Title: Community health intervention research: Is reporting on interventions a weak link?

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Reviewer: Suzanne Moffatt

Reviewer's report:

General
This paper aims to address the gap between research and practice in community health by testing a framework which evaluates the reporting of interventions. As such, it is a welcome addition to the literature on this topic. This is a pilot study, and the tool has been applied to a small number of studies (N=3) all of which were community heart health programs, and this might be reflected in the title and key words. There is a rationale for including only community heart health programs - they are exemplars. However, other types of interventions are mentioned (p4) and it would be useful to have some indication of whether any of these might have been included on quality grounds.

The general conclusion is that this tool shows that there is limited reporting on interventions, which makes their successful implementation problematic in a community setting.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

p5 ‘three projects were selected that best met the four criteria’ - unclear exactly what these four criteria are, presumably those that are mentioned at the beginning of this section, but the reader has to refer back to these to be sure what they are. This could be made clearer in the writing. It would also be useful to know on what criteria the other eligible projects were excluded.

p6 Methodology
How were the 'inconsistencies and challenges' resolved? an independent 3rd party? a discussion? clarify this. What was the inter-rater reliability like? Were there any independent checks on the production of the consolidated form which produced the raw data? Please specify in more detail.

Discussion p9
The phrase 'emphasis on reporting to 'prove' the worth of interventions over reporting to 'improve' community health interventions - while the reader will get the general gist, this needs some elaboration and example(s) would be useful.

On the issue of generalisability, it is not adequate to state that the authors collective experience in diverse areas would come up with the same findings. The tool needs to be applied to other areas before such claims about generalisability can be made. Final sentence of the discussion needs re-worded.

Conclusions
Perhaps it is a bit naive to suggest that lengthier articles should be accepted. Another possibility is that full relevant details can be published with articles in accompanying electronic formats? Surely the thorny issue of linking research with practice is the key one here, and one which the discussion could do more to address. But it is not clear that journal word limit is the main reason why this information is not published.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept after minor essential revisions

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

Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.