## Integrating Human Health Impacts into EIA in the UK

As a result of the new EIA Directive (2014/52/EU), which came into effect in mid May 2014 and expected to be transposed into UK law by May 2017, the assessment of potential human health impacts will now become a more significant part of EIA. The Directive states that "The environmental impact assessment shall identify, describe and assess in an appropriate manner, in the light of each individual case, the direct and indirect significant effects of a project on the following factors: a) population and human health...". This suggests that a stronger focus on human health within UK EIAs may therefore be required.

Health is influenced by many factors - not only is it linked to age, gender and ethnicity, but by wider factors such as education, employment, income, housing, social networks, air and water quality, and access to social and public health services (Greater London Authority (GLA), 2007). Where people live can have significant impacts on their health and quality of life. The GLA (2007) for example, states that planners and development professionals should consider health in its broadest sense, including social and psychological elements such as wellbeing and fulfillment. The Town and Country Planning Association (TCPA) have been running a series of initiatives around public health and planning (see examples on TCPA website). Although guidance by the GLA on health issues in planning focuses on health inequities in London, it is worth acknowledging that its guidance could be applied to other urban areas in the UK.

Currently, when human health is considered as part of a planning application, it is often assessed separately in a voluntary Health Impact Assessment (HIA). Whilst HIA is a relatively new discipline, there exists a body of research and best practice from the 1990s and earlier.

Since HIAs also aim to systematically assess potential effects of an action or activity, they have evolved to follow a broadly similar format to EIAs, e.g. HIAs typically follow the same steps of screening, scoping, appraisal (assessing potential impacts), monitoring and evaluation, and recommendations (IAIA 2006, Blair-Stevens, 2000, NHS Scotland 2006, WHO, 2014).

Where they form part of UK EIAs, the consideration of human health impacts has tended to have a narrower focus. They largely concentrate on key physical environmental factors such as ecology, air quality, noise and hydrology by looking at pollution prevention and bio-physical health determinants (Vohra, 2005). However, one of the key considerations within HIA is a broader scope for health and health impacts since there are much wider determinants and more interrelated cause-effects relationships that can affect people’s health and wellbeing. Although most EIA topics incorporate human health within their assessments to a certain degree, with human health now specified in Article 3 of the new EIA Directive it may, depending on the project, become necessary to provide a more specific assessment that addresses both direct and indirect causes and impacts of health.

There is also the question as to who should undertake HIAs - EIA practitioners, public policy specialists or health practitioners? There is no one skill set required to undertake HIAs and the general consensus is that an effective HIA team can comprise a team of people with a range of interrelated skills and experiences. In the UK, HIAs are more typically undertaken for policies and plans, including SEAs, Masterplans and Government policies. There is arguably more scope at the policy and planning level to influence the broader determinants of health.
However, further integrating health into EIA can lead to many positive outcomes, including improving policy / project design, helping to address public concerns about a proposed development (Barker and Wood, 1999), ensuring that proposals do not inadvertently reinforce health inequalities (Taylor et al., 2002) and supporting sustainable development. EIA projects that involve regeneration of an area can provide a “powerful tool that address health inequalities at a local level, by tackling some of the root causes of ill health and inequalities… such as employment, training opportunities and better housing.” (GLA, 2007). In addition, regeneration can provide opportunities to deliver health services in new ways through the development of new primary care centres linked to other community facilities (GLA, 2007).

In conclusion, given that development and health are interlinked, integrating human health into the EIA process could help to ensure that any beneficial or adverse health impacts are identified and, in turn, any recommendations for mitigation or enhancement measures incorporate human health. To overcome the consistent barriers to integrating health in EIA, capacity must be developed amongst EIA professionals, led by the health sector, to progress health-related knowledge and tools (Harris et al, 2009). Much debate is needed between EIA practitioners, perhaps by means of collective forums and workshops, to explore methods for integrating HIA (together with the other new environmental topics cited in the new EIA Directive) into UK EIAs.

References:
http://www.tcpa.org.uk/pages/health.html
World Health Organisation (WHO) website (2014). Health Impact Assessment (HIA)
http://www.who.int/hia/en/


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