Author's response to reviews

Title: Reaching the hard-to-reach: A systematic review of strategies for increasing health and medical research with socially disadvantaged groups

Authors:

Billie Bonevski (billie.bonevski@newcastle.edu.au)
Madeleine Randell (m.randell@unsw.edu.au)
Christine Paul (chris.paul@newcastle.edu.au)
Kathy Chapman (kathyc@nswcc.org.au)
Laura Twyman (laura.twyman@newcastle.edu.au)
Jamie Bryant (jamie.bryant@newcastle.edu.au)
Irena Brozek (irenab@nswcc.org.au)
Clare Hughes (clareh@nswcc.org.au)

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Author's response to reviews: see over
To the Editor

BMC Medical Research Methodology

Re: Manuscript 1857052951109474

Thank you for the opportunity to revise our manuscript. We thank the reviewers for their comments and we have made every effort to modify the manuscript according to those comments. Where we believed a change was not required, we have tried to provide justification. Our changes are indicated throughout the manuscript using “track changes”. We feel the manuscript is much improved for the reviewers comments and changes made. Please find below a summary of our responses to reviewers and Editors comments:

From The Editor:

1. “.....Can you please include a completed PRISMA checklist as an additional file when submitting your revised manuscript.”

We have attached a PRISMA checklist as requested indicating how the review meets PRISMA standards of reporting.

2. “For manuscripts with more than one author, all BMC Series journals require an Authors’ Contributions section to be placed after the Competing Interests section....”

We have inserted our Authors’ Contributions section after the Competing Interests section.

3. “Please reformat your CI with a full sentence.”

We have reformatted our Competing Interests statement with a full sentence - The authors declare that they have no competing interests.

Reviewer 1 (Julia Frost):

1. “....As with the research question, perhaps the title should be about ‘improving’ health and medical research, rather than ‘increasing’”
We have changed the title of the paper as suggested.

2. “...the 5 phases of the research – Was this imposed by the researchers or was it developed from the results? (inductive or deductive?)”

We have included a sentence on page 8 to indicate the phases of research were imposed by the researchers prior to data extraction.

3. “P21: Thomas et al () requires a date.”

This correction has been made to page 21.

4. “...More could be made of the implications for commissioners and funders, e.g. that high quality research that seeks to include people from hard to research backgrounds will cost more and take longer...”

Our discussion of these issues is contained in the Discussion sub-section entitled “Implications for research practice” from page 33 to page 36. We believe this is adequate consideration of these issues and believe that increasing the length of this discussion will not add to the paper.

Reviewer 2 (Mark Rodgers):

1. “Tables 1-8 provide a nice concise overview of the barriers and strategies identified across the literature. However, much of the manuscript simply elaborates on this information with extra description, without a great deal in the way of evaluation or analysis...... It is not until the discussion section that an actual 'synthesis' of the material begins to emerge. I would recommend that the authors emphasise this over the less compelling (and fairly well established) descriptive material.”

We agree with the reviewer that the results section provides detail regarding the results of the studies included in the review, while the discussion provides the analysis and evaluation of these results and their implications. However, this was intentional as we felt that the summaries provided throughout Tables 1-8 were very brief and in order to provide context for the more analytical discussion, there was a need to elaborate on the studies – in particular we felt it was important for readers to understand which strategies worked (or didn’t) for which disadvantaged groups and/or barriers and under what circumstances. Nonetheless, in line with the reviewer’s suggestion, we have attempted to make the results slightly less descriptive and a bit more analytical through pages 10-30.

2. “....The authors should make it clear what the current review adds to the existing literature, other than a greater breadth of scope.”
We have added a section to the first paragraph of the discussion (page 31) to better clarify what this study adds.

3. “The discussion of methodology and study design seems overly simplistic given the breadth and complexity of the material they are trying to bring together. The hierarchy in Table 2 and various parts of the text suggest that RCTs are the ideal form of evidence, and that qualitative studies are ‘poor’. How true this is depends on the question being asked, and the authors are asking more than one question in this review. In their identification of barriers, then qualitative research is likely to be more helpful than RCT evidence; for evaluating strategies, the reverse is likely to be true. I’m sure the authors are aware of this, but it doesn’t really come across at the moment.”

We agree with the reviewer and have re-worded the discussion of the methodology to address this (see page 33).

4. “...though a study selection flow chart is given in figure 1, it does not state the reasons why studies were excluded at each stage.”

We have included a footnote to Figure 1 listing the reasons for exclusion at each stage (see page 61).

5. “...It is also unclear whether there was cross-checking during the study selection process (it sounds as if two researchers selected independent sets of studies.”

We have re-worded the methods section in order to make this more clear (see page 7, Data Extraction).

We hope these responses meet with your satisfaction and look forward to publishing with BMC Medical Research Methodology.