Article details: 2019-0072	
Title	Exploring the barriers to accessing weight loss interventions for patients with class II and III obesity in primary care: a qualitative study
Authors	Boris Zevin MD PhD, Nancy Dalgarno PhD, Mary Martin MSc, Colleen Grady DBA, Jacob Matusinec MD, Robyn Houlden MD, Richard Birtwhistle MD MSc, Karen Smith MD, Rachael Morkem MSc, David Barber MD
Reviewer 1	Dr. Maryam Kebbe
Institution	Department of Pediatrics, University of Alberta, Edmonton, Alta.
General comments (author response in bold)	1. The COREQ checklist indicates "N/A" instead of "p. 6" in regards to the experience and training of the researchers. The authors do state that "Two experienced researchers" conducted the focus groups, however it is unclear whether this experience is in qualitative methods, content expertise, or otherwise. **We have clarified this and it now reads:** **"Two researchers with expertise in qualitative methods," (Data Collection, Pg. 7, Lines 142-143)** 2. As is, the Introduction section seems to lack cohesion. For example, it jumps from (1) medical weight loss interventions and bariatric surgery to (2) bariatric surgery to (3) medical weight loss interventions to (4) medical weight loss interventions and bariatric surgery to (5) bariatric surgery. I would encourage the others to revisit the structure of this section. **We have re-structured the introduction to be more cohesive. (Introduction, Page 4-5, Line 67-96)** 3. The methods section begins with only one line. I realize one of the reviewers suggested to re-structure that first paragraph, however I suggest that the authors include a "Study design" subheading with details on the study design, timeframe, and ethics. **We have added the subheading "Study Design" to include the requested information. (Study Design, Page 5-6, Lines 109-112)** 4. The authors state that reflexivity was ensured since no pre-existing relationships can be found between the researchers and family physicians. My suggestion would be to expand on reflexivity from an alternative lens – that is, a critical self-reflection of one's own biases, theoretical stance, and personal and professional orientation, and how it may have influenced data collection, analysis, and/or interpretation. **We have added this line regarding reflexivity in the analysis section, and added a reference to support this:** ***Discussions around personal biases and assumptions were conducted to address reflexivity from the lens of critical self-reflections regarding individual team member's biases, which may have otherwise influenced data collection, analysis, and/or the interpretation of results [23].*** **(Data analysis, Page 8, Lines 162-165)** 5. The authors now clarify the number of family physicians per focus group. Normally, it can be argued that focus groups be considered as such if they have a minimum of four participants per group, which is in support of optimizing participants' interactions and eliciting a broader range of responses through group dynamics. As such, I would like to request from the authors to indicate this in the limitations section in light of the three focus groups they conducted with less than

	four participants. **We have added the following to our limitations section:** ***For the physician focus groups, geographic limitations as well as physician availability lead to smaller group sizes of 1, 2 or 3 participants where 4-12 is recommended to optimize group dynamics and elicit a broad range of discussion[40], which could have limited our findings as a result.*** **We have also added the following reference:** **Carlsen B, Glenton C. What about N? A methodological study of sample-size reporting in focus group studies. BMC medical research methodology. 2011 Dec;11(1):26. (Limitations, Page 16, Lines 352-355)** 6. Results from this manuscript are informed by the Barriers to Change Theory. In a number of places in the manuscript, the authors refer to "barriers for change". In the response to reviewers' comments, the authors indicate that this change refers to access to medical and surgical weight loss interventions. Please ensure this is incorporated throughout the manuscript to avoid confusion on what "change" is being elicited **We have edited all instances where "barriers for…" to now say "barriers to accessing WLI." See tracked changes version for these modifications. (Results/Interpretation, Throughout)** 7. The individual themes can benefit from a revision to add more richness and clarity. For example, the authors use the term "managing obesity" a number of times, however it is unclear what type of management this refers to. I suggest making a clear distinction between the results in response to bariatric surgery versus other modes of treatment. **We have modified the results and interpretation to clarify what is meant by "obesity management," changing these to now read facilitation of weight loss interventions, successful weight loss programs etc. See tracked changes version for these modifications. (Results/Interpretation, Throughout)** Other changes made Restructuring of Interpretation **We have restructured the interpretation to align with journal guidelines. (Interpretation, Page 13-16, Lines 270-340)** Editing for length **We have edited to condense the manuscript to fit the 2500 word limit, it is now at 2497. As a result, some references have been removed. (Throughout)** Tables **We have added a table to summarize focus group composition in the interest of saving space. Table 1 now summarizes this; all other table numbers have been updated to reflect addition. (Tables)**