Author’s response to reviews

Title: Assessing refugee healthcare needs in Europe and implementing educational interventions in primary care: a focus on methods

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Author’s response to reviews:

Reviewer reports:
Michaela Hynie (Reviewer 1):

The current structure of the article is much improved and the reframing as a methods paper was an excellent suggestion by the other reviewer; the importance and relevance of the work comes out very clearly. I do however have some additional suggestions for clarifying the text further, which are detailed below.

Response: Many thanks for your time and additional comments.

The inclusion of the flowchart with the different elements of the program was very helpful. It would be even more helpful if you indicated in the text when you are referring to the different elements of the flowchart. I found myself going back and forth between the text and the chart and at times being unable to determine which actions belonged to which element of the chart.

Response: it’s a constructive comment and it assists the new manuscript. The revised manuscript provides now new and explicit information in page 8, lines 177-180.

I am still not clear on what PLA actually is or rather what people actually do in PLA. Can a brief description of the actual activities be provided to explain how this methodology elicits evidence and guides decision making? I think you are referring to guided discussions but a little more information is still needed. Likewise, NPT requires a sentence explaining what this actually is.

Response: …

We thank the reviewer for that comment. Qualitative research techniques applied in the fieldwork in WP2 were typical for PLA. PLA techniques are inclusive, user-friendly and democratic, generating and combining visual and verbal data. This encourages literate and non-literate stakeholders alike to participate (11, Lionis, C., Papadakaki, M., Saridaki, A., Dowrick, C., O'Donnell, C. A., Mair, F. S., van den Muijsenbergh, M., Burns, N., deBrún, T., O'Reilly, M.O.R., van Weel-Baumgarten, E., Spiegel, W. and MacFarlane, A. (2016) 'Engaging migrants and other stakeholders to improve communication in cross-cultural consultation in primary care: a theoretically informed participatory study', BMJ open., 6(7), e010822). They consisted of flexible brainstorm discussions and in-depth interviews using materials adapted to the health literacy of participants and giving ample opportunity to the participants to come up with their topics instead of using a fixed topic-list. This methodology enables diverse, hard-to-reach groups in a cooperative manner to share, enhance and analyse their knowledge (O'Reilly-de Brún M, de Brún T, Okonkwo E, Bonsenge-Bokanga J, De Almeida Silva M, Ogbebor F, Mierzejewska A, Nnadi L, van Weel-BaumgartenE, van Weel C, van den Muijsenbergh M,
Visual and written materials were used to explain the topic and to express the opinions, experiences and wishes of the participants. During the sessions, all participants “posted” (using a picture or in writing on a post-it paper) their thoughts and explained them one at a time; the “posts” were categorised with the help of the researchers who acted as facilitators, and recorded on PLA charts in a consistent manner across all sites. We added this text on pages 8,9 lines 191-205 for PLA and page 9, lines 207-215 for NPT.

More specifically, in page 9, lines 213-215:

"NPT is a theoretical framework concerned with the work that individuals and organisations have to carry out in order to embed and normalise new, complex ways of working into routine practice (May CR, Mair F, Finch T, MacFarlane A, Dowrick C, Treweek S, et al. Development of a theory of implementation and integration: Normalization Process Theory. Implement Sci 2009; 4:29.) It has been used to guide the implementation of system improvements in primary care practice, and alerts researchers and implementers to the realities of implementation in real time and the interactions that do, or do not, occur between the individuals and groups charged with that implementation, by focussing attention on four principal constructs (Table 1).

Table 1 : NPT constructs.

Construct What it addresses

Sense-making Can those involved in the implementation make sense of it?

Cognitive Participation

Do relevant stakeholders ‘buy into’ the implementation work? Can those involved maintain their involvement and get others involved and engaged?

Enacting

What has to be done to make the intervention being implemented work in routine practice?
Appraisal work

How can the intervention be monitored and evaluated? Can it be re-designed to sustain its use?

Similarly, I was still somewhat confused about which parts of the activity are the PLA and who was involved, and which part of the flowchart it represented. Is it WP2? Was the 2 day training on Lesvos for actors (p 7) a training for facilitators from all countries, with the people trained in Lesvos then spreading out to all of the refugee centres in all 7 countries?

Response:

PLA was the research technique used for the fieldwork in WP2, in which refugees in all participating countries were asked about their experiences. For this fieldwork, local researchers were trained during a 2-day training in Slovenia. The results of the fieldwork helped to develop the flowchart the training in Lesbos addressing local health professionals. We added a new sentence on page 10, lines 248-250.

Thank you for clarifying the population focus. On page 5, lines 28 and 29, you indicate the focus is on refugees but that other migrants may also be the focus so it seems it is not refugee specific. Thus although you do not indicate if asylum seekers are also included, I assume that this is the case; it may be helpful to indicate this.

Response: Thanks for your comment and the revised manuscript explains that the projected implemented exclusively for refugees, although migrants have not excluded during the process of its development (page 6, line 130-134). A sentence has been also, added in the limitation section of the revised manuscript (page 19, lines 460-466).

Is the literature review described on pages 9-10 published somewhere? If so, please cite it.

Response: No, it has not published yet. It is still our intention and a manuscript is under preparation.
On page 13 you describe a pilot conducted in Greece. It leaves the reader curious about the results of the pilot, since these reflect the success of the program. How was it evaluated and what was the plan for utilizing the findings of the pilot? A brief comment addressing this seems to be called for.

Response: Many thanks for that valuable comment and the revised manuscript contains the requested information (page 15, lines 362-376 and in particular on lines 375 and 376). The pilot study was evaluated by qualitative research methods (semi-structured interviews, focus groups). This qualitative approach attempted to identify potential barriers in implementing what learned and explore if the primary care practitioners were better prepared after training.

You indicate that the project engaged refugees from multiple backgrounds and languages but I notice your consent forms were only translated into English, Arabic and Farsi. I assume this reflects the make up of the refugee sample. Can you comment on this?

Response:

The consent forms were translated into English, Arabic and Farsi due to the fact that during the implementation of the project refugees arriving in Europe were from countries speaking the aforementioned languages. In the cases that refugees were from a different country and not speaking English or the local languages a translator/cultural mediator informed them. We added a relevant sentence in page 17, lines 406-410.

Finally, there are still a number of typographical and writing errors and incomplete sentences; I am wondering if perhaps there was a malfunction in an editing program that left sentence fragments in the text that were supposed to be deleted? I have highlighted these in the manuscript, attached.

Response:

Many thanks for that comment and your suggestions. We made several efforts to improve the text.
Esperanza Díaz (Reviewer 2):

The manuscript has definitively improved as compared to the previous version. Figure 1 really help to understand better.

There are, however, still several queries that I would like the authors to answer for a better understanding of the paper.

Response: Many thanks for your comments.

In the abstract, the aim of the paper is now stated as "This article describes the cross-border effort that was embarked upon to select, develop and assess approaches and methods for enhancing PHC for refugees through rapid capacity-building actions in the context of a structured European project under the auspices of the European Commission and funded by the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA)." which seems to be in line with what is described further in the manuscript. However, this becomes more unclear later on in the text. Indeed, from line 160 we can read. "This article aims to illustrate both the framework and approaches utilised by the EUR-HUMAN project in its effort to i) assess the health needs of all people that have reached Europe in the period of the project implementation independently their legal status with a more focus on refugees in Europe using a refugee-centred approach, ii) identify, develop and test tools and interventions to give appropriate healthcare to this population group within the frame of European PHC and iii) evaluate the developed educational material and implemented intervention in selected European settings. Facilitate uptake of successful practices across other M-Ss. The design of the project - a focus on the methods used to serve especially its third objective,…" I get confused with this: Is this the paper that will especially focus on the first objective? The paper seem to me as a description of the whole process… Please clarify what you mean.

Response: Many thanks for that important comment. The revised manuscript is now cleared in regards to its aim and design (page 7, lines 164-174 of the main text and page 2 (lines 61-69 of the abstract).

Generally, I still find the language complex and unclear at some points, and many sentences, especially in the introduction part, seem to be unfinished. For instance text in lines 114-117 is completely unclear for me. Also lines 126-129: "However, the focus of this project was on
refugees, as Europe experienced massive waves of refugee influx during the period the project was implemented to that reason the text that follows is referring exclusively to refugees, although, migrants are also subjected of the reported actions." make not much sense to me. Other examples in lines 136-138, 141-143, 160 (facilitate what?). Please revise the whole text for grammar errors.

Response:

Thank you for providing a definition of compassion. What I was suggesting is a more targeted definition of compassion related to health care. I suggest you move the sentence "Additionally, it has become imperative to assess the importance and role of compassionate care in the context of PHC systems" to after the definition. The problem is that you might not be able to measure compassion as you define it. Therefore, I wonder if your wish to have evidence-based "compasive" intervention is utopic or if it is doable. Some examples could be good to have in the second case. Otherwise, it might be wise to talk about "integration, patient centeredness, comprehensiveness" that are easier to measure.

Response: We see this important point. It leaded us to revise the relevant paragraph in the introduction section of the revised manuscript (page 7, lines 149-151).

The whole project seems to try to achieve evidence base tools and approaches. In lines 170-171 you write: "the EUR-HUMAN project decided to utilise an evidence-based and validated approach" However, the methods the project rely on are not the most rigorous ones to create evidence (at least not type A or even B). Although I think their effort is valuable and probably the best approach, this should be discussed as a limitation in the discussion section.

Response: We agree with your comment and a sentence has been added in the limitation section of the revised manuscript (pages 19, lines 463-469).

Is the literature review described in line 240 published? If so, give the reference.

Response: No, it is on our current intentions.
I wonder how lines 259-263 suit in the description of the survey among users. Please see if it should be elsewhere.

Response: It is an excellent comment that guided us to correct a misplacement of this sentence. It has been placed elsewhere in the revised manuscript (page 11, lines 268-272).

Line 320 and following: You describe the use of the course, but I wonder why only 1/3 completed? Who were the ones invited to take the course? Average PCH providers or specially interested ones? How do you plan to continue this course? Plans for escalating or giving it publicity if it works well? What were the parts that did not work…

Response: Truly thanks for that comment. The low responding rate was one of the main challenges of the current course. This is due to the fact that the course was online for a short period and some of the primary care practitioners (especially that with high workloads) didn’t have the possibility to complete it on time. However, some were registered but never started the course something that decrease also the responding rate. People that they actually provided health care services to refugees’ and serve the national health care systems were eligible to participate in the course. At the course were selected mainly primary care practitioners serving the national health systems or NGOs who deal with refugees’. The course is still online and advertised at the project website. Additionally, in Greece the course has been given to the authorities of Second Health Region (the most affected by this crisis in Greece) to disseminate it among healthcare personnel, while the UoC team is currently training PHC providers in the island of Crete who will provide services to this vulnerable population. One of the parts that weren’t effective was the registration procedure which was mentioned as too difficult and as unnecessary very formal. We added this information in the revised manuscript (page 18, lines 439-447).

The explanation about the pilot from lines 329 is also unclear: Was this pilot intervention targeted refugees (you write 30 refugees)? or health professionals? If this was only 30, do you believe that the same results would apply in a day with 300 refugees to be attended? How was the pilot assessed?

Response: Many thanks for raising this comment; it is similar to a comment raised by the first reviewer. The text in the revised manuscript clearly indicates who was on target and how it has been assessed (page 15, lines 368-371). A comment on the small number of participating refugees has been added in the discussion section (page 19, lines 463-465)
In the discussion, you write that "This article discusses the need to invest in efforts that inform coordination, policy making, educational and PHC-specific capacity-enhancing interventions." Although you make his issue relevant, you do not actually discuss it… I suggest o delete this sentence.

Response: We fully agree with your comment and we deleted this sentence in the revised manuscript.

Line 408: I do not understand what you mean with" A pilot intervention to test how the developed tools and material work in the real world was deployed, not extending to the perception of refugees, although this is an aspect debated and considered for future actions, as it was deemed to be a key issue that future projects need to raise awareness about and focus on."

Response: Thanks for your comment and the sentence with unclear meaning has been deleted in the revised manuscript and a new sentence has been added in the revised manuscript (page 19, lines 463-465)