Author's response to reviews

Title: An exploration of the enablers and barriers in access to the Dutch Healthcare System among Ghanaians in Amsterdam.

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Version: 2 Date: 14 February 2012

Author's response to reviews: see over
Dear Dr. Harris,

Thank you for giving us the opportunity to re-submit our paper titled “An exploration of the enablers and barriers in access to the Dutch healthcare system among Ghanaians in Amsterdam”.

We were pleased that the reviewers thought our paper was interesting, timely and a commendable attempt in gathering relevant data such as from our study migrant group. We thank the reviewers and appreciate their valuable comments. Indeed, we have been prompted by their comments to look critically at our manuscript and make some revisions, which are specified in the following pages.

We hope that the adjustment that we have made meet your requirements and that you will consider this revised paper for publication in BMC Health Services Research Journal.

Please see below our responses to the reviewer’s comments.

We hope you consider submitting our paper.

This paper has been submitted to this journal exclusively and will not be published elsewhere.

Yours sincerely,

Linda Boateng, Mary Nicolaou, Henriëtte Dijkshoorn, Karien Stronks, Charles Agyemang
Responses to reviewer comments

Reviewer's report [1]
Title: An exploration of the enablers and barriers in access to the Dutch Healthcare System among Ghanaians in Amsterdam.
Version: 1 Date: 20 November 2011
Reviewer: Ilse Blignault
Reviewer's report:
With its focus on enablers as well as barriers to access to the Dutch healthcare system by Ghanaian migrants in Amsterdam, this is an interesting and timely study. However it would benefit from major revision. Specific concerns and some suggestions for improvement are detailed, section by section, below.
Reply: We thank the reviewer for finding our work interesting and timely, and for providing very useful comments.
The title is appropriate.
The abstract is okay although I do have reservations about the last sentence of the conclusions which reads “The enablers and barriers ... provide useful information for promoting healthcare access among this and similar communities.” What would constitute similar communities? What health promotion strategies and activities might be most useful? I expected discussion along these lines in the paper and was disappointed. (As noted below, implications for policy and service delivery is a topic that needs more attention in the discussion.)
Reply: We meant similar Sub-Saharan African communities. This has been emphasised in the abstract section.
Discussions lines 430-436 and 482-508 have further notes on what would constitute similar communities as well as implications for policy and service delivery based on findings.

The background needs work on English language and referencing style, as well as content.
• For example, I wonder whether the first sentence (line 57) should read “Generally, migrant and ethnic minority populations EXPERIENCE worse health...”? The references (line 48) are Nielsen& Kasnik (2010) and Stonks, Ravelli & Reijneveld (2001) [or Stonks et al. (2001)]. All references need to be checked.
• The relevance of the third and fourth sentences (51-54) is not clear to me.
• Line 55 – Do you mean the “few” (not “fewer”) studies eliciting ethnic minority groups concerns about healthcare? In fact, there are hundreds of studies in the international literature.

Reply: References have been correctly written. The sentences in previously lines 52-54 have been deleted. Now in lines 47-50, the sentence has rephrased.

• Line 60 – Should “analyzes” be implementation”?
• The last sentence of the first paragraph (61-63) is repetitive (56-57).
• Careful with generalizations: not all migrants experience are confronted with socio-economic disadvantage and cultural and language differences. In fact we learn that Ghanaians tend to be well educated and most of them speak English.

Reply: Now in line 68-70, a new sentence explains that it is the analysis of implemented policies which desire attention. Also, the repetitive sentence of the first paragraph has been deleted.

We have been careful with generalizations in this revised version.

• Line 80 – Comment as for line 55.

The methods section has a lot of useful information but could be reorganized and tightened.

• Line 98 – Instead of “another major move try “another large wave” (or “group”)
• Line 102 – Word missing after undocumented.
• How were people invited – by letter? Word-of-mouth? Did you produce an information sheet?

Reply: The methods section has been modified according to comments. Participants were invited by word of mouth via key contact persons in the community. Participants completed a short anonymous questionnaire on their demographics. Kindly see lines 93-104.

The results section could also be tightened.

• Characteristics of study “participants” might be better than “population” for a qualitative study.
• It would be good to have a description of the six groups made clear. The methods” section (line 117) refers to “the youth groups” but these are not mentioned again.
• Line 157 – I don’t see the logic in using the focus group mean age for referencing quotes.
• Check the journal style guide – Using dot points where one would expect subheadings is odd.
• Some great quotations but too many.
Incidentally, I was surprised that there was no mention of translators/interpreters, professional or family, and no mention of racism or discrimination.

Reply: Youth groups have been changed to younger participants with their age range included in line 112. The younger participants are also mentioned in lines 176-183, 215-222 and 415-421.

On the quotes: we used the participant's age as reference to emphasize the influence of their background on what was been said. We believe this would help readers appreciate the differences in opinions from the different age groups among study participants.

However, we have minimized the use of quotes in this revised version (see results section). We have also removed the dots and replaced with italicized subheadings.

In line 125, we mentioned that translation was made by LB who originates from Ghana.

There is no mention of racism or discrimination because participants did not raise these issues.

The issue/debate around prescriptions was very interesting as well as on health insurance. For an international audience, a brief description of the relevant aspects of the Dutch healthcare at the front, to provide a context for the findings, would be very helpful. It would also help in assessing transferability to other countries and healthcare settings.

Reply:

A brief description of the relevant aspects of the Dutch healthcare has been included in the discussion section (lines 185-202 and lines 246-318).

Secondly, the entire discussion section has been re-written with sub-headings that guides the reader in a more specific way than previous. Sub-headings have been made for a summary of key findings, comparison with current literature and the implications for policy and service delivery.

The section on patient expectations and underlying issues (295-330) was also interesting.

Section on health beliefs (both physical and mental components and very much influenced by stress) (332-340) had little that is new and could be tightened.

On being healthier in Ghana (346-350) there’s a lot that might be made of this but you don’t really take it anywhere in the discussion. Unless you do, it might be better to leave it out?

Reply: the section on health beliefs as well as being healthier in Ghana has been deleted.
Indeed, we are unable to carry on ideas in the discussion because there is not enough information for further discussions, and additionally, it is not directly related to the issues being addressed by this paper.

The discussion needs work on English language, less repetition of the findings and greater consideration of the implications for policy and practice.

- Lines 365-364 – What about: “... previous experiences with the healthcare system in Ghana influenced the perceived benefits of the Dutch system”?
- Line 375 – Try “the first” instead of “a premier”.
- Line 382 – You cannot generalize from a study such as this regardless of the diversity of the participants or the rigour of the analysis. Delete the last sentence of this section. (Otherwise, the discussion of limitations and strengths is good.)

Reply: grammatical errors have been corrected.

On generalization of results, we’ve modified the section on limitations and strengths of the study to incorporate the applicability of results instead of formerly, generalization (see line 386).

- Line 402 – Is it true that most ethnic minorities in Holland “are in low socio-economic status”? What about the Germans living in Holland or others from northern Europe?

Reply: We thank the reviewer for this important point. Indeed, not all ethnic minority groups are socio-economically disadvantaged. This study explored the conditions among Ghanaians and we estimate similar findings among other non-western migrant groups such as those from other parts of Sub Saharan Africa living in the country. This sentence has been reworded.

- Line 413 – Try “speculated” rather than “estimated”.
- Line 425 – In fact there is a huge international literature on acculturation and health beliefs and practices among migrants. A lot of work has been done in the English-speaking countries of US, Canada, Australia and, more recently, Britain.
- Line 470 – Relevance of research by Suurmond et al. (2010) here?

Reply: Thanks again for these comments.

Line 408 has been adapted with “estimated” instead of “speculated”.
Indeed, we found many studies on acculturation and health beliefs among migrants, but there is just less of it that pertains directly to recent African migrants such as our study group.

The study by Suurmond et al (2011) on caregiver’s prejudicial behavior confirms our findings; many Ghanaians still think that a colder reception by the doctor implies apathy. Thus, referencing it is important for our study.

Acronyms need to be spelt out in the Acknowledgments.

References – Inconsistent use of italics and bold script.

Level of interest: An article of importance in its field

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.

Reviewer's report [2]

Title: An exploration of the enablers and barriers in access to the Dutch Healthcare System among Ghanaians in Amsterdam.

Version: 1 Date: 12 December 2011

Reviewer: Jeroen W. Knipscheer

Reviewer's report:

BMC Health Services Research

MS ID: 1781579357624241

Title: An exploration of the enablers and barriers in access to the Dutch Healthcare System among Ghanaians in Amsterdam

1. Is the question posed by the authors well defined?

Not quite, there is no specific research question formulated.

2. Are the methods appropriate and well described?

The methods are appropriate however the choices made in the coding procedure during the statistical analysis could be more elucidated.

3. Are the data sound?

Yes.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

Yes.
5. Are the discussion and conclusions well balanced and adequately supported by the data?
   Yes.

6. Are limitations of the work clearly stated?
   Yes, but this could be enhanced.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
   That could be improved.

8. Do the title and abstract accurately convey what has been found?
   Yes.

9. Is the writing acceptable?
   Yes.

Reviewer's report

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- Major Compulsory Revisions

1. This paper is a commendable attempt to gather data relevant to unravel the relationship between migration, acculturation and health care utilization. This is a rarely investigated topic and a sample of an infrequently examined population is studied – the authors are to be commended for their efforts. The results are potentially interesting and relevant to get more insight in the barriers and enablers of health care utilization by migrant groups. However, the concrete presented enablers and barriers may not come as a surprise, these are rather well known phenomena – the relevancy and attractiveness of the paper may therefore be enhanced by reflecting more on the theoretical and practical consequences of the results.

   Reply: Thank you for your comments and suggestions.

   We concluded that findings from this study may provide useful information for similar groups. Since the results of our study resemble results from previous studies among other non-western migrant groups in the Netherlands, for example Turks and Moroccans, we estimate that implications for policy and service delivery would be similar among these “other” non-western groups living in the Netherlands.

   On the issue of policy and clinical implications, we have re-structured the discussion section to accommodate this; see lines 482-508.

Firstly, the paper could benefit from a more extensive literature search and a more elaborated discussion in which policy and clinical implications are reflected upon. According to the title of the manuscript, the focus is on enablers and barriers for health care utilization. The
coverage of the literature on these specific elements with regard to non western groups, however, could be enhanced. In addition, elaboration of the influence of acculturation on these processes would be welcomed.

Reply: A further literature search was made in the preparation of this revised version. A few new references have been cited to support findings such as those of Harmsen et al. 2008; Priebe et al. 2011 among others. We concluded that findings from this study may provide useful information for similar groups. The results of our study resemble results from previous studies among other non-western migrant groups in the Netherlands, for example Turks and Moroccans. On the issue of acculturation, it is only from the theme on “being educated and relatively independent” can we further discussion lines on. Kindly see discussion lines: 177-180 and 423-432.

Secondly, in what way health professionals working with the target group can profit of the information provided in this paper is yet undecided – the authors could give more attention to implications of the findings regarding prevention, clinical work and health care policy. For instance, between lines 243 and 256 it is mentioned that some people reported to mistrust the health care provider and to perceive dissatisfaction – what can we do to lower this distrust and to help them better in the future? The reader may also want to know in what way a prevention program can be tailored to the needs of these Sub-Saharan migrants. In addition, suggestions for a culturally sensitive approach in organizing the health care more adequately could be helpful to provide more insight in this phenomenon.

Reply: thank you for your suggestions. Indeed, the implications of our findings in terms of policy and service delivery cannot be ignored. We have included in the discussion what we estimate, based on findings, would benefit the study group as well as lower the distrust of the healthcare worker and system. Kindly see lines 393-474 and 482-508.

Lastly, the international relevance of the study may be limited. The paper concerns a specific group. The conclusions may have some relevance for readers outside the area of health care seeking Ghanaian migrants, but an attempt to increase the generalizability of the findings would be welcomed.

Reply: Much of our findings were generalized because of the diverse background of participants. We augmented some of our findings with current international literature
This way, our study has relevance for international audience. Kindly see the sub-heading titled “comparison with existing literature” in discussions section.

To conclude, one could argue that there are some short-comings both with respect to both the theoretical argumentation and the practical implications of the paper that raise questions whether it warrants publication as of yet. To make a sound addition to scientific knowledge, this paper would have to draw more explicit conclusions with respect to culturally sensitive ways of lowering the barriers and optimizing the enablers for non-western cultural groups.

Reply: Discussion lines 482-508 have been modified to promote the enablers and lower the barriers found in this study, respectively.

There is no research question formulated. Consequently, specific theory driven hypotheses are absent. These issues should be discussed at the end of the introduction section and arguments underlying the hypotheses should be embedded in the literature. An extensive literature search considering more publications in which culturally diverse groups are studied, could improve the argumentation in this section.

Reply: the aim of this study is explicitly written in the abstract and introduction. On hypotheses, we did not formulate any. Rather, based on literature, we estimated similar findings, those of which have been mentioned in the discussion sections. A further literature search was made in the preparation of this revised version. A few new references have been cited to support findings such as those of Harmsen et al. 2008; Priebe et al. 2011 among others.

A convenience sample was drawn which is appropriate but some more details concerning the data collection procedure would be welcomed (for example how were people invited to participate, what was the non response) and the cultural validity of the (focus group) procedure and the questions asked.

Reply: In the methods section, we have mentioned that invitation was by word of mouth via the key contact persons in the Ghanaian community. Only those who wanted to participate responded and came to participate. We did not receive information on those non-respondents.
- Minor Essential Revisions

- References to the literature are not always correctly formulated (e.g., line 48 Nielsen should be Nielsen & Krasnik); several references throughout the manuscript miss et al (e.g., line 50).

  *Reply: We apologize for these typos. We have corrected the writing of this reference (line 48).*

- Line 59: this sentence is difficult to understand, please reformulate: ‘Some central governments have long since made it their concerns in public health, although much is desired in analyzes of such policies.’

  *Reply: we have modified the above sentence to make it clearer (line 68-70).*

- Line 97: in this sentence, a word seems to be missing: ‘Then after, another major move came into the country in the early 90’s mainly for family reunion.’

  *Reply: “Ghanaians” was the missing word; this has been included. See now line 92.*

- Line 527: a reference to Beune et al., 2008 has not been made in the text; this reference should be deleted.

  *Reply: Thank you for prompting on this error. The above cited reference has been deleted.*

- Line 403 & Line 446: references are not in alphabetical order.

- Please check the References List for incorrect use of italics and bold (e.g., 517-519, 580, 606, 608) and absence of page numbers (e.g., 514, 550, 575, 581).

  *Reply: References are now cited in alphabetical order (kindly see lines 540-634). All the other above-mentioned references have thus been written correctly according to the BMC style of referencing.*

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'