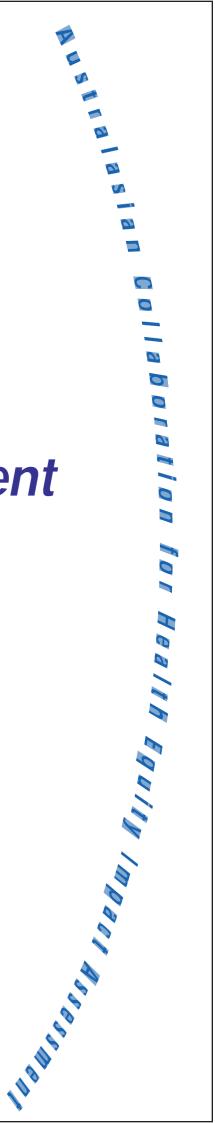


Equity-Focused Health Impact Assessment Framework

Mary Mahoney Sarah Simpson Elizabeth Harris Rosemary Aldrich Jenny Stewart Williams



Suggested Reference

Mahoney M., Simpson S., Harris E., Aldrich R., Stewart Williams J. (2004) Equity Focused Health Impact Assessment Framework, the Australasian Collaboration for Health Equity Impact Assessment (ACHEIA).

Further Information on this Report

Mary Mahoney

marym@deakin.edu.au Coordinator, HIA Research Unit, Deakin University, 221 Burwood Highway, Burwood, Victoria, 3125 Phone: +61 3 9251 7268 Fax: +61 3 9244 6017

Sarah Simpson <u>sarah.simpson@unsw.edu.au</u> Program Manager, HIA Centre for Health Equity Training, Research and Evaluation (CHETRE) School of Public Health and Community Medicine The University of New South Wales, Sydney, 2052 Phone +61 2 9385 0420 Fax: +61 2 9385 0140

Further Information on the Australasian Collaboration for Health Equity Impact Assessment (ACHEIA)

Jenny Stewart Williams jenny.stewartwilliams@newcastle.edu.au Newcastle Institute of Public Health University of Newcastle Australia

Copyright Information

© Copyright Australasian Collaboration for Health Equity Impact Assessment (ACHEIA) 2004

ISBN 1 876 50478 1

August 2004

Design: Ben Harris-Roxas

i

ACKNOWLEDGEMENTS

The Investigators would like to thanks all members of ACHIEA for the contribution they made to the development of this framework and to all other advisors and participants who provided specialist input. Additionally they would like to acknowledge the contribution of Ms Anthea Cooke (HIA Consultant based in the UK) and Mr Andy Pennington (Researcher with IMPACT) who provided specific advice during the development of the projec.1472(erDcav(kTJ/TT4 1 Tf22. 0.2 0.604 scn0.00.1532 **8**0.0164 Tc0.00001 w[Eq)Austr)) \mathcal{P} -2(erl)(orkasianns)

CONTENTS

ACKNOWLEDGEMENTS			
CON	ITENTS	II	
1.	BACKGROUND	1	
1.1. 1.2.	Background to the Development of the Equity-Focused HIA FrameworkAims of this Document	1	
2.	EQUITY FOCUSED HEALTH IMPACT ASSESSMENT	3	
2.1. 2.2.	What is Equity-focused HIA? Defining Equity_	3	
2.2.	Defining Equity Why is there a need for EFHIA?	3 4	
2.4.	In what circumstances would EFHIA be used?	5	
2.5. 2.6.	The Principles Underpinning EFHIA The Role of Values and Evidence in EFHIA	6 7	
3.	THE EFHIA FRAMEWORK		
3.1.	Components of the EFHIA Framework	8	
3.2.	Applying the EFHIA Framework	_10	
4.	STEP 1 - SCREENING	_ 11	
4.1. 4.2.	Definition and Explanation of the Step Outcomes to be Achieved by the End of the Step with Suggested Actions	11	
4.2. 4.3.	Core Questions to be Addressed within Screening	_ 11 12	
4.4.	Specific Issues to be Considered	_14	
4.5.	An Example Drawn from the Pilot EFHIA Projects		
5.	STEP 2 - SCOPING	_ 16	
5.1. 5.2.	Definition and Explanation of the Step Outcomes to be Achieved by the End of the Step with Suggested Actions	_16 16	
5.3.	Core Questions to be Addressed During the Step	_17	
5.4. 5.5.	Specific Issues to be Considered Examples Drawn from the Pilot EFHIA Projects	_ 17	
6. 6.1.	STEP 3 –IMPACT IDENTIFICATION Definition and Explanation of the Step	_ 19 _ 19	
6.2.	Outcomes to be Achieved by the End of the Step with Suggested Actions	_ 19	
6.3.	Core Questions to be Addressed During the Step	_20	
6.4. 6.5.	Specific Issues to be Considered An Example Drawn from the Pilot EFHIA Projects	_ 21 22	
7.	STEP 4 – ASSESSMENT OF IMPACTS		
7.1.	Definition and Explanation of the Step	_ 24	
7.2.	Outcomes to be Achieved by the End of the Step with Suggested Actions	- 25	
7.3. 7.4.	Core Questions to be Addressed During the Step	_25 25	
7.5.	Examples Drawn from the Pilot EFHIA Projects	_	
8.	STEP 5 - RECOMMENDATIONS	_ 29	
8.1.	Definition and Explanation of the Step	_ 29	
8.2. 8.3.	Outcomes to be Achieved by the End of the Step with Suggested Actions Core Questions to be Addressed During the Step	_29 _29	
8.4.	Specific Issues to be Considered	_ 29	
8.5. 8.6.	A Cautionary Note An Example Drawn from the Pilot EFHIA Projects	_ 30	
9. 9.1.	STEP 6 - EVALUATION AND MONITORING Definition and Explanation of the Step		
9.2.	Outcomes to be Achieved by the End of the Step with Suggested Actions	_ 32	
9.3. 9.4.	Core Questions to be Addressed During the Step	_ 32	
-	Specific Issues to be Considered		
APPENDICES3 Appendix 1: Glossary of Terms Used in EFHIA3			
Appendix 2: Some Suggestions for Undertaking the Impact Identification and Assessment Steps _ 36			

1. BACKGROUND

1.1. Background to the Development of the Equity-Focused HIA Framework

The equity focused health impact assessment (EFHIA) framework arises out of a two year research project funded for the most part by the Australian Government's Public definitive statement or 'toolkit' on the best way to proceed. Further practice, refinement and adjustment will be needed over many years to consolidate both HIA and EFHIA. As well as this guide to the framework, additional outputs from the project team include:

2. EQUITY FOCUSED HEALTH IMPACT ASSESSMENT

eliminate those, which result from factors which are considered to be both avoidable and unfair. Equity is therefore concerned with creating opportunities for health and with bringing health differentials down to the lowest levels possible. (Whitehead and Dahlgren 1991)

An equity approach recognises that not everyone has the same level of health nor level of resources to deal with their health problems and it may therefore be important to deal with people differently in order to work towards equal outcomes (NSW Health 2004). While there are many definitions of equity, the key features of relevance to EFHIA are:

- 1. Health differences resulting from factors which are considered to be both avoidable and unfair: EFHIA is about *both* identifying and assessing differential health impacts *and* making judgments about whether these potential differential health impacts will be, are, or were, inequitable that is, avoidable and unfair.
- 2. Reducing the potential for these differential impacts to become health inequities by using the findings from the EFHIA to amend, ameliorate and improve the proposal, ideally before it is implemented.

2.3. Why is there a need for EFHIA?

There are two main reasons why EFHIA is needed.

1. It will 6stoen gille a. (ct.) over tt9-18 (n pD52 55 2 igs ta7.6 5 ip pooecc) mast - thy s870h4(p) no 870h4(lic(e.46 iy r) - 5 (

2.4. In what circumstances would EFHIA be used?

There are many methods by which health impacts can be measured, including:

- 1. Evaluation
- 2. Needs Assessment
- 3. Monitoring during implementation
- 4. HIA
- 5. Other tools such as regulatory impact statements (e.g. the NSW Aboriginal HIA process), audits or checklists.

Despite their differing intentions (e.g. needs assessment not being about health impacts), all of these activities have a role in determining health impacts.

Similarly, there is a range of other equity-focused activities which are used that differ in their intention from EFHIA:

- An **equity lens** refers to 'a metaphorical pair of glasses that ensures people ask 'who will benefit?' (Signal 2002). An equity lens would be applied throughout the development cycle to ensure that the proposal was developed, implemented and evaluated taking due account of equity.
- An **equity audit** is used to identify the differential needs of targeted population groups usually in local areas and to set priorities. It would be conducted during the needs assessment and planning stages.

As all of these acti pain loc.00Hd.0025 &Tw[and to andurt1 Tf0o andurt1i5(& T(ent4(e)4)TJ4.&dwd.29i po9.

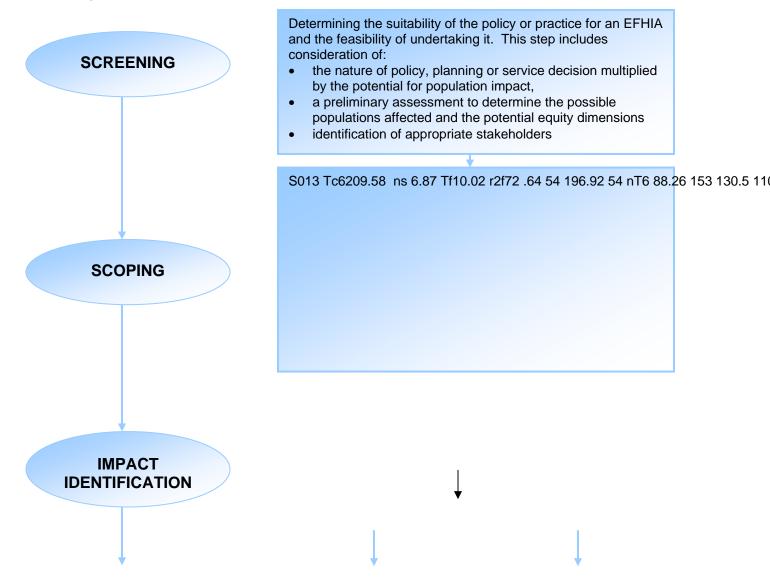
3. THE EFHIA FRAMEWORK

3.1. Components of the EFHIA Framework

The following diagram shows the steps and components of the EFHIA framework.

Equity focused HIA follows the six generally accepted steps of HIA. To undertake an EFHIA one needs to: screen, scope, identify impacts and assess these making judgments based on equity considerations, develop recommendations and evaluate *and* actively apply an equity focus at each step.

Figure 1: The EFHIA Framework



3.2. Applying the EFHIA Framework

The following section will outline the components inherent in

4. STEP 1 - SCREENING

4.1. Definition and Explanation of the Step

Screening involves:

- \emptyset identifying the links between the policy or practice and health,
- \emptyset what links there might be to equity and inequalities in health, and,
- \emptyset whether, and in what ways, it might impact differentially on groups within the population.

It should usually be a quick process that assumes some basic understanding of health and equity and involves taking a preliminary look at the proposal to determine whether an EFHIA is warranted and if so at what level or depth. However it is worth investing time at this step and during scoping to make sure that you get it right. Spending too little time on screening may result in you not undertaking an EFHIA where it is required, meaning

Component	Suggested Actions	
Articulated the equity dimensions	Describe any of the relevant dimensions of equity plus any potential connections between the policy and practice, specific populations and health. List any potential broad desirable and undesirable equity outcomes of the proposal	
Identified opportunities for change to the policy or practice	Describe the opportunities for input into the policy or practice arising from the EFHIA	
Identified the new course of action	Justify broadly whether an EFHIA (or any other	

Table 1: Screening Step Components and Suggested Actions Cont.

Recommendation 3

There is considerable uncertainty about

- the (potential) impacts,
- the differential impacts,
- the extent of the non-negligible impacts, or

• the opportunities for adjusting the proposal (select as appropriate).

therefore an EFHIA is recommended for addressing the following aspects:

4.3.3. What level of action is required?

Based on the previous answers, it is important to make a recommendation which is realistic of the workplace and the pressures on resources.

Traditional HIA approaches determine the need for an HIA based on the size and cost of the proposal and the extent of the impacts across the population. The EFHIA can be conducted at three different levels: mini or audit level, rapid or intermediate level or comprehensive level.

Table 2: Levels of EFHIA

Level	Description
A mini EFHIA: a review of existing evidence	Information on impacts is largely known, limited consultation is needed so it is largely desk based: minimum time and cost but good research skills are needed
An intermediate EFHIA	Largely draws on existing evidence but consultation is needed to draw out contextual or local area impacts: limited time frame, scope and budget but requires good research skills
A comprehensive EFHIA	Resource intensive, impacts largely not known, frequently uses commissioned consultants and multidisciplinary research team: time and resource intensive

In EFHIA judgement has to be made on the basis of:

- the importance of the proposal,
- the extent to which considerations of equity are important within the organisation or policy/practice context,
- the extent to which evidence exists on the need for attention to be paid to the health of specific populations, and
- clear instances of the existence of inequities but where little is known about how to reduce or remove them.

4.4. Specific Issues to be Considered

- \emptyset It is hard to identify the implicit assumptions in a policy or practice, particularly if you were responsible for drafting it and its intentions are benevolent. A range of expertise and differing perspectives should be used to assist in the task.
- \emptyset As a pragmatic approach to determining the need for an EFHIA, one can adopt the position that the policy *is* equitable (i.e. innocent until proven guilty) in order that a prioritisation process can be built up into the screening stage EFHIA can be time consuming and/or resource intensive if not used judiciously.
- \emptyset As a way of framing the scoping, the following factors that might be taken into account: the context in which the policy or practice was developed; the processes used; the target population included or excluded from it; the stakeholders involved; and, the content.
- Ø The potential to influence decision-makers will be vitally important in making the judgment about appropriate future action.
- Ø Be prepared to find that an EFHIA is not needed. Once people are committed to EFHIA or HIA it is sometimes hard to get them to stop at the end of screening if that is all that is needed.
- Ø The recommendations to undertake a comprehensive EFHIA and to commit extensive resources to it must be based on the knowledge that one has a very good chance of making significant changes to long- term policy and practice.

4.5. An Example Drawn from the Pilot EFHIA Projects

Box 1: Healthpact EFHIA Screening

Background

The ACT Health Promotion Board (known in the community as Healthpact) is a health promotion

Box 1: Healthpact EFHIA Screening Cont.

exercise. The Steering Group focused on addressing the questions outlined in the screening step of the draft EFHIA framework including; what is the policy context; identifying the target population(s) – as precisely as possible; identifying (superficially) the potential health equity impacts (intended & unintended, positive and negative) of the policy; and justifying whether an EFHIA is required and at what level (i.e. proposed scope).

Key policy and program documents were reviewed as part of the screening step and to address the above issues/questions. For example, the following documents were assessed: the ACT Health Promotion Board Strategic Plan 2002-2005; the Guidelines and application form for the 2003/2004 funding round; the ACT Chief Health Officer's Report 2000-2002; and the ACT Health, Health Action Plan 2002

Outcomes

Potential issues identified as part of the screening step include:

- The CFP has a specific focus on addressing the social determinants of health, however, this does not equate with an equity focus. For example, projects funded under the healthy communities banner potentially still only benefit those who are already health advantaged.
- Current measures of the CFP do not contain information about the potential health inequalities impact(s) of the program.
- The priority population groups are groups within the population who may experience health inequalities but not necessarily inequities.
- Four of the seven focus areas of the CFP are focused on behavioural risk factors increasing the chance that many funded projects will focus on individual behavioural risk

5. STEP 2 - SCOPING

5.1. Definition and Explanation of the Step

"Scoping is a procedure for bounding the assessment in time and space and consulting all stakeholders about their concerns" (Birley 1999). It consists of three components:

Ø Establishing the scope and nature of the specific EFHIA and being clear about

Equity Focused Health

- \emptyset Briefing papers at each step are helpful to keep the EFHIA on track.
- \emptyset Consultation can be helpful in the scoping step to assist with the framing. It can help to identify any stakeholder concerns; identify any equity issues, classify and prioritise these in this community; identify and acknowledge any restrictions on the EFHIA process; and, identify the desired outcomes for the broader constituency.
- \emptyset If the EFHIA is inadequately structured and poorly planned at the beginning, the whole EFHIA will be problematic and unhelpful in showing potential impacts.
- \emptyset Any of the work delegated or assigned to a third party must be detailed and specifications for requirements should be drawn up.

5.5. Examples Drawn from the Pilot EFHIA **Projects**

Box 2: Dietary Guidelines for Older Australians EFHIA Scoping

Background

This case study was undertaken in partnership with the National Health and Medical Research Council (NHMRC) and considered the Dietary Guidelines for Older Australians. The Guidelines aim to maintain health through nutrition for healthy independent Australians over 65 years of age. It is a public health intervention with GPs and Nutritionists cl7(s cl7 0 210.scng))-6nis (ug)-4 -7.7tation l7(s clc

given to older people.

Approach Taken to Scoping

After screeni completed teeriommittee establihed h four representatives from the MRC and NIPH at Newcastle University (project investigators), two members of the public who were part of the target population the Guidelines, and five additional members wo provided specialist expertise such as policy linked to e community rition d eneral-4g prtice.

Sour Cosmanlitteet edetatsfiked to kthle ect team "I-42.8(ead")-5.7(t)-7(o)1.9(t)-7(he)-6(w)6.2(o)1.9(rk)-6.4(t)-7(o)1.9(be undert)-7(ak)-6.4(en duri)-8.8(ng) II J20.64

accountability and reporti) functions.

Outcomes

There were no areas of concern so a clear project plan was able to be established d the FHIA proceeded to the next step.

Lessons Learnt

Critical project management pects were considered during this step including broad

6. STEP 3 – IMPACT IDENTIFICATION

6.1. Definition and Explanation of the Step

Impact identification involves collecting information (data and evidence) to identify the potential and/or actual impacts of the proposal. There are three core activities in this stage:

Ø Profiling the affected comde

Table 4: Impact Identification Step Components and Suggested Actions Cont.

Component	Suggested Actions	
Searched the literature for evidence on the link between the policy/practice, SES, health and health inequalities.	Produce a summary of the evidence obtained from published sources and provide it in a format appropriate to a lay audience (if needed).	
Consulted with colleagues, stakeholders and target population(s) as appropriate, regarding the potential impacts of the policy/practice on health, and in terms of differential impacts and SES	Tabulate separately the findings from each consultation process in terms of likely health impacts, nature of these impacts (+/-), differential impacts, likelihood of them occurring, and potential severity.	
Identified any equity issues	List any likely equity issues which arise from the literature or consultations.	

6.3. Core Questions to be Addressed During the Step

There are two core questions to be answered in the impact identification step. The answers will be drawn from a range of different sources as appropriate and include a detailed exploration of the research evidence and the consultation processes undertaken.

- 1. What are the potential impacts on health, positive and negative, arising from the implementation of this policy in general and on different groups in the population?
- 2. Are these health impacts likely to be differentially distributed e.g. by socioeconomic status, gender, age etc?

Answering these questions will involve three main activities:

•

- literature searches for evidence of the relationship(s) between population subgroups, SEP and/or the variable of interest.
- obtaining evidence from colleagues, experts and stakeholders about these

The depth to which the literature is searched and critically appraised will be determined by the level of the EFHIA (see Appendix 2) and this level will have already been established in the scoping step. There should be heavy reliance on routinely available local data on both the population, SES, the issue and health status. Similarly, depending on the level of EFHIA being undertaken, the amount of consultation will vary (see Appendix 2). The task of any consultation process is to identify as the group sees it, the potential health impacts of the policy/practice and the extent to which they envisage differential impacts potentially occurring (or having occurred) for different groups. The key questions to be asked focus on their perceived views of the relationships between the policy, the population sub-groups and SEP or the variable of interest.

As the assessment stage will appraise the identified impacts, no attempt should be made at this stage to do anything

Box 4: Support Scheme for Rural Specialists EFHIA Scoping Cont.

equity issues arose where access to videoconferencing was limited by technology. Further, we found that where locally available technology failed to keep pace with emerging internet-based programs, a program for continuing professional development based on videoconferencing or internet programs may widen educational disparity between specialists, with flow-on effects to the communities they serve.

Lessons Learnt

In the absence of a developed literature around this question it was clear that the contributions from experts, colleagues and stakeholders were critical to making recommendations as a result of our equity-focused health impact assessment on a program to provide continuing professional development for rural specialists using videoconferencing.

7. STEP 4 – ASSESSMENT OF IMPACTS

7.1. Definition and Explanation of the Step

This is a complex step requiring the appraisal of the identified impacts from an equity perspective. Assessment of impacts seeks to match all the sources of kinds of evidence derived from the previous

7.2. Outcomes to be Achieved by the End of the Step with Suggested Actions

By the end of this step you will have:

Table 5: Assessment of Impacts Step Components and Suggested Actions

Component

Suggested Actions

Reached some form of agreement about the potentially positive and/or negative impacts of the proposal on outcomes and equity considerations, is to develop a matrix of impacts. Multiple matrices can be used to deal with a large quantity of information from differing sources. Alternatively if different methods have been used to gather data then the findings from each method can be represented separately to indicate differing trends. There is no one right way to deal with the data at this stage but matricies will help to synthesize the evidence and to draw out the equity parameters which were set at scoping. The potential impacts for each of the groups in the target population need be explored from a range of perspectives and judgments about actions which ensure fairness, avoidance or justice are required. Mapping the evidence will also illustrate where the gaps are.

- \emptyset There are two potential areas of conflict during the impact assessment stage: first, evidence which shows conflicting information and second, differing opinions on the interpretation of that evidence and the subsequent changes required. Equity considerations will must be used for determining the actions to be recommended.
- \emptyset In cases of conflicting evidence or opinion on likely health impacts or differential impacts, judgment must be made by looking at the main question that the EFHIA is seeking to answer. For instance, if one's goal is to decide whether the policy has the potential to impact negatively on one group then the

7.5. Examples Drawn from the Pilot EFHIA Projects

Box 4: Healthpact EFHIA Assessment of Impacts

As part of the mapping step, the Steering Group met twice:

1. First to consider a draft report on the results from the profiling step and discuss how best to map the findings as potential health inequalities impacts; and

Box 6: Cardiac Rehabilitation Program EFHIA Assessment of Impacts Cont.

The meeting drafted EFHIA recommendations and the rationale for each of them. These recommendations were subsequently refined and circulated by e-mail to all Steering Committee members for comment.

STEP 5 - RECOMMENDATIONS

8.1. Definition and Explanation of the Step

Solution focused recommendations are the suggested changes to the proposal or to the existing initiative within the organisation. They are prepared and presented in such a way that the decision makers are aware of the (potential) impacts on health of the population or various sections of the population, the likely consequences and the potential impacts in respect to socioeconomic status and inequalities in health arising out of the (proposed) policy or practice. The recommendations need to be contained within a clear and concise report that outlines clearly the changes or modifications that are needed, priority actions and the evidence to support the claims being made.

8.2. Outcomes to be Achieved by the End of the Step with Suggested Actions

 Table 6: Recommendations Step Components and Suggested Actions

 Component
 Suggested Actions

By the end of this step you will have:

Component	Suggested Actions
Formulated recommendations	Produce a brief statement of recommendations (ideally contained in the front of a concise final report), circulate to key stakeholders and Steering Committee for approval
Provided a report of recommendations to decision makers	Submit the final report to decision makers and offer to present

ideal world". When formulated, political realities will have to be considered

Box 7: Healthy Eating: Healthy Action (HEHA) EFHIA Recommendations Cont.

was 'did the way the policy was developed have the potential to create, maintain or reduce health inequalities?

Developing Recommendations

Documentary analysis of the Ministry of Health files on the strategy development and key informant interviews were conducted. A Steering Committee was formed to oversee the EFHIA comprised people with expertise in the nutrition and physical activity sectors and in HIA, including Maori and Pacific representatives. Comprehensive screening, scoping and profiling steps were undertaken. The five EFHIA questions were posed at the mapping step and the findings

9. STEP 6 - EVALUATION AND

REFERENCES

Barnes, R. Cooke, A. Ellis D. Gee, N. & James, S. (2001). Health Impact Assessment of Regeneration Programmes Part 3: Toolkit for rapid HIA. London Borough of Hammersmith and Fulham.

Birley, M. (1999). Procedures and methods for health impact assessment. London, UK Department of Health.

Cave, B. Curtis, S. Aviles, M. & Coutts, A. (2001). Health impact assessment for regeneration projects: Selected Evidence Base Volume II. East London: East London & The City Health Action Zone, University of London.

Harris-Roxas, B., Simpson, S. and Harris, E. (2004) Equity-Focused Health Impact Assessment, A literature review. Australasian Collaboration for Health Equity Impact Assessment

APPENDICES

Appendix 1: Glossary of Terms Used in EFHIA

Differential health impacts

are those changes (positive or negative) that may occur as a result of the proposed initiative and are *differentially* distributed among population groups. For example, a new home visiting initiative for families where first contact is made through telephoning the family at home. A potential impact of this proposal is that those families without telephones at home won't be contacted and therefore the health impact is distributed differentially among the target population.

Health differentials

are measurable differences, variations and disparities in the health of individuals or groups. Differentials arise in populations due to range of factors including (but not limited to) age, gender, race and socioeconomic status. These observed differences in health are seen in mortality data, morbidity data (including mental health) and health risk behaviours. For example the higher:

- mortality rate among older people than younger people
- Aboriginal mortality rates
- rates of poor to fair self-reported health status am

Box 12: A Model for Dealing with Conflicting Evidence in Impact Assessment Step Where the Evidence is Deemed to be of Equivalent Quality Cont.

 Make impact statements such as: If the evidence from the scientific literature is to be valued more highly than other evidence then the EFHIA tells us that: This may need to be repeated for each type of evidence. Recommendations will then lead on from the trends evident in that particular type of evidence.

Table 8: Levels of Evidence and Consultation Required

Level of EFHIA	Published Evidence	Suggested Levels of Consultation
Mini	This will require searching at least one relevant database for research evidence of relationships between the policy/practice, a measure of health status and SEP. This level is an expert-driven process informed by previously obtained research evidence (usually derived from the individual or team's expertise). At this level it is clear that the link between the policy/practice and health is clearly understood and research evidence exists. This level of literature searching usually results in limited quantification or qualification of (potential) impacts.	Key informant interviews with a limited number of key stakeholders to inform screening, scoping, impact identification and assessment steps
Intermediate	At this level the literature review is more comprehensive, strengthened by input from consultation with key stakeholders or experts regarding the relationships between SEP and health for this policy. Research evidence is largely known about impacts on health but the process requires additional input from key stakeholders and experts in the field, particularly to add local considerations.	Can involve some or all of the following.
		Key informant interviews with colleagues: selected opportunistically and consulted formally or informally regarding their knowledge about the relationship between SEP and the policy.
		A meeting or workshop(s) with identified experts or stakeholders possessing specialist or appropriate knowledge.
		Focus groups with stakeholders or representatives of the target population(s).
Comprehensive	This level requires considerable investment of resources, specialist expertise and high levels of appropriate stakeholder consultation. Comprehensive HIAs typically include an extensive review of the published literature, analysis of secondary data, and collection of new data. Frequently, little research evidence exists on the connection between the (potential) policy and health. The Cochrane (www.cochrane.org) and Campbell (www.campbellcollaboration.org)	Full consultation with representatives of target populations, key stakeholders and experts is required.
	Collaborations provide published evidence of the effectiveness of health, social, educational and behavioural interventions. The Collaborations are currently working to address a gap that exists in research evidence relating the effect of interventions to distributional equality and equity.	