The presenters discussed how the RICH-ER Model used an intersectoral approach involving community members, social service agencies and other NGOs as well as Nurse Practitioners, Paediatricians and other Specialists to improve health in the Downtown Eastside of Vancouver, BC. Social Primary Care Model was presented as the model used in bringing families from the community and other allies in Coastal Health and Provincial Health Authority together as a means to improve health care delivery for this particular community termed as ‘hard to reach’ and ‘disadvantaged’. The Social Primary Health Care Model was utilized in striving to build respectful relationships and trust within the community and service providers working in the community.

The goal was to involve as many members of the community and work with connectors in the community to get health care recipient voices heard. One of the internal questions being asked during this process was ‘How do you deliver health care/promotion while supporting healthier communities?’

The BC Healthy Living Alliance was formed in order to find ways of addressing the social determinants of health across agencies and governments. Some of the issues examined are as follows:

- Health delivery to hard to reach populations: Nurse practitioners embedded in community settings (clinics, schools, daycares, community centers) which can create unconscious barriers to accessing health care, a note to paying attention to follow up. Some of the work of the consulting community group was to develop a community framework for structuring effective services.
  - Social Pediatric Model
- What was missing in our inner city community was community control and how those got integrated in our community and delivery.
- MOU’s with Social Services Agencies.
- There seemed to be high mistrust.
- Strive for community & non-government organizations working together on social determinants of health: different groups working with nurse practitioners to integrate how we deliver services to increase community control and influence.
- Evaluation happened regularly during this work.
- How are we going to support communities?
  - Better understanding from users
  - Greater understanding of clients themselves to addresses underlying issues
Looking at jobs and employment in our community

Medical Legal Community Partnership
  - Housing is a key, direct impacting issue affecting health outcomes
  - Examine models in the US that address practical issues in housing through collaborative partnerships (i.e. safety issues in high rise housing complex or being situated next to a freeway)
  - Brought in legal partners to move on a larger policy level

Costs increase depending on who is delivering the services (i.e. nurses as the staff for addressing frontline conditions drives costs up)

Our Place website of the BC Healthy Living Alliance
  - Cost Effective
  - Collaborative Forum

Questions:

Did you have to go through the senior levels of government?

  We went through lower levels, ground up.

Who funded this model?

  Provincial Health Services Authority, Van Children’s Hospital moved their section off-site to facilitate collaborative efforts

Who do I approach first to replicate these efforts?

  Approach health authorities, those that have low scores on health indices