RESPONSE TO REVIEWERS COMMENTS

Dear editor,

Please find below our point-by-point response to the reviewer’s comments. In general, we felt the comments were appropriate and constructive, and are pleased that they were not related to substantial methodological issues. We thank you and the reviewer for your time and positive review of the paper.

Major Compulsory Revisions

1) Background section. The reviewer mentions "the study implies Hispanic physicians face different challenges than other physicians when implementing smoking cessation practices," and the need to clarify what we mean by "differences" and "situations... particular to their patient populations." The reviewer also questions whether these challenges contradict the literature with respect to the idea of universal anti-smoking messages for different racial groups.

To support the need for the study, in the background section we discuss the lack of literature on Hispanic physicians and their tobacco education and smoking cessation practices, and on studies in which Hispanic physicians are considered a collective with its own characteristics and needs. Because of the lack of studies on the issue, rather than implying that Hispanic physicians face different challenges we contend that it is not clear whether or not they face different challenges. The possible differences we refer to may derive from their educational and cultural background and language proficiency and use, as well as to their patient population. In the results section we specifically report on respondents' characteristics, including place of birth, years practicing in the U.S., and language use. Similarly, we provide data on the ethnicity and language use of their patient population, which is not generally included in the current literature on the topic.

We understand the reviewer’s concerns in regards to whether the discussion contradicts the idea of universal anti-smoking messages. The literature does support that tobacco dependence and desire to quit have shown to be prevalent across all racial and ethnic groups. Similarly, studies have shown the efficacy of a variety of smoking cessation interventions (such as nicotine patch, clinician advice, counseling, etc.) in both the general population as well as minority populations. However, it is obvious that interventions and treatments must be tailored to the cultural characteristics of the participant population and conveyed in a language that will be understood by the smoker. As we discuss throughout the paper, the Hispanic physician is better suited for delivering interventions to the growing Hispanic population, and studies that explore how to engage them in tobacco education and treatment are needed.

We revised the background section, reworded some sentences, and added a sentence (pg. 5, 1st paragraph) and two new references (#7 and #8) to further justify the study and clarify the issues mentioned by the reviewer. The background section is now more consistent with the aims of the study.

2) Page 7, 1st paragraph, the eight items assessing actual practices should be described and included in a table.

We added a description of each item in the text (pg. 7, last paragraph) and also included a call to see Table 3, where they are listed.
3) Numbers must be reported in a uniform way.

We revised the entire manuscript, including the abstract, and uniformly updated the numbers by adding decimals and frequencies when appropriate. Frequency was added on Table 3. Decimals were added to Table 3 and in the text when otherwise not shown in tables. Values were added to Figure 1. We also corrected some grammatical and numerical errors in Table 3. On pg. 9, last paragraph, we corrected an error regarding language of patient population (the original submission stated: 22% of their patients speak both Spanish and English. Actually, 22% of respondents indicated that their patients speak both Spanish and English).

4) Pg. 8, last paragraph is unclear or not useful information... reported percentage of patients who smoke and suffer from smoking-related illnesses is consistent with national average.

We believe the data is useful for understanding the health burden of tobacco use among the patient population of the physicians who participated in the study. It is true that the number of smokers is consistent with the national average, but it is interesting that the results of our study confirmed the data. It is even more significant that almost 30% of respondents estimated that half of their patients suffer from tobacco-related illnesses. If this is true, then it would mean that health care costs could be reduced to half by eliminating tobacco.

Since we believe the information is useful, we added a sentence in the discussion section, pg. 12, last paragraph, to elaborate on the importance of this result.

5) Pg. 10, 1st paragraph does not include number of physicians who reported such barriers, or how responses were recorded.

We revised the sentence to add how the answers were recorded, and the statistics on those who correctly answered the question. A list of 7 barriers identified during the qualitative study was included in the survey: 1) Take too much time, 2) counseling time is not reimbursed by third party payers, 3) I do not have the proper training to do an intervention, 4) Patients are not receptive, 5) Quitting should be exclusively the patient's choice, 6) Language is a barrier, 7) Other, 8) None of the above: I always counsel smoking patients). Respondents were asked to mark the two most important factors preventing them from intervening with smoking patients. The four most frequently selected are reported in the results. Of the 45 respondents, 11 selected #8, 3 gave invalid answers - selected more than the 2 allowed, and 1 did not respond to the question (statistics were calculated on the 30 respondents who selected one or two of the 7 listed barriers). We noticed that the percent for "other reasons" was incorrectly reported on the original submission, and have made the correction.

6) Pg. 10, 3rd paragraph, respondents prefer to read journal articles about smoking cessation. Implications should be discussed in the discussion.

We added two sentences to the last paragraph in the discussion section, pg. 15, in this regard. We also added a sentence to the conclusion section (pg. 16, 3rd paragraph).

7) First paragraph of the discussion on physicians' smoking behavior has nothing to do with the results presented. Delete or clarify.

In results (pg. 9, 1st paragraph), we report on physicians' smoking status. We believe the information is relevant and appropriate, and would like to maintain it. We agree that it needed to be clarified, and did so by adding a sentence to the discussion, 1st paragraph, to indicate that the results of this study are consistent with the literature. The paragraph points out the fact that studies have found no correlation between physicians' own smoking status and tobacco-related practices. As reported in the results section, none of the respondents in this study reported being a current cigarette smoker, and a low 7% were cigar smokers, yet tobacco intervention was also low.

8) Pg. 15, top, greater need of training.

We added a sentence to clarify. As indicated in the discussion section, pg. 16, 3rd paragraph, "the results of this study compare negatively with data from national studies, and suggest that the practices of Hispanic physicians may negatively compare with those of their peers." Our results justify a greater need for training among the members of this group.
Minor Essential Revisions

We made all the changes recommended by the reviewer. Additionally, we edited the entire manuscript for grammar/language.

1) Pg. 2, Results: should read "the response rate..."
   We made the correction.
2) Pg. 2, Results: "middle-age males."
   We made the correction
3) Pg. 2, Results: The majority of respondents (report #).
   We included percentages and frequencies in results and appropriate tables.
4) Pg. 2, Results: they routinely ask -is this a response on the instrument or does "routinely" infer a number-if so, report.
   This is explained in the "Methods" section (pg. 8, 1st paragraph): "Greater than 80% was established as the standard for defining "routine practice."
5) Pg. 3, Results: "encountered barriers"
   We corrected the grammatical error.
6) Pg. 3, Results: "intervention recommended", delete "that is"
   We made the change.
7) Pg. 4, Background, 5th sentence: both should either be "doctors" or "physicians" for clarity.
   We made the change. In both cases they are now "physicians."
8) Pg. 5, Methods, 4th sentence: delete "tobacco."
   We made the change.
9) Pg. 7, 1st sentence, last paragraph: "explores tobacco counseling."
   We made the change.
10) Pg. 8, Results, define practices included under "primary care."
    The Yes/No question in the survey reads: Primary Care Physician? Those who were not PC physicians were asked to write down their specialty. On pg. 9, we added a footnote defining PC.
11) Pg. 10, 1st paragraph, "frequently encountered barriers."
    We corrected the grammatical error.
12) Pg. 11, Discussion, "The study provides."
    We made the change.

Finally, we changed the title to better reflect the nature of the study (Hispanic physicians' tobacco intervention practices: a cross-sectional survey study) and formatted the manuscript to conform to the journal's guidelines. Dr. Jacobson's email was also updated.