Author’s response to reviews

Title: How and Why Do Win-Win Strategies Work in Engaging Policymakers to Implement Health in All Policies? A Multiple-Case Study of Six State- and National-Level Governments

Authors:
Lauri Kokkinen (lauri.kokkinen@tuni.fi)
Alix Freiler (freilera@smh.ca)
Carles Muntaner (carles.muntaner@utoronto.ca)
Ketan Shankardass (kshankardass@wlu.ca)

Version: 1 Date: 11 Oct 2019

Author’s response to reviews:

Dear Editors-in-Chief Fadi El-Jardali and Tari Turner,

Thank you for the encouraging comments for this manuscript. We were delighted to revise the paper as suggested.

Please find below our point-by-point responses to the reviewers’ comments. We hope we have addressed all the concerns and look forward to hearing from you.

Sincerely,
Dr. Lauri Kokkinen, on behalf of all the authors

Reviewer #1:
Comments to the Author

This is a valuable article that takes an innovative approach to a long-standing issue, and adds insight through both its theoretical perspective and its empirical findings.

Our response:
Thank you for this positive feedback.

Point 1. However, though the article foregrounds what was found to work, the findings about what did *not* work are at least as interesting. I suggest that the conclusions and abstract in particular be revised to give them equal weight.

Our response:
We agree with the reviewer. We added the third studied mechanism, for which we did not find robust
support within our six cases, in the revised abstract:
“For the third mechanism studied, using the public-health-arguments win-win strategy, we only found evidence from Finland.”

We also added this mechanism in the revised conclusions (p. 16):
“For the use of the public-health-arguments mechanism, we only found evidence from Finland, and conclude that this might be due partly to the historical legacy and institutionalization of intersectoral action in the Finnish context.”

Point 2. More broadly, the article describes what sound like a fascinating series of case studies. Yet the focus on a hypothesis-driven approach and the lack of any qualitative data excerpts seems to leave the actual content of those case studies obscured. I am left curious about the actual policies and processes involved in each of the case studies and wanting to know more, in order to better understand the conclusions drawn. Would it be possible to provide more qualitative information about the individual case studies?

Thank you for this interesting idea. However, we have used a multiple explanatory case study approach that is based on testable hypotheses. The manuscript reports a cross-case analysis in which we test our win-win hypotheses to develop an understanding of how they work across six case settings. Table 4 does include some information about the actual policies and processes involved in different cases, particularly in relation to the mandate for HiAP in different case settings. We do not find it possible to provide more qualitative information about the individual case studies within this manuscript. Nevertheless, in the manuscript, we cite a single case paper on Finland that provides much more qualitative information about this individual case study, and we are currently working on single-case manuscripts on all the other five cases.

Reviewer #2:
Comments to the Author

This is an article of importance in its field. Clear justification of the need for the paper, a systematic approach to case selection and qualitative data analysis (Table 2 provides a clear outline for the processes undertaken to analyse different streams of qualitative data; this was a helpful addition to the paper). Good discussion regarding key finding and potential reasons for differences between findings in Molnar et al. and own study. I recommend some minor changes to strengthen the clarity of discussion.

Our response:
Thank you for this positive feedback.

Point 1. in section on 'Systems framework for studying HiAP implementation' section:
a) Table 1 is not self-explanatory and it is not well integrated in the paper. How are you using systems theory components in this paper?

Our response:
We agree with the reviewer. We revised this section as follows (p. 5):
“In total, we use three subsystems (executive, intersectoral, intrasectoral) and eight system components (policy agenda, expert advisors, HiAP management, high-ranking civil servants, sectoral objectives, sectoral ideology, workforce capacity for intersectoral action, and workforce HiAP awareness), and summarize all our empirical evidence as it relates to the system components and their interaction.”

We then specify our approach to using the systems framework in the methods section (p. 11):
“For each case, using the CMO database, we summarized all thick evidence as it related to particular hypotheses. During this stage, we paid particular attention to the relationship between our evidence and the systems framework. In preparation for the cross-case analyses, we assessed which system component we expected to be relevant for a given hypothesis. We then applied our evidence for all cases to the systems framework to assess the extent to which our predictions about systems framework were represented in the evidence. In the results section, the system components are indicated using italics.”

b) The language around HiAP implementation from a systems perspective remains elusive. It was difficult to understand what you mean by 'emergent powers' and 'releasing potentialities, by 'developing synergies among different actors'.

OK. We clarified emergence as follows (p. 5):
“The idea of emergence (that a system may have properties that its components do not have on their own) is also particularly significant for HiAP implementation because it highlights macro-social outcomes based on interactions between many actors [17].”

Furthermore, we dropped ‘emergent powers’, ‘releasing potentialities’, and ‘developing synergies among different actors’ (p. 5-6):
“From a systems perspective, HiAP implementation is about combining different elements of a government system so as to enhance emergence, and engaging non-health-sector policymakers is largely about removing possible barriers for collaboration among different actors [18].”

c) in describing your underlying epistemological approach (realism), while you described critical realism, a short explanation of realist methods is needed as well (and some reference)

In describing our underlying epistemological approach to realism, we cite Clark (2008). In the analysis part of the methods section, we then explain our realist methods and cite Pawson & Tilley (2004).

Point 2. in Methods section under 'Case selection and data collection':
a) make a clear statement of the number of cases selected

Our response:
We followed this idea and made a clear statement of the number of cases selected:
“Six cases were selected from a scoping review that identified 16 HiAP initiatives implemented globally between 1980 and 2009 [25], followed by an updated literature search in 2014 that further identified two cases.”

b) you did not describe the process to identify potential key informants (review of literature does not lend itself here)

We clarified the process to identify potential key informants as follows (p. 9):
“To identify potential key informants we used purposeful sampling and the snowball method. We began by reviewing extant literature to generate a preliminary understanding of HiAP implementation in each setting. From the literature, we identified both eminent HiAP scholars as well as policymakers and experts described as essential for each case. In selecting key informants for interviews, we sought a diverse sample in terms of policy sectors and positions, including participants from outside of government, as well as referrals from interviewees.”

c) re-order the last 3 paragraphs in that section: currently out of order and some information is missing.
Put information on literature search together. Include information on the process undertaken for your systematic search for evidence on your hypotheses (and, what makes it systematic?). Then, when you describe the process undertaken for phone or face to face interviews, better explain the process of approaching interviewees through to data collection, transcription and summary.

We re-ordered the last paragraphs in the methods section under case selection and data collection. We did not put information on the literature search together as there were two different rounds: (1) a scoping review before the case selection and key informant interviews and (2) a systematic search for extant evidence on our hypotheses after the interviews. We clarified that our systematic search for evidence of our hypotheses was based on a protocol (p. 10):

“Regarding extant literature, we undertook a systematic search for evidence on our hypotheses by following a predesigned protocol.”

We also clarified the process of interviews, transcription, and translation (p. 9):

“Phone or face-to-face interviews with key informants were conducted in their native languages and the interviews were audio recorded. A researcher conducted the Finnish interviews while professional interviewers conducted the interviews for the other five cases. The bilingual interviewers (and a Finnish researcher) then transcribed the interviews and translated them to English.”

3) in 'Analysis' section:

a) unpack a little what you mean by CMO (context-mechanism-outcome) pattern configuration and why using CMO? Is this related to your realist approach? This needs to be explained.

Our response:
We have revised the beginning of the analysis section accordingly (p. 10):

“Using a protocol [23, 26], we created what Pawson and Tilley [27] call context-mechanism-outcome (CMO) pattern configurations to articulate mechanisms that explain how complex programs work and fail in different contexts. CMOs are the cornerstone of Pawson and Tilley’s realistic evaluation and focus on the relationship between the context of participants' lives (what conditions are needed to trigger a mechanism to produce an outcome), the underlying causal mechanisms (how a mechanism leads to a particular outcome in a given context), and the outcomes (what outcomes are produced by mechanisms triggered in a given context).”

b) what do you mean by thin and thick evidence? These concepts are then also included in Table 2. If you explain them better in text, Table 2 will become clearer as well.

We followed this idea (p. 10):

“For each case, using the CMO database, we summarized all thick evidence (i.e., the CMOs with clear links between a mechanism and an outcome) as it related to particular hypotheses.”

4) an editorial check (i.e. 'oft-hidden' and 'gray')

Our response:
We changed “oft-hidden” to “often hidden”. We kept “gray literature” as it is a commonly understood term for materials produced by organizations outside of the academic publishing channels (e.g. government departments and non-governmental organizations).
Reviewer #3:
Comments to the Author

Many thanks for inviting me to review the manuscript "How and why do win-win strategies work in engaging policymakers to implement Health in All Policies? A multiple-case study of six state- and national-level governments", which I think is a potential valuable contribution to enhance the sustainable implementation of HiAP and its assessment.

As the title indicates, the manuscript evaluates the mechanisms through which win-win strategies are effective when implementing HiAP. Authors apply their systems framework to identify those mechanisms in six national and sub-national settings using primary and secondary data. The identified mechanisms (i.e., creation of a shared language between different sectors and definition of multi-sectoral outcomes) are relevant at sectoral level, rather than at executive or extra-governmental levels as per authors' framework. Authors recommend the use of these mechanisms in HiAP design and implementation.

Our response:
Thank you for this positive feedback.

Point 1. I think the authors have done a lot of work and there is no doubt that this type of assessment involved complex methods. Authors have explained the methodology in a previous article (cited) and provide a summary of it in this manuscript but, in my opinion, there are some aspects of the methods that lack detail and remain a bit unclear. I think authors could clarify some of the aspects (see the point-by-point description) to help readers and make this article more self-contained.

Our response:
We agree with the reviewer. We revised the methods section according to the point-by-point comments.

Point 2. I think the authors were careful in the selection of results presented (I can imagine that this study generated a lot of data and it is important to be selective in order not to overwhelm the reader with a lot of information); however, I think the results provided could be supported or complemented with some intermediary results that led you to identify the main results (i.e., the two win-win mechanisms). It could be really helpful for researchers interested in conducting similar studies to have more examples on the processing of the data collected or some context-mechanism-outcomes (CMO) pattern configurations, for example.

Our response:
Thank you for this interesting idea. We generated Appendix 1 to present a narrative summary of CMOs for one country (Norway). Furthermore, regarding the availability of data and material we state that (p. 18-19): "The datasets generated and/or summary tables from our analysis during the current study are not publicly available due to the sensitivity of confidential interviews with government employees, but they are available from the corresponding author in a de-identified manner upon reasonable request. The semi-structured interview guide is also available from the corresponding author.”

Point 3. The strength of the study is properly justified, but the limitations and generalisability of results are less discussed. Other than limitations related to informant's expertise or recall bias, as reported by authors, I think there could be other potential challenges in this research related to interviewers, for example, or different languages.
Our response:
We added a discussion on limitations and generalizability (p. 17):
“Obtaining comparable qualitative information might also have suffered from cultural differences and the fact that our six cases represent five different native languages. However, we have no means to assess the scope or strength of this effect. Even if our results are not generalizable to other contexts, they reveal the inner workings of win-win mechanisms in six different contexts and provide important insights into designing future HiAP initiatives and their implementation.”

Point 4. About "Engaging Policymakers" (in the title and manuscript). I think using "policymakers" limits the potential implications of the study findings to governmental level (i.e., public actors). However, in my opinion, the strategies/mechanisms presented may be also useful to engage extra-government actors (e.g., private sector, NGOs), which are also HiAP policymaking stakeholders (to a varying degree, as pointed out in the discussion (page 14)). If your intention is to limit the findings to government level (as I think it is), I agree with your term. Otherwise, I think you could use "Engagement policymaking stakeholders" to also include non-government actors.

Our response:
Yes, exactly. Our intention is to limit the findings to the government level.

Point-by-point comments by manuscript section
Point 5. Background:
a. Line 107: Could you briefly explain what the idea of emergence is about?

Our response:
OK. We briefly explained emergence as follows (p. 5):
“The idea of emergence (that a system may have properties that its components do not have on their own) is also particularly significant for HiAP implementation because it highlights macro-social outcomes based on interactions between many actors [17].”

b. Lines 149-154: This is a long sentence a bit difficult to follow in my opinion. I think it could be clearer if you enumerated the mechanism. For example: "we expected that this would occur through an intentional need by the lead sector (i.e., HiAP management) to (1) understand the mission/culture of participating sectors (i.e., sectoral objectives) and develop a shared language (i.e., sectoral ideology, workforce HiAP awareness), (2) use dual outcomes (i.e., HiAP management and sectoral objectives), and/or (3) use public-health arguments (i.e., HiAP management, sectoral objectives, and workforce capacity) to convince sectors to participate."

We followed this helpful suggestion (p. 7):
“Based on our systems framework, we expected that this would occur through a need by the lead sector (i.e., HiAP management) to (1) understand the mission/culture of participating sectors (i.e., sectoral objectives) and develop a shared language (i.e., sectoral ideology, workforce HiAP awareness), (2) use dual outcomes (i.e., HiAP management and sectoral objectives), and/or (3) use public-health arguments (i.e., HiAP management, sectoral objectives, and workforce capacity) to convince sectors to participate.”

Point 6. Methods:
a. Which other settings (identified in the scoping review) had HiAP initiatives implemented but were not included in the study?
Our response: The original 16 cases that were identified are noted in the report cited, available at http://www.stmichaelshospital.com/crich/reports/hiap/. Given space limitations, we have elected to not report these in the article.

b. The sampling method, which as I understand was purposeful and snowball sampling (Table 2) could be mentioned in the data collection subsection.

We followed this suggestion (p. 9):
“To identify potential key informants we used purposeful sampling and the snowball method.”

c. Line 191-198: It is not clear who made the interviews. Was it the researchers? If so, do the researchers speak each of the languages of the countries included? Otherwise, were interpreters used?

We clarified this in the revised methods section (p. 9-10): 
“Phone or face-to-face interviews with key informants were conducted in their native languages and the interviews were audio recorded. A researcher conducted the Finnish interviews while professional interviewers conducted the interviews for the other five cases. The bilingual interviewers (and a Finnish researcher) then transcribed the interviews and translated them to English.”

d. Were the interviews audio recorded?

Yes, the interviews were audio recorded. We included this information in the revised methods section. Please see our response to the previous comment.

e. The COREQ Checklist is really useful to ensure quality in the reporting of qualitative research. If authors have not followed it, I suggest it to help the reporting.

We have followed the COREQ checklist as much as possible.

f. Could you please include the semi-structured interview guide (or a summary of it) to give the reader an idea of the information obtained through interviews? This will be also useful for any researcher willing to conduct a similar study.

We had two separate semi-structured interview guides: one for health sector informants and another for non-health sector informants, and both of them were more than 10 pages long. We believe it is not helpful to include a summary of them. Instead we are happy to provide these documents upon reasonable request, and we now state this in the declarations section as follows:
“The semi-structured interview guide is also available from the corresponding author.”

g. What type of coding did you use?

We used a priori coding to analyze the documents, as the coding was based on our hypothesis that was built on pre-existing theoretical frameworks. We have described the coding procedure in the analysis section (p. 10).

h. Line 196-197: What criteria did you follow to summarise the interviews? By summarising, are you meaning grouping of codes into categories?

We dropped the word “summarize” in this context (p. 10).
i. Line 225: Could you explain briefly what the replication logic is about to help readers unfamiliar with case study analysis?

Yes, we explained replication logic as follows (p. 11):
“Replication logic means that, because of anticipatable reasons (i.e. case characteristics), each case predicts either similar (a literal replication) or contrasting (a theoretical replication) results.”

j. Line 227: Can you mention that theoretical replication is also referred to as contrast replication in the manuscript?

We dropped contrast replication and now only use theoretical replication (and literal replication).

k. Regarding information included in Table 4, do you use the same data (literature review plus informant information) to define each country's HiAP initiatives and determine the strength and clarity of their mandates?

We used gray literature and key informant information to define each country's HiAP mandate and determine the strength and clarity of their mandates.

l. Lines 224-234: I am a bit confused about the criteria followed to differentiate strong versus weak and clear versus unclear mandates. Could you add two or three words about what you mean by strong commitment and clear mandate? For example, is the mandate strong if there is interministerial or intersectoral council and allocates specific funding to the implementation? Is the mandate clear if it contains targets or mechanisms for monitoring its implementation? I think this could be clearer.

We made this clearer as follows (p. 11):
“As we considered engaging non-health-sector policymakers by using win-win strategies to be largely about removing possible barriers for collaboration among different actors, we defined the cases with strong commitment to HiAP mandate as literal replications (e.g. intersectoral council and specific funding allocated to the implementation) and the cases with weak commitment to the mandate as theoretical replications. Our replication logic also holds that the clarity of mandate (e.g. clear targets for monitoring the implementation) would not matter in using win-win strategies”

m. Table 2 is a bit dense to read, I think describing the analysis steps with bullet point lists could improve this.

We tried bullet points, but they did not improve the table. As the two other reviewers were satisfied with Table 2, we decided not to revise it.

Point 6. Results

a. Could you provide some descriptive statistics of the informants? Such as number of informants per country and professional background.

Our response:
For the sake of anonymity, we do not feel confident in providing detailed statistics of the informants and their professional background. However, we added descriptive information as follows (p. 9):
“For each case, between 10 and 15 interviews were completed, consisting of politicians, civil servants, public-health experts, academics and/or representatives of non-governmental organizations. In all six
cases, the interviewed politicians and civil servants represented several different policy sectors (e.g.,
education, environment, employment, finance).”

b. Could you give examples of CMO configurations extracted from the gathered data including whether
they refute or confirm the hypothesis? A table with this information could be very helpful to understand
how you processed the data and provide more rigour to your results section. Moreover, it can be useful
for researchers willing to pursue similar studies. If participant source is not possible, you could include
examples from the literature.

Thank you for this helpful suggestion. We generated Appendix 1 to present a narrative summary of
CMOs for one country (Norway). Furthermore, regarding the availability of data and material we state
that (p. 18):
“The datasets generated and/or summary tables from our analysis during the current study are not
publicly available due to the sensitivity of confidential interviews with government employees, but they
are available from the corresponding author in a de-identified manner upon reasonable request. The
semi-structured interview guide is also available from the corresponding author.”

c. Line 251-252: The text between quotation marks, is this an informant's quotation? If so, could you
indicate this?

Yes, we indicated that this is an informant's quotation (p. 12):
“According to one informant, the learning sites made it possible that “people could talk about the
different approaches and learn the different languages” across sectors, such as built environment and
health.”

d. Table 5 label could be more specific.

We agree. We revised the label of Table 5 as follows:
“Evidence on three win-win strategies from six governments.”

Point 7. Discussion
a. Line 340: In my opinion, Surprising is an ambiguous adjective to qualify the results.

Our response:
We dropped “surprising”.

b. I think differences in language or cultural background could involve a challenge to obtained
comparable qualitative information on policy implementation, was this a challenge for researchers in
this study as well? were there any other challenges or limitations in the development of the study?
What about the generalisation of results? Authors already commented the differences in evidence
supporting public-health argument as win-win strategy after broadening the sample. Is there any reason
to suspect that the success of shared-language or dual outcome mechanisms for HiAP implementation
could be challenged in any particular setting?

We added a discussion on limitations and generalizability (p. 17):

“Obtaining comparable qualitative information might also have suffered from cultural differences and
the fact that our six cases represent five different native languages. However, we have no means to
assess the scope or strength of this effect. Even if our results are not generalizable to other contexts,
they reveal the inner workings of win-win mechanisms in six different contexts and provide important insights into designing future HiAP initiatives and their implementation.”