Author’s response to reviews

Title: Effectiveness of a Culturally Tailored SMS Alcohol Intervention for Same-Sex Attracted Women: Protocol for an RCT

Authors:

Rachel Bush (rbus@deakin.edu.au)
Rhonda Brown (rhonda.brown@deakin.edu.au)
Ruth McNair (r.mcnair@unimelb.edu.au)
Liliana Orellana (l.orellana@deakin.edu.au)
Dan Lubman (dan.lubman@monash.edu)
Petra Staiger (petra.staiger@deakin.edu.au)

Version: 1 Date: 21 Dec 2018

Author’s response to reviews:

Dear Tovah Honor Aronin,

Thank you for reviewing our manuscript and for the opportunity to respond. The minor edits required have all been addressed and each response is listed below.

We have ensured the formatting of the revised manuscript is correct.

Kind regards,

Petra K. Staiger

Editor Comments

1. Rename “Australian New Zealand clinical trial registration” to “Trial registration” and “Methods and Design” to “Methods”.
Response: In the Abstract, line 67, page 4 “Australian New Zealand clinical trial registration” has been changed to “Trial registration”. On line 148, page 8, the heading “Methods and Design” has been changed to “Methods”.

2. You reference Figure 1 in the manuscript but have not included a figure.

Response: Our apologies, thank you for pointing out this error. The figure has now been added. See page 9.

3. In the ethics approval and consent for participate section, please include a consent to participate statement.

Response: Under Ethics Approval and Consent to Participate, lines 553-554, page 29, the following statement has been added: “Participants provided their consent to participate in the study before completing the baseline survey.”

Reviewer 1 Comments

1. You are comparing a tailored intervention to a generic message. I wonder about the importance of testing if the tailoring is needed. I say this because there is an increasingly large literature in tobacco control that culturally targeted interventions are desired and appreciated but do not improve outcomes over standard interventions for sexual and gender minority populations. For example: https://www.ncbi.nlm.nih.gov/pubmed/30169797 We covered the older literature in this systematic review: https://www.ncbi.nlm.nih.gov/pubmed/25455123 Thus, I think it's a bit of a missed opportunity to test if the tailoring of the intervention to SSAW is important or not. (This is not a fatal flaw, just a comment.)

Response: Thank you for your comment. In the post-intervention (T2) assessment, intervention group participants answer a series of questions regarding the acceptability of the intervention. One of the questions asked about the importance of having tailored content. Participants responded on a 5-point Likert scale ranging from 1 (unimportant) to 5 (extremely important) with the option to explain further in an open text box. Although we have not tested whether the
perceived importance of tailoring had an impact on alcohol outcomes, this might be something to consider in future research.

2. Page 21, recruitment challenges. There may be ideas from this literature: https://www.ncbi.nlm.nih.gov/pubmed/29914861

Response: Thank you for including this helpful paper.


Response: Thank you for highlighting the discrepancies between “tailored” and “targeted” interventions. While “tailored” often refers to customisation for individuals and “targeted” refers to customisation based on shared characteristics of a population subgroup, the current study has “culturally tailored” the messages in the intervention which aligns with the definition provided by Pasick, D'Onofrio, and Otero-Sabogal. As such, we have made the following changes:

- The manuscript title on line 1, page 1 has been updated to “Effectiveness of a culturally tailored SMS alcohol intervention for same-sex attracted women: Protocol for an RCT”.

- Abstract, line 49, page 3, has been changed to read “A randomised controlled trial comparing a culturally tailored…”

- Background, line 87, page 5, has been changed to read “Such findings highlight the need for culturally tailored services that meet their specific needs…”
- Background, lines 127-131, page 7, we have clarified our use of the term “culturally tailored”.

- Intervention development, lines 275-278, page 14, has been changed to read “The first step involved a needs assessment to identify the gap in culturally tailored or appropriate alcohol treatment services available to SSAW. This included a comprehensive literature review and running focus groups with SSAW to explore whether they wanted a culturally tailored service and what they believed should be included.”

- Intervention acceptability, line 444, page 23, updated to read “…importance of culturally tailored message content…”

- Discussion, lines 492-467, page 26, updated to read “…and difficulty finding services that are culturally tailored, sensitive and meet their needs [5, 6, 7, 8]. Thus, an alcohol intervention that is culturally tailored and aware of issues specific to SSAW has the potential to increase access to support. Few alcohol support services exist in Australia which are culturally tailored to SSAW or LGBT individuals.”


Response: We acknowledge the difficulty within this language.

5. Page 5, "Research also indicates that SSAW are reluctant to seek help for alcohol-related problems” and similar statements. I would just make sure that this is less of a blanket statement. As a population, yes, but individuals may not match the population average.
Response: Thank you for bringing this to our attention. We certainly want to avoid blanket statements. As such, line 84, page 5 has been updated to read “Research also indicates that many SSAW are reluctant to seek help for alcohol-related problems….”

Reviewer 2 Comments

1. Introduction: could some additional, brief information be provided about the populations studied in SMS interventions conducted to date described in the systematic review?

Response: Background, lines 112-117, page 6 has been updated to read, “SMS studies to date have not specifically targeted SSAW or LGBT populations. Rather, they have typically used mainstream samples of young adults or students [15, 16, 17]. To the author’s knowledge, one SMS study has specifically targeted a minority population of socially disadvantaged men [18]. Nonetheless, based on the available evidence, SMS appears to be an appropriate method for delivering a brief alcohol intervention to SSAW.”

2. Methods: a brief description of the Rainbow Women's Help-Seeking study and the ALICE study, from which study participants may be recruited, would be helpful.

Response: Lines 194-198 on page 9 have been updated to include a description of both studies: “Participants from the Rainbow Women’s Help-Seeking study (which examined professional and social help-seeking by SSAW) [7], and the ALICE study (which investigated socio-cultural factors which influenced alcohol use, sexual orientation, mental health, and health service use among SSAW) [1], with permission from the University of Melbourne.”


Response: Transgender individuals and gender diverse individuals were eligible to participate and this was specified in the study advertisements. As such, we will make this clearer in the eligibility criteria, lines 210-211, page 10 which have been updated to read “Identify as a same-
sex attracted woman. This includes transgender women, transgender men, and gender diverse individuals.”

4. Intervention: could the authors include examples of the text messages provided to the intervention group in a Figure?

Response: A Table with examples of SMS messages has been included on page 18 starting on line 334.

5. Intervention Mapping framework: the logic model of change could be more clearly described, as well as what steps 4, 5 and 6 entail. Are steps 5 and 6 (evaluation) carried out after the study is completed? On lines 251-2, the authors state that this paper is concerned with steps 5 and 6, an evaluation of the intervention, but the current manuscript is a description of the study protocol.

Response: The phrase “logic model of change” has been changed to “table of performance objectives” for ease of interpretation. A table has also been included on page 16 to illustrate this step.

We have included a brief description of step 4 on lines 326-327, page 17: “SSAW were consulted during step four which involved developing the SMS statements in order to receive their input on the messages…”

Lines 329-331 on page 17 have been updated to briefly describe the aim of steps 5 and 6, and to specify that the current manuscript describes the process for implementing steps 5 and 6: “The current paper describes the process for implementing steps five and six which pertain to the delivery and evaluation of the intervention.”

6. Measures: For the AUDIT, please describe the score range and what a score of 8+ means. This is important as it is as an eligibility criterion for participation. Likewise for other measures, please ensure that the scoring is well described and how to interpret higher scores.

Response: A description of the score range has been included for the AUDIT on lines 360-363, page 20: “A score of 0-7 indicates ‘low-risk’ alcohol use; a score of 8-15 indicates a ‘hazardous
level’ of alcohol use; a score of 16-19 indicates a ‘harmful level’ of alcohol use; and a score of 20 or more indicates ‘high-risk’ alcohol use.”

A description of the score range has been included for the DASS on lines 404-406, page 22:” Scores of 10 or more on the depression subscale, 8 or more on the anxiety subscale, and 15 or more on the stress subscale indicate higher than ‘normal’ experiences of each subscale.”

7. Services: for Australia-specific services (e.g., Lifeline), a brief description of what these services do would be good for an international audience.

Response: Service engagement, lines 385-387 on page 21 has been updated to include a description of the Australian-specific services: “general counselling telephone helpline (e.g. Lifeline [a free 24/7 telephone crisis hotline]), www.counsellingonline.org.au (a free 24/7 online text-based support for individuals affected by alcohol and other drugs)...”

8. Figure 1 was not included in the files available to me for review, so I could not comment on this.

Response: Our apologies, thank you for pointing out this error. The figure has now been added. See page 9.

9. Table 1: As the intervention group provides data each week on alcohol use, the alcohol use row should be amended to reflect this.

Response: We have updated the alcohol use row in Table 1 on page 12 to reflect the data collected from intervention group participants each week.