

Article details: 2015-0142	
Title	Facilitators and barriers to accessing clinical prevention services for the South Asian population in Surrey, BC: a qualitative study
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Reviewer 1	Dr. Darren Lau
Institution	Public Health Sciences, University of Alberta, Edmonton, Alta.
General comments (author response in bold)	<p>Overall comments</p> <p>This study appears to be well conducted, a straight forward content analysis of focus group data. Credibility here is mainly established by having two coders, one of the with in-group knowledge; and also by face validity and correspondence of themes to the known literature. I can appreciate that member checks and peer debriefings may be difficult to accomplish logistically. The authors have taken steps to describe the study settings, and the quotes provided are reasonably linked to interpretations and help assure reproducibility of the findings. I have no objection to the methods employed here, which are entirely appropriate for a "snap shot" into participants' perceptions of preventive health services and accessing them.</p> <p>It is a little disappointing that the provided quotations hint at some of the challenges faced by immigrant populations specifically, but in moving from codes to general themes this flavour seems to have fallen by the wayside. The resulting themes are useful, but, as the authors themselves acknowledge, have been well documented in non-immigrant populations. In particular, I wonder what impact language-related frustrations, specific cultural / homeopathic view of illness or of health professionals, and variations in socioeconomic means or urban geography might have on uptake of preventive care. Without delving further into concerns specific to being Southeast Asian, it is hard to imagine how we might move beyond the usual prescriptions (which the authors recommend), to more quality improvement interventions that more meaningfully engage both patients and providers. This is an area sorely in need of innovation.</p> <p>Nonetheless I found this paper valuable and would support its acceptance for publication – with one revision. I would like to see the authors' vision for future implementation research – e.g.: the sort of studies needed to determine **how** we should do the things we know we should do, for this population specifically.</p> <p>1 Discussion It is a little disappointing that the provided quotations hint at some of the challenges faced by immigrant populations specifically, but in moving from codes to general themes this flavour seems to have fallen by the wayside. The resulting themes are useful, but, as the authors themselves acknowledge, have been well documented in non-immigrant populations. In particular, I wonder what impact language-related frustrations, specific cultural / homeopathic view of illness or of health professionals, and variations in socioeconomic means or urban geography might have on uptake of preventive care. Without delving further into concerns specific to being Southeast Asian, it is hard to imagine how we might move beyond the usual prescriptions (which the authors recommend), to more quality improvement interventions that more meaningfully engage both patients and providers. This is an area sorely in need of innovation. Add a few sentences on language and include comments that indicate that issues persist with same language physicians and in some cases are worse (discussion, contrast with literature)</p> <p>Re-affirm system change as the primary theme from patient perspective and contrast this with previous literature on immigrant population barriers complete 22</p> <p>2 Discussion I would like to see the authors' vision for future implementation research – e.g.: the sort of studies needed to determine **how** we should do the things we know we should do, for this population specifically. Add a paragraph... reference Sehat and other KT efforts</p> <p>Highlight embedded and collaborative approaches complete 25-26</p>
Reviewer 2	Dr. Luis Gabriel Cuervo
Institution	Pan American Health Organization, Research Promotion & Development, Washington DC
General comments (author response in bold)	<p>1 Introduction The paper would benefit of not just stating, but perhaps highlighting in a box three elements as bullets, and these are key to strengthening the manuscript</p> <p>1. What is known about this topic? The issue is not new, so perhaps you need to elaborate on the rationale for doing the study here and not using what is known of the topic. Are there biological, epidemiological or contextual differences to justify the study? Is the rationale a political one (to get the attention of local leaders)? The key source to address this issue would be having a good review of the literature.2. What is the added value of the study? (Justification) 3. What needs to be done for this study to have an impact? (Utility)</p> <p>The above information in bullets in a box would be most informative and it needs to be added in a more detailed way in the text itself. Create box, additional lit review in background Complete 6-7, 38</p> <p>2 Introduction Given that this is an observational study and now it is recommended that these also be registered, perhaps the authors should consider registering the study (e.g. in an ICTRP compliant database, or a data provider such as clinicaltrials.gov; it is good research practice and compliant with existing Policy on Research for Health) Register In Progress n/a</p> <p>3 Identification Page Last sentence, you should list the names of the people you acknowledge (9 volunteers) to make it a meaningful acknowledgement Permission sought 10/11 received remaining volunteer's name was excluded 2</p>

- 4 Abstract State if there was a protocol for this project. Final statement is not supported by the findings. The added value of the study and what needs to be done with the findings is not stated. **Add a sentence, change last sentence complete 3,4**
- 5 Introduction The first time you mention British Columbia, it should have the abbreviation in parenthesis (BC) (Second line), and thereafter the abbreviation used. The introduction should make clear the added value of this study, why it was worth doing it, what is known of this topic. **Find and replace Complete Throughout**
- 6 Methods The section "Settings" seems to belong under introduction. The Methods section could begin with "Recruitment of participants" **Move section Complete 7**
- 7 Methods The dates in which the study was conducted and participants recruited need to be listed **Add Complete 9 & 11**
- 8 Methods State if the study followed a protocol, if protocol variations were made, the rationale for these changes, which ones were made after ethical approval, was the Committee notified? **Add a sentence complete 8 (and existing text on page 9)**
- 9 Methods The selection strategy needs to be clearly spelled out, the description under methods is vague ("we recruited at health vents and via..."). The impact of this recruitment method and its potential for bias needs to be described in the analysis and limitations of the study. **Add a paragraph and include in analysis/limitations Complete 10; 23**
- 10 Methods Specify if the verbal brief/written overview was standardized, if recruiters were trained, their background/training for this, and how the training was done. **Add a few sentences Complete 9-10**
- 11 Methods Though it need not be comprehensive, the literature review (incorporated as part of the introduction/methodology section) should include at least a mention of one or two main studies conducted in a similar fashion that that set the basis for the theoretical framework used here. **Add a reference Redwood-Campbell and Kruger for high level categories Complete 13**
- 12 Methods Although the hypothesis here does suggest that a qualitative review could provide helpful insights into improving health outcomes for the immigrant community, based on the results of other studies, more persuasive study examples could be given as models. For example, the authors could cite in their reasoning other successful qualitative studies conducted on immigrant populations, possibly conducted via focus groups employing similar methodologies, that have influenced specific policies to improve immigrant population health or directly impacted the communities in which they were based. These could be selected for their similarity to the current study and include data accounting for results. Requested literature search from FH librarians for this but not found in the literature. The closest articles suggest ways to support uptake and integration into policy but do not document whether these have been successful. **Not Completed**
- 13 Coding It would be interesting to read more information about the decision-making framework behind the code book creation process before it was implemented. What was it based on? **Add a few sentences Complete 13**
- 14 Coding More information about the training of coders would be nice to include. How strictly was the codebook enforced? Potential coder bias beyond the South Asian coder? This could be included in the discussion section. **Add a few sentences including in limitations Complete (Methods) 13 & 24**
- 15 Coding With qualitative coding there is a lot of room available for bias. How was the coding reliability reviewed, if it was reviewed by a supervising researcher? Was reliability calculated? Did an initial pilot period take place? It seems strange to me that they "met and reviewed data to overcome discrepancies on a regular basis" because it seems that a degree of scientific separation is necessary to maintain the scientific rigor that a content analysis should require. Perhaps describe a bit more the "discrepancy resolution process" **Add a few sentences Complete (Methods) 13**
- 16 Study type/Design Although the authors state that the study was based on gaps in the literature, this are not properly described above as they state. It is unclear if a systematic review or comprehensive search was done, how and when. **Reference Library Services validation Complete 7**
- 17 Study type/Design The justification calls for "ultimately, health system change". Why? Should this not be based on the findings instead of pre-empting the need to change the system? **pag7.line 47: Remove Complete 7**
- 18 Study type/Design The description states that "the study was originally designed" ...if there was a protocol this needs to be specified, and the authors should say if it was published. This we infer from this and the design shift described later and ethical review. pag8.line24 **Add a few sentences Complete 7**
- 19 Study type/Design Describe how the demographics in the study contrast with the target population, and how their categorizations related to the population demographics, to determine if the sample was representative, and indicate if the existing approach capture the demographics. Otherwise it will remain

unclear the extent to which the sample is representative. No reference provided to demographic questionnaire: Check for demographic questionnaires already available (pag8.line35 **Add a few sentences; cite demographic question sources (primarily adapted from CCHS) Complete (methods) 9, 23-24**

20 Results The first paragraph is misleading because the numbers do not match (62/110 = 56%) Participants Attended a focus group) Provide the parameters used to calculate the sample size of 110 that was proposed. Provide the figures for those not interviewed; even if this is a qualitative study, it is important to properly describe the frequencies. **Revise Complete 15; 16**

21 Results Similarly, you need to provide the frequencies for each of the results (what represents the majority? how many people and what was the denominator?) Frequencies are missing throughout. **Add number of groups endorsing themes at the bottom of the theme summary table complete 41**

22 Interpretation Here you can highlight the added value. You state it is consistent with previous research, so why was it done? **Compare contrast with lit including new scoping review complete 6-7, 38**

23 Strengths and Limitations Elaborate on what specifically were the contributions of the community (perhaps some go under methods, depending on the answer) **Add a paragraph complete 7-8**

24 Strengths and Limitations Is age representative of the community? The study seems to have focused on people over 40 years of age. It could be useful for this purpose to include demographics of the entire community. **Add a few sentences complete 23-24**

25 Strengths and Limitations Elaborate on the selection criteria for variables and proposed domains (**pag 15 lines 32-35**) **Add a few sentences complete 19**

26 Strengths and Limitations Address potential biases and accuracy issues caused by:
a. Low sample size and whether the participants were representative of their communities. **The rationale for change in the study designed (pg 16 lines 19-21**
b. Induction of responses. It is recommended the use of open-ended questions rather than limiting responses to 2 or 3 options, or asking the questions based on the previous responses, which may restrict
c. Clarify what languages were used as the information is contradictory. (Appendix A includes a question on languages with only 2 options while in Table 1 is suggested the potential use of 4+ languages) **Add a paragraph Complete (a & c), b not addressed focus group questions are already open ended and demographic interview questions adapted from validated sources 11 (c); 8, 24 (a);**

27 Conclusion The analysis requires to be more critical and in depth Overview of key themes **Complete 20-21**

28 Conclusion Pag16.Line34-42 not sure to what is referring to and how it is to be implemented. **Edit Complete 25-26**

29 Conclusion Last sentence on the first paragraph of conclusions (pg 16 lines 38-42) we are not sure the proposal was a finding of the study or something addressed earlier, so it needs to be eliminated or provided with a clear context for this conclusion because it does not appear to be supported by the findings. **Revise complete 25-26**

30 Conclusion Provide an operational definition for "embedded processes" **Add a sentence complete 18 & 27**

31 Conclusion The last paragraph (pag17.line12) can be better used; provide throughout specific recommendations on implementation research to be done, etc. What kind of specific study needs to be done to address the open questions. **Reorg/revise complete 26-27**

32 Conclusion What principals form the basis of their conclusions that leads the study of this population to be generalizable to the group? **Include sentence under limitations complete 24**

33 Conclusion "Educational services" and outreach methods should be defined or described, and could be focused a bit more for the population. Define in which areas, exactly, that the study showed these areas were necessary. **Add a few sentence complete 25**

34 Conclusion It would be essential to provide concrete policy recommendations, at least half page. **Add a few paragraphs complete 25-26**