Author's response to reviews

Title: Evaluating the impact of equity focused health impact assessment on health service planning: Three case studies

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Response to reviews

We would like to thanks Dr Tyler and Dr Ndumbe-Eyoh for their constructive and encouraging comments. We have addressed them each below and we believe they have strengthened the manuscript.

Review 1: Ingrid Tyler

Compulsory

1. I do not have any compulsory revisions to suggest at this time. the paper is well written, organized and carefully considered.

Noted with thanks.

Essential

2. In the introductory section it should be made clearer when an individual would want to embark upon an HIA vs. and EFHIA - the distinction between the 2 assessments is not crystal. I would suggest a section heading that addresses this issue for those not already familiar with these tools.

Thank you. We have changed the text to add a section discussing the difference between EFHIA and HIA and the rationale for a distinct form.

Discretionary

3. It would be helpful to contextualize EFHIA in relation to other health equity assessment tools for an international audience. Is the framework being assessed applicable to HEAT or HEIA?

This is a good idea. In the new section on EFHIA described above we have added a paragraph discussing the relationship between EFHIA and other tools.

Review 2: Sume Ndumbe-Eyoh

4. The authors provide a clear rationale for the study and clearly define the research questions.

Noted with thanks.

5. Retrospective case study was an appropriate method given the research questions. The sampling criteria and rationale is well-defined.

Noted with thanks.
Minor Essential Revisions

6. The process of narrowing down from 4 to 3 case studies should be made more transparent (what criteria were missing which caused one case to be excluded?)

Thank you for identifying this issue. A rationale has been added for the exclusion of the fourth case on page 9 of the manuscript.

7. Data collection – “Semi-structured interviewed followed a guide (see Table 2) and where possible documents relating to the original plan, the EFHIA and subsequent implementation documentation was obtained (see Table 1).” Where documents obtained from everyone interviewed? If not please provide rationale.

Thank you for identifying this issue. All interviewees were asked about non-confidential documents that could be included in the analysis, which was the primary mechanism by which documents were identified. In most of the three cases several interviewees identified the same documents. This has been noted in the text.

8. Generally there needs to be more information provided on the actual changes to decisions that were made. Where some changes easier to implement than others?

We agree and have added further description under each of the three case study descriptions on pages 13, 16 and 18.

9. Case 1 Pg 12 The results for case 1 one indicate that the recommendations were implemented to some extent. Provide a sense of what was implemented, what wasn’t implemented.

We have updated the text to remove “to some extent” and expanded the description of the changes to reflect that all recommendations were accepted and endorsed, and to describe how this affected the implementation and perception of the program.

10. The bullet point missing from the beginning of page 13

Change made.

11. Case 2 Pg 14 – check numbering on implementation stages of EFHIA

Checked.
12. **Pg 17 – last sentence is incomplete**

Thank you, change made.

13. **Pg 28 – “informed decision making to some extent but to not lead to changes decisions and implementation” The distinction between “informing” and “changing” decisions is not clear.**

We have included additional discussion on this point in the discussion section on page 41 as it is worth considering when interpreting the study’s findings.

14. **Pg 36 – the first quote is not clear. You can delete the first two words (I don’t) and leave as “I’ve already said this but in my head that many of them the areas that I probably overlooked the most would [have been] equity related.”**

We have deleted that quote as, on reflection, it doesn’t illustrate the point well.

15. **Pg 43 – In the implications section the statement that EFHIA can improve health service planning should be qualified – what specific aspects can EFHIA improve based on the three case studies? Eg. Appears to improve considerations about health equity but less likely to change actual decision-making and implementation.**

Thank you for noting this point and we agree there is value in qualifying any claims. We have reworded this to “This study suggests that EFHIA has the potential to improve health service planning by enhancing consideration of health equity, but this is dependent on a number of factors…”

16. **There are a number of typos and errors throughout the document. A general copy edit should be conducted.**

Noted with thanks. We have been through the manuscript and corrected these. We have also corrected incorrect tenses and a number of minor grammatical errors.