Reviewer's report


Version: 1 Date: 17 December 2012

Reviewer: Julia A Dilley

Reviewer's report:

This manuscript describes the results of several states’ piloting a “well-being” measure for BRFSS. The purpose of this measure is to support public health goals of achieving wellness, rather than absence of disease or risk factors.

In general this article is very well-written and interesting. I enjoyed reading it and I applaud the focus on more positive fundamental “well-being” as a goal for public health. There are a few points that need clarification to improve the understanding of the reader. This paper includes a large amount of data; having clearer methods and presentation of results, and more explicit recommendations based on findings, will improve the chances of interested readers being able to use these results in their work for improving public health planning and measurement of public health progress.

Major Compulsory Revisions
1. I did not see errors in this paper that require compulsory review.

Minor Essential Revisions
1. In the abstract, the term “positive affect” is used but I don’t know what that means and it’s not one of the clearly defined outcomes in the methods. I suggest either replacing or clarifying.

2. Originally, in reading the Background section I was wondering about the cross-cultural performance of some measures (because subjective concepts like “satisfaction” might be reported differently by different cultural groups). There was some discussion on development and cross-cultural validation of specific measures in the Measures section, but it might be worth at least mentioning here. Alternatively, it might be worth putting more of the technical definitions of measures into the Methods, and having this “Measures” more aligned with the Background presentation of information. Currently the “Measures” are something of a mix of both Background and Methods information.

3. In the “participants” section (and tables), I was not clear why percent of American Indian/Alaska Native and Asian/Pacific Islander people were not reported for race/ethnicity. Both Oregon and Washington have these populations in similar or larger size than the African American/Black population, which is reported.
4. On page 10, I found the first paragraph extremely confusing. It took several minutes and readings to understand the different sets of outcomes. I suggest re-titling the headings to make this more clear and aligned with the tables. For example, the current heading of “Mental Well-Being” could change to “Mental Well-Being: Satisfaction with Life” and a second heading added at the top of page 10, “Mental Well-Being: Global and Domain-Specific Satisfaction.” Because there are so many tables associated with this manuscript, having very clearly, consistently labeled section headings and table headings (including relevant acronyms in the table headings) would be a great help to the reader. Also, I suggest using capitalized names for the outcomes in narrative and tables (e.g., Work Domain Satisfaction) again for the ease of the reader and to distinguish between a general concept such as “mental well-being” vs. a specific outcome measure such as “Mental Well-Being: Satisfaction with Life.”

5. Because some of these measures, particularly scales with a wide range of responses, appear long, it may be very useful to provide some information about the timing of questions (how long different modules take) and percent missing due to “don’t know/refused” responses (although readers can calculate this to some extent using the Ns in tables).

6. Page 10: for the standard BRFSS Physical Health question, please provide the exact wording of the question, since they are included for other measures and you’re using as one of your table outcomes.

7. Page 11: Procedures for creating Table 1 are not described in the statistical methods. Please do explicitly describe the methods used for Table 1, including the post-stratification details, and then present the data under “results” with a reference to Table 1 (I think the paragraph on page 8 under “participants” heading should really be the first paragraph under “results” and that would fill this need).

8. Page 11 (Statistical Methods): After presenting simple frequencies for demographic characteristics (table 1), I would have expected to see simple (post-stratified) frequencies for the outcomes. I was not sure why the data presented are adjusted for so many factors without discussing or showing why the adjusted data were different/better than simple (post-stratification weighted) frequencies – I assume this is because the “well-being” measures capture differences in health-related quality of life that are distinct from health-specific measures. But I needed more explicit description or clarification on this point, and some explicit understanding about how the authors intended the adjustments to help with interpretation of findings. Because the purpose of this paper is to describe “well-being” measures that could be used by other states’ surveillance systems, it seems appropriate to present the data using the same unadjusted methods that other states would use to present them for tracking public health indicators, at least for the overall response if not the subgroups. Again, here in the methods please be very explicit and consistent with which methods are used per outcome, and with the labels of outcomes in discussion and tables, to help the reader keep from getting lost.

9. Page 12, Results: please use underlined headings to separate the
“Satisfaction with Life Scale” and “Global Satisfaction” and “Happiness” under “Mental Well-being”. Again, although this might have been just my struggle, these multiple similar outcomes were confusing to keep organized in my head, so using headings to signal the change in outcome may help.

10. Page 14: There is a problem with the sentence that begins “Meanwhile…”

11. Page 15: I was not sure about the statement “the most consistent disparities …seen in current smokers and those with a disability.” The results did not strike me in the same way, so please explain this conclusion with a little more detail.

12. The Discussion currently includes some summarization of the results, with ideas about the utility of specific well-being measures for targeting public health interventions and evaluating efforts. The conclusion presented is that well-being questions might be useful for enhancing planning or evaluation of specific efforts, such as for people with disabilities, but the Discussion does not provide a clear call to action or recommendations. Given the strong desire to reduce BRFSS questionnaire length, the highly competitive topics for inclusion in BRFSS, and the large number of questions presented here about well-being, it would be extremely helpful to have some specific recommendations about which question series would be most beneficial for different purposes, again some discussion and comparison of the length of time for administering different question series, and some specific conclusions drawn by the participating states, or how states plan to use or have used the results. In the opinion of the authors, are the well-being questions more useful than other state-added questions? Should states consider including these questions every year, or on a rotating basis, or at a single point in time? If there is only room for a sub-set of these questions, which are most useful and why? Answering these questions may be especially useful for states in planning their BRFSS questionnaires and advocating for well-being measures.

13. This may be a minor point, but given the multiple related questions about well-being that were included in the BRFSS, it may be worth noting that the large number and the order of the well-being questions could have affected the responses (i.e., if respondents were experiencing survey fatigue or becoming frustrated about multiple different questions on the same topic they might have given less thoughtful responses to the later questions in the series).

Discretionary Revisions
1. None noted.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
During the past 5 years I have worked on some contracts for the Washington State Department of Health, for evaluation of health programs and using BRFSS data but not funded by the BRFSS program.

I do not have any financial or other interests that would result in personal gain or loss associated with the publication (or non-publication) of this manuscript.