PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	An exploratory trial implementing a community based child oral health promotion intervention for Australian families from refugee and migrant backgrounds: A protocol paper for Teeth Tales
AUTHORS	Gibbs, Lisa; Waters, E; de Silva, A; Riggs, E; Moore, L; Armit, C; Johnson, B; Morris, M; Calache, H; Gussy, M; Young, D; Tadic, M; Christian, Bradley; Gondal, I; Watt, Richard; Pradel, V; Truong, M; Gold, Lisa

VERSION 1 - REVIEW

REVIEWER	Zaid H Baqain Faculty of Dentistry The University of Jordan
REVIEW RETURNED	11-Nov-2013

GENERAL COMMENTS	This is a paper introducing a protocol to study an important issue affecting Australia and many countries with a migrant population that have cultural differences, same may apply to countries coping with refugees. A scientifically, sound protocol will have a significant impact on the quality of lives of those people and reduce the cost of care. I commend the authors on their effort and recommend a review by a specialist statisticians and in epidemiology and public health.

REVIEWER	Stevan Weine University of Illinois at Chicago
REVIEW RETURNED	21-Jan-2014

GENERAL COMMENTS	This is very important project addressing a significant public health issue. When the project is complete, it will make a significant contribution to the literature and improve public health practice for refugee and immigrant children. The way it is currently written is not as strong as it could be. There is too much weight given to technical/logistical dimensions of the proposed plan, and not enough weight given to conceptual, cultural, implementation issues that such an initiative faces. My recommendation would be to revise the paper to focus more in depth on: social, cultural and familial issues that mitigate poor dental health in immigrant and refugee children; the conceptual underpinning of this outreach approach; implementation challenges. The reader will benefit more from the author's thinking on these issues, than on the blow by blow details of a plan. The plan can be included, but compressed. In addition:

	The abstract is too diffuse and doesn't communicate clearly the central arguments of this paper. In the introductory section, the authors speak of socially and economically disadvantaged populations. It is not clear how this has been defined. Also, it is not necessarily true that children of immigrants and refugees are socially and economically disadvantaged. The way it which it is written, these are implied to be equivalent. This raises questions about dental health in first and second generation immigrants/refugees and the factor of age of arrival. A revised paper could consider these issues in more depth as well.

VERSION 1 – AUTHOR RESPONSE

Reviewer Name Zaid H Baqain
No changes required

Reviewer Name Stevan Weine
The way it is currently written is not as strong as it could be. There is too much weight given to technical/logistical dimensions of the proposed plan, and not enough weight given to conceptual, cultural, implementation issues that such an initiative faces. My recommendation would be to revise the paper to focus more in depth on: social, cultural and familial issues that mitigate poor dental health in immigrant and refugee children; the conceptual underpinning of this outreach approach; implementation challenges. The reader will benefit more from the author's thinking on these issues, than on the blow by blow details of a plan. The plan can be included, but compressed.
Please note that detailed information about social, cultural and familial issues are covered in the background section of the paper, particularly in relation to the findings of the earlier stages of Teeth Tales research. Some additional information has been included as follows:
There was strong interest in support for child oral health expressed by the participating communities. A need for parenting support was also identified due to the social isolation of many mothers of young children. [15] The pilot stage of this study also highlighted the critical importance of working collaboratively and flexibly with community based cultural organisations in order to engage meaningfully with migrant families.
References have been included for two recent papers reporting on those earlier findings.

The theoretical and conceptual underpinnings of the paper are outlined in detail in the Theoretical frameworks and principles section of the paper. Additional details have been added to provide clarity regarding the links between the conceptual underpinnings and the outreach approach as follows:
This framework was applied within this trial through use of the Fisher-Owens conceptual model of interacting biological, child-level, family-level and community-level influences on child oral health over time. [23] The model guided the development of a range of community-based intervention strategies designed to achieve positive oral health knowledge, behaviour and environmental change outcomes.

The theoretical and conceptual underpinnings described in this section are all expanded on and discussed in the Discussions section of the paper. Reference to the piloting stage of the study refers to implementation challenges. An additional statement has been made in relation to the challenges in implementation of the exploratory trial, as follows:
Despite these learnings and the expressed need for child oral health support by the Moreland community groups in the initial qualitative phase of Teeth tales, recruitment of families to the intervention trial was still challenging. This reflects the reality of community-based research and the competing demands of family life that may make attendance at research and health promoting events a low priority unless they are linked to services or events families are already attending.

In addition, the abstract is too diffuse and doesn't communicate clearly the central arguments of this paper.
We felt the abstract addressed the key issues as a protocol paper but have made the following adjustments to the strengths and limitations section:
• A culturally competent community-based participatory research process adopted to help build a relationship of trust and partnership between the researchers and communities involved and to maximise the acceptability of the program and the uptake of research findings
• Use of peer educators to increase the cultural appropriateness and accessibility of the intervention

In the introductory section, the authors speak of socially and economically disadvantaged populations. It is not clear how this has been defined. Also, it is not necessarily true that children of immigrants and refugees are socially and economically disadvantaged. The way it which it is written, these are implied to be equivalent. This raises questions about dental health in first and second generation immigrants/refugees and the factor of age of arrival. A revised paper could consider these issues in more depth as well.

Adjustments and additional points have been added to the background for clarification as follows:
…A recent report on the oral health of Australian children aged 2-3 years indicated that those children experiencing social disadvantage were 3.29 times more likely to have an oral health problem compared to the least disadvantaged children.[8] This highlights ECC as a potential risk for children from refugee and migrant backgrounds as their families are documented, in most cases, to be more socially disadvantaged and have poorer oral health compared to the parent population of the country they migrate to, assuming migration is to a more developed country…

…They also represent a mix of migration histories and time since arrival including predominantly humanitarian and family reconnection migration (Lebanese - first, second and third generation, and Iraqi – first and second generation) versus skilled migration (Pakistani – first generation).

An additional statement has also been added to the Analyses section as follows:
Sub-group analyses will be conducted of ethnicity, time in Australia, and socioeconomic status in recognition of the potential influence of ethnicity and acculturation as well as demographic factors on outcomes.

Small adjustments have been made in the background and discussion to indicate that:
• some traditional practices are protective of oral health
• the cultural groups involved in Teeth Tales expressed a need for the intervention
• migrant population groups are potentially vulnerable populations