Dear editor,

We have further revised our manuscript to more appropriately address reviewers’ comments. Please find below a description of the new changes.

Major Compulsory Revisions

1) Comment about the background: evidence that the Hispanic physician may be more suited to educate the growing Hispanic population, no data is presented in the paper to support this hypothesis.

We agree: this comment must be supported by the literature and we did so by adding a paragraph and four new references [9-12] in the background (pg. 7, 1st paragraph) and one paragraph to the discussion (pg. 13, 2nd paragraph). The information we added supports that Hispanics may prefer physicians who share their same ethnicity and culture, and these professionals should be trained to respond to the health education needs of the population they serve. Additionally, Hispanic physicians may be more suited to overcoming language barriers, as they may be more proficient in the Spanish language spoken by a high percentage of the U.S. Hispanic population. This is one of the unique features of the survey instrument we developed for this study. We collected data on the race/ethnicity and language use of both the physician and the patient population (see results). Our data is consistent with the hypothesis that Hispanics select Hispanic physicians. In the paragraph added to the discussion, we further discuss that Hispanic physicians may have more access to the Hispanic population, making them better able to overcome cultural and language barriers. In summary, we have provided evidence to show that the Hispanic physician is better suited to reaching out to the Hispanic smoker, and with proper training may contribute to decreasing smoking rates among this population.

2) Pg 5, 1st. sentence. It is not "obvious that interventions and treatments must be tailored to the cultural characteristics of the participant population."

We deleted "it is obvious that" from the sentence, and added references 7 & 8 at the end of the sentence to show that this statement comes from the smoking cessation and health education literature. According to this literature, the anti-smoking message may be universal in nature (such as: the best thing you can do is quit), but it must be delivered in a way that is culturally appropriate and linguistically understood. Hispanic physicians may better equipped to deliver the message to Hispanic patients (see above).
3) Pg. 13, 2nd sentence. The sentence as written is more than likely incorrect.

We agree with the reviewer. Stating that the costs could be reduced to half should be justified, and we cannot justify it. We reworded the sentence to say that the costs could be significantly reduced.

4) Pg. 16, Conclusions, 2nd paragraph, 2nd sentence: what is unique about the instrument used for data collection? Why should federal health agencies be interested in the instrument?

We added a paragraph and two new references [21,22] in conclusions (pg. 17, 1st paragraph) to further clarify the issue. According to the literature, standard procedures for collecting data on physicians’ tobacco education and smoking cessation practices present several methodological challenges. These include the use of survey instruments that have not undergone the necessary processes to demonstrate their validity and reliability. The use of such instruments may compromise the internal validity and results of an investigation. It is, therefore, recommended that assessment tools be submitted to systematic review and psychometric testing to ensure validity and reliability (see Crooks C, Kenney E, Elder J, Levitz M, Johnson M, Bal D. Tobacco Control activities of primary care physicians in California. Evaluation & the Health Professions. 1993;16(3):311-321; Zapka JG, Fletcher KE, Ma Y, Pbert L. Physicians and smoking cessation: development of survey measures. Evaluation & the Health Professions. 1997;20(4):407-427).

Additionally, as indicated on pg. 7, 2nd paragraph, 2nd sentence, "In addition to standard demographic questions, the instrument includes items related to country of education and professional training, language spoken at home and in professional practice, and ethnicity and language of patient population." These are questions not generally found in other surveys and which make the instrument more appropriate for assessing the characteristics of Hispanic physicians, including level of acculturation, language proficiency and training needs.

5) Pg. 16, Conclusions, 3rd paragraph. The study shows Hispanic physicians prefer to read journals but ask about smoking less than other physicians: perhaps a new method for physician education should be developed.

This is a good point. We elaborated on this idea and revised the sentence to clarify the issue (pg. 17-18). As we indicate at the end of the paragraph, part of the problem may be that scientific journals are not very sensitive to the need for connecting theory and practice, and often papers provide many details in methods and results but very little information on the translation of research. Physicians may be reading and understanding these articles, but missing how they apply to their day-to-day practice.

Minor Essential Revisions. We made all the changes recommended by the reviewer:

1) Pg. 3, 1st full sentence, should read "payers" and be consistent: we made the change as recommended.

2) Pg. 3, Conclusions, should read “The results indicate...”: we deleted 'of this study” as recommended.

3) Pg. 8, 2nd paragraph, delete "better": we made the change as recommended.

4) Pg. 12, Discussion, 2nd sentence, "it should be noted some studies...": we deleted "that" as recommended.

5) Label axes Fig. 1: we labeled the axes as recommended.