

THE UNIVERSITY

of NORTH CAROLINA

at CHAPEL HILL

DEPARTMENT OF EPIDEMIOLOGY McGAVRAN-GREENBERG HALL CAMPUS BOX 7435 CHAPEL HILL, NC 27599-7435

Peer Review File

Article information: http://dx.doi.org/10.21037/mhealth-20-43

REVIEWER #1

Overall, this is an excellent summary of the process of obtaining youth feedback for mHealth intervention adaptation for SGM youth HIV prevention and treatment. Some very minor concerns and suggestions are listed below.

Abstract

COMMENT 1: In the last sentence of the background would recommend changing "Adapting these mHealth interventions" to "adapting evidence-based interventions" **REPLY 1:** This change has been made

Methods

COMMENT 2: "Transcripts were then coded by two members" If the authors mean that they coded the same transcripts would clarify Transcripts were then double-coded by two members"

RELPY 2: The coders double-coded a subset of transcripts to assess for reliability. We have clarified in "Analysis" section of the Methods with the following edited sentences: "All transcripts were then independently coded by two members of the iTech Analytic Core in a shared dataset in Dedoose software using open-coding, axial coding, and coding of marginal remarks and comparisons. To assess for intercoder reliability, the two coders double-coded a subset of transcripts and then met to examine the degree to which the coding scheme was consistently applied."

COMMENT 3: If you have a kappa for inter-rater reliability would report here **REPLY 3:** A kappa for inter-rater reliability was not calculated as only a subset of the transcripts were double-coded.

COMMENT 4: Please describe methodologic approach or theory of analysis. This currently only details coding procedure. Was this content analysis, modified grounded theory approach?

REPLY 4: The methodologic framework guiding our analysis is now described in the "Analysis" section of the Methods.

Results

COMMENT 5: "gender non-conforming and other gender diversity" for parallel structure and inclusivity would say something like "individuals representing diverse gender identities"

REPLY 5: This change has been made.



THE UNIVERSITY

of NORTH CAROLINA

at CHAPEL HILL

DEPARTMENT OF EPIDEMIOLOGY McGAVRAN-GREENBERG HALL CAMPUS BOX 7435 CHAPEL HILL, NC 27599-7435

Discussion which found no

COMMENT 6: "significant effect of gamification on intervention adherence (19)". Do the authors mean intervention adherence or engagement?

REPLY 6: The referenced article refers to adherence to intervention programs. This sentence was edited for clarity.

COMMENT 7: "relevant for sexual and gender minority youth, who experience mental health challenges at a significantly higher rate than their heterosexual peers (20-22)." The authors should say "cisgender and heterosexual" as the comparison **REPLY 7:** This change has been made

COMMENT 8: "Among youth living with HIV, disparate psychiatric symptomology can negatively impact HIV treatment outcomes (23-25). Therefore, HIV-focused mHealth platforms serving youth may benefit from the integration mental health resources." The first sentence here should be more specific for example "depression has been shown to negatively impact ART adherence". The word "of" is missing in the second sentence.

REPLY 8: These changes have been made

COMMENT 9: One potential limitation which is not clarified in the results/methods is whether this is a population mostly engaged already in clinical services. If so that would be important information.

REPLY 9: This potential bias is now noted as a limitation.

Conclusion

COMMENT 10: Authors may consider adding that further research is needed to ultimately determine whether preferences correlate with increased engagement and whether that engagement ultimately impacts outcomes of interest.

REPLY 10: Thank you for this suggestion. This has been added to the conclusions.

REVIEWER #2

COMMENT 1: Lack of discussion about barriers for young people that lead to the mentioned disparities, what barriers can technology address vs. what are beyond the scope

REPLY 1: We have added to the Introduction (paragraph 1) certain barriers that lead to these disparities that mHealth interventions can address. In the Discussion, we have described and cited several limitations of mHealth interventions (paragraph 5).



Sincerely,

Danielle Giovenco

THE UNIVERSITY
of NORTH CAROLINA
at CHAPEL HILL

DEPARTMENT OF EPIDEMIOLOGY McGAVRAN-GREENBERG HALL CAMPUS BOX 7435 CHAPEL HILL, NC 27599-7435