

Peer Review Report

Review Report on A System-Oriented Dialogue Model to design community structures for more effective Sars-Cov-2 prevention in schools: The case of Spain

Original Article, Int J Public Health

Reviewer: Margaret Haworth-Brockman

Submitted on: 05 Jan 2023

Article DOI: 10.3389/ijph.2023.1605624

EVALUATION

Q 1 Please summarize the main findings of the study.

This qualitative study develops a model for consulting and responding to teachers, students and their families about the interrelated structural barriers to implementing non-pharmaceutical interventions in schools in Spain. The intent of the research is to explore the many layers and details that are actually required to implement changes that public health measures may impose.

Q 2 Please highlight the limitations and strengths.

Strengths: The authors have developed a model to involve teachers, children and their families in conversations (dialogue) about the many facets of school life (policies, structures, systems) that may prevent implementation of NPIs during the pandemic.

The researchers endeavoured to involve schools with different student age groups, which provides some diversity to the responses to the research.

Limitations: Overall, the paper requires revisions. There are many places which would benefit from more details for the reader. For example, the term "systemic barriers" is used but is not really defined by the authors. As outlined in my comments below, this lack of definition leads to some confusing statements and conflation. Likewise, the description of the methods lacks clarity and obfuscates the authors' intentions for involving students, parents and teachers in the research and in developing the resulting recommendations.

Q 3 Please provide your detailed review report to the authors. The editors prefer to receive your review structured in major and minor comments. Please consider in your review the methods (statistical methods valid and correctly applied (e.g. sample size, choice of test), is the study replicable based on the method description?), results, data interpretation and references. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.

The following are my recommendations for revisions

1. While the abstract and keywords mention "community-based participatory research", the methods section mentions "participatory action research". These are two related but distinct approaches and the opening of the methods section would benefit for a more fulsome description of the approach used and the reasons for the authors' choices (e.g. which of PAR or CBR). Furthermore, the second paragraph of the methods mentions the "Dialogue Method", but is missing an explanation of the model and the context in which it was developed by Abma & Broese. A sentence or two about why this model was selected would also be beneficial.

2. The paper would also benefit from an explanation of why the exploration phase in the methods did not involve the community members. Very often the tasks described in this phase of research would involve the participants, and if that is not the case some rationale should be provided. Given that the authors were developing guidelines for conducting the dialogues (such as how to have students interview their families), it seems to be a gap to not include community members in this stage.

3. Phase 2 (methods), the consultation includes mention of presenting results from a bio-behavioural survey without context or explanation of how the survey results are relevant to the current study and for the teachers participating.

Phase 2 also mentions students conducting literature review(s). Does this mean that an activity for children was to read up and learn about the subject (and what would the subject be)? As this activity is not mentioned again in the manuscript, it is difficult for the reader to understand this point.

Were students interviewing parents only or other family members? This is not described consistently in the manuscript.

4. According to Table 1, one school did not proceed with the project following the focus group with the teachers. The discussion section would benefit from a reflection by the authors on why this was so. Additionally, the authors are encouraged to report the age groups of the children (students) participating. For example, were the children in the primary classes as young as 6 years?

6. Figure 1 needs revision. It shows that phase 3 - integration- was done only by the students (according to the legend colours). This does not align with the methods described, that this stage included coordination by teachers, and validation by the researchers.

7. Table 1. needs revising. As the teachers were the first to be involved in the focus groups, it is more logical to place those columns first, and then present how many students continued to be involved in the study.

8. Table 2 also requires changes. The arrangement of the factors listed in the second column does not show any initial clustering or logic. For example, the items listed under Physical, Mental, and Social Health move back and forth among physical, mental and social issues, without any apparent flow for the readers. At times the items are listed as challenges (barriers) but others are not clear in their point (e.g. "Use of outdoor spaces for educational activities and for communicating with families". Do we infer this created difficulties and if so, why? Similarly, "Concerns about vaccine side effects and low effectiveness" does not seem a problem to a reader initially. What is the challenge the authors wish to convey?)

9. The title of Table 3 says it presents the priority recommendations, but the methods section describes not trying to prioritize the numerous factors, but rather to cluster in a second round to make the lists easier to manage.

10. The authors mention the involvement of peer researchers in various stages of the study, but their expertise and ability to contribute to the consultations and sorting the results is not explained.

11. I find the discussion and conclusions to be problematic. The first sentence says the System-Oriented Dialogue Model was developed to set up community structures to improve COVID-19 prevention in schools, but this has not been shown in the evidence. The authors have described their process and results to take into account the complexity of factors for implementing NPI guidelines, which is not necessarily the same thing as achieving better prevention. Furthermore, while the many layers and details involved in putting NPIs in place have been described by the participants, the results fall short of describing an actual community level structure for connecting various actors and operationalizing the recommendations. The 4 items listed in the first category of Table 3, for example, seem to only describe the wish-list for the structure. In the rest of the categories in Table 3, there is no assignment of responsibilities and roles within a community structure.

Lines 292-294 refer to pre-pandemic issues and different governance approaches being needed without any context for the reader.

The paragraph beginning on line 298 ("Integrated interventions should consider...") needs revision as it is not clear what point is being made here.

The following paragraph invokes WHO and UNESCO guidelines, again with no context. They were not mentioned in the Introduction, for example. The scant reflection on EC and RRI guidelines also requires more analysis and discussion to be meaningful.

Finally the conclusion starts with a sentence about "current model of health protection and promotion" which has not been mentioned elsewhere in the manuscript except in the final paragraphs of the discussion. If this "current model" is at issue, that should be brought up in the Introduction as part of the rationale for the study. The second sentence in the Conclusion says that the dialogue model has proved to be useful to design more effective for implementing accompanying measures but that effectiveness has not been established in this manuscript's description of the process of the model development.

PLEASE COMMENT

Q 4 Is the title appropriate, concise, attractive?

The title is appropriate for the study.

Q 5 Are the keywords appropriate?

The keywords are appropriate, however, the authors need to decide if their approach was participatory action research or community-based research and be consistent in the keywords list.

Q 6 Is the English language of sufficient quality?

For the most part, the English language use is fine. There are a few minor syntax issues to be addressed

Q 7 Is the quality of the figures and tables satisfactory?

No.

Q 8 Does the reference list cover the relevant literature adequately and in an unbiased manner?)

The reference list is incomplete. In the manuscript there are two reference styles, and not all the named citations are in the final list at the end of the paper.

QUALITY ASSESSMENT

Q 9 Originality



Q 10 Rigor



Q 11 Significance to the field



Q 12 Interest to a general audience



Q 13 → Quality of the writing

Q 14 → Overall scientific quality of the study

REVISION LEVEL

Q 15 → Please make a recommendation based on your comments:

Major revisions.