Reviewer’s report

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

**Version:** 3 **Date:** 8 July 2012

**Reviewer:** Amy Houtrow

**Reviewer’s report:**

Recommended Revisions:

The authors should be commended for their hard work revising this manuscript. This reviewer appreciates their attention to addressing previous concerned raised.

In the Background section of the Abstract, the phase ‘for such’ doesn’t seem necessary. Also in this section, they state that the population of interest is at risk children but refer to patient reported empowerment. Please be clear that the parents are also patients and are the unit of analysis, not the at risk child.

In the Conclusion section of the Abstract, social pediatrics is mention. For clarity, social pediatrics could be introduced to the reader in the Background section. Also in this section, it is unclear if the authors mean ‘among’ or ‘between’ in the phrase that starts with ‘partnerships among health care providers and community members’

The first sentence of the Introduction doesn’t read well. Consider revising ‘Health inequities refers’ to something grammatically correct such as ‘Health inequities are…’

The second sentence of the Introduction reads as if the authors intend for the reader to understand that social determinants of health care are included as an aspect of inequitable access to health care. Perhaps the last phrase of that sentence could be revised for clarity.

Could a citation be found for the last sentence of the first paragraph of the Introduction?

While the authors responded that they had addressed the issue with patient reported empowerment, this reviewer still feels that it is unclear. In the second paragraph on page 4, the authors state, ‘empower parents of such children…’ and then in the numbered goals, the authors state, ‘2) patient-reported empowerment.’ Both of these cannot be true. If the child is the patient, then the parent is reporting empowerment. If the parent is also a patient, then the paragraph about the goals of RICHER need to be revised to include parents as patients/subjects.

In the Results section on page 8, the authors have a long parenthetical phrase
which appears to have a missing end parenthesis.

In the Results section on page 8, there is a new sentence that seems to come out of the blue. The information about some parents having multiple children with problems might be better suited to go at the end versus the beginning of the paragraph it is in.

On page 9 after the Table 2 insert, the authors have added a sentence referring to answering a specific question. To which question does this sentence refer?

The sentence near the bottom of page 9 needs clarification. ‘Respondents who used RICHER scored high on the patient empowerment scale.’ This seems to imply that there were respondents who did not use RICHER, but one of the inclusion criteria is use of RICHER.

In the dialogue on the top of page ten, the interviewer asked a question that didn’t come from information given by the respondent or a new line of questioning. It is curious to this reviewer how the interviewer heard this statement, ‘Sometimes when you ask the nurse something, they’re like arrogant, They say you have to wait,’ and then says, ‘Like they rush you?’ This reviewer would recommend finding another set of dialogue that doesn’t include the interviewer leading the participant and includes open-ended questions. In this exchange only 1 of the 5 questions asked by the interviewer were open-ended. The data from interviews is much richer when questions are asked in an open-ended way.

The connection between the qualitative information and the survey data needs to be made more clear. For example, the authors could explain how respect is a part of interpersonal skills which remained significant for empowerment.

The last sentence before the Table 3 insert, isn’t substantiated by the data. The sentence suggests that there is an interaction between vulnerable characteristics and provider relationship. I don’t believe that the authors checked for interactions.

One very concerning finding in Table 3 is the CI of 130 for ICP Style. It suggests lack of stability of the data. Were a large portion of the data missing?

In the sentence added on page 11, is it health inequities or inequalities? This seems like care coordination and access which is more specific that health inequalities.

In the paragraph near the top of page 12, consider revising so that it doesn’t sound like a sales pitch for RICHER but highlights what was learned in the study.

**Level of interest:** An article of limited interest

**Quality of written English:** Needs some language corrections before being published
Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
No competing interests