Author’s response to reviews

Title: From monitoring to action: Utilising health survey data in national policy development and implementation in Finland

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Author’s response to reviews:

Dear Editor,

Thank you for your fast response. We have now made the requested corrections to meet the journal's requirements. We have re-posted the “List of Abbreviations” section after the Conclusions section, and submitted a clean copy of our revised manuscript.

Please notice that we have added one very fresh reference which was just published (8. Aromaa A, Heliövaara M, Knekt P, Koskinen S. National Health Examination Surveys in Research. From the Mobile Clinic Health Examination Survey to the Health-studies of the 2000s. National Institute for Health and Welfare (THL), Report 8/2019. Helsinki: National Institute for Health and Welfare (THL); 2019.). Due to this valuable new reference we slightly revised the history paragraph under “Background”, which starts by words “Both HIS and HES have been carried out” at page 3.

All authors have read and approved the revised version of the manuscript. Please see our point by point response to the reviewer's comments below. Please notice that we have also attached the manuscript with track changes to help reviewer’s work (pdf as a supplementary material).
Dear Reviewers,

Thank you for many excellent comments, which we have taken into account in preparing the revised manuscript. We appreciate all your suggestions very much and feel that they improved the article. In the following, we reply to the comments one by one.

Reviewer #1:

• Please explain more in detail how the coding and categorizing was done. Did more people code? How many codes were identified? Did you use any technology to support the coding e.g. Nvivo?

We have now specified the description on the coding and categorization in the manuscript (see page 5, rows 103-115). We did not use any technology to support the coding as the data (text of transcribed interviews) was limited and it was easy to manage the codes manually.

• Please provide an overview of the profiles of your informants in more detail.

We have given a few more details about the informants in the manuscript (page 4, rows 77-92). However, as the organizations are rather small and there are only a few experts in Finland, we can’t give more details to protect the privacy the informants.

• Please consider how you report qualitative data. Instead of writing one said this, another said that and all agreed on this or that - it is helpful to A general theme was... or a unique theme was... It will strengthen the style in the argumentation if the use of qualitative language was applied.

We have revised the style in “Results” as the reviewer suggested (pages 6-13). We deleted “one said this…” type of sentences, and focused more on the key themes and sub-themes that we have identified. We decided to leave the quotations from the interviews as examples from the original data to confirm the key and sub-theme categories.

• Please extend the discussion with a section regarding qualitative validation criteria e.g. Credibility, transferability, dependability, confirmability.

We have specified the validation criteria in the strengths and weaknesses by several new sentences (pages 14-15, rows 327-354).
Reviewer #2:

• Background: Some more details about the history of health surveys conducted in Finland should be provided in the background section.

We have now shortly described the history of health surveys conducted in Finland (pages 3-4, rows 60-69).

• Methods: Page 7, lines 53-58: Consider to report the number of experts interviewed in each institution mentioned.

We have given a few more details about the informants in the manuscript (page 4, rows 77-89). However, as the organizations are rather small and there are only a few experts in Finland, we can’t give more details to protect the privacy the informants.

• Results: Page 6, first paragraph: Be consistent when indicating quotations. Sometimes you use quotation marks sometimes italics sometimes both.

We have now used logically both the quotation marks and italics in all quotations.

• Results: Page 8, line 2: Consider to replace the term 'knowledge-based' with 'evidence-based'.

Thank you for pointing this out. We agree that the term knowledge-based is not a good choice here. After further consideration, we have replaced 'knowledge-based' with 'evidence-informed' to point out that in public health there rarely is a one specific evidence-base (page 16, row 379).

• Discussion: Strength and weaknesses, page 11, lines 43-48: When reading the expert's opinions of the Finish government employees and the paper in general there is a motion of 'self-praise' of the Finish health monitoring system and a critical reflection of the system is widely missing. Thus, selection bias when selecting the experts enrolled into the study and the subjective view of the respondents should be mentioned as a potential weakness of the study.

We acknowledge that we have described mainly positive perceptions and opinions and we have edited the text to point out these weaknesses (page 14, rows 327-332).

• Discussion: I think that use of existing theoretical models could help to better structure the interpretation of the results: The 'public health action cycle' is a model which could be used to interpret/discuss the results on 'Policy' and 'Practice' (pages 5-7).

We have added text and a reference on Public Health Action Cycle under “Discussion / Further needs”(page 16, rows 376-383).
• Discussion: I think that in the discussion section major future challenges for the EU health monitoring systems such as the EU General Data Protection Regulation (is data linkage still possible?), declining response rates and open data requirements should be addressed in more detail.

During the time of interviews in this study, the data protection legislation was not under active debate in Finland. We have added a sentence on that to page 17 (rows 410-411). We have also added several sentences on the future challenges of the health information systems under “Discussion/Further needs” (pages 15-17). Also declining response rates (page 17, rows 403-408) and open data requirements have been addressed in more detail (page 16, rows 395-398).

• Discussion: Qualification of the research findings in the research context could be more comprehensive; the body of cited literature in the discussion section is quite thin. More recent relevant literature should be reviewed, considered and cited in the discussions section, e.g.: Fafard, P. and S. J. Hoffman (2019). "Rethinking knowledge translation for public health policy." Evidence & Policy: A Journal of Research, Debate and Practice. https://doi.org/10.1332/174426418X15212871808802.

11 new references and several new sentences have been added to “Discussion” in pages 14-18 to improve the qualification of the research findings in the research context.

• Discussion: One central aspect is missing in the discussion which I think should be addressed. Political decisions are not entirely based on rational, evidence-based considerations. There are limits to what extent evidence can influence political decisions. The political science perspective on power relationships can help to better understand this policy problem:

Thank you for these valuable references. We have now added new sentences and the suggested three references to deepen the discussion on the political decisions (page 16, rows 375-382)

• Minor language editing: page 5, line 11, erase the word 'in'; page 8, line 50/51, replace 'grare' with 'rare'; page 11, line 39, consider replacing 'repeated' with 'reported by more than one expert'.

We have now made these modifications and a thorough language revision of our article.