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: Kevin Pottie

Reviewer’s report:

Thank you for the opportunity to review this manuscript. I enjoyed reading it; well titled, it identifies a clear research gap, uses a solid methods approach, reports concisely the main findings and provides a good discussion of the implications of the findings.

I would suggest there are a few areas for that could be considered for improvement.

Compulsory Revisions which could improve paper

- I believe the abstract, particularly the discussion section could be more effective if it could highlight some of the unique aspects of this work. A key points box focusing on the unique challenges of studying unmet health care needs across cultural and linguistic variables.

- I believe the introduction needs to clearly describe why the researchers chose Chinese and Punjabi cultural groups- Why not just Chinese or just Punjabi? Why these groups rather than Filipinos or Latinos? There are risk and benefits in taking on more than one cultural group and thus justification is important. Later in the discussion there is some mention of the benefit of being able to compare two groups, but there are risks of less depth of analysis and less space in the paper to be able to fully flesh out the cultural and perception of health system issues.

- I found the findings quite fascinating and the authors did a great job presenting some of the implications. There was one assertion however, suggesting the question for unmet health care needs question being insufficient; from my read of the work it appears the unmet health care needs questions provides information consistently on something- and what may be most in needs of clarification what it is measuring and how it could measure different things across different populations. I think clarity on this point is vital given the entry into cultural dimensions of health, and especially given that this paper does not have the space to clearly provide more details on these two cultures and two background health systems. And I agree with authors, more work is needed to better understand this complexity.

- I was very surprised to see the proportion of participants with regular provider-the authors should provide a brief discussion of how this number compares to other figures from other unmet health care need surveys, and
general BC population. This makes me feel the participants recruited may already be the ones with good functioning networks, and this would influence results.

Discretionary Revisions

- It would have been nice to have seen a figure for self-reported English language proficiency, but it appears this was not asked.

- I would prefer if the abbreviation UHCN was not used. It is an uncommon abbreviation.