**HIA blog June 2021 HIA, Evidence and me Hilary Thomson**

In November 1999 I took up a post at the MRC|CSO Social & Public Health Sciences Unit (SPHSU), based in the University of Glasgow. I was to work on a new programme of research, funded by the Scottish Government, focussing on Health Impact Assessment (HIA). The programme was set up partly in response to the recently published Acheson report on health inequalities, a report commissioned by the new Labour administration as part of their Modernising Government reforms to promote joined up policy making and evidence based policy. Much of my time was spent identifying and synthesising existing research, using systematic reviews, on the health impacts of policy areas, initially housing and transport. The intention being to promote the use of research evidence in HIA when forecasting potential health impacts. In 2001, Margaret Douglas approached us to discuss collaborative work with the newly established Scottish Health Impact Assessment Network (SHIIAN). This led to the production of HIA topic guides designed to provide accessible summaries of best available evidence and policy summaries to policy makers and practitioners.

Looking back, I recollect an air of excitement and optimism within the public health community at the turn of the millennium. The high level recognition of health inequalities and social determinants of health as well as promotion of research evidence in policy making was long awaited by many in public health. But what appeared to be a new dawn for public health may have been a false one; or at least not as bright as it had first appeared to me. Generating or synthesising evidence to demonstrate the health impacts of social policy investment was rarely straightforward, and in the pursuit of rigorous methods many of us found it frustrating that most often the conclusions drew attention to uncertainty rather than endorse investment on public health grounds.

There are many explanations for the lack of clear conclusions about the health impacts of non-health interventions. Not least there is the lack of good quality relevant research; in no small measure due to difficulties with evaluating social interventions which are characteristically complex. In addition, even where good quality evaluations can be conducted, attributing health effects to a specific non-health intervention with certainty is extremely difficult. Using a social model of health assumes recognition that health outcomes are affected by many, often inter-related, factors and may take a long time to emerge.

Writing this I confess to having been a bit green behind the ears, but I don’t think I was alone- and it was a different millennium! What now seems obvious, and is assumed in current thinking, is the result of much painstaking cross-disciplinary empirical research, and research on the health impacts of social interventions has been transformed form what was akin to a “cottage industry” in the late 1990’s. The use of “big data” and modelling, and the application of “systems thinking” are two important constructive developments to address the difficulties of identifying and attributing unintended health impacts to social interventions and which have been made possible by collaborations across disciplines and government departments.

Twenty years on, has HIA turned out what we thought it would be, or what we hoped it would be? Possibly not, but I am not sure the question makes sense. Twenty years ago HIA was still conceptual, few had any idea of what to expect. SHIIAN has played a central role in applying and testing HIA, and engaging with a wide range of stakeholders at community, practitioner, academic, and policy level, nationally and internationally. And Margaret, and her colleagues at SHIIAN, have been committed to ensuring that honesty in HIA is not overtaken by naïve enthusiasm and pursuit of a healthism agenda. While this may have resulted in more realistic and less “exciting” HIAs, this is likely to protect the future integrity of HIA and also of the Health in All Policies agenda.