Author's response to reviews

Title: Health service use in indigenous Sami and non-indigenous youth in North Norway: A population based survey

Authors:

Anne Lene Turi (anne-lene.turi@uit.no)
Margrethe Bals (margrethe.bals@uit.no)
Ingunn Skre (ingunn.skre@uit.no)
Siv Kvernmo (siv.kvernmo@unn.no)

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Author's response to reviews: see over
Dear Dr. Andrea Bucceri

My colleagues and I would hereby like to submit a revision of the manuscript titled “Health service use in indigenous Sami and non-indigenous youth in North Norway: A population based survey” for publication consideration to BMC Public Health.

We have revised all sections of the manuscript thoroughly. The paper is rewritten according to all the comments from the reviewers, point-by-point responses to all comments are found below. We wish to thank the editor and the reviewers for all your comments.

We appreciate the Journal’s consideration of our re-submitted manuscript.

Yours Sincerely,

Anne Lene Turi
Department of Psychology
Email: anne-lene.turi@uit.no
Point-by-point responses to the reviews of the manuscript titled “Health service use in indigenous Sami and non-indigenous youth in North Norway: A population based survey”

Reviewer: Carolyn E. Stephens
Specific questions for review:

1. Is the question posed by the authors well-defined? No. Language and organization of content interfere with comprehension throughout the manuscript. Three topics are introduced in the abstract (a) ethno-cultural factors, (b) demographic variables, and (c) self-reported emotional and behavioral problems. These appear to be matched with the research questions on pages 6 and 7. The phrases introduced in the abstract should be used repeatedly in the manuscript to give the reader points of reference, especially in defining the research questions on pages 6 and 7. Although in different words and in a different order, the "aims" of the study on page 3 are described on pages 6 and 7 as research questions. Cut the entire "aims" paragraph on page 3.

In the present version of the document, the research-questions are reformulated. We now have three clearly defined research questions (page 7).

We have revised the whole manuscript thoroughly, we have improved the language, the organization of content and clarity throughout all sections of the article. The abstract is rewritten according to your comments, the phrases in the abstract are repeated in the manuscript. When rewriting the manuscript, we have paid special attention to the order of topics. The “aims” paragraph on page 3 is removed in the present version.

3. Are the methods appropriate and well described? 3. Are the data sound? 4.
Does the manuscript adhere to the relevant standards for reporting and data depositions? Details of design should be reviewed by an expert in group design research. The order of table presentation should follow the order of presentation of the research questions. Table 1 would become Table 2.

In the present version of the manuscript, we removed the analysis of the three subgroups of Sami youth, and replaced it with a comparison of ethnic differences in health service use between three ethnic contexts.
We have removed table 1, now these results are presented in text only (page 12-13). Table 2 is now table 1, as you suggested (see page 28).

4. Are limitations of the work clearly stated? Yes.

5. Are the discussion and conclusions well balanced and adequately supported by the data? No. The discussion refers to data and connects the authors’ conclusions to them but it needs reorganization for clarity. The conclusions section is a clearly stated summary of findings.

In the revising of the manuscript, we have focused on reorganization for clarity. Both the introduction and the discussion are rewritten with regard to these comments.

6. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Yes. They reference other relevant studies.

7. Do the title and abstract accurately convey what has been found? No. The title and abstract were confusing to someone without prior knowledge about North Norway health care or the Sami population. More specific use of language would help. For example, add further descriptive terms such as “help-seeking behavior for health services” (line 1) instead of "help seeking behavior" or for greater clarity, change the phrase to “health service use”. The abstract refers to “use” more (6 times) than “help-seeking” (2 times).

We have changed the title into “Health service use of indigenous Sami and non-indigenous youth in North Norway: A population based study”. The whole abstract is rewritten to obtain more clarity and less ambiguity. Your advice regarding use of specific language is taken; we have replaced the term “help-seeking behaviour” with “health service use”.

8. Is the writing acceptable? No. Some editing is needed for both clarity of statements and organization.

The present version of the article is edited according to your remarks.

Discretionary revisions

1. Authors should keep in mind that many readers will not be familiar with the
Sami people or health care delivery in North Norway. Clarify these when they are first introduced in the body of the manuscript to prevent a reader from trying to “piece together” background information as the manuscript unfolds.

We have rewritten and expanded the section “The indigenous Sami” in the introduction (the second paragraph in the introduction on page 3), and explained the Sami context and history more thoroughly. Further, the introduction has a new section titled “Health services in Norway” where we describe the three health services that are the focus of the present study (page 6).

2. Change language to make a clearer distinction between health services (in general) and health services (school). Check manuscript to clearly delineate differences when referring to each.

The use of three different health services was explored in this study. Two of them are primary health services: “General practitioner” and “school health service”. The last service is specialist health service for mental health, “psychologist/psychiatrist”. In the new section of the introduction, we introduce these three health services. The new section is titled “Health services in Norway” (pages 6-7). No abbreviations are used and throughout the text we consequently use the same terms of the three health services. We do understand that this was confusing for the reader, we have now tried to make it more clear.

3. Use more heading levels to clarify content.

In the present version of the manuscript, we have added more heading levels.

4. Repetitive phrases can make writing dull, but in this multi-part study, using repetitive specific language can clarify meaning, such as referring to “psychological/emotional help-seeking” or “general health care help-seeking” before using a shorter reference with the same meaning. See page 4, paragraph 3, line 1 ”In general, ethnic differences in service use pattern…. “ Change to “health care service” and then use the more general term “service” in line 3.

The primary health services (general practitioner and school health service) are being used for both mental health problems and physical health problems, while the specialist health service (psychologist/psychiatrist) is used for mental health problems. In research question 1 and 2 (page 7), we do not distinguish between “mental help-seeking” and “physical help-seeking”, we are interested in both types of help-seeking. In research question 3 however,
we are interested in the relationship between use of all health services and self-reported mental health problems. In our opinion, this topic is more clearly explained in the revised version of the manuscript.

5. Mark parallel items using parentheses and letters (a), (b), and (c) or numbers to clarify relationships among elements.

We have made changes according to your remarks (page 11).

6. Use order of presentation and content for research questions presented on pages 6 and 7 as the organization framework for presenting content throughout sections of the manuscript.

The research questions are now used as an organization framework throughout the whole manuscript, as you suggested.

7. Group answers to research questions together to enable the reader to comprehend relationships between questions and answers. Research Question 2 appears to be answered in part on pages 14 (bottom) and 15 (top) with additional information (gender and SES) provided on page 16.

We have revised the manuscript according to these remarks.

8. Pages 14 through 16 are confusing. They appear to be answering research questions 1-3, but they are organized by some other information, perhaps lines 3 and 4 of the abstract. Does the subheading “Cultural factors and help seeking” refer to Research Question 1? On page 15, the paragraph beginning with “Youth with a subjective Sami self-identification were more… “ may refer to Research Question 2. On page 15, “Sami youth with conduct problems had a lower…. “ may refer to Research Question 3? If these paragraphs describe results for the 3 questions, they should be presented in parallel form having subheadings for all 3 or no subheadings for any of them. Subheading "Demographic factors and behavioural/emotional problems seems to continue answering questions related to Research Question 1.

We have revised the manuscript according to these remarks.

9. Omit paragraph 2 on page 16 “Another possible reason is that there…”, cite
correct references for statements, or integrate information into other sections of the manuscript. This information seems ‘stuck on’ at the end of the section.

**In the revised manuscript this paragraph is removed.**

10. Include specific statements that place the current findings in the context of the larger body of research cited that includes other minority populations.

The discussion section is expanded and rewritten in order to make sure that our findings are being discussed in light of previous knowledge.

- **Research question 1: Ethnic differences in health service use**
  
  Previous finding about this topic is commented upon in the introduction section only, see pages 4-5

- **Research question 2: Ethno-cultural factors and barriers**

  Discussion about our finding in light of previous research is found on page 16-17

- **Research question 3: Relationship between health need and health service use**

  Discussion about our finding in light of previous research is found on page 17.

**Minor Essential Revisions**

1. Check style manual for comma use in series and after independent clauses.
2. Use active rather than intransitive forms of verbs when possible.
3. First use of an abbreviation should be preceded by words of explanation such as “general practitioner physicians (GP)”.
4. Correct run-on sentences (see page 3, paragraph 1, “As cultural specific health services….” And in paragraph 3 after citation “[1]. In North Norway….”)
5. Reference a table (Table 1) when it is first introduced in a paragraph.
6. Use the past tense of the verb to describe completed studies.
7. Check use of past and present tense of verbs for consistency ( “The Sami youth were divided into three subgroups. The “parentage only” group consist of the Sami youth who report Sami parentage, but no subjective Sami self-identification and they do not have Sami language competence.” Replace with, “The “parentage only” group consisted of the …who reported Sami parentage, … and, they did not…”).
8. Correct plural / singular use for noun and pronoun referents (incorrect, “As cultural specific health services to indigenous population only to a limited extend are available.”)
9. Check adverb usage (correct, “As culturally specific health services….” Or “As cultural-specific health…). 
10. Correct typos (change “extend” to “extent”).
11. Correct awkward sentence construction (replace “The experience of growing up as a young Sami today varies a lot depending on the ethnic community they are part of” with “The experiences of growing up as young Sami today vary depending on their ethnic communities.”

Thank you for these useful comments, in revising of the manuscript we have considered each of these remarks.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**
I declare that I have no competing interests

**Reviewer:** Urban Janlert

Major compulsory revision
1. One of the most critical questions in research regarding Sami is the definition of the concept Sami. The authors are however not quite clear regarding their concept. They use three different levels, parentage, self-identification and language (incl. identification) but they also use, as their first concept, Sami ethnicity. It is unclear how this concept relates to the other. It could also be pointed out that the concept is defined different in the Nordic countries; for Norway (and Finland) language is the strongest component, while Sweden also have additional criteria, according to their reference 2 (Aubert).
In the revised version of the article, we have tried to explain these terms more precisely. In the introduction we have expanded the section about the Sami people and the Sami context (pages 3-4). In the method section we also explain the relationships between the different terms (page 9). We have tried to explain why the definition of ethnicity is complicated in the Sami context. Based on previous research and the Norwegian Sami Parliaments’ criteria, we have chosen to use a definition of ethnicity based on Sami parentage/heritage. Youth who say they are Sami or they have a Sami parentage (or Sami language competence), are in our study defined as having Sami ethnicity. The reason for emphasizing language competence in the definition of Sami ethnicity is that reporting Sami language competence has not been considered as stigmatizing as reporting Sami ethnicity. Many parents did not learn Sami at home, and therefore Sami language competence of grandparents is a marker of Sami heritage.

In addition to categorizing individuals into either the “Sami” or the “non-Sami” category, we asked whether they had a subjective Sami self-identification and if they have learned Sami language at home. About 70% of the Sami have a subjective Sami self-identification and about a quarter of them speak Sami. We think that the relationships between these concepts are explained more clearly in the present version of the manuscript.

What might have been very confusing were the subgroups of Sami and comparisons between Sami with and without language competence and with or without subjective ethnic identity. We have now removed this analysis from the manuscript and replaced it with comparisons of different ethnic contexts.

2. An important determinant of use of health service is the distance to the health service facilities. It could be so that the Sami group lives further away from this service than the non-Same, and I think it would be interested if the authors could comment upon that.

We have done one control analysis of differences in access. We compared Sami and non-Sami youth from urban and rural areas. There were no differences between urban and rural areas, except that urban youth used school health service more often than the rural youth, but there were no ethnic differences on this area. We have included this control analysis in the manuscript (page 13). In the “Limitations and strengths” section we have explained that we are aware of the fact that there may be baseline differences in access to the different health services between schools, municipalities, counties etc., however, we had no possibilities to control for all these variables in the present study (page 19). The health
service system in Norway ensures that every school has a school health service and every citizen has a general practitioner or “family doctor” in the municipality they live in. In other words, the distance to primary health services are almost never long. The distance to the specialist health services will on the other hand vary between municipalities. Even though some patients need to travel longer distances, the travel expenses are covered by government (these issues are included in the manuscript in the section “Health services in Norway” on page 6-7). So, distances may vary, but the differences are most likely the same across the ethnic groups.

3. It is unclear, in Sample and procedures, whether non-responders are the “real non-responders” (i.e. the 24.2% who did not participate) or only those who did not respond on the ethnicity questions. This must be clarified. It is unlikely that there were no socioeconomic differences between responders and non-responders.

4. Could anything be said regarding the non-response for Sami and non-Sami (with reference to the discussion in point 3 above)? Were there differences?

*We understand now that this point was confusing, in the present manuscript we have explained this more precisely. We have no data on the “real non-responders”, only on the excluded individuals (who were excluded because they did not answer ethnicity questions). The excluded individuals and the study participants did not differ on demographic variables and the main study variables. This is now clear in the text (page 8). However, we have not mentioned the “real non-responders”. It is a limitation of the study that we do not know anything about the non-responders. As you say, they most likely differ from the responders for example regarding socio-economic status.*

5. How is testing performed in table 1 regarding the three Sami groups, where 3 cells are empty? Significance “0.000” is impossible value (give < 0.001 if this is true).

*In table 1, we compared Sami with non-Sami on almost all variables, except Sami self-identification and Sami parentage. On these two variables, only the Sami data was presented (non-Sami did not respond on these questions). The empty cells were just empty, no significance testing was done.*
In the present version of the manuscript, we chose to remove table 1 and describe sample characteristics in text only (page 12-13). We have tried to formulate the new text to avoid any misunderstandings and ambiguities.

6. Reference category in Table 3 should be given. Which gender is =1? Which SES? etc It is not the coding of the variable but the references that are interesting. Table 3 should be much nice with the following design:

Boys 1
Girls 3.38 (2.69-4.24) 1.64 (1.37-1.97) …
Etc
We have made changes according to your remarks (page 29, table 2).

7. Is it meaningful to use the SES-scale which surely is not an interval scale in the regression? Wouldn’t it be better to use a dichotomous scale?

We have made changes according to your remarks (page 8-9).

8. Unexplained abbreviations (GP and SES) are used in the abstract. Abbreviations are not needed in the abstract, and should generally be avoided if possible. What does RR on page denote?

In the present version of the article, all abbreviations are removed. “RR” is response rate, in the text we now write “response rate” (page 7).

Minor Essential Revisions

9. Although the title of the manuscript focus on “help seeking behaviour” no clarification what this includes is given. In the text they use “health service” so my suggestion is that they use this term also in the title.

The title is changed according to your advice.

10. The author use wrong sign for genitive (grave accent [`] instead of apostrophe (‘)).

We have corrected this in the rewritten manuscript.

11. The text says that “female gender was associated with use of the school
health service and GP”. How (compared to men)?

12. Table 1: 54/403=13.4%, not 13.9%

**We have corrected this in the rewritten manuscript.**

Discretionary Revisions

13. Is “The Norwegian Arctic Adolescent Health Study” a repeated study or a study only performed once?

**It is a cross-sectional study, performed once. We have included this information in the text (page 7).**

14. That the Sami group is characterised by “traditional employment” (in my reading reindeer herding etc.) is not correct according to the Aubert reference (No. 2) and it is not supported by your own data (table 1).

**We have corrected this in the rewritten manuscript (page 3).**

15. The age of the participants could be mentioned earlier than on page 18.

**The age is now mentioned in the abstract and in the method section on page 7.**

**Level of interest:** An article whose findings are important to those with closely related research interests

**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 that I have no competing interests.