Author's response to reviews

Title: Stakeholders' perceptions of transferability criteria for health promotion interventions: a case study.

Authors:

Justine Trompette (justine.trompette@gmail.com)
Joëlle Kivits (joelle.kivits@univ-lorraine.fr)
Laetitia Minary (l.minary@chu-nancy.fr)
Linda Cambon (linda.cambon@wanadoo.fr)
François Alla (francois.alla@univ-lorraine.fr)

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Author's response to reviews: see over
COVER LETTER

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Executive Editor
BMC Public Health

Dear Editor,

It is a pleasure for us to submit this revised version of our paper entitled “Stakeholders’ perceptions of transferability criteria for health promotion interventions: a case study.” We have responded to the reviewers’ comments as specifically as possible.

We thank you for your attention, which gave us the opportunity to improve the manuscript. We hope it now meets your expectations.

With best regards,

Justine Trompette
**Reviewer 1**

1. **Major Compulsory Revisions**

To respond to the major compulsory revisions, portions of the Methodology and Results sections have been rewritten.

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<td>1. Authors have not discussed details of case study methodology employed. For example, what is the unit of analysis? What type of case study is it? (multiple case study?) Work by Yin and Stake may be helpful to clarify and add further detail. 11 schools participated in this research – therefore this does not sound like single case study research. Particularly because the schools were chosen to represent either successful or unsuccessful implementation of the intervention.</td>
<td>As suggested, we used an article by Baxter, largely inspired by the work of Yin and Stake, to confirm the nature of our case study. Our case study is a single case study because we were interested in the PRALIMAP intervention as a whole and not in each school taken individually. In this case, we sought sample variability, hence our choice of schools.</td>
<td>This section has been changed on page 4, paragraph 1: <em>We selected one health promotion intervention as a case study for exploring stakeholders’ experiences of implementation and perceptions of transferability criteria. The case study methodology was preferred, as it enabled us to make more general assumptions regarding the topic being studied, transferability, based on the description and analysis of one case—in this study, a health promotion program</em> [26,</td>
<td>The Baxter article is a good article to guide the authors regarding case study methodology. I am still not sure as to whether the unit of analysis is appropriate for this research. It seems that the unit of analysis is the PRALIMAP intervention and the setting is the schools. However considering this paper is about transferability I think the fact that it has been implemented in different schools is important to discuss. I imagine that the schools are not homogenous and therefore will be different according to...</td>
<td>Your note is relevant; both points of view can be argued. We consider the PRALIMAP program as one case, because it was one standardized program implemented in only one area (region). Our analysis focused not only on institutions but also on coordination. Thus, we constructed our methodology from this perspective. In particular, interviewees were selected to ensure diversity at the regional level, not at the school level—in some schools only one person was interviewed. Moreover, the sponsors and intermediary...</td>
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<td>2. Final paragraph of page 4 – authors write that 11 schools were invited to participate based on the results of the intervention. It is not clear how a school was perceived to be achieving good results or poor.</td>
<td>A school-by-school analysis with comparison was not possible in our case study due to the small number of original stakeholders who were still working in the schools. Moreover, some stakeholders were common to several schools.</td>
<td>This section has been expanded on page 5, paragraph 1: <em>We interviewed all three categories (sponsors, intermediary participants and field participants) of stakeholders of the PRALIMP intervention who had participated in either the first wave in 2006 or the second in 2008, or both. All 24 high schools were contacted; in 11 of them, some of the stakeholders who had participated in PRALIMP were still working. Of these 11</em></td>
<td>It would be helpful to have a table with a column listing each of the schools (either numbered or pseudonym) and then the participants in the study from each school. This can be adapted from Table 2. This will make it clear where each participant is coming from. The modification made to the article highlights that there is heterogeneity between the schools and therefore I think the schools should</td>
<td>As suggested, we added a column listing the schools (by number) in front of each participant. Note that, in relation to our answer above, this addition shows that a school-by-school analysis is not possible because of the small number of participants in each school (1 to 4 field participants) and the involvement of sponsors and intermediary participants in all schools.</td>
<td>Table 2, page 21, has been modified.</td>
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schools, seven agreed to participate in this research. Stakeholders in the schools were invited for an interview. be the unit of analysis. This will require significant changes to the methods section.

| 3. It would be good to make it clear in the methods that this research is focusing on the ‘implementation’ criteria of the tool. This could be made clear in the aim/objective as well. | This research did not focus only on the ‘implementation’ criteria of the tool, but also on populational, environmental, and implementation elements. In fact, we asked questions about these three themes, but stakeholders spoke little about the population or the environment. We added, in Table 3, the number of references made by stakeholders to population, as well as a paragraph at the beginning of Results section on the populational data. | In the section “Data collection tools” on page 4 we have added: We constructed an interview guide based on the ASTAIRE tool, which lists 23 transferability criteria for health promotion interventions [29]. First, we used these criteria to formulate hypotheses about how intervention components, such as the environment, might affect the intervention results. Twenty hypotheses were generated in this way: 12 dealing with population characteristics, seven with intervention characteristics, and one with the environment (Table 1). From these hypotheses, we drafted an interview guide with questions on factors, Table 1 is helpful however it would be good to have a column of the interview questions corresponding to the hypotheses. As mentioned by reviewer 2 I do think it would be good to incorporate the ASTAIRE tool into the methods. This again could be incorporated into table 1. | As suggested, we added a column in Table 1 incorporating the ASTAIRE criteria. However, regarding forms and readability, we have not included a column with interview questions in this table. If necessary, we could add supplementary data, including the interview guide. | Table 1, page 19, has been modified. |
related to population characteristics and factors related to intervention characteristics. In framing the questions, we intentionally avoided any explicit mention of the ASTAIRE tool or transferability criteria, and we formulated them to be understandable by persons untrained in the field of health promotion. This enabled us to capture the elements that, according to stakeholders, influenced the results of the intervention.

4. The data is interesting, however not presented in a manner which is easy to understand. It would be good to either:
   a) Relate each of the result subheadings, which are different CT’s, to the study objective. CT15 is described with quotes and analysis.

To simplify the understanding of the Results section, we have modified the presentation and titles of the thematic analysis as proposed in your comment (b).

The Results section has been modified as follows:
- Paragraph 1, page 5: Characteristics of the population interviewed
- Paragraph 2, page 5: Presentation of the number of references made by stakeholders to hypotheses about the influence on the

The introductory paragraphs to the results section are not clear – in particular the third paragraph and the discussion around stigmatisation does not make sense. This either needs further discussion or should be removed.

The results have improved in clarity and

We have modified the introductory paragraphs in the Results section and have removed the third paragraph and the discussion.

We revised the Results

This section has been changed on pages 5-6, paragraph 1.

This section has been changed on pages 9, 10
be around communication and multidisciplinary teams. A clear link to how this addresses the aim would strengthen this analysis. For example, what was the response to this by participants in successful interventions compared to not successful? How did communication impact on the success of the intervention implementation?

b) Present it as a thematic analysis
The methods hint at a process of ‘thematic coding’, however the results are presented based on CTs and is very descriptive. The analysis could be improved with key themes being presented and discussed. I do not believe that using the CTs as a subheading in the results section is the best way to present the findings. For example, CT13d results section (page 7) could be under

<table>
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<th>intervention results of intervention characteristics related to the environment, the implementation, and the population. In Table 3, we added the number of references related to population.</th>
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<td>- Paragraphs 2-3, page 5: We have added a presentation of references made by stakeholders regarding population.</td>
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<td>- From paragraph 4 to the end of the Results section, pages 6-10: Thematic analysis of implementation elements. The title has been changed to make it easier for the reader to understand. More subheadings in the Results section were changed. For example, ‘Implementation modalities: communication’, ‘Impact of top-down approaches to</td>
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<td>presentation. The particular the section on ownership is good. However some sections require further discussion – management support and the whole section of transferability promoting factor/barriers is very light and needs significant work to improve it. There is much that can be discussed here and further engagement in the literature may help the authors in this section.</td>
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<td>section with regard to management support and transferability-promoting factors and barriers, and added citations to illustrate our results, but we do not have more results for the team instability paragraph.</td>
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the theme of ‘impacts of top down approaches to interventions’ (or something along those lines) - with sub themes of ‘ownership’ and ‘management support’.

5. The analysis of CT13a and CT14b is poor. Further thought and discussion is required. There is much that could be unpacked here including the skill set and competencies required for health promotion interventions.

| 5. The analysis of CT13a and CT14b is poor. Further thought and discussion is required. There is much that could be unpacked here including the skill set and competencies required for health promotion interventions. | To respond to your point, the Results section has been modified We did not go into detail in the section ‘Support to field participants’ because, while this was an important element for field participants, they did not develop this point in their discourses. | Page 5-10: - We have moved the discussion of stakeholders’ skills to the section entitled ‘Implementation modalities: communication’ under the sub-section on ‘Multidisciplinary work’. | I don’t think the authors understood my point (or I’m not understanding their response). | Sorry for the misunderstanding. Regarding CT13a: We have moved ‘Stakeholders’ skills’ to the section entitled ‘Implementation modalities: communication’ (page 6) Regarding CT14b: we created a new part of results ‘3) Transferability-promoting factors and barriers’ and developed the introduction of the paragraph on ‘Support to field participants’ but we do not have more elements in the stakeholders’ discourse to develop this section (pages 10-11). |

### 2. Minor Essential Revisions
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<td>1. The transferability of health promotion interventions is an issue that is well discussed in the health promotion and public health literature. The authors need to engage with this further with this literature as some of the sources referenced are out dated. A more recent review of the literature would strengthen this section and perhaps a section on systems thinking in relation to complex interventions.</td>
<td>To our knowledge, we included the most recent review of this topic in the health promotion field (Cambon 2012).</td>
<td>I encourage the authors to read papers from the journal Implementation Science, which include a number of papers relevant to this research.</td>
<td>As suggested, we have included other references, although these do not involve transferability <em>stricto sensu</em>, but rather concepts that are either related to health promotion or health interventions in general (e.g. applicability) or that are complementary (e.g. sustainability).</td>
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<td>2. The aim of this research is complex and comprises of a number of different aspects. It would be better to articulate the aim as a shorter statement with supporting research questions. It was difficult to understand the components of the ASTAIRE tool. It would be helpful to</td>
<td>In order to simplify comprehension of the objective, we removed the ASTAIRE tool and its components from the objective. We therefore reformulated the aim and added a paragraph entitled <em>Data collection tools</em> to explain how the ASTAIRE tool was used in this research.</td>
<td>It would be good to include an aim and some specific research questions to help the reader understand the direction of the research and analysis.</td>
<td>We have added the aim and some specific research questions in the last paragraph of the Introduction.</td>
<td>Pages 3-4: <em>What aspects of the implementation do actors perceive as important for ensuring the success of the intervention? Do actors consider and integrate transferability factors when implementing the intervention? For another, stakeholders’ perceptions provide a dynamic view of the</em></td>
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include some background information on configuration theories to provide context.

The objective of this study was to analyze, through stakeholders’ discourse, the characteristics of interventions that can influence intervention outcomes, in order to provide contributive data on the implementation process and on intervention transferability.

3. I found the methods to be confusing. This is because the ASTAIRE tool and the PRALIMAP intervention are both complex and there isn’t the space to describe

| 3. I found the methods to be confusing. This is because the ASTAIRE tool and the PRALIMAP intervention are both complex and there isn’t the space to describe | We have simplified and clarified the writing of the Methods section. We believe a flow chart is no longer necessary to understand the method. | To respond to your point, on page 4 we have restructured the Methods section to clarify what the ASTAIRE tool and PRALIMAP intervention are, and | See above comments under major revisions in relation to changes to tables to increase understanding of the methods. | See above responses. |
them extensively in the methods. The use of a flow chart may be helpful.

how they are used in our study.
- Paragraph 1 describes the PRALIMAP intervention and how it used as a case study.

We selected one health promotion intervention as a case study for exploring stakeholders’ experiences of intervention implementation and perceptions of transferability criteria. The case study methodology was preferred, as it enabled us to make more general assumptions regarding the topic being studied, transferability, based on the description and analysis of one case—in this study, a health promotion program [26, 27].
- Paragraph 2 explains how the ASTAIRE tool was used to build tools for data collection.
We constructed an interview guide based on the ASTAIRE tool, which lists 23 transferability criteria for health promotion interventions [29].

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<th>Poland and colleagues (2009) have written about the importance of understanding features of the setting prior to implementing interventions. This paper should be included in the discussion.</th>
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As suggested, this reference was added with others in the Discussion paragraph entitled ‘The ASTAIRE tool and support for transferability’.

Page 12: ASTAIRE is a tool that was developed by experts to analyze the transferability of health promotion interventions. It is useful for comparing settings, guiding the choice of the primary intervention most suited to the replica setting, and, if necessary, supporting the intervention’s adaptation to that specific setting. It can complement pre-existing frameworks, guidelines, and tools in the fields of health promotion or health care, and generally focuses on applicability and implementation criteria [37–40].