Author's response to reviews

Title: What makes health impact assessments successful? Factors contributing to effectiveness in Australia and New Zealand

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Author's response to reviews: see over
Dear Editor,

Thank you for considering our paper titled, "What makes health impact assessments successful? Factors contributing to effectiveness in Australia and New Zealand" MS: 7417808491626373 for publication in your journal. Please find attached a revised version of our paper, as well as a detailed outline of how we have addressed the reviewer's comments. In addition we have amended the title of the paper and updated the abstract.

Kind regards,

Fiona Haigh

**Detailed response to reviewers**

**Reviewer 1**

Reviewer's report
Title: Factors contributing to the effectiveness of health impact assessments in Australia and New Zealand
Version: 2 Date: 20 April 2015
Reviewer: JM (Lea) den Broeder

Reviewer's report:
1) general remark: This is an interesting paper, and helpful to many who are engaged in (research concerning) Health Impact Assessment. The authors have made very clear why the topic they studied is relevant and have applied a thorough approach. I have read the paper with great pleasure, it is well written.

2) Major compulsory revision. Although the paper describes the 4 phases of their study, the results they present are mainly the results of the interviews, i.e. phase 3. This could be stated more clearly in the paper; if the authors would do so right at the start that would be helpful for the reader.

We agree that this was not clear and have added sentence to methods section clarifying that it draws mainly on phases 2, 3, and 4 with a particular focus on 3.

3) Major compulsory revision. Related to 2), although this paper is essentially about phase 3, triangulation of data is mentioned in line 135 - presumably referring to the data from the other study phases. It would be helpful and informative to know how this triangulation was done.

We have added an explanation of how triangulation was used in Table 1.

4) Major compulsory revision. In line 273 the paper mentions a statistically significant relation between HIA procedures (community engagement) and effectiveness (as experienced by practitioners). The statistical methods are not described in the paper. This needs to be repaired, or, in case the methods were described in one of the earlier papers (ref 9 and 10) at least those reference should be added here. As it is now, mentioning statistical significance in the middle of this paper that is about a piece of qualitative research seems a bit out of place.

This statistical tests used were not a significant aspect of the research project or findings and we have now removed reference to this in paper.

5) Minor essential revision. The structure of the paper would benefit if the headings were adapted. As it is now, 'results and discussion' are a subheading
under 'Methods' (which is unusual), and after that there is again a heading 'Discussion'. This is somewhat confusing.

We have clarified the headings and structure of the paper: Background, Methods, Results, Discussion; and Conclusion. We have also changed some of the subheadings in response to the other reviewers comments.

Reviewer 2
Reviewer's report
Title: Factors contributing to the effectiveness of health impact assessments in Australia and New Zealand
Version: 2 Date: 8 April 2015
Reviewer: Margaret Douglas
Reviewer's report:
Review of Haigh et al. Factors contributing to the effectiveness of HIA in Australia and NZ

Thank you for asking me to review this paper. I think it is an interesting, well argued and useful paper that is based on well conducted research. I am happy to support its publication and have only a few suggestions for the authors to consider.

Discretionary revisions
1. In table 1 the authors note that they assessed all the 55 HIAs using the review package for HIA developed by Fredsgaard et al. It would be useful to comment on how the quality of the reports, assessed using this tool, related to the effectiveness of the HIAs.

We have not included an analysis of how the quality of the reports as assessed using the review package related to effectiveness. We did not feel that the assessment tool adequately captured the quality of the HIAs themselves. We have discussed this issue in our previous publication from the study - Haigh F, Harris E, Ng Chok H, Baum F, Harris-Roxas B, Kemp L, Spickett J, Keleher H, Morgan R, Harris M et al: Characteristics of health impact assessments reported in Australia and New Zealand 2005–2009. Australian and New Zealand Journal of Public Health 2013, 37(6):534-546. Because of our concerns about the relationship between the tool and actual quality of the HIAs and also the somewhat arbitrary nature of the Wismar effectiveness categories we have decided not to report on this aspect of the study.

2. A small point – in the introductory section on Results and discussion (line 156) the authors divide ‘Process related factors’ into ‘HIA features’ and ‘HIA process’, then at line 160 use the heading ‘HIA process’ to discuss both sets of characteristics. This is slightly confusing. It might be better simply to remove the bracketed terms HIA features and HIA process here.

We have removed the brackets and clarified the terminology.

3. In the section on community involvement the authors state that HIAs with community involvement were statistically significantly more likely to be effective. The data to support this statement are not shown, and should really be shown to justify the statement about statistical significance. But as this is essentially a qualitative analysis it might be better just to remove the words ‘statistically significantly’.

We have removed reference to the statistical tests used.

4. In the section on ‘proactive positioning’ some of the quotes suggest that some
respondents were talking about buy-in for HIAs as the endpoint, rather than whether the HIAs made a difference to health. This is particularly the case in the last quote that finishes ‘...lets get HIA happening in some form’ (line 385). I feel uncomfortable reading this. It obviously relates to the issue in the paper that the definition of ‘success’ varies between stakeholders. But the point of research on the effectiveness of HIA is surely to show that HIA has (or doesn’t have) a benefit for health and is not just an end in itself. Mainstreaming of HIA in an organisation will obviously mean more HIAs are done, but this does not show whether or not mainstreaming increases their effectiveness in achieving other desired outcomes. I think the authors could reflect on this in the discussion.

**Have now added a sentence to clarify the linkage between ‘buy in’ and effectiveness – “Having buy in and feelings of ownership by decision makers was perceived to increase the likelihood that recommendations were accepted and implemented.”**

5. I like the recommendations for HIA practitioners in the conclusion. However I would probably separate affected communities from other stakeholders. It might also be worth highlighting that stakeholders should include people with decision making positions, people with knowledge of decision making processes, and also people with relevant skills.

**We have now split this recommendation into two to make the distinction clearer.**

**Reviewer 3**

**Reviewer's report**

Title: Factors contributing to the effectiveness of health impact assessments in Australia and New Zealand

Version: 2 Date: 9 June 2015

Reviewer: Salim Vohra

Reviewer's report:

1. Is the question posed by the authors well defined?
   YES

2. Are the methods appropriate and well described?
   YES

3. Are the data sound?
   YES

4. Do the figures appear to be genuine, i.e. without evidence of manipulation?
   YES

5. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   YES

6. Are the discussion and conclusions well balanced and adequately supported by the data?
   YES

7. Are limitations of the work clearly stated?
   YES

8. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
   YES

9. Do the title and abstract accurately convey what has been found?
There is a strong potential for conceptual confusion as you have “Process” factors divided into “HIA features” and “HIA process” factors. It would be better to change this terminology. There is also further potential for confusion in that the HIA features are also about process. I think a simpler terminology would be core features and non-core factors/features (for effectiveness) or essential/less essential. This is also not elegant but clearer than the currently used terminology. See below in Line 450-452 inherent features and non-essential features is used (see later comment below)

We have now clarified 'necessary' and 'contingent' features of HIA process, changed some of the headings and added a table to provide and overview of the factors.

It would be good ot have a short paragraph after 159 that lists in a paragraph or bullet list what are the core/essential and non-core/less essential features for effectiveness. Even though Lines 161-164 do this they is what I judge to be the core/essential features only.

We have added a table identifying – necessary and contingent process factors as well as contextual factors and cross-cutting themes.

It may also be better to consider ‘Process factors’ and ‘Contextual factors’ as headings as it is implicit that the discussion is about HIA.

We have now done this.

Line 166-173 is this the steps from screening/scoping to analysis/mitigation and reporting, would be nice to have some more detail about how this worked having workshops on scoping, analysis and/or mitigation?

We have added a sentence, which provides more detail about how HIA differs from typical processes. “Respondents described how having meetings associated with the key steps of HIA (screening, scoping, assessment etc.) differed from ‘normal’ meetings in that there was a clear purpose to the meetings and that the meetings reflected progress being made in the HIA process.”

More examples in the discussion expanding on the for example how HIA adapted to local context would be very insightful. Though I understand it may not be possible as interviews were not able to discuss this in-depth.

We have added an example of how the worked in the New Zealand context “Engagement with communities and cultural appropriateness was a particular feature of the New Zealand HIAs. Some HIAs utilised an HIA framework (Whanau Ora) designed specifically to be used on proposals that were likely to affect Maori health.”

Line 202 The heading is more than just “Stakeholders” but ‘Influential decision-making/decision-informing professional stakeholder Involvement’ (a more precise heading is better for the reader and the conceptualisation, and aids comparison with the headings Intersectoral/Intersectorial Involvement and Community Involvement later on), again though the discussion in this section mentions a range of stakeholders in the first paragraph this is misleading as the argument in this section is for senior/influential professional stakeholders. It seems that out of the two main facets for these key stakeholders the first is effectively not meaningful except in relation to the second criteria (‘right’ in what way, how do we know they are ‘right’, from the article only by taking account of
the second criteria). It also implies right level within the main or a main/key
decision-making or decision influencing organisation. This seems to preclude
community representatives who I judge fall into the Community involvement
heading.
The appropriateness of headings was something that was picked up on by all the
reviewers. We have reviewed the appropriateness of the headings and how the
factors are grouped. In terms of the role of stakeholders in the HIA process we
have now split headings in this section to - capacity and experience;
relationships/partnerships and community involvement.
Line 208-210, seems to be repeated in Line 218-219 except in 218-219 people is
missing “The main drivers of effective HIAs are often (people) not at the most
senior decision making level…” Could these two sentences be merged? or
discussed in the same paragraph.
We have removed the repetition.
Is there also a value in seperating out decion-makers who are discussed at the
end of the section and decision-influencers (senior people who are “not at the
most senior decision-making level”)?
We have changed the heading under which this section sits to ‘capacity and
experience’. We have also added more detail around the role of decision-makers
“Respondents reported that involving decision-makers had a strong influence on
effectiveness. Direct involvement appeared to be most powerful when the
decision-making organisation was involved in the HIA working group (as
opposed to steering group) and involvement in the assessment and
recommendation stages was reported to be particularly important.”
The section seems to talk about two types of “right people” - senior people who
are decision-makers (senior managers) and as senior people who are
decision-influencers (may or may not be senior managers). This is not reflected
in Table 2 unless decision-influencers are the Policy Entrepreneur and/or Doer
and/or HIA Champion? How do these three differ, there definitely seems to be
overlap in what they do/can do? Also the Table 2 list is made up of ‘Stakeholders’
except for Community Members and Problem maker (fits both Stakeholders and
Community Involvement) i.e. no differentiation between intersectoral or
community representative types/typologies. This may not have come out in the
research.
We have now removed this table as we feel that it does not add any further
information than is already contained within the main text.
Line 256: Intersectoral/ial Involvement
This could be elaborated, it is a virtuous spiral, using HIA legitimates,
strengthens and makes more credible intersectoral working and intersectoral
working in turn legitimates, strengthens and makes more recidible HIA and its
findings.
Thank you –we have used your suggestion directly in the text now.
Line 271-274: Community Involvement
Would be good to know what statistical methods were used and how they were
used.
We have removed reference to the statistical tests.
Line 284-294: It would be better to have this example under the Stakeholder
section as this is about a key stakeholder, a decion-maker, rather than under
community involvement. It would also have been good to have an example of
where community involvement acted as a barrier (if the case studies or
interviews identified anything like this)

We have moved this example into a more appropriate section now. We did not find any examples of community involvement acting as a barrier.

Line 317-320: Is this shared values and goals, within snior people within the organisation, between organisations (intersectoral working) and between an organisation and the local community?

We have added detail clarifying this: “These shared values can occur at a personal level (e.g. people directly involved in HIA process) and at organisational level (e.g. between organisations (inter-sectoral working) and between an organisation and the local community.”

Line 329: What is PPP in the quote extract? An explanation or spelling out of abbreviation would be useful.

We have added detail of this (private public partnership)

Line 336-340: It would be good to have some discussion on why differing objectives can work, e.g. whether this was because the purposes complemented each other, improving the plan and planning process was compatible with building HIA capacity and in a sense could be a sub-objective of improving the plan and planning process?

We have added a sentence describing how although the objectives were differing they were still complementary.

Line 371: “…we’re both really different but we could still see as two the HIA” Not sure what this quote extract means “two the HIA”? We have shortened this quote – it still retains the key points but no longer has the unclear final sentence.

Line 435: does the use of “stakeholders” here include communities or is this used in the sense of the sub-heading “Stakeholders” meaning key influential professional stakeholders?

We have clarified this to include professional and community stakeholders.

Line 441: should this be qualified/caveated to say not problematic where they tended to complement each other?

We have added “where the tended to complement each other”.

Line 444: What is meant by “systems”? political, organisational, social, economic, decision-making, plan development, planning?

We clarified how we are using the term systems – “The range of policies, projects and plans on which HIA focus occur in complex open systems, which typically involve multiple decision-makers, multiple levels of decision making and multiple points of influence. By systems we mean psychologically, socially, and/or culturally defined entities and relations, which can include, for example, community, organisational, social, political, and regulatory systems. HIA processes can influence and are influenced by the systems within which they occur. These factors can be viewed through micro (individual), meso (institutional) and macro (broader context) lenses.”

Line 444-448: Complex sentence, needs to be broken down,

‘We found that in effective HIAs there is an aggregation of factors that contribute to effectiveness. We identified cross-cutting elements at different levels that also influence effectiveness, e.g. timing and timeliness are important across every domain. In addition, factors influencing effectiveness can operate at different levels (e.g. individual, organisational and broader context), and proactive activity can be both individual and institutional.
We have broken down the sentence – “We found that in effective HIAs there is an aggregation of factors that contribute to effectiveness. We identified cross-cutting elements at different levels, e.g. timing and timeliness are important across every domain. In addition, factors influencing effectiveness can operate at different levels (e.g. individual, organisational and broader context), and proactive activity is both individual and institutional.”

Line 450-452: Here “inherent features’ and not essential features” is used. We have changed this to ‘necessary’ which now matches the language used earlier on in the paper.

Line 456,458: Again use of “system” would be good to explain its use at one point (exactly what system or systems is being talked about.)

See comment to line 444

Line 505: different individuals as well as agencies? (e.g. councillors as described in one quote extract)

We have added ‘individuals’

Line 511: the flexible HIA process or a flexible HIA process? i.e. is it that HIA should be used (because it is inherently flexible) or a flexible HIA approach should be used (because other can be rigid approaches to HIA)?

We intended it to be “flexible HIA process” so have left it at that.

Line 517: Remove bullet.

Have removed bullet

Line 520: How do “actors” differ from Line 522 “stakeholders” and “decision makers”?

We have changed this to ‘stakeholders’ for consistency

Line 528-529: Is this the only barrier to decision-makers adopting HIA, I think the authors need to be careful, and at the very least reference this, as EIA, has considerable holes and SEA even more and yet they are legislated and accepted. I think we in health want to know its effectiveness because that is how we think. Or caveat that for decision-makers to mandate it is likely to require convincing of its value if other IAs do not need such evidence of value.

We agree with the reviewers point here. We have amended the first sentence to elaborate that this is a particular issue within a context of HIA not being mandatory: “If HIA is to become routine in the already complex set of planning and assessment processes currently adopted by both government and the private sector, within a context where HIA is often not a mandatory requirement, decision-makers will need to be convinced of its value.”

Discretionary revisions - main article:

Need to move away from saying HIA is new, it is at least 20 and arguably over 20 years old (if we could work like Birley, Bos and Furu for WHO/WB in low-middle income countries), when will it be old, it often is a euphemism for HIA not being well established/not yet established as a policy/project norm.

We have amended introduction accordingly.

Minor/Discretionary revisions/queries - Supplementary document (sup1.docx)

2nd row: (Charbonneau, Beery et al. 2012). It states “• Results not yet released, due in 2014”. It is now 2015?

We have updated reference

4th row: (Dannenberg, Bhatia et al 2008). It states: “• Categorised HIAs using Wismar’s effectiveness framework Harris, Haigh et al. (2013)” is the reference correct as in later cells a Wismar reference is provided.
We have updated reference
6th row (2nd page): Reference should be Opinion Leader Research (an organistaion) not Research 2003 or Research OL, 2003
Have updated reference