

Article details: 2018-0128	
Title	<b>Health profiles of First Nations children living on-reserve in northern Ontario: a pooled analysis of survey data</b>
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Reviewer 1	Margot Latimer
Institution	Dalhousie University, Nursing, Halifax, NS
General comments (author response in bold)	<p>Thank you for the opportunity to review this very interesting manuscript. The authors have a solid understanding of the issue under study and are embedded in the cultural relevance of the methods and the findings. I have only a few comments that may improve the readers understanding of the manuscript content.</p> <p>Keywords: the study is identified as qualitative instead or more accurately quantitative</p> <p><b>The key words assigned are: “Aboriginal, Children, Health, Questionnaire, Benchmarking”</b></p> <p>Abstract: Result section-include ‘maximum 100’ on line 39-40 in reference to maximum score on tool.</p> <p><b>This has been added.</b></p> <p>The line ‘quadrant scores demonstrated good balance...’ is difficult to understand in the abstract content as there isn’t enough information for the reader to grasp what this finding means. Is there a different way to express this finding in more lay terms or I would suggest leaving out of abstract until it can be better understand in the body of the manuscript.</p> <p><b>This was removed in the previous revision.</b></p> <p>Introduction: It would strengthen the paper to have a brief description for readers who don’t understand who Aboriginal people are: First Nation, Metis, Inuit and how the nations included in this study fit within that population (ie FN) and the Anishinaabek people.</p> <p><b>This has been added to the footnote on the first page</b></p> <p>Sample: were these well children? Or were some seeking health care? Referred to as ‘patients’ in the conclusion. It would be helpful to clarify.</p> <p><b>This has been added</b></p> <p>The measure sounds wonderful and the authors are to be commended for their work to provide children with a culturally meaningful way to express themselves. It would be very helpful to include a few more details about the purpose of the ACHWM, the authors state it was developed to provide local data but having more details about the overall purpose of the measure plus the concepts/constructs it measures would be helpful. A brief description of the directions of the Medicine Wheel and why balance is important would be helpful earlier in the paper for a reader not familiar with Indigenous worldviews on health.</p> <p><b>Thank you for your comments. It is difficult to put all the details in one paper. We have added a reference to the web site for more information and have added the constructs and some examples to clarify the nature of the survey further.</b></p> <p><b>Further details on the importance of balance are included in the Additional Exploratory Analyses section.</b></p> <p>Similarly, it would be helpful to know what do the scores mean, even though 100 is max, can the authors make some comments about what a score in the 70’s means?</p>

	<p>Perhaps in reference to the PedsQL since this was their 'gold standard' in testing.</p> <p><b>The interpretation is very similar to the PedQL We have included one section in the discussion on this point: "The interpretation of ACHWM scores is similar to the PedsQL scale (r=0.51 with 0.3 points difference in the PedsQL vs. ACHWM summary scores)(24)."</b></p> <p>Interpretation: it would strengthen the 'balance' discussion if there was more detail included about what balance means, from an Indigenous health perspective. What does 44% correspond to in a real world application? What 10 or lower makes sense, ie less variability in balance, what does 44% actually mean and how could this be interpreted to make some decisions about what could be offered to improve?</p> <p><b>This section was removed in the previous revision. It requires further research.</b></p>
<b>Reviewer 2</b>	Dylan Clark
Institution	McGill University, Geography, Montréal, Que.
General comments (author response in bold)	<p>Thank you for your submission and research. This is an important area of study with need for more culturally relevant and community-driven tools to asses wellbeing and health. My recommendations are broadly intended to bring colour to the contextual issues the survey illuminates, potentially giving the reader greater insight into what is being done. I would expect a wider discussion of the background clinical and social context and history of the communities where the tool was applied. I think this would help readers not familiar with FN health or Indigenous communities in Ontario greater insight into why this is important and what the results mean</p> <p><b>We agree that the context is important, however, given the constraints of 2,500 word we have not been able to add additional detail. Furthermore, we are taking a strengths based approach to health promotion. The social context and history are a description of the deficit that has been created, not the solution that is needed.</b></p> <p>Please discuss data ownership. As is becoming standard in community-based research - particularly with First Nations - data is controlled and owned by FN governments. I understand there will be confidentiality and data protection considerations, but this should be discussed further.</p> <p><b>The communities own and control their data. We neglected to include this important piece of information. We have added the ownership of data under the sources of data heading.</b></p> <p>For linear regression, discuss test to ensure there was a normal distribution.</p> <p><b>We assessed the distribution of residuals and found it to be acceptable.</b></p> <p>Page 8, line 32. Can you substantiate the choice of &lt;10 indicating balance?</p> <p><b>We have removed the cut point for balance and clarified that the balance score is exploratory.</b></p> <p>In the discussion please expand upon the clinical and policy actions that are needed to address findings.</p> <p><b>We believe that the importance of the secondary analysis is to present standards to which future studies can compare. Our focus was not to direct policy. It is however, an interesting point that we hope to examine in future publications.</b></p>