



# **RICHER Model of SOCIAL PEDIATRICS: Intersectoral Partnerships & Collaboration to Promote Healthy Child Development & Youth Health Rights for Disenfranchised Populations**

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**R**ESPONSIVE  
**I**NTERSECTORAL  
**I**NTERDISCIPLINARY  
**C**OMMUNITY  
**C**HILD HEALTH  
**E**DUICATION  
**R**ESEARCH

**RICHER SOCIAL PEDIATRICS INITIATIVE  
HOSPITAL COMMUNITY PARTNERSHIP**

**BC CHILDREN'S HOSPITAL & UBC PAEDIATRICS**

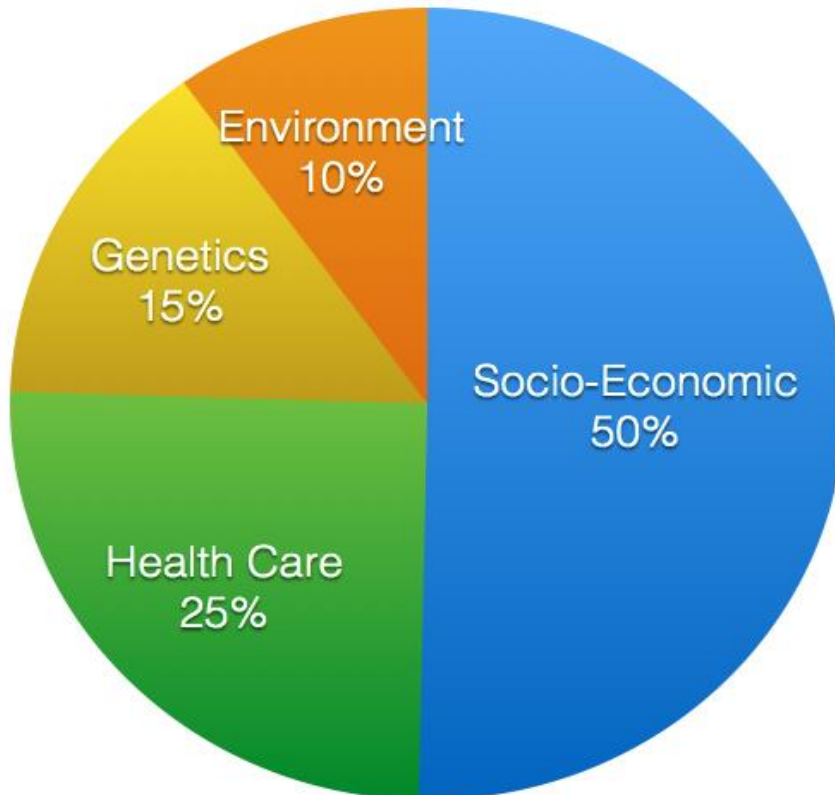
# Background and Aims

British Columbia has the highest child poverty rate in Canada, with Vancouver's inner city being among the most at-risk. In 2006 we developed a 'Social Pediatrics Initiative' and the research-to-practice 'RICHER Program'. In 2014 we formally began a Canadian research collaboration through a realist synthesis of the literature.

The aims of the RICHER program are to:

- provide timely access to early intervention and prevention services for underserved families
- work collaboratively to improve health outcomes, school completion and 'social capital' through an equity & SDoH lens, &
- develop transition services for vulnerable children and youth.

# Social Determinants & Health Equity



## Healthy Public Policy:

- (1) Best start (0-6 years)
- (2) Maximize potential (youth)
- (3) Strengthen public health-  
obesity, smoking, alcohol
- (4) Good work for all
- (5) Healthy standard of living
- (6) Sustainable communities

Marmot & Allen, 2014

Canadian Institute of Health Research, 2012

C. A. Loock, 2016



# Setting

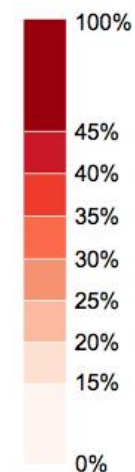
1. RICHER serves a population area with 8.5% (~10,000) of Vancouver's children and youth, including indigenous & new immigrant families.
2. Pediatric specialty services are only 7 km away, but access and outcomes were 'inequitable'.
3. Despite commitments to universal access there were limited Primary healthcare services are now distributed in neighbourhood spaces.
4. Community input is prioritized.
5. All research is vetted with community.


# EDI Wave 3 SD 39 Vancouver

## Vulnerability on One or More Scales

Percent of children vulnerable on one or more scales of the EDI.

### % VULNERABLE

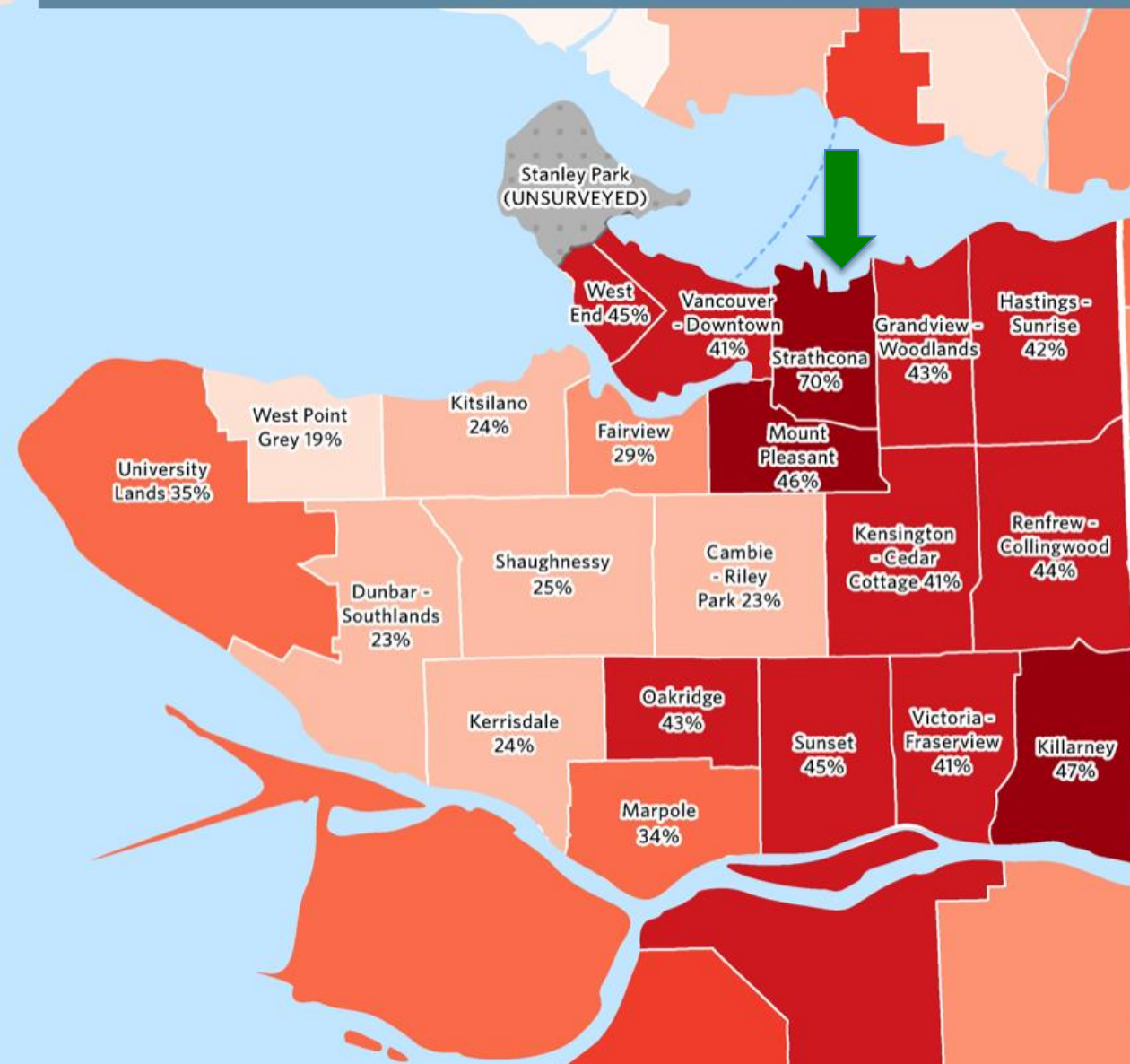


 No Data/  
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School District Vulnerability Rate: 38%  
Provincial Vulnerability Rate: 28.7%

Produced by:  
Human Early Learning Partnership  
August 2013

For more information please visit:  
[earlylearning.ubc.ca/maps](http://earlylearning.ubc.ca/maps)



# RESULTS



1. Improved Child Development: There was a **'critical difference'** in vulnerability at school entry, with a decrease of 20 % (HELP, 2014).
2. The model fosters **access to quality primary and specialist pediatric health care.**
3. The **partnerships** ensure families gain access to full spectrum of resources to address Social Determinants of Health.
4. Key processes that enhance outcomes include: organizational **engagement & accountability, trust and parental empowerment** (e.g. improved knowledge, capacity to activate systems, and manage child and youth health conditions).

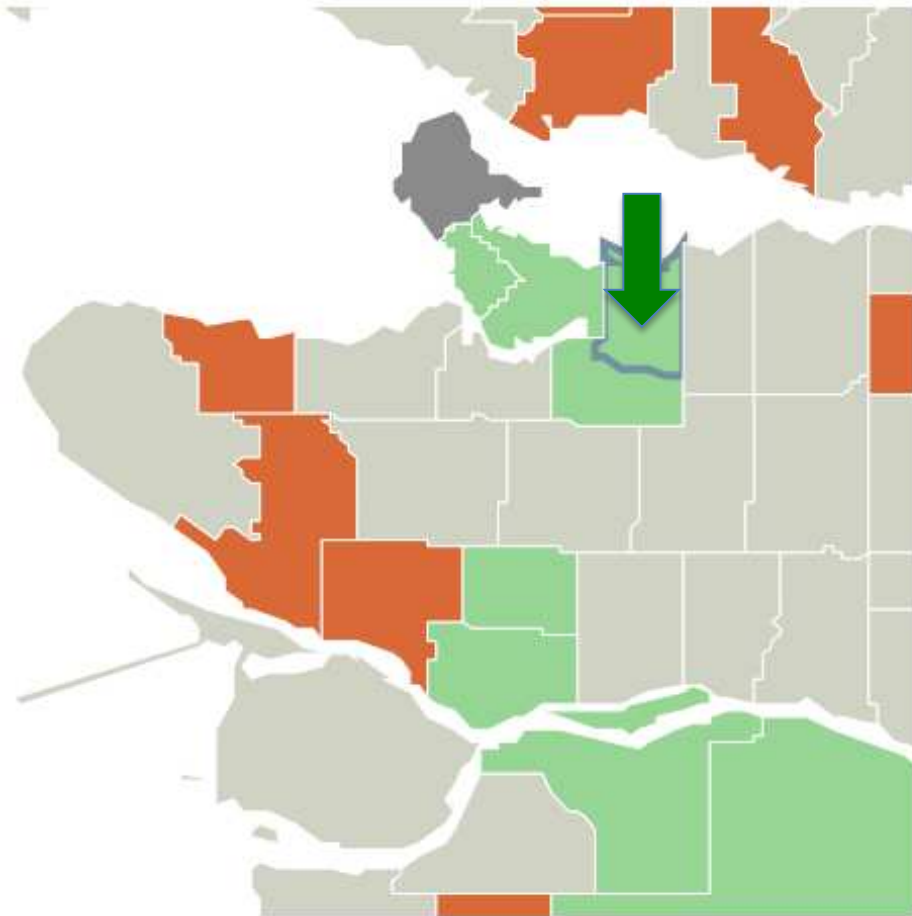
# Strathcona: Critical Decrease in Vulnerability

Understanding Critical Difference.

Scale: **ONE OR MORE SCALES** PHYSICAL SOCIAL EMOTIONAL LANGUAGE COMMUNICATION

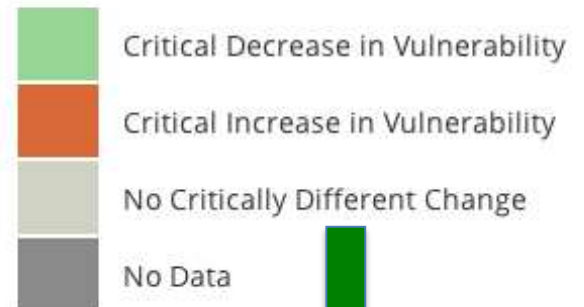
Base Wave: 2 **3** 4

Comparison Wave: 4 **5**



## Strathcona

Vulnerable on one or more scales of the EDI



| Wave   | Count | Percent Vulnerable |
|--------|-------|--------------------|
| 3      | 56    | 70%                |
| 5      | 60    | 52%                |
| Change |       | -18%               |

Data Source:  
HELP EDI  
Wave 2 04/05-06/07  
Wave 3 07/08-09/09  
Wave 4 09/10-10/11  
Wave 5 11/12-12/13



# How Care is Provided is Instrumental in Achieving Outcomes

## *Processes of Care*

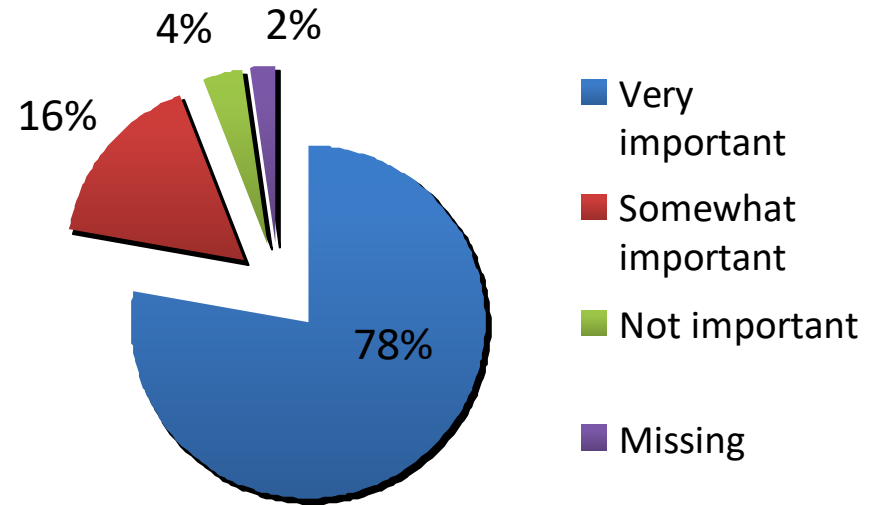
- Clinician's Interpersonal Style is positively associated with Patient Empowerment ( $p < 0.01$ )

# RELATIONSHIPS

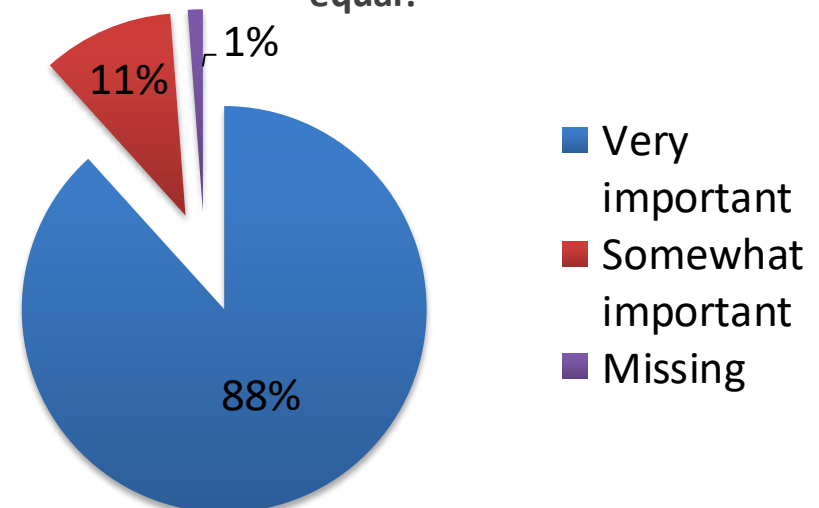
## Quality Dimensions & Processes of Care

|  |           |
|--|-----------|
| General clarity of communication scale, M (SD) | 4.6 (0.6) |
| Explained results scale                        | 4.3 (0.9) |
| Decision making scale                          | 3.7 (1.3) |
| Compassionate, Respectful scale                | 4.7 (0.5) |
| Empowerment scale                              | 4.2 (0.9) |

How important is it to include you in decision-making of treatment plans?



How important is it to you to have a health provider that treats you as an equal?



# Purposeful Intersectoral Partnerships

## **Foster Access to Care Along the Continuum**

### **- Dismantle Structural Barriers**

Clinicians located in Neighbourhood settings

Extend the range & complementarity of services

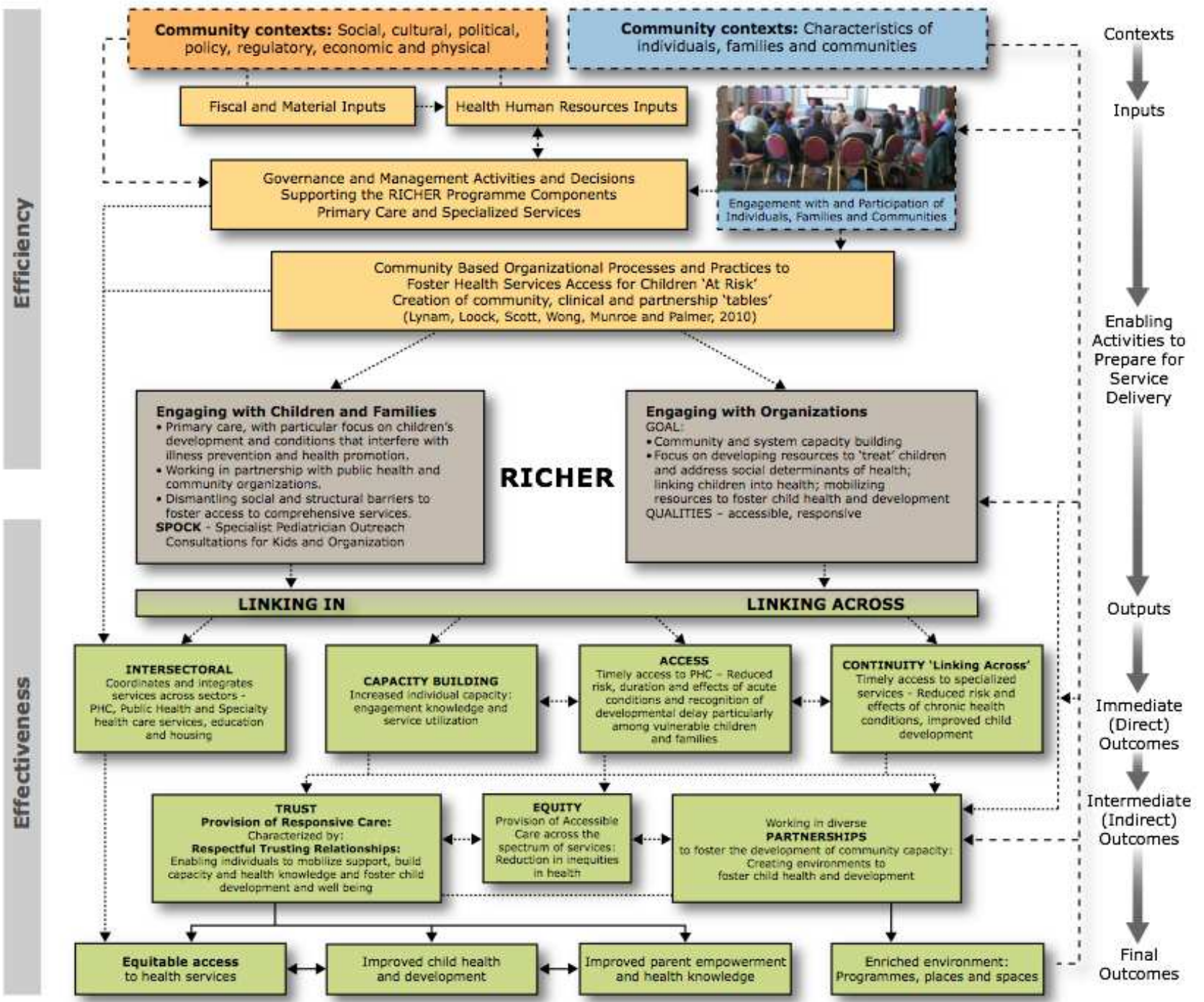
### **- Dismantle Social Barriers**

Build upon Trusting Relationships & Networks

## **Foster Responsiveness & Accountabilities**

Weekly open Community table ensures dialogue

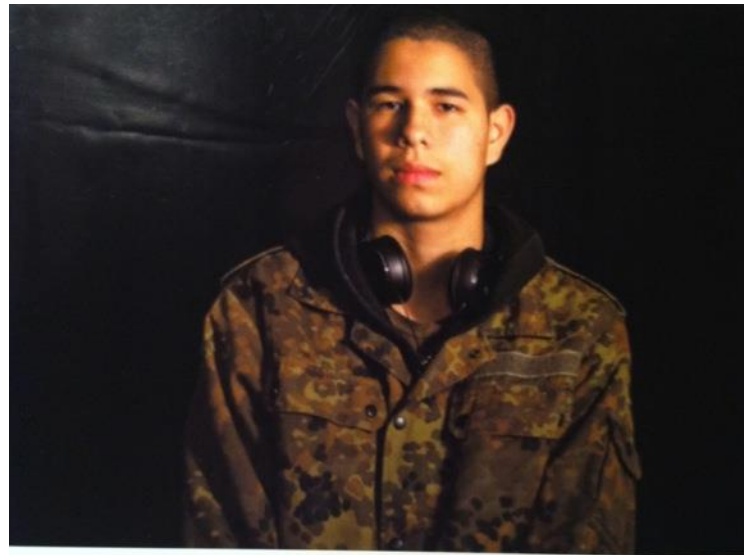
Recognizes different forms of expertise & knowledge of the community



# Youth Engagement: Resilience & Positive Youth Development

Youth are not problems to be managed, but resources to be developed.

- Roth & Brooks-Gunn



Stefan

Vancouver  
Ojibwey

gh school

17 years old

Most Inspiring Person: "Sgt. Tim Houchen"

Quote: "Just keep trying 'till you get it"

Goal: "Join the military as an Auto Mechanic"

Favourite thing about NASCAR: "Welding, so much fun"

Empower all our children and youth to be good at something.

- Marmot and my mom

# RICHER Publications



Lynam, M. J., Loock, C., Scott, L. & Khan, K.B. (2008) Culture, health and inequalities: new paradigms, new practice imperatives. *Journal of Research in Nursing* , 13(2): 138-148.

Lynam, M.J., Loock, C., Scott, L., Wong, S., Munroe, V. & Palmer, B.(2010) Social Pediatrics: Creating organizational processes and practices to foster health care access for children ‘at risk’. *Journal of Research in Nursing*. OnlineFirst February 15: doi:10.1177/17449871093605/ pp: 1-17.

Lynam, M.J., Scott, L., Loock, C.L., Wong, S. (2011). The RICHER Social Pediatrics Model: Fostering Access and Reducing Inequities in Children’s Health, *Healthcare Quarterly*. 14 Special Issue, (3): 41-56. <http://www.longwoods.com/content/22576>

Lynam, M.J., Grant, E. & Staden, K. (2012) Engaging With Communities to Foster Health: The Experience of Inner-City Children and Families With Learning Circles. *Canadian Journal of Nursing Research*, 44(2): June.

Wong, S.T., Lynam, M.J., Khan, K., Scott, L. & Loock, C. The social paediatrics initiative: a RICHER model of primary health care for at risk children and their families. *BMC Pediatrics*, 12:158 (04 Oct 2012).

Loock, C, Suleman, S, Lynam, J, Scott, L, & Tyler, I. Linking In & Linking Across using a RICHER Model: Social Pediatrics and Inter–professional Practices at UBC. *UBC Medical Journal*, in press (March 2016).