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 Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?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

Minor queries/Minor-Discretionary revisions - main article:

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).

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.

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

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?

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

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.

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.

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”)?

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.

Line 256: Intersectora/ial Involvement
This could be elaborated, it is a virtuous spiral, using HIA legitimizes, strengthens and makes more credible intersectoral working and intersectoral working in turn legitimizes, strengthens and makes more recidible HIA and its findings.

Line 271-274: Community Involvement
Would be good to know what statistical methods were used and how they were used.

Line 284-294: It would be better to have this example under the Stakeholder section as this is about a key stakeholder, a decision-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)

Line 317-320: Is this shared values and goals, within senior people within the organisation, between organisations (intersectoral 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.

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?

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”?

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?

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

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

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.

Line 450-452: Here “inherent features’ and not essential features” is used.

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.)

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

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

Line 517: Remove bullet.

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

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 deicion-makers to mandate it is likely to require convincing of its value vene if other IAs do not need such evidence of 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 cound 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.

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?

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.

6th row (2nd page): Reference should be Opinion Leader Research (an organistaion) not Research 2003 or Research OL, 2003

Level of interest:An article of importance in its field

Quality of written English:Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.