Author’s response to reviews

Title: Barriers to Asymptomatic Screening and Other STD Services for Adolescents and Young Adults: Focus Group Discussions

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To editor of BMC Journals:

Thank you very much for considering our manuscript “Barriers to Asymptomatic Screening and Other STD Services for Adolescents and Young Adults: Focus Group Discussions,” for publication in the BioMed Journal Central-Public Health

I have addressed the reviewers’ comments as described:

**Major Compulsory Revisions** – Neither reviewer recommended any.

**Minor Essential Revisions**
**Reviewer 1:** “The NIH and the 2000 census both use the term "white" rather than "Caucasian" in referring to people having origins in any of the original peoples of Europe, the Middle East, or North Africa.”

Response – In text, changed “Caucasian” to “White”

**Reviewer 2:** None

**Discretionary Revisions**
**Reviewer 1:**
1. The results section could be enhanced with the inclusion of more of the focus group quotes. It seems more fluid to have the quotes contained within the results text than separately in tables.

Response- We included more of the quotes within the text.

2. It would be interesting to have new focus groups use Nominal Group Technique to prioritize the adolescents’ concerns and perceived barriers to care.

Response –This comment would require new study activities and new focus groups for which we do not have the resources currently.

**Reviewer 2:**
1. I wouldn’t have expected the adolescents’ knowledge of STDs to be high, but I was struck by what appeared to be their extremely low knowledge, awareness, and access to information (e.g. schools, parents) about STDs. This group is clearly entirely in the dark about this common health problem. STD prevention programs in general have not expended much effort to provide the minimal information to this group, and maybe they should.
Response – We agree and comment within the discussion “Although increasing public knowledge of STDs among youth, including the possibility of asymptomatic disease and available services, may not be sufficient to increase screening and testing, it may be a necessary first step as many of our participants expressed a lack of basic STD knowledge or sources of information.”

2. The services adolescents want are completely unsurprising, because they are exactly what the rest of us would want – services that are convenient, painless, nonjudgmental, pleasant, and confidential. Contrary to what people sometimes argue, this says adolescents aren’t that different from adults.

Response – Again we agree, but did not feel a revision to the manuscript was indicated.

3. One question that the authors did not make entirely clear is what type of breaches of confidentiality the adolescents worried about. I suspect they were more worried about being recognized by another patient or community member in the waiting room than by a health care provider having records of their STD test results.

Response – Within the result section, we tried to clarify the breaches of confidentiality that concerned the focus groups participants.

“…the lack of privacy was noted to be a significant disadvantage. Participants across groups expressed concern and a feeling of shame about being witnessed visiting the health department STD clinic. (Table 2) However, participants described this barrier to be more salient for seeking asymptomatic care and reported if they were “burning” they “wouldn’t even care” who saw them go to a clinic. In addition, participants expressed worry about whether STD test results from the health department would remain confidential, and reported that private doctors were more likely to ensure that “your business don’t get out.”

4. One big unanswered question here is whether any of this matters. If there were no barriers to screening at all, it may still be that very few adolescents come in for screening. People tend not to take action to find health problems that are asymptomatic and that (might) cause problems years later. It is the same problem faced by health professionals dealing with hypertension, hypercholesterolemia, colon cancer, etc. The authors might want to consider summarizing in a sentence what has been found in other fields about what it takes to get people (even if there are no identifiable barriers) to seek screening for hidden problems.

Response – We added a paragraph in the discussion “Finally, even with the provision of ideal STD services, adolescents may not assess their risk of disease well and therefore may still not seek screening for asymptomatic disease. Increasing youth’s ability to accurately perceive their risk of and the potential severity of STDs may prompt more youth to seek STD screenings and services.”
I hope these revisions are sufficient for publication.

Thank you very much,

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