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 authors have done an excellent job in revising the manuscript, and provide some very valuable information. However, I still am concerned that certain points need clarification, particularly for a non-Canadian audience.

My first suggestion is to clarify the framing of the paper, including briefly noting how they are defining chronic disease. The first paragraph under Background could be said to somewhat overstate the case. Certainly, as infectious diseases are better controlled, chronic diseases will account for a higher proportion of the burden of disease, but one could debate whether this means that they are increasingly deadly (or indeed that they are always preventable). The reference to the prevalence of chronic disease, for example, cites Kendall’s report, but its estimate that 42% of Canadians are “living with a chronic disease” includes such conditions as high blood pressure, which might be seen as risk factors rather than diseases per se. (The same report estimates the proportion of Canadians living with some form of cancer as just under 3% and those with heart disease at 5%.) It is also unclear what the overlap is with the “preventable chronic diseases of public health importance” listed on page 16. The link to the social determinants of health, although mentioned, is also not made. Perhaps a bit of toning it down might help.

My second suggestion is that the paper would still benefit from a sentence or two on the Canadian system (or non-system); I don’t think the Additional File 1 is sufficient. Readers may not realize some key characteristics of Canada’s system/non-system (e.g., Canada consists of 10 provinces and 3 northern territories; health care in Canada is largely under provincial/territorial jurisdiction, as are many of the other elements contributing to determinants of health; Canada requires that the provinces/territories provide universal coverage to all Canadian residents for medically necessary physician and hospital services if they wish to receive full federal funds; provinces/territories can (but do not have to) insure other services; public health is not encompassed under these national requirements, etc.).

The federal context paragraph (page 6-7) is also misleading. Public health is not defined here. Although the paper mentions SARS, that was not related to policy about chronic disease, and seems peripherally relevant to this paper. There is also likely to be considerable debate as to the federal role; some would maintain that the federal government is still not actively involved in health surveillance,
high-level policy setting, or taking a national leadership role. (Some of this material could probably be moved to an appendix if space is needed for a clearer system – or non-system - overview.)

Similarly, on page 11, it might be helpful to clarify what is actually included at the provincial level in the provinces, and what is being saved for subsequent analyses. (If the same programs are in place in each program, but differ only in terms of who administers them and hence differ in terms of whether they are included in this analysis, that would presumably have some effect on the interpretation.) In addition, how much chronic disease prevention takes place in primary care, schools, etc.? In addition, Ontario requires local governments to fund a share of public health activities; does that affect how much variation is allowed in setting priorities?

A small personal peeve – although there is considerable talk about equity, the term is not always clear. Some programs have greater uptake among the more educated (e.g., anti smoking); while they improve health, they may make equity worse. Is that a bad thing? A brief clarification of what an equity lens means might be helpful.

The references might also benefit from ensuring that full references are provided (e.g., reference 1 is entitled “Background” with no additional information about background to what; formatting is somewhat erratic (use of bold vs. italic, for example) and URLs are sometimes but not always provided.

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

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.