Reviewer's report

Title: Translating evidence-based interventions for implementation: Experiences from Project HEAL in African American Churches

Version: 1  Date: 19 July 2013

Reviewer: Lauren Albrecht

Reviewer's report:

Thank you for the opportunity to review this manuscript. I enjoyed reading about the process of implementing your interventions in a community-based setting. Reporting the experiential aspects of creating the intervention, conducting pilot testing, and lessons learned throughout this process are invaluable to enhancing your current and future interventions and for other researchers undertaking this work. More manuscripts of this nature should be published to guide future intervention design and implementation.

Major Compulsory Revisions:

My main comment to the authors is related to intervention conceptualization. It is unclear why the integration of three distinct interventions would be considered a process of translation rather than a process of intervention development. It is also unclear why the training of the peer community health advisors is not considered an intervention. This type of training (i.e., ‘train the trainer’) is integral to the cancer prevention/screening education sessions and would need to be included in order to replicate your study. This means that the ‘train the trainer’ aspect should be justified, supported by the literature, and described in detail. Outcome measures to determine the effectiveness of the peer community health advisor training overall and the effectiveness of each mode of delivery are also an important component of understanding whether or not this intervention could be improved/refined in future studies. The following points are specific areas to address:

1. The target population for the present study is not clearly defined. Specific areas that require clarity: 1) in the ‘background’ sections the target population appears to be church attendees; 2) in the ‘present study’ section the target population appears to be peer community health advisors; and 3) in the ‘implementation trial’ section the target population is unclear. In relation to my above comments, there may be two target populations; however, this is not explicitly stated.

2. The intervention conceptualization and development is not clearly described (see above comments).

3. The outcomes/outcome measures of the present study are not clearly identified and described. It is unclear whether the post-workshop survey (p. 16) is intended to evaluate the peer community health advisor training or church attendees’ post-workshop cancer screening knowledge. If the effectiveness of
peer community health advisor training is not assessed, this should be explicitly stated and justified.

4. Please include a statement regarding research ethics approval for the study.

Minor Essential Revisions:

1. Please define the term ‘translation’ and cite relevant literature to support the definition. The term translation is used in the manuscript multiple ways, which hampers clear understanding of the intended meaning (i.e., “translational field” (p. 6); “translating our series of three evidence-based interventions into one” (p. 8); “interventions require minimal translation to put into real world practice” (p.9); “materials had to be translated for the new setting” (p. 18)).

2. The following passages would be greatly strengthened by referencing supporting literature:
   a. “Furthermore, African Americans suffer a disproportionate burden due to variety of factors including disparities in early detection” (p. 4).
   b. “However, more often than not, such interventions are tested in randomized trials, become evidence-based, and then fail to reach further implementation” (p. 4).
   c. “The current evidence base in dissemination/implementation research mainly focuses on provider-based interventions and settings” (p. 6).
   d. “Simultaneous with the growing need to bridge the gap between research and sustainable practice is the push for the field of public health to keep pace with the rapid development of technology” (p. 7).

Discretionary Revisions:

1. The application of an intervention categorization framework, such as the EPOC Taxonomy from the Cochrane Effective Practice and Organisation of Care Review Group, or a descriptive framework, such as the WIDER Recommendations to Improve the Reporting of Behaviour Change Interventions, would standardize intervention terminology/descriptions making the interventions of your study easier to understand and compare.

2. The manuscript refers to “process evaluation” (p. 17) that will take place in the future. This is a great idea and detailed description of the intended process evaluation methods, outcomes, and timing would add clarity about the purpose and the feasibility of the intervention. This information may also generate interest in a follow-up paper about the process evaluation.

3. Practical examples of branding, workshop materials, and the web-based training portal referred to in the manuscript would be of great interest and may be used to inform future interventions.

Level of interest: An article of importance in its field

Quality of written English: Acceptable
**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