Reviewer's report

**Title:** Implementation of easily accessible sporting programs in the organized sports setting: factors influencing implementation

**Version:** 3  
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**Reviewer:** Meghan Casey

**Reviewer's report:**

This study describes the factors facilitating and impeding implementation of HEPA programs in the organised sports setting. Sports programs that are designed to engage inactive population groups is an important topic to the sport management and health promotion fields to inform future policy and practice. This article provides important information to policy makers and practitioners in regards to implementing HEPA programs through sporting clubs. The checklist provided in Figure 1 would be particularly useful to practitioners implementing such programs, but could also guide sport policy and funding guidelines.

**Major Compulsory Revisions**

1. A major limitation of the study is that the findings have not been placed in the context of the effectiveness of the funding initiative – was it successful in engaging the intended population group – inactive people? It would be useful if the authors have data on this aspect to include and/or to discuss this as a limitation and guide future research to explore the effectiveness of sports programs that seek to engage inactive population groups. In addition, there is no program feedback from participants, such as satisfaction with the programs provided. Often implementation research considers this aspect. This is another limitation of the study and an area that requires investigation.

2. The focus of the study – that is the implementation by NSF program coordinators to sports clubs could be more clearly made in the paper; especially early in the introduction. The NSF program coordinators “facilitated implementation” of programs at the sporting club level – but didn’t the sports club implement the program? Does the manuscript better describe the reach and adoption of programs by sporting clubs, rather than implementation if you consider the principles of RE-AIM (Glasgow et al. 1999; Janssen et al., 2013; Casey et al., 2014)? Please clarify.


3. The authors state that “programs can only be effective in increasing HEPA level when they are properly implemented”. See abstract, line 4-5 and also similar phrasing at page 5, line 81-82. Program design is also a crucial element and this needs to be better discussed as a component prior to implementation. I acknowledge the authors have included program development within the implementation phase – what is the rationale for this? I would have thought it was more suited to planning and development?

4. The term “easily accessible” was defined as programs tailored to the needs and abilities of inactive population groups, within their regular sport activities (page 5, Line 76). The term does not reflect the definition very well. Therefore the title of the manuscript should be changed and avoid using it in the manuscript as it is misleading. Easily accessible could be confused with how the program is to be reached (by bus, car, walking) or degree the program is available. For example, the title may be better worded as something like – Implementation of sporting programs for inactive population groups: factors influencing adoption by the organized sports setting. In addition, the definition includes the phrase “within their regular sports activities” – this does not make sense if the intended target group was inactive. Please clarify.

5. A number of the key findings could be better discussed within the broader literature. For example: Line 338-339 The authors discuss a lack of follow-up at the sports clubs. Others have identified a lack of formal strategies to link program participants with sports clubs and should be discussed as it is likely to impact program outcomes – to get inactive people engaged in sport. See Eime R, Payne W: Linking participants in school-based sport programs to community clubs. J Sci Med Sport 2009, 12:293–299.

6. Lines 159-167 The data analysis method is well described, however to increase the trustworthiness of the analysis the authors should include references (theory behind the analysis) to highlight that this analysis process is valid. For example was this case study research with cross case analysis? How were transcripts handled? Were qualitative software programs used? Was content or thematic analysis used?

7. Line 357-365. It is not clear from the text or Figure 1 how the different levels of influence (personal, organisational, environmental and policy) interact with the implementation phases. An example could be provided such as:.....At the personal and organisational level, program development must consider how the program can be tailored to the population group (non-sports participants) and setting (sports clubs). At the environmental level .....and policy level...

8. Line 106-107 “no studies have been conducted concerning the implementation of HEPA programs per se” The authors should consider a study by Casey et al., (2009) which investigated the partnership-related processes and capacity building strategies associated with successful implementation of sports and
recreation programs. Similar to the funding provided to NSFs, Casey et al. evaluated grants that aimed to develop sport and recreation projects that had a strong emphasis on participation in physical activity and that would benefit people who were not currently active, and on low incomes.

Minor Essential Revisions

Abstract

1. Line 12 - delete “comprising a qualitative and quantitative part” (self-explanatory that a mixed method would involve this and outlined in following sentences).

2. Line 14 and 16 – include number of program coordinators who completed qual and quant components

Background

3. Line 33 “people is not sufficiently” - change is to are

4. Line 35, “31% of adults does not” - change does to do

5. Line 37 “3,2 million” should be 3.2 million – change comma. Also at line 59 4,8 million

6. Line 78 – how were the programs developed? For example, how was a weekly hockey program for senior developed? Why was it developed? The development and design of HEPA programs would impact implementation. Formative research to understand the interests, attributes and needs of population groups prior to design and implementation has been suggested (see Gittelsohn et al., 2006) Did this occur? Were programs well designed to reach intended groups? See Gittelsohn, J., Steckler, A., Johnson, C. C., Pratt, C., Grieser, M., Pickrel, J., & Staten, L. K. (2006). Formative research in school and community-based health programs and studies: “State of the Art” and the TAAG approach. Health Education & Behavior, 33, 25-39.

Methods

7. Line 119-120 - here the focus of the study could be better explained. The NSF program coordinators “facilitated implementation” of programs at the sporting club level – but didn’t the sports club implement the program?

8. Line 127-129 The percentage of the aim achieved could be better integrated as follows: "program ranged from 9 (45% of aim achieved) to 680 (200%) participating locations and 85 (38%) to 273,8896 (538%)"

9. Line 132-135 Did the qualitative component inform the quantitative component. This could be clarified here.

10. Line 138 what ethical guidelines were followed when performing the study? Please reference and explain. Was consent obtained and participants informed via plain language statements of the research and potential risks?

11. Line 195-6 "Subsequently, a top three of facilitating and impeding factors was composed...." - change to "Subsequently, the top three facilitating and impeding factors were composed"
Results

12. Line 222-3 "Based on ranking of factors, a top three of facilitating and impeding factors per implementation phase was identified" change to “Based on the ranking of factors, the top three facilitating and impeding factors per implementation phase were identified.”

13. Line 239 “the activities should be easily accessible” The example at Line 240 relates to training and skills that are non-threatening to non-sports people. This relates better to the term “inclusive” rather than “easily accessible” which would better describe accessibility in terms of costs, travel and proximity. In addition, does training refer to training commitment from sports participants and skill refer to skills to participate in the sports activities? This could be better clarified here.

14. Line 247-250 The authors discuss high and low implementation costs – which programs had high or low implementation costs? Can examples be provided to inform future practice?

15. Line 264-267 These sentences do not make sense. Revise

16. Line 282 “positively affected by other sports clubs implementing the program” In what ways did sports clubs hear about the success by other clubs? This is important to discuss and relates to “diffusion of innovation” theory. See Nutbeam, D., & Harris, E. (2004). Theory in a nutshell: A practical guide to health promotion theories (2nd ed.). Sydney, Australia: McGraw-Hill.

17. Line 291 “finding volunteers with the appropriate skills was an issue” what skills were required and therefore lacking? Coaching? Working with non-sport participants?

18. Line 294-295 what was the funding required for? Delivery of sporting activities? Equipment? This is not clear. This also highlights the problem with these approaches – the NSF receive the funding, but the sporting clubs must deliver. Discussion of this is required in the manuscript.

19. Line 308 what sports were deemed “tough”?

20. Line 311 remove “how” from sentence

21. Line 322 and 323 remove is from is/are

22 Line 323 “Time, energy and skills” in/for what need to be invested?

23. Line 324 “with high-quality performances” from who?

24. Line 343 who should allocate man-hours to the program? Man-hours for what?

25. Line 345 change “having” to have.

26. Line 341-347 – what is the funding/financial resources needed for?

27. Lines 348-355 can these learnings inform funding guidelines – how funds should be spent to ensure sustainability?

28. Line 374-376 The finding - tailoring sports programs to the needs, wishes and possibilities of participants and setting is not new. Others have reported this. Is this an oversight of many funding programs?
29. Line 405-406 Please elaborate “on the other hand, the identified factors concerning inactive people are specific to HEPA programs” It is not clear what you mean.

30. Line 432 “interesting to evaluate also directly at the sports club level” – remove “also”. Evaluating participant experiences is also important, along with program effectiveness. These points need to be made for future research and subsequent limitations to this study.

31. Tables 3 and 4 are not referred to, or discussed in the text of the manuscript. It is usually standard practice to refer to these Tables in the text of the manuscript.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests