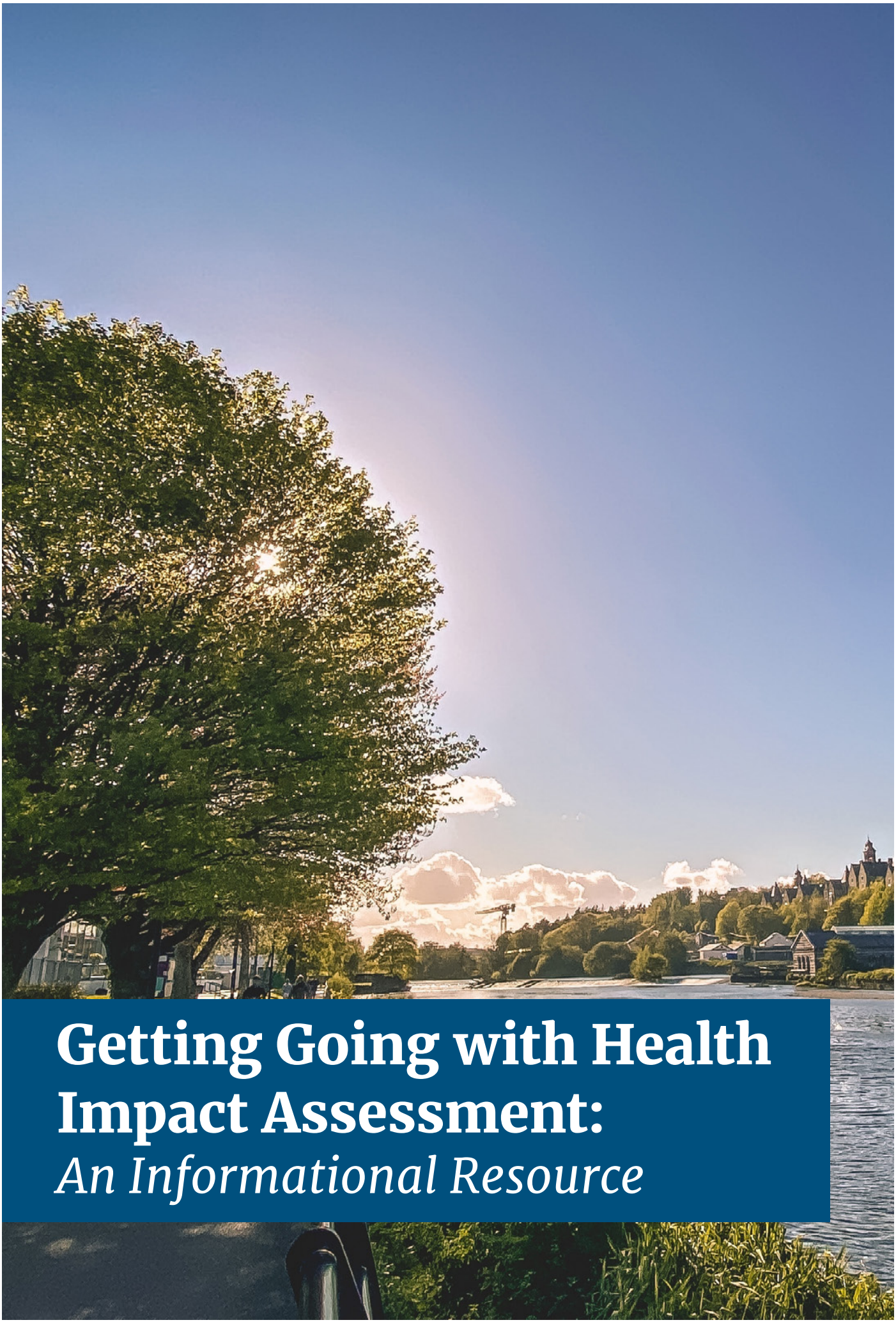
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Getting Going with Health Impact Assessment:

An Informational Resource



Image: Photo taken of event attendees at the Getting Going HIA event in UCC on 6th November 2025, listening to a presentation delivered by Johnny Liu, London Borough of Tower Hamlets.

Authors

Monica O'Mullane, Eibhlín Looney, Tara Kenny, Immanuela Okobia, Nicola Batt, Leonora McConville and Margaret Douglas.

Contributors to the report

Diarmuid O'Donovan, Vinnie O'Shea, Bernie Connolly, Joanna Purdy and Gerard Mullally.

TRANSLATE-HIA Steering Group with affiliations

(in alphabetical order)

Ms Bernie Connolly, The Environmental Forum

Dr Margaret Douglas, Public Health Scotland

Dr Tara Kenny, School of Public Health, University College Cork (UCC)

Ms Eibhlín Looney, School of Public Health, University College Cork (UCC)

Dr Sheena McHugh, School of Public Health, University College Cork (UCC)

Dr Gerard Mullally, Department of Sociology & Criminology, UCC

Dr Diarmuid O'Donovan, HSE Health Improvement, Ireland

Dr Monica O'Mullane, School of Public Health, University College Cork (UCC)

Dr Joanna Purdy, All Island Institute of Public Health (IPH)

UCC
Coláiste na hOllscoile Corcaigh
University College Cork, Ireland



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01

Introduction to the Resource

Health Impact Assessment (HIA) helps organisations and stakeholders understand how a policy, programme, or project could affect people's health and wellbeing. It looks at both positive and negative effects, considers the factors that influence health, and identifies whether some groups may be affected more than others to help promote health equity. It is an approach recommended by the World Health Organization (WHO). [1] [2]

With a growing interest in learning more about HIA, and in undertaking HIAs in Ireland [3], this *Getting Going with HIA: An Informational Resource* (called 'Resource' from now on) has been created for people interested in getting going with, and learning more about, HIA.

The **purpose of this Resource** is to support a diverse range of practitioners, professionals, and policy makers who seek to get started with doing HIAs in Ireland. It is also useful for anyone interested in learning more about HIA. It is not intended to replace any HIA guidance that would be used to direct and navigate a process.

The Resource draws on learnings from a Health Research Board (HRB)-funded research project (HIA-IM) and with co-produced input from people keen to learn more about HIA, and start using it in practice, often for the first time. This co-produced input was gathered from participants at the first Getting Going with HIA event held in November 2025 in UCC, hosted by the HRB-funded TRANSLATE-HIA project. More information on the event and the gathering of this input is is included in Appendices 1 and 2, at the end of this document.

This Resource provides details on HIA broadly, provides examples of completed HIAs as case studies, outlines information on the relationship between HIA and other impact assessments, presents a number of benefits to doing HIA, provides a number of tips and pitfalls to consider when starting off with HIA, and a signposting to some useful resources when doing HIA.

[1] WHO (1999). *Health Impact Assessment: Main Concepts and Suggested Approach, Gothenberg Consensus Paper.* Copenhagen: WHO Regional Office for Europe

[2] WHO (2023). *A place in the public health toolbox: policy brief on health impact assessments and incorporating health into environmental assessments.* https://www.who.int/tools/health-impact-assessments

[3] O'Mullane, M., Kenny, T., Nash, K., Ryan, M., Fitzsimons, J., Connolly, B., Green, L., Purdy, J., Cave, B., & Harris-Roxas, B. (2025). Undertaking the first health impact assessment on a city development plan in Ireland: a case study. *Impact Assessment and Project Appraisal.* https://doi.org/10.1080/14615517.2025.2590854

02

What is Health Impact Assessment (HIA)?

Health Impact Assessment (HIA) is an established and defined approach endorsed by the World Health Organisation (WHO) and Irish government, through the *Healthy Ireland Framework*. It comprises its own set of principles and methods that is meant to inform current and future decision-making. It is not meant to refer to a general assessment of health impacts that is unrelated to decision-making processes. [4]

It involves an intersectoral, structured process that examines potential positive and negative health impacts of policies, programmes and projects, and assesses the distribution of potential health impacts across population groups. [5] [6]

This distribution of health impacts can create or exacerbate health inequalities in traditionally marginalised or vulnerable groups, which is why examining these health impacts is important.

HIA can be undertaken as a standalone process, or health can be integrated with other impact assessments (refer to Section: *Relationship between HIA and other assessment types*). HIA is not mandatory in Ireland, however the move towards legislating for HIA, as has been done in Wales with the *Health Impact Assessment (Wales) Regulations 2025,* will ensure its sustained impact on addressing the wider determinants of health and health inequalities. [7] Therefore, mandating for HIA is an important goal for the government authorities in Ireland to move towards.

In 1999 the World Health Organization European Centre for Health Policy published the Gothenburg consensus paper on Health Impact Assessment, which sought to create a common understanding of HIA. The publication outlined HIA as not purely a technical exercise but as a process grounded in health promoting principles [8]. Five best practice principles underpin HIA, informed by both the WHO Consensus Paper (1999) [5] and the International Association for Impact Assessment Guiding Principles for HIA. [6]

[4] Kim, J., Dannenberg, A., Haigh, F., & Harris-Roxas, B. (2024). Let's Be Clear-Health Impact Assessments or Assessing Health Impacts? *Public health reviews*, 45, 1607722. https://doi.org/10.3389/phrs.2024.1607722

[5] WHO. (1999). *Health Impact Assessment: Main Concepts and Suggested Approach, Gothenberg Consensus Paper.* Copenhagen: W.H.O. Regional Office for Europe

[6] Winkler, M. S., Viliani, F., Knoblauch, A. M., Cave, B., Divall, M., Ramesh, G., Harris-Roxas, B., & Furu, P. (2021). *Health Impact Assessment International Best Practice Principles*. https://www.iaia.org/uploads/pdf/SP5%20HIA_21_5.pdf

[7] Lynch, H., Holdroyd, I., Birley, M., Black, D., Cave, B., Douglas, M., Ekermawi, R., Green, L., Haigh, F., Harris-Roxas, B., O'Mullane, M., Purdy, J., Stevenson, A., Vohra, S., & Ford, J. (2025). Health impact assessments should be mandatory for all relevant government policies. *Health Policy,* 162, 105436. https://doi.org/https://doi.org/10.1016/j.healthpol.2025.105436

[8] Diwan V., Douglas M., Karlberg I., Lehto J., Magnússon G., & A., R. (2000). *Health Impact Assessment*: from theory to practice (Repot number 9189479203). Göteborg, Sweden. Nordic school of public health/ WHO. NHV Report 2000: 9.

The best practice principles are listed as follows:



HIA is an important way to improve health and wellbeing by involving community and wider stakeholder participation, integrating a health focus into policy, programme and project development, promoting mental health, and contributing to supportive social and physical environments.

HIA takes a structural rather than individualistic approach. It involves examining proposed policies, programmes or projects for potential health impacts across population groups as opposed to examining individuals for impacts. It identifies potential changes in health outcomes and considers the impacts of these changes on addressing health inequality. HIA focuses on the impacts that are likely to be most significant for health and health inequalities.

In terms of the HIA process, *proportionality* is an important principle when planning and undertaking a HIA. Proportionality means that the HIA process is fit-for-purpose [9] and proportionate or tailored in terms of "time available, resources, and (according to) proposal (policy) complexity" (page 30 of the All Island Institute of Public Health guidance in Ireland).[9]



[9] 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. All Island Institute of Public Health.

A Health Impact Assessment Infographic

The infographic below includes four questions with responses, summarising key features of HIA, links to HIA guidance and supports, and provides some top tips. These four questions were developed based on input from participants at the Getting Going with HIA event in UCC on 6th November, 2025.

What is Health Impact Assessment (HIA)?

A HIA is a way to assess a policy, programme or project for potential health impacts. It has three main roles:

To examine the positive and negative impacts on population health.

To assess where health impacts occur and how they can cause or worsen health inequalities in different groups of people (population groups).

To identify actions that can:
- Promote population health
- Reduce negative health impacts
- Make health more equal for everyone

How do I start with HIA?

1. **Start small and build as you go!**
2. **Decide on your HIA focus: What policy, programme or project is the focus?**
3. **Screen your focus area: Does it need HIA?**
4. **Use a HIA guide to scope your focus area.**

Scoping means to:
- Identify key factors affecting health
- Identify population groups
- Select roles on the Steering Group
- Include partners from many relevant sectors in the HIA Steering Group
- Agree on the focus, timeline and resources
- Agree on the type of evidence to include

5. **Use the supports outlined below.**

What supports can I use?

You could access training from the **All-Island Institute of Public Health**
- Online HIA intro course (free)
- Further HIA training (fee-paying)

Join a network
- Join the HIA Network Ireland. Email Monica O'Mullane at m.omullane@ucc.ie
- Become a member of a global network **International Association for Impact Assessment**, Health Section

HIA guides and case studies
Use guides for HIA screening, scoping and the later stages from other trusted sources:
- World Health Organization (**WHO**)
- Public Health – **Scotland** and **Wales**
- Society of Practitioners of Health in All Policies (**SOPHIA**)

What are the key principles?

Comprehensive approach to health
Consider how the policy, programme or project affects health in the broadest sense, such as affecting mental or social health and wellbeing.

Equality and equity
Examine how some groups of people can be affected more than others.

Sustainability
Consider the short-term and long-term health impacts.

Ethical use of evidence
Use transparent and comprehensive data.

Participation
Include the public and people impacted in the process.

This infographic was developed with the support of the Health Research Board Knowledge Translation Project, called TRANSLATE-HIA (KTA-2024-009).

TRANSLATE-HIA

UCC Coláiste na hOllscoile Corcaigh University College Cork, Ireland

Plain English Approved by NALA

This infographic is also available as a standalone document: **https://doi.org/10.33178/10468/19539**

References: WHO. (1999). Health Impact Assessment: Main Concepts and Suggested Approach, Gothenberg Consensus Paper. Copenhagen: W.H.O. Regional Office for Europe

Winkler, M. S., Viliani, F., Knoblauch, A. M., Cave, B., Divall, M., Ramesh, G., Harris-Roxas, B., & Furu, P. (2021). Health Impact Assessment International Best Practice Principles. **https://www.iaia.org/uploads/pdf/SP5%20HIA_21_5.pdf**

Why do a HIA?

There are several benefits to doing HIA. It is undertaken to understand how a policy, programme or project could affect people's health. HIA subsequently informs decision-making with information on these potential health impacts at the planning or implementation stage.

It is important to do HIA for the following reasons:



Identify potential health effects as early on as possible

Assess how a policy, programme or project may affect population health in the early stages of implementation. The key point here is that the HIA findings can inform the policy, programme or project implementation.



Strengthen decision-making

HIA can provide evidence-based actionable recommendations so that local authorities, national policymakers and statutory organisations can make better-informed choices.



Reduce health risks

HIA helps to identify unintended negative consequences of policies, programmes and projects, and indicates ways to avoid or lessen these negative consequences through actionable recommendations.



Promote opportunities for health improvement

HIA helps to pinpoint opportunities for enhancing positive health outcomes, such as increased physical activity, cleaner environments, or better access to services.



Address health inequalities

HIA is structured to examine whether certain population groups, such as groups living with social and economic disadvantage, could be affected differently compared to the general population.



Engage relevant stakeholders and potentially affected communities

HIA provides space for stakeholders with relevant expertise on the topic of the policy, programme or project being assessed, to be involved, and for members of the community to contribute to decisions that may affect their health.



Support sustainable development

Encourages consideration of short-, medium and long-term environmental, social, mental and economic impacts, and how such impacts could affect health.

A number of case studies of completed HIAs are included further on in this Resource. The case studies indicate many benefits to undertaking HIA, with the benefits aligned with the five best practice principles of HIA, as included on page 7 of this Resource.

Where did HIA come from?

"Where did HIA come from?" was a question posed by participants at the Getting Going with HIA event in November 2025. The conceptual roots of Health Impact Assessment lie in three distinct areas of public health action, namely enhancing health equity, addressing the wider determinants of health through the process including stakeholder and community engagement, and environmental health.[10] HIA has been informed by the procedural methods and steps of Environmental Impact Assessment (EIA) that emerged in the 1970s in response to environmental harms related to rapid industrial growth in the USA, from the enactment of the US National Environmental Policy Act, 1969.

The origins of HIA are rooted in the important role it plays in promoting action for health in policy, programme and project development and as a way for strengthening equitable health impacts of policies, programmes and projects. [10]

In Ireland, the origin story of HIA aligns with these three conceptual roots[11], evidenced in the priority action areas endorsed in health strategies released since the start of the 21st century. More recently, the *Healthy Ireland Framework* and the *Slaintecare Healthy Communities Programme*, in particular, set out actions for enhancing health equity and addressing the wider determinants of health. In terms of environmental health, Environmental Impact Assessments (EIAs) and Strategic Environmental Assessments (SEAs) ensure that threats to population health are considered as part of regulatory environmental assessments in Ireland.

Health Inequalities and HIA

Health inequalities are systematic differences in health outcomes that exist between different population groups, for example, the distribution of health by socio-economic position or geographic location. [12] Health inequalities are unjust and avoidable differences in health outcomes. In Ireland, health inequalities are experienced by a significant proportion of the population across the life course and are often grounded in environmental and social conditions of daily life. [13] [14]

HIA practice is underpinned by a focus on people who are more vulnerable to policy, project or programme changes. It considers how they may be affected by the wider determinants of health and informs practical and actionable recommendations to improve impacts across population groups.

[10] Harris-Roxas, B., Viliani, F., Bond, A., Cave, B., Divall, M., Furu, P., Harris, P., Soeberg, M., Wernham, A., & Winkler, M. (2012). Health impact assessment: the state of the art. *Impact Assessment and Project Appraisal,* 30(1), 43–52. https://doi.org/10.1080/14615517.2012.666035

[11] O'Mullane, M. (2015). *Health Impact Assessment and policy development: The Republic of Ireland and Northern Ireland.* Manchester University Press.

[12] Bambra, C., Lynch, J., & Smith, K. E. (2025). *Getting Better: The policy and politics of reducing health inequalities.* Policy Press.

[13] HSE. (2025). *Public Health Strategy, 2025-2030.* https://about.hse.ie/api/v2/download-file/file_based_publications/hse-public-health-strategy-2025-2030.pdf/

[14] Pobal. (2024). *Pobal Deprivation Maps and Tools.* Pobal. https://data.pobal.ie/portal/apps/sites/#/pobal-maps

Steps involved in doing HIA

HIA involves the steps outlined in Figure 1 as set out in the HIA guidance published by the All Island Institute of Public Health (IPH).

It is good practice to use established guidance to navigate the process. HIA guidance provides direction on working through the HIA steps.

Screening

Decide whether to conduct an assessment; this may be a case-by-case decision or a statutory/policy requirement.

Scoping

Choose the health determinants and issues to assess, specify methods and clarify governance arrangements.

Analysis

Gather evidence and assess the proposal's effects, particularly likely significant effects.

Reporting

Present conclusions and recommendations/measures, including in relation to inequalities and equity.

Implementation

Follow through with the recommendations and/or the measures when implementing the proposal.

Monitoring

Collect or examine further data/indicators and if appropriate take further action.

Evaluation

Review the robustness and effectiveness of the assessment and its outcomes. Improve practice.

Figure 1: Steps in the HIA process.
Source: All Island Institute of Public Health, HIA Guidance, page 34. [15]

[15] 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. All Island Institute of Public Health.

Doing HIA in different ways

There are different ways to do HIA. Table 1 provides an overview of how a HIA may look like in terms of varying degrees of time, resources, scope and stakeholder involvement considerations, which are factors dependent on the context within which the HIA takes place.

Essentially, HIAs can take different forms in terms of duration and the extent of the work involved in the process.

	HIA	HIA
Time and resources	• Completed in a few days to a few weeks. • Requires fewer resources, such as staff and funding. • A condensed, less resource-intensive proportional process, usually relying on existing data, expert knowledge and limited stakeholder input.	• Can take several months to over a year to complete. • Requires more resources including more extensive staff involvement, funding, and technical expertise. • A thorough process that may include new data collection, detailed analysis and extensive stakeholder engagement.
Scope	• Focuses on identifying key potential health impacts quickly. • Provides a high-level analysis, often with less detailed exploration of all possible health impacts.	• Explores a wide range of health impacts in depth. • Involves a more detailed examination of health pathways and potential impacts across multiple population groups.
Stakeholder involvement	• Includes less extensive stakeholder involvement. • Stakeholder evidence may be gathered through existing consultations or a participatory HIA workshop with key stakeholders.	• Allows for more thorough feedback and evidence gathering from affected communities and organisations.

Table 1: Different ways to do HIA, according to scale based on time and resources, scope and stakeholder involvement.

Table reproduced, with some adaptation, with thanks, from the *Health Impact Assessment (HIA): A practical guide for voluntary best practice in Wales* (2026: 15) [16]

[16] Green, L., Ashton, K., Parry-Williams, L., Evans, L., Azam, S., & Evans, N. (2026). *Health Impact Assessment (HIA): A practical guide for voluntary best practice in Wales* (978-1-83766-795-6). https://phwwhocc.co.uk/wp-content/uploads/2026/02/HIA-Vol-Guidance-for-Wales-E-Final-03_26.pdf

Stakeholder Participation in a HIA process

Stakeholder participation refers to two types of engagement. The first is to include input from relevant professionals of statutory or non-statutory organisations and groups in providing input to the process, such as involving city planners in a spatial planning HIA. The second type of engagement involves input from members of the populations affected by the policy, programme or project upon which the HIA is being done. This engagement is one of the best practice principles of HIA, namely *participation*, such as including input from members of a resident community in a HIA on a housing estate expansion through consultative workshops. Another example would be engaging with users of different active and public transport modes, and people with different accessibility needs, in a HIA of a transport strategy.

Steering Group involvement

Setting up an intersectoral HIA Steering Group, including members from across areas relevant to the policy, programme or project under assessment, is a critically important part of HIA practice. It is good practice to include members from the affected community on the HIA Steering Group. The Steering Group directs and informs the HIA process. An established HIA guidance may advise on the terms of reference for the Steering Group, and the process of electing a Chairperson, as is indicated in the All Island Institute of Public Health HIA guidance (2021).

Gathering Community input

Engagement of communities in a HIA process is fundamental to understanding "the needs and realities of the populations likely to be impacted" by a policy, programme or project" (page 186). [17] Including community input requires advance planning to ensure the views of traditionally marginalised communities are included and considered[18], that community capacity to engage in the HIA is considered and planned [19] [20] and that power imbalances and cultural and language barriers across communities and partners are considered. [21]

Poorly planned participation processes, and participation that does not lead to visible outcomes, may result in consultation fatigue and withdrawal from future engagement opportunities. [22] [23]

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[17] Staatsen, B., Elberse, J., & Broeder, L. D. (2026). Community participation in Health Impact Assessment. In (pp. 180–195). Edward Elgar Publishing. https://doi.org/10.4337/9781035328611.00021

[18] Negev, M., Davidovitch, N., Garb, Y., & Tal, A. (2013). Stakeholder participation in health impact assessment: A multicultural approach. *Environmental Impact Assessment Review*, 43, 112–120. https://doi.org/https://doi.org/10.1016/j.eiar.2013.06.002

[19] Hanna, P., Wiik, F., & Grisotti, M. (2026). The role of local communities in Health Impact Assessment. In (pp. 133–145). Edward Elgar Publishing. https://doi.org/10.4337/9781035328611.00016

[20] Pursell, L., & Kearns, N. (2012). Impacts of an HIA on inter-agency and inter-sectoral partnerships and community participation: lessons from a local level HIA in the Republic of Ireland. *Health Promotion International,* 28(4), 522–532. https://doi.org/10.1093/heapro/das032

[21] Hirono, K. (2023). *Participation for health equity: a comparison of citizens' juries and health impact assessment* University of Edinburgh]. Edinburgh, Scotland. https://era.ed.ac.uk/items/83f3576f-5e80-4378-9cc6-177bde57e132

[22] den Broeder, L., Uiters, E., ten Have, W., Wagemakers, A., & Schuit, A. J. (2017). Community participation in Health Impact Assessment. A scoping review of the literature. *Environmental Impact Assessment Review,* 66, 33–42. https://doi.org/https://doi.org/10.1016/j.eiar.2017.06.004

[23] Nash, K., & O'Mullane, M. (2024). *Report on the Public Engagement Event for the HIA on the Core Strategy of the Cork City Development Plan (2022-2028).* https://hdl.handle.net/10468/16818

Quality Assurance in HIA

Quality assurance frameworks are a useful way to assess the quality of HIA reports and the processes. HIA guidance documents may include such quality assurance frameworks. Alternatively, standalone quality assurance frameworks could be used, such as the one developed by the Wales HIA Support Unit [24] and the quality assurance template developed by Public Health Scotland. [25]



[24] Green, L., Parry-Williams, L., & Edmonds, N. (2020). *Quality Assurance Review Framework for Health Impact Assessment (HIA).* P. H. W. W. H. S. Unit. https://phwwhocc.co.uk/whiasu/wp-content/uploads/sites/3/2021/05/QA_Interactive_PDF_version_eng..pdf

[25] Public Health Scotland (2024). *Health impact assessment quality assurance template.* https://publichealthscotland.scot/publications/health-impact-assessment-resources/

03

Relationship Between HIA and Other Assessment Types

In Ireland, there are a number of impact assessments that consider the determinants of health and how these determinants affect populations groups. This section provides an overview of key points related to HIA and other impact assessments (IAs), and the consideration of health in other IAs, while signposting to relevant materials.

It can be a practical option to consider health in other impact assessments or IAs in Ireland, particularly those assessments that are already mandatory. When considering or integrating health in other impact assessments, such as environmental or equality impact assessments, it is important to ensure the following are in place:

- a broad a range of determinants are considered from the start;
- everyone involved in the impact assessment Steering Group has an adequate understanding of health and health inequalities;
- sufficient stakeholder and community engagement within the impact assessment process. [26]

The All Island Institute of Public Health provides guidance on standalone HIA as well as integrating health into statutory environmental assessments, such as Environmental Impact Assessment (EIA) and Strategic Environmental Assessment (SEA).

In Ireland today, Environmental Impact Assessment (EIA) and Strategic Environmental Assessment (SEA) are statutorily required through EU Directives, with the EIA Directive (2011/92/EU & 2014/52/EU) SEA Directive (2001/42/EC). HIA is not currently statutorily required in Ireland, though both EIA and SEA require that a chapter on population health is included as part of the processes. You can refer to this guidance if you are looking for additional information on these assessments, or how to integrate health into environmental assessments. [27]

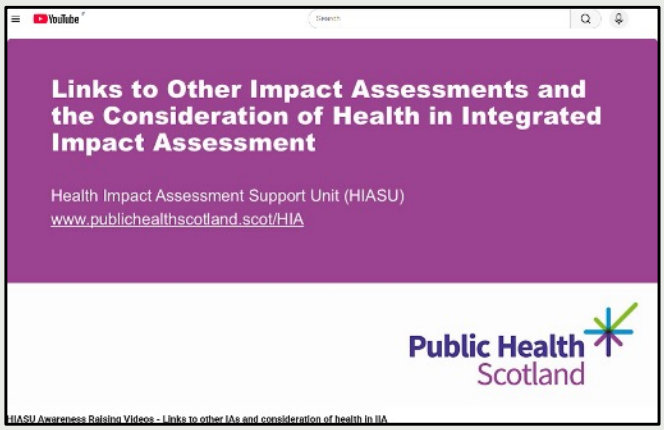


The HIA guidance states that IAs that "look at outcomes other than health may inform, or be informed by, a standalone HIA if HIA screening indicates this would be appropriate" [27] (page 84). Health impacts may be considered and presented in different ways in other impact assessments. In SEA and EIA,

[26] Public Health Scotland (2026) *HIA and other impact assessments in Scotland- Integrated Impact Assessments (IIAs) and health.* Public Health Scotland. from https://publichealthscotland.scot/resources-and-tools/health-strategy-and-outcomes/health-impact-assessment-hia/what-is-health-impact-assessment-hia/hia-and-other-impact-assessments-in-scotland/integrated-impact-assessments-iias-and-health/

[27] 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. All Island Institute of Public Health.

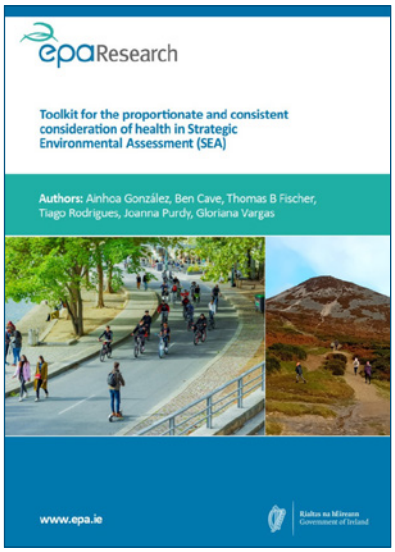
a health chapter may be required. In other assessments, health determinants may be framed as other outcomes such as poverty, human rights or equality, all of which have important impacts on health.



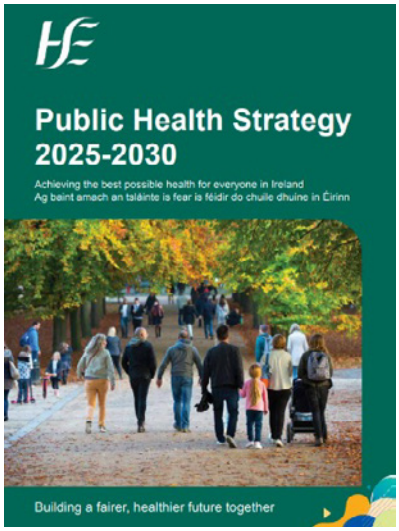
Public Health Scotland has published a useful informational video on the relationships among impact assessments, to health, and the consideration of health in Integrated Impact Assessment, which has been developed in Scotland.

https://www.youtube.com/watch?v=b0NbHrmoslQ

A Toolkit for the proportionate and consistent consideration of health in Strategic Environmental Assessment (SEA) was published in 2026 by the Environmental Protection Agency in Ireland. [28]



The Toolkit provides procedural and methodological recommendations for the proportionate consideration of human health, including both physical and mental health, in SEA. The Toolkit is developed to provide options for the SEA practitioner in a 'pick and choose' format to customise the Toolkit for the subject plan or programme (page 2). [28]



In Ireland, Section 42 of the Irish Human Rights and Equality Commission Act 2014 requires public bodies to have regard to, and assess, the need to protect the human rights of its members, staff and the persons to whom it provides services. Connections are made with the duties of public body in relation to equalities through undertaking an Equality Impact Assessment. The HSE is the first public body in Ireland committed to implementing the provisions of the Equality Act, and the Public Health Strategy (2025-2030) outlines actions to formalise toolkits for health equity audits, health equity assessments and health impact assessments in Ireland. [29]

Health Needs Assessment (HNA) and Health Impact Assessment (HIA) are sometimes confused with one another. They are two distinct approaches. HNA is a "systematic method for assessing the health needs and issues facing a given population leading to agreed priorities and resource allocation" [30] (page 284). It does not involve examining potential health impacts of a specific policy, programme or project like with HIA. A HIA may be informed by the findings of a HNA, for example, the identified needs and gaps in service provision of a population group.

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[28] González, A., Rodrigues, T., Cave, B., Fischer, T. B., Purdy, J., Van_Bavel, B., Fischer-Bonde, B., & Shiu_Fung, H. (2026). *Toolkit for the proportionate and consistent consideration of health in Strategic Environmental Assessment (SEA).* https://www.epa.ie/publications/research/environmental-technologies/EPA-SEA-Toolkit-509.pdf

[29] HSE. (2025). *Public Health Strategy, 2025-2030.* https://about.hse.ie/api/v2/download-file/file_based_publications/hse-public-health-strategy-2025-2030.pdf/

[30] Wills, J. (2023). *Foundations for Health Promotion* (5th edition ed.). Elsevier.

04

Case Studies- Examples of Completed HIAs

Introduction to the Case Studies

Case studies of completed HIAs have been selected with considerations for sector, how long ago the HIA was undertaken, scale of the process, and geographic location.

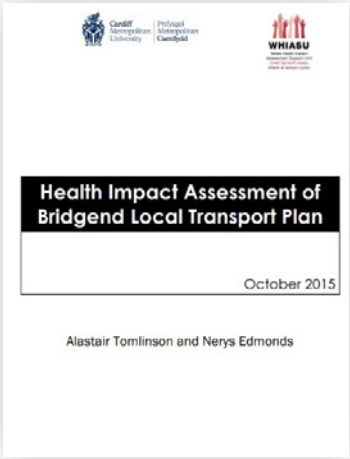
The case studies are presented in a format proposed by participants at the Getting Going with HIA event (November 2025) and include the following:

- Topic of the assessment;
- Sector and country the HIA was undertaken in;
- Process and methods that were involved in doing the HIA;
- Data collected for informing the HIA;
- Findings and recommendations of the HIA;
- If an evaluation was carried out on the HIA or not;
- The impact of the HIA.

Cases are included from within and beyond Ireland as examples of practice. Links to the HIA case studies are included in the reference section of the report for further reading.



Case Study 1
Health Impact Assessment of Bridgend Local Transport Plan [31]



What is the topic of the HIA?

Bridgend County Borough Council requested this HIA as part of the Bridgend Local Transport Plan 2015-2030 development and consultation process. The Bridgend Local Transport Plan aims to target investment in local transport to respond to local problems, using transport to access employment, economic growth, social connections, and other wellbeing supports.

Sector and Country:

Local Transport, Wales

Process/Methods:

This HIA followed the approach outlined in the Welsh Health Impact Assessment Support Unit guidance. [32] The HIA found that the Bridgend Local Transport Plan had the potential to have significant positive and negative impacts on public health, and highlighted actions for addressing health inequalities. As this HIA was conducted as a scaled-down HIA, the scope of the HIA included only secondary literature and publicly available data. Evidence from organisational stakeholders familiar with the proposed policy and the populations impacted by the policy was gathered using the Welsh Health Impact Assessment Support Unit screening checklist.

The group of key stakeholders who met to conduct the HIA report consisted of members from:

- Wales Health Impact Assessment Support Unit, Public Health Wales
- Abertawe Bro Morgannwg UHB Public Health Team, Public Health Wales
- Transport Policy Team, Bridgend County Borough Council
- Local Service Board, Bridgend County Borough Council
- Environmental and Public Health, Cardiff Metropolitan University

Data collected

Three evidence sources were used in this HIA:

- A population profile for Bridgend, including information on deprivation, obesity, and identification of vulnerable groups, already publicly available from Public Health Wales Observatory, Welsh Government Statistics, and other sources.
- A focused review of published evidence, based on existing summaries of evidence, including evidence from NHS Scotland, Department of Health and Department of Transport, and Cochrane Collaboration systematic reviews related to transport.
- Local stakeholder views, collected from organisational stakeholders during the screening process using the Welsh Health Impact Assessment Support Unit screening checklist.

[31] Tomlinson, A., & Edmonds, N. (2015). *Health Impact Assessment of Bridgend Local Transport Plan.* Cardiff Metropolitan University and Wales Health Impact Assessment Support Unit, Public Health Wales. https://www.bridgend.gov.uk/media/1pra5th1/ltp-health-impact-assessment.pdf

[32] Wales Health Impact Assessment Support Unit. (2012). *Health Impact Assessment: A Practical Guide.* https://whocc.pobl.tech/wp-content/uploads/2020/07/Health-Impact-Assessment-A-Practical-guide.pdf

Findings and recommendations:

Findings focused on the key areas of affordability of public transport and active travel to all potential users; road safety for children and older people, as well as pedestrians and cyclists in general; closer engagement with health services to ensure integrated transport planning; access to travel information ensuring that this is information available in a range of formats and locations; and the important role of community transport in facilitating access.

Recommendations made as a result of the HIA to Bridgend County Borough Council for delivering the Local Transport Plan include:

- Developing a bicycle reclamation and refurbishment scheme in order to make low-cost cycling transport available to those on lower incomes, along with offering training opportunities.
- Communicating and promoting active travel routes and maps by working with the local Public Health Team and local health services.
- Monitoring the impact of the Local Transport Plan on health through identifying key indicators such as air quality, physical activity levels, and use of active transport. It was also recommended that the potential impact on health inequalities should be considered as part of the monitoring process.
- Recommending additional HIA screening for priority transport schemes in the Local Transport Plan during the pre-application stage, and targeted HIAs for schemes that receive funding.

Evaluation undertaken:

No.

Impact

The HIA informed the delivery of the Local Transport Plan at Bridgend County Borough Council. A HIA on the Local Development Plan was subsequently carried out, building on the work undertaken and relationships built through the HIA on the Local Transport Plan. This HIA work undertaken in partnership with the Bridgend County Borough Council strengthened the embedding of health into the development of the Local Development Plan, including a revised Strategic Policy on health and wellbeing and a requirement for major developments to be supported by a HIA. The following Action was included in the Local Development Plan, 2018-2033 (page 121). [33]

> *"Health inequalities will be reduced and healthy lifestyles and choices encouraged by ensuring that development proposals:*
>
> *Are supported by a Health Impact Assessment where appropriate (major developments must be supported by a HIA, which demonstrates how the proposal will result in beneficial effects (and avoid adverse impacts) on the key determinants of health in the County Borough)."*

The HIA indicates the impact it had on the wider Local Development Plan and on the importance of building working relationships and capacity across multiple HIAs.

[33] Bridgend County Borough. (2024). *Bridgend County Borough Local Development Plan, 2018-2033.* https://www.bridgend.gov.uk/media/izcfgp1f/written-statement.pdf

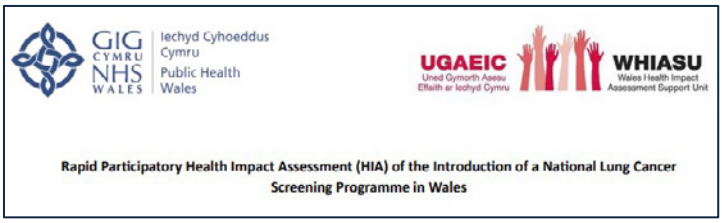
Case Study 2
Rapid Participatory Health Impact Assessment (HIA) of the Introduction of a National Lung Cancer Screening Programme [34]

What is the topic of the HIA?

This Health Impact Assessment investigated the potential health and wellbeing impacts, unintended consequences, and inequality implications of a proposed lung cancer screening programme.

Sector and Country:

Health service sector. Wales.



Process/Methods:

A HIA was undertaken on the Introduction of a National Lung Cancer Screening Programme in Wales in 2026. The HIA built on previous evidence gathered by the Lung Cancer Screening Project Team, and discussions with those involved in a Lung Health Check pilot and other Public Health officials.

The HIA also collected insights and knowledge from stakeholders, including service users and those who deliver the service, on the proposed lung cancer screening programme. A participatory workshop was held with key stakeholders including staff from the Lung Health Check pilot, Local Health Board representatives, Public Health Wales officials, service user representatives, and Tenovus and Cancer Research UK charities which support cancer patients and their families. The proposed screening programme was assessed against the national population and policy context in Wales. The workshop followed the systematic methodology from the Welsh HIA guidance 'Health Impact Assessment: A Practical Guide'.

Data collected:

At the HIA workshop, using the Wales HIA Support Unit Population Groups Checklist [35], the stakeholders identified the key population groups who would be impacted by the proposed screening programme. These groups included older people, carers, asylum seekers, people with communication and/or learning disabilities, people living in rural areas, and people who do not speak English as a first language.

The Wales HIA Support Unit Health and Wellbeing Determinants Checklist was then used to identify the positive and negative health and wellbeing impacts of the proposed programme, along with any gaps or unintended consequences of the programme.

[34] Lyddon, C., & Sharp, J. (2026). *Rapid Participatory Health Impact Assessment (HIA) of the Introduction of a National Lung Cancer Screening Programme in Wales.* Wales HIA Support Unit and Public Health Wales. https://phwwhocc.co.uk/wp-content/uploads/2026/01/Lung-Cancer-Screening-HIA-Report-ENG.pdf

[35] WHIASU. (2020). *Wales HIA Support Unit Population Groups Checklist.* https://phwwhocc.co.uk/whiasu/wp-content/uploads/sites/3/2021/05/WHIASU_Population_Groups_Checklist.pdf

Findings and recommendations:

The HIA brought together a literature review conducted by the screening team and the findings of the HIA workshop. Recommendations from this process included:

- Ensuring all **communication** is clear and accessible, including tailoring and easily available alternative formats.
- Ensuring GP health records are up to date regarding smoking behaviours to **ensure eligible individuals are identified**.
- **Integrating smoking cessation services** with the programme, along with general health improvement support, and other services.
- Availing of the support of **community leaders and champions** to encourage engagement with the programme.
- Ensuring that appointments are **accessible** for all by providing a safe environment, appropriate waiting facilities, support for travel to and from appointments, and flexible appointment times.

Impact:

The HIA workshop highlighted issues not previously considered, such as potentially not being able to easily access screening sites due to the lack of a car, a person to take them to an appointment, being a carer and/or the cost to travel or taking time off work, and the potential to miss appointments if only held during daytime hours. The HIA report outlined how further engagement work related to the Lung Cancer Screening Project will be informed by the evidence gathered in the HIA and will ultimately inform recommendations on the introduction of a national lung cancer screening programme in Wales.

The HIA provided support for evidence which led to the approval of the National Lung Cancer Screening Programme, and informed changes to the implementation of the programme by Public Health Wales. The HIA also influenced action plans to address health inequalities, informed research and evaluation opportunities, and ensured that health, wellbeing, and equity were embedded into the programme proposal.

Evaluation undertaken:

After the workshop a process evaluation was carried out as part of the HIA. Participants were asked about their experiences of the workshop, and for any additional comments. Participant comments were reported to be highly positive. The HIA has also been published as a peer-reviewed publication. [36]

[36] Green, L., Ashton, K., Lyddon, C., Sharp, J., Shanbhag, S., Ramessur-Marsden, H., Coslett, C., & Khaw, F.-M. (2026). Using Health Impact Assessment (HIA) to identify the potential health, wellbeing and equity impacts of a proposed national lung cancer screening programme in Wales. *BMC Public Health*. https://doi.org/10.1186/s12889-026-28999-2

Case Study 3
2014 Commonwealth Games Health Impact Assessment Report: Planning for Legacy [37]



What is the topic of the HIA?
Health Impact Assessment of the Glasgow 2014 Commonwealth Games, with an aim to inform the development of a local health and wellbeing legacy plan.

Sector and Country:
Glasgow City Council in partnership with NHS Greater Glasgow and Clyde, the Medical Research Council at the University of Glasgow and Glasgow Centre for Population Health, Scotland.

Process/Methods:
The HIA sought to ensure that inequalities would not widen as a result of the Games, and proposed actions that are sensitive to the different needs of Glasgow's people.

A multi-agency steering group was formed, comprising of representatives from:

- NHS Greater Glasgow and Clyde
- Glasgow Centre for Population Health
- Glasgow City Council Corporate Policy
- Glasgow City Council Development and Regeneration Services
- Culture & Sport Glasgow
- Community Health and Care Partnerships
- Glasgow Community Planning
- The Medical Research Council Social and Public Health Sciences Unit located at the University of Glasgow.

Steering Group members had a variety of backgrounds, including public health, equality, sustainability, regeneration, sport, community development, and research. Two subgroups were also formed to manage the workload: the first to develop the scoping phase, and the second to oversee the community engagement and appraisal/analysis steps of the HIA.

The HIA process followed the standard World Health Organization framework for conducting HIAs. [38] At the screening stage, the Steering Group decided the geographical limit for the HIA would be the population of the City of Glasgow. The potential for combining the HIA with equality and sustainability impact assessments was considered at the early stages of the process. The development of an integrated assessment tool was considered beyond the scope of the process at that time, however the team noted that significant equality and sustainability perspectives were included in the HIA.

[37] Glasgow City Council. (2009). *2014 Commonwealth Games Health Impact Assessment Report: Planning for Legacy* [Key Findings Report]. https://www.stor.scot.nhs.uk/server/api/core/bitstreams/14cbf421-512f-471e-88a0-270a8a13b02f/content

[38] WHO. (2010). *Health impact assessment.* http://www.who.int/hia/en/

A review of evaluations of previous large sporting events was undertaken, followed by a stakeholder event in August 2008. The event included interactive workshops and expert presentations with 120 delegates in attendance representing local and national organisations. The stakeholder event aimed to identify and prioritise the potential health impacts of the Games, determine which groups would be most affected in relation to the creation or exacerbation of health inequalities, and explore opportunities to influence decision-making. It also allowed key decision-makers to share their priorities, concerns, and timelines so that the HIA findings could be delivered in an accessible and timely way. The areas of impact identified at the event were used to guide the public consultation and to inform discussions with local communities.

The community engagement stage of the HIA involved presentation to community groups, the "Have Your Say" questionnaire, interactive workshops, the Glasgow household survey. This provided the opportunity to gather community views on possible positive and negative impacts and ways to maximise benefits and reduce harms. The National Standards for Community Engagement [39] were used as the quality standard for this process. The HIA process sought to make effective use of existing community engagement structures by working closely with Local Community Planning Partnerships. [40]

Data collected:

Information was collected from a number of sources:

- A Scoping Event involving key decision makers and stakeholders to identify potential areas of impacts.
- Community engagement, including presentations to community groups, a questionnaire, interactive workshops, and the Glasgow Household Survey. The National Standards for Community Engagement were use as quality standards for this process.
- A systematic review of literature relating to the impact of previous major sporting events, carried out by the Medical Research Council Social and Public Health Sciences Unit.

Findings and recommendations:

HIA findings examined the potential positive and negative health impacts across thirteen themes including 2014 infrastructure facilities, civic pride, image of Glasgow, housing and public space and economy/employment. Actionable recommendations were then created within the HIA, as summarised in the following:

- **2014 Infrastructure (Facilities):** New facilities should be accessible to local people and provide equitable access for all. It is also important that facilities are sustainable and meet local needs for the future.
- **Civic Pride:** Opportunities for community involvement, promoting Glasgow as a friendly city, should be provided. Holding commemorative events after the Games to celebrate the city's achievements.
- **Image of Glasgow:** Striving to improve the perception of Glasgow both before and after the Games to enhance tourism and new business investment. Developing a long-term strategy to showcase local products and businesses.
- **Housing and Public Space:** Public spaces should be designed to promote physical activity and social interaction. The planning process for the construction of housing for Games athletes should involve the people directly impacted by this building work.

[39] SCDC. (2005). *National Standards for Community Engagement*. https://www.scdc.org.uk/what/national-standards

[40] McCartney, G., Palmer, S., Winterbottom, J., Jones, R., Kendall, R., & Booker, D. (2010). A health impact assessment of the 2014 Commonwealth Games in Glasgow. *Public health*, 124(8), 444–451. https://doi.org/10.1016/j.puhe.2010.04.004

- **Economy/Employment:** Local people and businesses should be supported to access employment, training, and work-related opportunities from the Games. Clear information on the costs and implications of hosting the Games should be made available to communities, and impact on services should be minimised.

It was also suggested that monitoring and evaluation should be carried out including an evaluation of the HIA process to identify lessons learned from conducting a large-scale HIA, including insights gained from the community engagement activities.

- An evaluation of the HIA process to identify lessons learned from conducting a large-scale HIA, including insights gained from the community engagement activities.
- An outcome evaluation to examine how effectively the HIA recommendations were incorporated into the legacy plans.
- An evaluation to assess the long-term impacts of Glasgow hosting the Commonwealth Games.

Evaluation undertaken:

Yes [41]

Impact:

Glasgow Centre for Population Health, NHS Greater Glasgow and Clyde and Glasgow City Council commissioned Progressive and Dudleston Harkins Social Research Ltd to evaluate the effectiveness of the HIA conducted to inform the legacy strategy of the Glasgow 2014 Commonwealth Games.

The HIA was regarded as a thorough, well-resourced, and methodologically robust example of good practice. It influenced the development of the Glasgow City Council Legacy Framework, prioritised legacy planning for the Games, and served as an important evidence base early in the planning process. The HIA also encompassed a collaborative, cross-sectoral approach, incorporating a wide range of stakeholders and making use of existing networks.

The HIA had a significant impact on policy and planning surrounding the Games through its crucial role in the formation of the Glasgow City Council Legacy Framework. The HIA recommendations facilitated the prioritisation of actions, strengthening political support, and accelerating projects. Recommendations across all thirteen themes identified in the HIA have been implemented in the Games planning, for example the Cultural Programme, the Volunteering Programme and the Delhi flag handover.

The HIA was widely valued as a reliable source of information on community views about the Games, with stakeholders using its recommendations to guide planning and align activities with community and stakeholder expectations. The HIA also strengthened the focus on creating a lasting legacy and ensuring legacy considerations were integrated into planning processes.

[41] Progressive and Dudleston Harkins Social Research Ltd. (2014). *Evaluating the effectiveness of the Glasgow 2014 Commonwealth Games HIA.* Glasgow Centre for Population Health. https://www.gcph.co.uk/assets/000/000/287/Evaluating_the_effectiveness_of_the_HIA_for_the_Glasgow_2014_Commonwealth_Games_original.pdf?1700036399

Case Study 4
Proposed Sugar Sweetened Drinks Tax Health Impact Assessment [42]

What is the topic of the HIA?
The Public Health policy proposing a tax on sugar sweetened drinks in Ireland, with the potential to address overweight and obesity.



Sector and Country:
Public Health, Ireland

Process/Methods:
The Department of Health asked the All Island Institute of Public Health (IPH) to undertake a Health Impact Assessment of a proposed tax on sugar sweetened drinks. A steering group was formed with organisations represented on the steering group including:

- Department of Health
- Health Service Executive
- Food Safety Authority of Ireland
- Safefood
- Department of Agriculture, Food and the Marine
- Department of Children and Youth Affairs
- British Heart Foundation Health Promotion Research Group
- All Island Institute of Public Health (formerly Institute of Public Health)
- Academic and healthcare representatives

The project team conducted screening using the IPH tool and the scoping tool used was adapted from one developed by Erica Ison. A population profile was developed and a literature review also conducted by the project team.

A stakeholder consultation event was held in June 2012, to inform stakeholders about the process, afford an opportunity for sharing stakeholder knowledge and insights on the possible health impacts of the proposed policy, and to make recommendations on how the proposal could be enhanced for better health. Stakeholders included commercial and industry groups, health organisations and agencies, consumers, and representatives from youth and children organisations, marginalised groups, academia, and the food sector.

A modelling analysis to aid with decision-making was also developed, along with a poll of adults in Ireland about their opinions on, and consumption of, sugar sweetened drinks.

Data collected:
The steering group considered the followed data as part of the Analysis step in the HIA:

- The population profile, including information on overweight and obesity in all age groups, forecast prevalence rates of selected chronic conditions, dental health, and consumption

[42] All Island Institute of Public Health (formerly Institute of Public Health). (2013). Proposed Sugar Sweetened Drinks Tax: Health Impact Assessment (HIA). https://instituteofpublichealth.org/sites/default/files/resources/Proposed%20Sugar%20Sweetened%20Drinks%20Tax%20Health%20Impact%20Assessment.pdf

trends for sugar sweetened drinks in Ireland.
- A literature review on the links between sugar sweetened drinks and health impacts, and the impact of fiscal policies on health outcomes.
- Stakeholder consultation.
- Modelling work by a University of Oxford team, examining the effects of a sugar sweetened drinks tax of 10% on obesity and overweight in Ireland.
- Polling information on the opinions and attitudes of adults in Ireland towards sugar sweetened drinks.

As addressing overweight and obesity in Ireland was the identified public health priority of the proposed sugar sweetened drinks tax, the population profile and literature review focused primarily on the impacts of overweight and obesity on health including dental health. The population profile was based on high-quality secondary data from sources such as the Central Statistics Office, Eurostat, the SLÁN survey, and Growing up in Ireland.

Findings and recommendations:

Key findings from the HIA include that:
- Obesity is a multifaceted issue, shaped by a range of socio-economic, psychosocial, genetic and environmental factors.
- Sugar sweetened drinks are an energy source which contain minimal other nutrient contributions.
- Increases in cost can decrease demand, but this relationship can vary due to consumer behaviour and the industry response to tax.
- Evidence indicates a positive relationship between sugar sweetened drink consumption and higher energy intake.
- Evidence of a relationship between sugar sweetened drink consumption and weight gain is not conclusive due to conflicting literature and low study quality.

Recommendations:

- Identified uncertainties could be clarified through a comprehensive monitoring and evaluation process, including examining consumption patterns, population health metrics, and industry impacts of the proposed policy. This monitoring and evaluation process is the responsibility of the Department of Health.
- Complementary measures such as education and promoting physical activity were consistently raised by stakeholders during the HIA process as essential factors to support the policy.
- Engaging with industry prior to implementing the tax was also recommended by stakeholders.

Evaluation undertaken:

No.

Impact:

The HIA on the Proposed Sugar Sweetened Drinks Tax informed the scientific evidence base for the introduction of the sugar tax. [43] Following the Health Impact Assessment, the Special Action Group on Obesity met the Minister for Health and strongly recommended introducing a 10% tax on sugar sweetened beverages on public health grounds. The “Healthy Ireland: A Framework for Improved Health and Wellbeing 2013–2025” also referred to the Proposed Sugar Sweetened Drinks Tax HIA as an example of intersectoral working and using the Health in All Policies as a way of reaching goals. [44]

[43] Library & Research Service (2026) *NOTE A tax on sugar sweetened drinks: An overview.* https://data.oireachtas.ie/ie/oireachtas/libraryResearch/2016/2016-10-05_l-rs-note-tax-on-sugar-sweetened-drinks_en.pdf

[44] Department of Health (2013). *Healthy Ireland, A Framework for Improved Health and Wellbeing, 2013 – 2025.* Dublin: Government Publications.

Case Study 5
50,000 affordable Homes: A Health Impact Assessment*

What is the topic of the HIA?

This HIA aimed to identify and evaluate anticipated health impacts of the Scottish Government commitment to provide 50,000 new affordable homes, and to make recommendations to enhance these impacts.



Scottish Health and Inequality Impact Assessment Network (SHIIAN) Report.

Sector and Country:

Housing, Scotland

Process/Methods:

A Steering Group was brought together to decide on the tasks to be completed, the evidence to be gathered, as well as examining findings and agreeing recommendations. The Steering Group included representatives from:

- NHS Lothian/ Scottish Health and Inequalities Impact Assessment Network
- Association of Local Authority Chief Housing Officers
- NHS Health Scotland
- Scottish Public Health Network

A scoping exercise was carried out with members of the Scottish Public Health Network Health and Housing Advisory Group, using a health impact checklist to identify key population groups that may be affected by the proposed policy and its potential health impacts. Provisional recommendations were identified, and research questions were then developed to assess the impacts identified in the scoping stage.

The Steering Group considered the provisional recommendations from the scoping stage, along with further recommendations derived from interviews with key informants and other evidence. Final recommendations were discussed and agreed by consensus.

Data collected:

Evidence was gathered from a number of sources to address the identified research questions:

- **Routine data:** to understand the context of the affordable homes target, published data on housing and homelessness in Scotland was examined
- **Interviews with key informants:** semi-structured in-person or telephone interviews were conducted with individuals who had knowledge of the proposed policy and its implementation, and the relationships between housing and health.
- **Literature review:** a synthesis of key findings on the health impacts of housing, including a review of health and housing from the Scottish Health and Inequalities Impact Assessment Network (SHIIAN) guidance on HIA of Housing Improvement.[45]

* Higgins, M., Cain, T., Lowther, M., Mackie, P., Scarlett, E., & Douglas, M. J. (2017). 50,000 Affordable Homes: A Health Impact Assessment. Scottish Health and Inequalities Impact Assessment Network and Scottish Public Health Network (ScotPHN). https://www.scotphn.net/wp-content/uploads/2015/11/2017_06_27-FINAL-SHIIAN-50-000-New-Homes-HIA-Report-ES.pdf

[45] Thomson, H., Macdonald, L., Higgins, M., Palmer, S., & Douglas, M. (2012). *Health Impact Assessment of Housing Improvements: A Guide.* ScotPHN and NHS Health Scotland. https://www.scotphn.net/wp-content/uploads/2015/10/2013_02_26_HIA_of_Housing_Improvements_Guide1.pdf

Findings and recommendations:

The key findings relating to potential health impacts of the policy and how these impacts can occur include:

- **Homelessness:** Significant negative health impacts are associated with experiencing homelessness. Structural issues such as a lack of availability of low-cost housing, are associated with increased homelessness. While the provision of affordable housing, particularly social rented homes, is a key facilitator to reducing homelessness, other associated factors must also be considered.
- **Physical characteristics of housing:** Access to housing that is of a high standard, suitable for an individual's needs, and has security of tenure would have positive health and wellbeing impacts.
- **Economic impacts:** There are potential economic benefits to both individuals and wider populations of having access to more affordable housing. The increased employment opportunities as a result of the housing construction will also have positive economic impacts.

The recommendations from the HIA include:

National policy:

- The Scottish Government should look for cross party support for a long-term commitment to investing in affordable homes.
- The Scottish Government should investigate how to best monitor and evaluate the number of homes delivered, along with the health and wellbeing outcomes of the affordable homes programme.

Community planning policy:

- The HIA should be used by local authorities to inform the development of future Local Housing Strategies and Strategic Housing Investment Programmes.
- Support and preventative services for people experiencing or at risk of homelessness should continue to be provided and improved by local authorities.

Placemaking and communities:

- Affordable housing should be provided in high-quality neighbourhoods, with key neighbourhood improvements identified using tools such as the Place Standard.
- Affordable homes should not be located in areas which would require individuals to be dependent on private car transport.

Evaluation undertaken:

Although no formal evaluation was carried out, the HIA was written as a summative case study by Hirono (2021)[46], reviewing the assessment for a number of direct and indirect impacts.

Impact

Hirono (2021) found that although the HIA had limited effect on the programme itself, it did have other unforeseen positive impacts. The HIA influenced other health and housing decisions, policies, and programmes. These included:

- Informing the local authority response to the Scottish Government policy on Housing to 2040
- Informing the local authority response to the Scottish Government the consultation for the National Planning Framework
- Being used as a learning resource for primary care providers on the links between housing, health, and homelessness
- Contributing to research on the social value of affordable housing, carried out in

[46] Hirono, K. (2021). *50,000 Affordable Homes Health Impact Assessment: Case Study Summary.* https://www.scotphn.net/wp-content/uploads/2015/11/50000-Homes-HIA_Case-study-summary.pdf

partnership between the local authority, a Rural Island Housing Association and a charitable foundation.

Participants in the HIA also reported that taking part in the assessment had been useful for them on a personal level, generally viewed their participation as a positive experience, and discussed their increased knowledge and confidence in discussing health and housing issues.



05

Benefits of doing HIA - Learnings from the Case Studies

The case studies represent brief summaries of the assessment reports. They also highlight a number of key benefits in undertaking HIAs. The following outlines the benefit to doing HIA and the ways in which these benefits align with the five best practice principles.

Comprehensive Approach To Health; Equity And Equality

- All case studies were undertaken to **identify potential health effects as early on as possible,** in order to have the best chance of informing the relevant policy, programme or project.
- The *impact* sections of the case studies in this Resource affirm the ways in which the HIAs **strengthen decision-making,** in order to inform the relevant policy, programme or project.
- All HIAs were focused on both promoting potential **opportunities for health improvement and in reducing health risks.**

Ethical Use Of Evidence

- All the case studies used a mix of evidence sources and validated findings. They all used a steering group to sense check findings. A steering group can also help to avoid bias in interpretation of findings by bringing together different perspectives.

Equity And Equality

- The HIAs clarified the ways in which the process was conducted to **address health inequalities,** whether that was to ensure health inequalities were not created or exacerbated with the Local Transport Plan in Bridgend, or with the (then) upcoming Commonwealth Games in Glasgow, or with the introduction of the Lung Cancer Screening Programme. By identifying the potentially vulnerable population groups who could potentially be disproportionately affected by the policy, programme or project, could the assessment focus on ways health inequalities could be addressed across those groups.

Participation

- The HIA case studies involved engagement with **relevant stakeholders and potentially affected communities,** in line with one of the five best practice principles of HIA as *participation*.

Sustainability

- The HIA case studies showed how the process can **support sustainable development,** as noted in the Bridgend Local Transport Plan HIA that examined the long-term impact of transport options, and the medium- to long-term impact of introducing 50,000 Affordable Homes in Scotland across environmental, economic, social and health considerations.

06

Helpful Tips and Pitfalls to Avoid: Getting Going with HIA

A number of tips and pitfalls are included in the section below, that anyone getting going with HIA can consider before starting the HIA process.

Tips

- When getting started with HIA, **undergo capacity-building** in the area, and use **established HIA guidance** to navigate the process.
- **Early planning of the HIA is critical.** A scoping review on the barriers and facilitators to doing HIA, led by Dr Tara Kenny (HIA-IM research project), affirms the importance of the early planning stages of HIA for the practical application of the assessment. This early planning stage can happen when conversations are initiated between stakeholders who plan to work together on the assessment. The scoping review concludes that HIA practice requires attention at the earlier stages of the assessment. [47]
- **Intersectoral relationship building and partnership working** are important for HIA and particularly building relationships across sectors and silos. This can be done at the pre-planning/ early stages and maintained throughout the process. When working on a HIA for the first time, it could be helpful to build on existing working relationships and partnerships, whilst also expanding and creating new relationships. Relationship building requires an investment of time but can pay dividends[48], in refining the purpose and workplan of the HIA and in creating practical, actionable recommendations.
- When **engaging with communities** in the HIA, be clear on the aim of their participation. Clarify with the communities their role in the process and ensure that expectations are communicated appropriately and well-coordinated. As Staatsen et al (2026)[49] advise, provide space in the process to actively listen to the questions of communities with an open mind. Discuss how their input can be used to shape the HIA. Include feedback loops that link their participation to the actionable recommendations and impact. Always affirm with the responsible decision-makers the value of community input, as it aligns with the best practice principles of HIA, namely, *participation* and *equality & equity*. Ensuring that community input is validated alongside other forms of evidence used in the process also aligns with the *ethical use of evidence* principle of HIA.[50] [51]

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[47] Kenny, T., Harris-Roxas, B., McHugh, S., Douglas, M., Green, L., Haigh, F., Purdy, J., Kavanagh, P., & O'Mullane, M. (2025). Routemap for health impact assessment implementation: scoping review using the consolidated framework for implementation research. *Health Promotion International,* 40(3). https://doi.org/10.1093/heapro/daaf080

[48] Edmonds, N. (2026). Experience with the Bridgend HIA. Cardiff, Wales: Public Health Wales. Personal communication.

[49] Staatsen, B., Elberse, J., & Broeder, L. D. (2026). Community participation in Health Impact Assessment. In (pp. 180–195). Edward Elgar Publishing. https://doi.org/10.4337/9781035328611.00021

[50] SPWG. (2011). *Guidance and Best Practices for Stakeholder Participation in Health Impact Assessments -Version 1.0 -*. https://www.pew.org/~/media/assets/2012/03/01/guidance_best_practices_stakeholder_participation_hia.pdf

[51] Hirono, K. (2023). *Participation for health equity: a comparison of citizens' juries and health impact assessment* University of Edinburgh]. Edinburgh, Scotland. https://era.ed.ac.uk/items/83f3576f-5e80-4378-9cc6-177bde57e132

Pitfalls

- **Avoid misunderstandings** at the end of the process in terms of **the shared knowledge of the HIA's purpose,** that should be clarified at the start of the HIA. Plan out time and space at the beginning to discuss together the purpose of the HIA and make sure the process starts off with a shared understanding of the HIA purpose with the people you have gathered in the Steering Group. This may take time and effort early on, however, is crucial for a meaningful process that will result in tangible findings and actionable recommendations.
- Related to the above pitfall, when clarifying together the shared understanding and purpose of the HIA, make sure to **manage expectations** in terms of what the HIA can feasibly deliver, and what it cannot.
- When clarifying the shared understanding of the HIA purpose, **make sure not to get distracted by the policy area.** For example, if the purpose of the HIA is to assess the potential health impacts of three new active travel routes in three neighbourhoods in a city, keep the focus on the impact of those specific travel routes, not the impact of active travel on health more generally.
- **Avoid misaligning the timeline of the HIA with the decision-making timeline.** If a housing policy is being drafted next year, for example, decide how long in advance the HIA needs to be done in time to inform the policy process.
- Related to the previous pitfall, if decision-makers do not sit on your Steering Group, **establish a bilateral working relationship with these decision-makers early on in the HIA** as a way to share information on the assessment. This action has two purposes: to share findings from the HIA with decision-makers, and to be open to receiving information on the timeline for informing the decision making process. This is particularly helpful if that process is not clear to the HIA Steering Group from the start.
- If a HIA is not underpinned by the five best practice principles, is not focused on informing decision-making processes but is a more general assessment of health impacts, and is not informed by an intersectoral Steering Group, **decide if a HIA is needed at all,** as another type of approach, such as a project evaluation, might be more suitable.



07

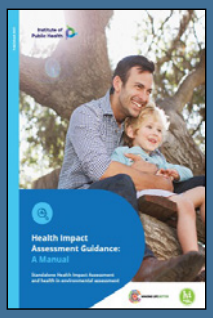
Useful Resources for Getting Going with HIA

The participants at the November 2025 Getting Going with HIA event indicated that they wanted to see a section signposting to useful resources for undertaking HIAs.

This section includes information on available open-source HIA guidance documents and on upskilling and capacity-building opportunities for conducting HIAs. This section does not include an exhaustive list of resources; it is more indicative of what is publicly available.

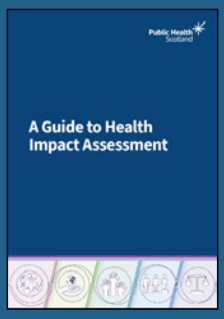
HIA Guidance documents

This section provides an overview of HIA guidances, one that was published by the All Island Institute of Public Health, and guidances published in nearby countries, Scotland and Wales.



The **All Island Institute of Public Health (IPH)** published revised guidance for completing both standalone HIAs and integrating health into environmental assessments in 2021 (Pyper et al. 2021). Below is the weblink to the guidance as well as to other resources, including a case study example of the guidance used in practice.

https://instituteofpublichealth.org/hia



Public Health Scotland (PHS) published revised guidance for completing standalone HIAs in 2024. Tools to be used in the HIA are provided as separate documents, complementing the HIA process.

A Guide to Health Impact Assessment

PHS have also produced a useful informational video on HIA on YouTube.

https://www.youtube.com/watch?v=CpVtTPAWIWk



The **Wales HIA Support Unit (WHIASU), Public Health Wales,** produced two HIA guidances in 2026, revising their previous materials, following the legislating of the *HIA Wales (2026) Regulation* which mandates HIA on certain developments. Here is the link to the PHS HIA guidance for conducting voluntary HIAs in the country.

HIA: A practical guide for voluntary best practice in Wales

HIA Training Opportunities

Since launching updated HIA Guidance in 2021, the **All Island Institute of Public Health (IPH)** has developed several new resources to support the development of HIA knowledge and skills.

The Institute developed an online Introductory learning module, which is open-access. The purpose of the learning module is to introduce the HIA approach to an interested audience.

Here is the link to the learning module:

https://learning.instituteofpublichealth.org/

In 2026, the Institute built on its work in this area by launching a comprehensive HIA training programme. The programme is fee-based and is available in two formats:

1. HIA 2.0 Comprehensive Programme
2. HIA 2.0 Comprehensive Plus Programme which offers an accredited pathway towards professional recognition and competence in HIA.

Both options provide access to the self-paced HIA 2.0 online training programme. The **HIA 2.0 Comprehensive Plus Programme** includes an in-person masterclass designed to deepen HIA skills and knowledge. The Institute is recognised by the Institute of Sustainability and Environmental Professionals (ISEP), as a professional body that can deliver and/or provide accreditation for HIA training.

Here is the link for further information on the training programme:

https://instituteofpublichealth.org/hia-training-programme

Additional HIA training opportunities are available in country-specific contexts, some of which are fee-paying, and some are free of charge.

HIA Networks

Peer-support groups of people interested in learning more about doing HIA in country-specific, or international-level, contexts can be helpful for anyone getting going with HIA.

In Ireland, at the time of writing, Dr Monica O'Mullane established a peer-support **HIA Network Ireland** following immense interest at the Getting Going with HIA event, 6th November 2025 in UCC. For more information about the Network, or if you wish to join, please email Monica directly (m.omullane@ucc.ie).

The **Community of Health in All Policies Practitioners (SOPHIA)** was formed in 2011 and is an association of individuals and organisations providing leadership and promoting excellence in the practice of health impact assessment and Health in All Policies. The webpage comprises useful resources for undertaking HIA and Health in All Policies approaches. It is possible to join SOPHIA as a member for an annual fee, which provides additional networking, support, and learning opportunities.

https://hiasociety.org/

The **International Association for Impact Assessment (IAIA)** was set up in 1980, following the 1969 United States' National Environmental Policy Act (NEPA). It is a not-for-profit organisation that supports professionals doing impact assessment, defined by the organisation as "the process of identifying the future consequences of a current or proposed action." [52] There is a Health Section in the association that is supportive for professionals involved in doing HIA or learning more about the assessment. To join the Health Section of IAIA, it is necessary to become a fee-paying member. There is also a UK/Ireland branch of IAIA, that occasionally hosts conferences, such as the one in 2026 in the University of Liverpool. The Branch seeks to support professionals in the UK and Ireland in doing impact assessments.

Repositories for completed HIAs

The Environment & Health Impacts Hub is a collaboration between the World Health Organization Regional Office for Europe and the Environmental Assessment and Management Research Centre at the University of Liverpool, which is a WHO collaborating centre on health in impact assessments.

The Hub is supported by a group of experts drawn from across the WHO Europe region. Together, along with the wider impact assessment community, we aim to facilitate sharing and communication between practitioners, policy makers and other stakeholders working in Environmental Assessment and Health Impact Assessment.

Here is the link to the Hub, where you can search for HIAs and other IAs:

https://www.eshia-impactshub.net/case_studies/

The Community Commons HIA repository provides searchable examples of completed HIAs across multiple sectors. The repository is based in the USA.

https://hia.communitycommons.org/explore/browse-all/



[52] IAIA. (2026). *Who we are.* Internationla Association of Impact Assessment. Retrieved 6.7.2026 from https://iaia.org/who-we-are/

08
Conclusion

Based on feedback from the participants at the first Getting Going with HIA event in 2025, this Informational Resource provides HIA-focused information that the participants identified as needed when getting started with HIA for the first time, or when learning more generally about HIA.

The Resource provides an overview of HIA, case studies of completed HIAs as examples, an overview of the relationship between HIA and other impact assessments in Ireland, and a signposting of resources, including HIA guidance and training opportunities.

The intention underpinning this Resource resonates with Professor Ella Arensman's declaration at the event in UCC in her opening address, that **getting going** with HIA will become **keeping going** with HIA, beyond an initial start. The HIA-IM project is developing an implementation model to support this initiation and maintenance of HIA practice in Ireland. This Resource provides an informational starting point for individuals and teams looking to do HIAs or learn more about the process.



09

Appendix 1: Enhancing the practice of HIA in Ireland through applied research

Over the years, applied research undertaken across the globe has contributed to the development of HIA in various ways, such as creating priorities for a HIA global research agenda [53] , creating evidence for informing and enhancing community participation in HIA [54] and developing a framework for assessing effectiveness and impact of HIAs. [55]

In Ireland, an HRB-funded research project, HIA-IM, running until the end of 2027, is developing an implementation model that will guide HIA practice going forward in Ireland. This model is being built based on applied research, including learnings generated from the undertaking of two HIAs, namely one on the Cork City Development Plan (2022-2028) and the other one on the national Climate Action Plan 2024. Both HIAs are completed with reports publicly available. [56] [57]

An HRB-funded knowledge translation project has run alongside the HIA-IM project (2025 to 2026), called TRANSLATE-HIA. The purpose of TRANSLATE-HIA has been to share findings and boost impact from the HIA-IM project through a number of activities, including hosting a “Getting Going with HIA” event in UCC and creating this “Getting Going with HIA Informational Resource”, including a HIA Frequently Asked Questions (FAQs) infographic. The project also created an informational video on HIA, available on the project webpage.

[53] Haigh, F., Douglas, M., Mekel, O., Green, L., & Hirono, K. (2023). The future of health impact assessment- setting the Research Agenda [journal article]. *Population Medicine, 5*(Supplement). https://doi.org/10.18332/popmed/165568

[54] Hirono, K. (2023). *Participation for health equity: a comparison of citizens’ juries and health impact assessment* University of Edinburgh]. Edinburgh, Scotland. https://era.ed.ac.uk/items/83f3576f-5e80-4378-9cc6-177bde57e132

[55] Harris-Roxas, B., & Harris, E. (2013). The impact and effectiveness of health impact assessment: A conceptual framework. *Environmental Impact Assessment Review,* 42(0), 51–59. https://doi.org/http://dx.doi.org/10.1016/j.eiar.2012.09.003

[56] O’Mullane, M., Kenny, T., Nash, K., Ryan, M., & Fitzsimons, J. (2024). *Report of the Health Impact Assessment on the Core Strategy of the Cork City Development Plan (2022-2028).* 10.33178/10468/16851

[57] O’Mullane, M., Kenny, T., Sulley, A., Brennan, M. M., & Sheehan, C. (2025). *A Health Impact Assessment of the 2024 Climate Action Plan’s Measure to Expand Ireland’s Organic Sector.* https://cora.ucc.ie/items/4aeb1d2d-f538-4007-a2ac-e168554f71e2

The first Getting Going with HIA event in Ireland, 2025

On 6th November 2025 around 60 people attended the first “Getting Going with Health Impact Assessment” event across the island of Ireland. The event was held in University College Cork. Attendees from the HSE, non-governmental organisations, local authorities, private sector, and academic settings listened to presentations from Karen O’Mahony (Cork City Council), Johnny Liu (London Borough of Tower Hamlets), Dr Margaret Douglas (Public Health Scotland), and Dr Liz Green (Public Health Wales). A discussion session followed, facilitated by Denise Cahill, Coordinator of WHO Cork Healthy Cities. Professor Ella Arensman opened the event and Dr Monica O’Mullane presented an overview of HIA in Ireland, the purpose of HIA-IM project, along with implementation science-informed findings.

How was the Resource created?

In the afternoon a World Café was held, facilitated by members of the TRANSLATE-HIA team. The purpose of the World Café was to provide space for participants to enable co-produced input on what they would like to see in an Informational Resource that would be helpful for anyone getting started with HIA for the first time, or for anyone keen to learn about HIA. Appendix 2 provides the methodology for collating and analysing the co-produced input, conducted by the project researcher, Eibhlín Looney.

What participants would like to see in the Resource is outlined in the following:

- presenting case studies of completed HIAs
- outlining the value and benefits of doing HIA
- explaining the relationship between HIA and other impact assessments
- providing details on upskilling opportunities in HIA

Participants also noted that they wanted simple and straightforward language to be used throughout the Informational Resource, and to incorporate existing resources where possible, to avoid unnecessary duplication.

10

Appendix 2: Methodology for collating and analysing the co-produced input

World Café is a participatory action research method widely used in organisational change processes, when engaging community and health care stakeholders. It is a conversational process, also termed a self-facilitating focus group, that helps groups to engage in constructive dialogue in responding to critical questions, in building personal relationships, and in fostering mutual learning. [58] [59] To achieve the goal of a structured conversational process, an artificial café was set up as part of the Getting Going with HIA event on 6th November 2025.

The goal of this café was to create the opportunity for participants to discuss and respond to questions. Contributions from the World Café have informed this Resource. Ethics approval for holding and using the data collected at the World Café was attained from the UCC Social Research Ethics Committee (log number 2025-182).

Following the completion of the World Café, which comprised of four tables with questions for participants to respond to, all of the qualitative responses were collected and transcribed by Eibhlín Looney, Researcher on the TRANSLATE-HIA study team. Qualitative responses were analysed using Thematic Analysis (Braun & Clarke, 2021), supported by NVivo 14 software.



During analysis, responses from all four tables were combined to produce the final themes. Participant responses addressed what type of content they wanted to see in the Getting Going with HIA Informational Resource, and how they wanted this content presented.

Additional detail on the analysis findings is also available in a conference poster published by the team. [60]

[58] Brown, J., & Issacs, D. (2005). *The World Café- Shaping our Futures through Conversations that Matter.* Berrett-Koehler Publishers Inc.

[59] Löhr, K., Weinhardt, M., & Sieber, S. (2020). The "World Café" as a Participatory Method for Collecting Qualitative Data. *International Journal of Qualitative Methods,* 19, 1609406920916976. https://doi.org/10.1177/1609406920916976

[60] Looney, E., Kenny, T., & O'Mullane, M. (2026). Building Health Equity Strategies for Policy Change: Creating a Getting Going with Health Impact Assessment Informational Resource with Co-Produced Input. Promoting Wellbeing through Equity: Social and Structural Determinants of Health- Nationla Health Promotion Conference, University of Galway, Ireland.



UCC

Coláiste na hOllscoile Corcaigh
University College Cork, Ireland