Reviewer’s report

Title: Systematic appraisal of integrated community-based approaches to prevent childhood obesity. Do we have the tools?

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Reviewer: Michelle Haby

Reviewer's report:

Mantziki and colleagues aim to systematically appraise the strengths and weaknesses of integrated community-wide approaches aiming to tackle childhood overweight and obesity and to assess the usefulness of the appraisal tools used. This is a very worthwhile undertaking but some key issues need to be addressed:

1. The authors seem to be starting with the premise that integrated community-based approaches (CBAs) work if done well. However, in the introduction the authors need to make a stronger but balanced case for the effectiveness of the approach (or not), along with supporting references.

2. In the second paragraph of the introduction, references 8, 11 and 12 are cited as evidence that the programmes are promising. However, only reference 8 actually includes the results of an impact evaluation. Other evidence of effectiveness can be found in: Sanigorski A et al 2008. Int J Obes (results of BAEW) and Millar L et al 2011. Obes Rev (results of It’s Your Move - however these results are conflicting), as well as the authors' own 2008 publication of the effectiveness of the EPODE approach (though there were no baseline measure for the control group). Conversely, there are possibly many other programs that have been evaluated but where the evaluation results were not published (presumably because they were not effective). These include: Fun 'n healthy in Moreland (Waters E, Gibbs L: http://child-health.mspgh.unimelb.edu.au/research_areas/obesity_prevention/funnhealthy), HPC:BAEW (see Bolton et al 2016 Obesity Research & Clinical Practice vol 10, 197-206.) and subsequent implementations of EPODE.

3. It is correct to include process evaluations alongside impact evaluations when evaluating the effectiveness of integrated community-based approaches (CBAs) to prevent childhood obesity. However, the authors have not commented on whether impact evaluations are also being conducted at the same time and how the two processes should work together.
4. In regards to the aims of the study, the first aim was to appraise the methods of the integrated CBAs in a systematic way. However, to be systematic suggests at least a random selection of programs to include. This was not done. Can the authors please clarify how their appraisal was systematic.

5. The inclusion criteria for the programs (page 5, lines 107-109) are broad. In practice, were these the only criteria used? Please clarify.

6. How did the authors define integrated CBAs? And was this definition considered when including studies (or not)?

7. To enable a judgement about the quality (or not) of a program requires comparison with an 'ideal' or benchmark, e.g. an effective program. This seems to be implicit in the process evaluation but is never made explicit to the reader. Alternatively, to investigate what components might be working or not, requires knowledge of the outcome/impact of the program - but this is also not addressed in the paper.

8. A limitation of this study that needs to be addressed by the authors is a possible conflict of interest in relation to the two tools. The authors are the developers of the OPEN tool and also describe modifications made in the course of the evaluation (page 8, lines 228-231 and page 13, lines 321-323). Are the developers of GPAT part of the author group?

9. The results - Appraisal of the programme's methods (lines 260 - 275) need more interpretation. While the range of scores are given for each domain or pillar there is no clear conclusion from the results, except that there is a large variation. Was there general agreement between the two tools regarding programs that scored high vs low? What are the areas that scored worst in general. Are there any messages for the individual programs about what they need to do better. Also, how do their results on the process evaluation concord with the results of the impact evaluation (or monitoring results) - if known.

10. For this paper, the process evaluations were done by experts in evaluation of CBAs (yourselves). Can you offer any insights for others that might want to conduct a process
evaluation of their program. For example, are the tools equally easy/difficult for non-experts? How should they be used in real-life practice.

11. Perhaps there are alternative, less resource intensive ways, to conduct a process evaluation of the programs that could be considered in the discussion section. For example, other studies have published results of these using different methods (e.g. Mathews et al 2010. BMC Public Health for 'It's Your Move' and Bolton et al 2016 Obesity Research & Clinical Practice vol 10, 197-206 for HPC:BAEW ). In the discussion, it would be helpful to at least acknowledge that there may be other approaches to process evaluation that are better/worse/different to GPAT and OPEN.

12. I found the first paragraph of the discussion confusing.

13. Please clarify what is the expert group / team / committee (these terms are all used). The term 'researchers' is also used. It seems that these are in fact the authors of the paper rather than a separate group - this needs to be made clear in the manuscript and a consistent term used to identify it.

14. Please define IDEFICS (page 5, line 112).

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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Please indicate the quality of language in the manuscript:

Acceptable

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