**Twenty years of SHIIAN**

**Margaret Douglas, June 2021**

In June 2001, eighteen colleagues from across Scotland met in Glasgow for the first meeting of the Scottish Health Impact Assessment Network. The Scottish Parliament had only been operating for two years and it would be another three years before the Holyrood building opened its doors. Twenty years later, many things have changed but the network, now called the Scottish Health and Inequalities Impact Assessment Network (SHIIAN), still exists. What have we achieved in that time?

Twenty years ago, HIA was a new idea. The WHO had published the seminal Gothenburg Consensus Paper on HIA just 18 months previously, in December 1999. In Scotland, HIA was first recommended in the 1998 green paper [*Working together for a healthier Scotland*](https://www.gov.uk/government/publications/working-together-for-a-healthier-scotland). The 1999 *Review of the Public Health Function* then proposed that the new Public Health Institute for Scotland should set up a national HIA network. The Scottish Needs Assessment Network supported two pilot HIAs and in 2000 published [*HIA: Piloting the Process in Scotland*](https://www.scotphn.net/wp-content/uploads/2015/11/HIA_Piloting_the_Process_in_Scotland.pdf). This identified areas of work that the HIA network should lead.

The new network published HIA guidance for local authorities, jointly with CoSLA, before the end of 2001. The first subgroups worked on HIA training, health screening tools for policy makers and an evidence based guide for HIA of housing improvements. The housing guide was the first sector-specific HIA guide that SHIIAN produced, published in 2003 and then [updated](https://www.scotphn.net/wp-content/uploads/2015/10/2013_02_26_HIA_of_Housing_Improvements_Guide1.pdf) in 2013. Since then we have produced evidence guides to support HIAs on [greenspace](https://www.scotphn.net/wp-content/uploads/2015/11/Health-Impact-Assessment-of-greenspace-a-Guide.pdf), [transport](https://www.scotphn.net/wp-content/uploads/2015/11/Transport-Guide-2018-Final-Formatted.pdf), [rural development](https://www.scotphn.net/wp-content/uploads/2015/10/2015_05_28_SHIIAN_Final_Report.pdf) and [community venues](https://www.scotphn.net/wp-content/uploads/2015/10/SHIIAN_Community_Venues_and_Health_Guide1.pdf). We have updated generic [guidance on HIA](https://www.scotphn.net/wp-content/uploads/2015/11/Health-Impact-Assessment-Guidance-for-Practitioners-SHIIAN-updated-2019.pdf) several times, run online and in-person HIA training, and supported colleagues completing many HIAs at local and national level. But reading back through past minutes, I’m most struck by the many different HIAs that network members have led over the years. These have ranged from small health scoping exercises to integrated impact assessments to large HIAs involving multiple evidence sources, on a diverse mix of proposals across many policy sectors.

I have had the privilege of chairing SHIIAN since it was formed. I have been very grateful for the support from our network coordinators Jill Muirie (2001 – 2005) and Martin Higgins (2005 – 2017), and to the many other colleagues who have brought their enthusiasm, expertise and experiences to our work. SHIIAN has had several ‘homes’ over the years: the Public Health Institute for Scotland, the Health Scotland Local Government Programme, and the Scottish Public Health Network in Health Scotland and now Public Health Scotland. Over the years, we have had a very small dedicated resource, at most one day per week of the coordinator’s time. Our work relies on enthusiastic support from network members, sharing experiences and contributing to our shared resources on top of their day jobs.

We have advocated a proportionate approach to HIA in Scotland, while reflecting HIA [values](https://www.iaia.org/uploads/pdf/SP5%20HIA_21_5.pdf) of equity, participation, evidence, sustainability and comprehensive approach to health. We have sought to integrate consideration of health into other assessments and decision making processes. We have promoted HIA, not as an end in itself, but as part of a ‘[health in all policies’](https://www.scotphn.net/wp-content/uploads/2015/11/Health-in-All-Policies-Primer.pdf) approach to creating public policy that improves health and reduces health inequalities.

Public health work and priorities have shifted over the years. In earlier years it was harder to argue for an approach that was far upstream to the behavioural determinants then identified as health priorities. Partnerships focused on delivering shared action plans and services, and work that aimed to influence wider policy was often seen to be beyond public health professionals’ remit or even as rather subversive! In Scottish Government, the top priority was Sustainable Economic Growth and health was viewed as a contributor to that goal. Now, there is wide understanding of the need to influence social determinants of health. The national [Public Health Priorities](https://www.gov.scot/publications/scotlands-public-health-priorities/) reflect this and more public health professionals are engaging with policy makers to build health considerations into policy across sectors. The Scottish Government is a member of the [Wellbeing Economy Governments](https://wellbeingeconomy.org/wego) partnership, aiming to achieve social and ecological as well as economic wellbeing. During the pandemic, the acute health protection response has been the immediate priority for most public health colleagues. But the pandemic has had [significant impacts on many wider health determinants](https://www.scotphn.net/wp-content/uploads/2015/11/HIA_social_distancing-LONG-VERSION-final.pdf), and social determinants also underpin differential morbidity and mortality from the virus. This reinforces the need to work upstream on these underlying causes of poor health and health inequalities. It is more important than ever for public health professionals to work with decision makers in all sectors using a Health in All Policies approach.

Given all these changes, is there still a need and role for SHIIAN? If so, how should the network and its work evolve? Or would [mainstreaming support for Health in All Policies,](https://www.scotphn.net/wp-content/uploads/2015/11/Developing-HiAP-in-PHS-July-2019.pdf) including HIA, within Public Health Scotland create more impact? I’d welcome views on these questions, from SHIIAN members and others.

Over the rest of the year we plan to publish some short blogs from colleagues who have been involved with SHIIAN over the years. These will consider some of the work, the role of HIA and/or what is needed to further develop Health in All Policies in Scotland. We welcome other reflections so please let us know if you are interested in contributing a blog. We are also very interested in hearing if you have used any of the SHIIAN resources and how. I can be contacted directly at [margaret.douglas@ed.ac.uk](mailto:margaret.douglas@ed.ac.uk) or through [phs.scotphn@phs.scot](mailto:phs.scotphn@phs.scot). Please get in touch!