Author's response to reviews

Title: The use of annual physical examinations among the elderly in rural China: a cross-sectional study

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Author's response to reviews: see over
Dear Ms Armee Valencia and Reviewers,

Thank you for your letter and for the reviewers’ comments concerning our manuscript entitled “The use of annual physical examinations among the elderly in rural China: a cross-sectional study” (ID: 1675565063939602). Those comments are all valuable and very helpful for revising and improving our paper, as well as the important guiding significance to our researches. We have studied comments carefully and have made correction which we hope meet with approval. The main corrections in the paper and the responds to the reviewer’s comments are as flowing:

Responds to the reviewer’s comments:

Reviewer Patrik Midlöv:
1. **Response to comment**: It is necessary and appropriate for elderly …… This sentence could have a reference.
   **Response**: Thanks for the Reviewer’s suggestion. And a reference has been added.
2. **Response to comment**: The manuscript needs some language corrections before being published.
   **Response**: We are very sorry for our incorrect writing. We have had the language in this manuscript edited by a native-English speaker with scientific expertise.
3. **Response to comment**: The number of digits that are displayed after the decimal point should be decreased.
   **Response**: Many thanks. We have decreased the number of digits according to the Reviewer’s suggestion.
4. **Response to comment**: Reference 4 seems not to be complete.
   **Response**: We are very sorry for our negligence of completeness of Reference 4 and we have completed it.

Reviewer Iris Chi:
1. **Response to comment**: Information provided in the introduction part is not congruent with the purpose of the study.
   **Response**: Many thanks. We have re-written this part according to the Reviewer’s
2. **Response to comment:** The authors need to focus on rural population and health care policy changes related to older adults in rural China as it is clearly stated as the theme of this paper.

   **Response:** Many thanks. We have re-written this part according to the Reviewer’s suggestion.

3. **Response to comment:** Whether there is any data on accessibility in the survey is not clear and this issue should be addressed.

   **Response:** Under the new health care reform scheme, annual physical examinations were to be provided free of charge to all adults aged 65 or over in rural China by town hospitals from 2009.

4. **Response to comment:** Evidence on correlates of annual physical examination in the Chinese context was not found.

   **Response:** Many thanks. According to the Reviewer’s suggestion we have added a paragraph about evidence on correlates of annual physical examination in Chinese context.

5. **Response to comment:** In the sampling section it says “all the villages in each selected township were grouped into 3 categories according to the distance from the center of the town, and one village was selected randomly from each category.” What is the rationale for doing this?

   **Response:** To avoid the sampling bias caused by distance between villages and township hospitals. In another study, the same sampling method was also used [1].

6. **Response to comment:** What kind of health records were those? There is potential bias in the sampling framework.

   **Response:** A complete health record includes personal name, gender, age, address, and health related information, such as whether or not suffering with chronic diseases and regular check-ups information. With the implementation of Nation Public Health Services Project, every people aged 65 or over in rural china has a personal record, which includes name, gender, age, address at least, so called incomplete health records. Health records like this are bad, but we can find every old people. So it’s appropriate to select participants according to these health records.

7. **Response to comment:** How did the authors decide to pick those 10 items and which 10 items? Has the scale been validated? How’s the reliability of the scale?

   **Response:** Health knowledge items were developed by referring to the 2008 Chinese
Citizens’ Health Literacy Survey [2, 3] and health brochures delivered to residents in rural China. The health knowledge is considered important and applicative in rural China. And we selected 10 items which were easily understandable by the elderly for our questionnaire.

8. Response to comment: For the household member item, it is not clear why it is related to annual physical examination utilization.
Response: In some studies, it’s showed that old people live alone, so-called empty nesters or left-behind, use fewer community health services. It’s believed that children will give support to old people both in daily lives and health. So, the number of household members may be related to annual physical examination utilization [4, 5].

9. Response to comment: The authors mentioned “self-rated living status” in the introduction part. How does that relate to household member?
Response: Self-rated living status means people rate living status by themselves according to their disposable income. As usual, self-rated living status is classified into poor and not poor [6]. It doesn’t relate to household number.

10. Response to comment: The authors need to separate findings from different analyses.
Response: Many thanks. We have re-written this part according to the Reviewer’s suggestion.

11. Response to comment: The authors need to state clearly what variables were put into the logistic model.
Response: Many thanks. We have re-written this part according to the Reviewer’s suggestion.

12. Response to comment: The categories of educational levels were not traditionally used in other studies.
Response: Less than 6 years elementary study means nearly illiteracy and primary school. Middle school and above means middle, high school and above. But in our study, the number of old people with educational level in nearly illiteracy or high school and above was too small. So we classified educational level into less than 6 years elementary study, elementary, middle school and above.

13. Response to comment: In the discussion part, when it comes to occupational levels, the authors mentioned about civil servants in urban area. This is very confusing since the focus of this study is on rural population.
Response: We are very sorry for misunderstanding. Subjects in this study were the
elderly aged 60 or over in rural China. And some civil servants lived in rural China.

14. **Response to comment:** The authors also suggested internet-based interventions. It is clearly out of the scope of this study.

**Response:** Many thanks. It is really true as Reviewer suggested that discussion about internet-based interventions is out of the scope of this study. So, we delete this part in our re-submit manuscript.

15. **Response to comment:** Other five recommendations are not concrete enough to be actually useful. More elaboration is needed.

**Response:** Many thanks. We have re-written this part according to the Reviewer’s suggestion.

Once again, thanks very much for the Reviewers’ comments and suggestions. We tried our best to improve the manuscript and made some changes in the manuscript. We appreciate for Editors/Reviewers’ warm work earnestly, and hope that the correction will meet with approval.

Yours faithfully,
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References
5. Li-juan L, Wei-min W, Yue W: The influence of "empty nest" on health and equality of health service utilization among the elderly in Shanghai. *CHINESE