Reviewer's report

Title: Gender differences in the use of transportation services to community rehabilitation programs

Version: 1 Date: 23 October 2008

Reviewer: Hasnain Dalal

Reviewer's report:

BMC Geriatrics considers the following article types: Database, Debate, Research, Software, Study protocol and Technical advance articles. The journal does not generally consider narrative review articles.

When assessing the work, please consider the following points:

1. Is the question posed by the authors well defined?

The final para in the background section on p5 of the manuscript states:

‘The aim of this study is to reconfirm that there is gender difference in the use of community rehabilitation programs and to test the hypothesis that lower utilization by females is related to the availabilities of transportation services and accompanying persons during transportation which was reported elsewhere previously’

This statement does not explicitly state the research question.

2. Are the methods appropriate and well described?

The authors have conducted a survey of a ‘randomly selected’ sample of community-based rehabilitation programmes in the Tokyo metropolitan area. The method for the random selection is not stated. How representative are the 55 selected programmes of the total [220]. Do all programmes provide the same kind of rehabilitation? It would be helpful to know what is included in a typical programme [eg amount of exercise, lifestyle advice/education] and do all participants get the same intervention [eg stroke patients may have differing needs to patients recovering from a heart attack/ coronary revascularisation].

The survey method is not specified. One assumes it was a postal survey.

It is not clear exactly what information was obtained from the participants and the information obtained from the programme administrators. Were the administrators or primary care givers given any advice about helping/ not helping the participants with the completion of questionnaires?

Has the questionnaire used to assess Aspects of Daily Living [ADL] been validated? A reference would be helpful. Similarly was the questionnaire given to the primary care giver piloted or validated? It is implied in para 2 on p7 that the primary care giver was asked about ‘the use of other health services including
rehabilitation at the hospital, visit to a primary physician, and whether the participant had obtained a pass for accessing welfare services'. Were these questions put to the participants? Do the kind of patients who attend community-based rehabilitation programmes in Tokyo also attend hospital based rehabilitation programmes? If so, do they go to one after the other? Is there a choice? Do patients from differing disease groups [e.g., stroke, coronary heart disease] have the same access to home/hospital based programmes. Background information about the provision of these services in the wider context would help readers from other parts of the world to understand the issues the authors are trying to address.

3. Are the data sound?

The data appear sound but there are errors in the text: for example on p8 it is stated

‘Female participants were found to be older than male participants (females, M=67.2, SD=9.4; males, M=69.4, SD=10.8; p=0.03)’

Clearly, from table one there has been a transcribing error in the mean age of males and females.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

Yes but it may be more appropriate to give odds ratios or relative risks when reporting on the variables other than age in table 1. A statistician should be able to give more specific advice.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

The data support the finding that there is a gender difference in utilisation of community rehabilitation programmes. This is not a new finding and has been reported in other rehabilitation programmes (Beswick et al. 2004).

6. Are limitations of the work clearly stated?

Two limitations are stated on p11 but the authors do not mention that this study surveyed only people who attended a community rehabilitation programme in Tokyo. Their findings may not be generalisable elsewhere. The severity and exact morbidity [stroke/ coronary heart disease] is not specified although they have quantified the degree of disability by providing an ADL score. The degree of comorbidity is not clear e.g., in Table 1 what proportion of the 82% of participants with CVD also had hemiplegia?

Also in table 1 under the ‘Type of referrals to CRP’ how were the other 45% of participants not referred by a friend/hospital/through newspapers referred?

From the data presented one can conclude that men with certain level of disability
are more likely to attend a CRP then women. There are many other confounding factors to consider before one can conclude that ‘Expanding the availability and accessibility of transportation for women is an important means for improving structural barriers in the health care system’. To do this the authors would need to conduct a survey of all patients [or a representative sample] in the community who are eligible for CRP and find out how many are utilizing the services: specifying their means of transportation and if this was a barrier. As the authors point out on p11 ‘Nonetheless, prospective studies are warranted to grasp a better picture of older adults’ needs for and access to CRP’

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?

Only one reference is given about ‘…the relationship between older adult’s mobility and transportation [16]’ on p11.

At least two recent reviews in cardiac rehabilitation make reference to the under utilization of services by the elderly and women(Beswick et al 2004; Jackson et al. 2005).

References


8. Do the title and abstract accurately convey what has been found?

Yes but the conclusion is not valid for reasons given above

9. Is the writing acceptable?

Yes but the grammar and style needs checking for example on p5 in par a 1 line 4
‘…that a number of female older adults with disabilities …’ would read better as ‘…that a number of older female adults with disabilities …’and in para 2 ‘graying’ may read better ‘aging’.

References to ex cathedra statements on p4 on line 5 and par 2 line 2, p5 para 2 line 7 ie To date, there are only a few studies examining gendered access to health care

REPORT TEMPLATE

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For the questions below, please delete the options that do not apply.

Reviewer’s report

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Please number your comments and divide them into

-Major Compulsory Revisions

Sections 2 & 6 above

The author must respond to these before a decision on publication can be reached. For example, additional necessary experiments or controls, statistical mistakes, errors in interpretation.

-Minor Essential Revisions

Section 3 above

The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.

-Discretionary Revisions

Sections 1, 7 & 8 above

These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential.

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- Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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Is it essential that this manuscript be seen by an expert statistician?

- Yes, but I do not feel adequately qualified to assess the statistics.

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'I declare that I have no competing interests'.

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