

# Health in Swedish Impact Assessment practice



# Sweden

- A long tradition of working with public health
- Gradual but slow introduction of health aspects into EIA.
- Methodologies for independent HIA have been developed in parallel to EIA
- 16 Environmental Quality Objectives were adopted by the parliament in 1999.
- Eleven public health objectives were adopted by the parliament in the year 2002.



# 16 National Environmental Quality Objectives



## **A Good Built Environment**

*Cities, towns and other built-up areas must provide a good, healthy living environment and contribute to a good regional and global environment. Natural and cultural assets must be protected and developed. Buildings and amenities must be located and designed in accordance with sound environmental principles and in such a way as to promote sustainable management of land, water and other resources.*



## **Good-Quality Groundwater**

*Groundwater must provide a safe and sustainable supply of drinking water and contribute to viable habitats for flora and fauna in lakes and watercourses.*



## **A Non-Toxic Environment**

*The occurrence of man-made or extracted substances in the environment must not represent a threat to human health or biological diversity. Concentrations of non-naturally occurring substances will be close to zero and their impacts on human health and on ecosystems will be negligible. Concentrations of naturally occurring substances will be close to background levels.*



## **Clean Air**

*The air must be clean enough not to represent a risk to human health or to animals, plants or cultural assets.*



## **A Safe Radiation Environment**

*Human health and biological diversity must be protected against the harmful effects of radiation.*

# Public Health objectives

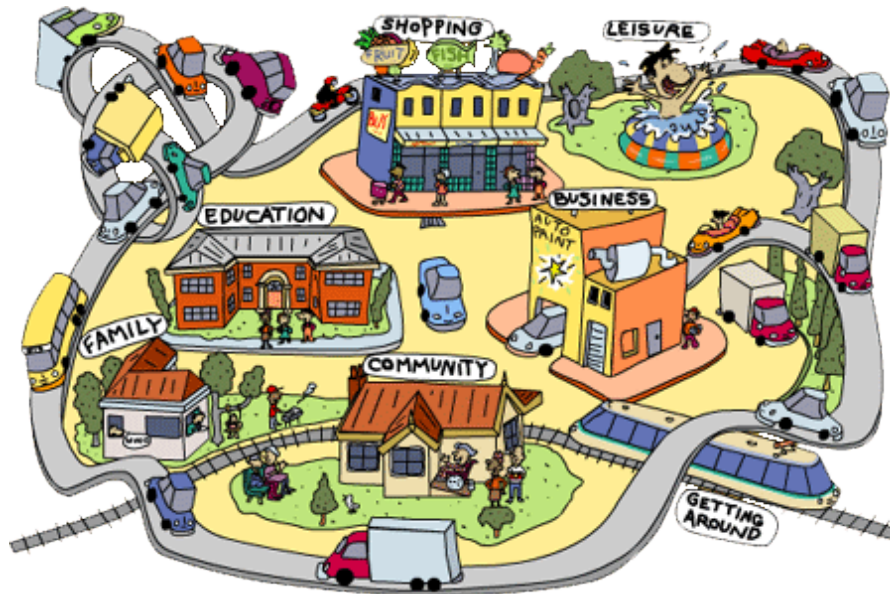
1. Participation and influence in society
2. Economic and social prerequisites
3. Conditions during childhood and adolescence
4. Health in working life
5. Environments and products
6. Health-promoting health services
7. Protection against communicable diseases
8. Sexuality and reproductive health
9. Physical activity
10. Eating habits and food
11. Alcohol, illicit drugs, doping, tobacco and gambling



Adopted by parliament in 2002.

# Three main types of HIA

- a) HIA of national policies and decisions such as integration, alcohol tax or agricultural and food policies
- b) HIA of infrastructure and land-use planning; and
- c) Assessment of health as an aspect in EIA (mainly of infrastructure projects).



# Reflection on practice in Sweden

→ Health as an aspect is included in most EIS / SEA reports

→ Main health determinants in EIA and SEA

- Noise
- Air quality
- Recreation / access to rambling areas
- Vibrations
- Transport of hazardous goods
- Barrier effects

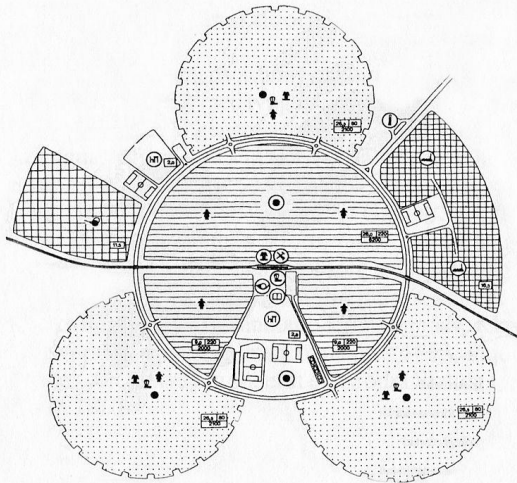


→ Health is often coupled with living environment and/or outdoor recreation

# Reflection on practice in Sweden

- **We do know that noise disturbance of traffic can result in insomnia, working capacity, mental wellbeing and increase the risk for cardio vascular diseases**
- **We do know that air pollutants can result in an increased risk for heart attack, asthma, cardio vascular diseases etc.**
- **However, comparison with limiting values is often replacing analysis and assessment of consequences for health**
- **Little interest to go beyond identifying effects i.e. show actual consequences for the affected community**
- **Large differences in understanding of health and health impacts between practitioners**

# Why is this?





# Future

- Strong urbanisation
- We are planning the dense city
- This will increase the need to address health in impact assessment

Övergripande rumslig inriktning enligt RUFSS 2010  
De regionala stadskärnorna

1. Arlanda-Märsta
2. Barkarby-Jakobsberg
3. Kista-Sollentuna-Häggvik
4. Täby centrum-Arninge
5. Kungens kurva-Skärholmen
6. Flemingsberg
7. Haninge centrum
8. Södertälje

