Author’s response to reviews

Title: The research-policy-deliberation nexus: a case study approach

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Author’s response to reviews:

Dear Editor,

We appreciate the detailed comments of the reviewers and have taken the opportunity to address all their concerns. Please see below the appropriate actions taken to address these comments:

Reviewer #1: The topic of this paper is in itself very interesting. Research utilization in ph or health promotion policy is very important and much more difficult to achieve as the traditional academic worlds thinks it is. Papers that try to find out which ways of research translation (into policy) do seem to be effective therefore are of great importance. Murray's theory appears very attractive to apply in this domain. The introduction of this paper I see as showing the potential of turning this into a valuable paper.

Having said this however, I do feel that this paper the way this is done (either in the study or in the way of reporting it, I can only judge the last of course) does not meet standards of acceptable academic research reporting. Theory, hypothesis and reporting findings, discussing findings and drawing conclusion are not clearly distinguished.

1. The central aims and question of the paper are mentioned several times in very different wordings-also in places as under "data analysis" where they do not belong at all.

We have removed signposting and reiteration of the study aims and they are now exclusively in the aims section of the paper. So it remains unclear what exactly is the central aims and question to be answered in this paper.

The aims of the paper have been re-written so that they are more clearly stated.
2. Theoretical notions differ throughout the paper and are not clearly stated (in one place) as underpinning the hypothesis of the paper.

The paper has been restructured and theoretical notions can be found at the outset of the paper in the background section.

3. Methods are not clearly described: lots of sentences with overlap are there, but not what the essential topics of the interviews where, how the coding process was done, was coding done by more than 1 researcher, was the inter coder reliability tested, was software used, which software, how many interviews were held (over 200 participants? were all of them interviewed. How where the three cases selected, what where the characteristics by which they were seen as being representative to one of the three approaches in Murray's theory? Sizes of the cases differ very much?

The methods have been re-worked. Coding was checked by two researchers and inter-coder reliability was tested by multiple reviewers. Qualitative data analysis software was not used on this occasion. The numbers of participants are specified in the methods as well as the rationale for the differing sample sizes now.

4. In the discussion it is mentioned (393-394) that the cases all were successful in research translation-how was this measured, and it was not part of the aim of the study either?

This was measured from an evaluation perspective, resulting from the post-intervention interviews with participants and looking at whether the intervention achieved its original aims.

5. In line 410-412 it seems that another assumption is made?

This is the statement: “Thus, greater deliberation and more inclusive decision-making structures and stronger governance arrangements could have facilitated smoother proceedings and better relationships between researchers and policy-makers”. The statement is drawing a conclusion based on feedback from interviewees.
6. In line 497-500 is this the opinion of the authors (governance fails to be taken on in Murray’s model) which they already started with in the introduction and is now self-confirmed?

7. The introduction sets out the initial argument which is that Murray’s model applies to the three models of health promotion but inadequately captures the role of governance. The examples being discussed illustrate that and this is again advanced in the paper’s conclusion. This is a common argumentation technique.

8. This study may have been carried out in a thorough academic way, however the reporting of it does not state this. On the contrary they way it is written presents it as a subjective description of the opinion of authors on how research translation could be more effectively organized. And I may agree with them, but I am certainly not convinced by the findings they report.

The paper presents evidence from three evaluations that were conducted by the researchers involved in the project. The conclusions draw on findings from the literature, data acquired through conducting the health promotion evaluations and it synthesises the theory and evidence to demonstrate the applicability of the theory and its shortcomings. The exercise is academic in nature and it has been restructured following the advice of the reviewers to present the findings in a more academic way.

Reviewer #2: 1. The used qualitative approach is welcome as such. The manuscript is also well written in general.

1. However, when introducing the state of the art and importance of the study, the literature used is rather selective. E.g. previous papers and their relevant findings and frameworks on the research-policy nexus have not been cited. Examples include de Leeuw et al. production but also recent papers of others about research-policy collaboration and knowledge co-creation. This is somewhat surprising.

The literature has since been updated and de Leeuw et al. etc. have been used to discuss research-policy collaboration and knowledge co-creation.
2. Further, there is no theoretical or conceptual logic presented why certain programs were selected to test the Murray framework and models, except that the programs fit the levels of the framework. The program to test the first model started 10 years ago and represents thus historical approach which might be less prevalent nowadays.

The programs were chosen were identified by a panel of policy makers as key exemplars of systematic attempts to improve evidence translation in the context of health promotion interventions.

The implications of Closing the Gap continue to have significant outcomes for Aboriginal and Torres Strait Islander people in Australia. (Kelaher, Sabonovic, La Brooy et al. 2014).

3. The Murray model was complemented by concept/framework of governance; however, this concept/framework is defined very shortly and does not give full picture why and how it is used. Since governance it very central to the discussion and conclusion, it would be important to elaborate the concept/framework more.

Definitions of governance have been expanded and better applied to explain how it complements the Murray model.

4. The abstract starts with a quote from literature but in the abstract it gives rather naïve impression of casuistic thinking. The sentence is OK later when a reference can be given.

This has been removed from the abstract.

5. The manuscript (including abstract) mentions how research is taken on board often late in the process; however, on lines 275-277 it is stated that technocrats were used early in the process; it is the latter which we often see in policy practice- this issue is not dealt with later in the manuscript.

This is generally a concern expressed in the literature. The models chosen are innovative examples of contemporary research utilisation in policy contexts.
6. The statement of Model 1, lines 304-305 says that 'inclusivity of researchers in proceedings potentially have mitigated' the issues described; however, the text this sentence refers to, does not write anything specific about researcher involvement.

7. The discussion is informative but partly it repeats results and also brings up results not reported in the results section. Further, the discussion does not explicitly show how the present findings relate to those published earlier and elsewhere on the same/similar topic. So the manuscript fails to show if and how it adds to the knowledge base. This is also a lack when the concept of participation is dealt with; the tens of years old Ottawa Charter is not necessarily the best reference there.

The discussion has been re-written to better reflect the findings and address the aims. The reference to the Ottawa Charter has been removed.

8. The conclusion section is partly more like a discussion with its use of references etc. The conclusion is also long and repeats results and discussion texts.

The conclusion has also been reworked to better sum up the project.

We believe our research findings will be of interest to the readers of Health Research Policy and Systems and we feel that your journal is the ideal platform for disseminating this policy-relevant research. The paper has implications for both researchers and policy-makers.

We confirm that this manuscript has not been published elsewhere and is not under consideration by another journal. All authors have contributed significantly, and are in agreement with the content of the manuscript.

We look forward to hearing from you.
Sincerely,

Camille La Brooy, PhD

The University of Melbourne