Author's response to reviews

Title: Latin American immigrants have limited access to health insurance in Japan: a cross sectional study

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Author's response to reviews: see over
Dear Editors, BMC Public Health

Thank you for giving us the opportunity to revise our paper in the light of the referees’ comments. We are grateful to you and the reviewers for their valuable insight and suggestions to improve our work. We have carefully revised the manuscript accordingly and believe it has greatly improved over the original. Also, we corrected two of our references (15) and (22), and included 5 key words. Please, see below a point-by-point response to each of the reviewers’ concerns (in bold). Quotes from the original manuscript are in normal font whereas our edits/inserts in italic font.

The revised manuscript conforms to the journal style. We appreciate your consideration of our manuscript and look forward to your response.

On behalf of the authors, sincerely yours,

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Comment 1:
1) a priori, why did the authors expect the health insurance profile of Latin American immigrants to look different than other immigrant groups in Japan?

Response:
It has been reported by Fielding that the occupational structure of the Latin American group is strikingly different from that of other minorities in Japan. This distinguishes them from other groups. We have inserted a sentence in the second paragraph of the Background section (page 4) clarifying this point:
“Latin Americans are overwhelmingly manual laborers in the manufacturing industry. In contrast, the occupations of other immigrant groups are more evenly spread between manual production workers, professional and technical, and personal services [15, 16].”

Comment 2:
2) What is the broader/international relevance of this paper? I believe the paper would be much stronger if the authors could provide some more ‘generalizable’ ways in which their results are appealing to an international readership.

Response:
We believe our study can shed light on the vulnerability that certain minority groups such as immigrants may have even in other developed countries with universal health coverage or trying to move towards it. We have edited part of the last paragraph of the Discussion.

Original sentence in page 16:
“Second, our findings may not be generalizable to other immigrant groups or Latin American immigrant populations elsewhere in Japan because the population in Nagahama City may differ from that of other cities.”

Edited as follows:
“Second, our findings may not be generalizable to other immigrant groups in Japan. However, we believe that our results shed light on the important fact that even in developed countries with universal health coverage, certain minority groups might be left out. Countries trying to achieve universal health coverage need to consider the vulnerability of these populations when planning and implementing reforms.”

Comment 3:
Abstract:
In the results section, I think it would be more powerful to compare the prevalence found with that of other immigrant groups.

Response:
Yes, we agree with the referee that comparing our results among Latin Americans with that of other immigrant group in Japan is important. Unfortunately, as far as we know, there are no prior peer-reviewed studies in other specific immigrant group to which we can compare our results. It was mentioned in the last sentence of the Background section that prior studies have inconclusive findings.
Comment 4:
Background:
It is worth saying what the absolute number and proportion of Latin American immigrants is in Japan.

Response:
We took the referee’s suggestions and have edited the following sentences in the second paragraph of the Background and corrected an involuntary mistake in the percentage number.

Original sentence in page 4:
“In Japan, foreigners represent 1.74% of the total population.[12]”… “Brazilians alone are the third largest minority group after Chinese and Koreans, but unlike those groups, the occupation of the Brazilian and Peruvian population is overwhelmingly as manual laborers in the manufacturing industry [14, 15].”

Edited as follows:
“In Japan, foreigners represent 1.71% of the total population, roughly 2.2 million (as of 2009) [12].”… “Brazilians alone are the third largest minority group (267,500; 12.23%) after Chinese (680,500; 31.13%) and Koreans (578,500; 26.46%), but the occupational structure of Latin Americans differs from these groups.”

Comment 5:
Methods:
Overall, I find the methods very compelling.

Response:
Thank you for your comment.

Comment 6:
The target population (Nagahama City) made me wonder whether there are other social groups in which uninsurance rates are high and in which Latin American immigrants also fall…for example, manual laborers.

Response:
As commented earlier, there are no other studies in defined immigrant groups. This is an important area that needs further research.

Comment 7:
Page 8/9: did respondents report whether or not they had received health care?

Response:
Yes, participants were asked if they had visited a doctor in the last 12 months in Japan. Results are shown in Table 1 under Medical background.
Comment 8:
Page 11: The sentence “most uninsured respondents…..” is a bit confusing, particularly in light of the finding that many people were not insured because they didn’t know about insurance. This seems inconsistent, and deserves clarification or further exploration/explanation.

Response:
Uninsured respondents may have had health insurance in the past (only NHI, only EHI, or both of them at different times), but what we explored was the knowledge about the mandatory nature in Japan as it may not be the case in their countries of origin. So, they know about its existence, but not necessarily that it is mandatory to have it. We have included a sentence at the end of the Data collection section to clarify this point, as follows: “Also, we asked if they knew about the mandatory nature of health insurance in Japan as it may not be the case in their countries of origin.”

Comment 9:
Discussion: Some of the discussion seems to fit better in the introduction, as part of the premise for the study itself. For example, page 13 “Companies are in part responsible….“ ….the idea that companies spare health insurance costs seems like a reason to explore this research question (or is part of the research question itself), and the findings that, in fact, immigrants tend to have short contracts supports this hypothesis.

Response:
We agree with the referee and as suggested we have inserted a sentence in the final paragraph of the Background section and corrected the location of references 17 and 18.

Original text in page 5:
“Findings from these studies are inconclusive because of the non probabilistic nature of their sampling methods and low response rates [17, 18]. We designed a study to assess the pattern of health insurance coverage and predictors of uninsurance among documented Latin Americans in Japan in a probability population sample.”

Edited as follows:
“Findings from these studies are inconclusive because of the non-probabilistic nature of their sampling methods and the low response rates. Some authors speculate that uninsurance may be due in part to a reasoned decision by the immigrants themselves and also to a failure by many companies, especially labor contract companies, to provide insurance [14]. Our study was designed to assess the pattern of health insurance coverage and predictors of uninsurance among documented Latin Americans in Japan in a probability population sample.”

Referee 2: Hideki Hashimoto MD, DPH

Major compulsory revisions
Comment 1:
The authors concluded that “Reasons for this disparity in insurance coverage are mainly due to economic constraints for the immigrants and the companies’ failure to
adequately offer legally mandated coverage to its workers.” However, I found it difficult to logically induce this conclusion solely based on the results found in tables.

Response:
Thank you for pointing this out. We agree with the referee that we may have overstated our conclusion and have deleted from the Conclusion section the following sentence: “Reasons for this disparity in insurance coverage are mainly due to economic constraints for the immigrants and the companies’ failure to adequately offer legally mandated coverage to its workers”. We have rewritten our Conclusion as follows:
“We found that among our sample of legal Latin American immigrants in Japan, the proportion of people without health insurance was disproportionally high compared to the estimated national proportion. In addition, the coverage of employees by the EHI was disproportionally low. Appropriate measures should be taken to facilitate access to health insurance for this vulnerable population.”

Comment 2:
In Table 3, “employer’s refusal for providing EHI” shares only 2% of reasons for lack of insurance coverage. Thus, solely based on numbers presented in these tables, I am not convinced by the argument that companies’ failure makes a major problem.

Response:
We agree that the low percentage reporting their employer’s refusal to provide insurance is not a major contribution to the problem of uninsurance. As commented earlier, we removed it from the conclusion and we also soften our discussion over this issue as in response to comment 4.

Comment 3:
Furthermore, “too expensive” does not precisely tell specific constraints for the immigrants, because the same reason should be universally found among the Japanese uninsured with lower household income. “Have to save money” and “cheaper if I pay medical expense” are a choice that the respondent made, rather than “constraints.” Categorizing these different items into an umbrella name of “economic” reason is too simplistic and does not help the policy makers find policy implication out of the results.

Response:
We have edited our interpretation of the reasons given for uninsurance. We modified Table 3, and listed all reasons for uninsurance without grouping them. Now we refer to “financial trade-offs” to some of the reported reasons for uninsurance, as this term conveys the fact that the person takes the decision. We edited some of the sentences in the abstract, results and discussion parts where we referred to “economic reason”, “economic barriers” or “economic concern”.

Original sentence in page 3:
“Many immigrants cited economic concerns as the main reason for uninsurance.”

Edited as follows:
“Many immigrants cited financial trade-offs as the main reasons for uninsurance.”
Original text in page 11:
“More than half (55.8%) of the uninsured cited an economic reason; 24.0% reported that health insurance is too expensive and 12.2% have too many years without health insurance and said it is too expensive to join/rejoin now. Employment related issues, such as losing their job, changing employers or employer’s refusal of EHI, were reported in 12.7% of the cases. Another 9.8% considered that not getting sick so frequently was the main reason for uninsurance and 10.9% because they will be leaving Japan soon. Finally, 6.0% reported not understanding the health insurance system.”

Edited as follows:
“Most respondents cited financial trade-offs as reasons for uninsurance. Many considered the health insurance too expensive (24.0%). In 12.2% of the cases, the respondents stated that the back payments for the time spent without being enrolled is too expensive and 10.9% said they would be leaving Japan soon. Employer’s refusal of EHI was reported by only 2.0%.”

Original sentence in page 13:
“Among the immigrants themselves, economic barriers were reported as the most frequent reasons for uninsurance, mainly due to the premiums being too expensive.”

Edited as follows:
“Among the immigrants themselves, the most common reason for uninsurance was considering the premiums too expensive.”

Original sentence in page 13:
“Low perceived medical needs and the expectation of a short term stay in Japan were also among major reasons; these also reflect their economic concern that insurance premium is too high against possible short term benefits or returns.”

Edited as follows:
“Low perceived medical needs and the expectation of a short-term stay in Japan were also among major reasons; these may reflect financial trade-offs.”

Original sentence in page 14:
“Economic concern could be also behind the disproportionately low EHI coverage among employed immigrants. During the interviews for developing the research instrument we found that some workers may select the NHI rather than the EHI because the latter mandatorily includes a pension premium, preference that has also been reported by other authors [16, 31, 32].”

Edited as follows:
“First, immigrants’ financial trade-offs may be responsible for the disproportionately low EHI coverage among employed immigrants as workers may select the NHI rather than the EHI; the latter mandatorily includes a pension premium, a preference that has been reported by other authors [14, 32, 33].”

Comment 4:
It seems that the authors reached this conclusion rather based on the shorter contract term compared to respondents’ actual period of working career, of which average
numbers are presented only in the text. The authors speculated that the employers avoid mandated health insurance coverage by segmenting contract terms shorter than conditions for mandate coverage. I speculate that the author’s speculation is not totally ungrounded, and they should have some “evidence” from their preceding qualitative interviewing with immigrants.

Response:
The qualitative phase of the research was primarily used to inform the development of the survey instrument and so could not be presented as part of our results. To address the referee’s concern we have reorganized the flow of the discussion to drive the readers’ attention to the immigrants’ financial trade-offs (supported by our results) while also pointing out some of the employers’ actions.

Original paragraph in page 13:
“Companies are in part responsible for this inadequate and unusual coverage pattern among Latin American immigrants. We found that some of the full time legal immigrant workers were given 1 to 2 month term contracts, which allows the employer to avoid the obligation of providing EHI, and thus sparing half of the premium for the EHI they have to cover as well as their obligation to pay half of the premium for the pension that is coupled with the EHI. Not providing EHI to full time employees who work longer than 2 months is illegal. Companies may also have other ways to spare labor costs. Our survey revealed that the average employment contract period of full time workers was only 6 months, while the total employment period was about 3 years. This means that some companies are successively contracting workers for short periods of time possibly to escape the financial burden of regular employment.”

Edited as follows:
“Second, companies may be in part responsible for this inadequate and unusual coverage pattern. While the total employment period was about 3 years, the average contract period of full time workers was only 6 months. Furthermore, a high percentage of immigrants were working without a written contract. These mechanisms may allow the employer to avoid the obligation of providing EHI, and thus sparing half of the premium for the health insurance and the pension that is coupled with the EHI. Not providing EHI to full time employees who work longer than 2 months is illegal. This situation should be explored in further studies.”

Original sentences in page 14:
“Economic concern could be also behind the disproportionately low EHI coverage among employed immigrants. During the interviews for developing the research instrument we found that some workers may select the NHI rather than the EHI because the latter mandatorily includes a pension premium, preference that has also been reported by other authors [16, 31, 32]”

Edited as follows:
“First, immigrants’ financial trade-offs may be responsible for the disproportionately low EHI coverage among employed immigrants as workers may select the NHI rather than the EHI; the latter mandatorily includes a pension premium, a preference that has been reported by other authors [14, 32, 33]”

Comment 5:
I assume collecting objective data on immigrant’s working conditions and fringe benefit was hardly obtainable.

Response:
Yes, the referee is right.

Comment 6:
Thus, I believe that qualitative research of immigrants and other informants in the region would have helped the authors fill the gap. That should have been the very strength of “mixed approach” that the authors took in this research.

Response:
As stated in response to a question above, our mixed-methods approach entailed a qualitative component that was used to inform the development of the survey. This mixed methods approach has been described by Creswell and others. However, we agree with the reviewer that this is an under-researched area that would benefit from further research.

Minor essential revisions
Comment 7:
1) Detailed description of sampling, frame, and operation of survey was very helpful. To the contrary, the information on preceding qualitative analysis, the process of questionnaire development, and possible role of qualitative analysis in the interpretation of questionnaire survey results was hardly provided, should be explicitly described in methods section.

Response:
As commented earlier, our study gives priority to the quantitative study and results of the qualitative step were only used to develop the instrument. However, following the suggestion of the referee, we included more details on the initial qualitative step. We edited and enhanced the description of the preliminary qualitative phase. The first two sentences of the first paragraph of the subheading Survey instrument in the Methods section were rewritten and expanded.

Original sentences in page 6:
“We conducted an initial qualitative study using semi structured interviews with 20 Latin American immigrants (not included in the survey) recruited purposively in Nagahama and surrounding areas. Based on the findings of this qualitative inquiry and the review of related literature, we developed a draft of our survey instrument [21].”

Edited as follows:
“We conducted a preliminary qualitative study in September of 2009. This initial step served several aims. It informed the development of an appropriate instrument for the quantitative survey and provided insight into recruitment issues [21, 22]. Twenty Latin American immigrants (not included in the main survey) were recruited purposively in Nagahama and surrounding areas. After explaining the purpose of the study and obtaining individual consent we conducted semi-structured interviews, which lasted between 60 to 90 minutes, and provided a pre-paid monetary incentive (approximately 25.60 USD). Extensive notes were taken, as recording was not possible. Interviews focused on a range of topics including: current and past health insurance coverage; barriers for enrollment and payment; health
status and access to medical care; work and accidents or problems related to the workplace. We also explored opinions, reasons and circumstances in known cases of uninsurance or personal cases of uninsurance. These findings were used to draft our survey instrument. We developed new questions, modified others found in the literature review [17], and also created response choices for domains related to work, health insurance, and health background and access to healthcare.”

Comment 8:
2) Table 1-A&2; percent for column rather than for row is readable and informative to compare those insured and uninsured.

Response:
Table 2 shows the sources of health insurance by working condition among those employed, thus there is no comparison between the insured and uninsured groups. We believe the referee comment refers to Tables 1 and A1. The suggested edits have been done to these tables; we used columns percentages for the uninsured and insured group.

Discretionary revisions:
Comment 9:
Why was the history of occupational accident significantly related to the likelihood of uninsured status? It would be more natural if the reverse is true, because accident experience will better motivate immigrants to be covered by insurance?

Response:
Yes, and it is an important and interesting topic that needs further exploration in future studies. Following the referee’s comment we enhanced the discussion in this point and inserted the following sentences in the last paragraph of the Discussion section on page 14: “Occupational accidents may have resulted in financial burden which in turn lead to the choice of uninsurance, or employers may have been responsible for both, not providing working safety and health insurance.” ... “Also, audit and legal enforcement on employers should be enhanced so that their employees are adequately insured.”

Comment 10:
How are lower education, larger number of children, and lack of knowledge about mandatory system related to their lower chance to be covered by EHI and/or CHI?

Response:
From table 4, with respect to the number of children, respondents having fewer children were more likely to be uninsured. Those not having children were over 5 times more likely to be uninsured compared to those who reported 2 or more children. Lower education may be associated to lack of knowledge about the mandatory system in Japan as they are experiencing a health system that differs from the systems in their home countries. However, this is an area that needs to be addressed in future studies.