Every public health student is taught that health is determined by the economic, physical and social environment people live in, much more than by healthcare services for people who are already sick. So if we want to improve health we need to work ‘upstream’ to address these determinants using inter-sectoral action. But how can we turn that rhetoric into reality? What does it mean to work ‘upstream’? How can we work practically with colleagues in other sectors? How can we influence non-health plans and policies in order to improve health? Health impact assessment (HIA) has developed over the last two or three decades as a way to do just that. Martin Birley has been in the vanguard of the development of HIA since its early development in the 1980s and this book draws on his considerable experience in both low and higher income countries.

This book is both a comprehensive text book for those new to HIA and a useful reference text—and very enjoyable read—for HIA practitioners. It sets out the rationale for HIA, stages of an HIA, the methods and evidence used and development of recommendations. There are chapters on three key sectors—water resource management, housing and extractive industries. The book is well presented and easy to follow: each chapter has a summary of the contents, practical exercises for students and a full bibliography. It also contains many illustrative examples and case studies.

The book is much more than a guide to how HIA should be done in an ideal world—it describes real life challenges, pitfalls and ethical dilemmas in a direct and accessible style. It includes examples of bad as well as good practice. The most shocking example to me concerned an oil company in a country where oil projects are known to be associated with commercial sex and increased risk of HIV. The corporate lawyers feared litigation if this risk was made explicit and so sought to prohibit mention of HIV in any written materials.

The book addresses many of the contentious issues that HIA enthusiasts will be familiar with—for example integration or fragmentation of assessment processes, timing of an assessment, the need for specialist or generic skills and many others. The author gives an overview of the arguments but his own viewpoint is also clear. You may disagree with some of his views but I found the direct way they are presented refreshing.

I particularly enjoyed the chapter on the history of HIA, in which Martin Birley describes his personal experience of its development over the years. Although global and national interest in HIA was growing steadily, closer to home his expertise were less appreciated. Practical public health work was valued less than laboratory research that generated more publications in high impact journals and he was asked by his university department to stop working on HIA. Happily, Martin continued to work on HIA and built the expertise that he shares with us in this book. Anyone interested in moving ‘upstream’ should be grateful for that.