Author's response to reviews

Title: The Social Pediatrics Initiative: A RICHER model of primary health care for at risk children and their families

Authors:

Sabrina T Wong (sabrina.wong@nursing.ubc.ca)
M. Judith Lynam (judith.lynam@nursing.ubc.ca)
Koushambhi B Khan (koushambhi.khan@nursing.ubc.ca)
Lorine Scott (lscott@cw.bc.ca)
Christine Loock (cloock@cw.bc.ca)

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Author's response to reviews: see over
Title: The Social Pediatrics Initiative: A RICHER model of primary health care for at risk children and their families

Version: 1 Date: 29 December 2011

Reviewer: Amy Houtrow

Response to reviewer’s comments:
*The authors are commended on their mixed methods approach. It is very hard to present this information succinctly. A major issue for this reviewer is not having enough background about RICHER on the outset to frame the rest of the manuscript.
Response: To assist the reader, the RICHER model of providing care, and the rationale for it, is described in the background section. We also provide references of peer reviewed literature that have documented this evolution of this work. What we report in this manuscript is groundbreaking in the sense that there have been no other attempts to examine intersectoral outreach models of PHC in Canada. One additional observation that may be helpful is that unlike the UK, the majority of PHC in BC is provided by clinicians (usually General Practitioners) who are in private practice. As such, they locate practices in neighbourhoods of their choosing. The neighbourhood in which we are working has few PHC providers and a rather unique profile of families with histories of ‘uneasy’ relations with professionals. RICHER was introduced in an effort to fill this gap. In the revisions we have sought to provide more information about this.

This reviewer would also recommend considering doing 2 papers - one quant and the other qualitative with more than 7 interviews.
Response: The purpose of this paper is to report primarily on the questionnaire data gathered to assess the quality of PHC. We also include qualitative data that informed and extended our analysis of the questionnaire data. This dual analysis makes it somewhat unique for research in this field. This particular paper is one component of a much broader study that has gathered substantial qualitative data using a participatory approach. A number of papers from the broader study, which is ongoing, that draw upon qualitative data have been cited in this paper.

*From a qualitative methods perspective, it is unlikely that data saturation occurred with just 7 interviews. It is also unclear how the 7 interviewees were chosen. Because of these issues, it may strengthen the paper to pull out the qualitative analysis.
Response: The intent of conducting the qualitative interviews drawn upon here was to complement the survey data. We agree that there would not have been data saturation with just seven interviews. The particular interviewees were chosen based upon field notes made by the interviewers. Typically it was because during, before or after the interviews, an interviewee raised questions, or wanted to expand upon an answer that they had given. The interviews were meant to provide an opportunity to explore more fully the participants’ responses. These data are also being considered in relation to the other (qualitative) data being gathered for the study reported elsewhere. We have clarified the purpose of conducting the interviews and how the participants were chosen (second paragraph, page 6)
*The second to last paragraph of the Discussion section doesn't stem from the study. There was not an evaluation of the innovation of RICHER in this study. This needs to be taken out because the study did not intend to evaluate these factors.
Response: We have modified this paragraph so that it is related to the findings. We are stating that this Initiative is innovative because of its attention to social determinants of health. This attention to the social determinants of health is especially apparent in the qualitative results.

* This reviewer would recommend that all abbreviations are spelled out at first use.
Response: done

* This reviewer would recommend taking out the last sentence of the results in the abstract because it is written as a discussion point.
Response: done

* This reviewer recommends re-writing the conclusion section of the abstract because the first sentence doesn't flow from what is presented before it.
Response: revised

* This reviewer does not think a question mark belongs at the end of the last sentence of the background section of the abstract
Response: revised

Reviewer # 2
Version: 1 Date: 21 January 2012
Reviewer: Jean-Francois Trani

The authors made a very important effort to use participatory methods. They mention (third para.) that “Through pilot testing, our community partners approved the survey, methods of recruitment, and administration”. To my understanding, participatory process requires involvement of all stakeholders in definition of the objectives, the process, the fieldwork, the analysis and the outcome of the research. Could the authors be a bit more specific about what does the participation process encompass?
Response: We agree that this paper, as presented, ‘played down’ the participatory nature of the work – primarily because we were focusing on one component (the questionnaires related to access and responsiveness) of the larger study. This clinical project, and the research on it, did evolve out of considerable community engagement and consultation (18months) and the engagement continues – weekly. We have reported on this in our earlier publications. And, our work is an exemplar of ‘integrated KT included in a Canadian Institutes of Health Research publication that we understand it currently in press. In the first paragraph of the methods section we state, “The organizations, providers, and research team worked together to articulate the principles of practice and research, identify successful data collection methods, and interpretation of the findings.” The participation processed did involve all stakeholders in all parts of the process.

What are the instruments: already validated instruments or specifically developed for the
research? Did the authors test the questionnaires? Where and with how many respondents? Was there a validation process of the instruments?
Response: This survey was developed based on previous work (3rd paragraph of methods) that has assessed the reliability and validity of the scales. We have clarified that the only new scale is the “NP Knowledge of Child” (3rd paragraph of methods). All scales in this survey for this study were assessed for reliability and validity.

How many community centres and day cares were involved for recruitment of participants?
Response: At the time the questionnaire was being administered, the clinicians were providing clinical services in 3 neighbourhood elementary schools, 3 day cares (two housed in one community centre), and two community centres. The research assistants recruited participants in the day care, and two community centres.

Where were located these centres and day cares: in which town(s), province (apparently Vancouver and British Columbia as I can figure out from the authors’ affiliation and an indication in the discussion)?
Response: RICHER is located a poor neighbourhood adjacent to Vancouver’s ‘downtown eastside’ (second paragraph of methods section)

How do the readers know those families selected included “at risk” or “vulnerable” children? Where families selected systematically because they had “child or children who had an identified developmental delay or chronic health condition”? What were the criteria of selection apart from speaking English or Cantonese? Is this a criterion for vulnerability? Did the authors interview randomly Canadian citizens visiting centres and day cares and then compared the difference in outcome between vulnerable and non vulnerable children? How many were families initially selected? What is the level of non response?
Response: We have clarified a convenience sample was collected for the survey (2nd paragraph of methods section). The other criteria for selection was that participants had to have used RICHER primary care services in the past 12 months (2nd paragraph of methods section). The clinicians were not directly involved in recruiting participants. However, a clinical report on services, indicated that at the time the interviews were conducted we had sampled approximately 80% of families attending the clinics.

Who in the households were interviewed? Apparently mainly the mother according to table 1, and always parents as stated at the end of the section.
Response: We have clarified that the parent in the household who was considered the main caregiver was interviewed (2nd paragraph of methods section)

Household heads, vulnerable children, men/women, of what ages? This is very important as respondents who came to the centres and day cares might be the member of the household that is not working explaining the low level of employment of respondents reported in table 1.
Response: We report the mean age of the main caregiver parent as 37.7 years (table 1). The area where this study took place was a neighbourhood adjacent to Vancouver’s ‘downtown eastside’. The low level of employment reflects the multiple forms of disadvantage faced by these parents-being a single parent (over half the sample), a visible minority, an immigrant, and low levels of education. We have clarified the site where this study took place (2nd paragraph of methods)
How many in-depth interviews were carried out: 8% of the 86 respondents as stated in the results section: how were they selected
Response: The intent of conducting the qualitative interviews referred to here was to complement the survey data. We agree that there would not have been data saturation with just seven interviews. The particular interviewees were chosen based upon field notes made by the interviewers. Typically it was because during, before or after the interviews, an interviewee raised questions, or wanted to expand upon an answer that they had given. The interviews were meant to provide an opportunity to explore more fully the participants’ responses. These data are also being considered in relation to the other (qualitative) data being gathered for the study.

If these aspects have been developed elsewhere, then the authors need to stipulate where and clearly refer to the publication.
Response: We have referred to the publications that document the items and scales used in the survey (3rd paragraph of methods section)

What exactly are the three scales used: “Clarity of Communication, Shared Decision-Making, and Interpersonal Style”. Were they developed by the authors? How was the score calculated for the different scales used?
Response: While we do provide a reference about where the scales originated (3rd sentence in the data analysis section), we have now also clarified what the items were that made up the scales (5th paragraph of methods section under “data analysis”). Scale scores are created by summing the responses across the items and dividing by the number of items in that scale.

Minor Essential Revisions
Authors claim that “For children, developmental delay or poor physical or mental health are manifestations of health and of inequities in health” (first para). I believe this claim is arguable and at least, authors should explain why they consider development delay or poor physical and mental health are such manifestations and if it is true for any such conditions.
Response: We have modified this paragraph accordingly.

To help the reader, a clear statement about inequity, a central tenet of the paper, is needed.
Response: We have added a clear definition of what we mean by health inequities (1st paragraph of introduction)

Finally, they should be accurate about who are those vulnerable or at risk children they are mentioning in the introduction and are the focus of the paper: children with mental or physical health problems? Poor children (i.e. “materially disadvantaged children”)? Children living in “socially disadvantaged neighbourhoods”? Again, a clear definition of at risk and vulnerable children considered in this paper will help the reader follow the argument.
Response: We have provided a clear definition of what we mean by vulnerable and at risk (3rd paragraph of introduction).

Background
In the first paragraph, the authors detail the objective of the RICHER initiative. The second objective is “the importance of enduring socially supportive relationships as a condition that
mitigates risk for vulnerable children is recognized”. I think a verb is missing here and above all, I would suggest explaining what kind of risk is considered here.
Response: This has been revised. We have clarified that risk of health inequities can be mitigated…….. (1st paragraph of background section)

Method
It would be helpful that the authors clarify that “survey data” or “results” correspond to the interviews with a pre-coded questionnaire (my assumption) and that “interview data” correspond to in depth, qualitative interviews (if I am not mistaken). Please explain this in more details.
Response: We have stated in the procedures section (3rd paragraph, 2nd sentence) that the survey reflected important dimensions of PHC (primary health care). We have ensured we are using the word ‘survey’ throughout the methods section to refer to the questionnaire data. We have further clarified in the data analysis section that “in-depth” interviews were analyzed using thematic analysis (3rd paragraph of methods section)

Results
“All families were also coping with multiple forms of disadvantage including poverty, housing insecurity and food insecurities”. How is poverty defined here: by the household income? What are food insecurities?
Response: This sentence has been deleted.

Authors should explain in the methods section the title of Table 3: “ logistic regression with themes from interview data related to interpersonal communication especially respectfulness…….. Maybe the problem is only with the label of interviews as stated above.
Response: We have clarified the title of table 3.

Discussion
p.10-11: “a review of the psychosocial literature concluded that “successful and sustainable cooperation must be built on a foundation of trust and reciprocity.”[54]. The authors need to mention more than one reference to assert that they review all the psychosocial literature on “mutual trust” between healthcare provider and patient. If this is a quote, authors need to put the page of the reference.

Discretionary Revisions
In background, first para: “The RICHER initiative uses a social pediatrics approach” (paediatrics). Actually, the word paediatrics is not spelled in the same way throughout the paper.
Response: revised, except where “Pediatrics” is the name of the journal.

In background, fourth para: “Finally, the social pediatrics approach and the RICHER initiative seeks” (seek)
Response: revised

In results, third para.: “The majority of families who reported a child with chronic condition were coping with a developmental or a congenital condition that influenced their child’s development (e.g., congenital heart disease, cerebral palsy, ADHD, autism spectrum
disorder, Fetal Alcohol Spectrum Disorder) delay. In my opinion, the parenthesis with the example should be after the word condition.
Response: revised

p. 8 first para.: “This parent felt that she gained support for dealing with a number (of) health challenges for one of her children and recognized the need for a referral to mental health services for a 2nd child”. “Of” is missing.
Response: revised

p. 8 second para.: “(e.g., skin rash, bed bugs and 66% report being able to see a RICHER provider within this same time frame for common health common problems (e.g., cold and cough)). The second “common” needs to be removed.
Response: revised

Discussion p. 10:
Second para.: “This study provides results that illustrate how the RICHER initiative is providing access to care across the continuum of health care services and the impact of the approach on on patients’”. Remove one “on”.
Response: This sentence was deleted in the revisions

Third para.: “This type of interpersonal style likely improves the both the clinician’s and patient’s perceptions of trust in each other”. Remove “the” before “both”.
Response: revised