Reviewer’s report

Title: Barriers to formal healthcare utilisation among poor older people under the Livelihood Empowerment Against Poverty programme in the Atwima Nwabiagya District of Ghana

Version: 0 Date: 29 Apr 2019

Reviewer: Derek Tuoyire

Reviewer’s report:

Comments

Considering that the manuscript is a resubmission, I must commend the authors greatly for improving the manuscript relative to the previous edition.

Background

* Pg.4, lines 25-34: Are you suggesting that the healthcare utilization barriers for the general population and the older population are mutually exclusive?

* Pg.4, line 39: I suggest you open a new paragraph here with a brief but detailed description of the LEAP programme to provide the reader with a bit of context.

* Pg.4, line 39: "...poor older people were defined as those who have attained 65 years or above." Kindly qualify this statement as it is misleading. It currently suggests that merely being 65yrs or above automatically qualifies one as a poor older person. Perhaps is should read "...poor older people were defined as those who have attained 65 years or above under the LEAP programme were considered in this study as poor older people."

Methods

Study setting and design

* Pg.6, lines 7-31: Most of the write-up in this section sound as though straight out of a textbook. Please try to tell the reader how these conceptual issues were operationalized in the current study. A good attempt can be seen in the last two sentences of that same paragraph.

* Please provide as estimated range of the duration of the interviews and FGDs e.g 40-45mins since it is unusual for each interview to last exactly same amount of time.

* How were the participants of the FGDs recruited in the groups and how many FGDs were conducted for each category (poor older, caregivers, providers) of respondents?
* Please describe how the interview discussions and proceedings were captured

Results

* The results are fairly fine. However, I would suggest that the authors reorganize the themes so that the issues align properly as follows:

- Physical Accessibility barriers (Main theme)
  - Economic - income, high charges, insurance - (sub-theme 1)
  - Transportation (sub-theme 2)
- Social barriers (Main theme)
  - Communication (sub-theme 1)
  - Poor family support (sub-theme 2)
- Unfriendly healthcare environment (Main theme)
  - Poor attitude of providers (sub-theme 1)
  - Poor architecture of facilities (sub-theme 2)

Discussion

* The discussion should be more focused and tailored than being rather too generalistic

* Pg.26, lines 22-33: The recommendation about older people learning English is not too sound in my opinion. In that case, why not the providers learning the local language then? Perhaps suggest the provision of translators by the facilities as is the standard internationally or encourage that accompanying caregivers have at least some proficiency in the language.

* Pg.28, lines 24-27: How culturally and ethnically diverse is this study given that the study was conducted in one district, with majority of participants being of the same ethnic and religious group?

Conclusion

* I don't quite agree with the conclusions. This section should be more succinct.
Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

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Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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