Reviewer's report

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

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**Reviewer:** Jean-Francois Trani

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Reviewers comments BMC

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

This paper addresses the very important topic of equity of healthcare. The authors explore the impact and role of the Responsive Interdisciplinary Child-Coordinated Community Health Education and Research (RICHER) initiative implemented in Canada to address the gaps and limitations in the existing health system for vulnerable children and their family. The rationale for the study is well justified by situating the subject matter in the context of Canadian health system and the philosophy of "social paediatrics". In the main, they found that patient empowerment is enhanced by the health practitioner attitude. I found particularly interesting that the authors used a participatory approach as well as mixed methods. Although the paper is interesting, there are several issues — both substantive and methodological — that should be considered by the authors before publication. Below are some of my concerns:

**Major Compulsory Revisions**

**Method**

As a preamble, I would like to mention that, although I believe randomised control trial are not always the best methods to study a public health or social science issues, in the present case where the authors try to evaluate the impact of the RICHER system, this would have been the best method to use as it would have allowed to compare the outcome for patients with a given socioeconomic background living in areas where the RICHER system is available and effectively using the RICHER system, to a control group of the same background living in areas where the RICHER system is not available. Quantitative interviews with users of the RICHER system cannot provide the same level of evidence. In fact, the authors use the qualitative interviews to try to overcome this limitation: hence, the authors (see the second quote in the results section) ask a respondent about her (his) experience with the health system before using the RICHER system.

However, more attention needs to be paid to the methods section, particularly the design and participants subsection.

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?

The reader needs more details about the research 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? How many community centres and day cares were involved for recruitment of participants? 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)? 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? 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. 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. How many were families initially selected? What is the level of non response? How many in-depth interviews were carried out: 8% of the 86 respondents as stated in the results section: how were they selected? I think there is the need for a more detailed explanation in the methods section. If these aspects have been developed elsewhere, then the authors need to stipulate where and clearly refer to the publication.

Subsection Analysis
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?

Minor Essential Revisions
Introduction
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. Furthermore, authors could be a bit more specific in the introduction about what are the inequities in
health they are tackling in the paper: is it only inequity in access to healthcare facilities or else, inequities in quality of healthcare delivered (continuity of healthcare, tailoring care to the needs of the patient are mentioned in the background)? To help the reader, a clear statement about inequity, a central tenet of the paper, is needed. It could be explicitly explained and extensively argued in the introduction (or the background). 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.

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.

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.

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? This should be stated in the analysis subsection of the methods.

Table 3

It is quite a limitation that the low level of cases translates in very broad confidence interval for some of the results of the logistic regression (e.g. continuous variables like IPC Style: compassionate, respectful).

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” It is not clear to me how responses from qualitative in depth interviews (if “interview data” are taken from qualitative interviews and not quantitative ones) can be included as explanatory variables in the logistic regression. These are qualitative interviews if I am not mistaken answered by only 8% of the sample of 86 respondents. Maybe the problem is only with the label of interviews as stated above. Please clarify.

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.

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

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.

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.

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.

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”.
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”.

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests