Author's response to reviews

Title: Piloting an HIV self-test kit voucher program to raise serostatus awareness of high-risk African Americans, Los Angeles

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Author's response to reviews: see over
Revisions: Piloting an HIV self-test kit voucher program to raise community-level serostatus awareness, Los Angeles

10/22/14

Editor 1:
Major compulsory revisions
1. Frame this study from the beginning as a pilot study. This will help to address some concerns about small sample size and the related potential limitations of study implications.
Line 31: Changed “feasibility” to “pilot”
2. Abstract, line 40: “Fifty of 53 voucher-redeemers were surveyed,” is an incorrect statement. Fifty of 230 individuals who received home-test vouchers were surveyed. (See comment below about inconsistent reporting of voucher redemption.)
Line 40: Changed denominator to those who received voucher
3. Results, p. 6: in line 111, you indicate that 43 of the distributed vouchers were redeemed in the second test period. Then in line 122, you indicate that survey results show 49 respondents say they redeemed vouchers. There are a couple of issues of importance with this. First, having 49 of 50 respondents say they redeemed a voucher is a very high. Keeping in mind that 230 vouchers with survey recruitment materials attached were distributed, it would appear the lack of data on individuals who did not test may be a significant limitation. Second, the discrepancy between 43 tracked vouchers and 49 survey respondents who report redeeming a voucher is a significant issue for the quality of your survey data. This could be due to individuals completing more than one survey or individuals incorrectly reporting their voucher redemption; both of these may imply significant problems for the accuracy of your survey data as a whole.
Lines 181 to 194 in Discussion altered to include these limitations
4. Results, p. 7: you report that 44% preferred self-testing over clinic based testing. First, the fast that 56% of respondents were neutral or disagree, which is a potentially important result. Second, the corresponding numbers in Figure 1 add up to 90%, not 100%.
Line 133: Added that 26% disagree.
Fixed data in Figure 1 (16% changed to 26%)
5. Discussion, p. 7, line 141-142: To what number or standard should we compare the proportion of voucher recipients who redeemed them [20%]? The potential reach and cost of expanding other testing options? Doing nothing at all? Furthermore, is 20% high or low, successful or unsuccessful? The proportion
lacks meaning without some additional context or discussion.

20% statistic removed as it is not relevant to discussion.

6. Discussion, p. 8, lines 152-158: The discussion of CBO strategies needs additional explanation. With additional detail, this paragraph could be very useful to service providers and others interested in increasing serostatus awareness among high-risk populations.

-Distribution outcome of all three CBOs elaborated in Methods, Lines 110-121. Added information on student distribution to avoid confusion over missing data in lines 118-120. Lines 157-160 altered to more clearly suggest CBOs utilize membership engagement for optimal distribution.

Minor essential revisions

1. Explain that Walgreens is a US-based pharmacy chain. Provide the number of stores in the Los Angeles area (presumably, where people who received vouchers could redeem them).

-Line 88: Added explanation Walgreens, number of sites.

2. Background, p. 4, line 57: How many cases of prevalent HIV are there?

-Line 57, replaced percentage with number of prevalent HIV cases, made more sentence more concise.

3. Background, p. 4, line 68-70: The first part of the sentence needs citation(s):

“Stigma toward HIV infection is particularly high in the African American MSM community…”

-Line 69: Added citations to references 5 and 6 in the first part of this sentence.

4. Methods, p. 5, first paragraph: The language in this paragraph should be more precise. For example, your study did not determine feasibility based on the ability to ”collect and analyze data” (item 3); rather, your study determined feasibility based on survey findings including demographics, sexual behavior, prior testing practices, etc. In addition, a “functional redemption system” would not “be assessed by the ability of vouchers to be supplied;” instead, the functioning of the redemption system would be assessed.

-Sentence “A functional redemption system would be assessed..” removed, as it was redundant and made the feasibility criteria unclear.

-Lines 77: Added “pilot” to make clear that program is a pilot program and researchers are more focused on ability to create the program rather than scale.

5. Results, p. 6, lines 108 and 110: were the “persons at risk for HIV” in the second test period defined in the same way as “high-risk MSM” in the first test period? Clarify.

-Lines 105 and 107, removed “to persons at risk for HIV” and “high risk MSM”. Target population to be specified elsewhere.

6. Results: Make clear how you treated missing data on the survey items (Figure 1 and Table 1).
-Line 128: 2 sentences added explaining there was no missing data, why n=49 for several questions.
7. Discussion, p. 8, line 162: sentence ending in “self-collection for laboratory testing,” needs a citation.
-Lines 161-170, “9” Added to end of each sentence in paragraph for clarification.
8. Discussion, p. 8, lines 165-166: describe what this comprehensive testing strategy would look like.
-Lines 168-170: Edited sentence to be more specific to hypothetical testing strategy
9. Discussion, p. 9, lines 169-171: (a) typo: missing “as a supplement;” (b) citation needed for both Katz et al and the “recent editorial.”
   a) Fixed
   b) Citations have been added (were in next sentence).
10. Discussion, p. 9: there are a number of issues with language precision and clarity. For example, lines 173-175 would more accurately read, “Programs utilizing vouchers to promote in-home testing as a supplement to clinic-based testing can be used to evaluate these assertions, but determination of the effectiveness of such programs to decrease HIV prevalence among African American MSM will require rigorous evaluation on a larger scale.” Additionally, the last sentence of the paragraph (lines 184-185) appears to be missing some information.
   a) Lines 177: Changed to recommended sentence
   b) Sentence moved to line 186 with additional information for clarification
Discretionary revisions
1. The title of the paper might be improved to emphasize that this is a pilot study of feasibility and the specific target population was high-risk African American MSM in Los Angeles.
   -Changed to title to mention African Americans and pilot
2. It may be useful to clarify throughout the paper that the survey was only distributed during the second test period.
   -Line 95: specified survey participants taken from second test period
3. There is little to suggest how this pilot study, which had a stated aim to specifically target African American MSM, actually targeted that group.
   -Lines 73, 77, 89, 141, 181, 192: Added references to study being a pilot program
   -Lines 32, 83: References to targeting “high-risk” groups now more accurately say African Americans were targeted
   -Line 53: keyword “survey” changed for “African American”
4. Regarding the last paragraph of the manuscript: you may consider that motivation for testing varies greatly across “high-risk groups,” and even within high-risk groups such as MSM. For example, motivation for testing varies by ethnicity and SES among MSM.
While it is critical to discern motivations of certain populations and subpopulations, I think the current ending of this paper is more consistent with the papers focus on piloting new interventions in testing.

Editor 2:

Abstract
I would probably clarify up front that this was a pilot study which helps explain the small sample size. ”We undertook a pilot study to examine the feasibility…”
-Line 31: changed to “we undertook a pilot study to examine…”
-Changed title

Methods
Line 91: Could you please explain for non-US readers what Walgreens is i.e. a large commercial pharmacy. You note this later in the paper but it should be explained on first use.
-Line 88: Defined Walgreens
Line 96: IRB needs to be written in full on first use here.
-Removed, will add full info in mention at end of methods line 101
Lines 97-98: I assume survey participants contacted you once they received the flyer? Could you just add one line to say that ‘the flyer invited participants to contact us by telephone…”
-Line 93, mentioned calling to initiate survey
Line 101: In what way were participants compensated? Please explain.
-Line 98: 75$ gift card
Line 103: Could you just add that descriptive frequencies were used to analyse survey data.
-Line 99: “descriptive frequencies” added

Results
Lines 107-112: Do you know why there was an increase in distribution of the vouchers between the 1st and 2nd round? Did you ask the CBO’s what accounted for this?
-Added Lines 155-157 “In addition, distribution and redemption increased for these CBOs during the second phase due to increasing utilization of membership involvement.”
Lines 113-119 – What about the 3rd CBO’s distribution strategy? You’ve explained what happened with the 1st and 2nd CBO and it’s left me wondering about the 3rd…
- Reference to “Third” CBO mentioned by reviewer added in Line 113-114 “A second CBO used a similar strategy”.
Line 130 – Looking at Figure 1 it seems that less than 25% of participants reported being uncomfortable with the in-store process. I would be more likely to report this figure and some of the reasons why than the 35% who were comfortable especially given a further 43% gave a ‘neutral’ response for this
question which indicate they weren’t that worried about the in-store process. Or 78% of participants were either comfortable or reported a neutral response about the in-store process…I would also be inclined in Line 129 to say that a further 30% of MSM were neutral in their preference for self-testing over clinic based testing or I would say that “Only 16% of MSM stated they would not prefer self-testing over clinic testing”.

a) Line 134: Changed to mention uncomfortable statistic and combined with paragraph below explaining what was uncomfortable. Line “participant noted they preferred testing at home” removed for clarity

b) Line 133: Percent of respondents favoring clinic testing listed

Discussion

Line 149: I’m not sure if it’s the best use of words to say that CBO’s were willing to distribute large numbers of vouchers to at-risk MSM when you had one CBO distribute only 11 vouchers from 250 and the 3rd we don’t know about. They may have been willing to distribute them but from the readers point of view as it stands only one CBO distributed a large number of vouchers. You have discussed which distribution strategies worked better than others in the paragraph below which is good. With the 2nd CBO that only distributed 11 vouchers was their only opportunity to distribute vouchers through the mobile outreach vans? It just seems like a very low number for that time frame.

- Line 149: “Many” added for clarification

Line 169: Grammatical error - ‘a’ should be ‘an’ in ‘result in a…’

- Line 170: Changed “a” to “an”

Line 170: Grammatical error - should be the word ‘as’ in ‘offered as a supplement…’

- Line 172: Changed to “as”

Line 171: Grammatical error – remove the word ‘will’ between ‘acknowledgement’ and ‘may reduce HIV prevalence…’

Line 175: ‘will” removed

Line 185: This sentence does not make sense. ‘Future projects should attempt to verify survey participant’ ??

Line 186: Added at end of sentence “uniqueness of each survey participant and collect information from non-redeemers”