Author’s response to reviews

Title: Patient and public involvement in health literacy interventions: A mapping review

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Author’s response to reviews:

COMMENT

RESPONSE BY AUTHORS

Thank you once again for giving us the opportunity to revise our manuscript for publication in line with reviewer comments.

Comment

Please amend you abstract to include the specifics of the method. At present the methods part it is too descriptive. You include key information in the paper that needs to be in the abstract, particularly in relation to key steps in searching for literature.

Response

Please see lines 51, 58-64 of the abstract – highlighted in yellow- where we have revised the text as requested.

Comment

The pool from which you selected your studies is very important in enabling the reader to understand the breadth of coverage. The ‘previously crated compatible inventory of health behaviour studies’ is too vague. Maybe include some of the detail in strengths and limitations about the larger review otherwise it’s hard for the reader to judge the robustness of what you did. We would like you to strengthen this element and explain how papers included in the source you
refer to were found. Please consider the limitations of not undertaking a follow up systematic review of another form of review which would have given you a robust approach. How certain are you that you have not omitted key studies?

Response

See above.

We regret that there seems to be some confusion that mixes up our study with that of efficacy reviews of intervention where the summary statistic of treatment effect (e.g. pooled Odds Ratio in the meta-analysis) can be markedly altered if one or two key studies are missed out. Instead, our review is cross-sectional (snapshot) in nature, and it’s not about the effect size of a meta-analysis; we merely report the characteristics of the studies.

We ran a search of >3 databases with a comprehensive list of terms. Study selection was based on two independent assessors, with referral to a third party.

These methods are well-established and accepted in systematic reviews.

The studies we have identified should be representative of the existing health literacy literature and generalizable because we have constructed, a collection of studies without imposing strict or esoteric inclusion or exclusion criteria. In other words, we have sampled widely and thoroughly, without restrictive criteria that may have led to biased selection of good or bad studies.

Please see lines 150-156 that explains this succinctly.

We have added to limitations around using an existing data set. Please see lines 348-354.

Comment

We feel that the paucity of reporting is a key finding which maybe needs to be strengthened. There was an element of concern about this in your responses and we could encourage you to perhaps strengthen this as a key finding.

Response

Thank you, we have expanded on this key finding in the discussion. Please see lines 325-329.
Comment

There is a leap made in the conclusions of paper which we feel uncomfortable about. You say that patient and public involvement was rarely reported in studies on health literacy interventions for old people. That is fine. You then make a large leap in saying this may explain why some interventions fail to improve health literacy. Unless the papers you have reviewed have made a strong case for this connection, we would suggest it might be a leap too far and would encourage you to unravel this point based on the studies. The first finding is very important, the lack of reporting, that may indicate limited involvement, and we would suggest you focus on this. The perhaps suggest in the discussion that future intervention development needs high quality PPI which is well reported to develop the evidence base and inform practice.

Response

Thank you for raising this point.

We have modified the conclusion of the abstract - lines 71-72 and main paper – lines 389-390 to address these concerns.

In addition, we have added to discussion – lines 316-319, to show how health literacy could be improved with attention to the needs of people gained through high quality PPI.

Comment

One of the reviewers asked for more data on PPI in different countries. We would be pleased if you were able to break it down in this way. While another reviewer cautioned against over interpretation, if there is a finding to be highlighted we would encourage you to do that as our readership are very interested in international aspects.

Response

Please see demographic details where we detail where the studies were conducted. We elaborated on the PPI in various countries in line 124-126. We have also given greater descriptive breakdown of countries and when PPI was involved in the research (Table 4) and who was involved (Table 5). These findings are highlighted in the discussion-lines 285-295.

Comment

One of the reviewer asked for more content on health literacy which you declined to keep the paper short. We would encourage you to address that perhaps in relation to the potential role PPI could have in developing literacy interventions.
Response

This is an important point and we have added more about the content of health literacy. Please see lines 130-139 and 299-319.

Comment

In the discussion can you expand on the nature and breadth of the types of involvement you found? Perhaps some examples in quotes could help to provide depth to the analysis which feels short at the moment and we suspect you may have more useful things to say?

Response

We have added further examples of the nature and breadth of the types of involvement found in the studies. Please see lines 291-319.