Author’s response to reviews

Title: The effect of youths as change agents on cardiovascular disease risk factors among adult neighbours: a cluster randomised controlled trial in Sri Lanka

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Author’s response to reviews:

Editor-in-chief
BMC Public Health

Dear Editor,

Thank you for informing the revision of the manuscript before a peer-review.

We submitted the revised version to the journal.

The revisions are as below.

Thank you for your consideration.

Sincerely,

Miwa Yamaguchi and Tetsuya Mizoue
1) Page 22, line 380; You mention an additional Table S2 but this table does not appear to be included in the additional files. Please check that all files have been uploaded.

Answer. Thank you for pointing it out. I added Table S2 in Additional file 2.

2) A CONSORT Checklist is included as a supplementary file but the checklist is not mentioned in the text or listed in the 'additional files section' (page 21-22).

Answer. According to the guideline of “Preparing additional files”, the guideline recommends to describe the information of additional files (and figures) in a separate section of the manuscript text (URL: https://bmcpublichealth.biomedcentral.com/submission-guidelines/preparing-your-manuscript). However, we deleted the information of additional files (and figure 1) from the manuscript text according to editor’s suggestion (and CONSORT Checklist).

3)-1. The outcome of the trial (BMI and blood pressure) is evaluated in a randomly selected sample of households within the intervention and control areas. Please confirm in that section (page 9, line 157) that these households were selected before the intervention was launched.

Answer 3)-1. We confirmed households were selected randomly before the intervention was launched. We added the underlined sentence as below.

Line 166-168: We invited one male adult or one female adult alternately from each household. We performed baseline survey for participated adults before the intervention.

3)-2. Also, is there any way to detail the size of the population represented by the 24 Grama Niladari divisions? That is, you evaluate a community-trial in a subsample (around 500) of those potentially targeted, but how many individuals were in fact potentially targeted?

Answer 3)-2. We added the average number of population in 24 Grama Niladari divisions.

Line 101-103: The required number of 24 GN divisions were then selected using a random procedure. Median (minimum, maximum) of population in 24 GN divisions was 1,449 (533, 2,989) [13]. We added the reference 13. (Department of Census and Statistics-Sri Lanka) in the manuscript.
4)-1 Following from point 3 - please include in your discussion a reflection on whether the intervention here is really a combination of 'screening' (the baseline measurements of BMI and blood-pressure) in combination with youth as change-agents? My point is whether one can trust that individuals not included in the baseline survey will be as responsive to the broad community-delivered intervention as those who participated in the baseline survey?

Answer 4)-1. This study is randomised controlled design. In addition, the effect of health surveys conducted before the intervention was exclude since control group had health surveys as well as intervention group. Therefore, we can expect the similar effect of the intervention on adults in other regions where this study did not select. The strengthen of randomised controlled design

4)-2 Perhaps additional details of the local context (for example the role of community-feeling or interaction with neighbours) would make this clearer.

Answer 4)-2. We could not assess the role of community-feeling in this study. However, we described detail health activities with neighbors in Table S1. Adults could do these health activities with neighbors as one of the interactions. It is common for adults in such settings to meet and interact with neighbours almost daily.