Reviewer's report

Title: Community-Based Navigators for Tobacco Cessation Treatment: a proof-of-concept pilot study among low-income smokers

Version: 4 Date: 25 April 2015

Reviewer: Laura MacPherson

Reviewer's report:

- Major Compulsory Revisions

1. It does not appear as though the authors took into account the different waves for many of the outcomes. It seems rather that they only reported both Wave 1 and Wave 2 for mean time to follow up, and not on any of the cessation outcomes. It is suggested that the authors report the outcomes for both waves, and then examine if there are any statistical differences between them, although that might be difficult because of the difference in sample size. They do need to account for the different waves in the outcomes, though, especially given the differences in sample size. There is also no discussion of what may account for the difference, which is important as well.

2. In the introduction, the authors discuss Motivational Interviewing as part of the role of the navigator, and motivation as a barrier to quitting. The discussion would benefit from a more nuanced discussion of the fluctuations in motivation among SED, and not just the population of smokers. Are there certain considerations that need to be taken into account when conducting MI with this population? The link between stressors of SED and fluctuations in motivation could be more explicit.

- Minor Essential Revisions

1. Some portions of the introduction are confusing and not worded well. For instance, the authors talk about “health coping resources”, but do not define the terms.

2. The authors discuss the difficulty of adhering to cessation treatment in general, but do not explicitly discuss this in relation to SED (lines 100-103). It would be helpful to discussed why SED specifically have trouble adhering.

3. Daily smoking does not seem to be included as an inclusion criterion for the study, and the results section reports that 98% were daily smokers. The authors should provide some rationale for this decision in the methods section.

4. Authors need to justify a 12-session protocol.

5. A discussion of the guides’ previous experience regarding mental health counseling would be appropriate, given their responsibilities.

6. Authors did not exclude participants for endorsing psychotic symptoms. Was there a measure in place for determining if they were fit to participate?
7. A limitation that is not mentioned is that the authors have relied on self-reported mental health diagnoses, which can often be unreliable, especially in that population.

- Discretionary Revisions

1. Although not essential, it would be interesting/useful to examine the relation between the qualities of the guides and outcomes (duration of abstinence, motivation, etc.).

2. Another interesting analysis could be to look at the relationship between mental health diagnoses and outcomes.

3. A discussion of which participants may be most likely to access which EST might be useful, and if the authors recommend any one treatment over another? This is not an essential revision, just a suggestion that would require additional analyses.

4. The discussion section talks about the unique stressors associated with quitting smoking among SED, but would benefit from a more extensive discussion on how to tailor smoking cessation treatments to SED (i.e. incorporating stress management techniques) within this context. This may be useful and will bolster the argument for tailored treatments for this population.

5. Lines 207-209 (methods) are somewhat confusing.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.