Author's response to reviews

Title: Chronic disease knowledge and its major impact factors among chronically ill adults in rural area of Shanxi province in China: a cross-sectional study

Authors:

Miaomiao Tian (shuishuipp@163.com)
Yingchun Chen (chenyingchun@mail.hust.edu.cn)
Rui Zhao (zhaoruibs@126.com)
Li Chen (chenli0401@163.com)
Xi Chen (zuojiang.wu@163.com)
Da Feng (fdnunu@163.com)
Zhanchun Feng (zcfeng@mails.tjmu.edu.cn)

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Author's response to reviews: see over
Dear editor:

My manuscript, chronic disease knowledge and its major impact factors among chronically ill adults in rural area of Shanxi province in China: a cross-sectional study, was revised according to the reviewer’s comments, and the itemized response to reviewer’s comments is attached. Many thanks for your suggestion. I am so sorry to bring you so much trouble because of our careless. Correspondence and phone calls about this paper should be directed to Zhanchun Feng at the following address, phone and e-mail:

Address: School of Medicine and Health Management, Huazhong University of Science and Technology, Wuhan, Hang Kong Road, China
Tel.: +86 27 83692731
Fax: +86 27 83692996
E-mail: zcfeng@mails.tjmu.edu.cn

Thanks very much again for your attention to our paper. Once again, thank you for your help to our paper processing.

Yours sincerely,

Miaomiao Tian

For your guidance, itemized response to reviewer’s comments is appended below.

Dear reviewer Prof Liu:

Thank you for your arduous work and instructive advice about our manuscript, and which help us to really find some mistakes needed to be revised. The following is the illustration about our revise.

Part 1 Major compulsory revisions

1. In China, one of the most important tasks of chronic disease (CD) prevention and control is health education, which helps people know more about CD and quit the high-risk behaviors and know how to do self-care. The purpose of CD health education is to increase the knowledge about CD of residents especially the high-risk people and patients with CD. So in the background part, we statement CD knowledge and its impact factors are important prerequisites for an individual to implement behavioral changes towards CD prevention and control.

In our research, we found two important ways of receiving health knowledge of chronically ill adults in rural areas were from family members and neighborhood, and most of the participants also would like to tell the others the CD knowledge. The more knowledge they knew, the more they could tell to the others which contribute to the spread CD knowledge among rural residents. So in our manuscript, we statement the increase of CD knowledge could contribute to the prevention and control of CD. And we added the data about the willing of participants spreading CD knowledge in the ‘Result’ session of the ways of receiving health knowledge.

2. Thank you very much for your precise work. Because of our careless, we bring you so much trouble. We indeed wanted to answer the questions among chronically ill adults in rural areas. We have done the revise to limit the population in the manuscript.

3. The participants were recruited by a multistage sampling method. We added the details about how the selection was carried out in the study population part of ‘Methods’ session.
4. First, in the ‘Methods’ session, we deleted the reference (article published by Zu JC at Chin J Dis Control Prev 2010, 14(8):745-747) which just want to give more details about NAHPF and not for the cut-off point. Thank you for your advice.

Second, I am really sorry that we did not give a clear statement about the cut-off point. The cited reference from the webpage give the goal of NHAPF in 2010 to achieve the awareness rates of basic health knowledge among rural residents are 80%, 70%, 60% in eastern area, central area and western area respectively. While our research carried out in 2009 and nearly 60% of participants were more than 60 years old, therefore we should set the cut-off point lower than the 2010 goal of NHAPF. Because there was no such research about the awareness of health knowledge of CD among rural residents in Shanxi, we referenced the other researches’ results in 2007 of Shandong and 2007 of Anhui province (around 35% and 39% respectively) which had the similar GDP with Shanxi province. So according to the situation, we placed the cutoff at the mean (more than 50% correct answers) which is a commonly used method in health knowledge tests.

In our paper, we had done the improvements and added another 2 references (now is the reference 22 and 23).

5. Because of our cursory writing about the selection of participants, I am sorry that maybe brought you some misunderstanding about the patients. The participants recruited in our research were diagnosed as hypertension or type 2 diabetes (T2D) by doctors not identified by self-report. And before our research launched, sample villages had done the chronic disease screening and nearly found most of the chronically ill people. And thank you for your advice. There is a limitation about our research that the sample in study consists of rural adults with hypertension and those with T2D which may or may not represent the chronically ill population.

6. I am really sorry that we gave the wrong ratio of privately run village clinics. We checked the China health statistical yearbook 2010 again. There are data for village clinics (1-1-3 table 2 first line). It should be 223765 out of 632770 village clinics (35.36%) are privately run and 28574 out of 632770 (4.52%) are jointly run by several village doctors.

Anyway, thanks very much for your arduous work.

7. In China, profit-oriented behavior of health institutions is a common phenomenon which not only appears in the privately run health institutions but also in public hospitals. Another 3 references are added in this part to support the statement and removed the reference 30th.

Part 2 Minor essential revisions
Thank you for your help on the language aspect. A few of corrections and editing had done by our team.

Thank you for your arduous work. The reference list had revised and we deleted the repetitive references.

Part 3 Discretionary revisions
1. Thank you for your meaningful hypothesis about the preference of participants with adequate health knowledge of CD to choose hospitals. We admit this is a limitation of our research. An experimental design with a compare survey would have been more scientifically rigorous. And we acknowledge that the factors influencing the preference of choosing
hospitals for rural residents with CD are complicated, such as distance, economic condition, attitude of doctors, diagnosing and treating environment, qualification of the doctors, waiting time etc. Our finding could be influenced by these factors, so we supposed that distance and economic condition were the main factors of participants in Shanxi province.

2. In our paper, we added the ‘limitations’ session.

At last, I want to thank you sincerely for your suggestions and I feel so sorry that so much of your precious time was wasted on our paper revision.