

Response to Reviewers

Reviewer Comment	Response
<p>Reviewer 1: While the intervention has merit, what are the costs associated with advocating the use of these interventions in community practice? This would be an important question to consider in future research conducted by this team.</p>	<p>We agree that the costs of such an intervention could be prohibitive. Since this project was done as part of a larger CDC-funded trial, we could not tease out these costs, and hence the recommendation for further research. We have added this comment to the Limitations.</p>
<p>What is lacking is some additional information about Latinos and vaccination. As stated on p. 4 line 22, "Despite the effectiveness of vaccination, Latinos are less likely than non-Hispanic whites to be vaccinated (...)."</p> <p>No other information is provided and there is no link to the paragraph that follows.</p>	<p>Two research citations are provided to verify the statement that Latinos are less likely to be vaccinated. While we could give specific results from these two studies, the focus of this paper is not primarily on vaccination and therefore those citations seem sufficient verification without adding another paragraph to give data from the other studies.</p> <p>There is no link to the next paragraph because the next paragraph starts an entirely different section, which is labeled with a subheading as such.</p>
<p>There is no theoretical framework mentioned in the study.</p>	<p>We used the Green & Kreuter Precede-Proceed model to select our educational materials as well as to develop our instrument, and this has been added to the Methods section.</p>
<p>More information is needed about the development of the intervention and about the intervention itself. It may be helpful to include a table that provides a description of the intervention and study procedures.</p>	<p>The intervention, as described thoroughly in the Procedure section of the manuscript, was simply to do a home visit bi-monthly and provide a variety of educational materials and feedback/reinforcement from our research coordinators. We are not sure what else we should add, as it's all there.</p>
<p>I would have liked more information about how items were chosen and how the educational materials targeted these items.</p> <p>The sentence referring to the "random subsample receiving alcohol based sanitizers and/or facial masks" (p.7, line 20) has no detail regarding the rationale</p>	<p>The items, as described in the Methods, were derived from three previously published instruments which are cited. One of these sources (as described) was from our focus groups which were also based on the same Precede-Proceed model. We have tried to further describe the tool and added a sentence offering to provide the instrument to those who want it.</p> <p>The statement has been clarified in the manuscript as being part of a larger clinical trial, "As part of the larger CDC-funded clinical trial, two groups of households were randomized to receive additional products</p>

<p>for this addition.</p>	<p>(alcohol-based hand sanitizers and/or facial masks)...”</p>
<p>It is not enough to report that respondents were born outside of the United States and were Latino. Without knowing much about the study participants it would be difficult to evaluate external validity.</p>	<p>We have added more description of the population in the Results section and in Table 1.</p>
<p>Were there any items that did not change from pre to post assessment?</p> <p>Most of the quantitative analysis strategies were descriptive with the exception of multiple regression analysis. Did the demographic information include immigration information?</p> <p>Did respondents with less than a high school education score lower on knowledge scores than those with a high school education? What effect did knowledge have on reported practices or attitudes? These would be important questions to consider.</p>	<p>We added information about items that did not change pre to post in Results.</p> <p>We did not ask about immigration status because of concerns about confidentiality of sensitive information. That has been added to Methods and limitations. Hence, it was not included in the regression analysis.</p> <p>There were no significant difference in scores by level of education or other demographic factors, and this has been added to Results.</p> <p>We reported in Results the changes in reported hand hygiene and vaccination levels, which were the main practices we recorded. We also reported attitudes regarding antibiotic use in Results and discussed all of these issues in Discussion.</p>
<p>It would have been interesting to see if any demographic variables predicted increases in self-reported practices or changes in attitudes.</p>	<p>None of the demographic variables were significant, and this has been added to Results.</p>
<p>In the discussion section, p 10 line 17, the respondents are referred to as recent immigrants yet no information is given about this in the demographics. The first paragraph discusses the results in light of recent arrival to the United States. This is new information not mentioned in the manuscript previously. In fact, the discussion section presents many new references and information that should have been in the introduction. I would suggest a retooling of this section reflecting the results of the study.</p>	<p>The reviewer is correct that we did not collect specific data on when immigration occurred, so we have modified the Discussion to focus on ‘urban Latinos’ rather than ‘recent immigrants’. We have also added to the Limitations section a comment that we did not measure duration in the U.S. nor did we measure acculturation (which could be independent of length of time in the country). We have modified the Discussion section to assure that no new information is added there and that we respond only to the results.</p>
<p>I would avoid the use of the acronym "KAP" and spell out knowledge, attitudes and practices.</p>	<p>Changed throughout</p>

<p>Reviewer #2: Theoretical Framework: None has been described although several are possible.</p>	<p>We used the Green & Kreuter Precede-Proceed model to select our educational materials as well as to develop our instrument, and this has been added to the Methods section.</p>
<p>It may have been interesting to note the time that it took subjects to complete the questionnaire.</p>	<p>It took about 15-20 mins by interview, and this was added on the top of p. 10</p>
<p>It seems that educational level may have been used as a proxy for income; regardless a demographic data table would help the reader to set this sample in a clearer context.</p>	<p>Table 1, demographics, was added</p>
<p>It appears that this sample may not be representative of most urban Latino populations. The authors do not address this.</p> <p>Cost effectiveness is addressed and it would be helpful to have their thoughts on how these interventions could be more cost effective.</p>	<p>Although we think that this sample was quite representative of urban Latino populations, with the majority born outside the U.S. and having high school of less education, we have added as a limitation to the study that, like any sample of volunteers, they may not be representative. We wish we knew how to make these interventions more cost effective, which is why we are suggesting additional research regarding costs!</p>
<p>The aim of the study (line 17 p. 2) and the principle goal (line 15 p. 10) have subtle differences. I would think that immigrated Hispanics would not necessarily be identical to urban Latinos who had been living in the US for many years.</p>	<p>We have corrected this discrepancy to assure that we describe 'urban Latinos' rather than new immigrants.</p>
<p>There are a couple of grammatical errors on p. 6. Line 25, the availability IS limited, and on line 26, the DepartmentS of Health is correct.</p>	<p>Fixed</p>