Author’s response to reviews

Title: Community intervention to reduce social isolation in elderly people in disadvantaged urban areas: study protocol for a mixed methods multi-approach evaluation

Authors:

María José López (mjlopez@aspb.cat)

Carolina Lapena (clapena@genca.cat)

Alba Sánchez (alba san mas@gmail.com)

Xavier Continente (xcontine@aspb.cat)

Ana Fernández (afernanda@aspb.cat)

Version: 2 Date: 30 Jun 2018

Author’s response to reviews:

Dear editor,

Thank you very much for all the comments, which will improve the quality of the manuscript. Please, find below the answer for each comment. Furthermore, the changes done in the manuscript have been marked in yellow.

Editor Comments:

Thank you for your revised submission to BMC Geriatrics. In addition to addressing the reviewers' comments below, please address the following editorial points:

- Please include the date of registration with the Trial Registration Number.

The date of registration (April 11, 2017) has been included.

- Thank you for including the participant timeline. Please also include a study timeline listing expected or actual start and end dates of each stage of the study.

As requested, the dates have been included. The new paragraph is:

"The participants will be contacted by telephone to arrange and appointment, in with the person will be informed individually about the study. After agreement, he/she will sign the informed consent form and complete a questionnaire (December-January 2015). Those participants not
able to arrange an appointment, will receive the consent form and complete the baseline questionnaire during the first session of the intervention (just before starting). The intervention will last 22 weeks (January-June 2015). At the end of the last session the participants will complete the follow-up questionnaire (June 2015). Regarding the qualitative analysis, the in-depth interviews and focus groups will be carried out between 6 to 9 months after the intervention (January-March 2016).

- Please clarify how potential participants will be evaluated to confirm capacity to consent.

As the recruitment was done through primary care centers, social services and civic centers, the professionals offered the intervention only to persons that they knew that had capacity to understand the information and therefore to consent. All information about the study written in the informed consent and the information sheet was orally explained using an appropriate language to be understood by participants. Specific evaluations on capacity were not carried out.

- Please use initials rather than the full names in the Authors' contributions statement.

As requested, we have used initials rather than the full names in the Authors' contributions statement. The new paragraph is:

"MJL was responsible for the research protocol design, which was developed by all the authors. AS, CL, XC and AF contributed to the manuscript preparation. All authors edited, read and approved the final version of the manuscript."

- Please disregard point 5 from Reviewer 1, as your manuscript headings currently meet journal requirements.

Ok

Reviewer 1:

1. This is a proposal to utilize a mixed methods approach to evaluate The Schools for Health for Elderly in Barcelona. 2. The main comparisons are between two intervention and two control neighborhoods. 3. More information about the details of the intervention and its implementation will be important to understand the evaluation proposed.

As requested by the reviewer we have included more information about the intervention and the implementation. The first paragraph of the description has been modified as follows:

"The intervention "School of Health for Older People " consists of 22 weekly group sessions of 1.5 hours each, in which issues related to health—including both biological and psychological issues—and social topics, are discussed. Attendance is free and the sessions will be held in
community centers of the selected neighborhoods. In addition to helping participants learn about different health issues, the intervention encourages interaction among participants and works on skills in different fields, such as nutrition, management of emotions, self-medication, sexuality or physical activity. Furthermore, some sessions included visits to public spaces of the neighborhood and leisure activities adapted to older people."

4. The authors will need to explain how they will control for population differences between the neighborhoods (SES characteristics such as income, family support, location, availability of other community services) as neighborhood selection may influence participant reporting independent of engagement in The Schools for Health for Elderly

The neighborhoods were already selected taking into account all neighborhoods (two in the intervention group (IG) and two in the comparison group (CG)) were similar for the main socioeconomic characteristics of the population. Some of these characteristics were disposable household income, educational attainment or unemployment rate. Data of these variables for the four neighborhoods can be found below:

Disposable Household Income: Disposable Household Income (DHI) is an ecologic score based on socio-economic indicators of the neighborhood such as unemployment rate, electricity consumption, or price second-hand housing, among others. In neighborhoods of the IG, the DHI in the neighborhood of “La Guineueta” (IG) is 55.9 (position 60 out of 73 neighborhoods), and the DHI in the neighborhood of “El Besòs i el Maresme” (GI) is 54.4 (position 63 out of 73 neighborhoods). In the CG, the DHI in the neighborhood of “Trinitat Nova” (CG) is 40.6 (position 72 out of 73 neighborhoods) and in “el Raval” (CG) is 74.6 (position 48 out of 73 neighborhoods) (REF: http://ajuntament.barcelona.cat/barcelonaeconomia/sites/default/files/RFD_2016_BCN.pdf)

Educational attainment (>15 years old): Percentage of people older than 15 years old with primary studies or less in 2016. This percentage in “La Guineueta” (IG) is 30.5%, in “El Besòs i el Maresme” (IG) 39.5%, in “Trinitat Nova” (CG) 34.7% and in “el Raval” (CG) 41.6% (REF: http://www.aspb.cat/docs/infobarris/)

Unemployment rate (16-64 years old): Percentage of people 16-64 years old unemployed in 2015. This percentage in “La Guineueta” (IG) is 13%, in “El Besòs i el Maresme” (IG) 12%, in “Trinitat Nova” (CG) 16.7% and in “el Raval” (CG) 11% (REF: http://www.aspb.cat/docs/infobarris/)

We have included one sentence in the manuscript explaining that we selected the neighborhoods taking into account these variables.

5. I would recommend changing the subject headings of the manuscript i.e. Planned Methodology, Discussion and Implications of the Planned Analysis (not results or conclusions) so that the leadership is aware that the article is a protocol and not a study.
Following the recommendation of the editor, we have not changed the heading.

Karen Kobayashi, PhD (Reviewer 2): Given the recognized importance of social isolation and loneliness as critical determinants of health, the proposed study is interesting and timely. There are, however, a number of issues that must be addressed before it is considered for publication.

1. In the introduction, the authors need to provide a much-needed rationale as to why they have chosen urban dwelling older adults AND why they have selected economically disadvantaged older adults for this study. The linkages between SES and urban residence (place of residence) and social isolation and loneliness need to be established.

Following the suggestion of the reviewer we have added a new paragraph in the Introduction:

"Previous studies have found higher rates of loneliness in deprived urban areas (Scharf et al 2004). Furthermore, other studies have found that some of the variables significantly associated with loneliness in older adults included poor income and lower educational level (Savikko et al. 2005), and that living in a deprived area adds barriers to social engagement.(Barnes et al. 2006)"

2. Similarly, there needs to be a stronger rationale made for the multi-method approach they are using. As presented, the qualitative component is simply a qualitative evaluation of the intervention only. It should be more central to the the interrogation of the experience of social isolation and loneliness among older adults, rather than just used to support/supplement the evaluation of the assessment. Further, the description of the qualitative analysis lacks depth and detail. What about the proposed analysis of the qualitative analysis -- are the codes/tags being developed inductively or deductively or a combination of both and why?

We see the point of the reviewer but the objective of the qualitative study was not to explore the factors affecting the social isolation (there are already other studies on this issue) but to obtain information about the experience of the participants attending the intervention. Although the suggestion of the reviewer is very interesting we think that this would be another study, while this protocol is focused on the evaluation of the intervention.

Regarding the description of the qualitative analysis, we have followed the recommendation of the reviewer and we have included more information about the analysis:

"The analysis will combine the inductive and deductive definition of codes. Preanalytical intuitions will be formulated after successive readings of the transcriptions and the observation notes. Next, three multidisciplinary investigators will create an initial analytical plan based on the most relevant topics (codification). The creation of categories by grouping the codes will be based on the criterion of similarity in relation to the objectives of the study and the emerging elements. "
3. The authors need to be consistent with their terms -- use "older adult" or "older person/people" throughout. "Elderly people/persons" is no longer used by researchers who are publishing in core gerontology journals.

Following the suggestion of the reviewer we have changed the term "elderly people" by "older adults" or "older people".

4. On page 4, line 31 -- use addressing social isolation instead of "treating". Social isolation is not treated (as an illness), rather it is a multidimensional social construct whose dimensions/aspects are addressed through research.

We agree with the reviewer. Therefore, we have changed "treating" by "addressing".

5. On page 5, line 10 -- what is "intentional opinatic sampling" -- describe the sampling method and provide a reference for it.

The intentional opinatic sampling is a non-randomized sampling in which the researcher selects a sample based on their knowledge about the study and population.

We have included the definition in the text, as well as the reference: Pla M., El rigor en la investigación cualitativa. Aten Primaria. 1999 ;24(5):295-8.

6. Overall, there are few language issues in the paper; however, there are grammatical issues in the "added text" (response to the previous reviewer).

As requested, we have reviewed the previous added text.