Author's response to reviews

Title: Design of an online health-promoting community: negotiating user community needs with public health goals and service capabilities

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Version: 3 Date: 8 May 2013

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

Thank you for considering the manuscript entitled “Design of an online health-promoting community: negotiating user community needs with public health goals and service capabilities”. We fully do agree with reviewer 1 and adjusted the manuscript accordingly. We also agree with most of the comments from reviewer 2. However, we find some of the remarks from reviewer 2 to be more applicable to a study of different kind. We are prepared to make further adjustments, should it be necessary, to suit the readers of BMC Heath Service Research, and await your decision.

For the authors

Joakim Ekberg

Point-by-point response

**Reviewer 1**

*This is a very interesting paper, presenting novel findings and makes a significant contribution to the filed. Title and abstract accurately describe the results of the study. The research question is well-defined. Chosen research methods are appropriate and well described. Presented data are interesting and novel. Discussion section is well-written and supported by presented data. The paper is well written. Tables and figure are informative and helpful and summarize well the main findings of the study. Additional files containing protocols for the focus group sessions are also good and informative.*

- Major Compulsory Revisions

1. In the conclusion sections of both abstract and manuscript text, the authors are stating that Online Health-Promoting Community (OHPC) “can be designed simply at relatively low cost”. However, the manuscript does not provide the information on the complexity or cost of the design of such an intervention. The authors should consider either adding that information to the manuscript or deleting comments related to the simplicity of the design and cost of such intervention.

Authors’ response: Thank you, we do agree. We have removed the reference to cost and complexity in the conclusions.

2. Please describe your study sample in more details. It would be helpful to include demographic information at the beginning of the Results section (age, gender, school year).

Authors’ response: Thank you. A sentence in the results section concerning this was added.
“All participants studied their senior year of high school (17-18 years of age), of which 69% were female”

- **Minor Essential Revisions**

3. Data collection section, first paragraph, first sentence: To enable easier interpretation of the presented data by international audience, please be more specific in defining “Senior years” using grade(s) or age.

Authors’ response: Thank you. We do agree. An age range for a senior year of high school was added to the sentence.

- **Discretionary Revisions**

4. Figure 1 is very informative. Please add a reference to this figure in manuscript text, where appropriate.

Authors’ response: Thank you. A reference to Figure 1 is already in the method section, reading: “Using a three-step analysis, the data were transformed to specify the structure and functions of an OHPC intervention (Figure 1).”

**Reviewer 2**

*Comment [DR1]: Overall the Background does not make a strong case for OHPC as an intervention that supports health promotion for obesity or adolescent populations. Suggest reorganizing as follows: 1. Make the case for personalized Community-based health promotion 2. Make the case that #1 works for adolescents who are obese. 3. Make the case that OHPC has worked for other conditions in the adolescent population. 4. Make the case that this is an efficient, effective means of health promotion for public health.*

Authors’ response: Thank you. We do agree that the outline provided would be suitable. However, this research primarily addresses the reconciliation of stakeholder needs in the design process of a health-promoting initiative by a systematic approach to intervention design, rather than evaluating the intervention. We do appreciate the guidance provided, however it may lead the reader expecting evidence for the proposed design as an efficient and effective means of health promotion and we cannot provide such evidence at this point.

*Comment [DR2]: This statement is based on a 1998 survey of adults conducted in Canada. Also, the "informal learning" was concerned with employment, household and volunteer work—not personal growth or health, and not adolescent learning needs. Is there a more current and germane reference to back up this statement?*
Authors’ response: Thank you. Yes, there are more recent studies of informal learning, such as Brydged et al. (2012) comparing retained skills in informal and formal learning conditions. We have exchanged reference 7 with this publication.

Comment [DR3]: Long-term? Such as?

Authors’ response: Coronary heart disease was added as explicit example.

“Obese adolescents may be in need of secondary prevention because of adverse effects, such as development of coronary heart disease, related to long-term obesity”

Comment [DR4]: Such as?

Authors’ response: Health education was added as explicit example.

“General interventions, such as health education, to prevent overweight and obesity are problematic…”

Comment [DR5]: Why? Have they been more successful with obesity, with adolescents?

Authors’ response: Yes, as far as we know. Interventions are recommended to be tailored in Anderson (2000), incorporating families and social networks.

Comment [DR6]: Specify its characteristics

Authors’ response: The characteristic of the user community is detailed in the first sentence of data collection.

Comment [DR7]: Which goals?

Authors’ response: Public health goals with regard to adolescent obesity are to reduce weight and maintain health. Even though this may be unclear, we think this is implicitly understood.

Comment [DR8]: specify

Authors’ response: Public health service capabilities refer to personnel and financing. Again, we still think that this is understood implicitly.

Comment [DR9]: why? Has this been a successful method for OHPC system requirements?
Authors’ response: Thank you. As far as we know, no OHPC system requirements have been reported. We choose CBPR and PD because of the prominent role of the user community in the systems development.

Comment [DR10]: What about action design? Is this informing your methods? It’s mentioned here and never referred to again in the manuscript.

Authors’ response: Yes, the researchers (authors) acted both as part of the design process, and researchers of the same. This procedure is described in the section “data analysis”.

Comment [DR11]: Did participants receive any incentives?

Authors’ response: Yes, they received a gift-certificate (10 USD) for participation in focus groups

Comment [DR12]: How chosen? How many? What fields represented?

Authors’ response: Thank you. A sentence expanding on this was added.

“In the final step, the design rationale document and prototype were presented to a panel of six public health professionals working with adolescent obesity representing the health service providers in the region.”

Comment [DR13]: How? Was this a ranking or rating exercise to find this compromise? How much conflict was there?

Authors’ response: Conflicts are detailed in the results under heading “Step 3”.

Comment [DR14]: What is "exemplary conduct"? Will moderators receive training and if yes, what would be the content, time investment, etc?

Authors’ response: Online communities include portions of the community that act helpful, polite and responsible. Exemplary conduct in this case would be a relative term with regard to the community. There would not be any training, expect participation in the informal training as part of the community staff.