Author's response to reviews

Title: Determining adult type 2 diabetes-related health care needs in an indigenous population from rural Guatemala: A mixed methods preliminary study.

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Author's response to reviews: see over
Dear Editors,

Thank you very much for the opportunity to revise our manuscript entitled “Determining adult type 2 diabetes-related health care needs in an indigenous population from rural Guatemala: A mixed methods preliminary study.” In particular, we would like to thank the reviewer for her second round of constructive comments.

We have attempted to respond in detail to each of the points raised, as outlined here below.

1. This is a very lengthy paper for what it in essence a small exploratory study. I suggest the authors attempt to be more succinct where possible, particularly in the Abstract, Background and Results section. This would improve readability.

We have eliminated some text from the abstract, including references to statistical comparison of the structured interview cohort and the chart review cohort, given the reviewer’s comments (below) about the relative unimportance of these results. Subsequently, we have also made numerous small modifications through the background, methodology, results, and discussion eliminating redundant text throughout. Altogether, we have eliminated more than 1000 words from the manuscript.

2. Regarding the qualitative data collection, the authors should include in the methods section that the interviewees were a convenience sample of diabetic patients attending the health program.

We have made this clarification in the “Overview of Methods” section.

3. I am not really sure what the comparison of demographic data between the qual and quant sample add, and why it is “reassuring” that they largely matched - except to say that the qual sample were largely representative of the audit sample, which we might expect as the qual sample was essentially drawn from the audit sample (i.e. diabetics receiving care through the health program). What’s more interesting is how representative the audit sample is of the wider population of Indigenous diabetics? This appears unknown based on available data, except that the preponderance of women in this sample is likely not representative of the wider population and the authors note their sample may have higher rates of comorbidities. I think these points should be more clearly emphasised in the limitations (i.e. pull all points about generalisability into one paragraph in the limitations section).

We have qualified our analysis of the comparison between the qualitative and quantitative samples to read that it demonstrates that there was no major bias in our convenience sampling methods that would preclude interpreting the qual and quant samples together. We now bring all the limitations on generalisability of the study together in the first paragraph of this section and make clearer the points the reviewer recommends.
4. The authors note there were 51 closed-ended questions concerning knowledge etc. but then give an example of an open-ended question. A closed-ended question is a question format that limits respondents with a list of answer choices from which they must choose or only allows respondents a one-word answer (e.g. yes/no, age, sex etc.)

We apologize for the confusion. In this case, the question was closed-ended because it had a list of answer choices. We have changed the example to a more clear example of a closed-ended question.

It appears to me that most of the questions in the interview were indeed open-ended and therefore the reason why the authors chose to quantify this qual data is unclear, especially with such a small sample (n=23). If the authors wish to quantify this data they should provide a justification for it and describe in detail how they coded the qual data into quantifiable chunks (did they have a list of pre-specified codes that they applied to the data?). Because the themes are well described in the qual results section, I would suggest deleting the tables 2-4 and describing their analysis as ‘thematic’ – I actually think this is a more accurate descriptor of their analysis.

We disagree in part with the reviewer that there is no utility to quantifying the data. Quantification does help point out where people’s opinions converge about etiology, rather than simply stating the range of possible causes that came up in interviews. This can have implications for program design, even with a small sample size. That being said, the reviewer is correct that with the expansion of our qualitative results section in our first revision, the themes are better represented and the quantitative analysis does seems less important. Taking this into account, along with the reviewer’s request that we reduce the length of the manuscript, we have eliminated these tables. In their place, we have retained in the text reference only to a few quantitative results from key closed-ended questions.

5. “Quantitative description of chart review.’
This is a cumbersome title – suggest ‘Findings of Chart Review.’

We have made the change.

Authors do not need to repeat the statistical tests they used for comparison of samples, as this is in the methods section. The comparison between the two samples can be summarised in one sentence.

We have eliminated redundancies here between the methods and results section.

My advice last time was not to repeat data points in text and the tables but the authors do need to summarise the main findings from this data – this is missing here now. This summary has made its way to the Discussion and needs to be moved to this section in Results.
We have added a short paragraph to this section of the results summarizing the main findings of this data.

Minor Essential Revisions not for publication
1. Table 1 – “Duration of diabetes” would be better expressed as “time since diagnosis” as patients may have been diabetic prior to diagnosis.

*We have made this change.*

2. Table 5
- “Duration of diabetes” would be better expressed as “time since diagnosis” as patients may have been diabetic prior to diagnosis.

*We have made this change.*

- **Glycosylated Hb is the mean (SD) not %**

    *Actually, the units of glycosylated hgb are “%” which is why this “%” appears here, as we have provided units throughout the table for all of our other variables (e.g., years, mmHg, mg/dl, etc).*

We hope that the paper is now acceptable for publication.

Regards,

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