Reviewer’s report

Title: Missing and accounted for: Gaps and areas of wealth in the public health review literature

Version: 2 Date: 26 May 2011

Reviewer: Mark Mccarthy

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Discretionary Revisions

1. The first sentence “High-quality review evidence is crucial for evidence-informed decision making in public health” has circularity of ‘evidence’ in both halves. But the paper referenced for this statement takes a broader view of decision-making and public health.

“First, we need scientific information on the programs and policies that are most likely to be effective in promoting health (several sources are cited, but not health-evidence.ca)

Second, to translate science to practice, we need to marry information on evidence-based interventions from the peer-reviewed literature with the realities of a specific real-world environment

Finally, wide-scale dissemination of interventions of proven effectiveness must occur more consistently at state and local levels .”

I suggest revising the opening statement in the light of this broader approach, as eg “High-quality review evidence is a useful support for public health practice.” (Whilst also obvious, this is less boxed-in than the total ‘evidence’ paradigm.)

2. Discuss ‘decision-making’. At what level? Is this policy-makers such as national strategies by law-makers or administrators? Or local Boards that fund public health departments? Or programme managers developing / monitoring work programmes? Or practitioners analysing data? Or field-workers seeing communities?

3. Discuss what is known of the web-users. It seems to be impossible to say that these are ‘decision-makers’. They could all be researchers looking for reviews (perhaps to do one themselves, or to quote as reference in their paper. The null hypothesis is they are random members of the public.

4. Revise the objectives at the end of the introduction. The two objectives stated “to make researchers and research funders aware of these gaps” and “to encourage higher-level syntheses of the available evidence” should be mentioned earlier in the introduction, and then returned to in the discussion. The
scientific objective of the paper itself is to interpret the pattern of hits on the web pages - so raising questions of validity of the methods.

5. Discuss the meaning of ‘public health’ in its international context. The paper’s opening reference is in Annual Review of Public Health, and listed under ‘Epidemiology and Biostatistics’. The other main sections are Environmental and Occupational Health; Social Environment and Behavior; Health Services. This is very important: the 21 topics that ‘pop-up’ at you on health-evidence.ca are predominantly clinical categories, rather than organisational or methodological. This definition of ‘public health’ misses the ‘public’ part – political structures and choices, surveillance systems and analyses, registers, health-care system performance, effectiveness ... As a researcher and practitioner, the ‘21 topics’ are just part of my landscape for public health. Moreover, when I searched health-evidence.ca for the paper cited as reference [1] – it was not cited ... Is it because the focus is on ‘interventions’ – which is indeed worthy, but also not all of public health?

6. Explain the composition of the focus groups and the process to concluding on these 21 topics. Why did they leave out so much? And how were the sub-topics created? Impetigo and dental implants? ‘Autism’ under ‘parenting’? As a decision-maker, I might want to know what evidence supports the effectiveness and efficiency in outsourcing our municipal health services to the private sector – or to the university. Where do I look? Moreover, as a decision-maker, how do I access the literature? (reference [1] needed my university affiliation, it was not open-source...)

7. Review the findings on p16: “It is likely that an informed approach may be needed in topic areas that demonstrated a lack of review-level evidence, such as dental health, environmental health, food safety and inspection, and seniors’ health, and particularly for public health priority areas such as healthy communities and social determinants of health. In these areas, review literature is needed to inform practice and policy decision making.”

8. Are ‘healthy communities and social determinants of health’ the ‘priorities’ of the authors more than practitioners? Are the ‘Evidence’ criteria for including studies of ‘healthy communities’ sufficiently broad? Are ‘environmental health’ and ‘social determinants of health’ categories too big, too composite?

9. Clarify (rewrite?) the meaning of the sentence on p 17, saying “A greater investment is needed to provide an evidence base that can meet demand and determine how to apply existing good evidence in different contexts [21]” It seems another circular ‘evidence’ statement. NB: references [1] and [21] are the same...

Minor

Reference [1] actual paper title is ‘Evidence-based’ not ‘Evidence based’.

Reference [16] (in BMC Public Health!) is incomplete.
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**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests