Author’s response to reviews

Title: The relationship between health literacy and patient activation among frequent users of healthcare services: a cross-sectional study.

Authors:
Éva Marjorie Couture (Eva.Marjorie.Couture@USherbrooke.ca)
Maud-Christine Chouinard (Maud-Christine_Chouinard@uqac.ca)
Martin Fortin (Martin.fortin@usherbrooke.ca)
Catherine Hudon (catherine.hudon@usherbrooke.ca)

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BMC Family Practice

On behalf of my colleagues and myself, I would like to thank you and the reviewers for the review of our manuscript «The relationship between health literacy and patient activation among frequent users of healthcare services: a cross-sectional study» and for the relevant comments.

Below, you will find a detailed response addressing each reviewer’s comments.

EDITOR COMMENTS

Comment: Thank you for your revised submission to BMC Family Practice. I am sorry for the delay in informing you of our decision. In addition to addressing the reviewers' comments below, please address the following editorial points:

- Please include more detail of the original study in your manuscript. The responses to the previous reviewers' comments should be incorporated into the manuscript.
Response: We provided more detail on the original study in our manuscript (lines 94-98).

Comment: Please reduce text overlap with your recent paper published in HQLO and cite it appropriately.

Response: We reduced text overlap with our paper published in Health and Quality of Life Outcomes and cited it appropriately (lines 103-104).

REVIEWER 1
CHRISTY LEDFOR

Comment: Thank you for your careful attention to reviewer comments. The manuscript is stronger for the effort.

Response: Thank you for this positive feedback.

Comment: When you added the text that accompanies the new references numbered 23-28, it contradicted citation 22 from 1998. Incorporate those new citations more clearly. As it appears now, no information is synthesized other than that the two variables have been linked. Your paper needs to extend these findings and establish how your study builds upon this previous research. The discussion section does a better job of integrating this information -- it needs to be in the introduction to provide context to the method.
Response: Indeed, you are right; references in our revised manuscript numbered 23-28 contradicted citation 22 (American Medical Association Ad Hoc Committee on Health Literacy for the Council on Scientific Affairs. Health literacy: Report of the council on scientific affairs. Journal of the American Medical Association. 1998; 281:552-57). We decided to remove citation 22 because it is too old. Also, as suggested, we moved part of the discussion section into the introduction for more clarity (lines 79-83).

Comment: When defining patient activation, be clear that you are adopting Hibbard's definition and adapting it. Consider contrasting activation to empowerment or engagement, which are different. This will clarify what your purpose is.

Response: We indicated that we adopted the definition of patient activation provided by Hibbard et al. (lines 142-143). We also specified the difference between patient activation and empowerment concepts to clarify our purpose (lines 62-64).

Comment: In the methods, the new sentence that patient activation was an outcome -- does that meet it was an intervention target, that the intervention's purpose was to increase activation?

Response: We indicated that the aim of the VISAGES project was to evaluate the effects of a case management intervention for frequent users of healthcare services with chronic disease on patient psychological distress (primary outcome) and patient activation (secondary outcome) (lines 95-98).

Comment: Is the French language PAM13 previously validated -- cite that.
Response: The French language version of the PAM13 was previously validated in one of our studies among 100 patients with chronic diseases in a primary care setting. Its internal consistency (α = 0.84) and test-retest reliability (Intra class correlation = 0.72) were good allowing for its use in a French- speaking population. We cited the poster presented at the North American Primary Care Research Group (NAPCRG) Conference in 2012 (lines 146-148).

Comment: Table 2 is unnecessary. Present statistical result in text only.

Response: We removed Table 2 and presented statistical results in the results section (lines 176-177).

Comment: The previous studies that showed age as a moderator indicates that the correlation method presented here may not be rigorous enough to demonstrate how best to target interventions. Since you are over-powered in sample, do you have power to perform sub-group analyses by age cohorts? Or power to use a regression? Should interventionists be using age as a guide?

Response: We tried to perform sub-group analyses by age cohort. We divided our sample into two equal percentile groups: Group 1: ≤ 61 years old and Group 2: ≥ 62 years old. Because the number of persons with adequate health literacy was too small in Group 2 (n=24), we had to determine if the variable was normally distributed, it was not. In that case, a biserial correlation could not be done. In addition, we could not perform a regression because studentized residuals were not normally distributed.
Comment: This statement, "This is the first study examining the association between health literacy and patient activation among frequent users of healthcare services with chronic diseases, seen in primary care." is still an overreach.

Response: We modified the statement (line 183-184).

Reviewer 2

Maria Dolores Navarro-Rubio

Comment: Ok with the authors' answers to the original review comments.

Response: Thank you for your consideration.

We hope this detailed response to the reviewers’ comments addresses all concerns and questions and that you will consider this version of our manuscript suitable for publication.

Kind regards,

Éva Marjorie Couture, MD, MSc (c), CFPC

Département de médecine de famille et de médecine d'urgence,

Université de Sherbrooke,

3001, 12e Avenue Nord,
Sherbrooke (Québec), Canada.

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