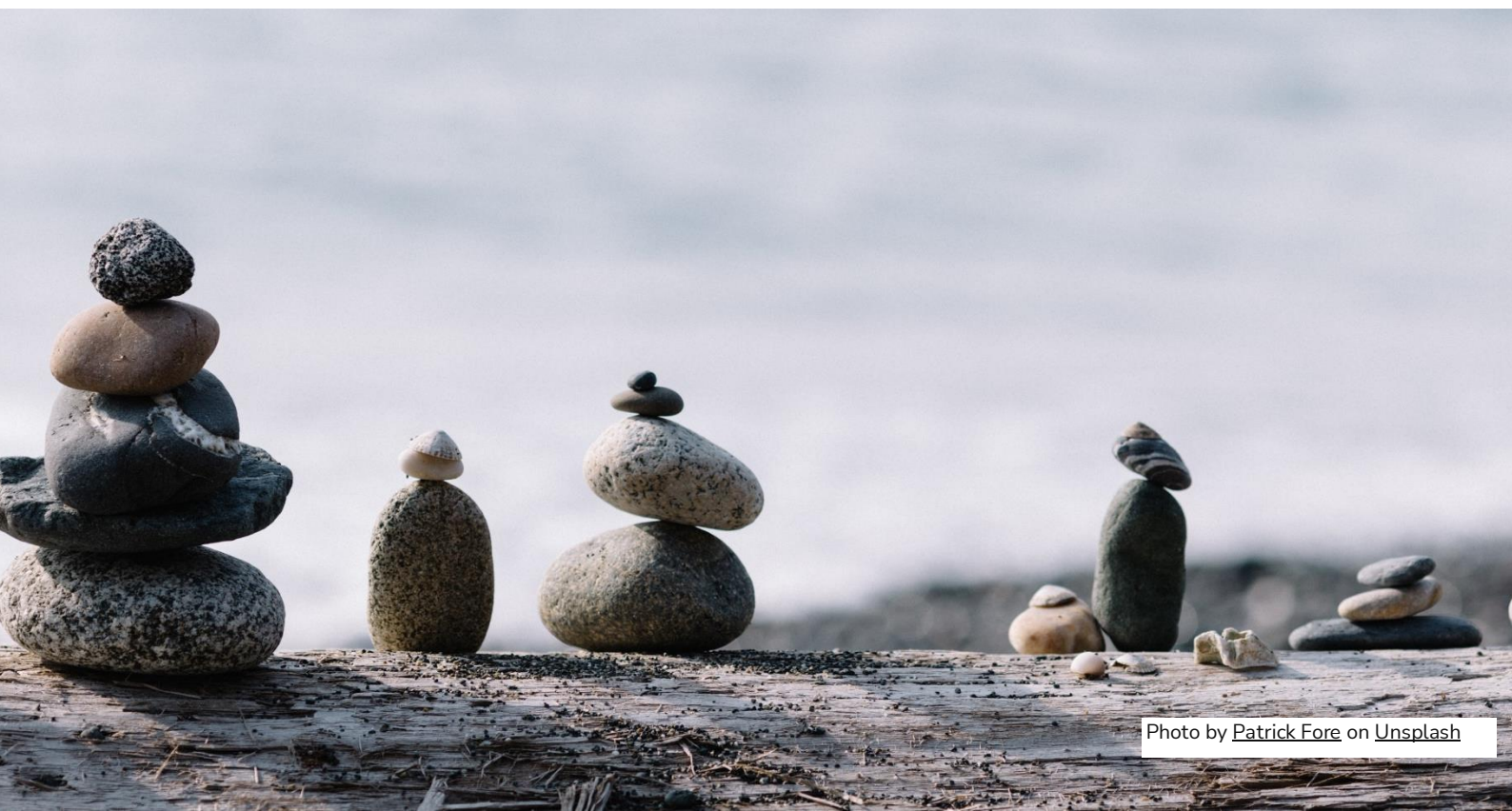


# Advancing equity through Health Impact Assessments

– Guide for the EuroHealthNet Partnership on  
conducting and implementing Health Impact  
Assessments with an equity focus



This Guide provides information on **methodologies, resources, good practices, and recommendations to ensure the successful implementation and uptake of equity-focused Health Impact Assessments (HIA)**. It aims to fill a gap in available resources by bringing together evidence and expertise on how to ensure that equity is a central component of HIA.

The Guide has been developed **with and for the EuroHealthNet Partnership**, through an online survey as well as interviews, supplemented by desk research. The input received was central to the development of this guidance, and we are grateful to all partners for sharing their time and knowledge.

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# 1 Introduction

## 1.1 Why and how can Health Impact Assessments help advance health equity?

A Health Impact Assessment (HIA) is “a process which **systematically judges the potential, and sometimes, unintended, effects of a project, programme, plan, policy, or strategy on the health of a population and the distribution of those effects within the population.** HIA generates evidence for appropriate actions to avoid or mitigate health risks and promote health opportunities. HIA guides the establishment of a framework for monitoring and evaluating changes in health as part of performance management and sustainable development”(1).

HIA is underpinned by a holistic model of health that focuses on health promotion and disease prevention. It recognises the fundamental connections between health, society and the environment and how health is influenced by the social determinants of health. It also recognises how social determinants, including economic, and environmental conditions, and the complex interactions between these, cause health inequalities, leading to the uneven distribution of health and wellbeing outcomes in societies. Acknowledging that health is influenced by complex social structures and processes, it is then important to reflect on how projects, programmes, plans, policies, or strategies across different sectors can potentially affect individuals, communities and the whole population.

HIA seeks to **inform and enhance the decision-making process in the aim of ensuring health, wellbeing and health equity.** This is done through the assessment of potential positive and negative health impacts of proposals for a project, programme, plan, policy, or strategy that are under development or are to be implemented. The assessment also looks at how these impacts could potentially **differ across different population groups**, according, for example, to socioeconomic status, gender, age, race/ethnicity and other factors that contribute to health inequalities. As part of the process, the community affected by the proposal participates and is involved from early stages of HIA, to ensure first-hand understanding of local priorities and concerns as well as community buy-in. Based on the findings, **evidence-based recommendations are provided to decision-makers, policymakers, or project proponents, to increase the health benefits and reduce the negative health effects** of the proposed policy, programme or project. These recommendations support the implementation of policies and programmes that strive to adopt a Health in All Policies (HiAP) approach and **achieve equitable health and wellbeing outcomes.**

The currently turbulent socio-political situation in Europe and beyond is reinforcing the importance of HIA. HIA is both a technical and governance tool needed to address the

persistent, and in some cases growing, levels of social and accompanying health inequities in our societies. The need to reduce such inequities is of high policy relevance across the EU. Rising levels of non-communicable diseases come at considerable costs to individuals as well as to society as a whole, with the most adverse impacts falling on those who are already less and least well off.

It has become clearer, in recent years, how persistent levels of structural inequality translate into differences in health and wellbeing across population groups, and undermine political trust and cohesion (2), which threatens, in turn, peace and democracy. It is therefore crucial to ensure that **measures being taken to transition to healthier, more sustainable, digital societies are “fair”**, as set out by EU-level political messaging and policies. HIA provides policymakers and civil servants with tools and concrete means to analyse how different policy options can or could contribute to achieving relevant policy goals, linked to equity, health and wellbeing. **Achieving the imperative of a “just” transition for example calls for the more systemic application of HIA, within the relevant sectors and across governance levels.**

## 1.2 Terminology: Health Impact Assessment or Health Equity Impact Assessment?

Health Impact Assessments are guided by the following basic principles and interlinked governing values (1,3,4). These were initially defined as four values governing HIA in the Gothenburg consensus paper, one of the first documents clarifying the main HIA concepts and approach, published in 1999 by the WHO European Centre for Health Policy(3). Later on, a fifth value (the first listed below) was suggested by the International Association of Impact Assessment (IAIA)(1).

- **Comprehensive approach to health:** by operating under a holistic model of health, with a focus on health promotion and disease prevention, recognising the connections between health, society, and the environment. Intersectoral and multidisciplinary collaboration is key to ensure that HIA follows this approach.
- **Equity:** by assessing potential impacts on the whole population while paying specific attention to vulnerable or disadvantaged groups, in terms of gender, age, ethnic background, socioeconomic status, etc.
- **Democracy:** by promoting the active participation of stakeholders who are affected by a proposal, throughout the process.
- **Sustainable development:** by emphasising the short- and long-term, direct, or indirect impacts of a proposal, to inform decision-making processes towards more sustainable policies, strategies, programmes or projects that influence the population’s health.
- **Ethical use of evidence:** by following transparent and rigorous methods and processes to collect, evaluate and interpret HIA outcomes and develop the resulting recommendations.



Although equity is recognised as a basic principle and core component of an HIA, research shows that equity is not always adequately addressed in HIA (5). Reasons for this include inadequate guidance, absence of definitions, and poor data and evidence, amongst others.

In this context, some organisations have sought to fill this gap by developing **HIA tools and frameworks that focus specifically on health inequities**. Among these, the following stand out: the Health Equity Impact Assessments (HEIA) in Canada (6), Equity-focused Health Impact Assessment (EFHIA) in Australia (7), the Health Equity Assessment Tool (HEAT) in the UK(8), or Health Equity Audits (HEAs) also in the UK, to name a few.

There is no single way, or right way, to ensure an equity focus in HIA, and these equity-focused tools are incredibly valuable. This Guide of the EuroHealthNet Partnership adopts a slightly different approach from the equity-focused tools mentioned above, **arguing that all HIA should have an equity focus**, and as such that **all standard HIA methodologies must ensure to assess equity in a systematic and holistic way**. This Guide therefore focuses on providing support to ensure that equity is included in standard HIA processes, rather than on developing a new framework. Given the importance of successful HIA in improving health outcomes for all, the Guide also provides recommendations on how to increase HIA uptake in governance and policymaking processes.

### 1.3 Health in different forms of Impact Assessments

There are a variety of different types of Impact Assessments (IA), including Environmental Impact Assessments (EIA), Strategic Environmental Assessments (SEA), Social Impact Assessments (SIA), Economic Impact Assessments and Distributional Impact Assessments, among others. Because of the influence of social, environmental, economic and commercial determinants of health, many of these assessments can be relevant for informing health, wellbeing and equity outcomes, which is why it is important that all kinds of IA include health and wellbeing indicators.

#### Existing legal frameworks for Impact Assessments and opportunities for including health

The Environmental Impact Assessment (EIA) was the first impact assessment to be introduced, decades ago, and it is the most developed and institutionalised type worldwide. ‘Environment’ in EIA is understood in a broad sense, including biophysical and social impacts (9).

In the EU, the first Directive on EIA came into force in 1985 (85/337/EEC) (10) and it has been updated four times since, to align the EU with international commitments and legal developments. In 2011, the Directive 85/337/EEC and subsequent amendments were codified into one act (Directive 2011/92/EU) (11) currently in force as amended by 2014/52/EU (12). The current EIA EU Directive establishes the legal obligations for EU Members States to assess the direct and indirect significant impact on human health and the

environment of several public and private projects or activities, such as nuclear power stations, long-distance railways, motorways, express roads, waste disposal installations for hazardous waste or dams of a certain capacity. For other type of projects, like urban or industrial development projects, tourism development, roads, among others, the Directive leaves the Member States the liberty to decide on a case-by-case basis the need for an EIA.

EIA were fully recognised at the international level at the United Nations Conference on Environment and Development, known as the Espoo Convention, the Convention on Environmental Impact Assessment in a Transboundary Context, adopted in 1991 and enforced in 1997 (13). The Convention sets out the obligations of signatory Parties to assess the environmental impacts during the planning phase of specific activities and describes their obligation to notify and consult each other on projects with potential negative environmental boundaries.

More recently, a new way to conduct EIAs has evolved. Strategic Environmental Assessment (SEA) aim to evaluate environmental impacts for more strategic-type of proposals such as policies, plans and programmes under development, instead of project-level proposals on which EIAs focus. SEAs follow a similar approach to EIAs, but in addition to the environmental pillar, they also integrate economic and social dimensions. In Europe, the EU approved a SEA Directive in 2001 (2001/42/EC) in force in 2004 (14). On the international level, a Protocol on SEA was adopted in 2003 during the Ministerial ‘Environment for Europe’ Conference under the auspices of the United Nation Economic Commission for Europe (UNECE) (15), and was enforced in 2010.

These legal frameworks offer an opportunity to identify and assess potential health consequences of new proposals. However, in practice, at least in Europe, the law provides poor guidance to Member States on how to assess ‘human health’, defined as a category for evaluation<sup>1</sup>. Consequently, **‘health’ usually focuses on the biophysical aspects, lacking a deeper analysis on the determinants of health or equity issues**, as highlighted by several EuroHealthNet partners in the online survey. This also correlates with the findings obtained in a survey conducted by WHO-Region office for Europe in 2015 and 2021 (16). In this context, many professionals in the health sector see **stand-alone HIA as an alternative and appropriate method**, adopting a holistic model of health as the basis of the evaluation.

In the recent years, others forms of Impact Assessments have arisen, focusing on particular elements rather than following a more comprehensive approach. These include, for example, **Social Impact Assessments** (SIA) (17), **Economic Impact Assessments** (18), or **Distributional Impact Assessments** (19). These are usually conducted on a voluntary basis and are not regulated or institutionalised in the way that EIAs or SEAs are. However, the outputs from these different impact assessments, informing on potential social consequences, economic and fiscal impacts or distributional effects of new proposals, can be

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<sup>1</sup> Note: The International Association for Impact Assessment (IAIA) and the European Public Health Association (EUPHA) have developed a reference paper on addressing Human health in Environmental Impact Assessments available here: [rucforsk.ruc.dk/ws/portalfiles/portal/76015473/Human\\_Health\\_Ensuring\\_Protection\\_Main\\_and\\_Appendices.pdf](https://rucforsk.ruc.dk/ws/portalfiles/portal/76015473/Human_Health_Ensuring_Protection_Main_and_Appendices.pdf)

very relevant for understanding how different social determinants of health could potentially affect in an indirect or direct way health and wellbeing outcomes.

It is important to note that **the inclusion of health in Impact Assessments does not per se guarantee that authorities will implement all the resulting recommendations related to health, and that health outcomes will be more strongly considered in policy- or decision-making processes.** Impact assessments are a tool to aid authorities to make informed decisions on moving forward with the development and/or implementation of new proposals for policies, programmes or projects.

### Integrated impacts assessments or stand-alone HIA: an ongoing debate

Another debate surrounding the HIA process is whether HIA should be carried out as an integrated procedure within or together with other type of Impact Assessments or whether they should follow stand-alone procedures.

Given the diversity of different types of IAs that now exist, concerns of IA “fatigue” have been raised. Thus, discussions on integrating existing IAs are ongoing, to avoid any negative impacts that the feeling of “fatigue” could provoke, such as limiting the assessments to a superficial level to meet with the minim requirements.

Integration concerns technical, human and financial resources to, for example, reduce overlap between the different forms of IAs, save societal efforts, and avoid contradictory outcomes. In reality, however, the integration of assessments also come with challenges such as the risk of diluting the emphasis of different dimensions under assessment (health, social, environmental, etc.), power differences between contributors from different sectors, or institutional barriers. This means that separate impact assessments can in some cases be more beneficial than following an integrated approach.

At European level, the European Commission follows an integrated approach when undertaking impact assessments of new EU initiatives (20), following the ‘better regulation’ guidelines (21). This involves examining impacts across environmental, social and economic pillars of legislative proposals, non-legislative initiatives as well as implementing and delegated acts, that are expected to have significant economic, social or environmental impacts. Because health protection is recognised in the EU treaties as a requirement for consideration throughout EU action, health impacts are also assessed as part of this integrated approach under the “social” pillar (22). Nevertheless, some professionals in the health sector have expressed doubts concerning the level of depth in which the health dimension is evaluated in the EU impact assessments (23–25), following the ‘better regulation’ guidelines. Although not always the case, one issue is that there is too little data or evidence available at EU level to assess the health impacts of certain legislative proposals, raising the adage “no data, no problem, no action”.

**Experts suggest following a cautious approach when deciding what form of impact assessment should be undertaken, carefully weighting the pros and cons of one form or another (26).** In any case, health and equity considerations can and should be included



irrespective of the approach followed. In this context, a WHO report reveals how the potential to protect and promote health by the existing different types of impact assessments is underutilised and new ways should be found to optimise the coverage of health in existing impact assessments, including HIA, and integrated forms of impact assessments (26).

Clearly, the way of **doing IA is evolving, different forms of IA are arising and many discussions are ongoing within and beyond the public health sector**. No consensus has yet been reached on the optimal way to identify, evaluate and monitor potential impacts of policies and programmes across all the relevant domains, or on how best to integrate health and IA.

Regardless, **HIA remains a highly valuable means to assess accurately and comprehensively potential health impacts of new proposals for policies, programmes or projects, and how these impacts are distributed** across different population groups, supporting the implementation of HiAP and striving to achieve equitable health outcomes.

## 2 Health Impact Assessments in practice

There is **no single or standard way to conduct or implement HIA, nor any standard guidance on how to ensure that the equity principle is followed throughout the process**. In addition, in practice, professionals developing HIA are commonly faced with very different contexts, meaning that the implementation of HIA will often need to be flexible and adapted to different situations and realities on the ground.

Bearing this in mind, this section provides a brief overview of the main methodological components commonly used to structure an HIA and a list of key resources. It also presents recommendations on how to **ensure equity in HIA**, and how to **successfully implement HIA recommendations and increase HIA uptake in governance and policymaking processes**.

### 2.1 HIA methodology: an overview

The most common way to structure an HIA follows the **WHO methodology**, adapted to different contexts and needs (4). The below provides a general overview of this methodology and key considerations.

#### Method

The WHO describes five steps to carry out an HIA (4):

1. **Screening:** allows experts to decide whether HIA is necessary or not. Looks at potential impacts of the policy/project on health outcomes, health determinants, and different population groups. If the screening concludes that the proposal is likely to impact health in a way that is not negligible, an HIA is deemed necessary.
2. **Scoping:** identifies what health risks and benefits to consider. Determines the terms of reference and a work plan, including a description of the methods, timescales, scope, resources, roles and responsibilities, and stakeholders to involve. Sets up a steering group.
3. **Appraisal:** gathers and analyses data and evidence, identifying affected populations and health impacts. Develops recommendations to increase the potential health benefits of the proposal and reduce potential negative impacts.
4. **Reporting:** presents results and recommendations to communities and policymakers.
5. **Monitoring:** evaluates the process and effectiveness of the HIA.

## Intensity

Depending on the context and resources, it is possible to do different types of HIA. They can broadly be categorised as follows:

- **Desktop HIA:** Assessment that generally follows a simple methodology and lasts a short duration of time. The assessment is usually based on existing knowledge and evidence, with the involvement of a limited amount of participants.
- **Rapid HIA:** Assessment that typically takes a few days or weeks and usually involves a brief investigation of health impacts, including a short literature review and gathering expertise from a number of local stakeholders.
- **Comprehensive HIA:** In-depth assessment that can take months to complete. Can be resource-intensive and require extensive literature searches and collection of primary data as well as stakeholder involvement.

## Timing

Ideally, HIA should be carried out prospectively, before the project or policy is implemented, so that the recommendations that result from the HIA can influence the design of the project or policy and help to promote better health outcomes for all. In practice, this is not always possible, and other types of HIA are also possible. To summarise, a common classification of the three main types of HIA is as follows (27):

- **Prospective HIA:** takes places at the start of the development of a proposal.
- **Concurrent HIA:** developed in parallel to the implementation of the proposal.
- **Retrospective HIA:** assesses the effect of an existing proposal.

## 2.2 Selected guidelines and resources

This section includes a non-exhaustive **selection of available resources to support in the development and implementation of HIA** at national, regional or local level. It also includes a number of resources that can help ensure that equity is considered while developing public health interventions or HIA. Many of these resources have been developed by members and associate members of the EuroHealthNet Partnership. They are available in English, unless otherwise indicated.

### 2.2.1 Introductory resources to the HIA field

Resource	WHO homepage on HIA
Author	World Health Organisation (WHO)
Description	WHO website that provides an overview of what is an HIA and what tools and methods can be used to undertake one.

<b>Link</b>	Available <a href="#">here</a> .
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<b>Resource</b>	<b>International Best Practice Principles. Health Impact Assessment (2021)</b>
<b>Author</b>	<b>International Association for Impact Assessment (IAIA)</b>
<b>Description</b>	Brief document providing a good overview of the basic principles of HIA as well as what process is generally followed and what methods and tools generally used.
<b>Link</b>	Available <a href="#">here</a> .

<b>Resource</b>	<b>Interactive module introducing Health Impact Assessments (2022)</b>
<b>Author</b>	<b>Institute of Public Health in Ireland</b>
<b>Description</b>	Online introductory module that provides an overview on the basics of HIA. It covers topics including what is an HIA and what are the different steps, when is an HIA required. It is free to access and takes about one hour to complete.
<b>Link</b>	Available <a href="#">here</a> .

<b>Resource</b>	<b>Online Course Modules: Health Impact Assessment, step by step</b>
<b>Author</b>	<b>Institut national de santé publique, Québec</b>
<b>Description</b>	Online training course on Health Impact Assessment, including an introductory module, followed by 9 additional modules looking into more detail the different steps of HIA and other relevant considerations to ensure a high quality and effective process.
<b>Link</b>	Available <a href="#">here</a> .

<b>Resource</b>	<b>1999 Gothenburg consensus paper on HIA (1999)</b>
<b>Author</b>	<b>WHO European Centre for Health Policy, WHO Regional Office for Europe</b>
<b>Description</b>	One of the first documents that describe the main HIA concepts and suggests a feasible approach to carrying out an HIA, to create a common understanding of HIA. Despite being developed in 1999, it is still one of the main sources used, guiding HIA practice (28).
<b>Link</b>	Available <a href="#">here</a> .

<b>Resource</b>	<b>Health Impact Assessment. Key citations series (2021)</b>
<b>Author</b>	<b>International Association of Impact Assessment (IAIA)</b>

<b>Description</b>	Document providing a list of references and key citations, providing an overview of the most relevant and key literature in the HIA field.
<b>Link</b>	Available <a href="#">here</a> .

## 2.2.2 General resources to guide the development of the HIA process

<b>Resource</b>	<b>Health Impact Assessment. A practical guide (2012)</b>
<b>Author</b>	<b>Wales Health Impact Assessment Support Unit</b>
<b>Description</b>	Guidance providing an overview on how to conduct an HIA, providing a very good description in a lay language of the essential components and steps of HIA. The Appendix contains very useful checklists to identify populations and health determinants.
<b>Link</b>	Available <a href="#">here</a> .

<b>Resource</b>	<b>Health Impact Assessment Guidance for Practitioners (2016)</b>
<b>Author</b>	Scottish Health and Inequality Impact Assessment Network (SHIAN)
<b>Description</b>	Guidance providing an overview on how to conduct an HIA, providing a very good description in a lay language of the essential components and steps of HIA. The Appendix contains very useful checklists to identify populations and health determinants.
<b>Link</b>	Available <a href="#">here</a> .

<b>Resource</b>	<b>Health Impact Assessment Guidance (2021)</b>
<b>Author</b>	<b>Institute of Public Health in Ireland</b>
<b>Description</b>	Guidance providing a comprehensive overview on how to conduct an HIA. It includes detailed explanations and technical guidance. It has been endorsed by the International Association for Impact Assessment (IAIA) and the European Public Health Association (EUPHA).
<b>Link</b>	Available <a href="#">here</a> .

<b>Resource</b>	<b>Mellow Village: A Health Impact Assessment Case Study (2024)</b>
<b>Author</b>	<b>Institute of Public Health in Ireland</b>
<b>Description</b>	Fictitious case study providing practical guidance on how to undertake a HIA, following the HIA technical guidance developed by the Public Health Ireland (listed above). The report describes step-by-step the HIA process, applied to a hypothetical proposal for the development of a mixed-use urban neighbourhood called 'Mellow Village'.

<b>Link</b>	Available <a href="#">here</a> .
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<b>Resource</b>	<b>Health Impact Assessment of Government policy (2010)</b>
<b>Author</b>	<b>National Health System- Department of Health (UK Government)</b>
<b>Description</b>	This guide aims to help policymakers to decide the level of HIA their policy requires, and to carry it out. The Annex section provides a hands-on framework with questions for the screening process, as well as questions to identify and prioritise health impacts for the later HIA stages.
<b>Link</b>	Available <a href="#">here</a> .

<b>Resource</b>	<b>European policy Health impact Assessment (EPHIA) (2004)</b>
<b>Author</b>	<b>European Commission</b>
<b>Description</b>	This guidance provides a standard generic methodology for HIA of EU policies and activities, and some indications on how to apply this HIA methodology to selected EU policies, and disseminate the findings and the lessons learned by means of seminars, publications and high-level briefings.
<b>Link</b>	Available <a href="#">here</a> .

<b>Resource</b>	<b>Guideline for evaluating the impact on health of projects subject to instruments of environmental prevention and control in Andalusia (2015)</b>
<b>Author</b>	<b>Andalusian Ministry of Health</b>
<b>Description</b>	This guideline provides an overview of the regulatory framework of HIA in Andalusia, and a methodology to carry out an HIA of projects subjected to EIA regulation.
<b>Link</b>	Available in Spanish <a href="#">here</a> .

<b>Resource</b>	<b>Enabling the implementation of Health Impact Assessment in Portugal (2023)</b>
<b>Author</b>	<b>WHO Regional Office for Europe, in collaboration with the National Institute of Health Dr Ricardo Jorge (INSA)</b>
<b>Description</b>	Report describing steps already taken and recommendations for future action, enabling the implementation of HIA in Portugal. This document includes in pages 25-39 an extensive list of resources on the overall HIA process and on how to address each of the steps of the HIA methodology (screening, scoping, appraisal, reporting and monitoring).
<b>Link</b>	Available <a href="#">here</a> .



<b>Resource</b>	<b>The versatility of Health Impact Assessment: experiences in Andalusia and other European settings. Copenhagen (2019)</b>
<b>Author</b>	<b>WHO Regional Office for Europe</b>
<b>Description</b>	This document describes experience gained in HIA implementation in Andalusia over the last years, focusing on the development of tools and procedures, including elements of success and conflict, misgivings, windows of opportunity and lessons learned.
<b>Link</b>	Available <a href="#">here</a> .

<b>Resource</b>	<b>Rapid Health Impact Assessment guide (2023)</b>
<b>Author</b>	<b>Spanish Ministry of Health</b>
<b>Description</b>	Guidance providing information on how to assess health impacts of regulations developed by the government and how to include a HiAP approach.
<b>Link</b>	Available in Spanish <a href="#">here</a> .

<b>Resource</b>	<b>Adaptation of an HIA screening tool at local level (2022)</b>
<b>Author</b>	<b>Region of Valencia, Spain</b>
<b>Description</b>	Methodology and tools for performing HIA of local policies, at a local level, including the equity perspective in the process.
<b>Link</b>	Related publication available <a href="#">here</a> . The tool is available in Spanish <a href="#">here</a> .

<b>Resource</b>	<b>Health Impact Assessment (HIA) and Local Development Plans (LDPs): A Toolkit for Practice (2021)</b>
<b>Author</b>	<b>Wales Health Impact Assessment Support Unit</b>
<b>Description</b>	Guidance on how to link policy development and HIA and how they come together in practice. Very user friendly.
<b>Link</b>	Available <a href="#">here</a> .

<b>Resource</b>	<b>Health Impact Assessment: Principles and Practices (2011)</b>
<b>Author</b>	<b>Martin Birley</b>
<b>Description</b>	Book introducing the subject of HIA in lay language.
<b>Link</b>	Not publicly available. Reference available <a href="#">here</a> .

<b>Resource</b>	<b>Working together for equity and healthier populations: sustainable multisectoral collaboration based on health in all policies approaches (2023)</b>
<b>Author</b>	<b>World Health Organisation</b>
<b>Description</b>	Intersectoral collaboration is a common barrier that HIA practitioners face before, during or after conducting an HIA. Finding ways to overcome this barrier can contribute to successful implementation and institutionalisation of HIA. This document provides practical advice for implementing multisectoral collaboration for health public policies. It is targeted to public health professionals advocating for or dealing with intersectoral policy action on social determinants of health.
<b>Link</b>	Available <a href="#">here</a> .

### 2.2.3 Resources focusing on quality assurance and specific stages of the HIA process

<b>Resource</b>	<b>Minimum Elements and Practice Standards for Health Impact Assessment (2022)</b>
<b>Author</b>	<b>Society of Practitioners of Health Impact Assessment's (SOPHIA)</b>
<b>Description</b>	The document defines the key and essential elements of HIA and sets standards for each step in the HIA methodology, to guide practitioners on how should HIA best be conducted.
<b>Link</b>	Available <a href="#">here</a> .

<b>Resource</b>	<b>Screening tool for Health Impact Assessment (2014)</b>
<b>Author</b>	<b>Spanish Ministry of Health</b>
<b>Description</b>	Tool to be used during the screening phase of HIA, to assess whether an HIA is necessary. This tool is used for the assessment of proposals for national public policies.
<b>Link</b>	Available in Spanish <a href="#">here</a> .

<b>Resource</b>	<b>Guide to reviewing published evidence for use in Health Impact Assessments (2006)</b>
<b>Author</b>	<b>London Health Observatory</b>
<b>Description</b>	Guidance providing a step-by-step framework to assist in the assessment of the quality of evidence when doing literature reviews, so that such evidence can be used in HIA.

<b>Link</b>	Available <a href="#">here</a>
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<b>Resource</b>	<b>Stakeholder engagement tools and materials</b>
<b>Author</b>	<b>Society of Practitioners of Health Impact Assessment's (SOPHIA)</b>
<b>Description</b>	List of resources on tools and materials to ensure stakeholder engagement in an HIA.
<b>Link</b>	Available <a href="#">here</a> .

<b>Resource</b>	<b>Generic software to quantify the health impact of policies influencing health determinants</b>
<b>Author</b>	<b>Dynamo-HIA</b>
<b>Description</b>	Software to quantify the health impact of policies, applicable throughout the EU. This software results from an EU-funded project, developed by several institutes in and outside the EU.
<b>Link</b>	Can be downloaded from <a href="#">this website</a> .

<b>Resource</b>	<b>Quality Assurance Review Framework for Health Impact Assessment (HIA) (2020)</b>
<b>Author</b>	<b>Wales Health Impact Assessment Support Unit (WHIASU), Public Health Wales (PHW)</b>
<b>Description</b>	The document provides a practical framework to support and guide assessors to review the quality of an HIA. The document is aimed for a wider audience, including policy or decision makers, commissioners, public health or environmental health specialists, planning officers, and private consultants.
<b>Link</b>	Available <a href="#">here</a> .

## 2.2.4 Resources focusing on ensuring equity in HIA

<b>Resource</b>	<b>Equity Planning Tool &amp; HIA Equity Evaluation Tool (2016)</b>
<b>Author</b>	<b>Society of Practitioners of Health Impact Assessment's (SOPHIA)</b>
<b>Description</b>	The Equity Planning Tool helps HIA practitioners plan how to address equity for each of the five steps of the HIA methodology and provides useful tips on who to do that in practice. The HIA Equity Evaluation Tool is a reflective tool for the evaluation process of HIA through the provision of metrics and suggestions for data collection methods. The tools and materials on

	stakeholder engagement listed in the previous section are also useful to ensure health equity.
<b>Link</b>	Both tools are available <a href="#">here</a> .

<b>Resource</b>	<b>Communicating about equity in Health Impact Assessment: A Guide for Practitioners (2016)</b>
<b>Author</b>	<b>Society of Practitioners of Health Impact Assessment's (SOPHIA)</b>
<b>Description</b>	Guidance addressed to HIA practitioners to support on their efforts to effectively and strategically communicate about equity, as a core value of HIA.
<b>Link</b>	Available <a href="#">here</a> .

<b>Resource</b>	<b>Checklist for analysing Equity in Health Strategies, Programmes and Activities</b>
<b>Author</b>	<b>Spanish Ministry of Health</b>
<b>Description</b>	Checklist to analyse a health strategy, programme or activity (SPA) focusing on equity and the social determinants of health, to identify and create proposals that integrate an equity approach.
<b>Link</b>	Available in Spanish <a href="#">here</a> , and in English <a href="#">here</a> .
<b>Resource</b>	<b>REFLEX-ISS. A tool to support the analysis of the consideration of social inequalities in interventions (2015)</b>
<b>Author</b>	<b>Chaire de recherche REALISME (Applied Intervention Research in Global Health and Equity)</b>
<b>Description</b>	Tool that can be used to adjust and improve an existing intervention, support reflection on consultation processes to improve the power to act, and for advocacy actions. It includes a checklist to ask questions and monitor progress. It is addressed to anyone involved in the planning, implementation or evaluation of an intervention.
<b>Link</b>	Available in French and in English <a href="#">here</a> .

<b>Resource</b>	<b>LENTILLE-ISS. Tool to support the consideration of social inequalities in projects</b>
<b>Author</b>	<b>SACOPAR, in collaboration with the Walloon Health Observatory</b>
<b>Description</b>	Tool to support professionals in paying more attention to social inequalities and better taking them into account in a project, to reduce their effect on health. The tool is intended for all stakeholders involved in a local project, including decision-makers, coordinators, health professionals, volunteers.

Link	Available in French <a href="#">here</a> .
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## 2.3 Ensuring the equity principle in HIA

Despite the fact that equity is recognised as a basic principle and a core component in HIA (4), in practice it is not always adequately addressed (5). The following section provides **recommendations addressed to HIA practitioners and competent authorities responsible for conducting HIA to help overcome some of the common barriers**, such as insufficient guidance, definitions and data, and to **ensure that equity is mainstreamed throughout the HIA process**.

- **Strengthen health information systems and in particular the ability to disaggregate data by social stratifiers at national and sub-national levels**

Competent authorities and organisations should be encouraged to invest in data collection and monitoring, ensuring access to up-to-date health and social data, essential for assessing health equity impacts and inform decision makers on equity issues. With regard to monitoring health inequalities, research shows that efforts for improvement on the ability to disaggregate data are particularly needed when it comes to variables on social stratification or position like education, income and ethnicity(29) and others such as small geographical areas or territorial stratification.

- **Identify and meaningfully engage population groups within the affected communities where the intervention will be implemented, in particular groups that are especially vulnerable to the proposed project or programme**

This can be done by creating a Steering or Advisory Committee, which should include representatives of different population groups, from all the levels of the community, who could be affected by the proposal, as well as representatives of organisations working with different target groups. HIA practitioners should be **culturally sensitive, and aware of different levels of health literacy, recognising and respecting the diversity of the population involved** and understanding the community's cultural norms, values and health beliefs. The Steering Committee should also include representatives with power of decision (or a good direct line/connection to decision makers), people with technical expertise and experience on the topic related to the intervention, and the private sector as relevant.

The Steering Committee needs to be meaningfully involved from the beginning of the HIA process throughout the different stages of the HIA methodology. This helps to ensure that local perspectives are embedded in HIA and also empowers those who are taking part, increasing their understanding and ability to engage in decision-making to improve their health and the health of their community.

More generally, it is critical to be **open and transparent with the community more broadly**, for instance when reporting the methods, the findings and the recommendations, as well as by sharing results with the affected communities. This helps to ensure greater buy-in to the HIA process and eventual implementation, and also increases awareness of health inequalities.

- **Develop community profiles to better understand the community in which the HIA is being carried out**

This should be done at the beginning of an HIA. A community profile helps to understand the social gradient of the community, which areas or groups are more/most deprived, the community's needs, and who would benefit (most) from the planned programme or policy. It can also help to better understanding the community's culture. Maps of evidence are very helpful as a visual figure to present the uneven distribution of a community's characteristics. The information gathered will help to **identify which areas/population groups to focus on to achieve the greatest impact**, support the interpretation of evidence during the appraisal stage, and provide context when developing the final recommendations during the reporting stage.

- **Prioritise recommendations to have the most impact on reducing health inequalities while at the same time aligning the recommendations to relevant overarching policies of interest to policy makers to increase chances for their uptake**

Review the evidence and identify potential impacts of the proposed policy or programme with the greatest likely scale and significance on marginalised or disadvantaged population groups. When developing recommendations for policymakers, prioritise those that help to mitigate these negative impacts and promote equitable health and wellbeing. Reinforce the collaboration across sectors to ensure a Health in All Policies approach to reducing health inequalities.

Further recommendations, building on those above, apply to specific steps of the HIA process:

- During the **screening stage**: Involve population groups in the community directly affected by the proposal to support the decision-making process of whether an HIA is necessary or not.
- During the **scoping stage**: Ensure that the assessment focuses on the identification of health impacts on different population groups by, first, using a comprehensive list of different populations groups, for example based on gender, socioeconomic status, country of origin, ethnic group, etc., to help identify affected populations. Second, by formulating equity-specific goals and research questions that look at particular target or vulnerable groups, and third, including those facing inequities in the discussions and decision-making process. The first three resources listed in section 2.2.2 of this document include comprehensive lists that can be used as examples.



- During the **appraisal stage**: Collect data regarding the impacts on different population groups who are potentially more affected by the proposal and/or facing health inequalities. Collaborate with communities in gathering evidence, and in the interpretation of the findings. Ensure that the recommendations include the views of relevant stakeholders and address the concerns of communities facing inequities.
- During the **reporting stage**: Share recommendations with all stakeholders, including population groups most impacted and/or vulnerable, and ensure a clear process is in place regarding how to select which recommendations to prioritise and take forward.
- During the **monitoring stage**: Look at how HIA succeeded in assessing the distribution of impacts and reflect on the level of involvement of stakeholders and different population groups. Make sure to share the results of the evaluation exercise and involve local communities in providing their input.

All of this – from identifying and engaging different population groups, to prioritising and enacting recommendations – takes time and is challenging. The resources listed in the previous sections can help to maintain an equity focus throughout the HIA process. This includes for instance the materials developed by the Society of Practitioners of Health Impact Assessment's (SOPHIA) on stakeholder engagement and on addressing equity in the five steps of the HIA methodology.

## 2.4 Ensuring the successful implementation of the HIA process and recommendations

The implementation by policymakers of the final recommendations resulting from an HIA is a key step to increase the health opportunities and mitigate the health threats of a new project, programme or policy that could potentially affect individuals or larger population groups in different ways.

In practice, **implementing the recommendations resulting from an HIA can be difficult**. As reflected in the answers of the EuroHealthNet Partnership survey, these difficulties are often directly linked to technical, organisational, and governmental challenges occurring before, during and after an HIA process. This can affect the comprehensive execution of a HIA and the later decision-making processes on the implementation of the recommendations resulting from the HIA. Among these challenges, those that stand out are the lack or limited political and/or organisational will for conducting a HIA and/or implementing the recommendations, gaps in knowledge and skills about HIA among the workforce, and restricted resources in terms of time and budget to conduct a comprehensive HIA.

The following recommendations aim to help those responsible for conducting a HIA overcome these challenges and ensure that the findings are successfully implemented.

- **Adopt all necessary measures to increase the credibility of the HIA process and findings**

Allocating adequate resources in terms of time, funding and human capacity is an essential step for undertaking an HIA in the first place and conducting, when possible and appropriate, comprehensive and prospective HIA, which is in many cases the preferred and ideal form of HIA. Once the resources are allocated, adapting the HIA process to different contexts and needs, tailored to the community affected by the proposal, will contribute to a higher acceptability of the final recommendations and, thus, higher chances of their implementation. Last, being transparent on how the HIA process was undertaken in terms of methods, findings and recommendations can also increase the credibility of the findings and the recommendations be greatly received not only by the authorities but also by the community affected by the proposal.

- **Promote intersectoral and multidisciplinary collaboration**

In order to assess the health impacts of a proposal from a holistic perspective, focusing on the social determinants of health is essential. For that, collaboration between different sectors is key to understand how such proposal could potentially affect the social, economic, environmental and/or cultural conditions of a community and, consequently, have an impact on its population's health. Useful approaches include developing partnership structures to work together, providing opportunities for active participation and knowledge sharing at different governmental levels. In addition, the development of a glossary of terms can enhance intersectoral collaboration by improving the understanding of different meanings of a concept used in different disciplines, like [this](#) example done in France (in French).

- **Provide training and capacity building to professionals working in the health sector and beyond on HIA principles and processes**

Offer education and training on HIA to professionals in the public health sector and beyond, to those responsible for planning, management and decision-making<sup>2</sup> from the municipal to national levels. The educational programmes should provide training on HIA processes, methodologies and tools, as well as on the social determinants of health and the nuances of health equity. In this regard, the development of 'competency frameworks' can be very helpful, by providing a description of the required learning outcomes for training and development, to acquire the necessary and minimum knowledge and skills, to adequately and 'competently' carry out a high quality HIA and increase the chances of HIA recommendations' uptake. The Wales Health Impact Assessment Support Unit (WHIASU) has a good example of competency framework available [here](#).

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<sup>2</sup> Note: The European Public Health Association (EUPHA) is currently leading an initiative to identify competences and training needs for better implementation of HIA aiming at providing suggestions on a training curriculum on HIA for tertiary education addressed to health professionals and workforce across different sectors.

- **Exchange experiences to highlight HIA success stories and make a case for their wider use**

It is also helpful to share examples and experiences – including challenges – across as well as within countries, so that professionals can learn from each other, identify common barriers and enablers and further highlight success stories. The EuroHealthNet partnership is keen to facilitate this exchange, for instance through the list of contacts included in this Guide.

## 2.5 Ensuring HIA is embedded in policy processes

In many European countries, there is still no clear guidance on how to make the case among decision- and policy-makers for HIA, and how to conduct and implement them. In addition, **there is a predominant conception of HIA as an administrative burden instead of an enabling force to safeguard health and health equity**. Properly framed guidance on how to make the case for and assess the health impacts of projects and policies under development is essential, as it is done in the environmental sphere through the EU's Environmental Impact Assessment (EIA) Directive 2011/92/EU (11) amended by Directive 2014/52/EU (12). This will help to ensure that HIA is routinely conducted as part of policy processes.

The four recommendations listed in section 2.4 above (increase the credibility of HIA process and findings, intersectoral collaboration, capacity-building and exchange of experiences) are critical to this process. Further recommendations to help ensure the uptake of HIA in governance and policymaking processes are included below.

- **Make the case for HIA to ensure political will and organisational commitment, including of resources**

A critical first step is to identify key relevant interests of policy- and decision-makers. This allows to advocate for how investing in HIA can contribute to political priorities and enable the achievement of specific policy goals, such as the reduction of health or social care costs while improving the quality of life of citizens, or the shift towards a fair green transition. Second, identify and engage the most relevant policy and decision-makers **as early as possible in the HIA process**, and make sure that their involvement is structured and continuous, for example, as part of the HIA Steering Committee.

In addition, securing political commitment can help to ensure that **adequate resources, including time, financing (including for training, data access, recruiting experts as needed, etc.) and human capacity**, are allocated to conduct an HIA. With enough resources, an HIA can be done in a more thorough and comprehensive way, contributing to a greater credibility of the findings and a better reception and implementation of the final recommendations.

- **Reinforce national legal framework to institutionalise HIA and promote its use at national, regional and local levels**

This can be done by including HIA in public health legislation, recognised as an essential component of policy development processes, as it is the case for EIAs. Within Europe, good examples can be found in Wales and Spain. If it doesn't already exist, governments can create a legal Act implementing the EIA Directive, updating the EIA legislation already in place, which transposes the EIA Directive and Directive 2001/42/EC on strategic environmental assessment to incorporate HIA, or developing a combined act on HIA and EA (EIA and SEA). Such a legal framework should define how to carry out an HIA, provide guidance on what type of intervention should follow an HIA, who should develop an HIA and provide support to develop the capacity of people doing these assessments. If an HIA is integrated in an EIA, the document should also describe how to adequately consider health in the EIA. In addition, the framework should promote a holistic approach of health, recognising equity and the social determinants of health as integrative parts of the HIA process, but also of public policy within and beyond the health sector.

In case it is not feasible to adopt a legally binding framework, in the interim, competent authorities can put forward clear and widely accepted standards and guidelines on how to carry out an HIA, including guidance on how the process can be tailored for different settings and levels. This will facilitate the implementation of HIA recommendations and promote consistency for the assessment of impacts on health equity.

- **Establish a national HIA Support Unit**

Create a national HIA Support Unit by legal mandate as part of an existing institution and provide the necessary resources for the work of this unit, including budget allocation for training, tool development and pilot studies. The HIA Support Units in Wales, Scotland and Andalusia can be used as inspiration.

- **Develop an evidence-base for monitoring and evaluating HIA processes**

It is vital to establish clear mechanisms to monitor and evaluate the overall HIA process. This can support the assessment of the effectiveness of HIA as a process, in influencing the development and implementation of policies/strategies and in measuring the impact that these have on health and health equity outcomes in the short and long term. This is a crucial step to showcase the added value of conducting an HIA as part of the policymaking process. Transparency throughout the HIA process on the methods, outcomes and findings is important to establish trust and increase the credibility of the process and the results.

Examples from the EuroHealthNet Partnership, including on how to establish a legal framework for HIA and increase HIA uptake in policymaking processes, are included in the following section.

## 3

## Good practices from the EuroHealthNet Partnership

This section includes examples of good practices from the EuroHealthNet Partnership. These practices are highlighted either because they support a successful implementation of HIA, they contribute to positive changes in the HIA process or they influence uptake of HIA on governance. A few examples are also included of HIA being conducted in ‘unusual’ circumstances, reflecting how HIA practice is evolving.

### 3.1 Tools, processes and bodies that support the successful implementation of HIA

<b>Practice</b>	<b>Development of a roadmap proposal for the systematic implementation of HIA in Portugal</b>
<b>Member</b>	<b>National Institute of Health Doctor Ricardo Jorge (INSA), Portugal</b>
<b>Description</b>	The roadmap (2023) results from a two-year HIA training programme launched at national level by INSA, with the technical support of WHO Regional Office for Europe. Three national workshops were conducted to train experts from various fields in developing HIA, to support multidisciplinary multisectoral approach and to strengthen the development of healthy public policy with consideration of the social determinants of health and equity matters. The roadmap proposes several recommendations for the systematic implementation of HIA in the country.
<b>Highlight</b>	Detailed explanation of the process required to develop the roadmap, including how they received technical support throughout the process from WHO, how they designed and delivered a capacity building for healthcare professionals, how they managed intersectoral collaboration in the process.
<b>Link</b>	A report is available <a href="#">here</a> .

<b>Practice</b>	<b>Establishment of a Health Impact Assessment Support Unit</b>
<b>Member</b>	<b>Public Health Wales</b>
<b>Description</b>	Wales established the Wales HIA Support Unit (WHIASU) in 2004 at Public Health Wales and it has been running ever since. The WHIASU provides guidance, resources and training on HIA, occasionally carries out HIA, and ensures that HIA is properly carried out and meet the HIA regulations. The

	WHIASU influenced the implementation of the Public Health (Wales) Act 2017 (30) for HIA to be statutory in specific circumstances.
<b>Highlight</b>	Creation and sustainability over 20 years of an HIA Support Unit within a Public Health Agency and influence on the development of a legal framework for conducting HIA in Wales.
<b>Link</b>	Link to the website and many HIA resources developed by WHIASU <a href="#">here</a> .

<b>Practice</b>	<b>Network for peer support and experience sharing on HIA &amp; Establishment of HIA Support Unit</b>
<b>Member</b>	<b>Public Health Scotland</b>
<b>Description</b>	The Scottish Health Inequalities and Impact Assessment Network (SHIAN) has been running since 2001 and provides peer-support group meetings, the sharing of news, updates and events, and contributes to the production of best practices guides, amongst other activities. Overall, it has supported the increase in the use and quality of HIA and promotes a HiAP approach in Scotland. After 20 years, the network has evolved and will be reinforced now by the 'recently' created HIA Support Unit (2022) within Public Health Scotland.
<b>Highlight</b>	Availability and sustainability of a peer-support network for the development and implementation of HIA in Scotland, leading to an HIA Support Unit.
<b>Link</b>	SHIAN website available <a href="#">here</a> .

<b>Practice</b>	<b>Network of public health practitioners for HIA</b>
<b>Member</b>	<b>Andalusian School of Public Health</b>
<b>Description</b>	The Andalusian Ministry of Health set up a network of public health practitioners (around 90) linked to the evaluation of HIA submitted by developers of EIA and urban proposals. The Andalusian School of Public Health designed an online platform of restrictive access, which facilitates the traceability of files (both for improving internal management and in responding to external queries), and acts as a source of relevant evidence supporting the work of professionals involved in HIA.
<b>Highlight</b>	This tool has supported the continuous training of professionals involved in the HIA process, in the Spanish region of Andalusia.
<b>Link</b>	Link to a related publication <a href="#">here</a> .

<b>Practice</b>	<b>Development of a formal and accredited competency based HIA Training</b>
<b>Member</b>	<b>Public Health Wales</b>



<b>Description</b>	Development and availability of an accredited HIA Training, offering educational programs from an introduction to HIA to an in-depth competency training course in comprehensive HIA.
<b>Highlight</b>	Accredited training for professionals on HIA, of which few exist.
<b>Link</b>	Training website available <a href="#">here</a> and link to the technical document of the training framework available <a href="#">here</a> .

## 3.2 HIA conducted at regional and national levels

These practices stand out for their inclusion of equity matters, the change of stakeholders' attitudes on the value of HIA in decision-making processes, or on how they contribute to transparency and accountability of public policies.

<b>Practice</b>	<b>HIA of a road space reallocation (2022)</b>
<b>Member</b>	<b>Public Health Scotland</b>
<b>Description</b>	An HIA was conducted to identify and assess positive and negative impacts of road space reallocation on health and health inequalities in Scotland.
<b>Highlight</b>	The report provides a good overview in an easy-to-understand language of the steps to be taken to conduct an HIA, from the methods used to review and collect evidence to the identification of potential impacts and development of the final recommendations.
<b>Link</b>	Report available <a href="#">here</a> .

<b>Practice</b>	<b>HIA of an urban regeneration program called 'Opengela' at regional level (2023)</b>
<b>Member</b>	<b>Research Group in Social Determinants of Health and Demographic Change (Opik)</b> (resource shared by EuroHealthNet member: Basque Country Department of Health, Basque Government)
<b>Description</b>	An HIA was conducted to identify potential positive and negative impacts of the program, in the context of urban planning, on health and the health determinants of the affected population
<b>Highlight</b>	This HIA has a strong emphasis on the social determinants of health and equity.
<b>Link</b>	Report available in Spanish <a href="#">here</a> .
<b>Practice</b>	<b>Health Impact Assessment - Does the Turia Garden contribute to the health of people living in the city of Valencia? (2022)</b>
<b>Member</b>	<b>Health Department, Region of Valencia, Spain</b>

<b>Description</b>	An HIA was conducted to understand the health impacts and their distribution on the citizens in Valencia of an urban green space that crosses the city.
<b>Highlight</b>	This HIA follows a methodology that the Region of Valencia adapted to be used as a tool to assess policies or interventions at a local level.
<b>Link</b>	The publication of the adapted methodology is available in English <a href="#">here</a> .

<b>Practice</b>	<b>HIA of urban planning. Amendment of a land-use plan in Seville (2019)</b>
<b>Member</b>	<b>Regional Ministry of Health and Consumers of Andalusia, Spain</b>
<b>Description</b>	HIA on the possible relocation of a social centre from a site adjacent to an industrial facility, looking to expand its premises.
<b>Highlight</b>	This case study stands out for the change of attitude of the City Council, from being reluctant to use an HIA perceived as a solely bureaucratic requirement, to a useful and relevant tool in decision making processes. This case study also is highlighted for how HIA helped in raising awareness on health issues among non-health sectors, in this case, the urban-planning department.
<b>Link</b>	Description of the case study pp. 57-69 of an overall report, <a href="#">here</a> .

<b>Practice</b>	<b>HIA on the draft of the Andalusian Strategy on Air Quality (ASAQ) (2019)</b>
<b>Member</b>	<b>Regional Ministry of Health and Consumers of Andalusia, Spain</b>
<b>Description</b>	HIA conducted on a strategy for the improvement of air quality at regional level.
<b>Highlight</b>	This example stands out by presenting the impacts on health outcomes but also turning them into monetary values, facilitating the understanding of policy makers of the health impacts of the ASAQ but also showing how HIA allows for greater transparency and accountability of public policies.
<b>Link</b>	Description of the case study pp. 30-46 of an overall report, <a href="#">here</a> .

### 3.3 Good practices going beyond traditional HIA

These case studies are highlighted as examples reflecting how HIA practice is evolving, expanding the use of HIA to inform and influence complex decisions related to situations or global health threats like the COVID-19 pandemic or climate change. The use of HIA to assess these types of events or situations is still not that common.

<b>Practice</b>	<b>Rapid HIA of rising cost of living in Scotland (2022)</b>
<b>Member</b>	<b>Public Health Scotland</b>
<b>Description</b>	A rapid HIA was conducted to identify likely health impacts of the rising costs of living on different population groups, and potential mechanisms leading to those impacts. It made recommendations for local action to support the mitigation of the impact of rising costs of living as a result from price inflation in the UK during 2021 and 2022.
<b>Highlight</b>	Use of HIA to assess a situation rather than a policy or a plan.
<b>Link</b>	Report available <a href="#">here</a> .

<b>Practice</b>	<b>HIA on the ‘Staying at Home and Social Distancing Policy’ in Wales in response to the COVID-19 pandemic (2020)</b>
<b>Member</b>	<b>Public Health Wales</b>
<b>Description</b>	Conducted to assess the impact of this policy across the determinants of health and identify population groups that could be disproportionately affected by the lockdown measures in Wales.
<b>Highlight</b>	HIA conducted in real time while lockdown measures were being put in place. This findings from this HIA supported the Welsh authorities to inform actions, research and plans related to the COVID-19 pandemic.
<b>Link</b>	Report available <a href="#">here</a> .

<b>Practice</b>	<b>HIA on Climate Change in Wales (2023)</b>
<b>Member</b>	<b>Public Health Wales</b>
<b>Description</b>	Conducted to assess the wider health impacts of climate change in Wales and what it means for people’s lives, including economic, social, environmental and mental wellbeing.
<b>Highlight</b>	HIA on exceptional events of a large scale of impact and complicated nature like climate change. HIA providing evidence to inform authorities on their preparations for, and response to, climate change and related events, with a focus on recommendations to support the adoption of policies and plans that promote and protect health and wellbeing, especially for vulnerable communities, in Wales.
<b>Link</b>	Report available <a href="#">here</a> .

# 4

## Contacts in the Partnership with HIA experience or expertise

The below EuroHealthNet partners and associates with expertise on HIA have agreed to feature in this Guide. Members of the Partnership are invited to make connections and share experiences, challenges, and good practices, as useful to their work. Partners are invited to get in touch in case they would like to add their contact details to this list in an updated version of the Guide.

### **Andalusian School of Public Health, Spain**

- Piedad Martín-Olmedo, Senior lecturer in public health, Andalusian School of Public Health, [piedad.martin.easp@juntadeandalusia.es](mailto:piedad.martin.easp@juntadeandalusia.es)

### **Directorate General of Public Health and Health Equity, Ministry of Health, Spain**

- Marian Mendoza García, Head of Environmental Risk Services, Area of Water Sanitary Quality and Environmental Risks, [mmendozag@sanidad.gob.es](mailto:mmendozag@sanidad.gob.es)
- Rosina Magdalena Olasso Jveschuk, Senior Technician, Area of Water Sanitary Quality and Environmental Risks, [rolaso@sanidad.gob.es](mailto:rolaso@sanidad.gob.es)
- Ana Gil Luciano, Head of the Health Promotion and Equity Area, [agil@sanidad.gob.es](mailto:agil@sanidad.gob.es)
- Jara Cubillo Llanes, Head of Service of the Health Promotion and Equity Area, [jcubillo@sanidad.gob.es](mailto:jcubillo@sanidad.gob.es)
- Ignacio Giménez Alba, Technical Officer of the Health Promotion and Equity Area, [igimenez@sanidad.gob.es](mailto:igimenez@sanidad.gob.es)

### **Institute of Mental Health and Addiction, Trimbos Institute, Netherlands**

- Annemarijn Schaap, Senior Policy Advisor at Trimbos, [aschaap@trimbos.nl](mailto:aschaap@trimbos.nl)

### **Medical University of Silesia, Poland**

- Katarzyna Brukato, Adjunct, Coordinator of Public Health EU Programmes, [kbrukalo@sum.edu.pl](mailto:kbrukalo@sum.edu.pl)

### **Ministry of Health of the Slovak Republic, Slovakia**

- Daniela Kállayová, Public health officer, [daniela.kallayova@health.gov.sk](mailto:daniela.kallayova@health.gov.sk)

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# 5

## Conclusion and next steps

HIA is a highly valuable tool to safeguard health and health equity in the evolving societies in which we live. We hope that the EuroHealthNet Partnership will find this guide useful, helping to increase knowledge on how to conduct and implement HIA with an equity focus, and to understand how to advocate for its greater use to inform and enhance decision-making on proposals for policies, programmes or projects that could potentially impact a community's health. A more systematic use of HIA is an important opportunity for authorities to support the implementation of a Health in All Policies (HiAP) approach and foster healthy, more equitable societies.

The EuroHealthNet Partnership provides a platform for public health professionals to, among others, exchange expertise about HIA. Further work will be needed by the Partnership to promote and strengthen the resource base on equity-focused HIA. EuroHealthNet will provide continued support, if needed, to develop partners' capacity in this field, for example through the establishment of a dedicated HIA [Thematic Working Group \(TWIG\)](#), or the organisation of a bespoke HIA [Country Exchange Visit](#), bringing together professionals in the network to exchange knowledge and experiences on HIA.



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# EuroHealthNet

European partnership for **health, equity & wellbeing**

**Our mission is to help build healthier communities and tackle health inequalities within and between European States.**

EuroHealthNet is a not-for-profit partnership of organisations, agencies and statutory bodies working on public health, promoting health, preventing disease, and reducing inequalities.

EuroHealthNet supports members' work through policy and project development, knowledge and expertise exchange, research, networking, and communications.

EuroHealthNet's work is spread across three collaborating platforms that focus on practice, policy, and research. Core and cross-cutting activities unite and amplify the partnership's activities.

The partnership is made up of members, associate members, and observers. It is governed by a General Council and Executive Board.

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