Author’s response to reviews

Title: The experience of a nationwide Community of Practice to set up Regional Prevention Plans in Italy

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Author’s response to reviews:

Background section:

In the 1st paragraph, lines 10-11, I would suggest rephrasing the sentence as follows "The NPP comprised prevention strategies to improve prevention outcomes in the Italian population according...."

AUTHORS: Accepted and modified consequently

Line 22, apparently the word "was" is missing in the following sentence "and the money WAS allocated to single Regions proportionally to their general population".

AUTHORS: Accepted and modified consequently

Methods section:

In the 1st paragraph, line 5, rephrase as following: "and THAT IS the more effective the more it is inserted in the context of participation..."

AUTHORS: Accepted and modified consequently
A reference is missing at the end of the 1st paragraph of this section.

AUTHORS: Added

When describing "the nationwide CoP for RPPs planning process", in lines 47-49 the authors wrote "Moreover, they used to have a similar approach to upgrade their competence in their professional life, mainly based on self-learning and valuing individual work experience". How do we know that? Do we have any reference or is it possible to elaborate more on this assumption?

AUTHORS: References have been added

In the same section of the manuscript, I have the impression that some of the elements listed under "Domains" may be considered part of the "Practice". Or maybe of both?

In the 3rd paragraph of the methods sections, the authors defined in fact practice as "the resources spontaneously made available by the CoP members but also the expected product, i.e. learning or other deliverables." Wouldn't the "context analysis" and the "problem setting" also (or even better) fit with this definition?

AUTHORS: We take the point. We moved “context analysis" and the "problem setting” to the phrase concerning the practice.

In the next page, when describing the web based environment based on Moodle (line 34), add a reference to Moodle.

AUTHORS: Reference has been added

Following page of the methods section, when describing how the KAP questionnaire was analyzed, the authors wrote "Analysis was carried out using Stata ver. 9 and changes in attitudes at the different times (T0, T1 and T2) were tested with the Wilcoxon signed rank test." How was Knowledge assessed? Was an overall score of knowledge measured? Were also some determinants of knowledge assessed, e.g. regional differences?

AUTHORS: The questionnaire was composed by 4 sections and the knowledge section consisted of 11 questions mainly covering 2 aspects: PCM method and use of the evidence for planning. Few information are added in the article to report on that.
Analyzing regional differences is difficult because of small numbers (some regions out of 20 were represented only by 2 RPs) and it is not evident that the level of the RPs would be somehow representative of the region.

Results:

2nd paragraph, could the authors elaborate more on how the increase in knowledge was assessed? Were there differences across the different items assessed (e.g. some items better than others?).

AUTHORS: See above. Some comments were added in the text.

In order to assess the effectiveness of the CoP, it could have been useful to assess regional differences in knowledge and how the regions showing a worse background benefited from the exchange of information with "more skilled" regions. However, I understand this may be beyond the scope of this paper.

AUTHORS: agree.

Discussion:

A study by Rosso et al. is cited which found geographical differences in the quality of the RPPs and that the opportunity of assessing the planning process may strengthen public health capacity for prevention. Two other studies have been published by the same research group, finding a very low level of attention to health inequalities in the regional planning process of prevention activities 2010-2013 in Italy (De Vito C, Massimi A, Di Thiene D, Rosso A, D'Andrea E, Vacchio MR, Villari P, Marzuillo C. Low level of attention to health inequalities in prevention planning activities of the Italian Regions. Int J Equity Health 2016 Feb 19;15:28.), and the poor use of life-style surveillance systems as a tool for planning prevention activities (Unim B, De Vito C, Massimi A, D'Andrea E, Rosso A, Villari P, Marzuillo C. The need to improve implementation and use of lifestyle surveillance systems for planning prevention activities: an analysis of the Italian Regions. Public Health. 2016 Jan;130:51-8).

As suggested by the authors, a follow up on both these critical issues may be advisable, and the CoP established for the new cycle of prevention planning may be a useful tool for this purpose. Rosso et al also found that regional differences in the capacity of prevention may be a consequence of financial constraints imposed to regions with a deficit in their health care budget (Rosso A, De Vito C, Marzuillo C, Massimi A, D'Andrea E, Villari P. The negative effect of financial constraints on planning prevention activities: some evidence from the Italian
experience. Eur J Public Health. 2015 Dec;25(6):1117-9). They assumed that the lower quality of prevention projects developed by Italian Regions with Recovery Plans may be a consequence of weak management skills and public health capacities. The CoP may be useful in reducing the gap between those and other Regions.

AUTHORS: We included the references indicated and added some information to the text.

Reviewer #2: The manuscript describes the methodology used and the results obtained of a training exercise to support Italian Regional Planners in the set up of Regional Preventions Plans within the general framework of the Italian National Prevention Plan developed centrally by the Ministry of Health for the period 2010-2013. The paper addresses a topic - the Italian experience of prevention planning - that surely is of interest for an international audience. It is nicely written and for sure deserves publication. I have only an important comment reported below.

The authors quote in the Discussion the paper by Rosso et al (reference 16) that describes in detail the results of an appraisal of the Regional Prevention Plans. There are at least other three papers by the same research group published internationally that address various aspects of the Regional Prevention Plans. Together these papers represent an extensive analysis of Regional Prevention Plans, that are the product of the training exercise described in the manuscript. I strongly recommend that the authors dedicate a significant part of the Discussion to comment the results of these evaluations of Regional Prevention Plans, in light of the training exercise performed. This could be an unique opportunity to identify strengths and weaknesses of the training process developed.

AUTHORS: We agree and found the 3 mentioned articles really a very good and exhaustive analysis of the NPP so that we took some information to include in the text of our paper. The goal of our article however is not of establishing an association between the level of training and the quality of the NPP, but rather focusing on the methodology and the results of a Community of Practice describing, as we said, the theoretical framework, the main phases that characterized the lifecycle of the nationwide CoP and its evaluation approach adopted with the objective of promoting further research on the CoPs knowledge and development in public health.