Reviewer’s report

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

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Reviewer: Annalisa Rosso

Reviewer's report:

The article provides an interesting insight into the CoP set up by the CNESPS to support Italian Regions in developing their Regional Plans of Prevention. In my opinion, no major revisions are needed.

I would suggest rephrasing some sentences, which I found unclear, and add some details or clarifications in some sections of the manuscript and some additional references. I would also recommend elaborating a bit more on results obtained on the knowledge of RPs. In this regard, if allowed by the editorial norms of the Journal, I would suggest including as an on-line annex the questionnaire used to assess knowledge, attitudes and practices of RPs regarding PCM, and the Happy Sheets used to assess RPs' perceptions and opinions on the CoP.

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...."

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".

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..."
A reference is missing at the end of the 1st paragraph of this section.
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 selflearning 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?

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?

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

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?

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?).

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.

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.

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