Reviewer's report

Title: From causes to solutions - insights from lay knowledge about health inequalities

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Reviewer: Gerry Veenstra

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Minor essential revisions

This is a very nice paper: well written, embedded in the relevant literature, and proffering subtle insights pertaining to lay understandings of the causes of good and poor health and possible strategies for dealing with health inequalities. I especially appreciate the degree to which the research design privileged structural explanations for health inequalities – yet still individualistic perspectives dominated! I have no meaningful critiques to make, just a few suggestions that I hope are helpful.

I found the flow of the background section a little difficult to navigate. For instance, upon first reading the second paragraph and beyond I wasn’t sure why the first paragraph contained a detailed description of composition versus context (although of course I learned later on that the nature of the study design made neighbourhood context key to the research). Also, some of the important points made in the background section of the abstract were missing from the background section of the paper itself. I wonder if an order of ideas like the following would be useful:

- Social determinants of health – such as income, occupation, educational attainment, characteristics of the neighbourhoods within which people live, etc. – are responsible for a large proportion of health inequalities within and between countries. In Australia, for instance …

- Political will appears to be missing, e.g., in Australia … This may be because lay understandings of the SDOH are primarily individualistic in nature, perhaps especially among more disadvantaged people who bear the brunt of structural determinants of health.

- But times change: lay conceptions of health are now much broader than that depicted by the biomedical model of health, and SDOH have received significant attention from researchers, politicians and media in the last decade or so.

- Here is what is currently known internationally about lay understandings of the causes of health inequalities and the degree to which they differ by socioeconomic standing …

- And here is what this project will do … In particular, our research inherently privileges structural explanations, i.e., the importance of the neighbourhood context for health outcomes, acknowledging the importance of research design in
this kind of inquiry and noting the attention paid in recent years to contextual versus compositional determinants of health.

On many occasions you provided a good sense of just how prevalent a given perspective was with words such as "most," "a vast majority," "about a third," and so on. Is it possible to include more of that kind of thing, perhaps even some rough proportions or guesstimate Ns, for some of the perspectives presented in the paper that don't currently have them? For example, I was keen to know how many people presented comments about industrial pollution in Port Adelaide and issues associated with income levels (near bottom of p. 17), presented a range of social/structural and individual factors (top of p. 20), drew upon their own professional experiences working in deprived areas (top of p. 22), or resisted the idea that governments were responsible for solving the problems (p. 26). I found myself wishing I had a little more appreciation for which perspectives were common and which were peripheral in your sample.

Sincerely,

Gerry Veenstra, The University of British Columbia

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare no competing interests.