



RESPONSIVE  
INTERDISCIPLINARY  
INTERSECTORAL  
COMMUNITY  
CHILD HEALTH  
EDUCATION RESEARCH

**For RICHER, for poorer...**

Christine Loock  
UBC Pediatrics  
Janusz Korczak Lectures  
February 2016



# Acknowledging our hosts, the organizers & the RICHER team



# RICHER VISION

## Linking In & Linking Across



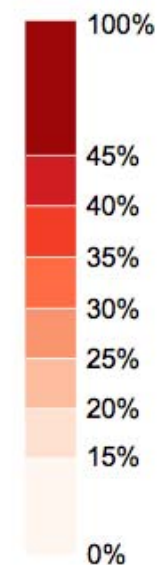
1. Shared vision & values
2. Shared status & power
3. Engagement & trust
4. Inter-professional practice & training
5. Empowerment of families & community
6. Accountability & evidence

# EDI Wave 3 SD 39 Vancouver

## Vulnerability on One or More Scales

Percent of children vulnerable on one or more scales of the EDI.

### % VULNERABLE



No Data/  
Suppressed

School District Vulnerability Rate: 38%  
Provincial Vulnerability Rate: 28.7%

Produced by:  
Human Early Learning Partnership  
August 2013

For more information please visit:  
[earlylearning.ubc.ca/maps](http://earlylearning.ubc.ca/maps)

Stanley Park  
(UNSURVEYED)

West  
End 45%

Vancouver  
- Downtown  
41%

Strathcona  
70%

Grandview -  
Woodlands  
43%

Hastings -  
Sunrise  
42%

West Point  
Grey 19%

Kitsilano  
24%

Fairview  
29%

Mount  
Pleasant  
46%

University  
Lands 35%

Dunbar -  
Southlands  
23%

Shaughnessy  
25%

Cambie  
- Riley  
Park 23%

Kensington  
- Cedar  
Cottage 41%

Renfrew -  
Collingwood  
44%

Kerrisdale  
24%

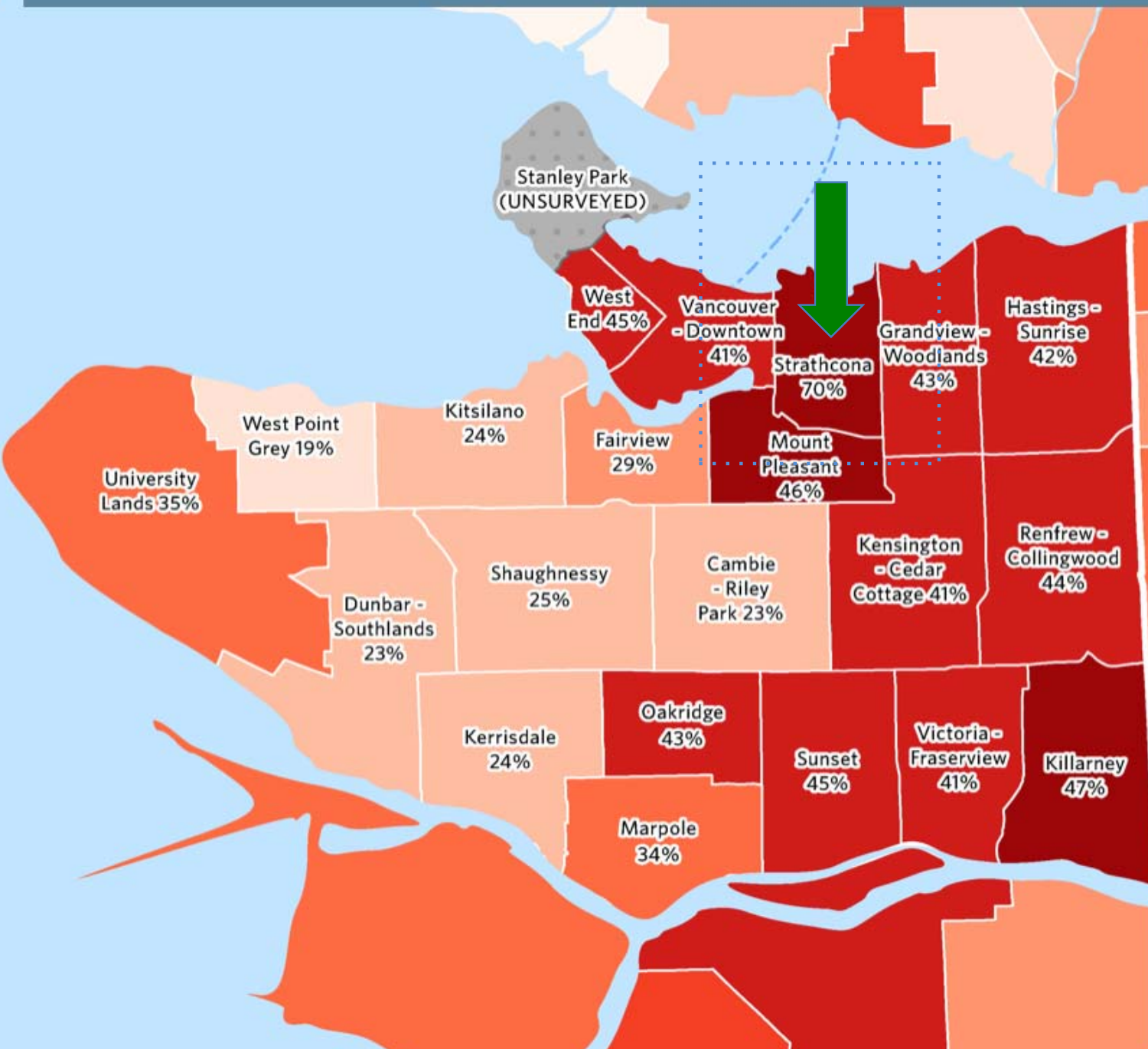
Oakridge  
43%

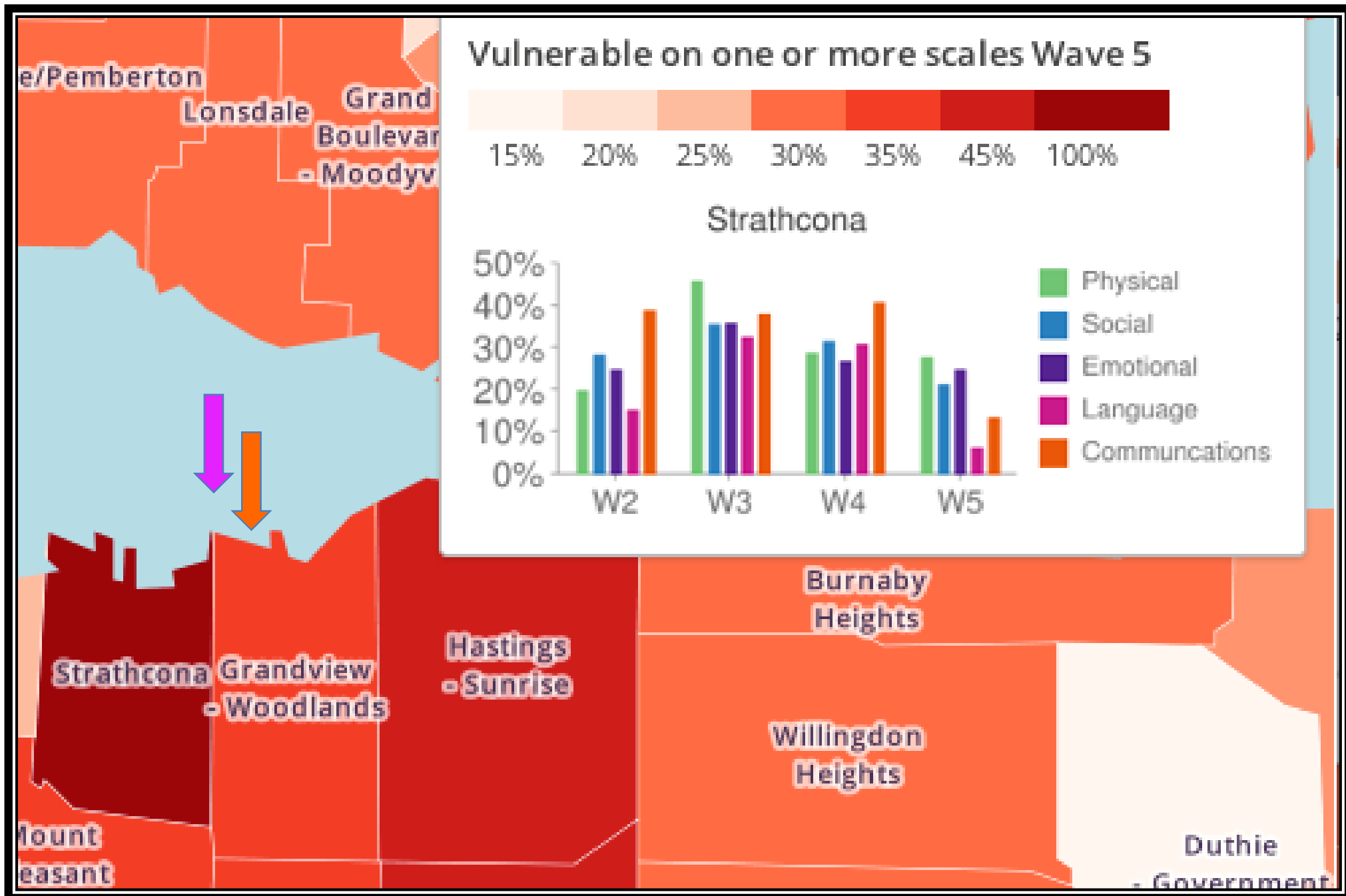
Sunset  
45%

Victoria -  
Fraserview  
41%

Killarney  
47%

Marpole  
34%





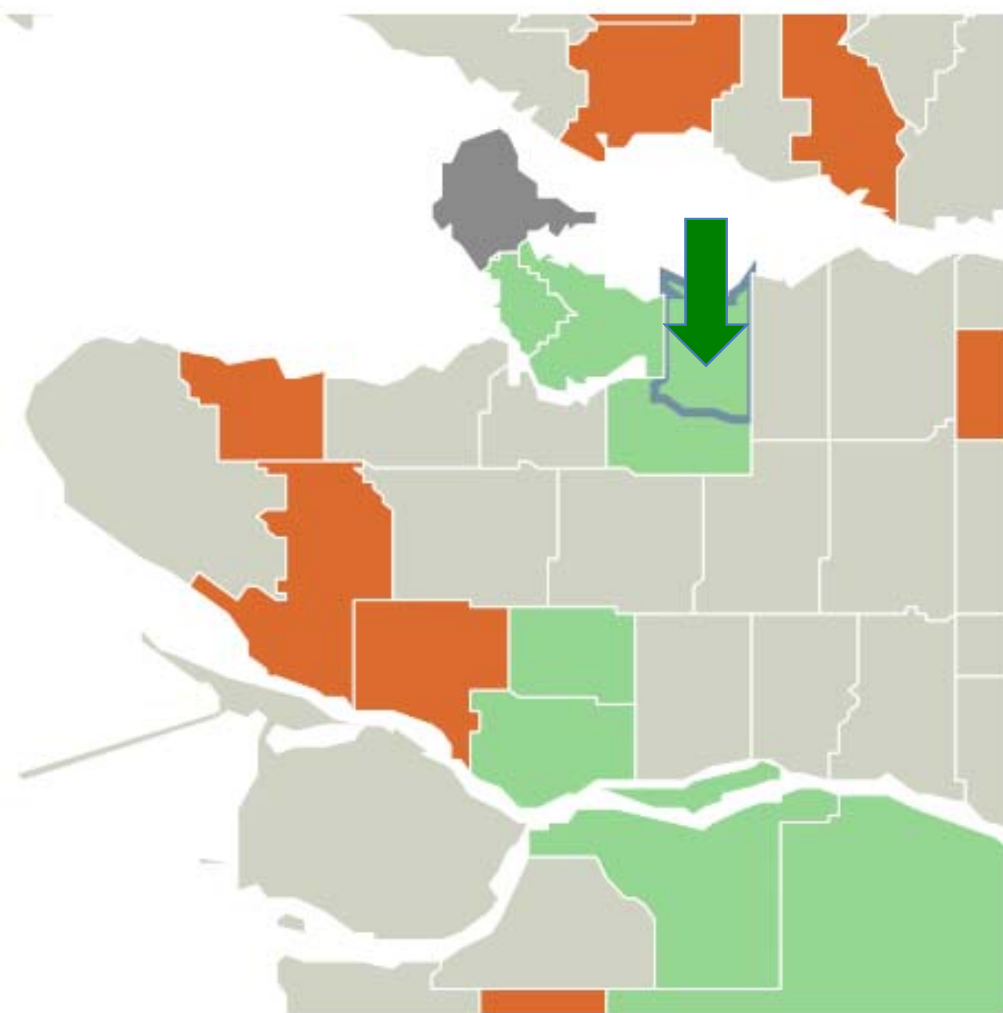
# Strathcona: Critical Decrease in Vulnerability

Understanding Critical Difference.

Scale: **ONE OR MORE SCALES** PHYSICAL SOCIAL EMOTIONAL LANGUAGE COMMUNICATION

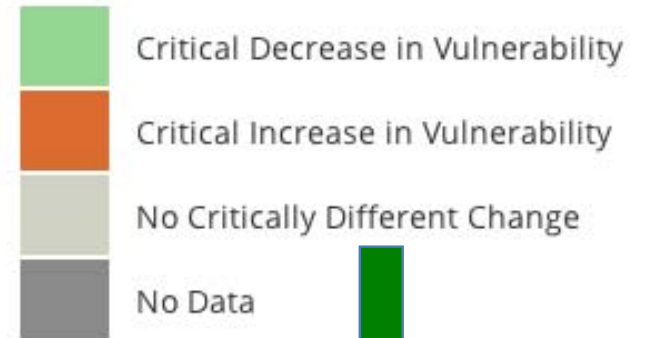
Base Wave: 2 **3** 4

Comparison Wave: 4 **5**



## Strathcona

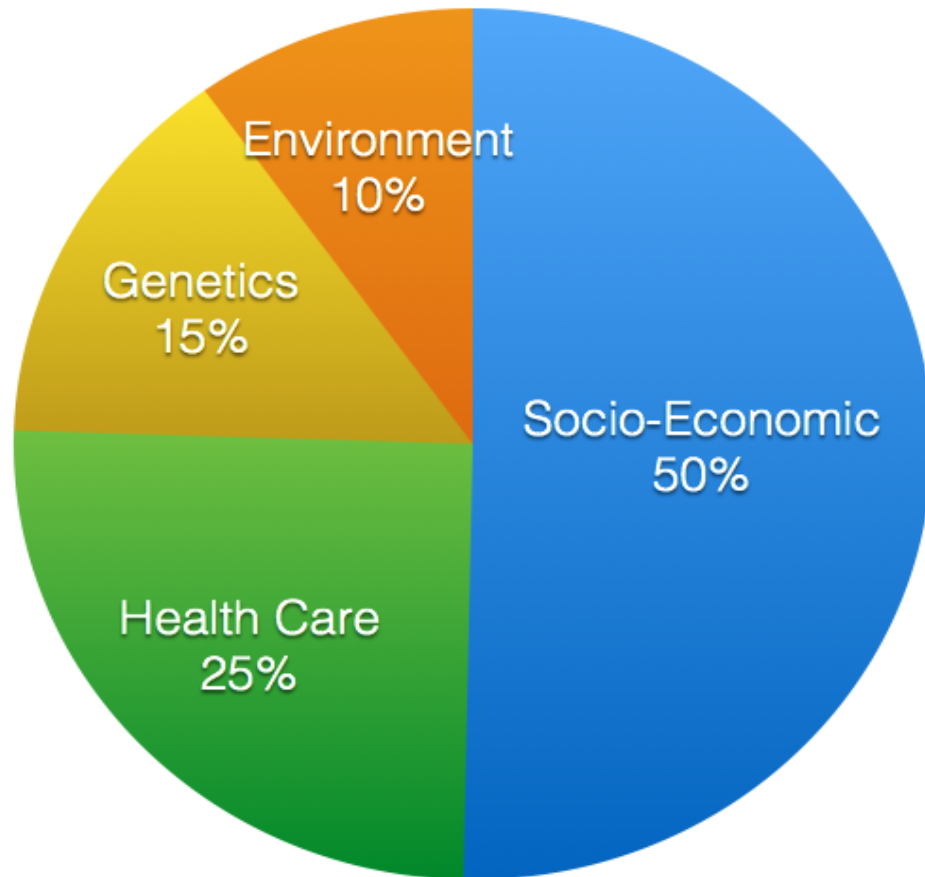
Vulnerable on one or more scales of the EDI



Wave	Count	Percent Vulnerable
3	56	70%
5	60	52%
Change		-18%

Data Source:  
 HELP EDI  
 Wave 2 04/05-06/07  
 Wave 3 07/08-09/09  
 Wave 4 09/10-10/11  
 Wave 5 11/12-12/13

# Social Determinants & Health Equity



- Healthy Public Policy:**
- (1) Best start (0-6 years)
  - (2) Maximize potential (youth)
  - (3) Strengthen public health—obesity, smoking, alcohol
  - (4) Good work for all
  - (5) Healthy standard of living
  - (6) Sustainable communities

Marmot & Allen, 2014

Canadian Institute of Health Research, 2012

C. A. Loock, 2016

“Just keep trying ‘till you get it.” – NASKARZ Youth

Youth Matters



N A S K A  
R Z  
N a s  
e g t c  
v a e a  
e i a r  
r n l s

Vancouver

Graduation  
Strategy

17 years old

Most Inspiring Person: “Sgt. Tim Houchen”

Quote: “Just keep trying ‘till you get it”

Goal: “Join the military as an Auto Mechanic”

Favourite thing about NASKARZ: “Welding, so much fun”



**“Children are not the people of tomorrow, but people today. They are entitled to be taken seriously. They have the right to be treated by adults with tenderness and respect, as equals. They should be allowed to grow into whoever they were meant to be. The unknown person inside each of them is the hope for the future.”**  
**- Janusz Korczak**



C. A. Loock, 2016



# Special Thanks to our RICHER team



C. A. Loock, 2016

# And our RICHER Partners.....

## Community Partners

OUR Place  
NEVCO - NICCSS  
Ray Cam Community Co-operative  
Child Health BC  
Vancouver Native Health  
ALIVE  
YWCA

OUR PLACE  
Youth Matters



## Neighbourhood outreach sites

Elementary/secondary/alternative schools (6 schools + alt schools)  
Child care centers (2)  
Community Centers (2)  
Community Housing (1)

Graduation  
Strategy



## Governmental Partners

MCFD/VACFASS

## UBC Academic Partners

School of Nursing  
Faculty of Medicine – Department of Pediatrics



## Health Authorities

Provincial Health Services Authority  
- BC Children's, Sunny Hill & BC Women's  
Vancouver Coastal Health Authority (VCHA) – public health,  
mental health



## Team Leaders

Research – Judith Lynam, Professor, Nursing  
Specialist Lead - Chris Loock, Developmental Pediatrician  
Primary Care Lead – Lorine Scott, Nurse Practitioner  
Loock, Lynam, Scott 2015



# RICHER Publications

Lynam, M. J., Loock, C., Scott, L. & Khan, K.B. (2008) Culture, health and inequalities: new paradigms, new practice imperatives. *Journal of Research in Nursing* , 13(2): 138-148.

Lynam, M.J., Loock, C., Scott, L., Wong, S., Munroe, V. & Palmer, B.(2010) Social Pediatrics: Creating organizational processes and practices to foster health care access for children 'at risk'. *Journal of Research in Nursing*. OnlineFirst February 15: doi:10,1177/17449871093605/ pp: 1-17.

Lynam, M.J., Scott, L., Loock, C.L., Wong, S. (2011). The RICHER Social Pediatrics Model: Fostering Access and Reducing Inequities in Children's Health, *Healthcare Quarterly*. 14 Special Issue, (3): 41-56. <http://www.longwoods.com/content/22576>

Lynam, M.J., Grant, E. & Staden, K. (2012) Engaging With Communities to Foster Health: The Experience of Inner-City Children and Families With Learning Circles. *Canadian Journal of Nursing Research*, 44(2): June.

Wong, S.T., Lynam, M.J., Khan, K., Scott, L. & Loock, C. The social paediatrics initiative: a RICHER model of primary health care for at risk children and their families. *BMC Pediatrics*, 12:158 (04 Oct 2012).

Loock, C, Suleman, S, Lynam, J, Scott, L, & Tyler, I. Linking In & Linking Across using a RICHER Model: Social Pediatrics and Inter-professional Practices at UBC. *UBC Medical Journal*, in press (March 2016).