Author's response to reviews

Title: Insights into the Oral Health Beliefs and Practices of mothers from a north London Orthodox Jewish Community

Authors:

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Author's response to reviews: see over
Dear Danielle,

Re: MS: 1252964138361123
An Insight into the Oral Health Beliefs and Practices amongst mothers from a North London Orthodox Jewish Community
Sasha Scambler, Charlotte Klass, Desmond Wright and Jennifer E Gallagher

Thank you for sending us the reviewers comments on our paper. We have addressed the points raised and our detailed comments are attached.

We found the reviewers comments extremely helpful and are grateful for their input.

Yours Sincerely

Sasha

(Dr Sasha Scambler)
Response to Reviewer’s Comments

Reviewer: Harold Sgan-Cohen

Major Compulsory Revision
1. A more detailed explanation has to be supplied as to the system of analyzing the qualitative data. Even though the interviews were not recorded, the authors need to describe how the discussions were analyzed and how recurring and emerging patterns and themes were identified.

- An explanation of the data analysis process undertaken has been added to the methods section.

Minor Essential Revision
1. References 11 and 12 refer to studies conducted among Israeli Jewish populations. These constituted a wide range of Jewish communities, predominantly secular to religious, but not ultra-orthodox (as in the present paper). The first sentence in the second paragraph of the Literature Review which reads: "A limited number of studies have also explored the use of interventions within these communities". should be changed to: "A limited number of studies have explored the use of interventions within Jewish, but not orthodox, communities".

- The suggested change has been made.
Reviewer: Stephen Abbott

Major Compulsory Revision

1. Some brief comparisons and contrasts between the beliefs and experiences presented here and those of the wider UK community are needed in order for the reader to assess just how different these beliefs are or are not.

   • Some comparison points have been added to the discussion section to highlight differences and similarities with the wider community.

Minor Essential Revisions

2. I think the isolation of this community could be described more carefully. First, the uninformed reader might imagine that the community is more geographically isolated and more concentrated than it actually is (the community shares quite a large area with many other communities). Second, access to information about the NHS is not quite as restricted as suggested (page 15): local GP practices and health centres display the usual NHS leaflets (not least because they have patients from a variety of communities). Third, characterising the community as deprived is in a way misleading: in some respects this is quite a wealthy community, particularly in relation to other ethnic groups in the same borough. But what wealth there is is much more likely than elsewhere to be used in the provision of community facilities such as schools, social care, etc. rather than in supporting affluent individual lifestyles.

   • The suggested changes to the description of the community have been made.

3. Page 3, introduction line 7. The population has doubled / will double – between when and when? A date between 1989 and 2011 is needed for this to make sense.

   • The requested date has been added.

4. Fatalism. The authors regard the informant’s belief in hereditary influences (page 11) as fatalistic. But the quotation suggests to me that the belief is a plausible interpretation of family data (which may of course be wrong). I don't agree with the use of the concept of fatalism here (particularly as the evidence presented is sparse). It is a term that is much more often used of ethnic minorities than of the majority community, and yet, for example, parents of all communities feel unable to control children’s intake of sweets (the same page). Calling this fatalism risks stigmatisation.
• We agree with the reviewer’s comment and the term ‘fatalism’ has been changed to reflect a plausible, although inaccurate, belief in a lack of control over oral health.
Reviewer: Rosamund Harrison

Minor Essential Revisions

1. Title: could be changed to “Insights into the oral health beliefs and practices of mothers from a north London Orthodox Jewish Community”
   - The title has been changed.

2. Abstract: the writing needs to be more succinct.
   - The abstract has been made more succinct.

3. Background
   Para 1, pg 3. The sentence “This study provides an insight into the oral health beliefs and practices of culturally isolated groups.” Does not belong in the background and should be deleted.
   - Sentence deleted.

4. Unfortunately, there are no line numbers in the pdf, but the last sentence should say “58% of those below retirement” Start a new sentence. “Large families together……”
   - Change made.

5. Para 2, pg 3. Should say “From the mid-19th century, the north London orthodox…….” The way it reads now, it sounds like Nazi Europe was from the mid 19th century! Go on to say “This community (we know it is Jewish!) is predominantly Hasidic; its congregations represent historical links with particular areas of Eastern Europe in their dress style and worship.”
   - Change made.

6. Para 1, pg 4; last sentence: “It is also worth noting that women are likely to access health services with the immediate ……..” No need to mention they don’t have a car; that’s no surprise!
   - We have left in the point about access to a car as we feel it is important and needs to be stated.

7. Para 2; pg. 4: To avoid repeat of “large” say “The community tends to be segregated by gender; boys and girls attend different schools at both primary and secondary school level. The writers use “and” a lot to link phrase into long run-on
sentences; semi-colons are better in many instances.
The rest of this paragraph onto page 5 became confusing; I think what is meant could read:
“This situation results in the limiting of qualifications available to boys and a resultant limitation in accessible and acceptable occupations. The result is that a large proportion of the community have low incomes. Women tend to maintain greatest contact with the wider community; therefore interaction with the family requires effectively accessing mothers. It is within this context that the results presented below need to be understood.”
The authors frequently use the demonstrative pronoun “this” with no object or noun. This grammatical error should be corrected where possible.

- These changes have been made.

8. Para 1, pg 5: Sentence 2 “This qualitative study is unique as a source of rich information on the oral health beliefs and practices of this previously under-researched group” We don’t know yet if is is a “source of rich information” but there is no need to convince us of the goodness of the study; we get it! Delete.

- Paragraph deleted.

9. Next bit can be easily condensed: “Because no research is published regarding oral health beliefs and practices or dental attendance and access in this Orthodox Jewish community, the findings of this study will facilitate an understanding of these issues. Such knowledge will inform local dental commissioning groups working to enhance access to dental care for this community.”

- Change made.

10. What is a “dental commissioning group?”

- The wording here has been changed and a reference has been added clarifying the commissioning guidelines.

11. Further on say, “....Orthodox Jewish community before outlining the methods of the study.” Why use so many words?

- Change made.

12. Literature Review
Para 1, pg 6: “Orthodox Jewish groups are largely unrecognized in the minority
health literature in spite of their barriers and challenges."
Delete: “There is some evidence of the need for further research in this area however.” Not needed!

- Change made.

- Change made.

14. Condense: “The picture is both limited and complex because a number of studies challenge the purported link between Judaism and poor health/oral health.”
Para 2, pg 6, Line 1: Say “A few studies have also explored health interventions within these communities”.
- Change made.

15. Later on: This “what”??...say This APPROACH was found to be particularly beneficial when accompanied by the distribution of toothpastes and toothbrushes.
- Word added.

16. Para 1, pg 7: Delete 2nd sentence [“Further, there are reported concerns that larger families may have practical difficulties in accessing dental services”] just is not needed as the concept is explained well enough later in the paragraph: This has implications for oral health should say “Such large families have implications”
- Sentence deleted.

17. “Barriers to dental care are often due to more than one factor, being a mixture of beliefs, perceptions can be condensed to simply say: “Barriers to dental care are a mixture of beliefs, perceptions.” Readers are busy and do not need to contend with these excesses of word; they will give up and move on to another article. Last sentence can be deleted; no need to tell us about the Results section here.
Top; pg ; last sentence: “This RELATIONSHIP is directly relevant......."
- Changes made.

18. Delete the N and the age range here; this is Results.
• The numbers and age range have been left in as we feel that they are necessary descriptors and should be part of this section.

19. A sentence or two actually explaining the “framework approach” would be appreciated. Do not assume all readers understand it. The methods paragraph is a little long; break into two paragraphs.

• An explanation of the framework approach has been added.

20. Para 1:
With the national average family size standing at 2.4 children [19] it is clear that family sizes within this sample are significantly larger than average [14]. Not great grammar; does a family size “stand??” How about: “With a UK average family size of at 2.4 children [19], family sizes within this sample are significantly larger than average [14].

• Change made.

21. Para 2
Last sentence could more succinctly read:
“It is essential that these themes are understood in the context of this community whose values are significantly different from those of wider society.”
Lacking contemporary knowledge
Not milk teeth; this is an international scientific journal not the popular press. Why not “primary” or “deciduous’ teeth?
Hereditary influences
Need another quote
Competing priorities

• Changes made.

22. “non-prioritisation” is not a word in the OED; at least put it a made-up word in quotes
The sentence: “In common with the lack of knowledge and related beliefs, competing priorities led to the widespread non-prioritisation of oral healthcare within the home to the extent that mothers took an active role” is a repeat of a previous thought. Delete and write this paragraphs more succinctly.

• Changes made.

23. While these summary sentences are much appreciated, this one can be shortened:
“In summary, this group of mothers demonstrated a lack of contemporary knowledge, cultural influences on diet, problems with competing priorities and health-related fatalism. They welcomed community support.”

- Change made.

24. Need another quote to support gender preference for dentists.

- Quote added.

25. Inadequate capacity and capability
   Dentists “accessed” by this community [not “used” by this community!]
   Too frequent use of the verb “raised” how about “mentioned” or stated

- Change made.

26. Need quotes to support the comments about dental offices, no toys, inflexible opening times, etc. Where did this concept come from?

- Quote added.

27. Generic barriers to care
   Where are the exemplar quotes?

- A quote has not been added here as we feel that it is not necessary to illustrate the generic barriers experienced by this population as they are the same as those experienced by the majority population.

28. Welcoming community support
   Another exemplar quote needed

- Quote added.