Author's response to reviews

Title: Colon Cancer Screening Among African American Church Members: A Qualitative and Quantitative Study Of Patient-Provider Communication

Authors:

Mira L Katz (katz-4@medctr.osu.edu)
Aimee James (ajames@kumc.edu)
Michael P Pignone (michael_pignone@med.unc.edu)
Marlyn Hudson (allicock@email.unc.edu)
Ethel Jackson (etheljeanj@aol.com)
Veronica Oates (voates@email.unc.edu)
Marci K Campbell (marci_campbell@unc.edu)

Version: 3 Date: 25 August 2004

Author's response to reviews: see over
August 15, 2004

Iratxe Puebla
Assistant Editor
BMC Public Health

Dear Iratxe Puebla,

We appreciate the thorough and thoughtful second review of our manuscript Colorectal Cancer Screening Among African American Church Members: A Qualitative and Quantitative Study Of Patient-Provider Communication (MS: 5459783832391996)

We have carefully reviewed the comments received and apologize for the oversight of not responding to previous suggestions. We have responded to each comment below or have changed our manuscript to include suggestions made.

Please let me know if you have any further concerns.

Sincerely,

Mira L. Katz, Ph.D., M.P.H.
Assistant Professor
School of Public Health
The Ohio State University
Columbus, Ohio
Reviewer: Carrie N. Klabunde

1. Suggestion: In the abstract there are no results from the focus groups.
   Response: Focus group results are now included in the abstract per the reviewer’s suggestion.

2. Suggestion: Methods section, 2nd paragraph regarding focus groups should be moved to results section.
   Response: Paragraph has been moved to results section per the reviewer’s suggestion.

3. Suggestion: Change subsection label from “main study” to “survey.”
   Response: Changed subsection label “main study” to “survey” per the reviewer’s suggestion.

4. Suggestion: Move description of response rate to the results section.
   Response: Description of response rate moved to results section per the reviewer’s suggestion.

5. Suggestion: Move knowledge of CRC results to the results section.
   Response: CRC knowledge results moved to results section per the reviewer’s suggestion.

6. Suggestion: Include how CRC screening procedures were explained to the participants.
   Response: A description of the explanation provided to participants during the survey is now included per the reviewer’s suggestion.

7a. Suggestion: Table 3; unclear what percentage of participants had no health care provider. No explanation of “other” category in health care facility category.
   Response: “Other” category is not in Table 3. The measure was: when the participant got care, where did they go. We did not collect information about who their provider was.

7b. Suggestion: Table 3; What was the basis for the three insurance categories.
   Response: The reviewer expressed concern about the presentation of the insurance categories. The insurance categories were based on self-report by the participants and multiple responses were accepted. The survey did not ask specifically about Medigap insurance, but we can suppose that participants who responded to both Medicare and self-paid/employer paid health insurance had supplemental gap insurance. Thus the categories as presented exceeded our n=397 because participants responded to multiple insurance options. This is addressed in the footnote of the table.

8. Suggestion: Table 3; numbers do not add up for insurance categories.
   Response: See response above; 7b.
9. **Suggestion:** A more descriptive title for Table 5 is recommended.  
**Response:** Title for Table 5 has been changed per the reviewer’s suggestion.

10. **Suggestion:** In the Discussion there is no basis for “it is less likely that CRC screening itself would affect participant’s ratings of communication quality.”  
**Response:** This comment has been removed per the reviewer’s suggestion.

11. **Suggestion:** In the Discussion, there is no data to indicate that the association between physician recommendation and CRC screening utilization was measured.  
**Response:** This comment has been removed per the reviewer’s suggestion.

12. **Suggestion:** Acknowledge that physician assessment of the quality of communication was not obtained in this study.  
**Response:** Acknowledgement of this point has been included per the reviewer’s suggestion.