**Author's response to reviews**

**Title:** Do we still need Title X? Perceptions of and preferences for federally-funded family planning clinics

**Authors:**

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**Author's response to reviews:** see over
May 8, 2014

Dr. José M. Belizán, Editor-In-Chief  
Reproductive Health  
c/o BioMed Central, Ltd.

Submitted Electronically  
Via Online Submission System

Dear Dr. Belizán:

Please accept the revised manuscript entitled, “Do we still need Title X? Perceptions of and preferences for federally-funded family planning clinics” and the accompanying point-by-point response to the reviewers’ comments. The revised manuscript is a much stronger paper as a result of the kind feedback from you and the reviewers. If you or the reviewers require any further edits, please don’t hesitate to let me know.

Thank you again for your very kind consideration of this manuscript. As always, please don’t hesitate to contact me if you have any questions. I am very excited about the findings and am looking forward to seeing them published in your journal.

Sincerely,

Willie H. Oglesby, PhD, MSPH, FACHE  
Assistant Professor of Health Policy & Management  
Assistant Director of the Office of Public Health Practice & Partnerships
## Point-by-Point Response to Reviewer Comments

### Revision #1

#### Reviewer #1

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<td><strong>Minor Essential Revisions</strong></td>
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<td>1. The Background section should be condensed considerably. Although the statistics underscoring the prevalence of unintended pregnancy and STIs are important, these should be summarized.</td>
<td>The discussion on the rates of unintended pregnancy, cancer, and HIV/STDs has been reduced to two double-spaced pages. Differences related to age, race, and gender were retained since it parallels the analysis framework and is discussed in the “Discussion” section. If more pruning is needed, please let me know.</td>
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<td>2. A literature review summarizing previous research examining Title X’s clients’ needs, experiences and perceptions should be included. There is currently no mention of previous research on this topic presented in the Background section; such research exists and this is required to frame what we already know on this topic, and what this new/current study adds.</td>
<td>There are many articles on the perceptions of and preferences for family planning services (mostly on contraception choice and a growing number on Chlamydia screening), but we could only find two articles that examined perceptions and preferences for family planning clinics. One of these articles (Frost, Gold, and Bucek, 2012) also echoes this lack of literature and cites no previous studies. Both have been included in the “Background” and “Discussion” sections.</td>
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<td>3. What was the inclusion/exclusion criteria for participation? Were all Title X clients eligible? If so, this needs to be stated.</td>
<td>All clients who visited one of the clinics during data collection were asked to complete a survey before exiting. This is stated in the “Participants and Setting” and “Sample Characteristics” sections.</td>
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<td>4. It would be good to indicate what proportion of surveys were completed at the different clinic settings (e.g., health departments; Planned Parenthood clinics; FQHC’s, etc.), as perhaps the data reflect participants experiences attending mostly one clinic; thus, this would indicate the generalizability of the responses across the total clinics.</td>
<td>This was added in the “Sample Characteristics” section and addressed in the “Limitations” section.</td>
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<td>5. The main purpose of the study was to assess clients’ perceptions/preferences regarding sexual and reproductive. However, the author(s) also state that this study is needed to ascertain whether these services are still needed in light of the new ACA. Therefore, a limitation of this study is the lack of questions exploring participants’ perceptions regarding the need and value of Title X. There are no measures connecting the Title X needs/experiences with the changing healthcare system landscape.</td>
<td>This has been added to the “Limitations” section.</td>
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#### Reviewer #2

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<td>1. Background is too long and unfocused. No need to review all the epidemiology. Define types of services provided at these centers and role in addressing disparities. Remove discussion about cervical cancer screening among 18-21 year olds—this population SHOULD NOT be screening and most screening that occurs is explicitly against current guidelines.</td>
<td>As mentioned above, the discussion on the rates of unintended pregnancy, cancer, and HIV/STDs has been reduced. If more pruning is needed, please let me know. The reference to 18-21 year olds has been removed from the cervical cancer part of the “Background” section so as not to confuse the reader when considering ACOG (and others’) guidelines for cervical cancer screening.</td>
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Also—paper suggests that breast cancer screening is covered by Title X—which is true when this exam is part of a contraception visit right? But other women are covered by other grants for breast cancer screening. Depending on the author’s point- I’d either discuss publically funded reproductive health centers (vs. ‘title X providers” ) OR cut back on the discussion of breast cancer screening activities.

Yes, breast cancer screening should be included as a part of a physical assessment related to contraceptive use when warranted. Breast cancer screening can also be included as a part of the initial assessment and can be included as a part of the annual physical exam. Breast cancer screening is a specific service articulated in Title X guidelines and must be specifically reported annually on the Family Planning Annual Report (FPAR). While there are other sources of public funds for breast cancer, the same is true for other services (i.e., HIV and STDs). For these reasons, the discussion of breast cancer screening was retained, but given the reviewer’s comments, it was reduced.

2. The analytic methods are vague- especially why decided to use both categorical and scales—probably most helpful to just use categorical. The means are not that helpful in the message.

The “Data Entry and Analysis” section was revised. The discussion of the means was removed from the narrative and from Tables 2 and 3. The reason for using Kruskal-Wallis and Mann-Whitney was clarified in the “Data Entry and Analysis” section.

3. Table 4 is unclear.

Table 4 has been retitled to more clearly convey that it summarizes differences in preferences for using Title X-funded family planning clinics using the Kruskal-Wallis test and the Mann-Whitney test for post-hoc comparisons.

4. The main limitation is not discussed: generalizability. Because this population where all users of these clinical sites it tells us nothing about the preference of the population as a whole- which would be a much more compelling argument to keep these clinics open and funded.

This has been added to the “Limitations” section.

5. I agree- there will still be uninsured women but the authors provide no justification for this statement. This is an important role.

The “Affordable Care Act” and the “Discussion” sections state that 31 million Americans will still be uninsured after the ACA, and is cited.

6. No mention of privacy—many teens might opt to use these sites even if they have insurance because they are on parents insurance. This has been reported previously.

This has been added to the “Background” and “Discussion” sections.

### Additional Comments

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| 1. I wonder if you can do a better organization of your Discussion section. Please see some suggestions about the organization of this section. Please follow this structure:  
  * Statement of principal findings of the study. Summarize key results with reference to study objectives.  
  * Strengths and weaknesses of the study  
  * Strengths and weaknesses in relation to other studies, discussing important differences in results and what your study adds. Whenever possible please discuss your study in the light of relevant systematic reviews and meta-analyses (eg Cochrane reviews)  
  * Meaning of the study: possible explanations and implications for clinicians and policymakers and other researchers; how your study could promote better decisions  
  * Unanswered questions and future research | The “Discussion” and “Conclusion” sections have been reorganized and now include section headings. The structure now mirrors the order of the analysis and its implications. If additional restructuring is needed, please let me know. |