Author's response to reviews

Title: Identifying Strategies to Improve Access to Credible and Relevant Information for Public Health Professionals: A Qualitative Study

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Author's response to reviews: see over
Dear BMC Public Health Editor:

We have addressed the comments from the three reviewers in our revised manuscript and have provided a point-by-point response below detailing changes made.

1. Response to suggestions from Maureen Dobbins

We greatly appreciated the reviewer’s assessment that the submitted manuscript represents new and innovative work in the public health information needs area and has the potential to spark considerable interest among relevant key stakeholders not only in the US, but worldwide. We have responded to her suggestions for revisions as follows:

Minor Essential Revisions

1. I think the methods section would be strengthened and flow better with some reorganization and more detail in the analysis section.

   - The methods section has been reorganized as suggested. After the general research process overview, follow sections on sample selection, data collection, and data analysis. More detail has been provided in the analysis section on software used (Microsoft Word Table Sorting Function), codebook development, number of analysts, and how themes and sub-themes were developed. Further detailed description of the research process steps follows these sections.

Discretionary Revisions:

2. Recruiting Process and Sample Selection

   More detail concerning the type of PH worker sought to participate in the study. While we know names were provided by the Directors of BCDC and CHP, it should be clearer at this point what positions, job titles, decision-making level. Also, what percentage of people approached participated.

   - More detail has been provided about the variety of PH workers interviewed although we did not collect enough detail about participants to be able to create the table suggested in # 6 below.

3. Step 2&3, The reader should be directed to the interview guide in an Appendix, early in this section, and perhaps a sentence on the major topic areas covered in the interview provided in the text. As well, some discussion on how the interview guide was developed, and pretested (if it was).
• The interview guide for BCDC will be included as Additional file 1 and referenced in the text. Major topic areas in the interview guide were already provided as well as a statement that the guide was developed by the project team. It was not pretested.

4. Same for the focus groups, Was there a specific guide used in the focus groups to guide the questions, and if so, how was this developed and it should be included in appendix. How long was the focus group, how were participants approached, who participated and who did not, and does this affect the generalizability (from a qualitative aspect), of the data collected.

• The focus group with BCDC did not have a script but rather was agenda-driven as stated in the text. The agenda included a review of the findings for validation by participants and a Powerpoint presentation of existing electronic information accessing resources that exemplified various features for which we wanted to collect feedback as to need and preference. The information as to who participated in the focus groups as a subset of the original sample has been moved into the section on sampling. We were not specifically looking for generalizability across focus groups since the agenda for the focus groups with the two samples was somewhat different. We were rather looking for additional information to clarify and build on information collected from the individual interviews and first focus group.

5. For CHP group, if the interview guide is quite different might want to include that as well in appendix. How long did these interviews take.

• The revised interview script for the CHP group will be included as Additional file 2 and referenced in the text. The length of the interviews (about 45 minutes) has been added to the text.

6. Results:
This is a discretionary revision. Include some additional information about the participants. (ie a table of demographic info: position, years in position, role/responsibilities, types of decisions the participant makes, years working in public health, educational background, etc)

• See item 2 above. This could not be done.

The following suggestions for the discussion and conclusion are also discretionary revisions.

7. Discussion
In the paragraph that discusses health-evidence.ca, I think some additional sentences, following the description of this product, around how this product specifically addresses identified needs, or not should be included. Right now it is just introduced in a paragraph but not really discussed as to why this product specifically has been highlighted over others that may exist.

• Additional information has been added regarding how health-evidence.ca addresses identified needs and why it has been highlighted.
8. In the conclusion section I think some more detailed recommendations about where to go from here could/should be addressed. Given that there is a product that currently exists that partially addresses the needs of PH decision-makers, what further recommendations can be made around not duplicating what currently exists, but rather complement what exists, etc. Recommendations could also be more specific about key stakeholders that need to become involved, resources that are required, and further research that could be conducted to evaluate information systems.

- More detailed and specific recommendations have been added to the conclusion section
2. Response to Johanna I Westbrook

We were delighted to receive the reviewer’s feedback that our article was very well written, engaging, effectively builds upon previous work and presents useful information for those seeking to improve information strategies for this diverse group of health professionals. We were especially delighted that the reviewer thought that our paper required very few changes in order to enhance it. We have responded to this reviewer’s suggestions as follows:

Discretionary Revisions:

1. The authors could consider making reference in the discussion (page 22) to some of the other specialized professional health databases that present summaries of synthesized evidence such as PeDro in physiotherapy and OT Seeker for occupational therapists. See eg Australian occupational therapists’ use of an online evidence-based practice database (OTseeker)

   • We have added a reference to these specialized databases as suggested by the reviewer in the discussion section

2. Also on page 23 the authors discuss the difficulty of providing access to a great number of full-text journals by a large PH population yet there are examples of this. For example in Australia, The Clinical Information Access Program (CIAP) provides over 55,000 clinicians in the public health workforce with access to in excess of 400 such publications. We have undertaken an extensive evaluation of this system which includes examining how availability of such information may influence practices. This work may be of interest here. Also other states in Australia have similar systems, such as the Clinicians Health Channel in Victoria. Governments are able to negotiate reasonable cost licenses for very large populations.

   • We have amended the section of the discussion that discusses this difficulty to acknowledge that it has been done in Australia and we suggest that this should be pursued in the U.S. in the final paragraphs of the article.
3. Response to Louise Forsetlund’s Suggestions

We are appreciative of this reviewer’s assessment that our article presents findings that are important to those with closely related research. We have responded to this reviewer’s helpful suggestions as follows:

1. The methods used are individual and group interviews and with some reservations, I consider these methods to be appropriate. It is not as straightforward as it may seem to ask practitioners of their needs, as needs sometimes tend to be unrecognised. Also regarding the second aim: "identification of typical information seeking behaviours", the best method would have been to observe the actual behaviour. However, asking participants about needs and how they seek their information is not uncommon.

   - An explanation has been provided in the Methods sections detailing research process steps 2 and 4 as to why observation of information-seeking behaviors was not feasible with all informants leading us to instead inquire about typical behaviors.

Major Compulsory Revisions:
In the Background chapter it is stated that the study has three objectives. However, I cannot find a report on the second aim in the Result chapter (identification of typical information seeking behaviours). In stead, some of these results seem to have ended up in the Discussion chapter? If self-reported information seeking behaviour really was one of the aims, it must be reported on.

   - The segments of the original Discussion section related to information-seeking behavior has been moved to the Results chapter (Information needs and information seeking-behavior) and expanded somewhat

2. Discretionary Revisions:
It would be suitable to declare the background and point of departure of the "project’s qualitative research consultant", as well as those participating in developing the interview guide and in the data analysis. In addition, it might be appropriate to state in a few words the profession of the public health practitioners in this study, e.g. were they all physicians?

   - A description of the background of members of the research project team has been added at the beginning of the Methods section in the Research process overview subsection. A description of the range of professions and roles represented by the PH practitioners in the study has been included in the section on Sample selection; however, we did not collect this information in detail for every informant.

3. Major Compulsory Revisions:
One does get the impression that the data must have been sound and that they were well controlled. Also, the description of the analysis really gives a thorough
impression. However, the data in a qualitative study being the participants’ textual responses to questions; I wonder why there is not one quote from the participants exemplifying, warranting, illustrating, or documenting the categories? I would at least like to see the reasons for this.

- The original reason for not including quotes was to keep the already lengthy article to a manageable size. However, in the revised version, quotes supporting the categories of information needs have been included in Additional File 4 and quotes supporting the features in the hypothetical model have been included in Additional File 5 for those who would like to review these.

4. Minor Essential Revisions:
In addition, I suggest that the interview script, both for individual interviews and focus groups are attached.

- The interview scripts for the two sample groups and the second focus group have been included as Additional files 1-3. The first focus group did not have a script but was driven rather by a short agenda as described.

5. The discussion, the limitations mentioned and conclusions seem quite appropriate, but as mentioned above I do wonder whether not some of the points raised in this chapter, really belong to the Result chapter.

- This has been remedied. See # 1 above.

6. Major Compulsory Revisions:
Yes, except from as previously stated: a report on what was current [information-seeking] practices is missing.

- This has been remedied. See # 1 above.

7. Discretionary Revisions: [The writing] is generally fine, but please check up on some long sentences and see if they can be shortened!

- We have reviewed for sentence length and shortened where we could.