Social-Primary-Care: A Model for Reaching the ‘Hard to Reach’ & Improving the Health of Disadvantaged Communities

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BC Healthy Living Alliance

- Came together in 2003 to advocate for public policy to make BC a healthier place for all

Mission:
- To improve the health of all British Columbians by addressing the risk factors and health inequities that contribute significantly to chronic disease through leadership and collaboration.
Network of Inner City Community Services

• Consortium of community based organizations, resident groups and consumer groups working together to coordinate and deliver services to children and families and individuals

• Addressing gaps in social services for residents in Vancouver’s inner city neighbourhoods.
Social Primary Care Model

• Health Delivery to ‘hard to reach’, ‘disadvantaged’

• Responsive to ‘social determinants’

• Builds relationships and trust

• Social Pediatric Model pioneered in Quebec by Dr. Julien, adapted to DTES by Dr. Loock
Social Primary Care Model

Nurse Practitioners embedded in community settings (schools, daycares, community centres)

- Food and childcare
- Incorporated
- Flexibility – drop-in & scheduled appointments
- Access to Pediatric / Specialist Services
- Follow-up
Social Primary Care Model

• Formal MOU with Social Services Agencies/NGOs - work together on ‘social determinants’.

• Weekly partnership meetings – community and clinician tables

• Citizens are welcomed - provide feedback, raise issues affecting community health
Place Based Strategies

Use local actors, knowledge and resources to provide locally-relevant responses to issues seen to be too complex to have simple solutions implemented by a lone actor.
COSTS

- 2 FTE Nurse Practitioners serve 982 women and children
- “Socio-economic inequities in health are responsible for more than 20% of healthcare costs” - PHAC
Collaborative
Cost-effective
Health Equity