Author’s response to reviews

Title: A systematic review of adherence in Indigenous Australians: an opportunity to improve chronic condition management

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Author’s response to reviews:

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To Whom It May Concern:

We thank the editors and reviewers for your comments and for taking the time to evaluate our paper. We have addressed all of your comments and made adjustments in our manuscript as needed. Please see below for more detail.

Editor Comments:

(1) Please provide a 'Conclusions' paragraph in your manuscript along with the relevant heading

The manuscript now contains a conclusions paragraph with heading—see line 396.

(2) Please provide a 'Declarations' section within your manuscript as detailed in the guidelines here:

https://bmcpublichealth.biomedcentral.com/submission-guidelines/preparing-your-manuscript/research-article

Per guidelines, the manuscript now contains a ‘Declarations’ section—see line 414.

Reviewer reports:

Erik J. Nelson (Reviewer 1): The authors present results from a survey about knowledge, attitudes and perceptions of Zika Virus infection among a conveniently sampled group of men and women in New York. This is a timely application of the WHO KAP Survey that demonstrates its potential usefulness in assessing community knowledge and potentials avenues
for improving general knowledge within communities. Overall, the article is very well written and easy to follow. I have a few MINOR comments that are intended to improve the manuscript.

1. The Results section feels a bit too dense for a simple descriptive analysis. The authors may consider discussing the findings in terms of percentages and then having the actual proportions in parenthesis - like this 20% (40/200) responded that...

We have updated the results section of our manuscript to now include a statistical analysis of our findings. Furthermore, the content of this section is now streamlined to emphasize the most important findings from our study.

2. Related to comment #1, too many sentences start with numbers. For example, line 125 of page 8 (second paragraph of knowledge results), the authors state, "180 (88.2%) of 204 participants..." I was always trained that you can't start a sentence with a number (unless you write it out like this One hundred and eighty...). This occurs frequently throughout the result and should be addressed. Again, following the format I suggested in comment #1 many alleviate this.

Many sentences are restructured such that they no longer begin with numbers, and the percentages of results rather than the ratio of indicated respondents to the total respondents are now more emphasized throughout. Also, all percentages were rounded to whole numbers throughout the text to improve readability.

3. In the demographics results section (lines 112), the authors state "living in Northern Manhattan (above 125th street)." Just to be clear for an international audience, it may be more precise to state "north of 125th street."

The correction from “above 125th street” to “north of 125th street” was made throughout the text and can be seen on lines 98 and 166 of the text and in Table 1. Furthermore, the specific neighborhoods in this region as they pertain to this study were described on lines 96-111 to improve clarity for an international audience.
4. I think one of the most noteworthy findings in this study (and one that I was hoping would be addressed the moment the authors mentioned that they purposely sampled pregnant women) is that the behaviors and attitudes surrounding sexual and reproductive health do not align. I think this should be the first thing mentioned in the discussion section - or in the abstract to allure people to read the manuscript. This is an important contribution in my eyes.

Regarding the disparity between behaviors and attitudes surrounding sexual and reproductive health, more detail on this finding has been included in our abstract, particularly on lines 14-19 and 23-25 and in our discussion section on lines 282-303. A statistical analysis highlighting the association between pregnancy and Zika knowledge has been included in the results section and the results and discussion sections further highlight the interesting differences in knowledge, attitudes and behaviors that exist between pregnant and non-pregnant participants.

5. Although the sample size is small for pregnant women (n=51) it may be worth adding a second table where you show the knowledge and behaviors in the same table to drive home the point discussed in comment #4.

To improve readability of Table 2 and better describe our results, we now include separate columns for gender and pregnancy status

6. Table 1 is clunky and not very reader friendly. I suggest having separate columns for males and females and then reporting the results. Alternatively, you could split up the table by English and Spanish speakers to show potential differences between these groups. Should you do this, it would be appropriate to test for differences with chi-square/t tests (as appropriate) to elucidate other notable findings. Just because you have an overall small sample size doesn't mean you can't at least try to look at some of the differences by gender, language, or another factor. I think one of these approaches will also shed some light on community knowledge and potential disparities.

Table 2 now includes separate columns based on gender and pregnancy status. We have also created tables 5 and 6 to show results for attitudes and practices on Zika respectively.
Harapan Harapan (Reviewer 2): Authors,

Congratulation for your study on A Survey of the Knowledge, Attitudes and Practices (KAP) on Zika Virus in New York City! This kind of study is important to provide information regarding the picture of the inhabitants’ KAP regarding Zika and therefore for designing the strategies to improve their KAP and other responses that should be taken by governments.

However, I biggest concern is regarding the study setting used in this study. Some issues are:

1. Giving the fact only seven respondents included in the pilot study, did authors analysis of the reliability of questionnaire used in this study?

Regarding the reliability of the questionnaire we now include a more detailed description of the pilot questionnaires on lines 91-94 of the text.

2. How participants were selected randomly via convenience sampling? Inconsistency of the study setting and how participants were selected might cause bias in this study and this issue did not addressed by proper statistical analysis in this study.

More detail regarding the response rate of our survey is now included on lines 121-123.

3. No analytical statistical analysis conducted in this study such as to assess the association of demographic data with respondent knowledge, attitude and practice. These kind analyses could elucidate whether different locations in this study (clinics, libraries, community colleges and health centres) have impact on participant KAP on Zika. Also assessment of the association between [knowable and attitude] and [attitude and practice] will give more robust information rather than descriptive information.
A statistical analysis of the association between pregnancy status and travel history is now included. We hypothesized that both would be positively associated with Zika knowledge. In order to facilitate this analysis, all responses were grouped into six domains based on the content and structure of the questions (Attitudes, practices, general knowledge, knowledge of transmission, knowledge of complications, knowledge of guidelines) and the first three were summarized using descriptive statistics and the last three were converted into a continuous knowledge score and assessed for associations with pregnancy status and travel history using linear regression. Our hypothesis is stated on lines 72-75.

4.I believe that from the beginning, authors targeted specific respondents in this study, but there is no explanation why they targeted those respondents. For example why they used Spanish in their questionnaire?

On lines 60-63 and 96-111, we elaborate on the specific respondent groups that this survey targeted as well as the places where we distributed the survey.

Given the fact that the study did not well designed and lack of appropriated statistical analysis, further statistical analyses would be important to produce robust information.

Information on the methodology of our statistical analysis, including scoring can be found on lines 125-156. Given the inclusion of this analysis, Table 3 has been added to describe the knowledge scores of both pregnant and non-pregnant respondents. Table 4 has also been added to address the association between Zika Knowledge domains and participant or survey characteristics.

We thank you again for your review. Please do not hesitate to reach out for any additional comments or questions.

Sincerely,

Kiran Thakur, MD