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**Title:** Identifying barriers to amputation preventive care in Canadian indigenous populations at high-risk for lower extremity amputation

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**Reviewer 1:** Dr. Margot Latimer

**Institution:** Dalhousie University, IWK Health Centre

General comments (author response in bold)

Thank you for the opportunity to read this very informative community-involved study. The aims of this project were to identify specific barriers preventing Indigenous patients in high-risk communities from accessing preventative care directed at limb salvage, as well as explore patient's experiences with healthcare systems and identify potential solutions. The investigator team used purposeful sampling and five semi-structured focus groups with healthcare teams and patients who were at risk for or had undergone LAE.

A definite strength of this study is the community-involvement described throughout the paper. I would suggest the authors consider rewording some of the concepts as they may imply Canadian 'ownership' of Indigenous Peoples such as in the first sentence 'Canadian reserves'.

The introduction is well written and concisely presents the importance of the study and related evidence around impact.

## Methods

I want to commend the team for their efforts in employing a partnership model and participatory design. To even strengthen this approach for the next time, and in keeping with Indigenous health research approach, having the Indigenous members lead the study design as well as the original questionnaire development and for sure the focus groups would have made it a truer version of community participatory design. Notable strengths of the team's approach were the Indigenous members analyzing the content- this is an essential step in authenticating the knowledge. It would be helpful to include in the methods section how relationships were created with the communities and how the Indigenous team members specifically contributed to the design, methods and analysis. Recruitment: include how participants were recruited. Any honourariums or incentives provided?

From an ethics perspective -it would be helpful to provide details on whether there was an Indigenous research ethics review. Was there known Indigenous representation on the Sask Board? If yes, please include. How was ownership, control, access and possession of data, in keeping with OCAP principles honoured for this gathered Indigenous knowledge? What ethical considerations were considered as a result of engaging Indigenous peoples as participants and partners in research. Was it approved by the Chief and Council of the communities? Or any governing board, why or why not? See Chap 9 TCPS [https://ethics.gc.ca/eng/tcps2-eptc2\\_2018\\_chapter9-chapitre9.html](https://ethics.gc.ca/eng/tcps2-eptc2_2018_chapter9-chapitre9.html)

## Results

Include the sample size. Was there any demographic data collected about the sample? Number of patients, age, sex, number of health providers?

Was there someone on the team with qualitative research expertise? The quotes included in the table are excellent and really demonstrate the essence of the barriers. Perhaps I've misinterpreted but the abstract includes major themes, and the paper text only includes what is called the 'themes' which appear to be minor or subthemes. Include the major themes and how they were derived in the text. The presentation of the extensive list of subthemes and the overlap is a little cumbersome, visually. To create better flow in the result section I would suggest the results be formatted to include the three stated themes: factors impacting healthcare access, impacts on patient care, and possible solutions and then each of the subthemes be placed within each main theme. For example, the first five subthemes which I assume are the 'Access themes': 'factors impacting healthcare access' 'healthcare availability in community' 'community healthcare team supports' 'lack of primary healthcare' 'travel barriers' would be better presented under the first of three main themes of 'Access' with a general description of the main theme . With the same format for the remaining two 'impact on patient care', etc.

It is curious, despite the extensive list of impacts on Indigenous patients-lack of trust, racism and discrimination, poor patient provider communication, suboptimal experiences etc none of the themed solutions involved health provider accountability such as antiracism or cultural safety training yet this was a recommendation. This speaks to the consistency of the results to the recommendations-strengthening this connection would be important.

## Discussion

The points the authors chose to include in the discussion are highly relevant. Typically, in the 'discussion' section the results are compared and contrasted with related research-thereby placing your research in context of the literature. This would strengthen this section and the overall findings. This would also assist the reader to understand how transferable the findings are to their own setting.

## Limitations

This section needs some revising. Qualitative research is not meant to be generalizable, the terms more likely used is 'transferability'. Consider reviewing 'rigour' in qualitative research methods to revise this section and including methods used to create credibility or trustworthiness of the results.

Given community access was a major barrier it would be beneficial to make this one of the main recommendations to highlight this gap in care. The results are important and once discussed with the known evidence I would suggest the authors consider pulling apart the recommendations based on both their findings and the literature and creating more comprehensive recommendations.

I like the figure and they are always helpful when you have a lot of themes. It might be helpful to explain why just these selected areas were chosen to be included in the figure and how they connect with the main themes or the subthemes.

The abstract includes a sentence about the results being consistent with Anderson & Newman's framework however this isn't explained in the body of the paper.

## COREQ

Place the participant number with the quote. This is helpful to provide more credibility of the qualitative findings. Without the numbers, the reader could interpret that one participant could have made all the same comments.

It's not clear in the text how the participants provided feedback on the findings. Typically, the transcripts of the sessions are sent to participants for review prior to analysis.

Thank you again for the opportunity to review. I hope my comments are helpful to the team. The findings are really important and I would anticipate will be helpful to communities wanting to advocate for better care in this area.

**Reviewer 2:** Dr. Charles de Mestral

**Institution:** St. Michael's Hospital, University of Toronto

General comments (author response in bold)

Fantastic work and much needed research that can help inform current and nascent provincial foot screening/limb preservation programs (e.g. Alberta, Ontario, New Brunswick, Nova Scotia). Congratulations to the authors and study participants!

**Thank you for your comments.**

I have no major criticisms

Minor comments:

1) Abstract should not reference a Figure and would be more accessible in presented with subheadings (background, methods, results, conclusion).

**The sub headings are added in the abstract.**

2) Figure 1 - "vicious cycle" may be more appropriate term than "positive feedback"

**We have made that change**

3) Unclear which results in Table 1 come from patients with lived experience vs. community providers. Were there any notable differences in perspectives between patients and providers?

**There were no major difference in the views of the patients and the healthcare providers.**

4) The two recommendations presented in the discussion would be valuable to include in the abstract conclusion/implications

**This has been added.**