**Author’s response to reviews**

**Title:** A program to respond to otitis media in remote Australian Aboriginal communities: a qualitative investigation of parent perspectives

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**Author’s response to reviews:**

Paramala Santosh

Editor

BMC Pediatrics
Dear Dr Santosh,

Thank you very much for organising the second round reviews for our paper. Below is a point-by-point detailed summary of how we have responded to the reviews (our response is marked *** in each case).

With thanks

Caroline Jones

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Reviewer reports:

Justine Dol (Reviewer 1): Thank you for the opportunity to review this manuscript again. The objective of this study was to explore caregivers' views about an inclusive, parent-implemented early childhood program (the LiTTLe Program) for 0-3 years in an Aboriginal community health context. It is clear that the authors have taken into serious consideration previous feedback and the manuscript can now be recommendation as acceptable for publication pending minor revisions. A few suggestions that the authors should consider include:

- Removing repetition within the manuscript of items stated elsewhere. For instance, on page 16, lines 18-25, the authors list the general questions asked in the interview but with the addition of the interview guide in the Appendix, the specific questions asked are no longer needed in the manuscript text. Likewise, the paragraphs on overview views on page 15, lines 31-53 are repetitive of Table 2, and thus could be shortened.

***The Results section has been revised to avoid restatement of the interview questions in Appendix. For example, see the change to page 16 (lines 18-25), which is now on page 12 in the first paragraph under the subheading 'Overall views'. The text previously on page 15 (lines 31-53) has been considerably summarised and is now on page 14, last paragraph.

- The discussion has significantly improved in the revised manuscript. However, the discussion does not follow the results section and should be revised to more clearly follow the main themes (i.e., overall views, views about speech and language strategies, views about hearing health and interventions, school readiness, program implementation and ideas for the future). Currently there is no clear flow from the results to the discussion.
***Thank you for this point. The Discussion (page 26 onwards) now opens with an exploration of the results and their implications, organised by the main themes (as subheadings), and we hope this provides much better flow into the later more general discussion.

- Also in the discussion, new results were introduced on page 34, lines 39-44 on the fact that parents knew possible indicators of OM, which was not mentioned previously. This should be added to the results or reworked in the discussion.

***We have now moved this to the Results as recommended: in the last paragraph on page 20.

Åse Boman, Ph.D (Reviewer 2): Revision #1

I have enjoyed reading the revised manuscript and Background, Discussion and Conclusion have very much improved. Still some adjustments need to be done, especially in the Method and Result section. See my suggestions below

Key words should appear in alphabetic order

p. 9 line 27-59 I think this information should be moved to the Background, and precede the Aim

***We have moved this material to the Background: last paragraph on page 5.

p. 10 line 5 - 44 Benefits by being moved to the background, as it is structured now, you present the purpose and then explain the background to the aim, do it vice versa

***This has been moved to the Background: second paragraph, on page 6.

p. 11 line 45 Delete the estimated approximately time duration for the interviews, you address the average time in the next section

***This has been deleted, see page 9, second paragraph.
p. 14  Table legend: I still do not think this table illuminates "hearing history" but instead medical ear problems. To me hearing history is more of the child's ability to hear (which of course depends on the medical diagnoses). I emphasize the table needs to be re-named

***The title of Table 1 has been amended, see page 11.

p. 15 line 19  You still do not have explained the abbreviation ENT

***ENT has now been defined within the table, see page 12.

p. 15-16 I think table 2 could improve by clarify that the numbers corresponds to n (the number of participants). I also think your scale is a little bit "unscientific"; exactly what is the difference between "a bit", "some", and "a lot"??

***The title of Table 2 has been modified to address this concern. The scale is rough, we agree, but worked well when asking for a general impression from parents, some time after the program.

p. 16 line 23  Parents' responses ranged from "really good", "good", "interesting" to "all right". Was this fixed answer options or was it spontaneous response from the participants? What about neutral and negative outcomes?

***We have clarified that this was the range of free responses in the text on page 12 (paragraph under Overall views).

p. 17 line 44  Please remove "interesting", the term is evaluative

***This term has been deleted within the rewritten Results section.

p. 23 line 22  Please remove "interesting", the term is evaluative

***This term has been deleted within the rewritten Results section.

p. 25 - 26 line 56 - 7  This section belong to the Limitations in the Discussion
Antony Simon Opwora, MPH (Reviewer 3): BMC Pediatrics Review

Title: A program to respond to otitis media in remote Australian Aboriginal communities: a qualitative investigation of caregiver perspectives

Authors: Caroline Jones et al

Thank you for the opportunity to review the re-submission of this manuscript. I thank the authors for efforts in improving the paper. However, the paper still requires major revisions before it is acceptable for publication, in my opinion. I want to refer the authors to comments made on the original manuscript where all 3 reviewers expressed concerns about the manuscript's unnecessary wordiness. While I understand that the authors may feel the importance of including all the details they have gathered for clarity, summarizing such details would greatly improve the readability of this paper. As an example, although the background section was reworked to include the information requested on the LiTTLe program, and the first paragraph excellently rewritten and summarized, the rest of the section is mostly a repetition of the original manuscript. I urge the authors to consider following the suggested outline and to focus the information on that which enriches their stated objectives.

Secondly, consider presenting results by following the objectives. As mentioned by other reviewers, the results section is hard to follow because it takes a very long shot at the interviews and fails to focus on information that largely answers their objectives. Of course, as stated earlier, it is important as currently presented, to describe the participants in the opening one or two paragraphs of the results.

In summary, although this is a qualitative paper, the key for me remains to focus the paper by striving to respond to questions raised by the objectives.

Thank you.

***Thank you for this direction. We have worked hard to summarise the Background and the Results. The Background section has been reduced in length and we have tried to foreground the elements that relate most closely to our focus in the paper. Similarly in the Results we have condensed the sections, especially those note relating closely to our focus, and our specific objectives.