Reviewer's report

Title: Community-based organizations in the health sector: A scoping review

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Reviewer: Mark Mccarthy

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• Major Compulsory Revisions

1. Data methods

The paper starts with ‘22 key articles that we identified both from our own records and from experts and colleagues’. So the initial direction is set inductively, even casually, without defining criteria. The first search of 18 databases used [Communit* OR “civil society” AND Organiz* OR service OR develop* AND Health]. But it produced 4540 ‘hits’, which was considered too large. (Appendix 1). So the authors chose 200 references ‘randomly’ (but removing non-peer reviewed journals, conferences and books – how many were left?) And 22 ‘key references’ advised by ‘colleagues’. It is not clear what was done with the 200 ‘random’ references, but they were ‘too broad and needed to be refined’ – again, I do not find defining criteria. The authors then decided to have a different set of words [communit* OR “civil society” AND organi* OR mobili* AND health] which produced 1587 hits (Appendix 3). There is convergence using the frequency of certain words (organi*, mobili*) rather than their actual meaning within the papers. 15 of the original 22 ‘key articles’ that experts and colleagues had recommended are then deleted – suggesting the original conception was poorly based – and added 7 (no criteria) that the authors prefer. A search strategy found papers for 18 databases that were ‘unmanageable’, and then abandoned this approach. Instead, the study focused simply two databases and chose a very restricted list of words (community-based organis* OR community organis* OR civil society).

2. Data accuracy

Somewhere in all this, the authors found 46457 papers from just two databases (the standard medical ones) which was ‘unmanageable’ (but isn’t the methodology developed to ‘manage’ such situations?) and chose a third set [community-based organis* OR community organis* OR civil society]

At some point there was ‘full text coding’ of an unstated number of papers.

Figure 1 starts from the 1587 data hits, plus 303 ‘citation searches’ (not explained in the text). This yielded 3904 papers, or which 3626 were excluded – so I would calculate leaving 278 references. But apparently of these 26 could not be coded. I calculate this would leave 252, but the Figure says either 170 or 291 ...

Then 79 are further excluded leaving 186 ...?
Back to the main text – Results. Here we are presented with the figure 5213, which appears to be the total in the top box of Figure 1 - Studies identified through searches: # Scholars Portal: n= 1587; # Citation searches: n= 303; # Medline & Embase: n=3323. And with 1587 excluded as duplicates, this should leave 3626 ... but the second box is 3904. Just reviewing titles and abstracts of these ‘included 170 and marked 121 as unclear’, there was a low Kappa score which was ‘resolved by discussion’ (how many, who won, why?)

So, 170 minus 121 leaves 49 papers; Or 170 plus 121 means 291 papers. But the text then says 79 excluded and 186 included (coded) – but this = 265, presumably +26 ‘unfound’.

The main reviewing analysis is done on the 186 ‘articles’ (are these peer-reviewed, how were books excluded since so many of them are listed in Appendix 2 and Appendix 4?)

3. Words.
“The US and UK are two countries divided by one language”, the old joke goes. Here – (pace, authors) – widen this to be North America. But the meaning implied in this joke is very important for literature review sciences that make research with, as well as through, words. It is important that north American researchers understand European usage, since there are 500 million EU citizens, and EU countries produce one third of world public health publications, mostly in English, and with their own, unstandardised multiplicity of terms – for example ‘integrated care’ is popular.

Thus ‘community-based’ in the UK would cover all non-hospital non-GP activities: we have ‘community midwives’, ‘community paediatricians’ as well as – more generically – ‘community health services’ – all of which are salaried, public sector (NHS), formal. By contrast, the list of attributes (P6) of community-based organisations has the improbable association of ‘private’ (which in UK means not working in the public interest but towards a profit), ‘non-profit’ (the reverse) and voluntary (although there are some privately-run for-profit community services, either independent or subcontracted within the public NHS). Note that UK uses ‘organisation’, but ‘mobilization’ is not a common concept, and I don’t know what it means.

In some research on structures across Europe I have deliberately looked at ‘civil society organisations’ (the EU provides a definition in 2009) but the most frequent usage in the UK would probably be ‘voluntary sector’ to describe the non-NHS non-private not-for-profit sector, where there is greater managerial freedom, lack of formal control on salary levels, fewer professional responsibilities (eg usually no training role ... ). NGOs are more associated with international / overseas work - an organisation such as OXFAM, or Save the Children’s Fund, engaged in fund-raising primarily for overseas work, is usually regarded as an NGO. An equivalent national-level organisation providing services within the UK health system, such as MIND, is usually ‘voluntary sector’, while a national organisation which is fund-raising for a specific disease but
primarily led by doctors and putting that money towards biomedical research (British Heart Foundation, Cancer Research UK) is a ‘charity’ or ‘the charitable sector’. (p15 mid page introduces ‘charitable’). Generally in UK we don’t have Coalitions (with a big C), but we do have Associations (which may bring organisations together). Generally we don’t see ‘patient organisations’ as ‘community-based organisations’ because they are usually advocacy groups and nowadays often deeply linked to for-profit pharmaceutical companies. And somehow, by p15, it is all being called ‘the third sector’. .. which is OK if you set out the idea of hospitals as the first sector, and ‘primary care’ as the ‘second’ sector (there’s an oymoron).

But this is crucial. By settling on ['communit* OR "civil society" AND organi* OR mobili*] the paper has a particular slant, and will also mis-interpret the same words when used in non-north American literature. Words matter.

4. Method

My underlying concern is that the design is weak. The review is under-theorised on what is being investigated - the characteristics of the organisations, their place within the broad health and social welfare systems, how countries differ, how the concept may not exist in some countries (eg Scandinavia where all these activities are performed by the state’s own services).

The authors have found articles with a particular set of title words and refined them down. Instead, I would have asked the authors to have chosen a wider set of papers from the original search, and reflect on what they find by looking at the text of the papers. I believe if they had done this, they would have identified that articles without the words 'community-based' would have included organisations achieving the same objectives that they have found through their search. It would have been useful to have employed the statistical concepts from screening of 'sensitivity' and 'specificity'.

The introduction starts with the words 'community-based organisation', and then creates a supportive literature. Another approach would be to define the character of the phenomenon / service that one wishes to investigate (eg – in UK English, non-profit, non-public sector organisations supporting health –) An alternative approach would have been to include all papers (from a sample) which represent the structure being sought (Private, non-profit, non-hospital, etc, with subcategories of whether these were primarily service-focused, or advocacy-focused ‘in the public interest’ rather than ‘patient groups’ arguing for their own particular advantage), perhaps using only North American reports, and then to see what words are used to describe this type of structure. Then look at the literature to see if other people have used this approach; if not, then to use the wide range of possible words to find a descriptive literature to see if these present information about organisations conforming to the definition; and then to separate the publications according to their different intention – eg describing surveillance, demonstrating interventions, achieving outcomes, creating networks ...
Instead, this paper has focused on a few words and therefore found the subset of papers reporting the chosen structure. It is perhaps not surprising that the majority are HIV services, since these have been an important development within the voluntary sector. But in the UK, for example, ‘family planning’ and abortion services, domestic violence services, even community patient transport, are all important examples of this ‘third’ sector which have not appeared sufficiently with the restricted terms.

5. Writing

It is disconcerting to have a paper which identifies itself as a ‘scoping review’, but opens at ‘background’ with many broad statements each supported by some references, but these are not explicated or tested. The reader thinks: what’s the methodology for getting these references? Did they come before or after the search? How do they lead to the objectives? And, instead, where is the literature showing this approach is appropriate / not appropriate?

Moreover, the authors don’t return to revise these propositions of the introduction in the ‘discussion’ section, but march on instead with another set of references ... again, gained from where, what discourse?

• Minor Essential Revisions

The sentence p14 “Lastly, this review complements the broader healthcare management literature that assesses the structure and role of healthcare organizations in health systems [37]” is unclear and should either be expanded or (preferably) dropped.

P15 ‘Future research’ – not surprisingly says ‘building on what we’ve done’ (the word ‘key’ is over-used). But perhaps it would be better to try replication and variation of the approach, seeing if different answers come up (eg using the UK literature more).

Despite this being a research study, there is no discussion of the relationship of the community organisations to health research.

In the ‘Appendices’, which really are the results, there is little explanation for the categorisation – which reference are ‘in’, which are ‘out’. Indeed, because of the questions over the selection criteria, I am not certain I would include all the references. Rather I would reference examples of typical papers showing the characteristics sought and those rejected.

The critical issue is how step 1 identified articles with the first criteria, yet almost 90% of these then ‘fell out’ at the second stage. Were the first stage criteria very poor? - or perhaps the second instead.

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests