Reviewer’s report

Title: Chronic Disease Prevention Policy in British Columbia and Ontario in Light of Public Health Renewal: A Comparative Policy Analysis

Version: 1 Date: 15 April 2013

Reviewer: Subha Ramanathan

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In general, I think the basic approach and content of the paper is of interest and of importance to the public health world. However, there are some major issues that would need to be resolved before I could comment on the suitability for publication (described below).

A lot of abbreviations are used, making it challenging to read this paper without a “List of Abbreviations.”

MAJOR COMPULSORY REVISIONS

Overall and “Background”

1. Overall, it would help if this paper was written more in the style of a research journal article (short, focussed introduction, clear objectives, replicable methodology, key results and expansion of the results in the discussion). At present, it reads more like an internal report than a journal article.

2. The “Background” describes the approach to defining chronic disease and prevention at an international level (World Health Organization). What is missing is background on information on recent Canadian approaches to chronic disease prevention at a Federal level. This is very important for the international readership of BMC Public Health.

3. One fundamental issue with the paper is the dated information presented. The policy documents that were analyzed were gathered only until September 2010 – this fails to acknowledge major documents related to chronic disease policy/prevention in the last 3 years (e.g., Curbing Childhood Obesity – a Federal policy document primarily related to healthy eating; the new Canadian physical activity guidelines, released January 2011). It is understandable to focus on Provincial policy documents; however, the “Background” should at least cite and briefly describe Federal initiatives. It is tough to understand the importance of Provincial initiatives without also knowing what is happening at a Federal level to support this work. In fact – this is acknowledged by the authors in the middle of the second paragraph in the “Document and Search Strategy” section. Authors have explained that national public health documents are important for understanding context, yet, no Federal documents are listed in the reference list and no details of recent initiatives are included in the “Background”. Also important to note is that the Ministry of Health Promotion in Ontario was changed
to the Ministry of Health and Long-Term care since 2011, thus references to the former are clearly dated.

4. After reading the “Background” (and remainder of the paper), it is unclear why Ontario and British Columbia were selected for study in this comparative analysis. Why is such a comparison appropriate between these two in particular? How were other Provinces and Territories ruled out from examination?

5. The “Background” was lengthy (7 pages) and provided specific information about BC and ON that seemed tangential to this comparative paper. Some trimming is needed, with greater focus on the HL core program (BC) and CDP Standard (ON).

“Materials and Methods”

6. In the section, “Document Search and Selection Strategy”, it would be helpful to list the search strategies first, followed by selection criteria. Greater detail about the search strategies is also warranted – besides Google, were other search engines used? List all. What were the search words? List all. It is likely that there weren’t that many Ministry websites that were relevant and searched; therefore, a comprehensive list could also be included.

7. It would be helpful to know which documents were identified in Phase 1 and which documents were identified in Phase 2, when policy makers were included in document identification. The Discussion section could then describe why these additional documents found in Phase 2 added to the richness of the comparative analysis.

8. This section could be trimmed as follows: since tobacco policies were not explored in the paper, this can be explained upfront in the “Background” along with the purpose, and cut out from the final paragraph before “Document Analysis”. The “Background” could simply state that the paper focussed on policies related to two health promoting behaviours (e.g., healthy eating and physical activity) and excluded risk mitigating behaviours (e.g., tobacco cessation). All other references to tobacco control and smoke-free initiatives may then be removed.

9. In the “Document Analysis” section, inter-rater reliability between the 5 coders should be reported to give the reader a sense of how challenging or easy it was for multiple coders to reach similar conclusions. NVivo provides an easy mechanism for this calculation. More discussion of how coding discrepancies were resolved is also warranted. Perhaps discussion of the codes with the highest levels of disagreement and greatest levels of consensus would also be helpful.

10. When the preliminary coding framework was created, was this guided by theory or an existing framework? Did this use a grounded approach, or was some other process used to guide decision-making? How many codes were created a priori by the first coder? How many new ones were added? A coding tree of major themes and sub-codes may be helpful in the Results.
11. What took place at the “repeated team de-briefings”? How were assumptions about the data questioned?

“Results” and “Discussion”

12. Although not written as such, it would be better to combine the Results and Discussion sections (which appears to be permissible in BMC Health). Presently, the findings from the thematic analysis (results) and commentary about what will happen in the future (discussion) are peppered throughout the “Results” section, making it challenging to distinguish between what emerged from the data, what emerged from the team de-briefings, and what may happen as time goes on.

13. As mentioned earlier, it is tough to judge how important findings based on a document analysis from September 2010 are in April 2013. Has nothing changed at a Provincial level in BC or ON? Are there preliminary “outputs” to suggest that Provinces are achieving the goals set forth in policy documents?

14. There is a subtle tone in the paper that suggests that BC’s CDP approach is superior to ON. A neutral, “there are differences” approach would be preferred. For example, in the section, “Goals for Healthy Living Core Program (BC) and Chronic Disease Prevention Standards (ON)”, paragraph 4, authors state, “…one of BC’s priorities is that policies and practices are evidence-based” and explains, “ON, however, did not engage in the same type of systematic process to synthesize evidence…”. It isn’t necessarily the case that extensive literature reviews and evidence synthesis is needed in order to create effective policies. The eventual outcome of BC and ON policies will show which elements are critical for effective development and execution of policies and which elements are likely to be good practices, but not always needed for positive change to take place.

15. Discussion of BC’s approach also seems to be more extensive than discussion of ON’s approach (e.g., last paragraph before “Anticipated Chronic Disease Prevention Outputs”). It may help to insert neutral language whenever possible, and consider presenting ON first in some cases so that it doesn’t appear as if BC is the superior/successful model that ON is compared against.

16. The Discussion subheadings come as a surprise. Are these considered the major themes that the lower-order codes were organized within? If so, this could be in the Results section, not the Discussion – if distinct sections are maintained.

17. Tables 3 and 4 could be combined into a single table and organized in a way that highlights areas of overlap and areas of difference. For example, both BC and ON appear to focus on public education/awareness, however, BC focusses on priority populations; ON focusses on parents and caregivers; both focus on health professionals. The table is not easy to interpret in the present format.

18. In the present Table 4 under “Advocacy and Public Policy”, it may be useful to show a physical activity example from BC (Action Schools! BC) to compare to Ontario’s Daily Physical Activity educational policy.
DISCRETIONARY REVISIONS
None.

MINOR ESSENTIAL REVISIONS
1. An extra “were” appears in the abstract, in the third sentence of the Methods section (p.2)
2. Missing a space following CDP/HL in the fourth paragraph of the “Goals for Healthy Living Core Program (BC) and Chronic Disease Prevention Standards (ON)” subsection (p.13)
3. Missing the word “as” in the phrase “such as” in the second last sentence before the “Use of Information” subsection (p.17).
4. Missing quotations around “supportive environment” in the second sentence of the Healthy Environments subsection (p.18).

Level of interest: An article of limited interest

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.