Title: Preventive health care among HIV-positive women in a Utah HIV/AIDS clinic: A retrospective cohort study

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Version: 2
Date: 22 February 2014

Author's response to reviews: see over
February 20, 2014

Peter O’Donovan
Editor in Chief, BMC Women’s Health

Dear Dr. O’Donovan:

On behalf of all co-authors, we thank you for the opportunity to revise the attached research article, “Preventive health care among HIV-positive women in a Utah HIV/AIDS clinic: A retrospective cohort study”. We hope that with the following revisions, you will find this article to be an important addition to the rich literature of BMC Women’s Health.

We have outlined our responses to the editorial comments and each of the reviewer comments in red in the attached document. Additionally, in accordance with the United States Preventive Service Task Force Guidelines (which we now reference), we have limited our analysis of mammography to women ages 50-75. We appreciate the thoughtful suggestions by the reviewers and feel that our paper is greatly improved thanks to their feedback.

We greatly appreciate your interest and look forward to hearing from you in the near future.

Sincerely,

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Editorial Comments:

Tables as additional files: We notice that you have included tables as additional files. If you want the tables to be visible within the final published manuscript please include them in the manuscript in a tables section following the references. Alternatively, please cite the files as Additional file 1 etc., and include an additional files section in the manuscript.

We have now included the tables within the manuscript, after the references.
Reviewer 1 report
Title: Preventive health care among HIV-positive women in a Utah HIV/AIDS clinic: A retrospective cohort study
Version: 1
Date: 16 January 2014
Reviewer: Lisa Wigfall

Minor Essential Revisions:
1. In my experience, papilloma virus is one word. The authors should verify and revise if need be. In response to this comment we have changed papilloma virus to papillomavirus. We thank the reviewer for noting this error and have corrected it.

2. Both "HIV positive" and "HIV-positive" are used. This should be consistent throughout the text and ideally match the description of seronegative counterparts, which from what I recall were consistently referred to as "HIV negative" (i.e. not hyphenated). We have revised HIV-positive/HIV-negative to be HIV positive and HIV negative.

Discretionary Revisions:
1. This is a very well written manuscript. The relationship between aging and increased risk for both of these chronic conditions combined with the fact that almost half (48.5%) of the sample is 40+ years old further underscores the author's focus on the need for more preventive health among persons living with HIV/AIDS. However, the disproportionate burden of HIV/AIDS among black females and Latinas raises a few concerns for this reviewer. These include the following:
   a. The majority of the women in this study appear to be white (68.2%) and quite a few are Non-English or Spanish speaking (21.9%). These sample characteristics raises concerns for me, especially without some description of the context of HIV/AIDS in Utah. We have added information to clarify that the demographics of the clinic population reflect the demographics of all HIV/AIDS patients in the state of Utah, lines 127-128, 176.
   b. I also believe that it is important to convey to the reader the potential role that the use of certain drugs (e.g. protease inhibitors) play with regards to comorbid conditions such as cardiovascular disease and diabetes. My concern is raised even more given the disproportionate burden of both of these chronic conditions among blacks and Hispanics, which this sample of women is largely white (68.2%) and non-Hispanic (21.3%). Although patient-provider communication barriers are introduced, there is no literature to support what some of these barriers may include. This should be added. We have added the requested information to the manuscript. We have included a sentence and two references on the role of protease inhibitors on comorbid conditions, lines 64-66. Additionally, we have added two references citing patient-provider communication barriers and provider bias, lines 110-112. Thank you for these excellent suggestions.
   c. On page 6, the term "comorbidities" should be clarified. While I could presume that the authors are referring to CVD and diabetes, I still think that this warrants further clarification. We have described the source of the comorbidity data to the methods section on page 5, line 140.
Thank you for the opportunity to review your manuscript, ‘Preventive health care among HIV-positive women in a Utah HIV/AIDS clinic: A retrospective cohort study’. The paper addresses an important and relevant topic – preventive health services among HIV-positive women. However, there are some critical issues (detailed below) that need to be addressed before the manuscript could be published. The two most salient issues are: 1) the data are almost 5 years old so the relevance of the information is questionable. Since it is from 2009, can you then look at these women across time (or more recently) to see if the preventive behaviors/services are the same and what are the differences in health outcomes? and 2) the organization and presentation of the information makes the manuscript difficult to navigate. I would recommend a major revision of the information (especially the order and flow of the introduction and discussion), including being careful and thoughtful about the assumptions (and stereotypes) you are making about women being “perceived as high risk “(and define that in the introduction not the discussion) and remove all ‘value’ words (e.g., however) in the results.

We appreciate these important comments about the manuscript. Regarding item 1, in 2009, the HIV Medicine Association (HIVMA) of the Infectious Diseases Society of America (IDSA) announced new guidelines for providing preventive healthcare for HIV-positive individuals. Thus, we elected to collect data during this same year. In 2010, the clinic switched to electronic medical records, introducing a challenge in terms of comparing data across time. We do plan to examine changes in paper vs. electronic reporting, but have not done so at this time. Regarding item number 2, we have worked to reorganize and clarify the information included in the manuscript, with a focus on the introduction and discussion. We have also addressed the assumptions/stereotypes portrayed in our earlier version of the manuscript and have made revisions to remove ‘value’ words. We appreciate these thoughtful suggestions.

Abstract

- **The order of background information could be changed**
  We have switched the order of the sentences in the background, lines 27-32.

- **Is this cross-sectional data?**
  This is not a cross-sectional study as we looked at all patient encounters during a one year time period. We have clarified this in the Methods section of the abstract, line 35.

- **Remove the sentence beginning: “Women who might be perceived as…” this is not part of your results**
  We have removed this sentence.

- **Define what you mean by “perceived as highest risk” in conclusion**
We have reworded this sentence to indicate that women who were insured, White race, and had stable housing were less likely to receive recommended services, lines 51-52.

Background

- The organization of the information needs to be cleaned up and transitions added
  - For instance: combine all the STI information and the barriers to care access literature
    We have made this recommended change.
  - The second paragraph seems out of place – consider incorporating some of these statistics into the 3rd section about women’s health needs
    We have now revised paragraphs 2-3 of the Background to streamline the presentation of this information by merging the paragraphs into one, lines 79-95.
  - Add/update the references from the first paragraph
    We have now included an additional reference to the 2009 preventive services guideline recommendations of the HIV Medicine Association of the Infectious Diseases Society of America, line 72.
  - Unclear in goals how this study “elucidate their health needs”
    We have clarified that this study aimed to “identify gaps in the services these women receive” rather than “elucidate their health needs”, line 118.

Methods

- The methods suggests that the mammography and colorectal cancer screenings were only considered for a subset of women – please provide the numbers in the text and ensure that the % in the abstract and results reflect these numbers as denominators
  We have now clarified the numerator and denominator for both the subset of women receiving mammograms and colorectal cancer screenings in the text (lines 134-135) tables (lines 470,475-478) and abstract (lines 45-46). Additionally, in accordance with the United States Preventive Service Task Force Guidelines (which we now reference), we have limited our analysis of mammography to women ages 50-75 and have updated this throughout the manuscript.

  - You include the provision of contraceptives in methods but it isn’t mentioned again – please include (especially types – tubal, hormonal, etc.)
    - This could allow for a more interesting discussion of “provider bias” related to HIV-positive women as mothers
    We have removed the description of contraceptives from the methods, as we did not have detailed data on the types of contraceptives women were using. We have now included this as a limitation and an opportunity for future research in the discussion section, lines 288-291.

Analysis

- Appropriate

- Please provide rationale for dichotomizing all the outcome variables
  As providers often did not clarify in the medical record when a service was offered and declined by the patient vs. when a service was not offered by the provider, we combined the not received/not recorded responses together. We have provided rationale for dichotomizing the outcome variables in the Statistical Analyses paragraph of the Methods section on page 5, lines 152-155.

- Define housing status in methods
  We have now defined housing status in the Methods section on page 5, lines 138-139.
Results
• Some of the analysis detail can be moved to the methods – help with cleaner presentation of data
  We have rearranged some of the detail from the results to the methods, lines 155-160.
• Again remove the value words (e.g., however) – present results as statements
  We thank the reviewer for noting the value words in the results. We have removed these words to present the results in a less-biased manner.
• Change “this was a high-risk group of women” to “The women had a variety of contextual and behavioral risk factors, including…”
  We have made this change, line 184. Thank you for this suggestion.
• Again make it clear that the mammography & colorectal cancer screening % reflect the subset of women
  We have added information about cancer screening in the Utah general population on page 7, lines 243-245.
• Change substance abuse and mental health “problems” to “issues”
  We have made this change, lines 208-209.
• Provide numbers of women who were non-English speaker and provide more details about who the other non-English, non-US citizen women are (e.g., where are they from? Language to they speak?)
  We have included the spoken languages and countries of origin for the women on page 6, lines 178-184.

Discussion
• Move the second paragraph (In accordance with…) information to the introduction
  We have moved the second paragraph of the results to the introduction (lines 70-78), and we think the flow of the paper has been improved by this change. Thank you for the suggestion.
• Again be careful with assumptions you are perpetuating related to “women who might be perceived as high risk”
  o Especially since you don’t include information/data from providers about how they make their treatment decisions
  o There is a literature around “provider bias” that you should look at
  We have reworded the language “women who might be perceived as high risk” in the discussion and throughout the paper. Additionally, we have included two citations on provider bias on lines, 110-112.
• Organization is a little off here too
  o The paragraph beginning “These findings may be due…” should not be a new paragraph as it is directly referring to the information in the previous paragraph
  We have now combined these two paragraphs to improve readability of the discussion, lines 259-272.
  o The placement of the paragraph “The women including in this study are clinically…” seems out of place
  We have revised and moved this paragraph, lines 250-258.
• The strengths & limitations paragraph should be cleaned up
  o Some clear strengths
  o Need to document and discuss implications of limitations more thoroughly (e.g., old data, what the underestimation bias mean, what other changes may have taken place besides paper to electronic records)
• More about future research needs
  We have now revised the strengths and limitation paragraph into three separate paragraphs. This revision has elucidated clear strengths and limitations of the study, and includes recommendations for future research, lines 282-305.