Reviewer's report

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

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Reviewer: Marlyn Allicock

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General Comments:
This manuscript is well-written and it serves to extend the dissemination and church-based health promotion literature. There is a need to clarify how evidence-based programs get translated, disseminated and ultimately adopted by communities they are intended to serve but often is glossed over in literature about how researchers actually do this. An additional strength of this work is the translation of several evidence-based cancer communication interventions into one coherent, branded strategy. Finally, the use of technology to expand dissemination efforts has good potential for improving reach to targeted populations and is important strategy to test.

The authors could provide additional details to enhance the reader’s understanding of potential challenges, current evaluation methods, and provide some process details (see detailed comments below) to further strengthen this report.

Major Compulsory Revisions:
• Examples from the PRAISE project presented on pgs 6-7 are listed regarding approaches for designing with institutionalization and sustainability including determining organizational capacity for the program. The authors say that all the example strategies listed were incorporated into Project Heal. How was organizational capacity determined?
• Pg. 12 web-based CHA training portal: It would be beneficial to add some detail about the comparison to the print materials. Given that these are different mediums, how, if at all, did layout change, were there any interactive features? What there features that allowed for more engagement?
• Pg. 15. Pilot workshop-traditional approach: While the CHAs were the focus of the evaluation, it would be helpful to know more about who received the training, how many etc?
  o Why was the entire series of trainings not evaluated and only the first? It is likely that CHAs increased confidence in their training and improved over time or diminished in the quality of their training. Also, given that each module in the series was focused on a different content area, challenges and ease of presenting each topic area could have varied. But there is no report about whether CHAs followed the protocol for each of these sessions.
o How were the CHAs evaluated to determine their ability to conduct the workshop? This information is critical to understanding whether there is evidence to support them as primary point of dissemination.

• Pg 20: Does the suggestion that churches with health ministries are more likely to focus on disease management than on prevention and control pose a challenge or an opportunity for working with churches that have health ministries? It would be helpful to readers to understand what potential characteristics of faith-based institutions that might hinder or facilitate health promotion of this kind.

Minor Essential Revisions

• Pg 18: Missing word in second sentence of second paragraph.

• Pg 17. Authors say that they wanted to determine if the intervention “could be implemented and sustained in African American church settings”. This statement reflects the next phases of the project and not the current study so should be removed as they are discussing the current study.

Discretionary Revisions:

• Is the technical assistance (TA) provided to web-based CHAs done by telephone or email? Given that CHAs can take this training at any time, if they encounter issues after hours, would this be a barrier to continuing the training? Are they ways that the authors have thought of to provide more structured technical assistance rather than self-initiated by CHAs? From previous experience working with churches, TA may be needed but churches hesitate to initiate contact on a regular (or needed basis) to allow for this. Perhaps the revised protocol of including a face-to-face overview prior to the web-based training may help to mitigate any potential issues with asking for TA.

• Pg. 15: The authors have determined that an in-person orientation is needed for the CHA training technology approach, who would be responsible for providing this service in the next phases of a larger program roll-out where researcher involvement is removed?

• Pg. 16. Authors were responsive to the church’s need by adding the survivorship module thus enhancing fit of the intervention. This was a good strategy of responding to needs of the target population/institution.

• Pg 20: Any considerations of including a FAQ section (if not already done) about any issues that may come up with using the technology approach to help with TA provision?

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 I have no competing interests