Reviewer's report

Title: Is there a demand for physical activity interventions provided by the health care sector? Findings from a population survey

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Reviewer: Chris Roberts

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General

This descriptive paper uses data from a population survey in Östergötland County, Sweden, to provide information on the proportions physically active, intentions to change levels of activity and to assess demand for interventions by the health care sector. The paper is potentially of interest given the importance attached to promoting physical activity and the availability of large scale survey data. However, I have some reservations about the paper in its current form, in particular: the limited detail provided on the survey methods; the strength of the conclusions drawn from the data presented; and the limited recognition in the discussion of approaches to promoting population level physical activity outside of the health care sector.

Major Compulsory Revisions

1. The paper requires further detail on the survey methods, in particular the survey items used, whether embedded within the body of the paper or as an annex. Without this information, it is difficult to comment on the data presented and their interpretation and this may be reflected in some of the comments found below. Information on the source of the items or their development would be helpful, as would a clear description of the categorisations used in the analysis. For example, how are ‘somewhat’ and ‘moderately’ active defined, how should ‘good’ self-reported economy be interpreted, did the item on the importance of behaviour change refer specifically to the respondent or the population in general and so on? I’d also like to know whether the support questions were specifically related to the separate health behaviours (i.e. activity, nutrition, weight etc.) or were generic questions relating to behaviour change. A summary of other forms of support mentioned by respondents in the free text option would also be helpful. I’d be particularly interested to find out if broader population approaches to improving activity levels were mentioned anywhere? Is there any reason why the data on responsibility (reported on page 8 and noted in the discussion) are not tabulated?

2. Were the chi-squared tests presented in Tables 1-3 adjusted for survey design (i.e. stratification and weighting)? If yes, I’d suggest confirming this and stating which statistical software was used to perform the analyses. If not, the impact of survey design should be considered. The authors should also comment on the
drop in sample size for Table 2 (6569) when compared with Tables 1 and 3 (6966 and 6862, respectively) and the overall sample size of 7238 noted on page 7. This suggests fairly high levels of non-response and associated issues of bias. Is it possible to look at whether the patterning of non-response in Table 2 is associated with reported activity level e.g. are those reporting to be active more likely to have a missing response to the question on need for change?

3. Interpretation of some of the data presented is problematic. For example, in Table 2, how meaningful is a population level estimate of intention to increase activity levels, when this is probably largely determined by current activity levels or BMI i.e. some simply don’t feel the need to change? This should be recognised in the results section (or discussion). Also, how did intention to change physical activity levels compare with the other health behaviours included in the study?

4. The authors should consider the strength of their conclusion that support from health care providers is welcome. If I am interpreting the data presented in Table 3 correctly, 28% of all respondents report that being more active is important, 15% of this group would like support and 50% of these identify the role of the health care sector. A similar picture emerges when the analysis is restricted to, for example, inactive respondents or those with higher levels of reported BMI. These are reasonably small numbers of people at population level. This is not to suggest that support from health care providers is not welcome or valuable, rather that the strength of evidence from the data presented doesn’t necessarily support the overall conclusion and that different approaches are likely to be required to promote higher activity levels among the majority of the population.

5. Whilst recognising that the focus of the paper is on the health care sector, the discussion should at least touch on the importance of engaging the wider public health community in tackling levels of physical inactivity in the population, whether this is schools/workplaces, environmental/transport planners, leisure service providers, those working in the voluntary sector and so on. At present, the focus and conclusions are a little too narrow. I’d also like to see some discussion on the potential for different approaches with population sub-groups. For example, two-thirds of inactive respondents wanting support report a preference for the health care sector, compared with less than half of those who are moderately active and a fifth of those currently meeting activity guidelines. There are some potentially interesting policy messages here that could be acknowledged.

Minor Essential Revisions

1. P4 Should read ‘Individuals feel largely responsible…’. 

2. P4 In the conclusions paragraph, it would be more accurate to state that support from health care providers is welcome, particularly among those most in need.

3. P5 Need full stop at end of first sentence of background section.
4. P5 Need to note that the support offered as part of referral schemes differs, from written prescription to the provision of more formal/structured activity sessions with monitoring built in. The authors might also want to note that the evidence base for effectiveness is still rather limited and focused primarily on short-term outcomes.

5. P9 Replace ‘reported’ with ‘reporting’ in penultimate line of first paragraph.

6. P9 Seeking support from health care providers shouldn’t be confused with confidence in them. A more accurate description would be something like ‘The highest proportions reporting that they would seek support from health care providers were found among the elderly…’.

7. P10 The methods critique should also recognise the small size of the sub-samples in Table 3.

8. P11 Should read ‘Individuals feel largely responsible…’. The same sentence is repeated below so should be removed.

9. P18 In Table 3, the proportions reporting ‘health care’ v ‘other’ for males do not total 100% (47% and 35%).

Discretionary Revisions

1. The authors might consider the use of confidence intervals in the tables to demonstrate the level of precision of the survey estimates. This may be particularly useful where the proportions presented are based on small sub-samples, as is the case in Table 3.

2. Whilst recognising the limitations of the survey items, the authors might consider modelling some of the key outcomes, such as intention to change, rather than the series of bivariate cross-tabulations.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.