Reviewer's report

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

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Reviewer: jeroen W. knipscheer

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BMC Health Services Research

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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 Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?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. 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. 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. 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. 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.

2. 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.
3. 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.

- 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).

- 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.’

- 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.’

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

**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'