Author's response to reviews

Title: Aboriginal and Torres Strait Islander maternal and child health and wellbeing: A systematic search of programs and services in Australian primary health care settings

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Author's response to reviews: see over
Re: MS: 5191304801165054
“Aboriginal and Torres Strait Islander maternal and child health and wellbeing: A systematic search of programs and services in Australian primary health care settings”.

Dear Editor,

We appreciate the contributions of reviewers to improving the clarity and contribution of our manuscript, and thank you for the opportunity to respond to reviewers’ comments. Please find below a point-by-point response to the Reviewers’ concerns:

Reviewer 1:

No Major Compulsory Revisions

Minor Essential Revisions

1. The authors in the reference list need to be tidied up and made consistent.

The reference list has been thoroughly reviewed with author details now consistent.

2. It needs to be explicit how 'primary' was defined in the search.

A definition of 'primary' as pertaining to maternal and child health care services in Australia is provided along with an outline of the major organisational settings these services operate from. Maternal and child health care programs operating out of secondary health services, such as hospitals, were excluded in the search criteria.

3. It would be appropriate to have a discussion about the place or not of Randomised Control Trials (RTC's) in future research.

In the study quality section of the discussion we have suggested the use of Cluster Randomised Control Trials as an appropriate methodology for evaluations of primary health care interventions where RCT's allocated on an individual basis are not suitable. Multiple baseline research designs are also discussed as a suitable alternative to RCT's for rigorous evaluations of population-based health interventions.
Reviewer 2

Major compulsory revisions

1. There is inadequate description of studies/programs with no information on study designs, population or sample sizes, characteristics of study populations (e.g., age, urban/remote etc) and little information about how outcomes or interventions were evaluated.

We have included details of study designs for Intervention Studies in the study quality column of Table 1 to elucidate how interventions were evaluated. Program location was provided in Table 1, however classification of programs by location characteristics of urban, rural and remote has been added to the location column. Data on sample sizes has been included in Table 1 for those studies which provided this data. The target group of programs and services, including ages when provided, has already been included in Table 1.

2. To determine the study quality of the "Intervention Research" studies, and whether the design was appropriate to the question, the study designs used need to be stated.

As mentioned above, we have included available details on the study designs used to evaluate "Intervention Research" to help clarify the outcomes of the study quality assessments undertaken.

3. The "intervention issue" described, often listed as "Aboriginal and Torres Strait Islander maternal and child health", is too broad. It needs to be specified what this is referring to.

In many of the publications reviewed the intervention issue outlined was broad, stated as issues such as "women's health", "Aboriginal perinatal and maternal health" and "maternal health". This is reflective of goals of these services which was often to provide holistic care to pregnant Aboriginal and Torres Strait Islander women, mothers, and their infants and children. For clarity in this review we created the general intervention issue of 'Aboriginal and Torres Strait Islander maternal and child health' to reflect the inclusive approach of many programs and services. This broad 'intervention issue' is underpinned by an extensive literature base outlining the key health concerns these services often target. We have included a sentence in the intervention issue section of the results describing this to help clarify this for readers.

4. In the supplementary files there are publications listed as program descriptions which report interventions and outcomes for effects. How can you have outcomes/effects if programs have not been appropriately evaluated?

All program descriptions reviewed included details on the intervention issue and interventions utilised by those programs. The publication by Murphey, E., et. al. (2012) is a program description that includes details of outcomes/effects which are based on a previous evaluation of this service, outlined in the second row of Table 1 (NSW Health, 2005). It has been stated in the first row of Table 1 that the outcomes reported are based on a previous evaluation of the NSW Aboriginal Maternal and Infant Health Strategy. For the other program description that reported outcomes with no information on how the program was evaluated, Boodjari Yorda (Pregnant Womens Program) (Australian Indigenous Health Infonet), we have included a statement that the outcomes provided have no supporting documentation. All other publications with reported outcomes/effects are intervention studies with details of study designs and study quality assessment included.

5. There needs to be an introductory/overall summary paragraph in discussion before going into the themes.
We have included an introductory paragraph before the themes to provide an outline of the main points covered in the discussion.

6. The section on 'organisation' in the discussion goes off on a tangent. It is arguable whether it is a majority of programs and services operating out of ACCHO's, and this section ignores the fact that a lot of programs are operating in the mainstream sector and that many Indigenous people use mainstream services even when ACCHO's are available.

We have re-worded the discussion to say that 'over half' of all publications reviewed operated from an ACCHO with the percentage (52%) reiterated. This section has also been edited so that the key point about the relationship between community control of decision making and health is made without going into such detail. The relevance of this point is further justified in this section by referring to the previous review by Herceg (2005) which found that being community controlled is a significant factor present in successful Aboriginal and Torres Strait Islander MCH programs in Australia. Our discussion has provided a link in the evidence around health and self-determination to contribute to the knowledge base around the role of community control in Aboriginal and Torres Strait Islander health interventions.

We have included a sentence at the end of the organisation section in the discussion to point out the role of government and mainstream health services in addressing the MCH needs of Aboriginal and Torres Strait Islanders. However this review can only report on what was found in the literature. Considering that it is a review of Aboriginal and Torres Strait Islander specific MCH programs and services, mainstream programs and services which Aboriginal and Torres Strait Islander people utilise would have been excluded through the search criteria. Commenting on the use of mainstream MCH services by Aboriginal and Torres Strait Islander people even when ACCHO's are available is also outside the scope of this review.

Minor Essential Revisions

7. Table 2 needs explanations of what (Q1), (Q2), and 80-100% are referring to.

Table 2 on quantitative study quality assessment has been clarified by providing asterix on the 'Intervention Integrity' and 'Analysis' components with details of the relevant questions used in the study quality assessment tool provided below the table.

8. Given that this is an international journal it should be specified that you are referring to “Australian” Aboriginal and Torres Strait Islander maternal and infant health for the first time in the Abstract an Introduction.

The first time Aboriginal and Torres Strait Islander maternal and infant health is named as the focus of the review in the Abstract and Introduction it has been specified that we are referring to that population in Australia.

9. Sentences starting with an integer (eg, 48%) need to be written out in text.

Sentences starting with numerical and symbolic characters have been amended and are written out in text.
10. The reference list needs to be tidied up and made consistent with BMC output style.
   The reference list has been thoroughly edited and has been made consistent with the output style required by BMC.

   Thanks again for the opportunity to respond to reviewers comments,

   Yours sincerely

   Janya McCalman
   On behalf of
   Crystal Jongen, Komla Tsey, and Roxanne Bainbridge