

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Scoping review on Physical Health Conditions in Mincéirs - Irish Travellers
AUTHORS	Kennedy, Fiona; Ward, Amy; Mockler, David; Villani, Jacopo; Broderick, Julie

VERSION 1 – REVIEW

REVIEWER	Richard, Elodie Université de Bordeaux Collège Sciences de la Santé
REVIEW RETURNED	03-Dec-2022

GENERAL COMMENTS	<p>I thank you for your valuable work in supporting action with marginalised populations. Here are my suggestions:</p> <p>Abstract In the method section of the abstract, the following is missing : exclusion criteria and charting methods</p> <p>Contexte The research question is well-founded.</p> <p>Method The inclusion criteria are scattered in the method section (Method : paragraph 2 and 4). The exclusion criteria and the date of data extraction are missing. What are the differences between physical health, physical health condition, physical health diseases ? The definition of physical health condition would be opportun as well as the sub-categories defined for the analysis. "Data were summarized and presented to show the breadth and depth of the field and categorized meaningfully into subcategories of physical health" Which one ? Comparison with the general population should be reported in the analysis of the method.</p> <p>Results : "The UK based study included mostly male participants (93.6% male) while one study was female only". And for the Irish articles ? what is the gender distribution ? In the results section, some physical health conditions are compared to the General Population while others are not. Those, that are not, are included in the discussion section (ie.CVD).</p> <p>Discussion In the discussion, there is some duplication of results. A proposal would be to include the comparison with the general population in the results and in the discussion1/ to make the observation of the inequalities in the burden of physical health, 2/to compare with other marginalized populations and/or living in informal settlements and 3/thus to make the link with living conditions and health. Indeed, you yourself say that this is missing from your results.</p>
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REVIEWER	Smith, David Anglia Ruskin University
REVIEW RETURNED	04-Feb-2023

GENERAL COMMENTS	The article meets its brief, is thorough and robust. One small comment re: the introduction. Not all 'Travellers' are Irish in the UK, some English/Scottish also refer to themselves as Travellers (confusingly) and sometimes Romany Gypsies will also refer to themselves as Travellers. The article cites 2011 census data when 2022 data is now available and this could be updated.
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REVIEWER	HO, Ken The Chinese University of Hong Kong, The Nethersole School of Nursing
REVIEW RETURNED	24-Feb-2023

GENERAL COMMENTS	<ol style="list-style-type: none"> 1. 2. In the abstract, indicate the period of search. 3. Describe the five-stage framework of Arskey and O'Malley in the method section. 4. Organize the methodology according to the stages of Arksey and O'Malley. 5. For the population, concept and context, the context was not described. 6. Please describe details of data extraction table. 7. Please describe how grey literatures are searched and included. 8. According to Arsker, the consultation with stakeholder is optional. It is good to have this consultation. However, how stakeholder were consulted, particularly, what AW is highly confusing. 9. Data extraction tables should be arranged according to included articles, not according to categories of physical health. 10. Please indicate the type and number of studies (e.g., quantitative, qualitative and mixed methods) 11. Data extraction table shall provide the characteristics of individual reports. 12. The function of scoping review is to scope the breath of evidence. It is too narrow for this scoping review only to identify the physical health of travellers. More can be done. For example, what are the strategies currently available for travellers? What are the advancements and the gaps in the field? These information are lacking right now.
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1	
I thank you for your valuable work in supporting action with marginalised populations. Here are my suggestions:	Thank you, we very much appreciate this comment.
Abstract	
In the method section of the	Apologies for this lack of clarity. In relation to context and exclusion criteria the following has been added to abstract:

abstract, the following is missing : exclusion criteria and charting methods Context	<p>“Eligibility criteria: The population was Travellers. The concept referred to physical health conditions. The context was Irish Travellers based in any location or setting. Exclusion criteria were not including primary data related to physical health conditions of Irish Travellers.”</p> <p>In relation to charting method the following has been added to abstract: “Data was extracted, described and organised meaningfully into tables according to reported physical health conditions”</p>
The research question is well-founded.	Thank you for this comment.
Method	
The inclusion criteria are scattered in the method section (Method : paragraph 2 and 4).	<p>Details in paragraph 4 have been merged with paragraph 2.</p> <p>“Stage three refers to study selection. This was based on the Population, Concept, Context (PPC) mnemonic¹. The population was Travellers. The concept referred to physical health conditions. There is no single definition of physical health conditions. We took this to mean any condition, including a disease or event (eg injury) that impacts the physical health system. The context was quite broad and included Irish Travellers based in any location or setting. It was originally envisaged that this review would encompass ‘health’ in a more holistic way including mental and physical health conditions. Given the large scope of a review including both dimensions of health, a pragmatic decision was taken to consider physical health conditions only in this review and refine the search strategy appropriately^{2,3}. This included primary data documenting prevalence of physical health conditions and as well as perceptions of Travellers regarding physical health conditions experienced. Only English language sources were searched as it was expected the literature would be concentrated mainly in Ireland and the UK/other English-speaking jurisdictions. No date restriction was applied to generate a purposefully broad scope of the available literature. To meet the objective of the scoping review questions in this study, both quantitative and qualitative study designs were included, although it was expected data would be primarily quantitative in nature. Studies, regardless of study design, which examined physical health conditions of Travellers (>18 years) as a primary or secondary outcome measure were included. If intervention studies were included, only baseline data was extracted. Exclusion criteria were data which did not related to physical health conditions of Irish Travellers.”</p>
The exclusion criteria and the date of data extraction are missing.	<p>Exclusion criteria has been added in as per point above. The following re the data extraction process has been added:</p> <p>“The data extraction process took place from October 2021 – March 2022.”</p>
What are the differences between physical health, physical health condition, physical health diseases ?	<p>We apologise for the lack of clarity. To avoid inconsistency and the use of multiple terms - the term physical health condition is now incorporated throughout and the following has been added.</p> <p>“The concept referred to physical health conditions. There is no single definition of physical health conditions. We took this to mean any condition, including a disease or event (eg injury) that impacts the physical health system.”</p>
The definition of physical health	As per point immediately above, the term ‘physical health condition’ is now used consistently throughout and has been defined as per above.

<p>condition would be opportune as well as the sub-categories defined for the analysis.</p> <p>"Data were summarized and presented to show the breadth and depth of the field and categorized meaningfully into subcategories of physical health"</p> <p>Which one ?</p>	
<p>Comparison with the general population should be reported in the analysis of the method.</p>	<p>Thank you for this point – the following has now been added.</p> <p>“Where available, data were compared to the background population.”</p>
<p>Results :</p>	
<p>"The UK based study included mostly male participants (93.6% male) while one study was female only". And for the Irish articles ? what is the gender distribution ?</p>	<p>The gender distribution of each study is included in Table 2 of supplementary material.</p> <p>The following has been included in the results section in relation to gender:</p> <p>“The majority of studies included males and females with overall 61% of participants female. The UK based study included mostly male participants (93.6% male)⁴ while one study was female only⁵.”</p>
<p>In the results section, some physical health conditions are compared to the General Population while others are not. Those that are not, are included in the discussion section (ie.CVD).</p>	<p>Apologies for the lack of clarity. All comparisons are now included in the results section. The implications are included in the discussion section.</p>
<p>Discussion</p>	
<p>A proposal would be to include the comparison with the general population in the results and in the discussion^{1/} to make the observation of the inequalities in the burden of physical health, ^{2/}to compare with other marginalized populations and/or living in informal</p>	<p>Thank you - the following has been added into the discussion;</p> <p>“When comparing Travellers to non-Travellers (35–54 age group), Travellers are approximately three times as likely to have poor health or some type of difficulty or disability with the health gap rapidly increasing with age, which mirrors the pattern in other ethnic minority groups.⁶ A UK based study found that compared to white British people and 17 different ethnic minority groups, Gypsy and Irish Travellers (with the exception of younger and older age groups) had markedly high levels of multiple long-term conditions⁷. Another study found inequalities in health-related quality of life were widest for Gypsy or Irish Travellers, Pakistani and Bangladeshi women⁸.</p> <p>In a similar way to Travellers experiencing a high burden of physical health conditions compared to the background population, poorer health is</p>

<p>settlements and 3/thus to make the link with living conditions and health. Indeed, you yourself say that this is missing from your results.</p>	<p>experienced by the Roma population compared to non-Roma across Europe⁹. For instance, a high prevalence of tuberculosis has been detected in the Roma population¹⁰. Other diseases have been described in Roma, such as hepatitis A¹¹ and hepatitis C virus (HCV) and HIV¹². An outbreak of Hepatitis A in Travellers was described in the literature¹³ but was not included in the current review due to the high proportion of participants under 18 years. A high prevalence of measles was documented in Roma¹⁴, a number of papers also described measles outbreaks in Irish Travellers¹⁵ but similarly were also excluded from the present review due to the proportion of children in these papers. “</p> <p>This has also been added into the discussion;</p> <p>“The importance of using a ‘social determinants’ approach linking inequalities in healthcare, accommodation, and other factors such as racism and discrimination to poor health was also advocated¹⁶. With a stark 39% of Travellers estimated to be homeless, this negatively affects overall health and well-being and compounds health inequalities¹⁷”</p> <p>And -</p> <p>“Due to the inter-relationship between living conditions and health, living conditions need to be radically improved and studies including Travellers should include data on living arrangements.”</p>
<p>Reviewer: 2</p> <p>The article meets its brief, is thorough and robust. One small comment re: the introduction. Not all ‘Travellers’ are Irish in the UK, some English/Scottish also refer to themselves as Travellers (confusingly) and sometimes Romany Gypsies will also refer to themselves as Travellers. The article cites 2011 census data when 2022 data is now available and this could be updated.</p>	<p>Thank you for the this very valuable point – the following has been added into the introduction section:</p> <p>“The term ‘Travellers’ is used as a generic term to refer to people who have a historical and cultural tradition based on a mobile lifestyle and includes English and Welsh Gypsies, Irish Travellers and Scottish Travellers. Each of these groups has a separate ethnic identity that is particularly evident from their different languages but they share many aspects of a common cultural identity as traditional Travellers or Romani people^{18 19}. In this review we specifically included ‘Irish Travellers’ only. As Irish Travellers in Ireland are known as ‘Travellers’ rather than ‘Irish Travellers, the term ‘Travellers’ is used hereafter, recognising that the authors are referring to Travellers of Irish descent.”</p> <p>Regarding the 2022 census data on Travellers and Gypsies in the UK – this webpage from gov.uk (https://www.ethnicity-facts-figures.service.gov.uk/summaries/gypsy-roma-irish-traveller), contains 2011 data, this was last updated on March 29 2022 and does not include 2022 data as yet. We are happy to be advised if this data is available elsewhere.</p>

Reviewer 3	
In the abstract, indicate the period of search.	This has now been added into the abstract - “ up to 04.04.23”
Describe the five-stage framework of Arskey and O'Malley in the method section.	The methodology section has now been thoroughly rewritten and re-structured according to the five-stage framework of Arksey and O' Malley.
Organize the methodology according to the stages of Arksey and O'Malley.	As per point immediately above, the methodology has been re-organised according to the stages of Arksey and O' Malley.
For the population, concept and context, the context was not described.	Apologies for this omission -the concept is now included in the abstract and methodology sections. “The context was Irish Travellers based in any location or setting”
Please describe details of data extraction table.	The following has been added in relation to the data extraction table: “The data extraction instrument collected the following data relating to included studies (author, title, year of publication, study aims/objectives, research design, living arrangements, location of participants, inclusion/exclusion criteria, data collection method, number of participants, age (mean and standard deviation), biological sex, details of physical disease reported and physical disease characteristics of the background comparison population”
Please describe how grey literatures are searched and included.	It is acknowledged that here is no 'gold standard' for rigorous systematic grey literature search methods and there are few resources on how to conduct this type of search. This is how we included this approach – In methods section “Grey literature was searched using the CADTH Grey Matters tool and the following websites were checked; Lenus, ProQuest E-Thesis Portal and RIAN. For each of these sources the terms 'Travellers' and 'Health' were searched. For each, the website was 'hand searched' for potentially relevant documents. The first ten pages of each search's hits were reviewed for potentially relevant material. A targeted search of Google Scholar and WorldCat search engines was also performed.” In results section: “Three were reports generated from the grey literature search while the remaining were generated from the systematic database search.”
According to Arsker, the consultation with stakeholder is optional. It is good to have this consultation. However, how stakeholder were consulted, particularly, what AW is highly confusing.	Apologies for this lack of clarity. AW, a member of the Travelling community was a member of the scoping review team who was personally invited to join. This paragraph has been re-written for clarity. The Pollock et al (2018)“Stakeholder involvement in systematic reviews: a scoping review” was used to guide the writing of this section. “Stakeholder involvement was integral to this review. The initial research question was generated from the principal author who has an interest broadly in the physical health of marginalised groups. In the planning phase, the research question evolved and was refined by engaging informally with the research team and a member of the Travelling community (AW) about this topic. In conversation, AW identified the poor physical health and prevalence of physical health conditions among many Travellers which consolidated the purpose of conducting this review. AW was then personally invited to join the review team. Her involvement began after the initial database search and continued throughout the data synthesis and write-up phases. A number of online meetings took place during which AW shared her perspectives verbally and in

	written form on early results, drafts and conclusions of the review as they emerged.”
Data extraction tables should be arranged according to included articles, not according to categories of physical health.	Thank you for this point, we alphabetically rearranged the main study characteristics and details of study participants (Supplementary Tables 1 and 2) Following the Joanna Briggs association methodology for Scoring reviews, remaining tables are arranged aligned to the scope of the review. Relevant quote from Joanna Briggs Association Guidance for conducting scoping reviews. “The results of a scoping review may be presented as a map of the data extracted from the included papers in a diagrammatic or tabular form, and/or in a descriptive format that aligns with the objective/s and scope of the review.”
Please indicate the type and number of studies (e.g., quantitative, qualitative and mixed methods)	“After excluding irrelevant studies, a total of 11 studies and 18 reports were deemed eligible for inclusion. Quantitative studies predominated (n=8), with two qualitative studies and a mixed methods study.”
The function of scoping review is to scope the breath of evidence. It is too narrow for this scoping review only to identify the physical health of travellers. More can be done. For example, what are the strategies currently available for travellers? What are the advancements and the gaps in the field? These information are lacking right now.	<p>Thank you for this point. We gave it a lot of consideration. To expand on the scope, we added in 2 qualitative studies which reported perspectives of Travellers towards physical health conditions experienced.</p> <p>We also included the following in-depth analysis in the discussion section:</p> <p>“The AITHS which is over 10 years old remains the most comprehensive report of Traveller health and is quoted widely in subsequent reports. It highlighted four priority areas for intervention: mother and child services; men’s health; cause-specific issues for respiratory and cardio-vascular disease; and a new model of primary care delivery. The importance of using a ‘social determinants’ approach linking inequalities in healthcare, accommodation, and other factors such as racism and discrimination to poor health was also advocated¹⁶. With a stark 39% of Travellers estimated to be homeless, this negatively affects overall health and well-being and compounds health inequalities¹⁷. The long awaited recently published National Traveller Health Action Plan (2022)²⁰, relevant to the Republic of Ireland, contained 45 key actions around resourcing, identifying, reinstating, and expanding Primary Health Care for Traveller Projects and engaging with public health. It also echoed a social determinants approach with targeted and mainstream strategies to overcome inequalities. This was also advocated in the National Traveller and Roma Inclusion Strategy 2017-2021 (NTRIS)²¹. Another important approach of the National Traveller Health Action Plan is a ‘whole-of-government approach’ with integrated cross sectoral working. All of these approaches if implemented should impact the burden of physical health conditions in Travellers but there is a sense of policy conflict²², policy fatigue and policy failure in the absence of tangible action on recommendations.</p> <p>More is known about physical health conditions in Irish-based Travellers and policies described are relevant to this setting. Less is known specifically about the physical health conditions of UK based Irish Travellers. Some research collectively pooled data from gypsies and Irish Travellers as well as other Traveller groups. Although all these groups experience discrimination, poor living conditions and health inequalities, how these groups vary in relation to physical health conditions is not well known.</p> <p>Ethnic identifiers would enable physical health conditions to be more accurately</p>

tracked but this would need to be conducted sensitively. This is in line with a key recommendation of the National Traveller Health Action Plan (2022-2027)²⁰, which recommends systematic ethnic equality monitoring, including the introduction of ethnic identifiers on health data sets. Due to the inter-relationship between living conditions and health, living conditions need to be radically improved and studies including Travellers should include data on living arrangements.

It should also be considered that the extent of physical health conditions may be underestimated due to Travellers not presenting or presenting late for care as well as a mistrust of healthcare professionals¹⁶. The co-development of trust-building mechanisms and improved cooperation between Travellers and healthcare professionals has been recognized as important strategies to improve Travellers' access and engagement with mainstream health services²³. Non-communicable diseases such as cancer and arthritis in Travellers featured minimally within this review. The health of older Travellers was not specifically explored, which may be partly due to the mortality gap. Further work is needed on how best to build confidence and empower Travellers to self-manage their health without 'talking at them'. Functional literacy and health literacy levels need to be optimised while also reducing the stigma associated with accessing healthcare¹⁶. Supporting Traveller groups to co-design culturally appropriate health literacy resources has been identified as crucial to improve understanding of pathways to access services and signs and symptoms of different health conditions²³. Health care staff can be discriminatory in their attitudes²⁴ which also needs attention. At a broader level, healthcare service design needs to be culturally appropriate. A recent study exploring Travellers' views about how existing healthcare provision could be more responsive to their needs found that employing members of the community within the health service, embedding an ethos of cultural safety and humility and delivering Traveller Cultural Awareness Training to healthcare staff would improve the cultural appropriateness of mainstream health services²³.

Ultimately, ethnic inequalities in health, relevant to Travellers and other ethnic minority groups are closely linked to racism and discrimination as well as the social determinants of health such as housing, education, employment and income which are strongly associated with poor health²⁵. These underlying factors therefore need to be tackled to impact health.

Conclusion

This scoping review highlights marked inequalities in the burden of physical health conditions experienced by Mincéirí. Many common physical health conditions were 2-3 times more prevalent in Travellers compared to the background population. Multifaceted and tangible action is required including better targeted approaches and accommodations within mainstream healthcare, underpinned by a social determinants approach, to bridge the gap in physical health conditions experienced by this marginalised group."

References specifically related to reviewer comments

1. Peters MDG, C. McInerney, P. et al. . Joanna Briggs Institute (JBI) Manual for Evidence Synthesis 2020.
2. Daudt HML, van Mossel C, Scott SJ. Enhancing the scoping study methodology: a large, inter-professional team's experience with Arksey and O'Malley's framework. *BMC Medical Research Methodology* 2013;13(1):48. doi: 10.1186/1471-2288-13-48
3. Levac D, Colquhoun H, O'Brien KK. Scoping studies: advancing the methodology. *Implementation Science* 2010;5(1):69. doi: 10.1186/1748-5908-5-69
4. Mac Gabhann C. Voices unheard. *A Study of Irish Travellers in Prison London: Irish Chaplaincy in Britain* 2011
5. Hodgins M, Millar M, Barry MM. "...it's all the same no matter how much fruit or vegetables or fresh air we get": Traveller women's perceptions of illness causation and health inequalities. *Social Science and Medicine* 2006;62(8):1978-90. doi: 10.1016/j.socscimed.2005.08.052
6. Watson D, Kenny, O., Mc Ginnity, F. . A Social Portrait of Travellers in Ireland, Research Series Number 56, 2017.
7. Brenda H, Mai S, Catherine LS, et al. Ethnic inequalities in age-related patterns of multiple long-term conditions in England: analysis of primary care and nationally representative survey data. *medRxiv* 2022:2022.08.05.22278462. doi: 10.1101/2022.08.05.22278462
8. Watkinson RE, Sutton M, Turner AJ. Ethnic inequalities in health-related quality of life among older adults in England: secondary analysis of a national cross-sectional survey. *Lancet Public Health* 2021;6(3):e145-e54. doi: 10.1016/s2468-2667(20)30287-5 [published Online First: 2021/02/01]
9. Roma health report, health status of the Roma population. Data collection in the Member States of the European Union. , 2014
10. Casals M, Pila P, Langohr K, et al. Incidence of infectious diseases and survival among the Roma population: a longitudinal cohort study. *Eur J Public Health* 2012;22(2):262-6. doi: 10.1093/eurpub/ckq204 [published Online First: 2011/01/11]
11. Arce Arnáez A, Cabello Ballesteros L, Iñigo Martínez J. [Community outbreak of hepatitis A in a marginal population. Vaccination for its control and acceptance of the measure]. *Aten Primaria* 2007;39(3):139-43. doi: 10.1157/13099561 [published Online First: 2007/03/28]
12. Teira R, Lizarralde E, Muñoz P, et al. [A cross-sectional study on the epidemiological and clinical characteristics of HIV-1 infection in gypsies and in other minorities in Bilbao, Northern Spain]. *Med Clin (Barc)* 2002;119(17):653-6. doi: 10.1016/s0025-7753(02)73530-6 [published Online First: 2002/11/28]
13. Kelly D, O'Hare C, McKeown P, et al. Detection and control of an ongoing international outbreak of hepatitis A among the Irish Traveller community beginning September 2020. *Epidemiol Infect* 2022;150:1-13. doi: 10.1017/s0950268822000309 [published Online First: 2022/02/17]
14. Rodrigo SG, Calatrava RG, Vicenta Rigo Medrano M, et al. [Reemergence of measles. Epidemic situation in the Valencian Community during the years 2011 and 2012]. *Enferm Infecc Microbiol Clin* 2014;32 Suppl 1:43-50. doi: 10.1016/s0213-005x(14)70149-1 [published Online First: 2014/03/19]
15. Cohuet S, Bukasa A, Heathcock R, et al. A measles outbreak in the Irish traveller ethnic group after attending a funeral in England, March-June 2007. *Epidemiology and Infection* 2009;137(12):1759-65. doi: 10.1017/S0950268809002714
16. All Ireland Traveller Health Study: Our Geels, Summary of Findings. All Ireland Traveller Health Study Team, Dublin: University College Dublin, 2010.
17. The Traveller Community and Homelessness Advocacy paper: October 2021. Pavee Point Traveller & Roma Centre.
18. Gilbert E, Carmi S, Ennis S, et al. Genomic insights into the population structure and history of the Irish Travellers. *Sci Rep* 2017;7:42187. doi: 10.1038/srep42187 [published Online First: 2017/02/10]
19. Cromarty H. Gypsies and Travellers Briefing Paper, House of Commons, Number 08083 2019 [
20. National Traveller Health Action Plan (2022-2027). Working together to improve the health experiences and outcomes for Travellers. Department of Health, Ireland. , 2022.
21. National Traveller and Roma Inclusion Strategy (NTRIS). 2017-2021. Department of Justice and Equality, Ireland. , 2017.
22. Implementation of Traveller Policy: Terrain for Imagination and Challenge. May 2022. Pavee Point Traveller & Roma Centre. .

23. Villani J, Kuosmanen, T., McDonagh, M, Barry, M.M. . Traveller Mental Wellness Continuum Framework: A qualitative peer research study of Travellers' views. Health Promotion Research Centre, University of Galway., 2023.
24. Gray C, Donnelly J. Unheard voices: the views of traveller and non-traveller mothers and children with ASD. *International Journal of Early Years Education* 2013;21(4):268-85. doi: 10.1080/09669760.2013.842160
25. Williams DR, Yan Y, Jackson JS, et al. Racial Differences in Physical and Mental Health: Socio-economic Status, Stress and Discrimination. *J Health Psychol* 1997;2(3):335-51. doi: 10.1177/135910539700200305 [published Online First: 1997/07/01]

VERSION 2 – REVIEW

REVIEWER	Richard, Elodie Université de Bordeaux Collège Sciences de la Santé
REVIEW RETURNED	07-May-2023

GENERAL COMMENTS	<p>Congratulations on the changes made to the article. Here are my comments:</p> <p>abstract section: you have added the extraction date of the articles 04.04.2023. It would be relevant to add it in the method section, paragraph 3, line 4. Also, is it 2023? because the selection of articles was done from Oct 2021 to March 2022, as mentioned in paragraph 6 of the method.</p> <p>the conventions require the use of (e.g., injury) and not (eg injury)</p> <p>The following sentences express one of the limitations of the scoping, please remove in limits section: "It was originally envisaged that this review would encompass 'health' in a more holistic way including mental and physical health holistic way including mental and physical health conditions. Given the large scope of a review including both dimensions of health, a pragmatic decision was taken to consider physical health conditions only in this review and refine the search strategy appropriately."</p> <p>I don't think these sentences were usefull : "To meet the objective of the scoping review questions in this study" and "regardless to the study design".</p> <p>Results section</p> <p>"The original search was performed on 09.03.21 (re-run 02.11.21 and 04.04.23)." Please remove to method section as suggested.</p> <p>"Using a data-driven approach, physical health conditions were categorised were categorized in the following way; cardiovascular disease (CVD), respiratory, genetic, injuries/musculoskeletal/arthritis disorders and gut/bowel conditions." Please remove in method section stage five line 23.</p> <p>For table 1, 2 3 4 : please provide more column fot better clarification : authors, populations characteristics (age, gender, substance consumption ...), subcategorie indicator among the study, and the last among background population if found.</p> <p>Please explain all acronyms all over the article (AITHS, ROI, CIR, CSO,)</p> <p>You also may put all reference. For example :</p> <p>"Quantitative studies predominated (n=8), with two qualitative studies and one mixed methods study." which one ? "Three were reports generated from the grey literature search while the remaining were generated from the systematic database search." Which one ?</p>
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	<p>"One study took part in the UK and the remaining studies were based in Ireland, North and South" which one ? put reference.</p> <p>"Living arrangements of participants were reported in three studies." wich one, put references.</p> <p>Discussion section</p> <p>paragraphe 2-9 could be sumarize without representing the results.</p> <p>This will help to better understand the implication of these results.</p>
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VERSION 2 – AUTHOR RESPONSE

Point from Reviewer	Response from authors
Congratulations on the changes made to the article. Here are my comments:	Thank you for the congratulations, we very much appreciate your comments.
abstract section: you have added the extraction date of the articles 04.04.2023. It would be relevant to add it in the method section, paragraph 3, line 4. Also, is it 2023? because the selection of articles was done from Oct 2021 to March 2022, as mentioned in paragraph 6 of the method.	<p>As detailed in Para 1 of the results section – “The original search was performed on 09.03.21 (re-run 02.11.21 and 04.04.23).”</p> <p>It is correct that the data extraction took place from Oct 2021-March 2022 as no new articles were found from the search 04.04.23.</p> <p>The following has been moved to the methods section</p> <p>“The original search was performed on 09.03.21 (re-run 02.11.21 and 04.04.23).”</p>
the conventions require the use of (e.g., injury) and not (eg injury)	Apologies for this oversight. This has been amended throughout.
The following sentences express one of the limitations of the scoping, please remove in limits section: "It was originally envisaged that this review would encompass 'health' in a more holistic way including mental and physical health holistic way including mental and physical health conditions. Given the large scope of a review including both dimensions of health, a pragmatic decision was taken to consider physical health conditions only in this review and refine the search strategy appropriately."	We checked there is no repetition in this sentence.
I don't think these sentences were usefull : "To meet the objective of the scoping review questions in this study" and "regardless to the study design".	Thank you for this useful point. We see these expressions were superfluous and they have been removed.
Results section	
"The original search was performed on 09.03.21 (re-run 02.11.21 and 04.04.23)." Please remove to method section as suggested.	This has been moved to the methods section
"Using a data-driven approach, physical health conditions were	This has been moved to the appropriate section in methods.

categorised were categorized in the following way; cardiovascular disease (CVD), respiratory, genetic, injuries/musculoskeletal/arthritis disorders and gut/bowel conditions." Please remove in method section stage five line 23.	
For table 1, 2 3 4 : please provide more column for better clarification : authors, populations characteristics (age, gender, substance consumption ...), subcategory indicator among the study, and the last among background population if found.	Due to the limitation in numbers of tables/figures that could be included - A decision was made by the authors to include the tables with relevant details directed related to physical health conditions in tables within text. The detailed study and population characteristics tables with available extracted data are included within Supplementary Files.
Please explain all acronyms all over the article (AITHS, ROI, CIR, CSO, ...) You also may put all reference.	We have gone through the article in detail to ensure all acronyms are explained.
"Quantitative studies predominated (n=8), with two qualitative studies and one mixed methods study." which one ?	The reference has been added. "Quantitative studies predominated (n=8), with two qualitative studies ^{19,32} and one mixed methods study ¹⁶ "
"Three were reports generated from the grey literature search while the remaining were generated from the systematic database search." Which one ?	The reference has been added. "Three were reports generated from the grey literature search ^{9,16,32} while the remaining were generated from the systematic database search"
"One study took part in the UK and the remaining studies were based in Ireland, North and South" which one ? put reference.	Relevant references have been added. "One study took part in the UK ¹⁶ and the remaining studies were based in Ireland, North and South."
"Living arrangements of participants were reported in three studies." which one, put references.	Relevant references have been added. "Living arrangements of participants were reported in three studies ^{16,18,24} ."
Discussion section paragraph 2-9 could be summarize without representing the results. This will help to better understand the implication of these results.	Thank you for this valuable point. We went through each paragraph and removed any results which did not need to be included in the discussion section. As in the discussion section we were keen to highlight the marked disparity in health characteristics between Travellers and the background population, we did leave in pertinent results which were needed to numerically demonstrate this disparity.

VERSION 3 – REVIEW

REVIEWER	Richard, Elodie Université de Bordeaux Collège Sciences de la Santé
REVIEW RETURNED	03-Jul-2023
GENERAL COMMENTS	The changes made to the article are entirely correct. Well done for this work.

