Author's response to reviews

Title: Recruitment results among families contacted for an obesity prevention intervention: the OPT for Health Study

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Author's response to reviews: see over
September 19, 2014

RE: Trials: MS: 1635297062110476 Recruitment results among families contacted for an obesity prevention intervention: the OPT for Health Study

Dear Drs. Altman, Furberg and Grimshaw:

Thank you for providing comments from two reviewers about the above-referenced manuscript. We are re-submitting this revised manuscript for your consideration after addressing all the reviewers’ comments as described below. Additionally, I have noted where in the manuscript we have made changes based on reviewer feedback.

Thank you for your consideration.

Sincerely,

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Reviewer: Dr. Robertson

1. A main finding is that only 7.6% were recruited and randomised, yet this isn’t stated clearly. Instead, the paper states 16.1% were Acceptors, regardless of whether they were recruited or not. A different expression of the main recruitment result is also offered in the discussion (i.e. Of the 2123 families able to reach, 17% were randomised), which is probably not helpful. A bit more consistency is needed.

Response: Thank you for highlighting these confusing statements. We have revised the abstract (page 4), the results (top of page 13) and the first paragraph of the discussion section (top of page 15) to be more consistent.

2. In the results section the % of females in the brackets (60% and 59% v 48% and 45%, respectively) could be laid out more clearly.

Response: We have revised the fourth sentence of the first paragraph on page 13 to more clearly characterize the parents contacted for the study. Specifically, we revised the text to read: “Parents who accepted the study whether or not they were ultimately randomized were more likely to be female (60.0% of randomized and 59.0% of those not randomized) compared with parents who refused participation (48%) or who were not reached (45.0%).”
Discretionary Revisions
3. The discussion could be expanded with implications for prevention of childhood obesity i.e.

(a) With only 7.6% of the target population recruited, is primary health care the best setting for prevention? The majority of prevention studies are carried out in the school setting perhaps with good reason. However, I support the need to involve the parents. (Page 17)

Response: We agree with the reviewer that the health care setting may not be optimal for recruiting participants into an obesity prevention study. We addressed this concern in the discussion (page 16, paragraph 1) and in the conclusion (abstract and page 18). The conclusion reads: “Concern for their children’s weight may motivate parents to participate in family-based lifestyle interventions, however, the health care setting may be more relevant to weight-related treatment than to primary prevention.”

(b) The higher uptake amongst parents whose children were overweight / obese maybe suggests that the 18 week intervention offered is perhaps more geared towards the treatment of childhood overweight/obesity.

Response: We agree that parents may have perceived the OPT study as a way to seek treatment for their children. We addressed this concern in the discussion (page 16, paragraph 1) and also suggest the need for greater emphasis on obesity prevention.

(c) Are the results it generalisable to populations outside the KPSC health plan?

Response: We believe the results are generalizable to the population of southern California. In the methods section on page 9 under the recruitment setting, we describe the KPSC population and provide a reference to a study which compared the KPSC population with the census population in southern California. We state “The membership is socioeconomically diverse and broadly representative of the underlying population living in southern California.(Koebnick et al., 2012)“ In addition, we include this as a strength of the study (page 17).

4. The authors could refer to other research that has examined recruitment and recruitment methods e.g. active vs passive recruitment.http://www.ncbi.nlm.nih.gov/pubmed/19922036

Response: On page 17, we provided a reference to an article examining recruitment and recruitment methods for pediatric obesity research among families. Specifically we added “Referrals from pediatricians and targeted mailings have been found to be successful recruitment strategies for a pediatric obesity intervention among families.(Raynor et al, 2009)”

Reviewer: Dr. Kitzman-Ulrich

1) The authors should include more recent reviews on family-based weight management, such as Sung-Chan, 2013, Obesity Reviews. The currently cited reviews are slightly outdated.
Response: We have revised the background section to include more recent review articles (bottom of page 6 and top of page 7). We have conducted a more thorough literature review and have added several references on family-based overweight and obesity intervention programs. We have used these references to point out the uniqueness of this study which recruited parents and children into a family-based obesity prevention program through a large managed care organization.

2) The authors need to conduct a more comprehensive review of the literature related to weight management programs in the primary care setting. Many include parents. For example, see DeBar et al., 2012, Pediatrics, Whitlock et al., 2010, Pediatrics. Additionally, many community-based and school-based weight management programs partner with clinics for referrals and intervention delivery (see Flodmark et al., 1993).

Response: See our response to number 1 above. We conducted a more comprehensive literature review to include settings for recruitment of participants into weight management programs (bottom of page 6 and top of page 7). “To our knowledge, the only study to date that recruited children from a managed care organization examined an obesity treatment intervention among female adolescents (DeBar et al., 2012, Pediatrics). “ There has not been a study recruiting a parent-child pair into a family-based healthy weight change promotion intervention through a health care managed organization.

3) The authors describe the OPT intervention as innovative, however, the components described on page 7 have been used previously in a wide range of weight management programs, such as the Diabetes Prevention Program, and are considered best-practice approaches. Additionally, the inclusion of Motivational Interviewing and correspondence approaches (e.g., phone and mail), have also been used extensively in weight management, physical activity and dietary approaches (for example, see the work of Bess Marcus). The authors should more clearly define how this program is innovative. Perhaps, focusing on the brief nature of face-to-face programming might be an innovation.

Response: We appreciate your comments. The purpose of the paper was to describe recruitment of families into an obesity prevention study, not to describe the study as innovative. We have revised the wording in the sentence on page 7 to state: “The goal of the study was to test the effectiveness of a family-based intervention targeting four behaviors: increased consumption of fruits and vegetables, decreased consumption of saturated fat, increased physical activity, and decreased sedentary time.”

4) The intervention currently described seems to be more of a parent-focused approach than family-based. Many family-based programs include several face-to-face sessions (see Sung-Chan 2013 for detailed descriptions of family-based weight management programs). The OPT intervention includes only one family-based session, and the other components target the parent only (phone and mail). See work by Israel and colleagues on parent-focused family approaches to youth obesity.

Response: Thank you for this comment. Our goal for the paper was to describe recruitment of families into an obesity prevention study. Although the parent received the counseling calls, both
parents and children participated in the face-to-face session with the health coach and both children and parents received four individually and culturally tailored newsletters. The newsletters also promoted family activities targeting diet and physical activity.

5) The large number of families unable to be reached (50%) could use more description. Since this is over half of the sample, were these families significantly different than families able to be reached on demographic or other key variables? Was this due to a lack of current contact information?

Response: Characteristics of this group are described in comparisons of recruitment outcomes in the results section beginning on page 13 to 14. In the discussion section (page 17, 2nd paragraph), we have added information about those we were unable to reach. Further, in the discussion (page 18) we include as a study limitation our inability to determine the eligibility, level of interest and reasons for not participating among parents we were unable to contact by telephone.

6) The authors do not describe physician recruitment or referral in the methods section, but make note of it in the discussion section. Did physicians actively recruit or refer families to the study? It seems this would be useful for families unable to be reached by telephone or mail.

Response: Physicians did not recruit families into the study. Physicians were only notified by study staff that we were contacting their patients. We revised the text to address this issue. On page 10 under recruitment methods we state “Although the pediatricians were informed of the study, they did not participate in recruitment of families.” In the discussion section in the first paragraph on page 17, we also mention that we did not actively engage the physicians in recruitment and perhaps missed an opportunity to improve participation.

7) The discussion section needs to be revised to include more up-to-date references and inferences related to weight management for youth. The authors cite that the majority of programs are school-based, however, a large percentage of programming is done through community-based organizations, academic centers, and clinics.

Response: As previously mentioned in response 1, we conducted a more comprehensive literature review and included those references, see especially bottom of page 6 and the top of page 7. Also, as stated on the top of page 7, family-based studies are typically focused on treatment and exclusively recruited children who were already overweight or obese. In contrast, we attempted to recruit families randomly selected from the membership of a large managed care organization without regard to weight, diet, physical activity, and other lifestyle factors, or motivation to improve diet and physical activity.