

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Sexual Health Promotion for Sexual and Gender Minorities in Primary Care: A Scoping Review Protocol
AUTHORS	Homme, Paige; Truong, Robinson; Gong, Jenny; Ziegler, Carolyn; Freitas, Cassandra; Yeung, Anna; Tan, Darrell; Burchell, Ann

VERSION 1 – REVIEW

REVIEWER	Zumwalt, Ann C. Boston University School of Medicine
REVIEW RETURNED	20-Oct-2022

GENERAL COMMENTS	<p>This manuscript is well written, clear, and comprehensive. The intent and rationale for the scoping study is clearly communicated. Inclusion and exclusion criteria are appropriate. The process seems appropriate though I am not a librarian so not an expert to the level detailed in this paper. Outcomes of this scoping review protocol should yield interesting results that are productive for the intended audiences and I look forward to seeing the results of this work.</p> <p>My only relatively small hesitation about this paper is the lack of acknowledgement of the medical fields that will not be covered in this scoping review. The authors are justified in focusing on primary care and I am not suggesting they expand their focus, but they should acknowledge that there are other fields of medicine that do significant work with SGM populations (eg surgical and medical specialties work with transgender pt populations) which will not be captured here. This should be more thoroughly acknowledged as a limitation.</p> <p>I have only a few suggestions for improvement:</p> <ul style="list-style-type: none">-In both the Abstract and elsewhere in the paper the authors use the phrase "...increase awareness surrounding positive sex." I recommend clarifying what is meant by the phrase "positive sex." I suspect that they mean positive attitudes towards sex, or possibly sex-positivity, but could mean other things as well. Please either define or rephrase for clarity.-Per journal requirements, please add the planned dates for this work.-First sentences of the Discussion talk about how this is the first scoping review of the landscape of sexual health focused on primary care. Are there other similar reviews that focus on other groups/environments? If so, please include them here for better context of where this study will fit into the current literature. If not, say that.
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	-Limitations: expand to include other fields of medicine as detailed above
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REVIEWER	Williams, Allison McMaster University, Geography
REVIEW RETURNED	11-Nov-2022

GENERAL COMMENTS	Given the importance of the results to primary care provision, it would be useful to know specifically how the results will be scaled up. For example, will posters be created for clinician's offices, etc.?
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REVIEWER	Kruse, Michael I McMaster University, Family Medicine
REVIEW RETURNED	14-Nov-2022

GENERAL COMMENT S	<p>1. This is an important study that will add to the knowledge translation effort in making primary care more equitable and accessible to sexual and gender minorities. I commend the authors for a very thorough search strategy and broad inclusion criteria to capture relevant data. I would love to see the search strategy published as it is very comprehensive.</p> <p>2. Regarding GBA+. The ref provided indicates the process that the Government of Canada uses to apply GBA+ to the development and implementation of policies, programs and services in the gov sector, but it is unclear how this will be applied to the included papers. I can see the utility of such an analysis in general, given the application of a structured approach to identifying bias and intersectionality in study design and implementation, but it would be helpful to understand more details about how this will be applied in this context and what it adds to the analysis beyond the thematic analysis. As well, are there examples where this has been used in other scoping type reviews, or is this a novel application? This would be important to know. I see that it is used in the context of NSERC applications when considering Equity, Diversity, and Inclusion in the grant application but I have not seen it applied in the context of a scoping review before.. Will this be applied to every paper, or only to the papers that have policy or service delivery outcomes?</p> <p>3. The SGM Health Disparities Research Framework is a good addition, I would like to see a bit more in the methods about how it could be applied. Perhaps give an example of application in a similar analytical context.</p> <p>4. Regarding the limitation of using only papers from the economically developed countries. This is described in the protocol, but the rationale is a bit thin. Also, I wonder if there is an opportunity lost from not including studies from India, Taiwan, Singapore for example, or South and central America. This limit does help to narrow the focus and make it relevant for a Canadian practitioner somewhat, but it makes the outcome very Eurocentric. India specifically has grey lit primary care evidence for care of gender minorities in primary care (https://www.athionline.com/_files/ugd/5cceb3_ee557aea71264168a446b229d19bc786.pdf) and there are WHO HIV guidelines targeting south America and the Asia-pacific countries that may be relevant. While there is a relative paucity of research from these regions, compared to North America, Australia, and Europe, this certainly will not add too much more to the workload and could enrich the other analysis as well and give different perspectives on care.</p> <p>5. Page 5 line 50 has the word software twice which is redundant.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer #1

This manuscript is well written, clear, and comprehensive. The intent and rationale for the scoping study is clearly communicated. Inclusion and exclusion criteria are appropriate. The process seems appropriate though I am not a librarian so not an expert to the level detailed in this paper. Outcomes of this scoping review protocol should yield interesting results that are productive for the intended audiences and I look forward to seeing the results of this work.

We thank the reviewer for these general comments.

My only relatively small hesitation about this paper is the lack of acknowledgement of the medical fields that will not be covered in this scoping review. The authors are justified in focusing on primary care and I am not suggesting they expand their focus, but they should acknowledge that there are other fields of medicine that do significant work with SGM populations (eg surgical and medical specialties work with transgender pt populations) which will not be captured here. This should be more thoroughly acknowledged as a limitation.

We expanded our limitations paragraph to include more comprehensively acknowledge other fields engaged in work with SGM communities as follows.

Lines 304-306: Furthermore, we acknowledge the contributions of medical fields outside of primary care settings that engage in work with SGM communities that are not captured in our review and represent important collective work.

I have only a few suggestions for improvement:

In both the Abstract and elsewhere in the paper the authors use the phrase "...increase awareness surrounding positive sex." I recommend clarifying what is meant by the phrase "positive sex." I suspect that they mean positive attitudes towards sex, or possibly sex-positivity, but could mean other things as well. Please either define or rephrase for clarity.

We provided the clarification as follows.

Line 162-165: "...increase positive attitudes surrounding positive sex often referred to as "sex positivity", will be defined as "an ideology that promotes, with respect to gender and sexuality, being open-minded, non-judgmental and respectful of personal sexual autonomy, when there is consent."(1) This may be applied to improving wellbeing and relationships to embracing one's own sexuality.

Per journal requirements, please add the planned dates for this work.

We have included the planned dates of the work as follows.

Line 261-263: Planned Dates The initial search was conducted on July 7 2020, and updated on May 31 2022, analysis is ongoing and completion of thematic analysis is anticipated for April 2023.

First sentences of the Discussion talk about how this is the first scoping review of the landscape of sexual health focused on primary care. Are there other similar reviews that focus on other groups/environments? If so, please include them here for better context of where this study will fit into the current literature. If not, say that.

We provided the clarification as follows.

Line 272-277: This is a novel review of sexual health promotion interventions for sexual and gender minorities specifically within primary care settings. This review fits into broader work, including scoping reviews around general healthcare for adolescent sexual and gender minority populations in primary care (2), integration of sex and gender considerations in health policy making (3), care of SGM populations in the Emergency Department (4), and how COVID-19 impacted sexual health for marginalized groups, including sexual and gender minorities (5).

Limitations: expand to include other fields of medicine as detailed above

Please see above revisions and changes to line 304-306.

Reviewer #2

Given the importance of the results to primary care provision, it would be useful to know specifically how the results will be scaled up. For example, will posters be created for clinician's offices, etc.?

We expanded our Conclusion and Dissemination paragraph to include details in how we intend to communicate our results to the wider community of service providers and trainees.

Line 313-316: We will publish our results of the review in an open access journal. The results will be presented at family medicine/health policy conferences at the local, national and international level, as well as community organizations and healthcare provider associations including the undergraduate medical level.

Reviewer #3

This is an important study that will add to the knowledge translation effort in making primary care more equitable and accessible to sexual and gender minorities. I commend the authors for a very thorough search strategy and broad inclusion criteria to capture relevant data. I would love to see the search strategy published as it is very comprehensive.

We thank the reviewer for these general comments.

Regarding GBA+. The ref provided indicates the process that the Government of Canada uses to apply GBA+ to the development and implementation of policies, programs and services in the gov sector, but it is unclear how this will be applied to the included papers. I can see the utility of such an analysis in general, given the application of a structured approach to identifying bias and intersectionality in study design and implementation, but it would be helpful to understand more details about how this will be applied in this context and what it adds to the analysis beyond the thematic analysis. As well, are there examples where this has been used in other scoping type reviews, or is this a novel application? This would be important to know. I see that it is used in the context of NSERC applications when considering Equity, Diversity, and Inclusion in the grant application but I have not seen it applied in the context of a scoping review before. Will this be applied to every paper, or only to the papers that have policy or service delivery outcomes?

We have provided detail about on how we intend to use the GBA+ framework in our analysis as follows.

Line: 248-259: We will be using the GBA+ framework (6) as an intentional approach to investigate

differences in primary care according to sex, gender, sexual orientation, race and ethnicity. For articles containing quantitative analyses, we will consider whether analyses were stratified by sex, gender, or sexual orientation and if so, recording the results for each group and whether results differ significantly or not between groups. For studies with a qualitative component, we will consider whether themes emerge separately for each group. For all articles, we will examine whether the discussion section includes implications separately for each group. We will use the GBA+ framework (6) to ensure that we discuss the results and implications of our scoping review intentionally incorporating the elements of GBA+ principles. The GBA+ framework (6) has been used in previous studies examining Canadian programs and policies. To our knowledge, there is one other scoping review by Eichler et al. (2021) (7) who utilized the GBA+ framework (6) to analyze research and government resources about military to civilian transition.

The SGM Health Disparities Research Framework is a good addition, I would like to see a bit more in the methods about how it could be applied. Perhaps give an example of application in a similar analytical context.

We have included more detail on the NIMHD framework with examples of its application in similar context as follows.

Line 238-245: For our analyses, this framework has been adapted from The National Institute on Minority Health and Health Disparities (NIMHD) framework (8) and is intended to be used for primary research and as a tool to analyze existing research (9). It has been adapted to analyze different axes of health disparities including mental health (9), and vaccine hesitancy (10). A recent study by Chuang and colleagues (11), used the NIMHD framework to evaluate the literature on disparities in End-of-Life outcomes for Black patients and families. To the best of our knowledge, our scoping review represents its first application of the NIMHD framework for sexual health interventions in primary care among SGM communities.

Regarding the limitation of using only papers from the economically developed countries. This is described in the protocol, but the rationale is a bit thin. Also, I wonder if there is an opportunity lost from not including studies from India, Taiwan, Singapore for example, or South and central America. This limit does help to narrow the focus and make it relevant for a Canadian practitioner somewhat, but it makes the outcome very Eurocentric. India specifically has grey lit primary care evidence for care of gender minorities in primary care (https://www.athionline.com/_files/ugd/5cceb3_ee557aea71264168a446b229d19bc786.pdf) and there are WHO HIV guidelines targeting south America and the Asia-pacific countries that may be relevant. While there is a relative paucity of research from these regions, compared to North America, Australia, and Europe, this certainly will not add too much more to the workload and could enrich the other analysis as well and give different perspectives on care.

We agree that this is an important limitation, as we state on lines 296-297. Expansion of the eligibility criteria is regrettably beyond the scope of our reviewing capacity, as our initial search generated over 4000 abstracts. We encourage similar efforts for low- and middle-income countries given ongoing effort to improve care for sexual and gender minority communities in primary care. We further clarified this on lines 297-299.

Page 5 line 50 has the word software twice which is redundant.

Line 205: The second use of the word was deleted.

References

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- Journal of Human Sexuality. 2017;26(3):216–25.
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 10. Hightow-Weidman LB, Budhwani H. A multidimensional digital approach to address vaccine hesitancy and increase COVID-19 vaccine uptake among African American young adults in the south (R01MD016834) [Internet]. National Institute on Minority Health and Health Disparities; 2021. Available from: https://www.nimhd.nih.gov/docs/research_framework/nimhdResearchFrameworkAdapt_HightowWeidman-Budhwani.pdf
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