Author's response to reviews

Title: Culture, Acculturation and Tobacco Use in Hmong, Khmer, Laotians, and Vietnamese Communities in Minnesota

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Version: 4
Date: 14 July 2014

Author's response to reviews: see over
July 14, 2014

Dr. Natalie Pafitis
Executive Editor, BMC Public Health

RE: MS 4330763061072564

Dear Dr. Pafitis:

On behalf of my co-authors, I am resubmitting a revised manuscript for publication in *BMC Public Health* entitled, “Culture, Acculturation and Smoking in Hmong, Khmer, Laotians, and Vietnamese Communities in Minnesota.” We are pleased that the reviewers responded favorably to our prior resubmission and hope that this version of the manuscript is acceptable for publication in BMC Public Health.

Again, we thank the reviewers for the helpful comments and recommendations. Below is our reply to the comments and recommendations of the referee and a detailed indication of the changes made in the manuscript and where the changes were made.

Please address all correspondence concerning this manuscript to Diana Burgess, Ph.D. (One Veterans Drive; Minneapolis, MN 55419; Phone: 612-467-1591; Fax: 612-467-5699; Diana.Burgess@va.gov).

Thank you for the opportunity to resubmit our revised manuscript to *BMC Public Health*.

Sincerely,

[Signature]

Diana Burgess, Ph.D.
Associate Professor, Department of Medicine

Reviewer 1
The authors are to be commended for making significant changes that improve the clarity and credibility of the research conducted.

**MAJOR COMPULSORY REVISIONS**

*For the most part, my concerns have been addressed. I still have one issue (raised earlier), which revolves around the title of the manuscript, the methods employed, and the results presented. The authors replied that this study assessed all forms of tobacco use, not just smoking. However, the findings indicate that the focus of the analysis was on cigarette smoking. This is illustrated by Table 1, where only smoking status is reported. Similarly, the qualitative data focuses almost exclusively on smoking-related attitudes and patterns. Unless there was a complete lack of discussion by community members about non-cigarette tobacco products (something I find highly doubtful), I feel strongly that the title and relevant sections*
should accurately reflect the focal point of this manuscript, which is cigarette smoking, not all forms of tobacco.

We have changed the title, replacing “tobacco use” with “smoking.”

MINOR ESSENTIAL REVISIONS
The authors do a good job of highlighting where their study design deviates from CBPR principles. However, the areas where they do diverge (namely problem definition and study design) are cornerstones of a "true" CBPR approach. To this end, I strongly recommend "softening" the language suggestive of this being a CBPR design with minor changes and rather indicating that the study utilized principles from CBPR.
We have softened the language, indicating that the study utilized principles from CBPR (see changes made on p. 5 and p. 20 and in the abstract).

Another very minor question that might be addressed is why the authors surmise the rates of smoking to be considerably lower among Cambodians and Laotians in MN related to the native regions. Might there be acculturative protective factors for these groups?
We speculated about this in the revised manuscript on p. 3.
“One might speculate that these lower rates of smoking among Cambodian and Lao smokers could be due to social norms regarding smoking and attitudes toward smokers in Minnesota, which were less positive than in the home country. It is unclear why the same pattern was not found for Vietnamese men, although it could be the case that the population reached in the Minnesota study was different than the population studied in Vietnam.” (Constantine, 2010)

Reviewer 2
This reviewer is pleased to see the overall improvement of the revised manuscript and have only several minor concerns.

Page 3: the discrepancy between the subject and verb in the 7th line of the third paragraph on this page “Tobacco use spread in Southeast Asia....”
We believe the sentence, “Tobacco use spread in Southeast Asia because it was incorporated into daily customs and rituals as social currency, and because of its purported medicinal properties,” is grammatically correct, but we leave this to the discretion of the Editor.

Page 5:
1. Please spell out BCBSM in its first appearance.
We have made this change.
2. Please consolidate the first and second paragraphs and state succinctly how the decision was made to recruit a certain number of men and women per for ethnic subgroup. As per the authors, using a stratified purposeful sample frame, they decided a priori the sample to include 8 males and 7 females for each group. Then in the second paragraph, the authors stated that the DREGAN Southeast Asian Community Advisory Committee ALSO (emphasized here) identified formal and informal community leaders and the sample size was based on their formal and informal referrals.
The decision to include 8 males and 7 females for each group was made a priori. We have corrected the manuscript to address this. We have also consolidated the information about sampling that was in two paragraphs into a single paragraph (see p. 6).
3. The first sentence of the third paragraph: It is not clear why the accuracy of transcripts was not cross-checked by a second person before English translation took place.

We did not feel that the transcription of the audiotape needed to be cross-checked by another person, since it was generally transcribed by the interviewer who had access to the audiotape to ensure accuracy. We clarified the description of the transcription and verification process (see below).

One bilingual team member, usually the interviewer, typed the audiotaped interview verbatim, in the language in which it was conducted and, when needed, translated it into English. A second bilingual team member independently compared the English transcription against the transcription in the original language, looking for errors. Any differences in translation were discussed and resolved between them.

There is still no description about what procedures were undertaken to resolve discrepancies in coding. Discrepancies in coding were resolved by discussion (see p. 6) “We achieved a consensus among team members in coding by resolving discrepancies through discussion about different interpretations.”

Please also provide examples if there were any differences between inside and outside coders.

Unfortunately, we did not capture this information.

4. Some of the codes provided as an example do not reflect results. For example, there were no specific findings pertaining to the codes “level of English language proficiency” and “role in the community.”

We have eliminated these codes to reflect the results in the manuscript.

Page 7: In the third line, it was stated “we identified topics for which there….”

How many topics were identified? Examples of these topics should be provided.

We have added a sentence that provides examples of the 11 topics we identified.

“In the second phase of our analysis, we used a standardized framework for ethnographic analysis called a face sheet comparison to look at each interview as a whole and to compare interviews to find similarities and differences between the participants. We identified topics for which there was substantial thematic similarity among all 60 participants. Then, we identified 11 topics where the data revealed a wide range of viewpoints, opinions and levels of knowledge. Topics included attitudes about smokers, ideas about addiction, and beliefs about the effects of smoking on others.”