Author's response to reviews

Title: Differences in Risk Factors for Children With Special Health Care Needs (CSHCN) Receiving Needed Speciality Care by Socioeconomic Status

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Author's response to reviews: see over
Thank you for the opportunity to make revisions our manuscript entitled “Differences in Risk Factors for Children With Special Health Care Needs (CSHCN) Receiving Needed Specialty Care by Socioeconomic Status (MS:3173576532175765).

Both the abstract and the main manuscript have been revised, as requested, to conform to BMC section headings. The required sections on Competing Interests and Authors Contribution have also been added. Copyediting has also been conducted.

Below are the specific responses to the reviewer comments.

We appreciate your support of our research and look forward to your response to the revised manuscript.

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Response to Reviewers

Michael Ganz

Abstract – The objective, findings, and conclusions sections have been revised to reflect associations rather than implied causality. An additional sentence has been added to the conclusion and the study design wording has been changed to “…analysis of retrospective information from a survey”.

Page 4, Background – According to the reviewers suggestion the last two sentences of the first paragraph have been moved to the early part of the paragraph and needed wording revisions have been made.

Page 5 – First full paragraph - The authors reviewed this paragraph which is only 5 sentences long and could not shorten it without dropping important information.

Page 5 – The rates for Hispanics, blacks and Native Americans was compared to that of white children living below the poverty level.

Page 6, first line - These ranges refer to those used by Mayer et al. (found in cited reference) and are mutually exclusive. Thus no changes to our manuscript were made.

Page 6, next paragraph – This information was taken from percentages provided in citation 13 as opposed to odds ratios. The statement has been changed from “…are more than four times as likely to not have insurance…” to “…are greater than four times more likely to not have insurance…”

Page 8 – The phrasing of the sentence has been revised, as recommended by the reviewer, to, “…adjusting for the survey sample design.”

Page 9, tightening – The sentence regarding the Lykens and Jargowsky study has been shortened and the last sentence has been moved to earlier in the Methods section.

Page 9 – “Among” been replaced by “between”, as requested by the reviewer. The sentence has been rewritten, as requested by the reviewer, to indicated that “…the raw numbers are unweighted sample counts and the percentages are weighted population proportions.”

Page 10 – The sentence was rephrased from, “…significant association was identified…” to “…was found to be significant.”

Page 12, middle sentence- The sentence has been rephrased as recommended by the reviewer to, “…the model with the worst fit.”

Tables – Table 1 presents the demographic and socioeconomic characteristics of the study sample for each stata. Table 2 presents these characteristics as they are associated
with having received needed specialty care. Odds ratios are the customary presentation of logistic regression results and are familiar to most readers. The standardized coefficients are presented to enable readers to directly compare the results of the separate regressions by strata since the standard error of the regression differs for each strata.

Results - This section has been reworded, particularly regarding the interaction terms.

Discussion – This section has been shortened by removing some comparisons with earlier research and reducing repetition of results and focusing more on interpretation.

Page 17 - Conclusions have been changed to a sub-section and also shortened.

Theoretical Foundation - The theoretical reasoning for studying CSCHN access to specialty care has been addressed by adding a sub-section entitled, “Socioeconomic Status, Insurance, and Access to Specialty Care,” to the end of the “Background” section.
Asheley Skinner

Objective/Theoretical Foundation - The theoretical reasoning for studying CSCHN access to specialty care has been addressed by adding a sub-section entitled, “Socioeconomic Status, Insurance, and Access to Specialty Care,” to the end of the “Background” section.

Interaction terms - Geography*severity…The Maternal and Child Health Bureau quality of life indicators were analyzed by State in an earlier study and found to vary considerably. Distribution of specialists, and differences in state Medicaid and CSHCN programs are believed to be underlying causes of this…Other interaction effect were also based on prior research in a similar manner. Significance of results was only used to exclude terms from the regressions.

Results – The standardized coefficients are presented to enable readers to directly compare the results of the separate regressions by strata since the standard error of the regression differs for each strata.

Use of “coefficients” – The results section was reworded to use the term “association” instead of “coefficient.”

-2 log likelihood – The phrase “…, a measure of the extent to which the estimated model converges with the data…” has been added to the sentence. The model fit is important because it tells us how well the independent variables in the regression model explain the dependent variable.

“Predictor” - The term “predictor” has been replaced by “risk factor” in the discussion section.

Affect/Effect - The text has been edited for the correct use of these terms and a general edit of the text was also conducted.

Age* Severity – Because eligibility for public programs, particularly Medicaid, differs by age, and Medicaid benefits are more comprehensive than many private insurers and SCHIP state programs, access to needed specialty care, particularly for more severely impaired children may not be assured for all programs.

Discussion – Some of the comparisons to the Mayer et al. study have been deleted. The theoretical basis for the analysis, as noted above, has been added in a sub-section to the background entitled, ““Socioeconomic Status, Insurance, and Access to Specialty Care.”

Policy – A few sentences have been added to the Conclusions sub-section to make policy opportunities more explicit.