Dear Editor,

We would like to thank the reviewers for their thoughtful and constructive critiques. We have completely revised the paper based on the reviewers' comments. While we have attached our detailed response to the critiques, we would like to summarize the main changes: We have clarified that our analyses focused on depressive symptoms based on self-report. We have improved the methods section by providing more details on the use of the CES-D Scale among diverse ethnocultural groups and by justifying the cutoff score used in our analyses. We also conducted a factor analysis to confirm that the CES-D measured similar constructs in our 3 subgroups. In addition, we have revised the title to more accurately identify our sample. We believe that the revisions greatly improved the manuscript and hope that it will now be suitable for publication in your journal.

Sincerely,

Annette Maxwell (corresponding author)

Response to Reviewer #1, Benjamin Vicente

1. We have now clarified that our analysis focused on depressive symptoms based on self-report, using a reduced version of the Center for Epidemiologic Studies Depression Scale (CES-D). This is an instrument to screen for depressive symptoms, not a diagnostic tool. We have changed the terminology in the entire document to "depressive symptoms".

2. We agree and we have described in the discussion section that this data set has its limitations with respect to variables that have not been assessed but may be important risk factors for depressive symptoms. Unfortunately, this is a limitation that applies to many secondary data analyses that are using data sets from general health surveys to examine a specific research question. However, given that CHIS interviewed a population based sample of Latino and Non-Latino White adolescents, and given that it includes extensive information on both acculturation and several other variables that have been associated with depressive symptoms in other studies, we were able to examine the relationship between depressive symptoms, acculturation, and ethnicity in several analyses and in different strata. Our findings add to the sparse literature on depressive symptoms among Latino and Non-Latino White adolescents.

3. We agree that in some analyses we had cells with small numbers, especially in the subgroup of Latino adolescents with low level of acculturation. This may have contributed so some findings that did not reach statistical significance. We have presented in all tables the odds ratios and confidence intervals, and overall our estimates look reasonably stable. We feel comfortable presenting these data given that they originate from a statewide population-based, high quality survey.

4. We attempted to reduce the number of tables but found that more confusing than helpful. If possible, we would like to retain the tables as they are.

Response to Reviewer #2, Glorisa Canino
5. We have now clarified that the focus of the paper is on depressive symptoms, not on clinical depression, and have changed the terminology in the entire paper.

6. We have now explained in the methods section how the cutoff score was determined. In addition, we have cited the work of Roberts and Crockett and colleagues who have used the CES-D among Mexican-American adolescents.

7. We have conducted a factor analysis and found that the CES-D yielded similar factor structure with similar factor loadings in all 3 groups (see methods section). In addition, we have cited the studies of Roberts and Crockett and colleagues, which suggest that it is appropriate to use the CES-D as a screening instrument in both Anglo- and Mexican American adolescents.

8. We agree that many studies have included family structure as a demographic correlate for depression and have deleted the statement in question.

9. We have now added in the discussion section the possibility that perceived discrimination could be related to risk of depressive symptoms among Latinos in the high income group and have added appropriate citations.