

## Activities related to Health Impact Assessment conducted in the 16th European Public Health Conference, “Our Food, Our Health, Our Earth: A Sustainable Future for Humanity” Convention Centre Dublin, Ireland, 8-11 November 2023”

### INTRODUCTION

**Dr. Piedad Martín-Olmedo**, president of EUPHA-HIA section; professor in Health Protection at the Andalusian School of Public Health (Granada, Spain)



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Policies, plans, and projects in all sectors can have both positive and negative impacts on population health and health equity.

The World Health Organization (WHO) proposed Health Impact Assessment (HIA) as a combination of methods and tools that allows policymakers and project developers to assess and manage the consequences of their proposals on the health and equity of the affected population. The final purpose of HIA is to support the decision-making by providing the best and more updated scientific and professional evidence on the health determinants that can be affected by a proposal, and therefore on the potential positive or negative impacts on population

health, and wellbeing as well as on the distribution of those impacts within the population. In these sense, HIA should be applied mainly as a prospective tool.

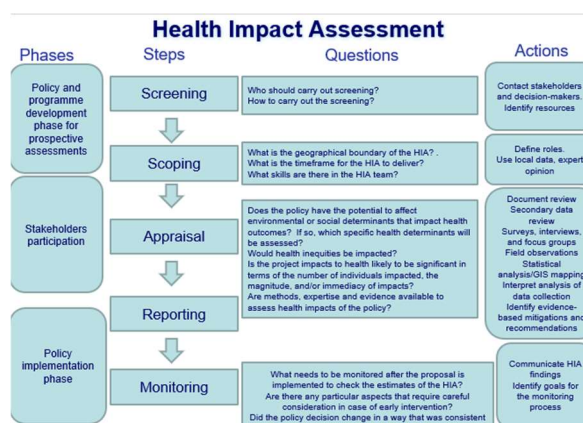


Photo by WHO (<https://www.who.int/tools/health-impact-assessments>)

The so-called research-driven HIA or advocate HIA are those undertaken by academia/research institutes/ agencies who are neither proponents nor decision-makers, with the goal of raise concern and recognition of certain health problems for them to be addressed by decision makers. Normally this type of HIA provides robust scientific evidence on association between certain health determinants/risk factors and health outcome, evidence that is very useful for addressing the appraisal stage of future HIA linked to the decision making.

Several interesting initiatives were presented in this 16<sup>th</sup> EPH Conference in the field of HIA from the double perspective described above. A summary of those proposed by the EUPHA-HIA section are reported below. There were many others organised by other EUPHA sections that

directly or indirectly tackled the characterisation of health impacts related to different health determinants. Those were not summarised here but they are also very relevant.

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## 1. Pre-conference to the 16<sup>th</sup> European Public Health Conference **Competences and training needs for better implementation of Health Impact Assessment (HIA)**

Organised by EUPHA-HIA section with the collaboration of other Institutions (see presenters)  
Wednesday 8<sup>th</sup> November 2023, 12:30-17:00 hours

### CHAIRS:

- **Dr. Piedad Martín-Olmedo**, president of EUPHA-HIA section; professor in Health Protection at the Andalusian School of Public Health (Granada, Spain)
- **Dr. Odile Mekel**, EUPHA-HIA's vice-president; Landeszentrum Gesundheit Nordrhein-Westfalen (LZG.NRW) (Bochum, Germany)

Several surveys conducted nationally and across Europe identified barriers that hinder a broader and more extensive practical application of HIA applied to the decision-making process. One of these limitations refers to a lack of HIA training, experience, certification, and competency frameworks. Respondents from those surveys also mentioned a history of unsatisfactory experiences involving intersectoral collaboration with health professionals, decision makers and other public sector stakeholders. Agencies, such as national and regional Public Health Institutes (PHIs), and Academia can play a critical role in overcoming these limitations.

### Reference document:

- Implementation of health impact assessment and health in environmental assessment across the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2023. Licence: CC BY-NC-SA 3.0 IGO. Available at: <https://www.who.int/europe/publications/i/item/WHO-EURO-2023-7370-47136-68982>
- Martín-Olmedo P, Kuhlmann E. Public Health Institution and Academia's role in building capacity for Health Impact Assessment. European Journal of Public Health, Volume 32, Issue Supplement\_3, October 2022, ckac129.099, <https://doi.org/10.1093/eurpub/ckac129.099>
- Martín-Olmedo, P. Survey on HIA implementation across countries of the WHO European Region. European Journal of Public Health, Volume 27, Issue suppl\_3, November 2017, ckx187.637, <https://doi.org/10.1093/eurpub/ckx187.637>

In light of this evidence, EUPHA-HIA section together with other institutions proposed to run a preconference with the following **objectives**:

- Share practical experiences of HIA, as well as of HIA training and capacity building programs from different countries and institutions
- Extract learning ideas on competencies, attitudes and values necessary for conducting a successful HIA fit for purpose.

#### PRESENTATIONS:

**Dr. Liz Green**, Programme Director, Public Health Wales. Title: “*Skills and knowledge framework from Wales: enabling competence for health and equity in Health Impact Assessment (HIA)*”.

For quality HIA to be carried out, those who lead them, contribute to them or are commissioned to carry them out must have a clear set of skills and knowledge in order to do so competently. Whilst most practitioners ‘learn by doing’ or by attending training for HIA there is no clear set of criteria, or definition that a person must meet, in order to be judged to be competent to carry a HIA out. Competency can mean different things to different people, but a clear set of standards, criteria and appraisal tools, training and professional competence and abilities are needed in order to be explicit to measure this and articulate how competence should be demonstrated in practice.

This presentation discussed wider work globally on the issue and specifically articulated the work of the Wales HIA Support Unit (WHIASU) to train and mentor practitioners and organisations. It presented WHIASU’s Skills and Knowledge Development Framework, which provides a pathway to develop and support competence in practice, and the Quality Assurance Review Framework for HIA. It described a clear set of expected skills and knowledge outcomes that competent practitioners and multi-disciplinary teams need to exhibit; which policy makers and commissioners need to seek; and which reviewers should expect see applied, in order to ensure that high quality, fit for purpose HIAs are carried out which include the widest interpretation of health, wellbeing and inequalities.

It concluded that in order to enable competent broad holistic assessments a clear set of criteria, tools, resources and training opportunities have been developed in Wales in order to enable and facilitate a wide range of personnel to deliver a wide and inclusive HIA. This would reassure communities that health and the distribution of impact on them has been considered in totality.

#### Reference documents:

- Green L et al. 2020. *Quality Assurance Review Framework for Health Impact Assessment (HIA)*. Wales Health Impact Assessment Support Unit (WHIASU), Public Health Wales (PHW) • Revised March 2020. Available at: [https://phwwhocc.co.uk/whiasu/wp-content/uploads/sites/3/2021/05/QA\\_Interactive\\_PDF\\_version\\_eng..pdf](https://phwwhocc.co.uk/whiasu/wp-content/uploads/sites/3/2021/05/QA_Interactive_PDF_version_eng..pdf)
- Edmond et al. *Health Impact Assessment Training and Capacity Building Framework Technical Document*. WHIASU, Public Health Wales, June 2019.

**Dr. Astrid Knoblauch**, researcher and consultant at Swiss Tropical and Public Health Institute (Allschwil, Switzerland). Title: *“Skills and capacity needs for HIA implementation in the extractive industries sector in sub-Saharan Africa”*.

Firstly, Dr. Knoblauch provided an overview of the activities being carried out in sub-Saharan countries, dominated by a high and growing number of extractive industry projects, and the lack of a regulatory framework for the application of the HIA in this field. She also provided figures and data to illustrate the high overload of health systems in those countries and the fewer capacities on HIA. In this context, she analysed and presented the knowledge gaps and needs that each of the stakeholder groups have regarding the purpose and process of HIA. At the project proponent level, a strong commitment to HIA is essential. Additionally, project staff with backgrounds in public health or community health are crucial, along with a fundamental understanding of HIA principles to navigate effectively the HIA process, even if conducted by external resources. Financing institutions face a distinct knowledge gap concerning the intricacies of the HIA approach, especially in comparison to Environmental Impact Assessments (EIA) and Social Impact Assessments (SIA). Furthermore, they encounter uncertainties in HIA screening and scoping, often lacking the ability to assess the appropriateness of the proposed HIA scope. Both financing institutions and the health sector require an enhanced understanding of health-related issues and the various impact pathways associated with extractive industry projects. In the broader health sector in sub-Saharan Africa, there is limited awareness of HIA, with no laws or regulations in place to enforce its use. Consequently, raising awareness and understanding of HIA within this sector is of utmost importance. Communities, as a major and often most affected stakeholder group, exhibit variable levels of participation in HIA.

Reference documents:

- Winkler et al. (2013) *Untapped potential of HIA*. Bull World Health Organ 2013; 91:298–305; doi:10.2471/BLT.12.112318.
- Winkler et al. (2020) *Current global HIA practice*. Int. J. Environ. Res. Public Health 2020, 17, 2988; doi:10.3390/ijerph17092988.

**Dr. Martin Birley**, HIA consultant (UK). Title: *“HIA competences analysis from my experience”*.

Competence framework is a structure that sets out and defines each individual competency. One of the earliest training initiatives on HIA training was launched in the late 1980's by a joint WHO /FAO /UNEP /UNCHS collaboration called PEEM that focussed on the health impact assessment of water resource developments in warm climates. The course brought together civil servants from the health sector and implementing sectors such as agriculture, irrigation, and environment. The implicit agenda was to bring together government civil servants from different disciplines, ministries, or departments so that they could get to know each other, build trust, and collaborate. For example, it was observed that an agricultural department constructing irrigation schemes in Africa might not know how this could affect the prevalence of malaria. In addition, the health department might not know the agricultural scheme was being constructed. A one-day field trip was included so that participants could get a first-glimpse of the issues they were discussing, promoting further bonding. From 1990, the focus broadened to include more health impacts in more sectors. The courses consisted of a set of modules undertaken by participants by discussion in small and diverse groups. One of the tasks

was to choose the most competent consultant to undertake an HIA from a set of dummy CVs. As the courses developed, a set of Modules was defined, and each had a single aim and several objectives. The discussion of a simple competency framework started back in 2004 and continued in subsequent years without a consensus agreement.

Participants require different competency depending on their role. In addition to carrying out an HIA, competence is required in recruiting, scoping, and reviewing, summarising, and integrating. In 2004, we borrowed an existing and very simple model of competency with four levels used in the energy industry. This was later expanded to five levels at the request of HIA practitioners: awareness; knowledge; lead; skilled and Mastery.

Additional work is required to address gaps such as an agreement about standard course content; a competence framework or a way of certifying competence.

#### Reference documents:

- M. Birley. *Health impact assessment in multinationals: A case study of the Royal Dutch/Shell Group*. Environmental Impact Assessment Review. 25 (2005) 702–713.
- M. Birley. *Health Impact Assessment, principles and practice*. Earthscan/Routledge, 2011.
- M. Birley et al. *Health impact assessment: a tool for intersectoral collaboration*, in: C.J.M. Koenraadt, J. Spitzen, W. Takken (Eds.), *Ecology and Control of Vector-borne Diseases*, Wageningen Academic Publishers, The Netherlands, 2021: pp. 181–197.

**Dr. Joanna Purdy**, Public Health Development Officer at the Institute of Public Health in Ireland.  
Title: *"HIA competences analysis from my experience"*.

The Institute of Public Health of Ireland (IPH-IE) seeks to support the HIA community by developing and providing high quality, relevant and up-to-date resources to build capacity for HIA across the island of IE. In recent years, IPH-IE has published a comprehensive suite of HIA guidance documents and an online introductory module to HIA.

For a better understanding of the support and training needs of the HIA community, IPH-IE developed an online survey, administered to all HIA contacts on the IPH-IE database as well as through Twitter and Linked In. The survey was open for 10 weeks and completed by 56 respondents. Not all respondents completed all questions; hence, there is some variation in numbers. Due to the small number of respondents, only descriptive analysis was applied.

Over half of survey respondents were from local government or community /voluntary sector organisations, as well as representatives from central government, statutory agencies, academia and health service. Within this sample, around half of respondents had either limited or no experience in HIA. One fifth of respondents reported having between one and four years' experience, whilst around a quarter had five or more years' experience. Around two thirds of respondents had no experience in leading or undertaking a HIA. In terms of self-reported level of competence in HIA, over half of respondents reported limited or no knowledge, skills or experience of HIA. Around a third reported to have moderate to proficient levels of competence in HIA, with one in ten considering themselves an expert in HIA.

Although experience and expertise in HIA was limited in this sample, respondents reported high levels of knowledge and expertise in “Social determinants of health’ and ‘Health inequalities and health equity’. Around 40% reported moderate to high levels of knowledge in ‘Quantitative Research’, however lower levels of knowledge were reported in relation to ‘Population data and evidence’ and ‘Qualitative Research’. Over half of respondents reported basic or low levels of knowledge in the ‘HIA process’ and ‘Policy/regulatory/legal context for HIA’.

A moderate to high level of competence in skills such as communication, project management, stakeholder facilitation and collaboration/partnership working was reported. In contrast, almost 60% of respondents reported basic or low levels of skill in leading, designing or delivering a HIA.

The majority (approximately three quarters) of respondents had no formal HIA training or academic qualifications which included HIA. Forty percent of respondents reported that they would require introductory level training to HIA.

In the sample surveyed, respondents had limited experience of HIA, with most having never undertaken or led a HIA. Low levels of knowledge in the HIA process were reported, with few having any formal HIA training or qualifications, which included HIA. Respondents reported strengths in other areas such as technical research skills, communication, stakeholder engagement and project management. This small study provides important insights into gaps in HIA knowledge and skills and helps identify where resources should be developed and investment made to help build capacity for HIA.

#### Reference documents:

- Pyper, R., Cave, B., Purdy, J. and McAvoy, H. (2021). Health Impact Assessment Guidance: A Manual. Standalone Health Impact Assessment and health in environmental assessment. Institute of Public Health. Dublin and Belfast.  
Available at:  
[https://www.publichealth.ie/sites/default/files/resources/HIA%20Guidance%20A%20Manual\\_0.pdf](https://www.publichealth.ie/sites/default/files/resources/HIA%20Guidance%20A%20Manual_0.pdf)
- Digital learning module, ‘Introduction to Health Impact Assessment’, available free of charge on Public Health Matters app and platform:  
<https://www.publichealth.ie/events/free-online-course-introduction-health-impact-assessment-0>

**Dr. Luciana Costa**, Health Promotion and Prevention of NCDs, National Institute of Health Dr Ricardo Jorge, Lisbon, Portugal. Title: *“HIA capacity building and training needs in Portugal”*.

In Portugal, the efforts to promote Health Impact Assessment (HIA) gained further momentum following the evaluation of the Portuguese National Health Plan 2004–2010 by the World Health Organization (WHO). The WHO’s recommendations emphasized the need for stronger interministerial involvement and the development of HIA within governmental bodies. In response, a capacity-building program to support HIA implementation was incorporated into the 2014–2015 Biennial Collaborative Agreement between WHO and the Portuguese Ministry of Health. This initiative built upon the groundwork laid in 2012–2013 and was spearheaded by the National Institute of Health Dr Ricardo Jorge (INSA). This program introduced a

comprehensive training initiative launched in November 2017. It organized three multidisciplinary HIA teams, employing a "Learning by Doing" approach. These teams were entrusted with the task of developing three distinct HIA case studies across various domains. Throughout the program's two-year duration, the WHO Regional Office provided both online and in-person consultancy, employing a combination of quantitative and qualitative methods. This support led to the formulation of well-substantiated recommendations. In December 2019, the program's final meeting culminated in a policy dialogue where the findings of the case studies were presented. The participants highlighted several challenges faced during the program, including difficulties in accessing data, obstacles in fostering intersectoral collaboration, and the complexities arising from the use of differing technical approaches. Despite these barriers, the program achieved significant outputs. It facilitated the presentation of various scientific products and disseminated several publications. The participants consistently underscored the importance of conducting "real case" pilot studies, deeming them highly beneficial to the training process. One of the program's major achievements was the development of a "framework for HIA implementation in Portugal." This framework delineates both the technical and policy-oriented steps required to achieve a sustained integration of HIA within the public health arena. Nevertheless, Portugal still faces the challenge of achieving a consistent and institutionalized HIA tool for effective intersectoral collaboration. Recent legislative developments, such as the Portuguese Fundamental Law on Health (Law n°95/2019), provide crucial policy support by endorsing the concept of Health in All Policies (HiAP) and paving the way for HIA implementation at national, regional, and local levels. In this context, INSA recently conducted a survey to assess the use and perception of HIA within the National Health System at regional and local levels. This survey aimed to enhance knowledge about HIA in Portugal and support the design of measures to promote its implementation. The results, based on 268 received surveys, revealed that approximately 80% of Public Health Unit (PHU) professionals are unfamiliar with HIA, and the majority of PHUs do not conduct HIA studies. A lack of human resources and specialized training were identified as the primary barriers to HIA implementation. However, an overwhelming 85.5% of Portuguese PHU professionals expressed a strong willingness to receive HIA training. Consequently, the development of specific training modules, courses, and capacity-building programs, incorporated into the basic curriculum of health professionals and other sectors, is deemed crucial. In conclusion, coordinated efforts are imperative to ensure that HIA becomes an integral component of public health decision-making in Portugal. The roadmap for the future sets the stage for the establishment of a sustainable framework of action, facilitating the effective integration of HIA in the public health arena and fostering improved outcomes.

#### Reference documents:

- Enabling the implementation of health impact assessment in Portugal.  
WHO/EURO:2023-7335-47101-68892  
Available at: <https://www.who.int/europe/publications/i/item/WHO-EURO-2023-7335-47101-68892>

**Francesca Villiani and Ben Cave**, HIA consultants (Italy and UK, respectively). Title: *“HIA/Health in Environmental assessment trainings at IAIA”*.

IAIA is the leading global network on impact assessment ([www.iaia.org](http://www.iaia.org)). There are around 5000 members from 110 nations, representing many disciplines and professions. The annual conferences regularly welcome over 700 participants and rotate across all continents. IAIA organizes also regional events and dedicated symposia.

The training content conducted from IAIA addressed the following questions:

- What does mean to include consideration of human health in EA?
- What is current practice?
- How can a robust and proportionate approach be applied to appropriately consider health in EA?

#### Pursued capacity building objectives

Participants critically examined existing EA practices concerning the consideration of health. They developed skills needed for comprehensively assessing health in EA.

Target audience: environmental consultants; project proponents; public authorities; those working in higher education; financial institutions and others who are familiar with EA and need to learn more about how to consider health.

Level of training achieved at the end: “some knowledge and expertise”

Final remarks: in order to facilitate a high level of capacity building it is important to know your target, aim, geography, and existing legislative framework at the regional/country level. It is possible to conduct trainings for an audience with a mixed background of skills and expertise, however it is fundamental to build a common level of knowledge among the participants to facilitate discussion and group work. The participants commented that group discussions, examples, check lists, real case studies, were among the most helpful things that helped them during the training.

Therefore, health in EA training should provide basic understanding about health determinants, pathways, and systems to ensure participants move beyond the healthcare system and make connections with other fields. The training introduced several methodologies and provided examples of different applications of health in EIA and this facilitated the involvement of the participants, by leveraging their existing capabilities and perspectives.

One size does not fit all as concerns in LMICs or tropical or arctic environments are very different to higher income countries, training needs might differ. The trainers need to ensure that examples and epidemiological considerations are relevant for all participants.

Finally, the legislative requirements differ from country to country - this applies across EU27 (& UK too). Therefore, the focus should be on the aim for each step, and not exclusively on its procedure. Additionally, even if the national legislation does not require health coverage in EIA, other requirements can still lead to HIA (e.g.: financial institutions safeguard, project proponents’ internal requirements, etc...).

EXTRA

#### What fields/knowledge are fundamental for a health in EIA training:

- Project management and governance
- HIA purpose and principles



- Aim of different HIA steps
- One health framework
- Health protection including actions for the control of risk factors related to the environment, working conditions, food safety and others
- Ethics in using and reporting Public Health evidence
- Data collection and analysis for performing health profile of affected population
- Basic knowledge of other Impact Assessment (e.g. environmental impact assessment, social impact assessment)

**Reference documents:**

- Winkler, M.S., Viliani, F., Knoblauch, A.M., Cave, B., Divall, M., Ramesh, G., Harris-Roxas, B. and Furu, P. (2021) Health Impact Assessment International Best Practice Principles. Special Publication Series No. 5. Fargo, USA: International Association for Impact Assessment. Available at: [https://www.researchgate.net/publication/352573139\\_Health\\_impact\\_assessment\\_international\\_best\\_practice\\_principles\\_International\\_Association\\_for\\_Impact\\_Assessment](https://www.researchgate.net/publication/352573139_Health_impact_assessment_international_best_practice_principles_International_Association_for_Impact_Assessment)

**Dr. Margaret Douglas**, Public Health Scotland and Honorary Clinical Senior Lecturer, University of Glasgow (UK). Title: *“Building Capacity for HIA in Scotland”*.

Health Impact Assessment practice has been developing in Scotland for 25 years, since a 1998 government green paper first proposed using HIA of both national and local public policies. Following two pilot HIA projects and national seminars in 1999 and 2000, the Scottish Health and Inequalities Impact Assessment Network (SHIAN) was set up in 2001 and is still running. SHIAN aims to promote and support use of HIA and health in other impact assessments. SHIAN has functioned as a network of interested public health colleagues working collectively to develop guidance, evidence frameworks, training and other resources. It has maintained an email network and website. This model of working allowed involvement of public health professionals across Scotland but meant there was very little dedicated resource to support and build HIA practice.

In 2022, Public Health Scotland set up a small HIA Support Unit with a remit to build capacity for HIA across Scotland. The HIASU will continue to support the networking function of SHIAN and has increased capacity to update HIA guidance and tools and to deliver training. HIASU is now delivering a HIA capacity building programme designed for public health staff. This is based on the following propositions:

- HIA requires diverse knowledge and skills such as: understanding of broad health determinants; collation, analysis and interpretation of quantitative and qualitative evidence; engaging with stakeholders; policy appraisal; communication.
- These skills are not specific to HIA but are generic public health competencies.
- Different members of an HIA team are likely to bring different, complementary skills.
- HIA training for public health professionals should build understanding of the HIA process and how to use and apply participants’ existing public health skills in HIA.
- HIA competence and confidence are best developed through a ‘learning by doing’ approach.

The capacity building programme includes:

- A recorded video outlining basic principles of HIA

- A whole day development session in which participants work through the steps of an HIA and then critique some HIA reports
- Active involvement in an HIA with access to drop-in support from HIASU
- A final workshop in which participants present and reflect on the HIA they have been involved in.

This programme is designed for public health professionals. Further work will be needed to understand and meet training needs of other professional groups who may contribute to HIAs and those who may commission HIAs.

Reference documents:

- Douglas M. Health Impact Assessment Guidance for Practitioners. Scottish Health and Inequalities Impact Assessment Network (SHIAN) report. August 2016 (links updated 2019). Available at: <https://www.scotphn.net/wp-content/uploads/2015/11/Health-Impact-Assessment-Guidance-for-Practitioners-SHIAN-updated-2019.pdf>

**Dr. Monica O`Mullane**, Marie Skłodowska-Curie Fellow, Institute for Social Science in the 21st Century (ISS21), University College Cork (Ireland). Title: *“Developing a Health Impact Assessment Implementation Model- Enhancing Intersectoral Approaches in Tackling Health Inequalities’ (HIA-IM)”*.

This is a four-year project, funded by the Health Research Board Ireland (Grant number EIA2022001). The project is a fantastic opportunity to build an implementation model, specific to Ireland but applicable to other country contexts, that is founded on the lived experiences of people engaged in two HIAs in Ireland, namely, HIA on the Cork City Development Plan (2022-2028) and the national Irish government policy on climate action, the Climate Action Plan 2024. This project is also a unique opportunity to draw learnings in order to create a micro-credential module that would be available both for master’s students in UCC and also professionals outside the university environment who are hoping to learn more about HIA and how it could be used in their work. This micro-credential module would be a pathway for increasing training and enhancing competencies in HIA in Ireland, which is desperately needed, as is in the case in other countries. All presentations at the preconference workshop were very helpful in the formation of ideas for the micro-credential in HIA..

Reference documents:

- AMMANN, P., DIETLER, D. & WINKLER, M. 2021. Health impact assessment and climate change: A scoping review. The Journal of Climate Change and Health, 3, 100045. DOI: 10.1016/j.joclim.2021.100045
- O'MULLANE, M. 2022. Driving HIA implementation in Ireland: The role of academia and public health institutions. European Journal of Public Health, Volume 32, Issue Supplement\_3, October 2022, ckac129.100. doi.org/10.1093/eurpub/ckac129.100

## Networking/ Discussion: Mapping ideas on HIA competences and training needs with participants

Some of the participants acknowledged having attended the event out of curiosity, without much knowledge of what HIA is. They became aware, after listening to the presentations that certainly HIA is a very relevant tool for improving population health and reaching the sustainable development goals. They asked why this topic is not addressed more extensively at the University, at least in the Bachelor's and Master's degrees related to health and especially public health. More training is highly demanded.

Participants identified other barriers that would be preventing from a broader HIA implementation. Some of them referred to the lack of political commitment to create interdisciplinary working groups capable of learning the “language” and priorities of non-health sectors in addressing health, and vice versa. On the other hand, it was highlighted that, although current HIA training approaches provide an overview of the process, this is not sufficient for professionals to feel empowered to carry out an HIA themselves. Progressive curricular training is necessary, ranging from an initial awareness phase addressing theoretical principles, to phases of carrying out an HIA under the supervision of more experienced professionals. The aim would be to provide more examples of tool application and case studies, as well as the possibility of "learning by doing".

Likewise, participants also referred to certain skills that should also be addressed in HIA courses. In this sense, they pointed out the need to be trained on how making judgments and give recommendations when the available scientific evidence that affects certain health determinants is not entirely conclusive or fully characterized but there is sufficient qualitative knowledge on their role on the population health and well-being.

Another aspect addressed by participants referred to the benefit that certifying the different training grades acquired would represent for guaranteeing high quality HIAs. This initiative was promoted in an EU country by the association of environmental impact assessors, with a frustrating result. Promoters do not pay attention to the degree of qualification and the level of experience of the consultant, but to the lowest cost, hiring in many cases professionals with no training in HIA. This seems to indicate that it would be necessary to continue working on raising awareness among decision makers in non-health sectors about the importance of an effective characterization of the health determinants affected by a proposal. In other words, resuming the efforts for a greater practical application of HiAP principles.

Finally, there was considerable consensus on promoting the creation of a network that allows the exchange of training initiatives, as well as resources in HIA (practical cases) between different countries and regions. From the EUPHA-HIA section, we invite all public health academic institutions in Europe to join us in promoting a greater awareness and training in HIA.

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## 2. JTN8 - Health impact assessment - Join the network

Thursday 9th November at 14:00-15:00.

### CHAIRS:

- **Dr. Piedad Martín-Olmedo (PMO)**, president of EUPHA-HIA section; professor in Health Protection at the Andalusian School of Public Health (Granada, Spain)
- **Dr. Odile Mekel**, EUPHA-HIA's vice-president; Landeszentrum Gesundheit Nordrhein-Westfalen (LZG.NRW) (Bochum, Germany)

The meeting was well attended by approximately 20 persons.

Dr. Martín-Olmedo welcomed everybody and pointed out to the activities of the HIA section during the EPHC2023. She reported back about the pre-conference on competences and training demands, carried out the day before. JtN participants were interested to know more about HIA trainings opportunities. One of the goals of the pre-conference was to map the competences related to HIA and training offers. Other JtN participants pointed to online / webinar type of training offers. It will be checked, if such HIA training opportunities could be listed at the HIA section website (without being inclusive / comprehensive/ quality assured). For the next presidency time of the HIA section, two persons applied to this function: Dr. Martín-Olmedo and Dr. Inna Feldman. The JtN-participants thanked Piedad and Inna for their application. The majority of the votes went to Piedad, who was grateful for the trust the voters have in her, accepted the election results, and will be president of the section for the upcoming three years.

JtN participants acknowledged to colleagues of EUPHA-HIA section and health group of IAIA for their work on the reference document: "[\*Human health: Ensuring a high level of protection. A reference paper on addressing Human Health in Environmental Impact Assessment. As per EU Directive 2011/92/EU amended by 2014/52/EU. International Association for Impact Assessment and European Public Health Association\*](#)", published in 2020. It has been quite useful for colleagues in France involved at local level.

JtN participants proposed the following issues to be potentially developed for next EPH-Lisbon or as independent actions:

1. A preconference skill-building seminar on HIA principles was highly demanded.
2. A workshop on experiences to address HIA of Climate Change (CCh).
3. To work towards a broader HIA implementation by creating actions that involved decision-makers and academia. A session with practical experiences would be very valuable.
4. Air pollution related to CCh was addressed as an important stressor, especially the study of the links between ozone, CCh and health. EUPHA-HIA section can support this type of HIA-research driven by promoting a research consortium. A workshop with experiences on how this has been addressed in different regions or countries could be also developed for next EPH conference.
5. Linking HIA to One Health framework as developed by the University of Wageningen by conducting a HIA of the proposed EU One Health strategy. This type of initiatives

could also be developed at country level presenting and sharing experiences in a workshop for EPH-Lisbon.

Participants observed that comprehensive HIA were seen as too heavy, and therefore not conducted / commissioned. To this respect, it was remarked that HIA is not an one-person exercise, but it includes the involvement of multiple disciplines and persons. See PhD-thesis of Liz Green (Green, S. E. (2023). *Health impact assessment (HIA) as a tool to mobilise 'health in all policies'*. [Doctoral Thesis, Maastricht University]. <https://doi.org/10.26481/dis.20230906sg> )

#### HIA on local level, quantification

In France, Portugal and Spain HIA is increasingly conducted on local level, e.g. on local policies or in the context of urban planning processes. Data availability and access to them on local level is an issue. Quantitative data may help to inform the HIA, but participants stressed the importance of qualitative data / evidence too. Regarding quantification Odile Mekel reminded participants the oral presentations session 9G at Saturday, 11/11/23 (see point 4). In this context, it was remarked, that quantification of HI are often called HIA, without having a specific link to a proposed program/plan/project etc. The methodology of quantification of health impacts is important for the appraisal phase in HIA but it is preferred not calling it HIA.

#### Quality of HIA

Participants are interested in this issue. At the EPHC 2018 a (capacity building) workshop was dedicated to this issue and colleagues are referred to resources developed by Ben Cave and by Liz Green.

Reference document:

- Winge Fredsgaard M, Cave B, Bond A. *A review package of Health Impact assessment reports of development projects*. Ben Cave Associates Ltd, Leeds, 2009. Available at: <https://www.scambs.gov.uk/media/5749/hia-review-package-ben-cave-assoc.pdf>
- Green L, Parry-Williams L, Edmonds N. *Quality Assurance Review Framework for Health Impact Assessment (HIA)*. WHIASU, Public Health Wales, June 2017. Available at: <https://phwwhocc.co.uk/wp-content/uploads/2020/07/Quality-Assurance-Review-Framework-for-HIA.pdf>

#### Next steps

The lively discussions showed the importance of networking and collaboration amongst the HIA community. Piedad and Odile thanked everyone for their active participation in this JtN-meeting and encouraged everyone to contact them if they wanted to follow up these discussions. One effective mechanism for this is to submit a workshop for the next EPHC in Lisbon. Workshops organised by the HIA-section in collaboration with other EUPHA sections is a good format to discuss specific issues more in depth. Submission date for workshop abstracts will be communicate as soon as available. As preparation and co-ordination takes time, the sooner colleagues contact PMO / OM for this, the better.

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### 3. Round table: Environmental stressors on health economics and policies – challenges and pitfalls

Organized by: EUPHA-ECO, EUPHA-HIA, EUPHA-ENV. Thursday 9TH November at 16:40-17:40

**CHAIRS:**

- **Dr. João Vasco Santos**, president of EUPHA-ECO; Department of Community Medicine, Information and Health Decision Sciences, Faculty of Medicine, University of Porto (Portugal)
- **Dr. Piedad Martín-Olmedo**, president of EUPHA-HIA section; professor in Health Protection at the Andalusian School of Public Health (Granada, Spain)

Reference: European Journal of Public Health, Volume 33, Issue Supplement\_2, October 2023, ckad160.240, <https://doi.org/10.1093/eurpub/ckad160.240>

**SPEAKERS:**

- **Marco Martuzzi**, Istituto Superiore di Sanità, Rome, Italy. Title: “*Economic assessment in environmental HIA*” (abstract not published)
- **Brecht Devleesschauwer**, Sciensano, Brussels, Belgium. Title: “*Towards environmental health inequality impact assessment*” (abstract not published)
- **Marija Jevtic**, President of EUPHA-ENV. University of Novi Sad, Faculty of Medicine, Novi Sad, Serbia.
- **Vlatka Matkovic**, Health & Environment Alliance, Brussels, Belgium. Title: “*Integration of well-being into health impact assessment: Horizon EU-funded UBD Policy (Urban Burden of Disease Policy)*” (abstract not published)

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### 4. Round table: An exploration of the EAT Lancet Commission on healthy diets for sustainable food systems

Organized by: EUPHA GH, EUPHA-HIA, EUPHA LAW, EUPHA FN. 4. Friday 10th November at 16:40-17:40

**CHAIRS:**

- **Dr. Regien Biesma**, vice-president of (EUPHA-GH); Global public health specialist/epidemiologist at University of Groningen (Netherlands).
- **Dr. Giuseppe Grosso**, president of EUPHA-FN section; Professor (Associate) at University of Catania (Italy)

Reference: European Journal of Public Health, Volume 33, Issue Supplement\_2, October 2023, ckad160.495, <https://doi.org/10.1093/eurpub/ckad160.495>

**SPEAKERS:**

- **Thom Geertsema**, Groningen Center Health Law, Faculty of Law, University of Groningen, Groningen, Netherlands
  - **Ben Cave**, Ben Cave Associates Ltd, Leeds, UK
  - **Mary Rose Sweeney**, Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland, Dublin, Ireland
  - **Desislava Vankova**, Medical University of Varna, Varna, Bulgaria
  - **Nikhil Gokani**, University of Essex, Colchester, UK
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## 5. EUPHA-Green Club meeting

**MEMBERS:**

- **Dr. Dr Ivan Erzen**, National Institute of Public Health (Slovenia)
- **Prof Marija Jevtic**, University of Novi Sad, Faculty of Medicine (Serbia)
- **Prof Julian Mamo**, Public Health Dept, University of Malta (Malta)
- **Charlotte Marchandise**, EUPHA (Netherlands)
- **Dr Odile Mekel**, NRW Centre for Health (Germany)
- **Dr Dineke Zeegers Paget**, EUPHA (Netherlands)

EUPHA has established a working group of environmental experts and environment-conscious colleagues to advise both EUPHA and the EPH Conference Foundation in their efforts to reduce the environmental impact of the conference. The Green Club is intended to brainstorm and advise the organisers of the annual EPH Conferences on how to decrease the impact on the environment. Members of this club met to evaluate the achievements made in the organization of the EPH-Dublin and prepare the upcoming one in Lisbon.

More information on EC guide on sustainable meetings and events, WHO healthy meetings or Checklist for greener conferences can be found at <https://eupha.org/green-club>

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## 6. Oral presentation: Health assessments: impact, technology

Saturday 11th November at 9:00-10:00 h


**CHAIRS:**

- **Martina Giusti (Italy)**, PhD student in Biomedical Science and Research Fellow at the University of Florence.
- **Júlia Martinho (Portugal)**
- **Audrey Rocabois, C Philippat, A Crépet, M Vrijheid, R Slama**. Health impact assessment of the chemical exposome in European children. European Journal of Public Health, Volume 33, Issue Supplement\_2, October 2023, ckad160.580, <https://doi.org/10.1093/eurpub/ckad160.580>
- **Leonor Guariguata, S Nayani, R De Pauw, B Devleesschauwer**. Evaluating achieving tobacco control targets in Belgium using modelled projections. European Journal of Public Health, Volume 33, Issue Supplement\_2, October 2023, ckad160.581, <https://doi.org/10.1093/eurpub/ckad160.581>

- **Alister Hunt and E Eaton.** Quantifying the health impacts of alternative urban development scenarios using the HAUS tool. *European Journal of Public Health*, Volume 33, Issue Supplement\_2, October 2023, ckad160.582, <https://doi.org/10.1093/eurpub/ckad160.582>
- **S Sousa, G Albuquerque, M Severo, A R Costa, P Moreira, N Lunet, P Padrão.** Development and validation of a photograph-based instrument to assess nutrition literacy: the NUTLY. *European Journal of Public Health*, Volume 33, Issue Supplement\_2, October 2023, ckad160.583, <https://doi.org/10.1093/eurpub/ckad160.583>
- **C Kraah, M Bahramian, D Burke, P Hynds, A Priyadarshini.** Quantifying Metabolic Food Waste in Ireland from Excess Food Intake. *European Journal of Public Health*, Volume 33, Issue Supplement\_2, October 2023, ckad160.584, <https://doi.org/10.1093/eurpub/ckad160.584>

## 7. Posters

- **Liz Green, Kathryn Ashton, Andrew Cotter Roberts, Mariana Dyakova.** Integration of Social Return on Investment with Health Impact Assessment and evaluation frameworks.



WHO Collaborating Centre for Investment for Health and Well-being  
Authors: Liz Green, Kathryn Ashton, Andrew Cotter Roberts, Mariana Dyakova

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### Integration of Social Return on Investment with Health Impact Assessment and evaluation frameworks

**Background**

To enable sustainable investment in public health to aid recovery from the COVID-19 pandemic and other global adversities, it is necessary to incorporate social, economic and environmental outcomes and value measurement into decision-making processes. Holistic frameworks, such as Social Return on Investment (SROI), look to capture this through understanding stakeholder impact and committing to valuing and monetizing their perceived outcomes. However, opportunities for conducting standalone SROI analyses may be limited due to resources. A solution is to undertake an SROI analysis alongside other analytical frameworks, impact assessments or evaluation methods.

**Key messages**


- Social Return on Investment (SROI) can be effectively integrated into different evaluation approaches and Health Impact Assessment.
- Integration of approaches has been shown to be resource efficient and beneficial to better understanding value and impact on health and well-being.

**Methods**

In 2023, two innovative case studies in Wales, United Kingdom, integrated SROI into evaluations and assessments. The first is in conjunction with a Health Impact Assessment (HIA) on a sexual health self-testing service in a prison setting, while the second is in combination with an evaluation of a breastfeeding and infant nutrition programme.

**Results**

SROI offers a broad framework through which to integrate a holistic health economics lens to different types of evaluation and impact assessment. Traditional evaluations and HIA share common elements with SROI, for example developing a theory of change in evaluations and the screening and scoping stages of a HIA. Learning reflections for future integration were



**Conclusion**

SROI is the predominant tool used to assess the wider value of policies or programmes by identifying and evaluating holistic outcomes which have traditionally been difficult to measure. However, opportunities for standalone SROI studies may be limited for several reasons. As demonstrated, integrating SROI into different methods and approaches offers the opportunity to expand thinking on understanding value in a resource efficient way

### FOR FURTHER INFORMATION, CONTACT US:

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