Reviewer's report


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Reviewer: Joke Haafkens

Reviewer's report:

1. Compulsory Revisions

General remarks

In many Western countries hypertension and hypertension-related complications and mortality are more prevalent among some ethnic minority than among the host population. In order to remove potential barriers to optimal care it is now generally accepted that public health agencies should provide health care messages that fit the level of health literacy and the cultural background of the target group. However, tailoring generic health information to the characteristics and the need of a specific target group is not easy and the literature provides few examples of hypertension pamphlets that are adapted to the level of health literacy of a target group. For that reason this paper addresses a relevant topic: the aim of the study was to develop a culturally tailored hypertension public education pamphlet for Indo-Canadians and to “field test” the acceptability.

In my view the most interesting and relevant part of this project for a public health audience is the first part of the study, where the authors developed and translated a standard pamphlet on hypertension for Canadians into a culturally tailored pamphlet for Indo-Canadians, using a step by step method. However, in the “results section” the authors only report the results of the second part of their study: the evaluation of the acceptability of the pamphlet after 8.5 months. This evaluation has some important weaknesses which may be understandable given the context and the small group in which the pamphlet could be tested. In my view, the authors can improve the quality of their paper, by adding some of their relevant findings on the development of the culturally tailored pamphlet as part 1 in the results section. For example, I would like to get some information about the following questions: How did the original generic pamphlet look like? What are the major things the researchers have adapted in this pamphlet? How does the new pamphlet look like? Some of this information is provided in the discussion section of the paper but these findings are really a result of the first part of the study.

The way in which the data and the conclusions are presented in the current paper suggest that the authors conducted an evaluation study. Better designs, using control groups are needed for true evaluation studies. However, in fact, the authors developed a pamphlet in a systematic way and conducted a qualitative evaluation without a control group in the end to test how the information works.
This is a legitimate approach and I think this should be reflected in the description of the outcomes.

Major compulsory revisions

Background
The authors provide general background information on ethnic disparities in cardiovascular morbidity and mortality between White Canadians and Indo-Canadians. The project focuses on hypertension. Are the authors able to provide data on the prevalence of hypertension and the associated hypertension-related cardiovascular morbidity and mortality for these groups in? If yes, please insert these data. If no, the absence of these data should be noted in the discussion because this would be a quite surprising finding in and of itself.

Methods
Order of the methods used: I am bit lost in the first part, describing the methods; It jumps from how the pamphlet was tested to how it was constructed and back; Could the authors rearrange this part by describing which steps they took consecutively?; First construction, then testing. This makes it easier for the reader to follow (and possibly repeat) their methods.
E.g., Only in paragraph 3 and 4 describe we get some information on how the pamphlets were constructed. This paragraph should be placed before the section where the authors describe how it was tested.
Paragraph about evaluation: Why did researchers choose for such a long period (median 8.5 months) to evaluate materials? Wouldn’t this affect recal?
Z and t tests: The authors say they used z and t tests to analyse quantitative data on demographics and CVD risks. I didn’t see any of such computations in the results section. You just report characteristics of your study population and percentages. This should be removed.

Results
Results on construction of pamphlet should be moved to results section if you want to answer the first part of your research question. (see general comments above)
Response rate: Of the 375 people who received a pamphlet, 99 people attended a follow up meeting evaluating the pamphlet and 89 had read the pamphlet. This should be mentioned in results section.
Non response: Are you able to say something about the characteristics of the people who did not attend the meeting?
A small group had HBP; Only 45.8% (group1) and 56.7% (group2) of the patients had “HBP or related medication use”. Yet the pamphlet was about HBP. Why did people without HBP participate in testing the pamphlets? As this may effects reactions to the pamphlet the N and % of people with HBP should be mentioned in the results
(Paragraph 1)
Table 1:
What is your definition of high blood pressure? (diastolic and systolic). In this Table, are you referring to “self-reported” HTN of as diagnosed/reported by a health professional? What is your definition of “blood pressure above target”? Please add these definitions in notes below the Table.

Table 2 and 3:
I find it difficult to understand the added value of the category “understanding of hypertension” in the framework of this study. You only chose to report post-pamphlet data about the understanding of hypertension. The patients also participated in an intervention. Why do you think their understandings of hypertension would be linked to the pamphlet, and not to the intervention? Do you also have access to any comparable data on the understanding of HBP for patients from other groups: e.g., those who received the intervention but not the, or those who did not read the pamphlet. Do you have any data by which you can illustrate that the understandings of hypertension among these groups any different?

Why are the entries in Table 2 and 3 different?: For instance Table 2 does not contain an entry “which part of the pamphlet you like best?” while table 3 does. This is could also be interesting information for Table 2. Why is it lacking?

Discussion
Your main conclusion is: “Recall at up to one year, and understanding of the concepts of hypertension, were excellent for respondents who evaluated both English and translated versions. I don’t think you can draw this conclusion on the basis of the data you reported. I didn’t see any specific data about recall after one year. Furthermore, I am not sure if you can make the claim that people’s understanding was “excellent.” (see also Table 3) As I said before, from this data we cannot say if people’s understanding of hypertension is due to the pamphlet. You should be more modest.

Yet, you do have information about how people perceived the pamphlet and which information they wanted to keep or change. My suggestion would be to limit your conclusion to these issues. They are interesting as such. You should not try to make claims about the impact of the pamphlet on behaviour change (understanding of HPB), because you did not study this.

Please explain: you say 99% of the CHAMP participants agreed to participate. This is difficult to understand if 375 pamphlets were distributed.

Please explain: why you see your respondents as “an ideal group” for evaluating a pamphlet about HBP given the fact that half of them did not have HBP.

I would suggest to put more information about the process of cultural tailoring in the results. (see above)

2. Discretionary revisions
Methods
Paragraph 3 and 4: Did the authors use a theoretical framework in developing their pamphlet? A commonly used framework is developed by Resnicov: E.G., Resnicow K, Baranowski T, Ahluwalia JS, Braithwaite RL (1999) Cultural sensitivity in public health: defined and demystified. Ethn Dis 9 (1): 10-21

Research ethics: Is a reference to ethical approval document needed?

Discussion

Limitations: You describe that some respondents may not have been able to read or understand English well (limitation 1). How did those respondents succeed in filling out the evaluation forms and questionnaires for the ICA-CHAMP project and your own project (limitation 2). Were these questionnaires also “culturally tailored”?

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 I have no competing interests.