Reviewer's report

Title: Quantitative measurement of the utilization of research by Dutch local health officials

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Reviewer: Thomas Plochg

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Review of manuscript 'Quantitative measurement of the utilization of research by Dutch local health officials' by Joyce de Goede, Marja J.H. van Bon-Martens, Jolanda J.P. Mathijssen, Kim Putters and Hans A.M. van Oers
Reviewed for Health Research Policy and Systems Research
Monday, 07 February 2011

Dear authors,

Let me start with saying that I enjoyed reviewing your paper. Generally spoken, I think that you conducted a relevant and timely study. The paper is clearly written. I just have one major compulsory revision. In addition, I have a couple of remarks that you might consider in improving the paper.

Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

1. The assumption underpinning the conceptualisation of research use in instrumental, conceptual and symbolic use is that the more instrumental use the more evidence-based policy. As such, you use this conceptualisation as a “ladder” giving insight in the degree of utilization. However, I wonder whether these types of research use represent the degree or the nature of research use. Can we hypothesise that instrumental is better than conceptual, than symbolic from an evidence-based point of view? Are they mutually exclusive? This question is quite critical for the aim of your study. If the answer is NO, it would mean that the study measures the nature of research use by local health officials in stead of the degree of research use. Therefore, I would suggest addressing this point in your background section.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

2. The background section is quite long. Moreover, it seems to overlap a bit with the methods section. From line 87 onwards, I got the impression that you were already presenting the conceptual model guiding your data collection rather than discussing the scientific relevance of your conceptual approach. So, I wonder whether you should incorporate this text in your methods section. In my view the background section must introduce the topic, its policy, societal and scientific relevance, and the research questions of the study. When reconsidering this,
please also review your methods section for repetition. I got the impression that you restated the argument in the lines 145-149.

3. In the conclusion, you make in my view the most interesting statement: “Probably this is precisely why the concept of evidence based policy, which, on many occasions, suggests instrumental use, should be used by evidence informed policy, which is related to conceptual use.” (line 447-449). I would encourage you to elaborate on this issue much more and to give it a more prominent place in your background section and discussion? I believe your study would gain in relevance when you relate it to this very topical debate. Like other authors, I am critical about the feasibility of evidence based health policy making, and thus the instrumental use of research evidence in local health policy making. Local health officials have to weigh multiple rationalities of which the linear goal-means rationality (i.e., evidence based policy) is only one of them. See for instance the thesis by Melanie Schmidt (Tackling health inequalities in The Hague: a process evaluation of a municipal programme to improve health in deprived neighbourhoods). So, it is almost impossible to expect instrumental use of research evidence by local health officials. This exactly what you found in your study, and where you were hinting at in your concluding remarks.

4. Furthermore, I wonder whether the measurement of the interaction between RHS epidemiologists and the local health officials is too superficial. Taking the literature on collaborative research (e.g., Denis & Lomas), promoting linking and exchange between policy makers and researchers, would have allowed for more advanced measures of the interaction.

5. Has the comment on Weiss (line 415-423) any added value for your paper? In line with my comments under point 2 and 3, I would suggest to discuss Weiss’ paper on the basis of the content or conceptually. I would not start a methodological discussion in this research area.

6. The writing is acceptable, although the text is quite long which partly reflects the Dutch way of writing English. I believe the paper would benefit from more concise English by getting rid of unnecessary words and complex formulated sentences.

Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)

6. You use the term Regional Health Services (RHS) as a translation for the Dutch term GGD. I always translate this with Municipal Health Service in order to emphasise the public nature and the initial municipal ownership of these health services. For an international readership this term might be better understandable.

7. The title of the manuscript covers the study, but is far from catchy or attractive. Please consider to revise the title. The abstract accurately conveys what has been found?

Level of interest: An article of importance in its field
Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests.