Author’s response to reviews

Title: Relational continuity of oral health care in Indigenous communities: a qualitative study

Authors:

Richa Shrivastava (richa.richa@umontreal.ca)

Yves Couturier (yves.couturier@usherbrooke.ca)

Stefanik Simard-lebel (stefanik30@hotmail.com)

Felix Girard (felix.girard@umontreal.ca)

Nadia Verenna Bendezu Aguirre (nadiabendezu2303@gmail.com)

Jill Torrie (torrie.jill@ssss.gouv.qc.ca)

Elham Emami (elham.emami@mcgill.ca)

Version: 1 Date: 28 Oct 2019

Author’s response to reviews:

October 28, 2019

Dear Robin L. Cassady-Cain,

We are submitting a revised version of our paper entitled “Relational continuity of oral health care in Indigenous communities: a qualitative study.”

We have modified the manuscript according to the reviewers’ comments and suggestions. The modifications have been highlighted in yellow colour in the amended version of the manuscript.

Thank you for your assistance with our submission.

Sincerely yours,

Elham Emami

Dean,

Faculty of Dentistry
RESPONSE TO REVIEWERS’ COMMENTS:

REVIEWER 1:

Comment:

This is an interesting a well-presented qualitative study. The project uses both personal and focus group interview techniques to identify community attitudes and beliefs about the barriers and enablers to an Indigenous population acceptance of oral health within a primary health care organisation. The research focuses on determining key themes within a rural Canadian Cree population which may enhance or impede the concept of "relational continuity of care" in the provision of oral health services to this local community. The qualitative methods are appropriate, and the authors have made clear that the characteristics of the four communities "purposely selected" from the nine identified, allow the generalisation of the findings across the Cree communities within the region. The findings from the study are not unique to the primary health care literature - as the authors note - but they are of importance within the delivery of public dental services to rural, remote and Indigenous communities in North America and internationally. The findings that impermanence of oral health workers and the lack of effective communication skills in the language of the local community are key barriers to perceptions and positive attitudes toward oral health are important policy action points. Similarly, the three themes derived to enable greater community acceptance of oral health services are not unique, but are of relevance to the implementation of appropriate and rationally planned dental services to these communities. Cultural competence of providers, the ability of the dental team to work cooperatively across the primary health area, and the role of local health and community agencies in supporting and encouraging and integrated health and oral health system with the region appear as major enablers to improving access to dental care and promoting oral health. This study shows that high risk Indigenous communities need a special approach to dental service care and delivery. A message applicable internationally.
I believe manuscript may be improved for an international readership in a number of ways.

Response: We would like to thank the reviewer for the time and constructive comments.

Comment 1. The term "enablers" rather than "facilitators" may be a more universally acceptable descriptor of factors which promote positive outcomes;

Response: Thank you for the comment. We have replaced the word “facilitators” with “enablers”. Please see the highlighted area Page 3 (Line 5, 15, 17 & 20), Page 6 (Line 81), Page 9 (Line 146), Page 12 (Line 214), Page 17 (Line 321, 326), Page 18 (line 356, 357).

Comment 2. The Introduction could include a statement of the context of the specific study focus - "relational continuity of oral health care" to the broader public oral health needs of the specific community - their isolation from urban services, their objective dental needs and how current dental services are prioritised.

Response: Thanks for this comment. We have added a section in the Introduction on "relational continuity of oral health care" to the broader public oral health needs of Indigenous populations. Please see Page 5 (Lines 61-69).

Comment 3. Some of the quotations within the results could be shortened to coincide with the theme identified, as well as the concluding recommendations.

Response: Thank you for the comment. We have shortened some of the quotations in the result section. Please see Page 11 (Lines 204-205), Page 12 (line 209), Page 13 (Lines 250-251) and Page 14 (Lines 258-261).

Comment 4. The authors could consider an alternative term to "Organization's concerted efforts" - community engagement, proactive community involvement etc?

Response: Thanks for this comment. We have changed this term to 'proactive organizational engagement’. Please see Page 3 (Line, 18), Page 12 (Line 215, 216), Page 13 (Line 245).
Comment 5. The Discussion could be summarised more succinctly aligned along the lines suggested by Docherty and Smith B Med J 199; 318:1224-1225; and

Response: Thanks for the comment. As per your suggestion, we have restructured the discussion section. Please see Page 14-18.

Comment 6. The comment *"A few interviewed study participants..." could be better worded to illustrate the overlap of participants contribution and also noted in the discussion as a possible weakness.

Response: We have changed this line as: ‘A total of seven participants were involved in both individual interviews and focus group discussions’. Please see page 28 (Line 565-566).

REVIEWER 2:

Comment: This is a generally well written and easily understood paper. Some editing to improve conciseness of offering is warranted.

Response: We would like to thank the reviewer for the time and valuable comment. We have done edits in the introduction and discussion section. Please see the highlighted areas in the Introduction and Discussion sections.