Author's response to reviews

Title: Perspectives and Experiences of Community Health Workers in Brazilian Primary Care Centers Using m-Health Tools in Home Visits with Community Members

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Author’s response to reviews:

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Mario Dal Poz
Editor-in-Chief, Human Resources for Health

Dear Dr. Dal Poz,

We thank you and your team for the insightful and detailed assessment of our manuscript entitled “Perspectives and Experiences of Community Health Workers in Brazilian Primary Care Centers Using m-Health Tools in Home Visits with Community Members” for consideration for publication in Human Resources for Health. We have revised the original manuscript and believe these changes have improved the paper overall. We address the reviewer comments below.

Reviewer 1:

I think this is a very interesting article. There are a few extra full stops, but otherwise the language seems fine.

Author response:

We appreciate that you pointed this out and have removed any extra full stops.
Reviewer 1:

My personal preference would be to intersperse the comments from the health workers in the text, but that is really up to the journal and the authors.

Author response:

We appreciate this comment and agree with the reviewer that interspersing the comments throughout the text might enhance the article. However, adding them all to the text would significantly increase our word count beyond the 4000-word limit.

Reviewer 2:

This is a well-written paper on the experiences and expectations of community health workers (CHWs) working with m-health tools in their outreach activities with community members.

The authors conclude that the m-tools have a great potential in communities residing in poorly developed areas but these tools must be designed and implemented thoughtfully. Technical barriers and potential social barriers must be anticipated and addressed to maximize their efficiency and successful adoption. CHW input on the design of the tool should be sought.

Limits of the study are also mentioned. Although the representative opinions listed in tables 2-5 are unquestionably relevant the qualitative nature is a disadvantage of this study (in its present form).

Author response:

We appreciate your comments on the overall nature of our paper, which is designed as a qualitative study in order to most appropriately capture the views, experiences, and recommendations for improvements of the CHWs. We have edited our aims and methods to clearly explain our rationale for designing this as a qualitative study.

Reviewer 2:

In order to rank pros and cons it would be useful to quantify data in some ways, e.g.,

- how many out of the 57 interviewed CHWs shared the opinions on Geohealth listed in tables 2-5?
- or instead: could they (or the authors) provide grades or scores on each items mentioned.

Author response:

Thank you for your commentary. We looked at the number of CHWs who mentioned each of the themes, and we used this information to determine which overarching themes were most
illustrative of the CHW experience. We conducted semi-structured interviews that allowed for further questioning and exploration of key topics mentioned by the CHWs during the interview, allowing us to better understand the experiences of CHWs with the m-health tool. However, this also means that the interviews were not standardized and thus not designed to quantify elicited responses. For fear that any ranking of these non-standardized responses could be easily misconstrued, we decided to provide illustrative examples rather than rankings to paint a complete picture of the CHW experience.

Reviewer 2:

Was there any association between parameters of the CHWs (especially age and duration of Geohealth use) and the seriousness of their opinion?

Author response:

We appreciate this comment. In this qualitative study with a small number of interviews we lack statistical power to examine statistical associations between participant characteristics and specific views. Also, as these were semi-structured and not structured interviews we do not have set categories for a 'dependent variable' across all respondents. This is a potential area for future research on the use of GeoHealth by CHWs in a larger sample.

Reviewer 2:

From the side of the governmental or health authorities which of the suggested drawbacks can be expected to change in reality?

Author response:

Thank you for this insightful comment. We have addressed this question in our discussion. It was gathered from the interviews that the lack of cellular signal was significantly slowing down the system and therefore one of the biggest drawbacks of the Geohealth project. Brazil has launched a new satellite (Satélite Geoestacionário de Defesa e Comunicações Estratégicas - SGDC), coordinated by the Ministry of Defense. This satellite should offer broadband internet to the whole country, including remote and difficult to reach areas starting in September, 2017 such as those served by the CHWs in this study. This service should greatly remediate the signal barrier.

Another significant barrier was the hardware used for the Geohealth program. As a direct result of the suggestions made by the CHWs in this study, we have switched to using tablets instead of low-technology smart phones for data collection in a new data collection project currently underway.

In sum, the changes being directly addressed by the governmental and health authorities relate to improving the internet connectivity and incorporating newer devices. Unfortunately, the CHWs’ concerns about safety when carrying around the tablets in this community remain unchanged.
We thank you again for your extremely helpful comments, and we hope that we have satisfactorily addressed them. We believe the topic of this manuscript, the use of m-health tools by Brazilian CHWs, is of interest to the Human Resources for Health readership. We thank you again for considering it.

Sincerely,

Elizabeth Kaselitz, MSW