Re: [JADS] #1042 - Payment Confirmation

JADS Editor <editor@bright-journal.org> Sun, Nov 2, 2025 at 7:11 AM
To: supaporn.y168@gmail.com, wongpanya.nu@up.ac.th, thapanapong.sa@up.ac.th, pratya.nu@up.ac.th

Dear Dr. Pratya NUANKAEW,

We are pleased to inform you that your resubmitted manuscript, which has been revised in accordance with the reviewers' comments, has been **accepted for publication**. Congratulations on successfully addressing all the suggestions and comments as requested by the reviewers.

As we proceed to the payment stage, we would like to bring the following to your attention:

1. Your manuscript currently consists of 16 pages, whereas the maximum page limit for our journal is 12 pages. Pages exceeding this limit will incur a fee of $40 USD per page.
2. Bringing the total publication cost to $1160 USD (including $160 USD for the additional 4 pages) + 10% VAT. You can find more details regarding this on our website at https://bright-journal.org/Journal/index.php/JADS/pages/view/author-fees.
3. We can reduce the publication cost if you are able to shorten your manuscript to meet our journal's page limit and template.
4. Please note that any substantial revisions may necessitate a second-round review to ensure all modifications align with our journal's standards.

Please let us know your preferred course of action so that we can issue an official invoice accordingly within **2 days, otherwise your submission will archived**. Thank you for your attention to this matter.

Best Regards,

Ibrahiem M. M. El Emary
Editor-in-Chief
Journal of Applied Data Sciences (JADS)
Email: editor@bright-journal.org

On 2025-10-29 17:12, JADS Editor wrote:

> JADS JOURNAL OF APPLIED DATA SCIENCES
> ISSN (ONLINE): 2723-6471
>
> Dear Dr. Pratya NUANKAEW,
>
> We are writing to inform you that your paper, entitled **"Utilization of K-means Clustering for Classifying Diabetes Risk Populations According to Health Behaviors and 3Es-2Ss Health Literacy"** submitted with the identification number **#1042**, has successfully completed a rigorous double-blind review process by the esteemed Journal of Applied Data Sciences (JADS) Peer Review. Please accept our sincere appreciation for your contribution to the field of daata sciences through your submission. We are pleased to inform you that your manuscript is **Revision Required.** To facilitate this process, we kindly request that you carefully review the comments and suggestions provided by the reviewers. You are given a period of **7 days to finalize the revisions (otherwise your submission process will be postponed)** and ensure that the concerns raised are adequately addressed. The successful completion of these revisions will greatly contribute to the editorial decision-making process.
>
> Upon receipt of your revised paper, our team will require approximately 2-7 days to thoroughly assess the modifications made. Subsequently, you will be promptly notified of the next decision regarding your manuscript. We advise you to focus on verifying the accuracy of metadata and ensuring the completeness of the revisions in order to minimize the likelihood of re-entering the review stage. We would like to extend our gratitude once again foar choosing the Journal of Applied Data Sciences (JADS) as the venue for your scholarly work. Should you require any assistance or guidance during the revision or resubmission process, please do not hesitate to reach out to us. Our team is dedicated to providing the necessary support to facilitate a smooth and successful publication experience for you.
>
> Thank you for your cooperation, and we look forward to the potential publication of your paper in the Journal of Applied Data Sciences (JADS).
>
> Sincerely,
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> Ibrahiem M. M. El Emary
> Editor-in-Chief
> Journal of Applied Data Sciences (JADS)
> Email: editor@bright-journal.org
>
> ---

---------- - IMPORTANT - ----------

------ - Content Writing - ------

Abstract: Please craft a concise abstract within a 250 to 300 word limit. Summarize the contributions, ideas, findings, or results of your paper and discuss their implications. Do not include abbreviations, footnotes, references, mathematical equations, diagrams, or tables. We suggest structuring your abstract as follows:

1. Clearly state the primary objective of your paper.
2. Highlight the virtues or contributions of your research.
3. Provide a conceptual description of your methodology.
4. Describe the research figure, tables and procedures employed, such as simulation, experimentation, or survey methods.
5. If the figure or table is in a non-English language, please provide a translated version of the table or a detailed explanation.
6. Present the main outcomes or results of your study, along with any relevant conclusions.
7. If applicable, discuss the implications of your findings for future research or practical applications.

Please note that this journal exclusively publishes high-quality papers. A high-quality paper should include the following elements:

1. A well-defined statement of the problem being addressed.
2. Proposed solution(s) to the problem.
3. Obtained results, accompanied by a clear description of any previous work on the topic and the novelty of your research.

Ensure that your discussion section is appropriate. In the "Results and Discussion" section, emphasize the most significant findings and provide a thorough analysis of the results.

The title of your paper should succinctly summarize the main ideas of your study. It should serve as a comprehensive and descriptive representation of your research. Use abbreviations and acronyms sparingly unless they are widely recognized.

SUBMISSION: **#1042**

TITLE: **Utilization of K-means Clustering for Classifying Diabetes Risk Populations According to Health Behaviors and 3Es-2Ss Health Literacy**

---------- REVIEW 1 ----------

---------- Overall evaluation ----------

Decision: Revision Required

----- Comment:

The abstract lacks a clear explanation of the sample size and its limitations. While it briefly mentions “limited sample size,” the implications for generalizability or statistical power are not elaborated.

The introduction section introduces multiple statistical methods but does not clearly distinguish between when traditional analysis is insufficient versus when K-means becomes advantageous, especially for readers unfamiliar with the technical nuances.

The term “3Es–2Ss framework” is used frequently without breaking down its individual components after the first mention. Reiterating this occasionally would improve clarity for readers less familiar with the Thai health context.

The explanation of how K-means clustering differs from traditional analysis is too vague. The paper should specify what insights K-means uniquely provides, such as detection of latent clusters or nonlinear associations.

In the Research Objectives section, the primary and secondary objectives contain redundant phrasing. For example, both the primary and secondary objectives describe integrating biological, behavioral, and literacy data without clarifying their distinct roles.

The conceptual framework diagram is mentioned but not shown or described in the text. This weakens the understanding of how components interact in the analysis process.

The literature review praises the 3Es–2Ss framework but does not critically assess any limitations or gaps in existing applications, which could help justify the study’s contribution.

---------- REVIEW 2 ----------

---------- Overall evaluation ----------

Decision: Revision Required

----- Comment:

In the section discussing behavioral risk factors, the causal links between health behaviors and T2D are suggested without referencing the underlying biological mechanisms, which could strengthen the argument.

The paper frequently cites high-impact global studies but does not fully contextualize how these findings apply to a small-scale Thai rural setting, creating a mismatch between scale and applicability.

The justification for selecting a sample size of 126 participants lacks concrete calculation or power analysis; referencing general guidelines is insufficient without contextual validation.

The instrument validation process mentions expert review but lacks details on the inter-rater reliability or validation results, which is essential for ensuring measurement validity.

There's an overreliance on self-reported data for behavior and literacy, which is acknowledged only superficially in the limitations section but should be more prominently flagged in the methodology.

The abstract, while informative, lacks clarity in distinguishing between the methods used and the specific contributions of the study. It would benefit from a clearer structure outlining the problem, method (K-means clustering with 3Es–2Ss integration), data sources, main findings, and implications. Currently, the narrative is too condensed and does not emphasize how the clustering results directly inform public health strategy.

To enhance reproducibility and methodological transparency, the paper should include either the mathematical formula of the K-means algorithm or a pseudocode description. This would help readers—especially those with technical backgrounds—understand how the model was implemented, particularly the steps involving initialization, distance calculation (e.g., Euclidean), and convergence criteria. Placing this after the "Model Development Using K-means Clustering" section would be ideal

---------- REVIEW 3 ----------

---------- Overall evaluation ----------

Decision: Revision Required

----- Comment:

The description of data preprocessing and feature selection is overly condensed. For example, the criteria for removing noisy variables or handling multicollinearity are not discussed.

Cluster 1 in the results includes only two participants, which is too small for reliable statistical inference. While acknowledged later, its inclusion in tables without cautionary framing is misleading.

Health literacy results (Table 3) show multiple dimensions at "low" levels, but the text does not explore whether these dimensions are correlated or influence each other, missing a valuable analytical opportunity.

The Discussion section reiterates many earlier findings without introducing new interpretations, reducing its critical depth. More attention should be paid to comparing clusters and suggesting policy implications.

While alternative clustering methods are suggested in the Limitations section, no concrete plan is outlined for integrating these into future work, making the recommendations speculative rather than actionable.

Some references are used repetitively without clear differentiation in their contribution to different sections, e.g., citations [2], [9], and [11], which appear in both justification and validation contexts.

The Conclusion makes strong claims about the utility of clustering for health planning but acknowledges limitations in generalizability, leading to an inconsistent tone that oscillates between confidence and caution.