Author's response to reviews

Title: The Effect of Health Literacy on Knowledge and Receipt of Colorectal Cancer Screening: a survey study

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Author's response to reviews: see over
February 12, 2007

Emma Parkin
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Dear Ms. Parkin:

We appreciate the insightful comments provided by the reviewers. We have addressed the reviewers’ concerns, and we believe their input has significantly enhanced our manuscript. Our revised manuscript (The Effect of Health Literacy on Knowledge and Receipt of Colorectal Cancer Screening – MS 2018182118118970) is attached. A summary of our response to each reviewer comment is below.

Reviewer #1:
Major Comment 1: Please outline how the survey was developed to address knowledge, how the knowledge questions were formatted, and provide specific examples.
Page 5, paragraph 1: We now specify that we assessed basic CRC screening knowledge using two questions. The questions are provided in the manuscript. One question required a “yes or no” answer, and the other was open-ended. We counted participants as knowledgeable if they could name or describe any CRC screening test, even by using very simple terms. For example, the response “they look inside your bowel with a light” would be counted as knowledgeable.

Minor Comment 1: Did patients receive an incentive?
Page 4, Paragraph 1, Line 6: We now specify that each participant received a five dollar gift card.

Minor Comment 2: What about other study limitations?
Page 9, Paragraph 2, Lines 7 – 13: We describe two additional limitations to our study. First, we added possible interviewer bias, and we describe the steps we took to minimize this risk. Second, we acknowledged that we did not measure patients’ attitudes and beliefs which also could affect their motivation to receive screening or learn about screening options.

Reviewer #2:
Major Comment 1: Clarify who administered the survey.
Page 5, Paragraph 2: We describe who administered the survey.

Major Comment 2: Provide information on the items used for measuring participant methods for learning about health topics.
Page 4, Paragraph 2, Lines 3-4: We added the methods for learning about health topics that we addressed in our survey.

Major Comment 3: Uncertainty about whether any type of consent was obtained.
Page 4, Paragraph 1, Last Sentence: Because our study collected no unique patient identifiers and posed no significant risk, the requirement for written consent was waived. However, we did obtain verbal informed consent from all participants, and we now note this in the manuscript.

Major Comment 4: Word “refused” is pejorative.
Page 4, Last sentence: We agree with the reviewer and appreciate the advice. We have changed the verb to “declined” as suggested.
Major Comment 5: Which prior published studies estimate the approximate 50% limited health literacy rate?
Page 5, Last paragraph: We added the two references that supported this estimate.

Major Comment 6: Offer an alternative explanation for the similarity in self-reported CRC screening rates in the two literacy groups.
Page 9, Paragraph 1: We note that screening rates may have been similar between groups because physicians’ suggested the vast majority of screening that was completed.

Major Comment 7: Provide more information in the conclusion concerning how these results would structure the subsequent trial. Why would increasing participants’ knowledge of CRC screening be essential in future research?
Page 10, Conclusions: We added that educating patients about CRC screening may increase screening rates because current screening appears dependent on physicians’ recommendations. Because very few patients requested screening themselves, educating patients may encourage them to inquire about screening if their health care providers fail to mention it. We also added one sentence to the conclusion of the abstract noting that further research is needed to determine if educating low literacy patients about CRC screening can increase screening rates.

We believe our revised manuscript has benefited greatly from the reviewers’ constructive comments. If any questions remain, we will gladly address them. We look forward to hearing back from you.

Sincerely,

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