Author's response to reviews

Title: The Social Pediatrics Initiative: A RICHER model of primary health care for at risk children and their families

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Sept. 14, 2012

Dear Dr. Crow,
Thank-you for this opportunity to revise our manuscript after another round of review. Please find our responses to more of the reviewer’s comments in this letter. We trust you will find these revisions sufficient and look forward to your positive response. Please do not hesitate to contact me should you have further questions.

Sincerely,
Sabrina Wong, RN, PhD
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Reviewer: In the Background section of the Abstract, the phase ‘for such’ doesn’t seem necessary.
Response: revised

Reviewer: Also in this section, they state that the population of interest is at risk children but refer to patient reported empowerment. Please be clear that the parents are also patients and are the unit of analysis, not the at risk child.
Response: revised to include their families

Reviewer: In the Conclusion section of the Abstract, social pediatrics is mention. For clarity, social pediatrics could be introduced to the reader in the Background section.
Response: revised so that social pediatrics is noted in the Background section

Reviewer: Also in this section, it is unclear if the authors mean ‘among’ or ‘between’ in the phrase that starts with ‘partnerships among health care providers and community members’
Response: revised to use the word ‘between’

Reviewer: The first sentence of the Introduction doesn’t read well. Consider revising ‘Health inequities refers’ to something grammatically correct such as ‘Health inequities are…’
Response: the first sentence was revised

Reviewer: The second sentence of the Introduction reads as if the authors intend for the reader to understand that social determinants of health care are included as an aspect of inequitable access to health care. Perhaps the last phrase of that sentence could be revised for clarity.
Response: the second sentences was revised

Reviewer: Could a citation be found for the last sentence of the first paragraph of the Introduction?
Response: All sentences in the first paragraph are referenced, except the last sentence. We include this last sentence of the first paragraph as our summary of the relevant literature.

Reviewer: While the authors responded that they had addressed the issue with patient reported empowerment, this reviewer still feels that it is unclear. In the second paragraph on page 4, the authors state, ‘empower parents of such children…’ and then in the numbered goals, the authors state, ‘2) patient-reported empowerment.’ Both of these cannot be true. If the child is the patient, then the parent is reporting empowerment. If the parent is also a patient, then the paragraph about the goals of RICHER need to be revised to include parents as patients/subjects.
Response: We have clarified that this is parent-reported empowerment (1st paragraph, page 4)

Reviewer: In the Results section on page 8, the authors have a long parenthetical phrase which appears to have a missing end parenthesis.
Response: We have reviewed the results sections and made appropriate edits.
Reviewer: In the Results section on page 8, there is a new sentence that seems to come out of the blue. The information about some parents having multiple children with problems might be better suited to go at the end versus the beginning of the paragraph it is in.
Response: We have clarified this paragraph for better flow.

Reviewer: On page 9 after the Table 2 insert, the authors have added a sentence referring to answering a specific question. To which question does this sentence refer?
Response: This sentence has been revised to reflect that over half of respondents did not have language barriers (1st sentence, 2nd paragraph, page 9).

Reviewer: The sentence near the bottom of page 9 needs clarification. ‘Respondents who used RICHER scored high on the patient empowerment scale.’ This seems to imply that there were respondents who did not use RICHER, but one of the inclusion criteria is use of RICHER.
Response: This sentence has been revised.

Reviewer: In the dialogue on the top of page ten, the interviewer asked a question that didn’t come from information given by the respondent or a new line of questioning. It is curious to this reviewer how the interviewer heard this statement, ‘Sometimes when you ask the nurse something, they’re like arrogant, They say you have to wait,’ and then says, ‘Like they rush you?’ This reviewer would recommends finding another set of dialogue that doesn’t include the interviewer leading the participant and includes open-ended questions. In this exchange only 1 of the 5 questions asked by the interviewer were open-ended. The data from interviews is much richer when questions are asked in an open-ended way.
Response: In the methods section we stated that, “Interviewees also participated because they wanted to expand upon an answer they provided for the survey. For example, interviewees were asked to elaborate on their responses regarding their involvement in decision making, how they perceived their care to be coordinated, and to provide examples of how their primary care experiences through RICHER compared to other primary care clinics they had used.” (2nd paragraph, page 6) While the point is taken that this could be interpreted as leading the participant, based on our past work and this set of interviews, this participant’s statements appropriately illuminate and echo what others have also experienced. We are confident in our representation of the data. Indeed, this was one of the excerpts that was more mildly stated. In order to address this reviewer’s concern, we did add a sentence to the limitations section (2nd paragraph, page 12)

Reviewer: The connection between the qualitative information and the survey data needs to be made more clear. For example, the authors could explain how respect is a part of inter-personal skills which remained significant for empowerment.
Response: We have added a sentence to clarify this point (1st paragraph, page 10)

Reviewer: The last sentence before the Table 3 insert, isn’t substantiated by the data. The sentence suggests that there in an interaction between vulnerable characteristics and provider relationship. I don’t believe that the authors checked for interactions.
Response: We have revised the sentence.
Reviewer: One very concerning finding in Table 3 is the CI of 130 for ICP Style. It suggests lack of stability of the data. Were a large portion of the data missing?
Response: There was not a large proportion of missing data. The sample size was small (see limitations). We agree with this reviewer’s concern which is why we did a mixed methods study. While the qualitative data cannot “make up” for this lack of stability in finding a true mean score, the interview data can provide another perspective on the same concept. Taken together, a mixed methods approach is stronger and more desirable when either the quantitative or qualitative samples are small.

Response: In the sentence added on page 11, is it health inequities or inequalities? This seems like care coordination and access which is more specific that health inequalities.
Response: We provide a definition of health inequities (1st sentence of introduction) “Health inequities refer to potentially remedial differences in health or access to care that can result from structural arrangements” The sentence on page 11 is correct in referring to health inequities. RICHER seeks to mitigate “traditional” structural arrangements of PHC.

Response: In the paragraph near the top of page 12, consider revising so that it doesn’t sound like a sales pitch for RICHER but highlights what was learned in the study.
Response: This sentence has been revised. Based on Wong’s assessment of different models of PHC delivery, our interpretation is that this is an innovative model of delivering PHC.