Reviewer's report

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

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Reviewer: Raisa Deber

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The manuscript as written does not appear to pose or answer any research questions; instead, it appears to be a ‘data dump’ of some information gathered in the course of a wider study of two Canadian provinces. It is unclear why the reader should care, or what findings might be applicable beyond the two provinces. It is also somewhat premature; as the authors write, at the time of writing, they had no evidence about whether the (to this reviewer, trivial) differences they found made any differences to health outcomes. Although the authors claim that “the two provincial policies present different approaches and levers to support the implementation of related programs”, in my view, they don’t make the case, or give enough information to determine what they mean by this statement.

One reason may be that the authors appear to have published (or planned to published) much of the material elsewhere. The manuscript is replete with references to material beyond the scope of this paper. A quick Google search also found at least two published papers, neither referenced in this paper, that appear to deal with actual questions dealt with in the wider study:


Unfortunately, the decisions made by the authors, in this reviewer’s opinion, undermine its value as a policy analysis. The focus began with what the authors deemed ‘core public health programs’ and then restricted this to “those related to tobacco use, healthy eating, and active living” before dropping tobacco use for another manuscript. This manuscript correctly recognizes that “the public health systems in each of these provinces are organized very differently.” However, it does not build upon this, or make it clear to the reader precisely what these different organizations do. (For example, the BC Health Authorities are responsible for hospitals.) The manuscript looks only at documents identifying “CDP/HL policies and programs at the provincial level”, meaning that they will not pick up programs if they are delivered by other actors.
It does say that “Public health is separated from other types of health services including acute and primary care in ON, which have undergone regionalization into 14 Local Health Integrated Networks (LHINs) that fund, plan and integrate health services.” Unfortunately, that statement is highly misleading. Ontario hospitals retain their boards. Funding comes from the provincial government, although it flows through the LHINs, and there is great dispute about the extent to which they can plan services. Primary care is not yet part of the LHINs (although there are some discussions about whether certain models may be incorporated), and there has been relatively little integration. Contrary to the statements in the paper, for the most part, most of primary care is not part of LHINs.

Neither does it deal with the changes that have occurred since the paper was written. The authors took a publication date cut-off of September, 2010, but write as though this reflects existing practice. For example, Ontario’s Ministry of Health Promotion was created in 2005 and merged into the Ministry of Health and Long Term Care in 2011; it no longer exists. Neither is there any mention of Public Health Ontario, one of whose explicit roles is dealing with health promotion and health equity; this omission is particularly problematic when the paper concludes “The fact that ON Health Units are expected to locate, interpret and synthesize evidence for programs, when this is a well-documented challenge, may affect program implementation and outcomes.” (pages 24-25). That is one of the key roles of Public Health Ontario. The authors may have found it is not being done well (they don’t say), but to imply it isn’t being done is somewhat misleading.

One might question whether policies addressing individual behavior really constitute “core public health policies” or why so little attention is paid to who would be doing the implementing. The brief description does not make clear what public health focuses on, and where these activities fit.

The manuscript pays surprisingly little attention to the role of primary care, or the school system, or other bodies that might be involved. Instead, it writes that “A fuller analysis of key actors (and there are many) influencing the CDP/HL frameworks is out of the scope of this paper.” (page 22) It also does not dwell on the available policy levers. Neither does it see whether other bodies might be responsible for certain programs. It instead appears to assume that if a particular policy or program is not visible in the documents they reviewed, it does not exist. This omission is particularly problematic when the major conclusions, that the documents place emphasis on different elements, does not allow for the possibility that other bodies, or other documents, might do that. It also seems to assume that things are mutually exclusive – e.g., discussion on page 16 writes that “BC places slightly more emphasis on the importance of integrating and forming partnerships between public health and primary health care to combat chronic diseases. ON, on the other hand, stresses that strong leadership from government, in addition to comprehensive partnerships, is necessary for success.” To this reviewer, these don’t really seem to be mutually exclusive alternatives. Similarly, page 17 uses “In contrast” to describe programs that don’t seem that different. Page 20 refers to “different philosophical approaches” that again don’t seem that different.
To further nit pick, one could also argue that a key difference between tobacco use and healthy eating and active living strategies relates less to recognition as an addiction, but to externalities; smokers can expose non-smokers to health risks, whereas those who are not physically active risk only their own health.

The vagueness of the paper continues, when it refers to “some initiatives designed to promote adoption of healthy behaviours” without describing or analyzing what they were (page 16).

The methods are otherwise appropriate and well described.

It could also benefit from an edit to pick up typos, grammatical errors.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**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.