Author's response to reviews

Title: Economic and other barriers to adopting recommendations to prevent childhood obesity: results of a focus group study with parents

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Author's response to reviews: see over
Dear Dr. Le Good,

Thank you for considering our submission “Economic and other barriers to adopting recommendations to prevent childhood obesity: results of a focus group study with parents” (MS: 7314297332590053). We have made substantial revisions to the manuscript based on reviewers’ comments. We have elected not to track changes in the manuscript itself since the extensive changes and reorganization of some sections would make it challenging to read. Instead, we have indicated where each comment has been addressed in the revised manuscript by including the page and line numbers. We look forward to hearing from you and would be happy to make any further changes requested.

Sincerely,

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Responses to Reviewer Comments:

Reviewer 1

Minor Essential Revision 1:
*The size, duration, and composition of each focus group should be provided.*

Response:
Duration of focus groups is included on page 4 (line 118). Size of focus groups was added to the manuscript (line 114-115). Limited information about group composition was collected. The methods section was edited to reflect this (lines 115-116).

Discretionary Revision 1:
*It would be of interest to know how parental responses varied with family size; age of child; BMI of child; and health of child. Were, for example, barriers deemed more or less surmountable by parents of children suffering ill health secondary to obesity? If these matters were not addressed, they should be noted among limitations, and recommendations for subsequent study.*

Response:
No additional information about the parents or family was collected at the time of the focus group. The methods section (lines 115-116) and discussion of limitations was modified to include this information (lines 321-325).

Reviewer 2

Major compulsory revision 1:
*Stated within the background section, as currently written there is not sufficient explanation as to why a qualitative study is needed in terms of hypothesis generation. Especially as the authors seemed particularly interested in economic barriers, a quantitative study would have been appropriate with greater ability to test specific hypotheses as well as generalize to larger groups. Qualitative studies in general are to probe more deeply into questions about “why” something is happening, when a quantitative study is not possible, and to generate hypotheses in an open-ended fashion rather than simply categorize responses. It may be useful to provide the script used for the focus groups to get a sense of how structured or open-ended the discussion was so that the findings can be better understood.*

Response:
Qualitative studies do not all aim to generate hypotheses unless they are grounded theory studies. This was an exploratory study to identify various kinds of potential barriers to adopting recommendation to prevent childhood obesity. Focus groups are not particularly conducive to hypothesis generation since all participants do not weigh in on any particular question. With focus groups, we cannot generalize to the population of participants in the focus groups so it would be not be possible to generate hypotheses of any validity using this data collection method. However, focus groups are conducive to identifying many
constructs of potential interest for future research and in determining whether non-economic barriers generate as much discussion as economic ones. Our intent was to see what kind of barriers generated the most discussion and repetition and not to generate hypotheses about which economic barriers might predict non-adoption.

The introduction of the manuscript was modified to include additional rationale for the study and study design (lines 94-106). Focus group script will be made available upon request.

Major compulsory revision 2:

I am concerned that the transcripts were only read by one reader and thus not appropriately validated. Perhaps that is not the case but it is not explicitly stated in the methods how consensus and prioritization of themes was reached such that the interpretation would be reproducible. For example, just looking at some of the quotes in Table 2, I would not have interpreted the comments in the same way as the authors of the study. The first quote, "Money revolves around it all" could be a very general comment about almost anything unless we know the stem/question the participant was responding to. The details of tone, etc. would also be important about such a comment. The second quote implies that the mother thinks organic or diet foods are considered healthier but may not understand the difference between healthy and unhealthy foods. In the fifth quote, tired and not feeling like cooking are not the same as not having enough time.

In general more details about the qualitative analysis methodology needs to be provided, including the characteristics of the person running the focus groups. Someone who belongs to the community of participants often obtains more meaningful results than a physician investigator, for example.

Response:

Most small qualitative studies use only one analyst/coder. In qualitative research, inter-rater reliability must be considered when multiple coders with possibly differing interpretations of the coding scheme are used (1).

Validation was done after preliminary coding. All similarly coded text was reviewed to ensure that text that was not representative of the category definition had not been incorrectly coded. Where errors were detected, the text was recoded as an instance of the more appropriate theme and regrouped with text representing the corrected them for data reduction.

During data reduction, a table was created with one column per each of the four focus groups and one row for each theme code. In each cell, the number of participants within each focus group who explicitly mentioned that particular theme or subtheme in a similar way was recorded along with the participants’ initials so that multiple similar responses from the same participant were not overcounted. Themes could then be prioritized by frequency of mentions both within and across focus groups. This is constrained by the fact that not all participants were involved in the discussion of each issue that came up. Since this was an exploratory study, however, some of the less frequently mentioned
themes may in the long run turn out to be significant with further study. The methods section (lines 137-165) was modified to include more detailed information about the qualitative methods.

General quotes were eliminated and all quotes were moved out of table form. Quotes were added into the text of the results section (lines 168-273) to reflect the discussion topic that generated each quote.

More detailed information about the moderator was added to the methods section (lines 124-125).

Major compulsory revision 3:
Although the recommendations about which the investigators inquired are common, they are not the standard evidence-based recommendations endorsed by the AAP, etc. How these particular 7 obesity recommendations were chosen should be detailed.

Response:
At the study’s conception, a comprehensive list of obesity-related recommendations was compiled that was based on current evidence and which included behaviors targeted in an intervention study being conducted by study authors MG and ET (2). KS and LP narrowed the list based on time limitations of the focus groups to include recommendations that would require a time and/or cost investment by parents. The limited number of behaviors discussed was added as a limitation of the current study (lines 325-329).

Major compulsory revision 4:
The barriers identified are grouped together in the text (though separated in the table) when many of them seem specific to the recommendation being discussed. As the focus group appears to have been fairly structured, it would be helpful to discuss barriers as they pertain to the particular recommendation that provoked the mentioning of the barrier. Afterwards, there could be an analysis of barriers in common among the different recommendations which could be the main messages of the study. This or some other plan of prioritizing the barriers would help the reader to interpret the findings in a more conclusive way.

Response:
The results section was modified so that barriers for each recommendation were presented separately.

Major compulsory revision 5:
Similarly, the "other" barriers should be more prominently presented in the results section as these may be the true unknowns or the "news" part of the study. Also, the fact that many parents did not mention economic barriers without being asked specifically is interesting and could be an important result of this study.

Response:
The presentation of economic and non-economic barriers was combined in the results section (lines 178-225) to minimize the emphasis on economics. The discussion section was expanded to include more discussion of the non-economic, "other" barriers (lines 302-314)
Major compulsory revision 6:
There is insufficient data about the participants in the focus groups. Although we cannot generalize from such a small study, it is important to know as much as we can about who was speaking so that we can see if the results may be important to our own clinical practice.

Response:
No additional information about the parents or family was collected at the time of the focus group. The methods section and discussion of limitations was modified to include this information (lines 115-116, 321-325).

Major compulsory revision 7:
The conclusions are very general and do not seem to follow from the results of the study. Especially considering the small sample size, it is important not to overstate the generalizability and implications of the study.

Response:
Conclusion section modified (lines 345-354).

Discretionary revision 1:
Introduction/background: the first paragraph is very mild in tone and does not emphasize the importance of the childhood obesity problem.

Response:
First paragraph edited accordingly (lines 54-59).

References:
