Author’s response to reviews

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

Authors:

Kristine A Lykens (klykens@hsc.unt.edu)
Kimberly G Fulda (kfulda@hsc.unt.edu)
Sejong Bae (sbae@hsc.unt.edu)
Karan P Singh (ksingh@hsc.unt.edu)

Version: 6 Date: 11 March 2009

Author’s response to reviews:

Editor
BioMedical Central
BMC Pediatrics

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.

Kristine Lykens
Assistant Professor
University of North Texas
Health Science Center
School of Public Health
klykens@hsc.unt.edu

Response to Reviewers

Asheley Skinner
We are appreciative of your thoughtful comments on our manuscript. We regret that our original responses to your comments may not have uploaded correctly in the first revision. Thus we have included them, with some additions and modifications to this version.

Objective/Theoretical Foundation - The theoretical reasoning for studying CSCHN access to specialty care has been addressed by adding a sub-section entitled, “A Conceptual Framework for SES Status and Access to Specialty Care,” to the beginning of the methods section.

Interaction terms - Based on the comments of both reviewers the interaction terms have been removed from the results although they were tested in the models.

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.

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 methods section.

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

Michael Ganz

We appreciate your comprehensive comments on our manuscript and many revisions have been made accordingly. Your recommendations regarding regrouping the data and presentation of the results makes the paper much more readable.

Abstract – The wording changes have been made to the study design and the principle findings have been rewritten in accordance with the regrouping and reanalysis of the data.
Pages 2-4 – The requested wording changes have been made.

Page 6 – Based upon your comments and those of the other reviewer we have removed the interaction terms.

Tables – Per your recommendation the income categories have been combined more the lowest two income groups since these children are predominantly served by public insurers and/or providers. We have kept the 200-299% income group separate from the higher income group for conceptual reasons. In this income category the eligibility for public insurance and associated provider networks varies greatly among states. Thus they are a distinctive group from the 300+% of FPL group who are predominantly served by private insurers with their associated provider networks.

As per your recommendation we have removed the “No” rows from Table 2 and agree that this make the table much easier to read.

Results – Based upon your recommendation, and the reanalysis of the data according to the revised income groups, this section has been totally rewritten. Your suggestions regarding the wording of the results has also been incorporated. This does make this section much easier to comprehend.

Discussion – Lines 4-7 on Page 13 have been deleted and some additional editing has been done.