People's has also worked to more clearly communicate the referral processes. For example, People's created a program grid with descriptions of the programs, the eligibility criteria for parents and caregivers to participate in each program, and the steps to refer to parents and caregivers to each program. People's has iterated and improved the program grid over time to make the criteria for referral clearer, which has helped reduce confusion among team members. Figure 8 is the current version.

Figure 8: Grid of People's early childhood programs and pediatric services



Funding and Sustainability

To fund these three tiers of interventions, People's has relied on philanthropic funding. In Texas, there is not currently a mechanism for direct Medicaid reimbursement for the early childhood services that People's provides, and Medicaid is the payor for over 75% of the clinic's pediatric patients and almost 90% either have Medicaid or are uninsured. Since 2014, People's has leveraged funding from St. David's Foundation (SDF), Meadows Mental Health Policy Institute (MMHPI), and Episcopal Health Foundation (EHF) to develop and expand its early childhood programming and pediatric services. SDF provided the first planning and exploratory funding for Circle of Security. MMHPI provided the clinic's first early childhood-specific grant, which enabled the hiring of an early childhood program coordinator as well as the launch of Circle of Security, universal messaging, and staff training. EHF funding allowed the establishment of a more comprehensive set of ERH-focused interventions, including additional staff training, FIND, the development of anticipatory guidance videos, and support for Play to Learn and ROR. People's used a later grant from SDF to implement HealthySteps.

There are both advantages and limitations to grant-based funding. Advantages include values alignment, access to networks, connections to policy advocacy, and potential to fund new interventions and support iteration, as outlined by Dr. Appel:

> *"If you can get philanthropic funding, I think it's great, especially if you have partners like we've had who… have had a really good understanding of what we're doing and why we're doing it… In our experience, [our funders] have been very knowledgeable about the ecosystem as well, so… they connected us with other people… Philanthropies have advocacy roles too, sometimes, and so they can help at that systems level as well… The other… real advantage is that [philanthropies] are typically the ones willing to take a chance on newer initiatives, and the ones we've been part of have always had very much a learning culture attitude of… 'We understand you're going to have setbacks, and you're going to have things that don't produce the outcome you expected. As long as you're learning from it and moving forward, we're here to support you in that process.'"*

Thus far, People's has funded its three tiers of services supporting relational health in pediatric care by going from one grant to another. It has not been easy, but People's relationships with its funders have been very helpful along the way. As Dr. Appel reflects,

> *"Certainly… we have had to shift gears, we have had to readjust, we've lost staff and had to replace them… We thankfully have had supportive funders that have allowed us to weather those things pretty well."*

The major limitation of philanthropic funding is sustainability, as foundations are not generally in a position to scale programs. Government support could help to fill this gap to sustain and scale interventions that have been shown to be helpful. However, People's policy context in Texas does not provide much access to this kind of funding. Policy changes are required to incentivize Medicaid managed care organizations (MCOs) to financially back the kinds of ERH services that People's provides. As Dr. Appel describes, this goes beyond one clinic and is a systems-level conversation:

> *"I think getting the Medicaid MCOs to reimburse for these types of services probably will require Medicaid changes at the federal level or at our state level to require or incentivize the MCOs to have initiatives on or pay for or support specific early relational health types of interventions and approaches."*

State-level change is possible, as demonstrated by EHF's successful lobbying for doulas and community health workers to be able to bill for case management services for Medicaid reimbursement in Texas. However, it also takes time for clinics like People's to benefit from policy changes. For example, in the 2025 legislative session, Texas passed a bill for Medicaid to reimburse for lactation services directly, which it has not previously directly reimbursed for. Because People's provides lactation consultation, this is a policy change that could have a direct positive impact on the clinic. Currently, however, the rules related to this new reimbursement are making their way through the regulatory process and the timing for implementation is unclear.

People's is currently working with the Medicaid MCOs that they contract with to seek some value-based alternative payment methodologies to help sustain their ERH work even as some of the clinic's philanthropic funding decreases or sunsets in the near future.

Key Considerations for Peer Clinics and Other Stakeholders

Although People's may be unique in the philanthropic funding it has secured for its early childhood interventions, the clinic is not unique in the families that it serves. There are many other medical homes that primarily serve families experiencing poverty and other marginalized families who are more likely than the general population to have exposure to stressors and fewer resources to deal with adversity (National Scientific Council on the Developing Child, 2014). In particular, safety net clinics and federally qualified health centers (FQHCs) are well positioned to embed ERH in their own contexts. For example, FQHCs already focus on social determinants of health and integrated behavioral health; centering relationships aligns well with FQHCs' existing focus areas. Based on 15 years of implementing their ERH approach, People's identified the following enabling conditions for implementation success:

- A foundational understanding of the scientific importance of ERH in pediatric care;
- Buy-in among leadership, staff, and families, and responsiveness to their input;
- A focus on fostering strong, supportive relationships between clinic team members first and foremost, with the knowledge that this relationship-forward mentality will extend to patient care; and
- Opportunities to train people consistently and continuously to ensure that everyone understands how their individual work aligns with the clinic's larger goals.

Dr. Appel acknowledges that while it is helpful to have programs to refer families to, other medical homes do not have to start there. It is most important for other clinics to begin by building a foundational understanding of the importance of ERH from a scientific perspective:

> *"I think the specific programs that you choose to adopt or create or develop are way less important than the overall approach to care… That goes back to that science piece… If you understand that, there are things you can do without any program… How your staff interact with families and patients, providers' observations of what they're seeing in front of them in the room… Thinking about how you can incorporate that background science into… what you do in terms of how you're providing the care, more than necessarily having specific interventions that you're doing… can make a huge difference… The programs sort of flow… more naturally from that. Then if you have opportunities to get funding for a program or implement a program that supports that effort, then you can start to build that in. But the underlying understanding of the importance of relationships and supporting families and parents… that's the key."*

Another enabling condition that can set other clinics up for success in implementing this approach to care is having buy-in among leadership, staff, and families. In People's case, the interventions that they chose to offer met needs and filled gaps that patients and providers had already raised. When laying the groundwork, Dr. Appel made it clear that team members would need to change how they were providing care and what they were focusing on in their care in order to integrate ERH, and that these changes would take time:

> *"When we started… I was very explicit with people that this was going to be a change in what our focus was, in terms of what we were doing at our visits, and that it was going to be a long-term process."*

Furthermore, Dr. Appel named walking the walk in terms of a clinic's approach to its employees as essential for modeling how the clinic wants its employees to treat their patients. It is important to create an internal culture of positive interactions and building strong, trusting relationships between team members that can then extend to patient-facing work.



Having opportunities to train people consistently and continuously is also necessary to ensure that the clinic is actually enacting a coordinated approach, rather than a fragmented or siloed one. Dr. Appel explains how the PFR training led to alignment and shared understanding between team members, regardless of the differences in their jobs:

> *"Being able to get the training, like the Promoting First Relationships training, for everybody to get a deeper exposure to… those ideas, I think that's really important for people to understand… The great thing about it, that I really love about it, is that it really emphasizes to everybody how important their role is because it's about your interactions with the families and the patients and whether you're on the phone with them, whether you're a front desk person checking them in, whether you're an MA or a provider where it becomes a little bit more direct, everybody has this really important role to play in supporting families… It's not just a nicety in terms of a customer service approach to care… I feel like it is very empowering for staff to be able to say… 'You are a critical part of our team in actually improving health, not just because you're getting the patient checked in for me, but you actually are impacting the health of the families in how you interact with them.'"*

In focus groups, team members similarly raised the helpfulness of having shared language about ERH with their colleagues. Speaking about the PFR training, one early childhood staff member said,

> *"It was helpful to see that we were all getting the same material… It made it easier to have these discussions as to what is important to us as a department with each other."*

Beyond these enabling conditions, other clinics can expect to navigate the same lessons that People's has learned – about funding, hiring and onboarding, implementing new workflows, and clearly communicating all the different ways to refer into these programs – if they pursue similar ERH-centered interventions. Overall, adaptability is essential for this work; clinics should be prepared to respond to these challenges and other evolving dynamics, such as opportunities for improvement that team members and patients identify, changes in funding, and staff turnover.

Conclusion

Overall, People's 25-year journey to the current iteration of its early childhood services has been shaped by culture building, learning and continuous improvement, and responding to the needs and strengths of team members and patients. Dr. Appel wants stakeholders to know that People's did not develop its three tiers of services supporting relational health in pediatric care overnight and recommends that other clinics begin by focusing and building on what they already have in place, rather than starting from scratch or setting out to offer a similar suite of interventions from day one:

> *"It's a long-term thing, and you start small… We started with what we had access to at the time… and were able to shift how we approached those services and then built more over time."*

While the current state of funding for healthcare is precarious and ever-changing, People's track record of perseverance sets it up well to weather any roadblocks ahead. People's mission-driven work is what attracted team members to join the clinic in the first place and what motivates them on a daily basis, even in the face of a challenging policy landscape. When the CIRCLE team asked People's team members during focus groups about the one thing they want readers of this case study to know about the clinic, they reiterated the deep commitment among their colleagues to do right by the families People's serves. One provider emphasized,

> *"I really respect just the people that I work with… in particular, the providers… At [People's], they're very on top of being current, being evidence-based… evolving with time, and meeting people where they're at… There isn't one right way to raise a kid, and it doesn't have to do with money and resources. It has to do with the bonding; it has to do with things that we can absolutely teach that has nothing to do with what summer camp you can afford to send your kid to or what toy [you can] get for your infant. It's so much simpler than that, and I feel like People's focus is on that… I just think that people need to be reminded about that."*

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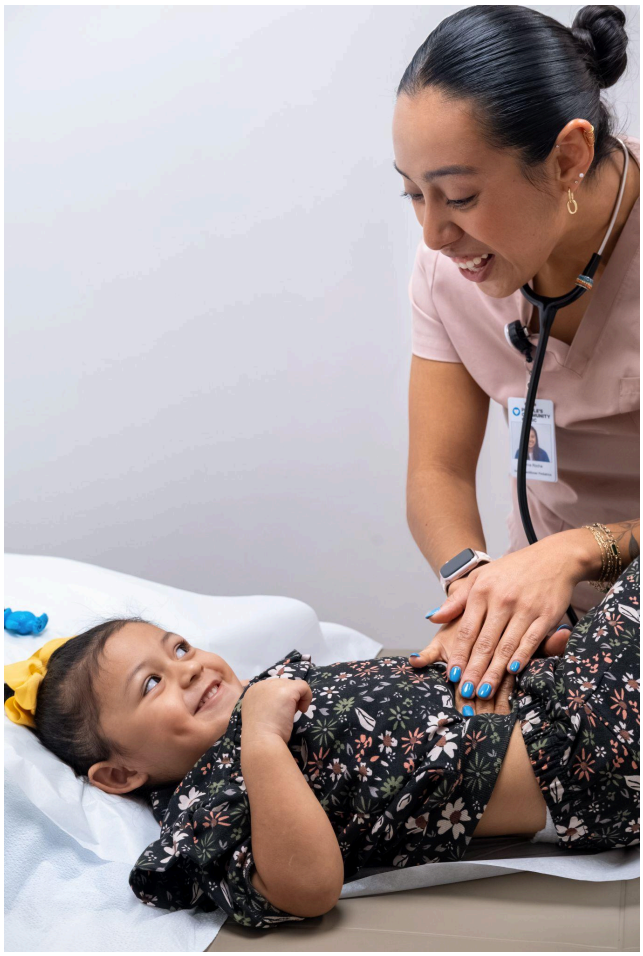
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Learn More

To learn more about People's journey of integrating ERH into its pediatric care, contact Dr. Louis Appel at louis.appel@austinpcc.org and Celina Nance at celina.nance@austinpcc.org. Additionally, People's website has more information about the clinic's early childhood programs and pediatric services.



To learn more about ERH, the People's team recommends the following resources:

- AAP: National Center for Relational Health and Trauma-Informed Care
- AAP: "Preventing Childhood Toxic Stress: Partnering with Families and Communities to Promote Relational Health" Policy Statement
- Center for the Study of Social Policy: "How to Communicate Effectively About Early Relational Health: What It Is and Why It Matters"
- Center on the Developing Child at Harvard University: "Three Principles to Improve Outcomes for Children and Families"

The resources below have more information about the interventions that People's has adopted:

- Circle of Security
- HealthySteps
- Play to Learn
- Project Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)
- Promoting First Relationships (PFR)
- Reach Out and Read (ROR)
- Stanford Filming Interactions to Nurture Development (FIND)
- Well Visit Planner

To learn more about the CIRCLE team's technical assistance and evaluation services for early childhood initiatives, contact circleteam@stanford.edu. Additionally, the SCEC's working paper, "Solving the Early Childhood Program Evaluation Paradox: Re-envisioning Evidence via the CIRCLE Framework," has more information about the CIRCLE team's unique evaluation methodology.