Reviewer’s report

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.

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.)

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.

• Line 60 – Should “analyzes” be implementation”?

• The last sentence of the first paragraph (61-63) is repetitive (56-57).

• Careful with generalisations: 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.

• Line 80 – Comment as for line 55.

The methods section has a lot of useful information but could be reorganised 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?

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.
- The issue/debate around prescriptions was very interesting. Also 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.
- 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?

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 generalise 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.)
- 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?

• 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?

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.