Author’s response to reviews

Title: Higher self-reported prevalence of hypertension among Moluccan-Dutch than among the general population of the Netherlands: results from a cross-sectional survey

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Author’s response to reviews: see over
Cover letter

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Title of Paper: “Higher self-reported prevalence of hypertension among Moluccan-Dutch than among the general population of the Netherlands: results from a cross-sectional survey”

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On behalf of my co-authors and myself, I re-submit the enclosed manuscript for consideration by BMC Public Health. The manuscript was revised by taking into account all comments from the peer reviewers. In this document you will find our point-by-point response to the comments, including details on the changes that have been made. Changed made in the manuscript will be highlighter in yellow.

This manuscript has not been published in this or a substantially similar form (in print or electronically, including on a web site), nor accepted for publication elsewhere, nor is it under consideration by another journal.

Kind regards,

Junus van der Wal
Reviewer 1
Major Compulsory Revisions:

1. The authors refer to the effects of acculturation and first and second generation differences in the introduction, however, this is not the focus of the results of the paper. The results only show a difference in prevalence (odds) at a single point in time and did not look at the prevalence by varying degrees of acculturation or at least varying number of years in the host country. The introduction needs to tie in better with the study results, discussion and scope of study.

Answer:
We agree with the reviewer that the main focus of the results is on difference in prevalence of hypertension in a single point in time. However, in the display of our results we present these differences stratified by age categories, a close proxy for generation in this group. We therefore feel that the cross-sectional setting of this study doesn’t constrain us from referring to different generations of Moluccan-Dutch in our interpretations. Furthermore, we agree that it is not possible with these data to study relationship between various degrees of acculturation and the likelihood of reporting hypertension. However, given the migration and integration history of the Moluccan-Dutch, the experience of this population AT LARGE is relevant to the acculturation theory.

Changes:
We extended the paragraph in the introduction that explains the difference between the Moluccan-Dutch and other non-Western immigrants. Additionally we point out why this group is of particular interest to the acculturation theory and similar theories. In the discussion we elaborate on the influence of the integration and acculturation processes of the Moluccan-Dutch on the likelihood of reporting hypertension, but at the same time stress the fact that the data provided do not enable us to study the relationship between various degrees of acculturation and the likelihood of reporting hypertension.

2. Paper refers to "length of stay" which implies transiency, but members of this population are permanent residents and thus "length of residence" or "number of years" may be more suitable.

Answer/changes:
We agree with the reviewer and changed the term “length of stay” into “length of residence”.

3. Must discuss aspects of Moluccan "culture" in introduction to provide context for readers. Moluccan "customs" is referred to in the discussion--more details would be informative.

Answer:
We agree with reviewer that aspects of Moluccan culture were not explained properly. The Moluccan culture in itself contains a broad spectrum of different aspects, only some of which are of interest for this article, such as culinary traditions.

Changes:
In the introduction we mentioned a few specific aspects of Moluccan culture, such as close family ties, separate community life and culinary traditions. Moluccan-Dutch are very much aware of, and interested in, their cultural heritage. In the discussion we provide more details on Moluccan cuisine, because we feel this aspect of the Moluccan culture of directly relevant to cardiovascular health research.

4. Please explain why exemption for ethics approval was granted in ethics section (page 7).

Answer:
The Medical Ethical Committee (METC) of the Academic Medical Center ruled that the Medical Research Involving Human Subject Act (WMO), which governs medical research in the Netherlands, does not apply to this study. Therefore, formal ethical approval was not necessary according to the METC. This statement usefully suffices when submitting an article for publication.

Changes:
We clarified why this study was exempted from ethical approval.

5. Are data for income available? This is an important sociodemographic risk factor that would be important to adjust for in the model and/or discussed in the discussion.

Answer:
We do not possess data regarding the income of the subjects. We do however know their level of education, which is a closely related aspect of socioeconomic position. Since we already controlled for level of education, and since this control had only minor effect on the key results of this paper, we feel that not being able to control for income is only a minor limitation.

Minor Essential Revisions:

1. Abstract (methods). <The> primary outcome...
2. Abstract (results): <A> higher prevalence...<was> found...
3. Abstract (results): young Moluccan-Dutch men showed "higher" prevalence...
4. Abstract (conclusion): <reporting> hypertension. Because this is self-report, avoid using "having hypertension" but rather "reporting hypertension"
   Answer: abstract was revised in accordance with reviewer’s suggestions in points 1 to 4.

5. Abstract (conclusion): The last statement is not exactly supported by results of study. The study didn't look at the effects of acculturation perse; only a prevalence at a single point in time.
   Answer: We can see why the last sentence of the conclusion might be perceived as to far-reaching. We changed ‘imply’ to ‘suggest’ to soften this statement. We feel this statement is supported by the results, and that it gives the reader the kind of take-home message that is expected from an abstract .

6. Background (page 4 lines 32 and 36): use commas instead of decimals for large numbers (e.g. 12,500 Moluccans)
   Answer: We have done so.

7. Background (page 4 line 47): "leading mechanism for ______
   Answer/changes: we added “in this shifting risk profile” to clarify in what context acculturation is a leading mechanism.
8. Background: Need to provide some rationale for why Moluccan important to study; growing population, unique risk profile, good population to study effects of long term residence in new environment, etc.?

   *Answer/changes: we added some more sentences in the introduction to explain why the Moluccan-Dutch are of special interest. (lines 43-46).*

9. Methods (page 6, line 85): "measured by <a> number of ..."
10. Statistical Analysis (page 7, line 91): "Difference in <the> prevalence"
11. Statistical Analysis (page 7, line 96): "alcohol intake as <the> reference group."

   *Answer/changes: we revised the method section in accordance with reviewer’s suggestions in points 9 to 11.*

12. Statistical Analysis (page 7, line 98): Prefer if tables not referred to in methods. Also, consider p<0.05.

   *Answer/changes: we omitted reference to tables from the methods section. Furthermore, we added reference to significance levels (*, p<0.05) in the last table.*

13. Results (page 8, line 112): "Compared to Moluccan-Dutch, <the>"
14. Results (page 8, line 116): <seemed>
15. Discussion (page 10, line 138): <than>
17. Discussion (page 11, line 161): "in our study group <for ____specify group.>"

   *Answer/changes: we revised the results and discussion in accordance with reviewer’s suggestions in points 13 to 17.*

18. Discussion (page 11, line 164): give examples of Moluccan customs

   *Answer/changes: examples of Moluccan customs are now provided in the introduction (lines 39-40). In the discussion we now provide extra information on Moluccan cuisine, because we feel this is particularly relevant to cardiovascular health. (lines 200-203)*

19. Discussion (page 11, line 172): <showed>
20. Conclusion (page 13, line 207): remove "the more"

   *Answer/changes: we revised the discussion and conclusion in accordance with reviewer’s suggestions in points 19 and 20.*

Discretionary Revisions

1. Might be interesting to look at the influence of social networks and characteristics of where Moluccans tend to reside (e.g. living in areas with different concentrations of Moluccans and other immigrant groups)

   *Answer: The survey was held in nineteen different neighborhoods inhabited mostly by Moluccan-Dutch residents (see methods section). We have no detailed comparable information on the nature of social networks in each of these “Moluccan” neighborhoods. These neighborhoods are similar in many respects (e.g. located outside of main cities, type of housing).*

2. Might be interesting to look at other measures of acculturation; eg language proficiency
Answer: There were some variables in the survey that could potentially serve as measure of acculturation, such as language proficiency or self-reported ethnic group. Further analysis showed that language proficiency was higher among younger Moluccan-Dutch (most of whom are born in the Netherlands) than among older Moluccan. Moreover, we observed that only 8% of the Moluccan-Dutch in our study identified themselves as Dutch; the great majority (87.7%) identified themselves as Moluccan. Most importantly, we found no consistent or statistically significant association between degrees of language proficiency or self-identified ethnic group and the likelihood of reporting hypertension. We now report on this in the fourth paragraph of the Discussion section.

Reviewer 2

Major compulsory revisions:

1. At the end of the introduction, the authors hypothesize that because of acculturation theory, there should be no differences in hypertension rates, yet the majority of the introduction provides evidence that there may be differences based on ethnicity. This presents an inconsistent flow to the introduction. This issue could be remedied by expanding the discussion on acculturation theory and providing a more detailed discussion of why the authors have predicted that the Moluccan-Dutch group will be similar to the native Dutch when other research suggests a difference. Alternatively, the hypotheses could be adjusted to be in line with the presented argument of the introduction.

   Answer/changed: we agree that there was a certain discrepancy between the introduction, the hypothesis and the discussion. We remedied this by elaborating more on the effects of acculturation in both the introduction (lines 18-40) and the discussion (lines 181-184). Furthermore, we introduced the term “segmented assimilation” to concretize the possibility that some aspects of Moluccan culture may still be influential until today. The hypothesis was revised to be more in line with these two possible processes (acculturation versus segmented assimilation).

2. Please provide an explanation and/or cited support for why logistic regression analyses were calculated adjusting for each individual risk factors AND the total risk factors.

   Answer: these analyses were performed because we aimed to investigate the impact of each risk factor individually, but also to see how controlling for all risk factors would influence the results. No changes are made in the manuscript to clarify this because we feel this analytical strategy to be self-explanatory.

3. Page 11, lines 162-169: The authors introduce the idea that acculturation may have failed for third generation Moluccan-Dutch. This is a plausible explanation, but how acculturation or failed acculturation affects hypertension is not well explained. Please strengthen the explanation of acculturation theory and its effect on hypertension here.

   Answer: in the introduction, we explained how acculturation could affect the prevalence of hypertension in immigrant groups. We cited several articles regarding this topic. We however recognize that we did not explain how segmented assimilation could affect hypertension.

   Changes: we specify certain aspects of Moluccan culture that are still prevalent among the third generation, exemplifying a process of segmented assimilation. In the discussion we elaborate on the possible link between the persistent habit of regular consumption of
Moluccan dishes and the likelihood of reporting hypertension. We also stress that it is not possible with these data to study relationship between various degrees of acculturation and the likelihood of reporting hypertension.

4. Page 11, lines 163-165: The authors suggest that Moluccan customs might contribute to their hypertension, but do not elaborate on how. Please explain how and what customs the Moluccan might be contributing to higher rates of hypertension as to better support your conclusions.

See 'changes' in question 3.

Minor Essential Revisions:

1. Page 4, Line 46-47: The authors write, "acculturation is commonly proposed to be a leading mechanism..". Please clarify what it is a leading mechanism of or for.
   Answer/changes: we have now added to the text that acculturation is a leading mechanism for a shifting risk profile.

Page 10, line 157: Please spell out CBS.
   Changes: we spelled out CBS.

Page 10, lines 141-153: Limitations should be presented after the authors have explained the results and implications of those results. I recommend moving these two paragraphs to the end of the discussion section.
   Answer: we chose to discuss the limitations of the study in the beginning of the discussion. We hereby follow a principle that is common in most epidemiologic reports, that one should first assess the validity of the results before giving substantial interpretations to these results.

Changes: no changes are made on grounds explained above.