Reviewer’s report

Title: A toolkit with nine district types to support municipalities in taking an integrated approach to prevention

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Reviewer: Freia De Bock

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The authors of the article "A toolkit with nine district types to support municipalities in taking an integrated approach to prevention" describe the steps to develop a toolkit and the resulting product. The latter allows the target group, health policy makers and health experts in municipalities, to combine the analysis of health-related data at their district level with the selection of interventions that are presented as suited for an integrated approach to prevention according to the specific health problems within the certain district.

The article is interesting for researchers in the field of community health promotion and prevention. It gives a good description of the impressive approach that is taken by the Dutch national public health institute RIVM. The prevention toolkit seems an ambitious and logically developed digital instrument. The methods used for the development seem sound (minor amendments needed). However, it remains open how effective the prevention toolkit is as an approach compared to other approaches to foster the translation of evidence to action in prevention at the municipality level.

Some claims of the authors are not well described and should be revised:

1) "the aim of the toolkit is to encourage collaboration between different domains to prevent a health problem" (line 67): It is not well described which approach is taken to facilitate collaboration and what the scientific (also international) evidence is for the approach taken. From the existing text, the reviewer only understood, that interventions from different fields or sectors that are relevant to prevention are in the toolkit and that in the beginning of the prevention guide for a certain district, the necessity of collaboration is described. I am hesitating to believe that this is the most effective way to build capacity for intersectoral collaboration for health in municipalities.

2) The authors say that interventions are linked to certain district types (line 60). From what this reviewer understood, the interventions are rather linked by the target groups that they primarily have in focus (e.g. socially disadvantaged), and that also can be found more in certain districts. So the link is the target group, and not the district. Most of the interventions will not be district specific, and in most studies, context is not described in the form of certain districts. So the scientific evidence base and the factors, on which basis the interventions have been grouped to districts should be presented - not only the one example (line 215-219).
3) In the background section, the authors should describe how the target group of the prevention toolkit, namely health policy makers or municipality health experts, got information on health-related data at their district and found evidence-based interventions in the Netherlands before the toolkit existed. This is important to understand the context, in which the system of the prevention toolkit was developed and made sense. The only sentence describing the situation is far too vague (line 58: "fragmentary" - what does this mean? Do the authors think that their system is very context-specific and why? (should be part of discussion)

4) Through the whole article, there are inconsistencies in the use of the terminology: e.g. integrated versus integral. The authors first call an integrated approach "prevention focusing not just on individuals…but on surroundings" (line 11). In other parts of the text, integrated means intersectoral/interdisciplinary, i.e. bringing different sectors and disciplines together to promote prevention. Another meaning (line 24) is using intervention to tackle several (often clustered) behavioral risk factors at the same time with the same intervention set. The same inconsistency exists for "integral" versus "fragmentary". The authors should go through the whole text again, trying to define very much in the beginning what they mean by different terms, use international references to back their decisions on terminology and also differentiate their understanding of integrated from the WHO's health in all policies understanding.

5) Many of the references are dutch references, which is not a problem per se. I see however several arguments where international references should be cited on top, to frame the prevention toolkit within the broader international research experience and results. One example is reference 22 in line 160.

6) In addition, a summary of the international evidence on what we know about the factors that can facilitate translation of evidence into action at the municipality level should be given in the background, to legitimize and frame the approach which was taken with the prevention toolkit.

7) In the conclusion, I would expect some information on how the quite impressive and work-intensive approach that is taken with the prevention toolkit will be evaluated and against what other approaches, in order to prove its superiority. This seems important to me as the development and constant update requirements are comparatively intense. Some data on costs and effects might be very worthwhile to come to a scientifically sound result.

8) I wonder whether the authors have indication that the system supports the feeling of ownership in the municipalities. In my experience, the local stakeholders have a high need of being the owner of their interventions, being the ones that decide. The presentation of predefined integrated approaches, that might have less flexibility, might hamper the motivation to use the toolkit.
9) Which criteria were used to choose the source data bases from which interventions were drawn (line 144)? Why were only dutch data bases taken? Is this associated with the necessity of linking to districts?

10) Line 109: the snowball sampling of stakeholders is perhaps not the best method when a nation-wide use of the toolkit is envisaged, and may also be a reason why only 10 % of municipalities are interested (are these belonging to those that were part of the working sessions?). Maybe this should be mentioned in the limitations.


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