Reviewer's report

Title: Operationalizing the RE-AIM framework to evaluate the impact of multi-sector partnerships

Version: 1
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Reviewer: Caroline F Finch

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General Comments

Overall this is a paper that is likely to be well read and it considered use of RE-AIM in a way that has not been widely used elsewhere. However, statements that RE-AIM has not been used previously in a multi-sector way before is not fully correct. As I have published some work in this area, albeit for a different health issue, I provide some additional reference suggestions below. For example, Finch and Donaldson (2010) presented an extension of RE-AIM suitable for across ecological levels of intervention delivery for sport and physical activity. Moreover, Kessler et al have published a recent paper describing operationalization of the different RE-AIM components and the recommendations from this current paper should be compared to that one.

Major Compulsory Revisions

1. Page 5, paragraph starting at line 6. It is not true that the RE-AIM Framework has yet to be applied across a program’s range of activities – see Finch & Donaldson (2010) for discussion of exactly this issue.

2. Page 7, line 20. It is not clear what “pragmatic decisions” means either here, or elsewhere in the paper (e.g. “pragmatics” on bottom of page 11). Could some examples be provided at this point in general terms? And how is the “hybrid, pragmatic approach” mentioned on page 16, line 16 different?

3. Page 9. Lines 19-20. On what basis is this assumption made? It seems that the direct reach channels mentioned here relate to non-SCI people. Moreover, the intended end-groups for the indirect reach methods a) and b are different.

4. Page 10. The definitions of each of the denominators should be given in the methods section, not in the results. Also as the different reach strategies have different target groups, why is the dominator the same? It seems that the 3 dot points are not independent, as there is quite a bit of overlap. Formatting – there should be consistent formatting of all lists, not a mixture of letters and dots. In the dot points, reference is made to Data source numbers but those numbers have not been previously defined.

5. Page 12, line 6. Whether or not a project is completed or is still in progress at 6 months has major implications for maintenance and so should be separated.

6. Page 12, lines 19-20. It is not at all convincing that any increase in PA rates would be meaningful. How could an increase from 50% to 51% (or 50.0% to
50.3%, for example) be significant enough to have meaning, let alone have any confidence in it be true and not measurement error? Was your data collection powered enough to have any confidence in the magnitude of the changes being reported?

Minor Essential Revisions

7. Page 7, line 7. Should this read “impact within strategies” rather than “impact across strategies”?

8. Page 8. The point should also be made that each dimension of RE-AIM is different across the level, or specific targets, of the partnership.

9. Page 9, line 2. The words “indirect, unintended and direct” have some overlap and so are a bit confusing. Also, what about ad-hoc or “random-background” adoption of messages, etc.

10. Page 11, line 4. The meaning of the phrase “reach ratio at the engagement level” is not clear.

11. Page 11, lines 9-10. The ethics statement certainly needs to be included in this paper but it reads out of context here. Wouldn’t it apply to all dimensions of RE-AIM?

12. Page 11, line 17. “number was the numerator” – should this be “number was the denominator”?

13. Page 12, line 1. Dissuaded on what basis and how?

14. Page 12, line 2. Determined how and on what basis?

15. Page 12, lines 13-15. With the details provided here, it is not clear how this could be a 5-year prospective cohort study design, as the first 4 years given as 2007-2010 and the second only as a three year period.

16. Page 14, lines 14-18. The different levels of adoption were not defined in the methods.

17. Page 14, line 22. Implemented over what timeframe?

18. Page 15. Lines 14-19. The statements are correct, but these points have also been previously made by Finch & Donaldson (2010). It is not clear what “in such settings” is referring to. Others studies are also applying RE-AIM in partnership settings (see references below).

19. Page 16, lines 3-5. This point is correct and relates to the need for a settings (or ecological) approach to interventions delivery, rather than just an individually-targeted approach. More of this point could be made in the paper, with referencing to other studies that have previously discussed this point. Note that some of the previous formulation of the assessments of the adoption and maintenance components of RE-AIM at the setting level, in particular, in published literature also addresses this, though not to the same extent that this current paper does.

20. Page 17, lines 12-13. The paper has not really talked about the scientific control aspect of implementation research. This needs to be expanded, perhaps with additional reference to the published literature contrasting efficacy and
effectiveness studies.

21. Page 17, line 22. Whilst this is certainly needed, as it is stated, this is still only a research perspective on the dissemination of information process. What did the partners involved in the study say they needed?

22. Page 18, lines 4-7. Whilst this point is true, there is no data in the paper to support its inclusion here. Wouldn’t capacity to do this tracking require more scientific control, not less of fit (as implied as being desirable on the previous page?)

Discretionary Revisions

23. Page 4, line 3. RE-AIM is also useful for health promotion or interventions professionals and practitioners.

24. Page 4, lines 19-21. Given that the health issue in this paper is spinal cord injury, it could be useful to also cite some injury prevention RE-AIM applications. The book chapter by Finch (2012) gives a recent status update in this area.

25. Page 6, lines 3-5. Application of the RE-AIM framework in this context is both useful and relevant. The authors may find it relevant to reference two other injury-related studies that have/are applying RE-AIM in a partnerships framework (Day et al (2011) and Finch et al (2011))


Additional reference suggestions


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.
Declaration of competing interests:

I do not have any of the above conflicts of interest but this is an area that I have previously published in (albeit in a different health issue context) and that work has not been referenced.