Author's response to reviews

Title: Have you FARED-WELL? A Framework for Adapting vs. Reinventing Evidence-Based Disability WELL-ness

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Author's response to reviews: see over
“Is Your Health Promotion Program Making the GRAID? A New Methodology for Creating Inclusive, Evidence-Based Obesity Prevention Strategies for People with Disabilities”

We appreciate the opportunity to revise our manuscript and would like to thank the reviewers for their excellent feedback and comments. We have responded to each comment below and have modified/restructured the manuscript based on these suggestions. We also changed the title of the manuscript to reflect a better representation of the paper’s main focus. Detailed below are the specific modifications we have made. Changes to the manuscript are noted in bold.

Comments of Reviewer 1: Amy McPherson

Major Compulsory Revisions

Ensure there is alignment between the title, background, methods and discussion regarding the target audience for the guidelines adaptations. Although it says youth and young people in the title, no rationale for this is provided and much of the text is just as applicable to adults.

We removed any reference to youth and young adults in sections where the methodology applies to people with disabilities in general. We only use ‘youth and young adults with disabilities’ in the section where we describe the process for developing GRAIDs specific to this target group. The example provides a realistic approach to use of the methodology for this target group.

Clarify whether all disabilities were considered in this work. Might there be any differences when adapting guidelines for people with physical disabilities and intellectual disabilities? Please discuss.

In developing the GRAIDs associated with obesity prevention, we targeted four disability groups: spina bifida, cerebral palsy, intellectual disability and autism. Each GRAID contains adaptations in both the physical (built environment, equipment) and cognitive domains (instruction, service), which provides opportunities for adaptation for both groups. GRAID adopters can select the appropriate adaptations for their local context (e.g., disability group, age range, sector).

Provide more information on the focus groups as per suggestions in attached file.

More detail has been included on the focus group methodology.

Minor Essential Revisions

Ensure manuscript is written in the past tense.

Completed.

Re-order final sections to follow conventional structure i.e. Discussion, Limitations, Conclusion.

Completed.

Discretionary Revisions

6. Bottom of p7: The test refers to ‘Several researchers..’ and ‘numerous factors..’ but only one reference is provided. Consider adding citations here.

Two additional references were added.

Comments of Reviewer 2: Paula Brauer
**Major Compulsory Revisions**

1. The purpose could be improved by clearly separating the methods development aspects from the obesity prevention focus. The fact the method was applied to obesity prevention in young people – where the evidence is very weak – is secondary. The manuscript has been restructured to provide clearer distinction between the overarching GRAID methodology and how it was applied to obesity prevention in individuals with disabilities. We also added several comments in the Discussion section that the methods apply to other areas of health promotion research.

2. The purpose will also be more clear if the “disabled” population is better defined for each kind of adaptation being considered. Definition of disabled is needed in the background (page 3) and may be a useful addition to the Conceptual Framework (Figure 1), as I expect the target population may differ by guideline. For example, with playground equipment, no modification for autism might be needed, but it might be impossible to adapt climbing equipment for the wheelchair bound. In that case, a different approach to promoting physical fitness might be better. The specific disabilities have been included (vs. a broad definition of disability) and there is a brief discussion on how the adaptations for each GRAID can be selected at the local level based on the individual’s physical or cognitive disability.

3. The development of the criteria to assess the process of development of the “disability adapted strategies” was apparently based on the AGREE II tool for assessing the process of clinical guideline development. However, many of the items from the AGREE II tool have been substantially changed to the point that the criteria are now quite different. This is not a problem, except there is no description of the methodological development of the criteria, as I would expect in a methods paper. For example, editorial independence as one of six major domains of criteria in AGREE has been removed altogether with no explanation. AGREE itself was developed through several rounds of consensus processes. I would have expected the authors to confirm the face validity of the criteria. Some of the criteria currently seem very weak, in my opinion – e.g. barriers and costs only need only to be “discussed”, not “addressed” or even “assessed”. Having the expert panel who worked on obesity prevention review the criteria would an excellent way to assess the face validity of the criteria. We agree that it would be better to use the most recent AGREE II instrument as part of our overall methodology in this first paper (the newer version of AGREE II was not available when the study began). We recently met with the expert panel chairs in Boston on May 5 and they agreed to use the most recent version of AGREE II along with our own set of disability-specific criteria. This has now been added to the revised manuscript.

   **At a basic level, were participants satisfied with the consensus process?**

   We added a statement in the Discussion section about the expert panel’s satisfaction with the process.

4. There is insufficient discussion and reflection on the methods developed in the process. The discussion and conclusions should focus on the development of the consensus methods used and lessons learned in the process of using with this particular topic. Additional questions or commentary on the following would be most helpful. A Discussion section has been added that reflects the GRAID development process and what we learned about the process that will assist future researchers and practitioners.
It is not clear why only 11 most promising strategies were chosen for GRAID development. I assume the expert panel used the Figure 1 algorithm. This first paper discusses our work-to-date on the 11 most promising obesity prevention strategies as an example of how the GRAIDs were developed. The primary focus of the paper has shifted to the methods and criteria that were developed.

Were any revisions needed after development of the criteria? The GRAIDs were revised using the new ADAPTE II criteria and now have a more consistent and clearer framework for maintaining consistency across GRAIDs. The sample GRAID (Figure 2) includes edits to the wording only. No major revisions were needed after the criteria were applied.

Did any problems with different views come up with different disabilities? No.

Phase III. Step 1. Does a web-based survey offer sufficient opportunity to discuss competing community priorities within this defined context? The web-based portal does include a section that allows key stakeholders to respond to any ‘competing community priorities’ that may limit or reduce usage of the GRAIDs.

In Phase III, Step 3. Consensus had to be achieved before a GRAID content or wording could proceed. Consensus can be challenging to achieve in diverse groups. What happens when there might not be consensus in future? This should be discussed. A statement has been added that the guideline consultant (Ian Graham) facilitated a resolution to any content or wording issue.

5. The abstract needs to be more focused on the discussion of the development and lessons learned with using the methods. There is currently too much focus on obesity prevention. The abstract has been revised to reflect the overarching need for the methodology, with the example referring to the development of adapted guidelines in obesity. A conclusion statement was added about the methodology being generalizable to other areas of health promotion.

Discretionary Revisions
6. Calling the adapted guidelines GRAIDS was a problem for me as it was too much like GRADE which is a well-regarded methodology for reviewing the totality of evidence in the process of developing clinical practice guidelines. We believe that the difference in spelling will be a strong enough element to contrast the two words. We spell out the GRAID in the paper (Guidelines, Recommendations, Adaptations Including Disability) and the “D” has relevance to disability. Any future reference to GRAIDs will always involve a disability-specific context.

Comments of Reviewer #3: Susan Huckson
The information collection is the discussions held and the results of the focus groups, no discussion how the data was managed and stored. No discussion that individuals would be identifiable. A comment could be added regarding the procedures that are common to the running of focus groups were followed .....if there were. More detail addressing the focus groups methodology was added.

Additional Comments: Amy McPherson, PhD, CPsychol
2A. Although the title states that youths and young adults with disabilities are the focus of the paper, the manuscript talks about children and adults in (approximately) equal measure. The guideline selected for adaptation (CDC obesity prevention) is applicable to children, adolescents and adults. Therefore, a stronger rationale for just focusing on youth/young adults is needed, as well as focusing more clearly on this population within the manuscript.

Per previous reviewer comments, we have changed the title of the paper to reflect that the methodology could apply to adults or children with disabilities in future usage and noted in the revised manuscript that for the purpose of this first study, the expert panel was selected based on their experience in obesity prevention in youth/young adults with physical (spina bifida and cerebral palsy) and cognitive (intellectual disability, autism) disabilities.

2B. Please explain how the 21 members of the expert working group were identified. (p7) A statement was added on how the expert workgroup members were selected.

2C. Consistency is needed when describing recurring elements. E.g. “Each panel is composed of one chair and 4-5 members” (p7). Is this ‘panel’ the same thing as a ‘working group’? It is helpful to keep the same name throughout. Also, this needs to be changed into past tense (as do some other sentences).

Our rationale for using ‘expert workgroup’ and ‘expert panel’ was to draw the distinction in their specific roles during the three phases. In Phases I (SET-UP) and II (DEVELOPMENT), the members worked in their own individual groups (physical activity, nutrition, cultural competency, policy), and in Phase III (FINALIZATION), members were convened in one group to serve as the expert panel.

2D. Bottom p 8. Phase II step 1. Staff identified data sources for ‘people with disabilities’- Why not specifically youth-focused ones, given that this is the stated focus? There is then reference to ‘youths and young adults with developmental disability’, which is a much more specific group (but not mentioned elsewhere in the manuscript). Please clarify the target group and use consistently throughout.

This has been corrected and now states ‘youth and young adults with disabilities.’

2E. P9-10 “Three trained reviewers searched for information using keywords related to the obesity strategy’. It is not clear what ‘the obesity strategy’ is. Also, please provide examples of keywords/search strategies used.

We clarified that we had to conduct a review/search for each of the CDC obesity strategies. Examples of key terms were added.

2F. p12. ‘The group discussion involved a systematic review of the materials’- given that ‘systematic reviews’ refer to something very specific in research, I would change this term as my understanding is that a conventional systematic review was not undertaken- maybe ‘sources were systematically searched’ or similar.

The term ‘Systematic’ was deleted so as not to confuse the reader since we did not mean to convey that we did a formal systematic literature review. We now use scoping review.

2G. p13-14. Focus groups. More detail is required here. How many focus groups were held? How many family and young people took part? What were the ages of the young people and what conditions did they have (e.g. physical, intellectual disabilities?) Did you have ethical approval and was informed consent obtained? These need to be stated.
More detail was added about the focus groups- the number of participants in each FG, the ages and disabilities, and that IRB approval and consent was obtained.

Although I understand that this part is not the sole focus of the study, it would be useful if you could outline some of the findings from the discussions e.g. Did you change anything as a result of the focus groups? Which parts resonated most with the young people/parents who took part? Were there differences between the reactions of the young people and their parents?

We included a statement that the focus groups provided validation for the content that was identified in the review of literature and expert workgroup meetings and that a small amount of new content from the focus group input was added to the GRAID.

5. Are the discussion and conclusions well balanced and adequately supported by the data? Yes, although I also suggest re-ordering the last sections to be more conventional, so that the ‘Conclusion’ is labelled ‘Discussion’, which is followed by the ‘Limitations’ section. A short ‘Conclusion’ paragraph could then bring the manuscript to a close.

Completed.

7. Ensure manuscript is written in the past tense.

Completed.

Re-order final sections to follow conventional structure i.e. Discussion, Limitations, Conclusion.

We have reordered the sections and added the Discussion section.

Bottom of p7 : The test refers to ‘Several researchers..’ and ‘numerous factors...’ but only one reference is provided. Consider adding citations here.

Two additional references were added.