Investigating the Impact of Relational Interventions on Vulnerable Families
Access to Public Health and Primary Care Services
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Purpose
To assemble and critically analyze existing knowledge and develop a conceptual framework for a study to examine the impact of relational interventions on vulnerable families’ access to public health and primary care services. Our previous research explicated how vulnerable peoples experiences with services and service providers have a significant impact on access to services, resources and support through such factors as ‘feeling at ease’\(^1\), and feeling safe\(^2\). These findings suggest that the concept of access to services must move beyond the notion of structural access to include intra- and inter-personal factors influenced by dominant social patterns. Interventions to improve use of services by vulnerable families must consider the impact of relational experiences on access to, use and satisfaction with services.

Background: Vulnerable Families Demonstration Project, Ottawa, Ontario
Over the past 18 months representatives from Ottawa Public Health (OPH), the coalition of Community Health and Resource Centres (CHRC)\(^c\) and the Community Health Research Unit have collaborated to plan and obtain funding for the Vulnerable Families Demonstration Project. The long term goal is to improve inter-organizational integration that will result in families’ long term use of Healthy Babies/Healthy Children program and CHRC services and therefore, improve health and developmental outcomes (school readiness) among the children.

Analysis of utilization and outcome statistics from both agencies during our pilot work determined that many families ‘fall through the cracks’ and do not continue to use or access HBHC or CHRC programs and services\(^3\). Focus groups were conducted with 42 providers\(^d\) from both agencies to identify their views on which families would benefit from enhanced services, and barriers and facilitators to use of and satisfaction with services among vulnerable populations\(^4\). Vulnerable families were identified as: having a number of children, poor; single mothers; do not speak English or French; having disabilities and mental health issues. Structural and relational factors that may influence use of services were identified. For example, structural barriers included transportation; communication pathways, administrative processes, and jurisdictional boundaries and lack of resources, and resulted in very few referrals made between HBHC and CHRC, despite co-location of some family home visitors from the HBHC program in the CHRCs. Examples of relational influences include: working relationships between providers; personal contact among providers, and with families; trust; and values and attitudes such as being non-judgmental, respecting all people, and accepting families realities.

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\(^a\) Coalition of Community Health and Resource Centers
\(^b\) Ottawa Public Health
\(^c\) The CHRCs and OPH provide community-based health services for families with young children (age 0-6) living in Ottawa. The CHRCs provide primary care and a range of supportive programming to families living within their geographical boundaries. OPH provides prenatal classes, nurse home visiting through the Healthy Babies Healthy Children program (HBHC) and parenting education programs.
\(^d\) Focus group participants included administrative staff, managers, family visitors, public health nurses, professional advisors, community nurses, Early Years coordinators, and other community workers.
The intent of this two year demonstration project is to enhance the integration of HBHC and CHRC services by moving beyond co-location of services to systematic joint planning and service provision in two neighborhood sites. The goal of the project is to develop and test interventions to improve transition of all families between public health home visiting and programming and services that are available in their neighborhood for the first six years of their children’s lives. The project is particularly interested in evaluating the influence of the interventions on service use among vulnerable families. We anticipate that implementation of this project will occur in April 2007.

Proposed study
We are interested in addressing the gap in knowledge related to improving access of vulnerable families to the determinants of ECD through relational interventions. The knowledge gap is particularly related to two key issues. First, we hypothesize that patterns of service use are influenced by real and perceived access to and quality of experiences with services. Therefore, a comprehensive review and analysis of the concept of access is needed to determine a definition of access from the perspective of the vulnerable family.

Secondly, a thorough review of the state of the knowledge on interventions to improve integration of services is needed from the perspective of vulnerable families. Park and Turnbull describe two dimensions of service integration that are essential: structural factors and interpersonal factors. We suspect that structural interventions have been well described, but this must be verified. Given the influence of interpersonal (relational) experiences of care on vulnerable families’ access to, use and satisfaction with services, further investigation of the extent of relational interventions and their outcomes is needed. Further, we will develop clarity around the concept of relational interventions, and the level of relationships involved.

Potential Research
The purpose of this proposed study will be to develop understanding of relational integration on vulnerable families’ access, use and satisfaction with public health and community based primary care services. Based on the literature review and concept analysis, relational intervention protocols will be developed. A participatory action intervention design in the two neighborhood sites of the Ottawa Vulnerable Families Demonstration Project is proposed. Mixed qualitative and quantitative methods will be used to monitor implementation, and analyze the use and influence of interventions, as well as describe spin-offs and synergies between relational and structural interventions. Preliminary research questions include: To what extent do relational interventions improve integration between public health and community based primary care services? What is the influence of relational interventions on vulnerable families’ access, utilization and satisfaction of public health and community based primary care services?

The findings of this proposed study will contribute to our understanding of the relational factors that facilitate vulnerable families’ access, use and participation in public health and community based primary care services in their neighborhood area. The implications of these findings include a clearer understanding of how to screen potential employees for their relational capacity, and how to train and support employees to work in an integrated service environment.
Ottawa Vulnerable Families Relational Intervention Study Workplan

Work Plan (January-March 2007)

Over the next 3 months, Wendy Peterson and Dawn Smith, research associates with the Community Health Research Unit, will review the existing state of knowledge, develop a conceptual framework and operational definitions, in preparation for work with community partners to develop a proposal for external research funding. Preparation of the proposal for external research funding will occur April to August 2007.

Tasks to be Completed

1. Literature Review:
   a) How is access defined in the literature?
   b) How is system integration defined in the literature?
   c) What interventions to improve system integration have been reported in the literature?
      - for vulnerable families
      - primary care & public health
      - structural interventions
      - relational interventions
      - screening/training/supporting relational skills
   d) What instruments exist to measure system integration?

2. Develop conceptual framework and operational definitions (potential publication)
   a) Based on
      - above literature search (How is access defined in the literature?)
      - a population health perspective: reducing inequities in access/use/satisfaction
      - Determinants of utilization by low income women (Sword model)
      - Multiple Interventions Framework
   b) Articulate a broader conceptual framework for access.
   c) Select/recommend terminology from among terms such as: Quality care; inclusive care; safe care; access; social inclusion; patient safety; utilization

3. Finalize research question and study objectives

4. Identify external funding opportunity for application

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