Author's response to reviews

**Title:** Public Health: Disparities between policy, practice and research

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**Author's response to reviews:** see over
We thank the reviewer for her comments on the manuscript. As recommended, we have carefully revised the manuscript. All changes are marked in yellow.

Reviewer's report:
I like the idea of 'niches' and would certainly encourage you to continue to theorise this a little bit more. In science, the niche is an ecological term, and several species can populate the same, different or overlapping niches. You could use this metaphor to further develop your argument. I would see this as a major revision requirement.

We added the following text blocks:

In the section Policy cycle introduction we added:
They want to survive in their niche

In the section Practice cycle introduction we added:
In this way they can survive within their own niche

In the section Research cycle introduction we added:
The way they work helps them to survive in their niche

In the section Disconnections:
Table 1 summarizes the differences between the niches for each step in the work cycle (steps as labels and differences as sub-labels) that may result in disconnections. The niche is an ecological term. Several species can populate the same, different or overlapping niches. For each step, we show why the human species of policymakers, practitioners and researchers have populated different niches to maintain a stable and livable group. Next, we suggest the required burden of tolerance that is needed to cohabit with other species in overlapping niches.

Step 1:
The starting points are different as social, practical and scientific relevance do not automatically overlap [4, 14, 15, 30, 32, 34, 92, 94, 95], but species do not exploit each other and can search for a new equilibrium.

Step 2:
To cohabit with other species in overlapping niches requires acceptance of differences in power and working style, and training in other languages to understand evidence, legitimacy and the dichotomy of theory and practice.

Step 3:
In niche terms, interim adjustments can be considered a predator that should be made innocuous.

Step 4:
When species connect different timelines and assist each other in generalizations and professional and scientific publications, the species can live together in overlapping niches

In the section Conclusions:
These centres create one biotope in which three niches, each with their own burden of tolerance, can live together because no mutual exploitation mechanisms exist. Hopefully, such a biotope can teach us important lessons regarding this transformative process, which, in turn, will add to the knowledge we have thus far.

The other compulsory revision would entail a slightly more systematic review of the circular/feedback stages heuristic (cf. Sabatier) you use. This is a fairly old-fashioned and orthodox approach to policy and practice planning, and in recent (post-modern) theoretical
and empirical work this notion is challenged. Your application, though, is convincing. You would have to argue this better.

We added the following sentences:

This stepwise procedure is based on the theoretical framework termed ‘stages heuristic’ or textbook approach [36] (p 6-7).

Although the framework of stages heuristic has outlived its usefulness, it is employed here as a means to better understand and unravel the extremely complicated collaboration process and to uncover risks for disconnections - or in niche terms - the different survival strategies in each step that keep the three niches separated.

The manuscript has been corrected and revised by an English native speaker.
Erica Di Ruggiero

*We thank the reviewer for her comments on the manuscript. As recommended, we have carefully revised the manuscript. All changes are marked in yellow.*

**Reviewer's report:**
The authors offer an analysis of the disconnect between research, policy and practice in public health. The following comments are offered to help strengthen the arguments and analysis put forward.

1. The authors need to make the argument upfront regarding why an analysis of the differences between research, policy and practice domains in public health matters. Is it because there is a sense that these collaborations across these domains will help create more effective opportunities to jointly wrestle with complex public health problems? While the reasons may be self-evident, some reflection on the potential benefits and therefore why this analysis matters would strengthen the manuscript.

*We added an extra sentence in the introductory paragraph:*

Collaboration is thought to foster quality improvement of local and, ultimately, national public health policy in order to tackle complex public health problems. Quality improvement in the Dutch public health sector is urgently needed because, despite having boasted very good population health status in the past, the Netherlands, compared to the rest of the European Union, has seen a substantial decline in population health status in recent years.

Second, how will this contribute to our knowledge base? (there are some references to the knowledge exchange literature but these could be more explicit).

*The manuscript uses reference number 13 to 22 to show that collaboration between policy, practice and research contributes to higher levels of evidence. All references support the hypothesis that knowledge exchange results in better quality and higher levels of evidence. Reference 23 is explicitly added.*

Third, the discussion about evidence comes quite late in the manuscript and isn’t really foreshadowed upfront to set the stage for the reader.

*We adjusted the manuscript according to your advice. The text about the evidence is replaced to page 1, second paragraph.*

2. The limitations of methods chosen should be briefly described. In addition, while there is mention that the workcycle models presented don’t adequately reflect the realities of policy making cycle (for example), why is it a useful and practical framework through which to conduct this analysis? A brief addition following “The work cycle model helped us to structure and interpret the literature” would help.

*We added the following text blocks to explain why we used the work cycle method:*

This stepwise procedure is based on the theoretical framework termed “stages heuristic” or textbook approach [36] (p 6-7).

Although the framework of stages heuristic has outlived its usefulness, it is employed here as a means to better understand and unravel the extremely complicated collaboration process and to uncover risks for disconnections - or in niche terms - the different survival strategies in each step that keep the three niches separated.

3. At times, it is unclear whether the authors are generalizing from the literature and/or their experience derived from their country context. Some clarification of such references is needed. Further, some more nuanced discussion of how some of the domains are categorically labelled as more concrete (in the case of practitioners), how evaluation is only a
theoretical exercise, that theory is irrelevant to practice or that 'a small ruling elite' are the primary agenda setters is needed.

It is possible that some aspects are influenced by our country context. We can not fully delete this interference. Where possible, we tried to explain and nuance.

The next modifications in de text are given:
The final step of the cycle is a frequently neglected aspect in public health practice as it requires both a theoretical and practical attitude.

Besides, the decision to start the policy cycle is made by a small number of city councillors who together decide to put a subject on the policy agenda …..etc.

Practitioners do not tend to use theories to explain how they expect their activities to work.

4. The definitions for some terms (e.g. policy, research) are limited (most likely by the literature that was reviewed). While these domains are very broad and their scope could not be adequately addressed in any one article, some mention of the disciplinary perspective authors are bringing would be useful. For example, the authors could further acknowledge their epistemological perspective, which has influenced which questions they are asking in the first place.

In the introductory paragraph we added:
A broad range of disciplines are relevant to these three major fields and public health as a whole. In fact, public health draws on biomedicine, epidemiology, biostatistics, genetics, nutrition, the behavioural sciences, health promotion, psychology, the social sciences (including social marketing), organizational development and public policy. These disciplines, each in their own way, have demonstrated that quality of life is a major topic in public health today.

Next we adjusted the definition of policy into:
Policy is the process by which problems are conceptualized, solutions and alternatives are formulated, decisions are made, policy instruments are selected and programmes are delivered [34, 35].

5. Some of the terminology used may need to be reconsidered. For example, 'disparities' between research, policy and practice does not reflect the more common usage of this term. Suggest that the authors consider disconnect or differences (as the title of Table I suggests). Additionally, it is not the social status of practitioners that is relevant to mention but perhaps not valuing research (see p. 14). On page 14, suggest 'accessible', which is broader than readable.

The reviewer’s suggestion has been adapted and integrated in the manuscript as well as the abstract. Throughout the manuscript the term disparity has been replaced by disconnection. We thank the reviewer for the suggestion.

We nuanced the social status of practitioners. But we kept the concept to give meaning to the risk for disconnections. We changed it into:
Each field is valued differently by the other fields in terms of status. Policy makers, and even more so practitioners, assign high intellectual status to scientific research. They place research at a distance and do not value research extensively because of its high intellectual requirements

With accessibility we meant readability. Accessibility is a prerequisite so we changed the text into:
Audit reports of practice and policy, and peer reviewed, scientific journals are, in theory, accessible and thus readable to the general public, but access is hampered by a range of barriers relating to organisational structure. Besides, the content of peer reviewed, scientific articles is not readable for politicians, civil servants or public administrators due to its scientific jargon, and if it is readable for practitioners they often lack time.

6. The section on evidence - while the individualized focus on risk factors, etc. in public health dominates decision-making, the same could be said about all three domains (research and
practice). This points to more systemic influences on knowledge production and its use, what is valued as evidence, etc. Some acknowledgement of the latter would be useful.

*I think we pointed out this aspect under the heading of ‘Legitimacy’. We agree with you that the individualized focus on risk factors which dominates decision-making, can also be said about the other domains. We hope this section is clearly understood now.*

7. The conclusion could be strengthened by re-stating some of the different incentive structures, language and timelines between these domains and what could be improved could help strengthen the potential for collaboration across these domains. The reference to the centres comes a bit out of the blue. Perhaps a transition sentence about why this example is worth mentioning. Is it because your findings suggest the need for novel structures that bridge research, policy and practice and that one such example with this mandate are the ones you mention?

*Thanks for the suggestion to add a transition sentence:*

Our findings suggest the need for novel structures that bridge policy, practice and research

*Because the other referent suggested to use the metaphor of the niche we adjusted the text. With these adjustments we hope to strengthen the potential for collaboration and to meet your suggestions as well. Changes are the following:*

*In the section Policy cycle introduction we added:*

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In this way they can survive within their own niche

*In the section Research cycle introduction we added:*

The way they work helps them to survive in their niche

*In the section Disconnections:*

Table 1 summarizes the differences between the niches for each step in the work cycle (steps as labels and differences as sub-labels) that may result in disconnections. The niche is an ecological term. Several species can populate the same, different or overlapping niches. For each step, we show why the human species of policymakers, practitioners and researchers have populated different niches to maintain a stable and livable group. Next, we suggest the required burden of tolerance that is needed to cohabit with other species in overlapping niches.

**Step 1:**

The starting points are different as social, practical and scientific relevance do not automatically overlap [4, 14, 15, 30, 32, 34, 92, 94, 95], but species do not exploit each other and can search for a new equilibrium.

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To cohabit with other species in overlapping niches requires acceptance of differences in power and working style, and training in other languages to understand evidence, legitimacy and the dichotomy of theory and practice.

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**Step 4:**

When species connect different timelines and assist each other in generalizations and professional and scientific publications, the species can live together in overlapping niches.

*In the section Conclusions:*

These centres create one biotope in which three niches, each with their own burden of tolerance, can live together because no mutual exploitation mechanisms exist. Hopefully, such a biotope can teach us
important lessons regarding this transformative process, which, in turn, will add to the knowledge we have thus far.

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