



Responsive Intersectoral Children’s Health, Education, & Research (RICHER) Initiative

JURISDICTION:	British Columbia	HEALTH THEME:	Access and Wait Times
FRAMEWORK CATEGORY:	Emerging	PUBLICATION DATE:	December 2012
ORIGINAL SOURCE:			

PRACTICE DESCRIPTION:

In recent years, understanding and addressing child health inequities has become a priority for research and practice. As pathways of influence on children’s health and development extend beyond the biomedical domain, the emergent literature recognizes that new approaches to integrated care are needed to promote access to health care.

BC Children’s Hospital developed the Responsive Intersectoral Children’s Health, Education, & Research (RICHER) Initiative in 2007. The RICHER initiative is a publicly funded, community-based primary health care and specialist pediatrics service designed to meet the needs of children, youth, and families living in Vancouver’s inner-city neighbourhoods. The family’s particular needs are taken into consideration when providing health care services, which are linked to specialized health care services and their community-based support networks. The primary focus of the initiative is on at-risk children, since their material and social circumstances often make them more likely to suffer the consequences of delayed development and poor health. Lack of access to appropriate health care further compounds their vulnerabilities, as it compromises continuity of care and interferes with timely referrals for assessment and treatment.

The goal of RICHER is to reduce child health inequities while improving children’s access to primary, secondary, and tertiary health care. The RICHER initiative provides regularly scheduled and easily accessible primary health care outreach clinics and specialized pediatric health services. RICHER is integrated with community infrastructure, and services are delivered in community spaces (e.g., daycares, schools, community centres). Through intersectoral partnerships, typical health services are complemented by services and community-based resources, many of which assist clinicians to address social determinants of health. Nurse practitioners are the point of care primary health care providers who work with clinical support from pediatricians and other specialists who provide pediatric outreach consultation. Services include assessment, treatment, and follow-up of common, predictable health conditions; episodic illness care; mental health screening and referral to appropriate resources; and developmental screening and referral for assessment at Sunny Hill Health Centre for Children. The initiative complements existing tertiary and health promotion programs. It incorporates elements of social and community pediatric approaches to care delivery. The initiative works in collaboration with Vancouver Coastal Health Authority, established community and tertiary health care services, and existing community-based organizations. The intersectoral model of service delivery is unique in its collaborations among primary health care, community organizations, and public health, and its link to specialty and tertiary services.

The nurse practitioners are employed by BC Children’s Hospital, and the specialist services are administered through BC Children’s Hospital with funding from the BC Medical Services Plan. BC Children’s Hospital provides the administrative infrastructure (clinical bookings, records) and community partners provide the venues for the clinical programs.

IMPACT:

Funding has been obtained for ongoing research to evaluate the RICHER initiative. Funding support has been provided by the Canadian Institute of Health Research—Partnerships for Health Services Innovation, the Michael Smith Foundation for Health Research, the BC Medical Services Foundation, and the Canadian Nurses Foundation. Research results demonstrate that the RICHER model of engagement not only effectively fosters access for families with multiple forms of disadvantage but also improves outcomes by empowering parents to become more active participants in care.

In 2010, a structured questionnaire was administered to families receiving clinical services from RICHER. The purpose of the survey was to examine whether the program was reaching the target population and to consider patients’ experiences of primary health care. The survey incorporated standardized measures that reflected the key components of primary health care: access, continuity (informational, relationship, and management continuity), interprofessional communication, patient activation, and patient empowerment. Analyses of the survey data show that the RICHER approach does foster access to primary care for children and families facing significant poverty and multiple forms of social and material vulnerability, including family instability, housing challenges, and food insecurity. Moreover, the children accessing RICHER clinical programs have considerably higher



rates of complex health conditions and developmental challenges than would be expected in a typical population. Parents also reported that, through engagement with RICHER clinicians, they acquired knowledge of their child's health condition, and felt well prepared to manage their child's condition, navigate the health care system, and mobilize needed supports and information. A major cornerstone of RICHER's success hinges on access and continuities of care and the formation and maintenance of relationships with individuals, community partners, and secondary and tertiary providers.

APPLICABILITY/TRANSFERABILITY:

The RICHER initiative builds on the insights of the social pediatrics approach developed by Dr. Gilles Julien to remove barriers to access, and thereby improve health and educational outcomes for inner-city children and youth. It also builds on research that has (1) demonstrated the impact of marginalization and exclusion on child and family health over the life course, (2) identified conditions that mitigate the impact of adversity on child health and development, and (3) identified the processes of care that are associated with improved health outcomes for populations vulnerable because of their social and material circumstances.

Content was adapted from the following sources and relevant websites:

<http://www.healthcouncilcanada.ca/content.php?mnu=4&mnu1=34#Presentations>

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External Source: <http://www.bcchildrens.ca/Services/SpecializedPediatrics/RICHERInitiative/default.htm>