Author's response to reviews

Title: Correlates of unequal access to preventive care in China: a multilevel analysis of national data from the 2011 China Health and Nutrition Survey

Authors:

Chi Huang (huangchi_subucm@163.com)
Chao-jie Liu (c.liu@latrobe.edu.au)
Xiong-fei Pan (pxiongfei@gmail.com)
Xiang Liu (new9812@126.com)
Ning-xiu Li (liningxiu@163.com)

Version: 4 Date: 6 February 2016

Author's response to reviews: see over
Dear Editor,

We thank you and the reviewers for your constructive comments. We have revised the manuscript according to your comments. In addition, we have reformatted the manuscript according to the editorial comments. We have highlighted major changes in the text. In the revised version, we have carefully addressed issues raised by the reviewers to improve its potential for publication. A native speaker has proofread the language for us. We have also prepared a point-to-point response to all queries from reviewers.

We hope all the comments have fully addressed, but would be happy to improve the manuscript if any new comments are given in future review.

We are looking forward to response from the reviewers and the editor.

Best regards
Ning-Xiu Li
Professor
West China School of Public Health, Sichuan University, China

Response to Reviewers’ Comments
Section 1
Reviewer: Sean Clouston

It is much better - it could still use a detailed editing as there are some places where the authors’ ESL background shows through (as an ex-ESL teacher in China, though, it’s likely that I’m particularly attuned to these). For example, though, in the limitations section: “First, eastern region is over-represented in the study sample.” should be “First, this study over-represents individuals residing in Eastern China.” Also, the final version could make better use of headings so that the reader is aware of where they are and what they are reading about.

Re: We have invited a native speaker to read through the manuscript. We hope the manuscript read better. In addition, we have revised headings to make the structure clearer.
Section 2
Reviewer: Peter Goldblatt

Minor Essential Revisions

1. While I agree with the authors that the 5% of the population with no medical insurance cannot be analysed in the same depth as those belonging to one of the three big schemes, some univariate evidence is required to illustrate that this group do not differ in a major way from the insured by being more disadvantaged or less healthy.

Re: Thank you for your suggestion. We have realized it is important to understand the differences between the insured and uninsured residents. Since our analyses only focus on the residents with medical insurance, we acknowledge this focus (in the exclusion criteria) in the Methods section, and the limitation in the Discussion section.

2. Although I accept the authors’ argument that a full analysis of preventative services by those with no current health problems requires a separate paper, the authors should include more discussion of the potential bias introduced by the inclusion of those with a current health problem. For example, on page 26 lines 415 to 418, no mention is made of the potential impact on the analyses. In particular, the paradox that utilisation is greater among the better off, illness is greater among the less-well off but utilisation is greatest among those with an existing illness. This paradox might suggest that the gradient in utilisation by the better off is understated by not adequately controlling for pre-existing illness.

Re: We agree that your suggestion is very important. Of note, the results are adjusted for other covariates. We think it is not counterintuitive that the rich and the sick used the preventive care more than the poor and the healthy. Besides discussions on the positive association between illness and use of preventive care, we have referred the inverse care law in the discussion when discussing the less use of preventive care among the less well-off. Since the illnesses were self-reported, the rich may report illnesses more than those less well-off and thus the utilization of preventive care might be underestimated for the rich (in analyses when the preexisting illness and
chronic condition were controlled for). We have discussed this limitation with self-reporting in the Discussion section.

3. The scientific meaning of the paper is impaired in places by errors in English. Specific examples include (but are not limited to):

Line 206 - "they were financially dependent to their parents" should be "on their parents"

Line 253 Sentence "According to socioeconomic development ...., there were four regions....." is unclear - perhaps it should be "These were grouped according to socioeconomic development......into four regions...."

Line 395/6 "those who did not report use of preventative care might receive it if.." should perhaps be "those who did not report use of preventative care might have reported receiving it if.." since reporting cannot alter the reality of what happened.

Line 418 Replace "consumed" by "used" or "utilised"

Line 488 "socioeconomic resources purchase a health advantage" is unclear. Perhaps it should read "those able to use their socioeconomic resources to achieve a health advantage". The term socioeconomic refers to social factors such as education, skills and values as well as income and wealth. Hence it does not necessarily require the purchase of specific goods and services. The authors should consider the framework developed by the WHO Commission on the Social Determinants of Health, which would help to clarify the language used here. See both: http://www.who.int/social_determinants/resources/csdh_framework_action_05_07.pdf and Figure 4.1 in the full report http://www.who.int/social_determinants/thecommission/finalreport/en/

Line 511 "associated with both health needs and socioeconomic characteristics". As drafted without qualification, this implies a gradient in the same direction. But the gradients were in opposite directions - see earlier my earlier comments on the paradox. The authors could also refer to the "inverse care law" - J Tudor
Re: We have revised the places with language errors indicated. In addition, we have invited a native speaker to proofread the language. Regarding the inverse care law, we cited it in the discussion on the lower use of preventive care among the less well-off.