Reviewer’s report

Title: Perceptions of Unmet Health Care Needs: What Do Punjabi and Chinese-speaking Immigrants Think? A Qualitative Study

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Reviewer: Fernando De Maio

Reviewer’s report:

Overall, this is a strong and interesting paper on the meaning of unmet health care needs among two minority groups in British Columbia. It makes a useful contribution to the literature on immigrant health and raises concerns about the measurement of unmet health care needs in large-scale surveys such as the Canadian Community Health Survey.

I would like to raise some suggestions and minor corrections:

Major Compulsory Revisions

1. I would like to see some discussion in the paper on the methodological principles underlying their approach to the analysis of qualitative data. Do the authors see this analysis as one based on the principles and tools of grounded theory analysis? If so, this could be explained in at least some detail in the methodology and limitations sections.

2. The main conclusion of the paper is that a single question of unmet health care needs “is not understood similarly across different languages” (p. 15). Yet the data presented in the paper do not clearly reflect this; the paper doesn’t contrast the interpretation of unmet health care needs in English versus non-English speaking communities. Instead, the analysis – following an interpretivist epistemology – seeks to understand perceptions of unmet health care needs among Chinese and Punjabi respondents; an important issue but one that is not the same as the first. The paper could also be clearer in explaining differences between Chinese and Punjabi speaking respondents in the study.

Minor Essential Revisions

3. The paper needs to be proof-read thoroughly. There are quite a few mistakes (e.g., capitalization after a semi-colon is not appropriate) and errors (e.g., “…more than one-third of focus group participants expressed an unmet need during the discussed” on page 7 and “e.g., no an adequate reflection…” on page 3)

4. Some discussion of why the recruitment criteria specified that respondents needed to have visited their primary health care provider at least twice in the last two years is needed. Surely the gravest unmet health care need would be indicated by not meeting that criteria?
5. I’m not clear on why the analysis is described as a secondary analysis on page 6.

6. The quote that begins “In India, if we see the system…” is used twice in the paper and probably only needs to be used once (page 8 and 14).

7. The paper raises (theoretical) saturation as a concern. This discussion should be expanded – is there anything in the data to suggest that saturation was reached after the six focus groups? Are there any contradictory statements at all in the data?

Discretionary Revisions

8. I would suggest moving the last sentence in page 3, para 1 “In many population-based, national surveys…” and placing after the first sentence of page 3, para 2. This would enable you to first define unmet health care needs at a conceptual level before addressing the operationalisation of the concept.

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

Quality of written English: Needs some language corrections before being published

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.