Reviewer’s report

Title: Perceived Barriers and Facilitators of Using Dietary Modification for CKD Prevention among African Americans of Low Socioeconomic Status: A Qualitative Study

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Reviewer: Rebecca Walker

Reviewer’s report:

Discretionary Revisions
This is a very interesting paper and raised some really useful theories around the perceptions of African Americans of low SES in relation to risk of developing CKD and incorporating dietary change to lower that risk. It is clearly a highly complex area and I was not quite sure if the investigators thought whether the reasons why African Americans were less aware of the risk of CKD and less likely to adhere to dietary change was as a result of their racially/culturally based norms, values and beliefs or due to their poverty and hence whether the resulting barriers and facilitators were due to race or poverty or a combination of the two. It would have been good to see some discussion on this.

Minor Essential Revisions
The method used appears to be appropriate but there is no discussion on why grounded theory was used over and above another qualitative analysis method. I assume partly it was because there is very little literature on perceptions of African Americans and risk of CKD and dietary interventions but it would be good to be explicit.

In regards to participant selection a sentence or reference on how education, unemployment, insurance and income defines SES. Is it the case that they only needed to fulfil one criteria to be deemed of low SES? Some participants appeared to be quite well educated and I wondered whether this would impact on their perception of risk and dietary interventions?

The paper describes the standardized guide as using ‘open-ended’ questions but the examples given were not always open-ended questions e.g. Do you have everything you need in order to prepare your food at home? It may be a good question and I understand there is a need to make questions understandable but they should perhaps not be described as open-ended.

There is good detail on the analysis structure but no detail on why investigators decided to stop analysis when they did. Did they reach saturation? How did they decide this? How did they decide that the theories were fully developed? It is always tricky to balance a qualitative paper with a word restriction but a sentence or two here would help judge quality.
All the quotations used supported the themes presented apart from the quote given on line 286 under the heading ‘Home-based and Family Interventions to increased DASH diet adherence’. It seems as though this quote didn’t support this theme particularly.

The manuscript does appear to adhere to the relevant standards for reporting and data deposition as the paper states ethical approval was given, no coercion is apparent, consent is taken and there are no identifying details given. There was no detail on how data was stored or how it will be destroyed.

The discussion and conclusions are supported by wider literature in the most part. It was not clear if the comments made regarding cultural norms and family food preferences was supported by the data and it is not referenced (line 346). There was no discussion around the difficulty in changing life-long habits and or wider literature support for the barrier of considering other family members and it would look stronger to add this in.

Limitations were clearly stated. I wondered if in addition consideration should be made for participants who volunteer for studies who may be more interested in the subject than those who did not volunteer so results may be skewed.

The sentence on line 272 should be revised to make sense.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

'I declare that I have no competing interests'