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OLLSCOIL LUIMNIGH



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## **HIA Forum**

**HIA: a tool to support healthier communities.**

**Waterford IT**

**17th September 2009**



# Historical Perspective

## 1970s

- The 1970s saw a major rethinking of the concept of health.
- In 1974, the Lalonde Report (Health and Welfare Canada, 1974) recognized that the major determinants of health were much more than medical and hospital care and included environment, lifestyle and human biology.
- In 1977, Canada along with 170 other nations at the World Health Assembly, made a commitment to achieving “Health for All by the Year 2000”.

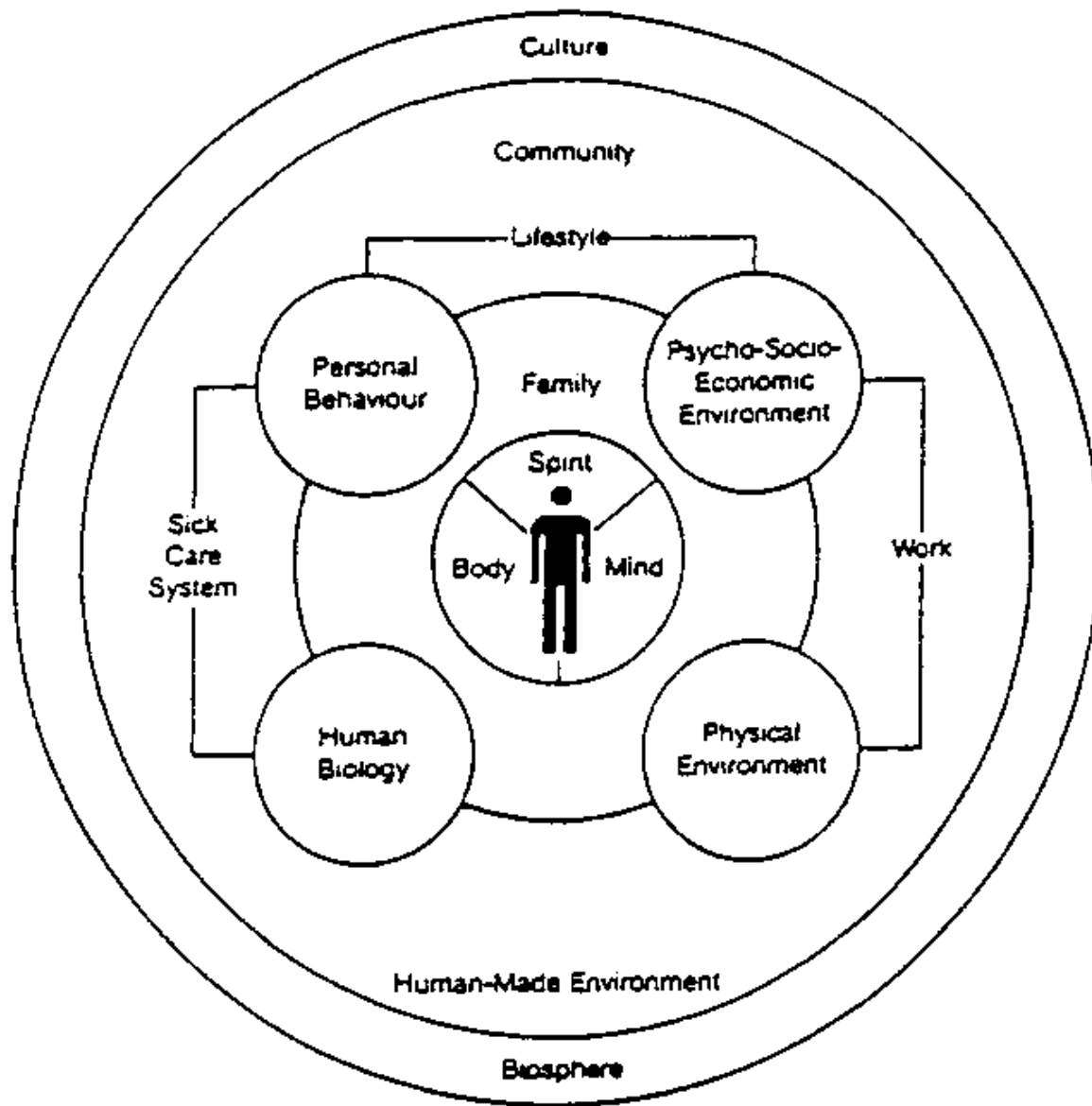
# 1980s

- In 1986, the World Health Organization, Health and Welfare Canada, and the Canadian Public Health Association held a major international conference that resulted in the “Ottawa Charter for
- Health Promotion”. The Charter recognizes that our *physical* environment is important to health, and points out the need for “a stable ecosystem and sustainable resources” (WHO et al., 1986; Health and Welfare Canada, 1986: 114).

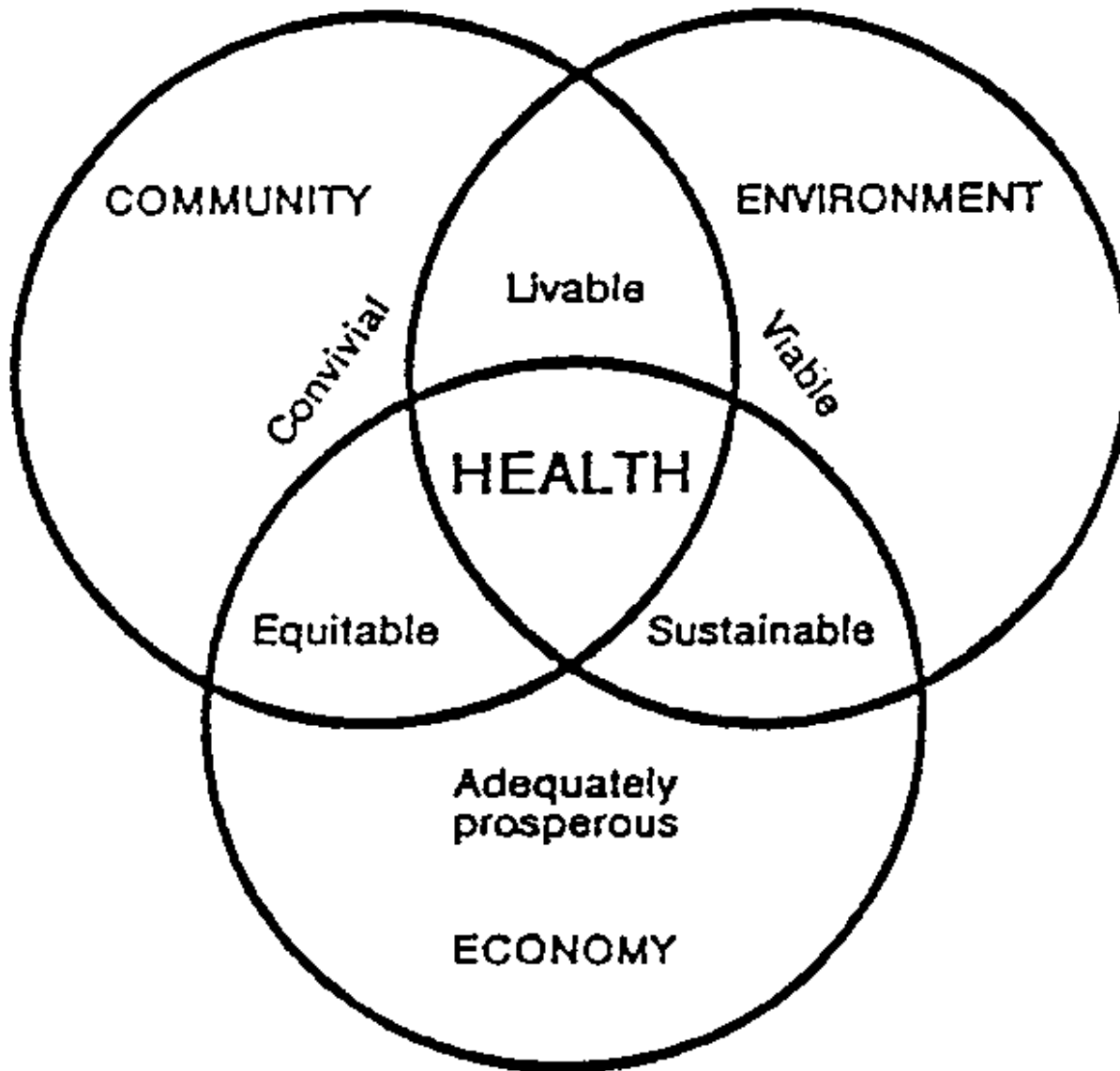
# Health and sustainability ?

- Perspectives in and knowledge about health have improved and it is now accepted that health is much more than the absence of disease and includes the social and psychological well-being as well as the capacity to respond to the changing circumstances and conditions of life.

**Human health has been described as an overarching goal of sustainability, lying at the intersect of its environmental economic and social pillars (Hancock, 1990).**



Hancock's Mandala of Health. (Source: Hancock, 1985; Hancock and Perkins, 1985.)



The Healthy Community conceptual framework. (Source: Hancock, 1989, 1990b.)

- Hancock's work has greatly influenced the development of the Healthy Communities Movement both in Canada and elsewhere.
- Conceptual framework for the healthy community
- A "viable" environment, "prosperous" economy, and "convivial" community together lead to a "health" community (sustainable, liveable, equitable).
- The roots of Hancock's model lie in a concern for the health of people.

# European Directives 1990s

- In the ratification of the Maastricht Treaty (1993) and the Amsterdam Treaty (1999), health protection across all public policies in the EU emerged as a common health policy theme (EU, 1995). Directive 85/337/EEC as amended by Directive 97/11/EC, on the effects of certain public and private projects on the environment, introduced uniform EIA requirements to all EU Member States (EPA, 2001b).
- This Directive was not substantially implemented in Ireland until the *Local Government (Planning and Development) Regulations* came into force on February 1st 1990.
- The introduction of EIA to Ireland has exerted a significant influence in creating an increased emphasis on the environment among developers, community associations and the public.

# Health Impact Assessment Policy Documents (2000s)

- *Chief Medical Officer's Annual Report* (CMO, 2001) indicates that HIA will be included in the new Population Health Divisions of the DOHC.
- The *National Health Strategy* (2001) also outlines the establishment of an independent Health Information and Quality Authority (HIQA) who will promote formal HIA programmes.
- One of the objectives under the *2001 National Health Strategy* is that 'the health of the population is at the centre of public policy'.
- The *Health Strategy* states that 'many agencies and government departments whose role may appear more peripheral or indirect have a vital contribution to make in achieving an integrated strategic approach to promoting and improving the health of the whole population.
- A further objective in the *Health Strategy* states that HIA 'will be introduced as part of the public policy development process.

# EPA and Public Health?

- Controversial licensing decisions by EPA in 2005,
- Series of meetings was held between the EPA and HSE in effort to improve co-operation between the 2 organisations in the general area of environment and health.
- The EPA had discussions with the IPH and with the FSAI on a similar theme.
- Following these meetings, MOU was agreed and signed by both HSE and EPA.
- Also in order to advance the area of environment and health, the EPA, through the Environmental Research Centre (ERC) agreed to fund Research Fellowship.

# Academic Approach

- Champion Dr Padraic Larkin (Retired Director at EPA)
- Fellowship: Science, Technology, Research and Innovation for the Environment (STRIVE) Programme 2007-2013.
- Title: “Understanding the links between the environment, human health and well-being”.
- 2 years 2006-2008 @University of Limerick
- HIA Training 2007 IPH Dublin

# Chapter Four

## Human Health and Planning

*“Health depends on our ability to understand and manage the interaction between human activities and the physical and biological environment. We have the knowledge for this but have failed to act on it” (WHO, 1992).*

# Protecting Public Health

- EPA
- Integrated Pollution Prevention and Control (IPPC)
- Environmental Impact Statement (EIS)
- Environmental Impact Assessment (EIA)
- Health Impact Assessment (HIA)

# Content of EIS

Experience has shown that the quality (sufficiency and relevance) of the information in EISs is closely related to the methods and procedures employed by the participants.

For this reason additional guidance has been provided to address the process that gives rise to the information contained in an EIS. At all times the EPA has attempted to stress that EIA is a practical and dynamic process of environmental protection.

# Documents Reviewed 1



## **Guidelines on the information to be contained in Environmental Impact Statements**

**ENVIRONMENTAL PROTECTION AGENCY**  
**An Ghníomhaireacht um Chaomhnú Comhshaoil**

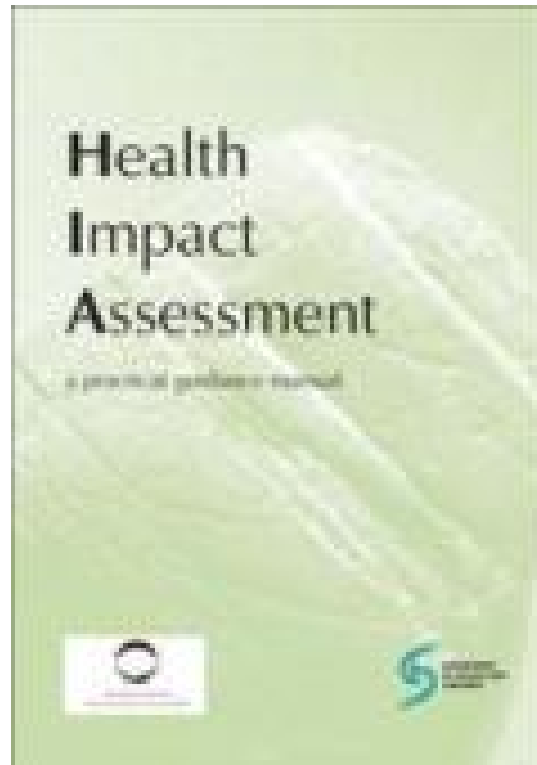
# Documents Reviewed 2



- **ADVICE NOTES ON  
CURRENT  
PRACTICE**

(in the preparation of Environmental Impact Statements, published 2003 )

# Documents Reviewed 3 (IPH, 2001).



# Suggested Text Amendments 1

Under the paragraphs headed *Land Use and Health and Safety*, reference should be made to the fact that the proposal might have the ability to enhance aspects of character and surroundings (land use paragraph) and the capacity to enhance health (health and safety paragraph) and not just be detrimental to these aspects as stated at the moment.

Under paragraph headed *Context*, consideration should be given to the following sentiments: The EIS should give due cognizance to the holistic nature of human health and allow for recognition that the proposal could impact on mental, physical or social health or in some cases on all three.

# Suggested Text Amendments 2

In this regard it is important to acknowledge that health is determined not only by the degree of access to, or the quality of, the health service, or by individual lifestyle choices but also critically by the social, economic and environmental conditions in which people live, work and play.

The EIS should also seek to highlight the distributional impacts of the proposal on sub-groups within the population as negative impacts, when they occur, are frequently experienced disproportionately by the least well off in society thus adding to the health inequalities burden.

# Progress

- A meeting was held at EPA in September 2008 to discuss the progress with suggested amendments to the *Advice Notes on Current Practice (in the preparation of EIS)* as proposed by IPH.
- The submitted text forwarded to EPA for review and comment.
- Future possibilities for dissemination of the new text and HIA desktop screening tool discussed.
- Consideration will be given by the EPA that the suggested text submitted by the IPH and the IPH HIA desktop tool could be added to the EPA web site or to a new environment and health web page.

# Report Publication

- For the full project report \_PDF available through the SAFER-Data site (<http://erc.epa.ie/safer/reports>).

# Key Benefits of HIA

*“One of the key benefits of HIA is that it provides a systematic approach to the collection and recording of information from a wide range of sources”*  
*(Wells, 2009).*