

American Journal of Health Promotion
Original Research
Composite Review by,
Title:

Date: January 24, 2005

Manuscript Disposition
Accept with Revisions

Summary

This is an impressive study that should contribute nicely to the international smoking cessation literature. Before the manuscript can be fully accepted for publication there are a number of items to attend to in a revision. Should these revisions be made the manuscript will not have to go out for a second round of peer-review. I have highlighted the required changes below and additionally ask that you carefully consider the reviewers' comments that have been provided (especially those of Reviewer #2). Each of these should help you prepare the most meaningful and structurally consistent manuscript possible. Since the Meanings of Behavior theory/model/approach is new, please be certain to add sufficient detail and/or appropriate peer-reviewed journal article citations, book chapters, or books where the reader can obtain additional details regarding the Meanings of Behavior.

Detailed comments

Authors

The number of authors should be limited to six. In selecting which names to include as authors, please consider the following guidelines prepared by the International Committee of Medical Journal Editors: "Authorship credit should be based only on substantial contributions to (a) either conception and design or else analysis and interpretation of data and to (b) drafting the article or revising it critically for important intellectual content and on (c) final approval of the version to be published." Others can be recognized in the acknowledgements section.

If some of these authors are part of a "research team," for example the "China Seven Cities Study Research Team," then the "team name" should be listed on the author line as the last author (rather than all of their names individually) and then you can list their individual names in your Acknowledgement as being members of the said research team.

Acknowledgements

Be sure to get written permission to list all those you have listed in your acknowledgements and include the following sentence in the cover letter of your revised manuscript: "I have obtained written permission from all persons named in the acknowledgement."

Length

While the length of your manuscript is generally appropriate, I am asking that you reduce the number of reference citations you provide in the current paper. Some of these do not seem necessary as they either do not clearly or only loosely support the points being made in your manuscript and/or they are “old.” That said, you may also be adding a few additional references as a result of this review.

Title

The title should more accurately reflect the contents of the manuscript. One possibility is the following (Suggested by Reviewer #2):

"Smoking among adolescents in China: An analysis based upon the Meaning of Smoking Theory."

Another idea is to extend that to, "Smoking among adolescents in China: An analysis based upon the Meaning of Smoking Theory, China Seven Cities Study."

The authors are welcome to further improve the title.

Outline

Please prepare an outline consisting only of the headings and subheadings used in the text. This outline is very helpful when we typeset the manuscript.

Abstract

Limit the “Key Words” that follow your abstract (p. 2, line 61) to four. If you do not use the term “China Seven Cities Study” in your title, then it should be included as a “key word” in this list.

Indexing key word details

In an effort to help readers search editorial indexes of our manuscripts more effectively, we are adding additional details to our keywords. Please select the appropriate keyword(s) for each of the 10 factors below. List these keywords at the bottom of your abstract in the order shown, including the category, e.g. "Format: research; Research purpose: program evaluation, etc.

1. Manuscript format: (editorial/commentary/concept, literature review, research)

For research articles

2. Research purpose (instrument development, intervention testing/program evaluation, modeling/relationship testing, descriptive)

3. Study design (randomized trial, quasi-experimental, non-experimental, qualitative, content analysis)

4. Outcome measure (cognitive, behavioral, biometric, morbidity, mortality, productivity, absenteeism, other financial/economic).

Content focus

5. Setting (family, workplace, school, clinical/health care, local community, state/national),

6. Health focus (fitness/physical activity, intellectual health, medical self care, nutrition,

- smoking control, social health, spiritual health, stress management, weight control)
7. Strategy (education, skill building/behavior change, incentives, policy, culture change, built environment)
 8. Target population age (youth, adults, seniors)
 9. Target population circumstances (specify all that apply): education/income level, geographic location, and race/ethnicity.
 10. Other keywords (add 0-3 additional keywords as desired)

Introduction

p. 3, line 74: Delete “(1999)”

p. 3, line 75: Add a superscripted “3” to denote the third reference after “motivating behavior.”

p. 4, line 103: You have not offered any rationale for looking at age and gender in your Introduction. Why are you looking at these variables? Should you state that this is “exploratory” work?

Methods

Design. This section should be re-labeled, “Design” rather than “Data sources” on p. 4, line 107. Also, your first sentence should be a statement of design. Thus, take the material that now appears in your manuscript on p. 5, lines 117-118 and move it to become the first sentence of your design section. The existing material should follow that sentence.

Sample. Please clarify what you mean by “top, middle, or lower range of academic...” (p. 5, line 122). What factors go into this ranking?

Procedures. Delete stray “,” that follows “anonymous” on p. 5, line 133. Add the word “students” behind “school” on p. 6, line 144.

Measures. On p. 7, lines 181-183, please provide a reference in support of this statement (i.e., the tendency of Chinese students to suppress extreme responses).

p. 7, line 188: Delete the word “to” after “covariate”

p. 8, line 190: Delete the word “for” after “asked”

Results

Please list degrees of freedom and probability levels when reporting all chi-square values and other statistical values. This will entail adding a new column to your current Table 2.

Curiously, your lead off results focus on gender and age, yet, these seem like secondary variables of interest. For example, on lines 101-103 you feature these variables after your behavioral comparison interests and in your Discussion you begin by talking about your behavioral interests/comparisons followed by the demographic comparisons. Please consider re-ordering your Results section to better reflect the organizational structure of

your entire manuscript.

You need to indicate that the “age differences” are shown in Table 2 (as you have done with the gender differences section).

p. 10, line 244: Change “smoked” to “smoking”

p. 10, line 267: Delete stray “)” that follows “boys.”

Discussion

p. 13, line 332: Correct overlapping box/X symbol that covers the “S” in second.

p. 13, line 338: Delete box/X symbol that appears at the end of the sentence.

Please write a few sentences summarizing the conclusions we can draw based on the information presented in this study, and the implications of those conclusions on health promotion practice and/or research. Use the format below. These comments should be very conservative and very brief.

1. A summary of the key findings of this study

"This study seems to indicate Combined with other research, there seems to be (preliminary, moderate, strong) support for the assertion that....."

2. implications of the findings on health promotion practitioners (if any)

"If this assertion holds true(implications for practitioners)....."

3. implications of the findings on health promotion researchers (if any)

"If this assertion holds true(implications for researchers)....."

References

References should be reformatted to comply with AMA format (including the use of “et al.”, journal title abbreviations, etc.): references numbered on the reference sheet in the order they appear in the text and reference numbers should be superscripts in the text.

There may be additional relevant literature published in our journal that’s even newer (i.e., published in 2003-2005). A simple “PubMed” search using "american journal of health promotion," “smoking” and either “adolescent” or “youth” will identify numerous articles for your consideration. Again, please consider this in revising your paper, as it will help our readers to better understand your study within the context of the work we have been publishing on smoking/smoking cessation over recent years. It will also help you more clearly demonstrate the uniqueness of your study.

Charts, tables, practitioner tools

Table 2 is incomplete. You need to fully report degrees of freedom, chi-square values, and probability levels for each comparison. This should be added to a new column in Table 2. The note presently at the bottom of the Table can then be deleted.

Reviewer comments

Additional comments from the reviewers follow. Please be certain to address their respective concerns in your rewrite.

Form of revision

Please send your revision electronically through the AllenTrack website which is located at ajhp.allentrack.net (Note – there is no “www” anywhere in the address) in the following form:

- In your cover email, confirm that you are submitting a revised manuscript that has been accepted with minor revisions and does not need to out for additional external review. List the title and authors of the manuscript and the manuscript number.
- As an attachment, send an explanation of how you addressed each of the revisions requested on this form, the attached forms from the reviewers, and the attached manuscripts.
- As an attachment, send your revised manuscript with a word count on the cover of the manuscript.

Thank you for your attention to these revisions and your continued contributions to the field of health promotion.

Please see the attached materials for guidance on how to revise your manuscript. If you have any questions or concerns, please let me know:

Reviewer #2(Comments to Author):

This paper is generally well written and, with revision, could make a contribution to the smoking control literature. A number of edits are suggested as follows. All numbers in brackets refer to manuscript line numbers.

Title

[1] A more appropriate title, especially for those readers unfamiliar with the Meanings of Smoking Theory, would be 'Smoking Among Adolescents in China: An Analysis Based upon the Meanings of Smoking Theory'.

Abstract

[6] 'Personal, functional and social' variables are defined differently in the context of Meanings of Behavior Theory and so the theoretical framework guiding this work should be identified from the outset.

[19] Not everyone will identify OR's with odds ratios -- This should be spelled out.

[23] It is not clear from the work reported that 'new strategies' (versus culturally competent transfers of existing strategies) will be required. What is supported is that intervention development for prevention in China will need to take into account data such as that found in this report.

Introduction

[28,29] Are there other reports published in peer-reviewed journals that support the claim made here? The references cited are either unpublished or not primary research references.

[32] " ... for adolescents living in Western countries." needs a reference. The implication here is that this theory is well known and supported in Western-based research and now is being replicated in a study based in China -- the cited references do not support this.

Method

[85] The reference to "top, middle, or lower range of academic quality" needs to be defined as well as the implications that such a distinction are supposed to convey. For example, is this a reference to differences in inherent academic ability and nothing else (i.e. are the students triaged based upon tested abilities) or is this 'quality' distinction a by-product of inequalities in resource availability in different areas? Is SES a factor?

Results

[207] 'tried smoked' typo

Discussion

[238] and elsewhere: the phrasing "endorsed higher scores" is not typical. Something like "those who scored higher" or simply "those who viewed smoking as an act of autonomy ..." would be preferable.

[252 -253] "Regulating negative mood" can be interpreted many different ways and is a very complex topic; the extent to which these data relate to this issue need to be expanded. The self-medication hypothesis, which has been developed in the context of alcohol and drug (heroin / cocaine) use is not strongly supported by these data -- to support this statement the authors will need further discussion of the similarities / dissimilarities between addiction to various substances including tobacco.

[258]

References 24, 25 do not support this point.

Sample 2:

Reviewer #3: I read the article with interest because of the limited literature that exists on substance use among different Asian American populations. The comments below are intended to improve the ms.

TITLE

1. I believe that instead of using the word "Effect..." the author should use the word "Association..." to more closely reflect the study conducted.

ABSTRACT

1. Results, 5th line. I think it is more appropriate to not use the term "...decreased risk..." because of the cross-sectional design. A more precise term might be to say "High family functioning was inversely associated with smoking..." or something to that effect. For example, the first sentence (2nd paragraph) on page 13 would be a better (more precisely convey the purpose and findings of the study) conclusion than what is presently written - "The results of this study..."

2. Conclusion, the findings do not "strongly" suggest... Given that this is not a prevention study, the term "strongly" and the focus on cultural appropriateness when this construct was not studied, are inappropriate. Perhaps a more accurate conclusion is to say something to the effect that the association of smoking with family functioning and ... (other variables) varied according to the Asian American group. This suggests the need to understand etiological differences between the groups as well as its potential implications for prevention and cessation" or something to this effect.

INTRODUCTION

1. p.2 The literature reviewed in the first paragraph does not include the work of a large number of authors who have studied this topic such as James Anthony, Lloyd Johnston, etc... I think this literature should be reviewed and SOME (which is very extensive) of it cited.

2. p.2 After, "However, few studies..." there should be appropriate citations.

3. p.2 1st sentence in 2nd paragraph needs the appropriate citation.

4. p.4 The citations in the first paragraph focus on studies of Chinese populations although the author(s) is making a claim about all (or many) Asian populations. Either studies of other Asian groups should be cited or the paragraph should make clear that the citations and examples are mainly about Chinese.

5. p.4 I am not convinced by the citations that individuals and families of Filipino and Vietnamese backgrounds have lost much of their traditional family systems. The literature on this is very weak (in terms of quantity of studies and quality of studies) and from my own work with these populations, I would have to strongly disagree. The point being made is much too simplistic.

6. p.5 3rd & 10th sentences. The point about adjusting to the host culture as a potential stressor that may lead youth to using substances is not well discussed. What comes to mind, for example, are the high rates of smoking in many Asian countries, yet youth there do not encounter

adjustment to the host culture as a potential stress, yet smoking prevalences are high and of concern, per the WHO. This is not to deny that adjustment can contribute to smoking, it's just that this point is not discussed in sufficient depth.

RESULTS

1. p.6 Sample: The construct of self-identity crisis and how it relates to smoking is not well developed.
2. p.8 The description of the FFAQ indicates the measure has 6 dimensions. It is not clear why the composite score was used in the analyses rather than particular dimensions. This needs clarification in the proposed conceptual model.
3. p.8 Covariates: A clearer description of the operationalization of the constructs SES is needed.
4. p.9 1st line does not define first-generation.
5. p.9 data analysis: The tables do not reflect the interaction between self-image and family functioning. If it does, I missed it and thus clarification is needed.

RESULTS

1. As I read the results I was left with a feeling that the conceptual model is rather simplistic. I wonder if other measures were included in this large survey. Were there other measures? and if yes, why aren't they included in this study? Some of this concern is addressed by the authors as limitations.
2. Table 1 seems to have missing cells. I do not find Table 2 very helpful. Pls. see my last comment of this review.
3. Table 3. Some of the results show that the unadjusted OR changes very drastically (in opposite direction at times) when adjusted for the covariates. The author should identify the variable that is creating this change to make these results more informative.
4. Table 3 is missing the upper limit of the 95%CI for the AOR.
5. I was looking forward to seeing how SES and generational status were associated with smoking. I would suggest presenting the data in a slightly different way to communicate more information to the readers, particularly in light of the author(s) interest to emphasize cultural-related stressors. Generational status may be used as a proxy, sort of. The suggestion is to create a table whereby the OR and AOR are presented for all the predictors for each of the Asian American groups.

DISCUSSION

1. p.12 The authors indicate that "We assume that differences in exposure to health campaigns..." This is a far-fetched untested assumption. Differences could be the result of too many constructs not investigated in this study (e.g., self-selection of immigrants).
2. p.12 The authors once again discuss cultural adjustment as a risk factor even though this

construct was not measured. I again ask, if cultural adjustment is so critical then why are the smoking rates so much higher in the corresponding countries in Asia?

3. p.13 I found the text in the first paragraph to be based on conjecture that is not supported by the present study and thus should be reduced, cut or re-written.

4. p.14 The study has numerous limitations that weaken the conclusions that can be drawn from the study. I think that the authors should more specifically say that more research is needed with more variables, and with Asian American populations living in other cities in order to further assess the validity of the findings.

5. p.15 The authors again talk about cultural identity, yet this was not measured. The proxy for this is generational status, yet, data are not presented on the association between generation and smoking.

6. p.15 Conclusion: Given the large sample size I would expect more refined analyses than those conducted. For example, I would want to see the percent of lifetime and past 30 day smokers (separately by Asian American group) for each of the variables (rows) listed in Table 1) by either adding these data to Table 1 or by adding the variables to Table 2.