Author’s response to reviews

Title: The implementation of the Coaching on Lifestyle (CooL) intervention: Lessons learnt

Authors:

Celeste van Rinsum (celeste.vanrinsum@maastrichtuniversity.nl)

Sanne Gerards (sanne.gerards@maastrichtuniversity.nl)

Geert Rutten (geert.rutten@maastrichtuniversity.nl)

Madelon Johannesma (madelon.johannesma@cz.nl)

Ien van de Goor (l.vandegoor@uvt.nl)

Stef Kremers (s.kremers@maastrichtuniversity.nl)

Version: 1 Date: 26 Feb 2019

Author’s response to reviews:

Dear editor,

Thank you for providing us the opportunity to revise our manuscript ‘The implementation of the Coaching on Lifestyle (CooL) intervention: Lessons learnt’. We herewith resubmit our manuscript. We have adjusted all issues raised by the reviewers, and we will respond to each of the remarks below. In the manuscript we highlighted the changes in yellow.

Thanks in advance for taking this manuscript into consideration.

Yours sincerely,

Celeste van Rinsum

Sanne Gerards
Reviewer 1:

Interesting paper but long could usefully be shortened by a third.

Response: Thank you for the compliment. In order to make the text easier to read, we had a look at the text again to shorten it. Especially the Results section has been substantially shortened.

Although main results on outcomes presented elsewhere a summary (esp of weight loss) would be useful.

Response: We agree that it is relevant to touch upon the results achieved among CooL participants in the form of a summary. Therefore, we now referred to these results in lines 151-154 on page 5. We presented more details about the outcomes, such as the weight loss.

What is the background of coaches?

What would they typically be doing - education, motivation, support?

Practical examples needed was a modest energy diet prescribed, were the recommendations personalised, food choices, portion sizes?

Response: The lifestyle coaches had completed a postgraduate training course, specific for lifestyle coaches, at the Dutch Academy for Lifestyle and Health (see also lines 123-125 on page 4). The core elements of this training course are the topics nutrition, physical activity and coaching skills.
The lifestyle coaches are motivating and supporting the participants by stimulating them to take the lead and define their personal goals, guided by means of an autonomy-supportive coaching style of the lifestyle coaches (see lines 79-81 on page 3).

We provided more examples of the intervention’s content (see lines 81-83 on page 3): “This means that the coaches first provide some basic knowledge about healthy choices, such as variation of food, conscious eating and portion sizes. Whereafter, participants can make their own choices and actions, for example going to work by bicycle twice a week.”

Were pedometers used, what behavioural change techniques were used? This info could be presented in a figure format (although it probably is detailed in the protocol).

Response: This is indeed described in the protocol paper, however, we now briefly touched upon the techniques in lines 84-86 on page 3: Furthermore, various evidence-based behaviour change techniques and approaches are incorporated in the intervention, such as goal setting, implementation intentions, ownership and peer support (see also [19]).

A few more details on the clients could be provided - BMI range, were they all obese, what were the inclusion criteria (including BMI)? Gender, ethnicity, family size etc.

Response: Thank you for this remark. We now provided more detail about the inclusion criteria of the target population: “The programme targets Dutch-speaking individuals living in the Netherlands, aged 4 years and older, who are obese (BMI ≥ 30) or at high risk of obesity (i.e., were overweight (BMI ≥ 25) and at increased risk of cardiovascular diseases or type 2 diabetes mellitus) [20-22].”

Not all readers will understand the z-score figure.

Response: We added information about the standardization of BMI scores for children in BMI z-score: “Among the CooL participants, adults had an average BMI of 36.1, while the children had an average BMI z-score (standardized BMI score) of 2.3.”
It would be useful to have a figure showing what is meant by networks and also stakeholders.

Response: We agree that more information on the networks and stakeholders would be useful for the reader. We decided not to provide this information in a figure, but to outline this in the text. “In the outer setting we also refer to stakeholders in the participants’ care provider network” (see lines 106-107 on page 4). The stakeholders of the intervention network included referrers, project group members, health insurer, lifestyle coaches and local parties (e.g. local sports clubs and neighbourhood sports coaches) (see lines 211-213 on page 7).

In general, many terms are used with no illustration/examples and it makes the paper a bit dull to read and difficult to appreciate who is involved and doing what.

Response: Thank you for this feedback. We acknowledge that the text was quite extensive. We went through the text again in order to make it more concise. The results section was shortened considerably without losing essential information.

I’m unclear where the funding came from for the coaches- was it from health insurance? Were the groups set up a franchise/ business model if yes why not a social enterprise? All these details probably need to be explained for the purposes of cross cultural understanding.

Response: The health insurance company paid the salary and expenses of the coaches, in line with a national movement in the Netherlands towards financing combined lifestyle interventions through health insurance companies. We now included this information in the paragraph ‘Financial organisation’: “The health insurance company paid the expenses of the lifestyle coaches in this pilot study. The fees for each individual participant did, however, not cover all the costs for the lifestyle coaches.”

Re analysis I do not agree that using manual rather than programme analysis is a limitation, but it does mean that we should have a few more details about how the data was analysed - themes, sub classification etc.
Response: We agree. We now removed this statement from the limitations section in our Discussion. Instead we provided more information on how our research framework was translated into our coding scheme: “The interview structures were translated into our coding scheme, while adding additional topics which were concluded out of the interviews” (see lines 172-174 on page 5).

Cannot see references - might they be in a separate document?

Response: The references are stated at the end of the manuscript, pages 18-20. We hope the total manuscript had been transferred to the reviewer.

Reviewer 2:

GENERAL COMMENTS: This is a very thorough and articulate paper that documents an evaluation of the factors that facilitate or impede the implementation of the interesting, efficacious Coaching on Lifestyle intervention. On the whole, the methodology and findings of the evaluation is described precisely and transparently, and the use of the Consolidated Framework for Implementation is appropriate in this context. The introduction sets the context for the evaluation very well and the authors discussion and conclusions are informative, providing useful recommendations for future practice based on the findings. There are only a handful on minor comments, which I feel might add clarity or value to what I feel is on the whole a very good manuscript.

Response: We are honoured to receive this positive feedback and we are glad that our choices are positive received by readers.

REQUESTED REVISIONS:

I have a few minor comments that I feel if addressed would enhance the readability of the paper:
P2L56: the second sentence on prevalence of obesity/overweight in children, do the statistics reflect the increase or the current prevalence? It is hard to tell the way the sentence is written and if it is a rise from (rather than to) 13.3 and 2.8%, we need to know the timeframe.

Response: We agree that it was not clear on what the time period of the prevalence was. We adjusted this sentence into: “The prevalence of overweight or obesity among children and adolescents has also increased (13.3% and 2.8%, respectively, in 2017)”.

P2L57: I would recommend writing that CLI's 'aim to help' rather than 'help' as I'm not sure there is unequivocal proof of there effectiveness.

Response: We adjusted this sentence, since we also agreed with this comment.

P3L71: I find the term 'bottlenecks' a bit ambiguous - I think we either need examples of what the bottlenecks are, or change to something clearer (is it the different lifestyle factors you target such as physical activity, diet, stress management and so on...?)

Response: We changed this sentence to make clear that we already mentioned the bottlenecks before. “The Coaching on Lifestyle (CooL) intervention was developed based on previous research findings and addresses the barriers for implementation, outlined before.”

P3L79: It would be helpful to cite the self-determination theory literature supporting the use of autonomy-supportive coaching style.

Response: That is indeed a good suggestion, so that the readers can find more about this topic elsewhere. We now included this as proposed by the reviewer.

P3L83: The use of the phrase 'novel professional' also seems strange. I think you mean it is not an established role in primary care?
Response: Since a couple of years, the lifestyle coaches is a new professional in the Netherlands in terms of having multiple lifestyle-related themes integrated in one professional. Their role in the primary care was indeed not yet established. The sentence is now: “Since the trained lifestyle coach is not yet an established professional in primary care…”.

P4L129: I could not entirely follow the process and implications of the change in project leaders role. Do you mean that the person who project lead left and the main researcher became the project lead? I'd suggest rewording for clarity.

Response: That is the correct interpretation of the situation. We adjusted the sentence into: “During the final year of the study, the role of project leader, which until then had been the responsibility of an external change agent (who was still available in the background), shifted to the main researcher (CvR).”

P5L146: The reader would benefit from an explicit definition and citation around what you mean by 'action-oriented study'.

Response: We changed the sentence into: “…implying that results of observations are also used as input to improve the content or implementation process of the intervention [24].”

P5L158: Some examples of the types of questions you asked of the various stakeholders, participants and coaches would also be beneficial to explain what the theory informed interview structures looked like.

Response: Instead of example questions, we explained more about the topics of the different interviews: “The topics of the interviews were their functioning (interviews with lifestyle coaches and participants), the process of the referral process (interviews with referrers), the implementation process (interviews with project group members and project steering group members) and their opinions about the intervention (interviews with all target groups).”

P6L169: The title of your table should include reference to the CFIR. (...each domain of the Consolidated Fra...
Response: We now included the reference to this model in the table’s title.

P6L191: Please expand or provide examples of the 'coaching skills' that were referenced - this is currently a bit too vague to be of any relevance.

Response: We agree. Therefore we added more detail about these skills: “During the interviews, the coaches indicated that coaching skills (i.e. skills to enhance participants autonomous motivation and capability to take-up and self-manage a healthy lifestyle) and empathic skills are necessary.”

P7L197 (and P8L229) I think in the context that you are describing the evaluation, revealing that the coaches were a 'her' is unnecessary. Stick to 'they'.

Response: Thanks for this good suggestion, we adjusted this in the first sentence, and in the second sentence we deleted the word ‘her’.

P7L216: This is a general musing rather than a critique - were the health insurers considered a stakeholder in this intervention? I ask as you may wish to comment on the importance of them funding it in the discussion and whether this integral factor is sustainable for wide spread roll out of such a programme...

Response: Yes, that is a correct interpretation. The health insurer was indeed a stakeholder in the intervention, therefore we added them in the paragraph of ‘Stakeholders’ perspective’.

P8L238: It isn't clear what an 'intake session' is - could this be expanded on.

Response: “…an intake session (i.e. the first session of the intervention to check the participants’ motivation and to investigate their needs).”
P9L263: How was motivation defined in this context? It reads as if the construct described might be a lack of intention/desire to participate? Again could be clarified

Response: Here we added an example of the lack of motivation: “The most frequently mentioned reason was lack of motivation (e.g. lack of interest to start with CooL).”

P9L271: Is there evidence to support the lack of priority in 'multi-problem' families? Or is this a finding of your study (not clear)?

Response: This was a finding of our study, therefore we changed the wording: “We found that in these multi-problem families, lifestyle change is typically not their first priority.”

P10L301: Could you expand on what you mean by 'relatively dense networks'?

Response: We explained what we mean with these dense networks: “(i.e. when they had more ties and connections with stakeholders).”

P10L318: I wasn't sure having read this line whether the contribution to the programme was perceived or measured - the first line suggests perceived ('saw themselves as') where as the second line states that they were relatively active suggesting measured.

Response: This was the result of our questionnaire. We have corrected this sentence into: “Most stakeholders (66%) reported themselves as contributing relatively little to the programme…”

P10L323-326: I couldn't quite work out what the percentages mean here in the context of a 5 point Likert scale...?

Response: We have corrected this sentence to make it better to understand: “Furthermore, 46% fully agreed (on a 5-point Likert scale) with the statement that the lifestyle coach represented a
useful addition to the health care network and 48% fully agreed that the lifestyle coaching programme was a valuable innovation.”

P12L385: Could you give some examples of 'special needs' in this context?

Response: We mean here, for example, persons with a mental disorder. We have now added this in the manuscript (see lines 397-398 on page 13).

P12L387-390: some examples of what the participants did and how they felt about the existing assignments or activities would be useful here to demonstrate what they would like have these alternatives instead of.

Response: The materials included a lot of text. For some of the participants this was too literate, and they suggested using alternative forms of communication. We now changed the text into: “In addition, some of the participants wanted to have less written and more practical assignments, for example more assignments with pictures, audio-visual tools and digital materials. These alternatives could replace the text that was used in the materials.”

P13L422: What is the difference between professional knowledge and expertise in this sentence - some examples could help distinguish.

Response: We see now that we made a mistake here, instead of expertise we meant experience.

P15L480: This paragraph is a little vague - what is meant by 'create support' - get them to engage with the programme?

Response: Thanks for the suggestions, this is indeed what we mean. This is the addition we have made: “Extensive preparation and implementation time are needed to create support among the stakeholders to engage them with the program and to create an optimal intervention context.”
P15L487: I wasn't sure if this last line referencing motivational interviewing was something the coaches in CooL did or a suggestion you are making. Please clarify. I feel like this discussion on the importance of behavioural theory could be developed and discussed more in the context of what was achieved in your intervention/ how it influenced implementation.

Response: We meant that the lifestyle coaches already used motivational interviewing in the programme. The new sentence is now: “In order to increase this autonomous motivation the lifestyle coach uses methods such as motivational interviewing.”

P16L508: I'm not sure that not using NVivo is necessarily a limitation: you could describe how you set out to ensure trustworthiness in the qualitative data here and be clearer about why, in your opinion, a pen and paper method hampered that process.

Response: We agree. We now removed this statement from the limitations section in our Discussion. Instead we provided more information on how our research framework was translated into our coding scheme: “The interview structures were translated into our coding scheme, while adding additional topics which were concluded out of the interviews” (see lines 172-174 on page 5).

Table 1 title: Could you provide the full title of the consolidated framework rather than the acronym.

Response: We now provided the full title of the framework.