

**"Social Pediatrics: A Responsive Interdisciplinary Coordinated Health ["RICH"]  
Model for Timely Accessible Services for At -Risk Families"  
*An academic, health care service and community partnership initiative***

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***Research Funding:***

CIHR Partnerships for Health Services Innovation with Michael Smith Health Research Foundation

**Summary** Despite technological advances and the advent of new treatments for the spectrum of diseases that affect children's health over the last few decades, children who are vulnerable because of their material and social circumstances remain the most likely to suffer the consequences of delayed development and poor health. Lack of access to appropriate health care further compounds children's vulnerabilities and has been identified as an ongoing challenge for children 'at risk' in both urban and rural settings. Lack of access compromises continuity of care and interferes with timely referrals for assessment and treatment<sup>1-3</sup>.

Unfortunately, there are a number of communities in BC with limited primary health care coverage<sup>4</sup>. And, despite the introduction of Primary Health Care clinics, many children of all ages, and their families, face enormous barriers to accessing health care services. Vancouver's 'Downtown Eastside' (DTES) is as case in point. It is the poorest neighbourhood in the country with a mortality rate that is 3 times the provincial average. Although there are a number of specialty community based programmes for the adult population, the health resources for children are limited.

Issues of access in this community are not limited to the lack of availability of services. As Browne<sup>2</sup> has noted in her research with adult Aboriginal populations "people's decisions about where to go for health care are not simply a matter of 'choice'. They are shaped by a number of factors including how patients anticipate that they will be treated in community clinics or physician offices; the assumptions that patients feel will be leveled toward them when they seek care elsewhere; and the extent to which patients worry that their health concerns will be dismissed because of these assumptions. These findings have implications for how primary care services (PHC) can be designed to be more responsive to the complexities of access, particularly for patients experiencing racialization and impoverishment".

In addition to being poor the children we are concerned about face a number of challenges which include being stigmatized or marginalized because of exposure to substance use or family violence and/or being in families with caregivers who need support for their own health issues. Many parents are coping with mental health issues, violence and/or addictions. Such issues create barriers that must be recognized in the ways care is provided. As well, children in new immigrant families must overcome cultural and practical barriers to participation in the community (such as language fluency) while children in First Nations families must cope with the legacy of policies and practices that have eroded the capacities for family and community support of children. It is well documented that such children are at greatest risk for not having their own health and developmental needs met and the impact is *cumulative over the life course*, so the more prolonged and persistent different forms of disadvantage that result from poverty and exclusion the poorer one's future<sup>6-13</sup>. It is timely therefore that we explore *alternative approaches to care delivery* for children who are vulnerable as a consequence of their social and material circumstances. One such alternative is a social pediatrics approach<sup>3,14</sup>.

In an effort to provide primary health care that is accessible and responsive to the needs of children and their families in a culturally and socially complex community a new model of service delivery is being implemented in Vancouver's DTES. This service delivery initiative for 'at risk' children and their families has evolved out of more than a year of discussions and consultations with community groups and service providers. It takes direction from 'social pediatrics'<sup>3,14</sup> and is being tailored to meet the needs of the DTES community. We have a unique opportunity to study this practice initiative from its inception. This proposed

study will examine and appraise the impact of this innovative, 'social pediatrics' primary health care practice initiative tailored to foster access and delivery responsive primary care to such a population of children. This is one of BC Children's (BCCH) first experiences with a community-based PHC model and lessons learned will be drawn upon in forming institutional partnerships in other health regions.

Lynam, M.J., Looock, C., Scott, L. & Khan, K (2008) Culture, health and inequalities: New paradigms and new practice imperatives. Journal of Research in Nursing. 13: 138-143.

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Lynam, M.J., Looock, C., Scott, L., Wong, S. Palmer, B., Munroe, V., Fitzgerald, B., & Fitzsimmons, B. Social pediatrics: An innovative model of health services delivery for BC Children and Families on the Social, cultural and material margins: A Pilot Study. A Report to the British Columbia Medical Services Foundation (BCMSF), January 2010.