Reviewer's report

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

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Reviewer: Arnab Mukherjea

Reviewer's report:

This manuscript addresses an important health concern, namely the use of tobacco among understudied Asian populations, such as the ones featured in this article. The authors are to be commended for continuing to highlight the necessity for health disparities research disaggregated by particular Asian subgroups. However, there are some major structural issues with the paper that need addressing before I can make a confident evaluation about whether this paper should be accepted for publication. I have tried to frame my concerns in context of the criteria outlined by the journal.

MAJOR COMPULSORY REVISIONS

*The BACKGROUND section, although interesting, does not substantiate the extent of the "high rates of tobacco use" by Southeast Asian immigrants and particularly the Hmong, Khmer, Lao, and Vietnamese communities. It would help to know a brief overview of whether the empirical rates mirror those found in the native regions to understand if prevalence is higher, constant, or less among the two groups.

*Although this point is found later, the TITLE of the manuscript is misleading. By-in-large, the authors are focusing on cigarette smoking, not use of all forms of tobacco.

*More detail is needed about the "some Southeast Asian community leaders had long felt that tobacco use was a serious problem"; that in and of itself does not lend itself to a credible statement of significance. This is essential information given that the authors emphasize a CBPR approach and thus, community members are integral to entire research orientation, including problem definition.

*The links between the contextual factors described in the third and fourth paragraphs of the BACKGROUND section does not provide an obvious connection with why they would be related to tobacco use. The third paragraph also does not have any citations.

*The final paragraph in the BACKGROUND section does not set the stage for the research question. The only allusion is that "community members and policy-makers have called for studies..."; WHY did they call for these? What information would this provide them for the purposes for practice and policy? How this study heed that call? Usually policy makers do not call for studies...
unless they advance a public health agenda; distilling that would be important to understand why this information is useful for that purpose.

*An overarching comment: the authors are to be lauded for proposing a CBPR approach. However, more detail and justification needs to be provided about how academics and community-members collaborated to define this research question, create the analytic protocol, analyze data, and arrive at findings that would be disseminated in diverse forms. Otherwise, the authors should consider redefining their research orientation.

*In the METHODS section, why was it decided that opinion makers were to be sole source of key informant interview data? How were the four "basic" questions arrived upon? This relates to a more refined description of the overall research question.

*The CBPR/qualitative methods section requires major revision. Firstly, how was the interview guide developed? What were the domains of inquiry? Was data collection and analysis an iterative process as prescribed by grounded theory? If that is the case, it is likely that the instrument was revised after analysis for purposes of saturation and exploration of disconfirming cases. Similarly, were the participants selected in one sitting or after an initial round of analysis? If this was a linear process of instrument development, data collection, analysis of findings, then the "grounded theory" claim is not credible.

*With respect to data analysis specifically in the METHODS section, how many reviewers were involved in each of the "parallel methods"? How many community members were involved? How were discrepancies resolved in theme generation? What was the measure of reliability of coders? How was saturation of themes arrived upon? Were disconfirming cases found and if so, how were they followed up upon iteratively in the data collection process? This information would be absolutely pivotal for me and eventual readers to evaluate the rigor of the methodology employed.

*In a similar vein, how were subgroup findings and differences between subgroups generated in a qualitatively rigorous fashion?

*Without clarity regarding the prior points, it is difficult to understand the context of the findings as current presented. However, they are interesting and seem to be substantiated by the selected quotations. Therefore, these comments are superficial in that they should align with the BACKGROUND and METHODS section concerns.

*The first paragraph of the RESULTS & DISCUSSION section seems to confirm my assumption that this paper predominantly explores cigarette smoking and not tobacco use.

*The specific categories of findings might be better subdivided into patterns found in the native region vs. major differences found after immigration.

*Throughout the RESULTS & DISCUSSION section, the authors should state
whether the majority of respondents agreed with each theme presented; otherwise, it could just be true that one person whose quote is stated reflected that purported theme.

*Is they key driver of tobacco use among Hmong due to the civil war in Laos? Was there no exploration of any other factors, especially in context of immigration? This is where comparative statistics would be helpful in the BACKGROUND section.

*Again, I reiterate the organization of the RESULTS & DISCUSSION section cannot be critically reviewed until critiques of the earlier sections are remedied.

*The CONCLUSION section seems to be a summary of the entire article without placing it in the larger literature. What is the novel information generated? This should be stated explicitly. In essence, the findings seems to boil down to youth & females smoking more than in the native regions whereas those who are older and male may reduce smoking due to changed norms, which does not seem like it expands and/or enhances the body of scientific literature. This section should really articulate the IMPLICATIONS of the findings to prevent and reduce tobacco use among these groups (as presumed by the concern laid out by policy makers in calling for these types of studies).

*The CONCLUSION section should lay out clear directions for future research and specific implications for public health practice and policy. Otherwise, this study simply provides the results of a qualitative CBPR study without any purpose of translation and/or application. The only allusion to this is the last sentence of the section, which is a very generic "programs should address these findings"; provide some comment about how (especially what to do about the tobacco industry).

MINOR ESSENTIAL REVISIONS

*Most of the first paragraph in the "...MATERIAL CULTURE" subsection should be in the background, not results.

*In presenting qualitative research, quotes just not end a subsection/section. A wrap up sentence is usually needed to summarize that specific result.

*On page 17, it is claimed that this includes "Southeast Asians of different generations" but it only examines tobacco use among immigrants, which makes that claim false.

*There are some grammatical errors so a careful proofread of the final version is warranted.

DISCRETIONARY REVISIONS

*Perhaps it might be useful to substantiate why a CBPR and/or qualitative approach was most suited to most comprehensively address the research question. Notwithstanding this recommendation, the principles of CBPR and
qualitative methods must be adhered to in alignment with the methods described.

**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 I have no competing interests.