

EPA RESEARCH PROGRAMME 2021-2030

International Expertise Questionnaire about Health in SEA

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Prepared for the Environmental Protection Agency
by
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1. Introduction

1.1 Aim of the report

This report summarises and analyses results from an internationally disseminated online survey to gather insights from practitioners and experts involved in work on impact assessments to understand their views on health in Strategic Environmental Assessments (SEAs). The survey was active from 14th of October to 1st of November 2024, and the final number of respondents was 42. The survey consisted of baseline questions as well as a mix of multiple choice and open-ended questions concerning the respondents' thoughts and opinions about health in SEA (see Appendix 1 – Survey questions and results for full detail on the survey questions). The results from the online survey were downloaded and analysed, resulting in a set of key findings to be used to inform the final deliverable of the PRO-Health SEA project: 'Practitioners' Manual and Toolkit on the Proportionate and Consistent Consideration of Health in Strategic Environmental Assessment'.

2 Survey Design

2.1 Methodology

The survey resulted in both quantitative and qualitative data through a mix of 15 closed, open-ended and ranking questions (see Appendix 1 – Survey questions and results for the full set of survey questions). The survey questions aimed to capture respondents' views on the current level of health consideration in SEA's, which parts of the SEA process pose the biggest challenges in terms of integrating health as well as identifying a wide range of input on how health in SEAs can be improved.

The survey was anonymous and no sensitive or personal information such as name, emails, ethnicity, gender, religion or sexual orientation was gathered. It was undertaken under UCD ethics approval number HS-LR-23-129-Gonzalez. The survey was approved with the condition that no personal information was collected. The ethics approval did not specify which platform could be used.

The survey was hosted on the UCD SurveyMonkey platform, and the language of the survey was English.

Data analysis

1. Quantitative Analysis:

- Closed-ended and ranking questions were analysed using percentages, frequency counts and grouped ranking. This helped identify trends and priorities in the responses, such as the most and least important indicators for health considerations in SEAs.

2. Qualitative Analysis:

- Through deductive reasoning, open-ended responses were categorised into thematic areas. For example, the benefits of incorporating health into SEAs were grouped into six categories (e.g., strategic approaches, cross-cutting themes, etc.).
- Explanations for ranked choices and recommendations were synthesised to highlight recurring challenges and suggestions, and specific respondent answers were used as examples where relevant.

These combined approaches allowed for a comprehensive understanding of both numerical data and nuanced perspectives provided by the respondents.

2.2 Question design

The survey consisted of three parts; Part 1: Profile of the interviewee; Part 2: Experience with and perspectives on the consideration of human health in SEA; and Part 3: Recommendations for guidance on the consideration of human health in SEA.

The first part aimed at gathering information on respondents in terms of their professional location and sector of work, as well as background and expertise in impact assessments. This information was used to analyse differences in opinions regarding health in SEA, and to theorise about differences in opinions among the respondents.

The second part consisted of five questions aimed at gathering insights into how human health is currently integrated into SEAs, the benefits of including health considerations, and the challenges across different SEA stages.

Finally, in the third part of the survey respondents were asked for additional suggestions for improving health integration in SEA, opinions on which health aspects should be covered, the importance of various health-related indicators, key content for health guidance in SEA, and the role of health professionals. This part also asked for specific resources which respondents think will be useful in their work with impact assessment. (See Appendix 1 – Survey questions and results for the full set of survey questions).

2.3 Dissemination Channels

The survey was hosted online on SurveyMonkey and was disseminated by the project team on various channels including the following:

- An IAIA Hub post of the IAIA Association with over 1,000 members,
- A post on the SEA Forum - Irish national SEA experts/representatives with approximately 40 members,
- LinkedIn posts on the personal profiles of team members,
- Posts on the IPH LinkedIn and Twitter/X accounts,
- Shared with members of IEMA Health working group,
- Shared with SEA effectiveness review consortium.

Participants were asked to share the survey with e.g. relevant colleagues to obtain further responses.

3 Key Findings / Survey Results

The survey questions and results are presented in Appendix 1 – Survey questions and results.

In total, 42 people started the survey, and throughout the survey the response rate drops, as the respondents had the option to skip questions and/or end the survey early. The answer rate for each question ranged between 24% and 100%, with fewer answers received for open-ended questions and questions specific to SEAs. All responses are included in the analysis below.

3.1 Baseline profile

The majority of respondents are based in Europe (26 people or 62%) and work predominantly in the private sector with a focus on environmental assessments (15/36%) or in academia (12/29%). There are fewer respondents from other continents and sectors. There are only few respondents working in public sector with health (3/7%) and there was no presence of those in health-related roles in the private sector and third sector (NGO) roles.

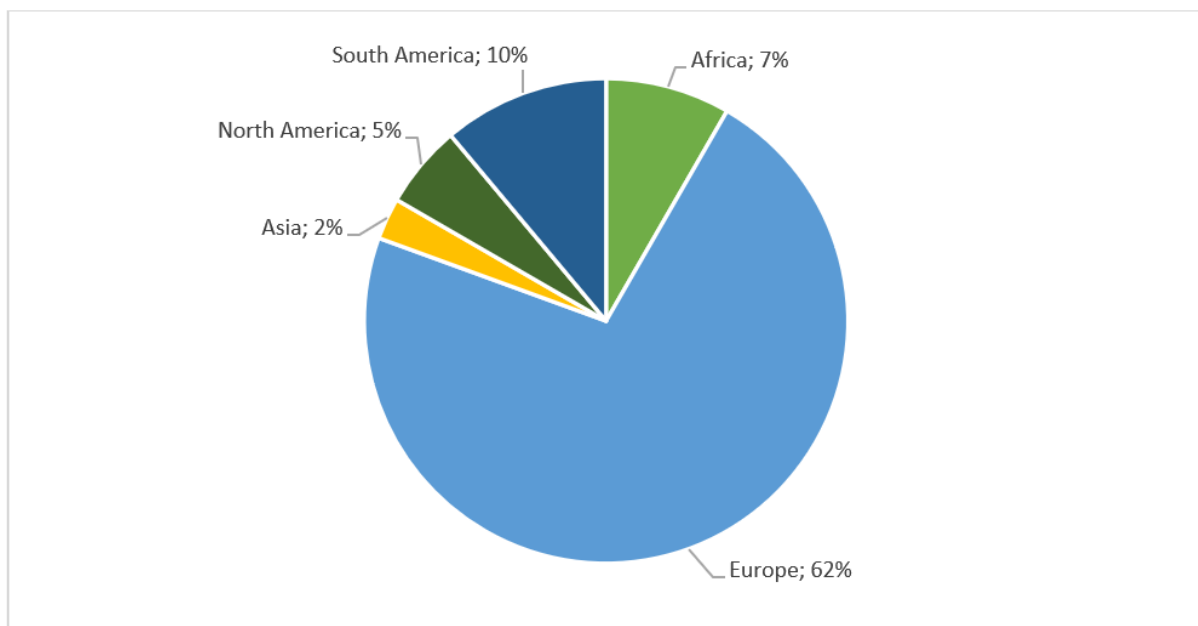


Figure 1: Place/continent of work of survey respondents.

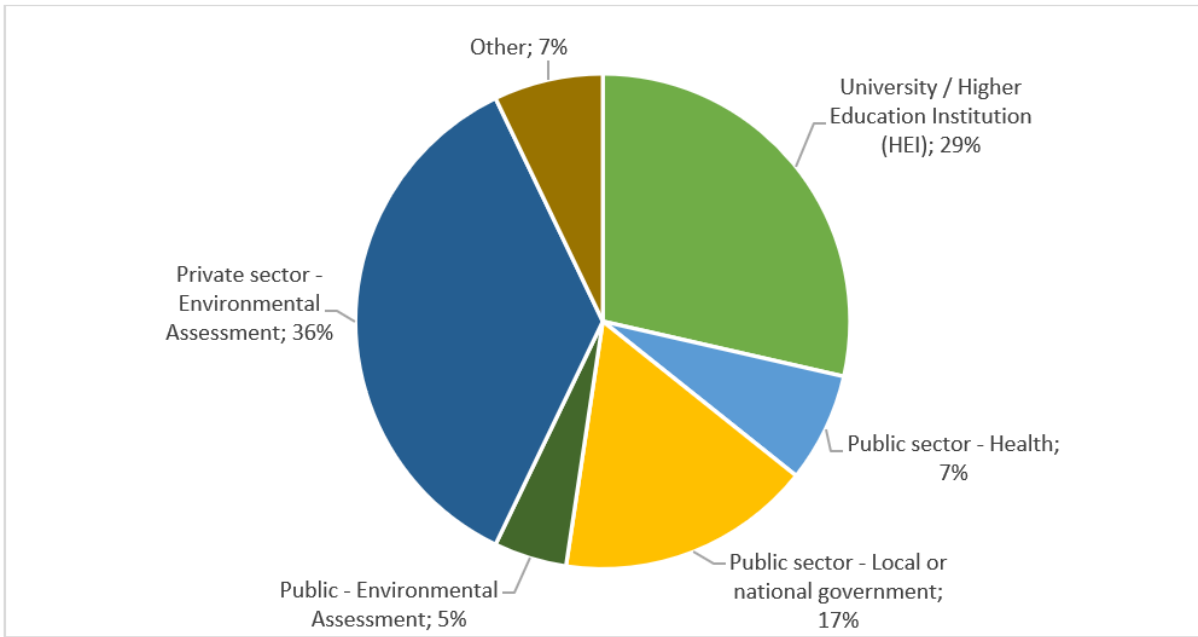


Figure 2: Sectors of work of survey respondents.

There was a high overall level of knowledge and experience across all assessment types among the respondents, with more than 60% of respondents reporting at least basic knowledge of the different types of impact assessments (e.g. SEA, EIA, HIA, etc.). This suggests a generally knowledgeable group of respondents. The most extensively represented expertise was on Environmental Impact Assessment (EIA) and SEA, which had the highest percentage of respondents with moderate to advanced expertise (69%). With regards to Health Impact Assessment (HIA) 54% of respondents had moderate to advanced expertise. Almost a third of respondents reported no experience in each, Social Impact Assessments (SIA) (29%) and Environmental and Social Impact Assessment (ESIA) (32%). Furthermore, 32% and 27%, respectively said they had moderate to advanced expertise with SIA and ESIA.

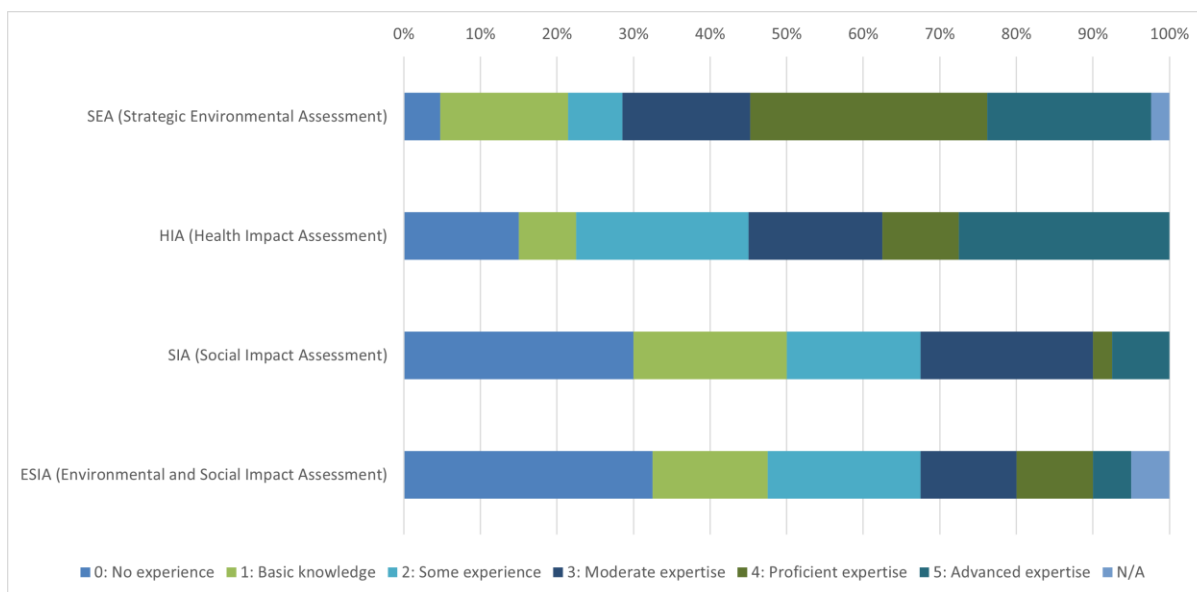


Figure 3: Experience with impact assessments of survey respondents.

3.2 Experience and perspectives

While nine (41%) of the respondents answered that health is either always or mostly considered in SEAs, 13 (59%) that that this is only happening occasionally or rarely. Respondents covered many topics when asked about the benefits of incorporating health into SEAs in an open-ended question. The 20 responses were categorised into the following six categories:

Themes	1. Enhancing Strategic and Systemic Approaches to Health	2. Addressing Health Impacts of Environmental Factors	3. Promoting Health as a Cross-Cutting Theme	4. Improving Public Engagement and Decision-Making	5. Supporting Liveability, Resilience, and Equity	6. Specific Health-Promoting Features in Spatial Planning
Total no.	6	6	6	5	3	5
Percentage	30%	30%	30%	25%	15%	25%

Table 1: Results of thematic analysis of respondent answers to benefits of incorporating health in SEAs

Themes 1 to 3 were covered in six (30%) of the responses, themes 4 and 6 were covered in five (25%) of the responses, whereas theme 5 was covered in three (15% of the responses).

1. Enhancing strategic and systemic approaches to health assessment

This includes responses about strategic considerations, systemic approaches, and a population-level focus, with respondents stating that:

"Population health needs to be addressed strategically, and SEA is strategic.", and

"This a systematic way of considering human health rather than through a separate assessment."

2. Addressing health impacts of environmental factors.

This covers responses mentioning impacts of air quality, climate change, and broader environmental factors on health, with respondents highlighting the importance of considering the impacts on health from environmental factors, as follows:

"Optimize the analysis work, as there are numerous interrelations between health and the environment."

"extending the implications of environmental quality over human life"

3. Promoting health as a cross-cutting theme.

This includes responses on the interconnectedness between health and various sectors, emphasizing health as a cross-cutting theme. Respondents stated that:

"[...] It allows to grasp the interconnectedness between humans, animals, and their ecosystems."

"Health is at the centre of social development and protection, natural and built environment, and economic development. cross-cutting through all. [...]"

4. Improving public engagement and decision-making.

Many respondents highlighted that the incorporation of health in SEAs has the potential to improve public engagement and decision making, as the following statements indicate:

"Incorporating health to a greater extent might help engage the public more and lead to better environmental plans with health benefits."

"Informing decision-makers, developers, and the public of the potential high-level health impacts of plans and projects."

5. Supporting liveability, resilience, and equity.

Another theme that emerged from multiple answers included the support of liveability, climate change resilience and equity-focused concerns. Respondents stated that:

"It should enable the right focus on liveability, which includes adaptation with regards to climate change."

"Health equity, managing unintended impacts/costs/risks."

6. Specific health-promoting features in spatial planning.

Some respondents also highlighted the opportunity to improve health by rethinking spatial planning and green spaces with active travel and health-promoting features in mind. It was considered:

"A means of thinking about whether new development promotes active travel, reduces air pollution, and encourages green space."

"Promoting objectives that support positive health outcomes and mitigate adverse health effects. Wider determinants of health [are] already covered in several topics – e.g. air quality, climate change."

The responses and their categorisation can be seen in their entirety in Appendix 1 – Survey questions and results.

To understand the difficulties of incorporating health into SEA we asked the respondents to rank the SEA stages from 1 (hardest) to 9 (easiest) in terms of integrating health.. While responses were scattered, the analysis and evaluation stage was ranked as the top 3 hardest stages by 15 of the respondents (71%) This stage was followed by the scoping stage with 10 respondents (48%) ranking it 1-3, and . The Preparation of the SEA report "stage" was ranked as the top 3 easiest stages by 13 respondents (62%) followed by the decision-making stage which was ranked 7-9 by 11 respondents (52%). All stages along with grouped rankings are presented in Figure 4: Grouped ranking of SEA stages by survey respondents.

Stages	1-3		4-6		7-9		Total	
	No	%	No	%	No	%	No	%
Analysis and evaluation	15	71.43%	5	24%	1	5%	21	100%
Scoping	10	47.62%	6	29%	5	24%	21	100%
Screening	8	38.10%	4	19%	9	43%	21	100%
Monitoring and follow-up	8	38.10%	6	29%	7	33%	21	100%
Alternatives	8	38.10%	9	43%	4	19%	21	100%
Mitigation measures	6	28.57%	12	57%	3	14%	21	100%
Decision making	4	19.05%	6	29%	11	52%	21	100%
Consultation and participation	3	14.29%	8	38%	10	48%	21	100%
Preparation of the SEA report	1	4.76%	7	33%	13	62%	21	100%

Figure 4: Grouped ranking of SEA stages by survey respondents

With regards to the reasons for ranking SEA stages respondents raised concerns such as a lack of methodologies/systematic approaches and lack of detailed and relevant data, which make the analysis and evaluation, scoping and mitigation stages especially difficult. This is demonstrated by the following quotes:

“Analysis and evaluation will require the adoption of consistent and appropriate methodologies which go beyond the current competencies of (most) SEA practitioners. It also requires additional time and resources - similarly with consultation and monitoring/follow-up. Mitigation measures and alternatives should not be generic. Appropriate guidance should be provided for consistent screening and scoping, which will inform decision making and the preparation of the SEA report.”

“Analysis and evaluation are also difficult as at a strategic level will [rely] on a lot of assumptions - usually the detail just isn't there to predict an outcome.”

“First, analysis and evaluation present difficulties as the relevant evaluation method is not widely known in an Irish context. It remains vague and it is important to adhere to some consistent evaluation technique. Even if a consistent and effective evaluation method can be found, the data on health and the environment to include the aspects beyond the biophysical is lacking and thus, making an analysis based off quantitative data is difficult. Relying on qualitative data for broader aspects of health presents resource difficulties of its own.”

“Monitoring - information / data unavailable to monitor indicators to measure outcomes.”

Some examples with regards to the various possible linkages between environmental pollution and health outcomes are described by respondents, as well:

“[...] there is so much we don't know about the links between environment and health, for example, whether dementia can be caused by air pollution. [...] Monitoring and follow-up is always challenging in SEA.”

Another area of concern for the respondents is related to a lack of statutory regulations and guidelines as well as the complexity of engaging health stakeholders in different stages of SEA:

“Scoping is the most crucial step of the process but also the trickiest: when you try to address impacts on the environment and health, it's very comprehensive but also complex, both in terms of scientific work and of stakeholders engagement (wide range of people to include in the process, sometimes with competing or even conflicting interests). [...]”

“The consultation and participation element is challenging in that who might we go to engage with? Is there a list of public health authorities that we must reach out to and how do we go about engaging with them? As for CSOs, NGOs and other relevant stakeholders, the same questions can be posed.”

Respondents also suggested that financial constraints contribute to shaping health input into the scoping, analysis and evaluation, and mitigation stages:

“Largely related to costs. These elements take [the] largest resources to complete and/or have the biggest implications on the results of the SEA.”

“Nobody wants responsibility for ongoing monitoring. Mitigation usually requires money which is not forthcoming.”

Respondents were asked which aspects of physical and human health they thought should be systematically considered/covered in SEA. The open-ended question included a prompt to consider a more nuanced range of health aspects within the wider categories of physical and mental health. Physical and mental health were the two most consistent health aspects mentioned by 17 of 19 respondents (89%) as seen in Figure 5. Furthermore, 13 (68%) of the respondents mentioned that the environment should be systematically considered in terms of health in SEAs. A good portion of the respondents, (11/58%) also mentioned social /cultural aspects of health and the built environment as health aspects to be systematically considered in SEAs. Economic determinants of health as well as perceived health were also mentioned by some respondents.

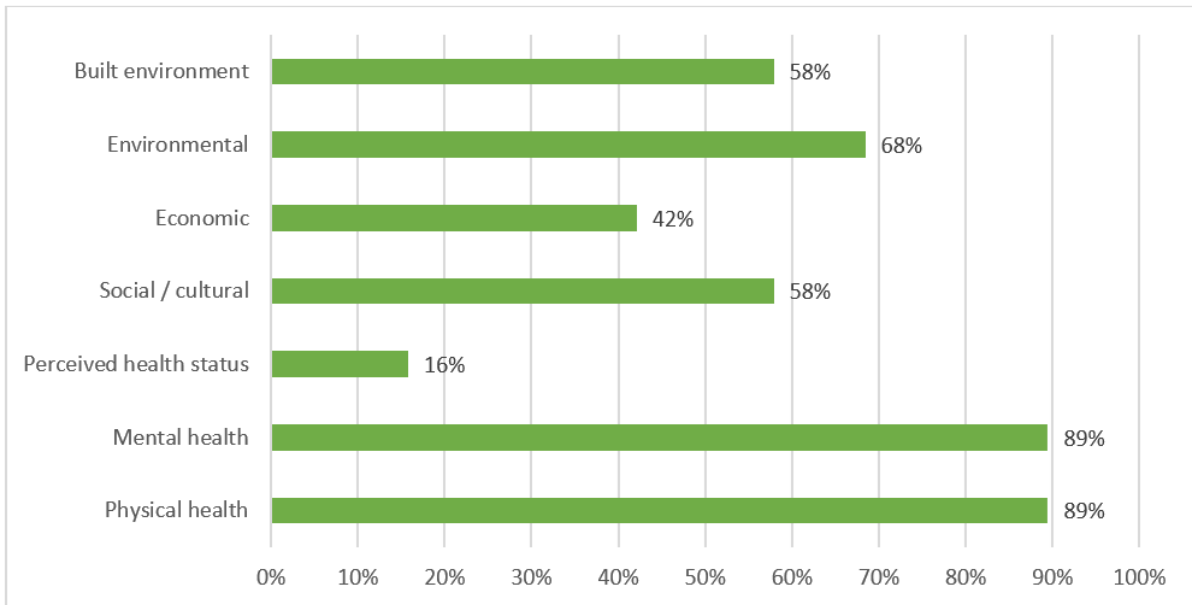


Figure 5: Aspects of health that should be considered in SEA.

3.3 Recommendations for guidance on the consideration of human health in SEA

In the third part of the survey, we asked respondents to recommend existing guidance from their countries. These suggestions are listed in Table 2.

Name	Type	Country / Institution	Link
Strategic environmental assessment			
Strategic Environmental Assessment Directive: guidance	Guidance document	United Kingdom	https://www.gov.uk/government/publications/strategic-environmental-assessment-directive-guidance
The consideration of health in strategic environmental assessment (SEA)	Scientific article	-	https://www.sciencedirect.com/science/article/abs/pii/S0195925509001292
Health in Strategic Environmental Assessment	Workshop presentation	Europe	https://unece.org/sites/default/files/2022-06/Session%205.0%20health%20sea%20EU4E%20220622_rev.pdf
Environmental, health and social impact assessments at project level			
Guide Plan local d'urbanisme et santé environnementale (English translated title: Guide for Local town planning and environmental health)	Guidance document	France	https://www.aurba.org/productions/guide-plu-et-sant%C3%A9-environnementale/
Agir pour un urbanisme favorable à la santé (English translated title: Act for urban planning favorable to health)	Guidance document	France	https://www.ehesp.fr/wp-content/uploads/2014/09/guide-agir-urbanisme-sante-2014-v2-opt.pdf
Prise en compte des enjeux de santé dans l'évaluation environnementale et sociale (English translated title: Taking health issues into account in environmental and social assessments)	Guidance document	Georgia	https://www.ifdd.francophonie.org/wp-content/uploads/2021/09/IFDD_Sante_web.pdf
Health Impact Assessment Guidelines in Georgia: Practical Application of Health in Environmental Assessment	Guidance document	Georgia	https://www.expertisefrance.fr/documents/20182/861856/Health+Impact+Assessment+Guidelines+in+Georgia/4c918cec-e035-3032-ab18-e670af9a85b8
Determining Significance For Human Health in Environmental Impact Assessment	Guidance document	IEMA	https://www.iema.net/resources/blogs/2022/11/17/iema-launch-of-the-eia-guidance-for-considering-impacts-on-human-health-november-2022/
Health and Environmental Impact Assessment: A Briefing for Public Health Teams in England	Briefing	United Kingdom	https://assets.publishing.service.gov.uk/media/5a82312440f0b6230269b540/Health_and_environmental_impact_assessment.pdf

Name	Type	Country / Institution	Link
Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWS) statutory guidance	Guidance document	United Kingdom	https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance
Environmental Transport Noise and Health: Evidence from Ireland (Noise–Health)	Research Report	Ireland	https://www.epa.ie/publications/research/environment--health/Research_Report_423.pdf
Health Impact Assessment Guidance: The Case for HIA		Ireland	https://www.publichealth.ie/sites/default/files/resources/HIA%20Guidance%20The%20case%20for%20HIA_2.pdf

Table 2: Guidance used/suggested by the survey respondents

When asked to rate the importance of specific indicators for guidance on consideration of human health in SEA, with 1 for 'less important', 2 for 'moderately important' and 3 for 'very important'. The highest rated indicators was physical environment and air quality which were rated 'very important' by 14 respondents (82%). These two indicators were followed by chemical pollution, healthy behaviour, health care social and community context, all of which were rated 'very important' by 12 respondents (71%). Nutritional and neonatal diseases and material assets were rated as 'moderately important by 10 and 8 respondents (59% and 47%), respectively, i.e. also important to many respondents. None of the indicators were rated to be 'less important' by more than 5 respondents (29%), indicating that the respondents generally found the list of indicators important in relation to human health in SEAs. . In the chart below this is visualised in terms of importance of indicators according to respondents.

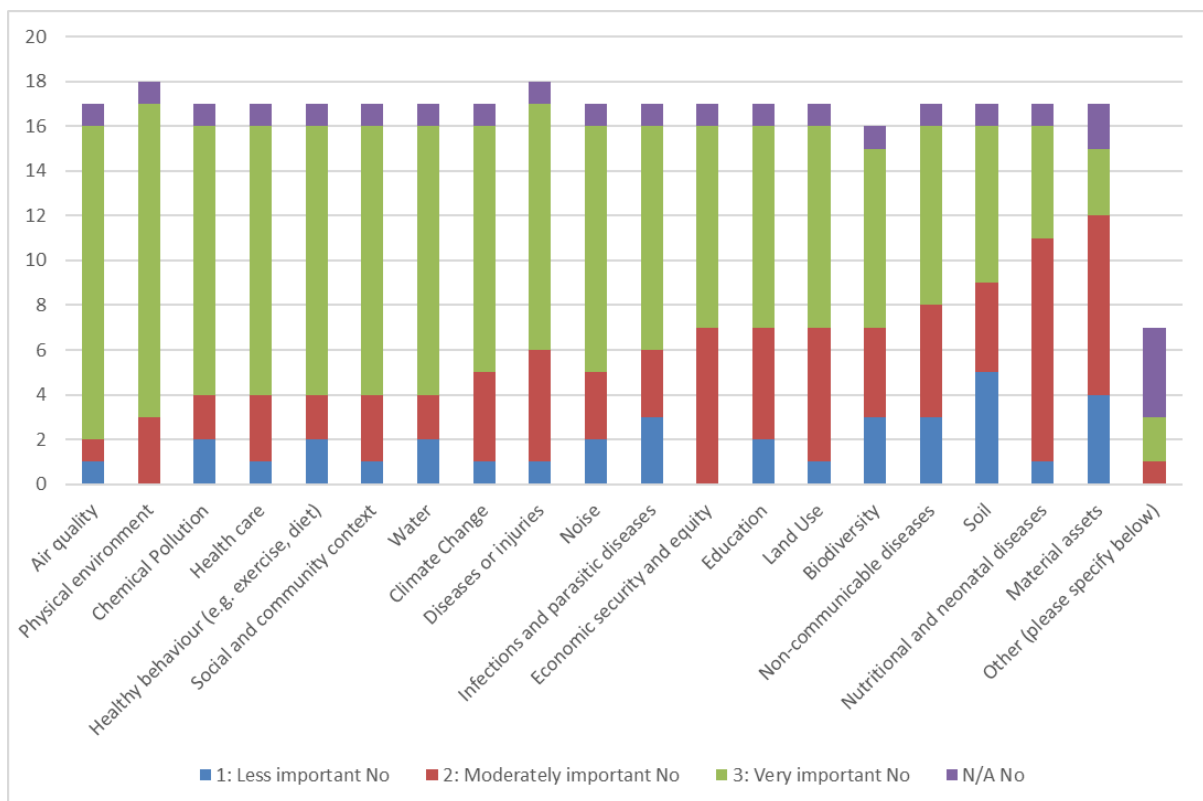


Figure 6: Indicator importance in SEA guidance according to survey respondents.

In addition to the listed indicators, some respondents also mentioned aspects of urban design, including safety and accessibility and linkages with mental health and that the importance of indicators depends on the type of plan.

Respondents were also asked to choose two from a list of key contents they consider critical in 'health in SEA' guidance. Figure 7 illustrates how the listed key content is considered among

responds. More than half (56%) of respondents consider ‘Step-by-step recommendations for each SEA stage’ on of the most critical contents of SEA Guidance. ‘Principles’ and ‘resources’ came second and third, followed by ‘case studies’. Only 1 (6%) chose ‘Advice for consulting members of the public’ from the list.

Two respondents suggested that “requirements in the Legislation” and “Ethics on data collection and use [...]” and “[...] who is qualified to lead health aspects: competencies and practice standards” are also critical parts of future SEA guidance.

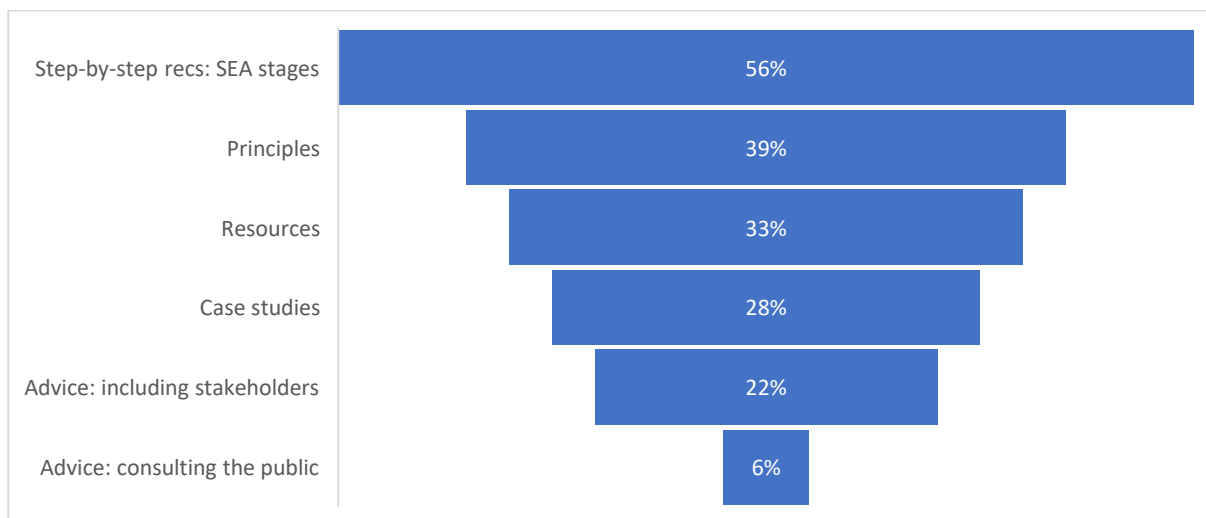


Figure 7: Critical key content of SEA guidance according to survey respondents.

In question 12 respondents explained their choice of principles and step-by-step guidance as a key content criterion, as follows:

“Principles” allow you to make sure that all readers of the guidance share a common understanding of the basics, which is a key element to break down working silos. “Step-by-step recommendations for each SEA stage” is the substance of such guidance, its backbone.”

“Setting down principles will help make them applicable to all relevant sectors of the Directive, rather than making them specific to one type. Should ensure greater [update]. Having step by step recommendations will help consultancies and plan-making bodies have tools to help inform their environmental assessments in a structured way.”

Other respondents underlined that case studies are a good way to show how theory can look in practice:

“Step-by-step recommendations are crucial to practitioners, especially those lacking expertise in health impact assessment. Case studies are a very useful way to demonstrate application.”

“Providing step-by-step recommendations/guide for each SEA stage provides commissioners and consultants key area[s] to consider through the process and providing case studies provide some real life examples in practice.”

In questions 13 and 14, we asked respondents to rate the importance of three groups of health professionals in relation to health aspects of SEA and to briefly explain their responses. Public health personnel with professional training was rated the most important group (12 respondents (67%) rating it as the most important). Personnel from occupations who contribute to addressing the determinants of health were rated second most important and health as well as care workers who contribute to one or more public health function as part of their clinical and/or social care roles was rated the least important group in terms of contributing to health in SEAs.

The respondents suggested that public health personnel with professional training focused on the strategic nature of SEA (rather than health care workers with more specialised knowledge) are crucial in the process of conducting SEAs. Multiple respondents mentioned wider determinants of health as part of their reasoning for rating the importance of health professionals, which not all health care workers are knowledgeable in.

Lastly, we asked the respondents to provide any additional observations and suggestions they had in relation to future guidance on human health in SEA. Multiple respondents mentioned the positive aspect of existing focus of determinants of health and the importance of widening this practice:

“SEA is strategic and I think wider determinants of health are actually already considered - it's just that they are not identified as determinants of health (e.g. air quality, provision of homes, increasing opportunities for education and training, etc). I think by shifting the focus slightly within the existing SEA framework to include a narrative of how the strategy/plan etc in question affects determinants of health would be sufficiently proportionate.”

“Start with an exhaustive questioning of a wide range of health determinants and progressively prioritize those that will be evaluated more thoroughly. The importance to engage a collaborative work with health & [environmental authorities], consultants and local stakeholders (project owners, decision makers, population)”

4 Key Findings

Survey respondents mainly worked in Europe in the private and academic sectors. They had high levels of knowledge across different types of impact assessments with advanced knowledge in EIA, SEA, and HIA. The least expertise was found in SIA and ESIA. Most of the respondents reported that health is not always covered in SEA.

The main benefits of incorporating health into SEAs include the following six themes according to respondents:

- Enhancing strategic and systemic approaches to health;
- Addressing health impacts of environmental factors;
- Promoting health as a cross-cutting theme;
- Improving public engagement and decision-making;
- Supporting liveability, resilience, and equity; and
- Specific health-promoting features in spatial planning.

Respondents said that the two stages of scoping and impact assessment, were the most difficult in terms of integrating health. They mentioned a lack of clear methodologies, guidelines, and data, along with financial constraints, as reasons for difficulties.

It was clear that respondents are of the opinion that physical and mental health are the most crucial aspects of health to consider in SEA; however, wider determinants of health, including social/cultural such as education, food (in)security, housing, beliefs, social norms etc., as well as economic, environmental, and the built environment, were also widely considered important among respondents.

Respondents found that the physical environment, air quality, nutritional and neonatal diseases as well as material assets are the most important indicators related to health.

In terms of new guidelines on SEA, there is a clear need for step-by-step recommendations of SEA stages, and a set of principles and resources, such as links to existing guidance. Case studies were also found to be a good way to exemplify the more theoretical parts of SEA.

It was clear that the respondents believed that public health personnel with professional SEA training was crucial to include when assessing health in SEA.

Finally, respondents noted that wider determinants of health were already considered in SEA to some degree but that this needed to be standardised and widened.

5 Recommendations

The key recommendations found through the survey for the effective and proportionate consideration of health in SEA can be summarised as follows:

- **Comprehensive inclusion of physical and mental health:** SEA processes should systematically include both physical and mental aspects of health. This was mentioned by 89% of respondents, emphasising the importance of these aspects;
- **Integration of health in key Indicators in SEA processes:** Key indicators in SEA, such as the physical environment (e.g. water and air quality), health care, social/cultural contexts, should be assessed regarding health. Survey respondents consistently rated these indicators as important, helping identify critical health-environment interconnections.;
- **Wider determinants of health in SEA:** According to the respondents, wider determinants of health should be included to a higher degree in SEAs; and
- **Step-by-step guidance for SEA stages:** Developing step-by-step guidance for each SEA stage is crucial, and more than half of respondents believe this to be a critical part of future guidance for Health in SEA. Such structured recommendations provide clarity for practitioners, particularly those less experienced, ensuring systematic integration of health considerations.

Acronyms

EIA	Environmental Impact Assessment
ESIA	Environmental and Social Impact Assessment
HIA	Health Impact Assessment
SEA	Strategic Environmental Assessment
SIA	Social Impact Assessment

Appendix 1 – Survey questions and results

Part 1: Profile of the interviewee

Q1: Where do you currently work?

Answered: 42 (100%)

Type: Closed

Answer choices ¹	Number of respondents	Percentage (%)
Brazil	3	7.14%
Canada	2	4.76%
Columbia	1	2.38%
Denmark	2	4.76%
France	4	9.52%
Ghana	1	2.38%
Ireland	8	19.05%
Italy	1	2.38%
Malawi	1	2.38%
Pakistan	1	2.38%
Portugal	1	2.38%
Senegal	1	2.38%
Slovakia	1	2.38%
Switzerland	1	2.38%
United Kingdom	14	33.33%

¹ All countries were listed as options in the survey. For the purpose of brevity, only selected countries are listed here.

Answer choices ¹	Number of respondents	Percentage (%)
Total	42	100%

Question 1 responses by continent:

Continent	Number of respondents	Percentage (%)	Countries / response
Africa	3	7.14%	Senegal, Malawi, Ghana
Europe	26	61.90%	Ireland, United Kingdom, Italy, Switzerland, France, Denmark, Portugal, Slovakia
Asia	1	2.38%	Pakistan
North America	2	4.76%	Canada
South America	4	9.52%	Brazil, Colombia
Total	42	100%	

Q2: What is your sector of activity?

Answered: 42 (100%)

Type: Closed with an option to provide an open-ended alternative answer other than the options provided.

Answer choices	Number of respondents	Percentage (%)
University / Higher Education Institution (HEI)	12	28.57%
Public sector – Health	3	7.14%
Public sector - Local or national government	7	16.67%
Public - Environmental Assessment	2	4.76%
Private sector – Health	0	0.00%
Private sector - Environmental Assessment	15	35.71%
Private – Other	0	0.00%
Third sector – Non-Governmental Organisation	0	0.00%
Other (please specify)	3	7.14%

Answer choices	Number of respondents	Percentage (%)
Total	42	100%

Other (please specify) answers
Legal
Semi-state – EIA
Community health and safety

Q3: Which of the following environmental assessment tools do you have experience with? Please indicate your level of expertise.

Answered: 41 (100%)

Type: ranking with an option to provide an open-ended alternative answer other than the options provided.

Answer choices	0: No experience		1: Basic knowledge		2: Some experience		3: Moderate expertise		4: Proficient expertise		5: Advanced expertise		N/A		Total	% rating a specific IA proficiency level of total resp. (42)
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
EIA (Environmental Impact Assessment)	1	2.38%	6	14.29%	5	11.90%	8	19.05%	7	16.67%	14	33.33%	0	0.00%	42	100%
SEA (Strategic Environmental Assessment)	2	4.76%	7	16.67%	3	7.14%	7	16.67%	13	30.95%	9	21.43%	1	2.38%	42	100%
HIA (Health Impact Assessment)	6	14.63%	3	7.32%	9	21.95%	7	17.07%	4	9.76%	11	26.83%	0	0.00%	41	97.62%
SIA (Social Impact Assessment)	12	29.27%	8	19.51%	7	17.07%	9	21.95%	1	2.44%	3	7.32%	0	0.00%	41	97.62%
ESIA (Environmental and Social Impact Assessment)	13	31.71%	6	14.63%	8	19.51%	5	12.20%	4	9.76%	2	4.88%	2	4.88%	41	97.62%

	0: No experience		1: Basic knowledge		2: Some experience		3: Moderate expertise		4: Proficient expertise		5: Advanced expertise		N/A		Total	% rating a specific IA proficiency level of total resp. (42)
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Other (please specify below)	4	25.00%	1	6.25%	1	6.25%	0	0.00%	0	0.00%	3	18.75%	6	37.50%	16	38.10%

Other (please specify) answers
Equality impact assessment
Equality Impact Assessment
Sustainability appraisal
Environmental governance

Part 2: Experience with and perspectives on the consideration of human health in SEA

Q4: In your experience, to what extent is human health currently considered in the SEAs you have been involved in / know of?

Answered: 22 (52.38%)

Type: Closed

Answer choices	Number of respondents	Percentage (%)
Always	5	22.73%
Mostly	4	18.18%
Occasionally	6	27.27%
Rarely	7	31.82%

Answer choices	Number of respondents	Percentage (%)
Never	0	0.00%
Total	22	100%

Q5: What do you see as the main benefits of incorporating health into SEA?

Answered: 20 (47.62%)

Type: Open-ended

The answers have been analysed and categorised into the following broad themes. Some answers fit into more than one category.

1. Enhancing Strategic and Systemic Approaches to Health
2. Addressing Health Impacts of Environmental Factors
3. Promoting Health as a Cross-Cutting Theme
4. Improving Public Engagement and Decision-Making
5. Supporting Liveability, Resilience, and Equity
6. Specific Health-Promoting Features in Spatial Planning

Answers	1	2	3	4	5	6
Impacts of issues such as air quality, climate change on human health for examples		x		x		
Health gets considered at a strategic level. It is not always clear which health determinants are being considered - and usually not possible given that health often only makes up one SEA objective	x					
Health is at the centre of social development and protection, natural and built environment and economic development. cross-cutting through all. and not enough and comprehensively considered in SIA and EIA nor probably SEA (but i am not very familiar with previous SEAs).			x			
Optimize the analysis work, as there are numerous interrelations between health and the environment. (saves time, encourages the breakdown of siloed practices)	x	x				
A means of thinking about whether or not new development is likely to, for example, promote active travel, reduce air pollution and encourage green space provision and use.					x	x
It includes a population and positive approach in the process, that complements well the traditional "environmentalist" approach, that focuses more on risks and pollutant emissions for example (and not on exposure and actual effects on the	x	x	x			

Answers	1	2	3	4	5	6
health of people, especially vulnerable ones). It allows to grasp the interconnectedness between humans, animals and their ecosystems. You truly embrace a systemic approach.						
Promoting objectives that support positive health outcomes and mitigate adverse health effects. Wider determinants of health is already covered in several topics - e.g air quality, climate change.				x		x
It should enable the right focus on liability which includes adaptation with regards to climate change (too many properties and infrastructure currently on flood plains, which then impacts other places which have never previously flooded. The mental toll of a property being flooded, particularly young people, is huge. (see study from Lancaster University). Too much concrete and not enough green space giving increased heat island which could have been avoided. Not enough proximity to essential services leading to overuse of cars increasing both health impacts from pollutants, and car accidents, plus severed communities. Too much backward looking instead of anticipating needs of fifty years hence or more. Future generations deserve better.			x		x	x
Spatial plans are often characterised by a focus on the quantum of provision of features of the environment which support or promote human health (such as green space), or measures of accessibility, and not the actual health-promoting benefits of the specific features, which should be understood as part of the plan formation and Strategic Environmental Assessment (SEA) process.						x
It enables consideration of health which not only overlaps with many of the environmental topics, but also introduces new aspects to be considered.			x			
while it is always included in the assessment as requirement, it mightn't be a major element of the SEA. Incorporating health to a greater extent might help engage the public more and lead to better environmental plans with health benefits.				x		
1. Informing decision makers, developers and the public of the potential high level Health impacts of plans and projects 2. To help developers, their consultants and competent authorities in the scoping of health impact assessments in EIAs.				x		
The consideration of the health outcomes of decisions that normally would not consider this matter.				x		
Population health needs to be addressed strategically and SEA is strategic	x					
extending the implications of environmental quality over human life		x				
This a systematic way of considering human health rather through a separate assessment.	x					
Integrates the complex multifactorial elements that contribute to health & wellbeing, enabling presentation into a wider categorisation that recognises the fundamental inherent relationships between people & environmental quality.		x	x			
The impacts on health will be comprehensively considered		x				

Answers	1	2	3	4	5	6
Health equity, managing unintended impacts/costs/risks					x	
As many strategies, plans and programmes are undertaken with humans in mind it seems essential, if not critical, to include human health as an SEA topic going forward. There are an increasing number of legal cases both nationally and European wide addressing human health and the exposure to harmful pollutants within the environment. Therefore, it stands to reason that health and the environment go hand in hand, which suggests that these issues should be assessed synergistically. As the number of cases increases, the right to a healthy environment has become an increasing legal imperative, an issue which may be resolved, to some degree, if it were to be incorporated into SEA. Also, from the corporate responsibility perspective it would be beneficial to demonstrate commitment to understanding and improving human health.	x		x			x
Total no.	6	6	6	5	3	5
Percentage	30%	30%	30%	25%	15%	25%

Q6: Please rank all key stages of the SEA process in order of difficulty when considering health-related aspects, with the first (1) being the most difficult and the last (9) being the least difficult.

Answered: 21 (50%)

Type: ranking

Answer choices	1		2		3		4		5		6		7		8		9		Average score
	N o	%	N o	%	N o	%	N o	%	N o	%	N o	%	N o	%	N o	%	N o	%	
Screening	5	23.81%	2	9.52%	1	4.76%	0	0%	1	4.76%	3	14.29%	3	14.29%	2	9.52%	4	19.05%	5.14
Scoping	4	19.05%	6	28.57%	0	0%	2	9.52%	1	4.76%	3	14.29%	2	9.52%	2	9.52%	1	4.76%	4.10
Alternatives	2	9.52%	2	9.52%	4	19.05%	0	0%	6	28.57%	3	14.29%	1	4.76%	2	9.52%	1	4.76%	4.67
Analysis and evaluation	3	14.29%	6	28.57%	6	28.57%	3	14.29%	2	9.52%	0	0%	1	4.76%	0	0%	0	0%	2.95
Mitigation measures	0	0%	2	9.52%	4	19.05%	6	28.57%	3	14.29%	3	14.29%	3	14.29%	0	0%	0	0%	4.48

Answer choices	1		2		3		4		5		6		7		8		9		Average score
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	
Preparation of the SEA report	0	0%	0	0%	1	4.76%	1	4.76%	0	0%	6	28.57%	1	4.76%	6	28.57%	6	28.57%	7.24
Consultation and participation	1	4.76%	1	4.76%	1	4.76%	4	19.05%	2	9.52%	2	9.52%	8	38.10%	0	0%	2	9.52%	5.62
Decision making	1	4.76%	0	0%	3	14.29%	1	4.76%	5	23.81%	0	0%	0	0%	8	38.10%	3	14.29%	6.19
Monitoring and follow-up	5	23.81%	2	9.52%	1	4.76%	4	19.05%	1	4.76%	1	4.76%	2	9.52%	1	4.76%	4	19.05%	4.62

Q7: Please briefly explain the previous selection, including explanations behind any specific difficulties.

Answered: 19 (46.34%)

Type: Open-ended

Answers
Health aspects may be hard to gauge and present as a key consideration
Monitoring of health outcomes from a strategy/strategic decision is very difficult given the various other confounding factors and lack of longitudinal studies. Alternatives are often combined with the development of options and therefore clarity of health related aspects is diluted.
not enough experience with SEA
I have rather sorted by order of challenge/priority than by difficulty, the idea being to question the impacts on health across a wide range of health determinants as early as possible (screening) and progressively prioritize the determinants to be evaluated more precisely, by adopting prioritization methods and then the most appropriate evaluation tool."
Identifying alternatives is very difficult per se. Analysis and evaluation is difficult as there is so much we don't know about the links between environment and health, for example, whether dementia can be caused by air pollution. Identifying effective mitigation measures is inherently challenging given uncertainties. Monitoring and follow-up is always challenging in SEA. The remaining steps above are more procedural so I've ranked them lower.

Answers
Scoping is the most crucial step of the process but also the trickiest: when you try to address impacts on the environment and health, it's very comprehensive but also complex, both in terms of scientific work and of stakeholders engagement (wide range of people to include in the process, sometimes with competing or even conflicting interests). When you go further than what it is asked by the law, and sometimes with qualitative impact assessments methods, It's also complicated in terms of decision making and monitoring at the end of the process.
Monitoring - information / data unavailable to monitor indicators to measure outcomes.
Nobody wants responsibility for ongoing monitoring. Mitigation usually requires money which is not forthcoming.
Analysis and evaluation will require the adoption of consistent and appropriate methodologies which go beyond the current competencies of (most) SEA practitioners. It also requires additional time and resources - similarly with consultation and monitoring/follow-up. Mitigation measures and alternatives should not be generic. Appropriate guidance should be provided for consistent screening and scoping, which will inform decision making and the preparation of the SEA report.
It is very difficult to tailor monitoring and follow-up to health aspects of a particularly plan (rather than just general indicators). Analysis and evaluation are also difficult as at a strategic level will rely on a lot of assumptions - usually the detail just isn't there to predict an outcome. For the same reason, specific mitigation measures can be difficult to set out, and usually just require further assessment when more information is available. Reaching specific health-related consults can be difficult (as they are usually more engaged doing more important health-related work). Decision-making may be difficult around health related issues as there can be a balance of pros and cons for different groups or populations. Scoping, reporting and screening are more straightforward/ process driven and are usually straightforward in relation to health. Whereas there are lots of challenges with assessment of alternatives, these are more related to the SEA process rather than being health related.
consultation on health related aspects might be difficult, as the SEA notice is not purely focused on one aspect (health), so comments back will be diluted with other concerns. SEA Health authorities not currently statutory, so consultation purely based on experience of plan-makers to engage all relevant health authorities. At the other then, the decision-making can capture how health was incorporated which easily in the SEA Statement (whether it actually does or not, is another matter entirely however)
There is no clear guidance on how to scope and screen for health impacts in SEA.
Quantifying health impacts and the relevant mitigation is the most difficult aspect, what impacts are you assessing and how far do you go in determining their impacts? What expertise do you need to determine them?
If screening, scoping and analysis/evaluation is well done, the rest shall build-up upon them and a decision can be taken relatively "easy"
starting the integration of health issues at early phases of environmental assessment
I believe that monitoring and evaluation, analysis and evaluation are the most difficult parts of the process because this is rarely carried out it is unclear what the outcomes of the process have been and how decision-making may have been informed through this.
keeping assessment proportionate - and then communicating that this is strategic (not project level) analysis

Answers
Monitoring and follow as well as analysis and evaluation are more difficulty
Largely related to costs. These elements take thaw largest resources to complete and/or have the biggest implications on the results of the SEA
<p>First, analysis and evaluation present difficulties as the relevant evaluation method is not widely known in an Irish context. It remains vague and it is important to adhere to some consistent evaluation technique. Even if a consistent and effective evaluation method can be found, the data on health and the environment to include the aspects beyond the biophysical is lacking and thus, making an analysis based off quantitative data is difficult. Relying on qualitative data for broader aspects of health presents resource difficulties of its own.</p> <p>The consultation and participation element is challenging in that who might we go to engage with? Is there a list of public health authorities that we must reach out to and how do we go about engaging with them? As for CSOs, NGOs and other relevant stakeholders, the same questions can be posed.</p> <p>The monitoring and follow-up phases are time consuming, resource and budget hunger pursuits. Developing all-encompassing monitoring indicators and targets, at appropriate scales for the various tiering of plans, may be difficult at first as it is thought that inclusion of broader determinants of health should be considered in SEA. Data gaps need to be caveated and approached to fill these need to be agreed with various stakeholders.</p>

Q8: What aspects of physical and human health do you think should be systematically considered/covered in SEA? You may consider a wide range of health factors, including but not limited to physical (e.g. respiratory health) and mental (e.g. anxiety) health impacts.

Answered: 19 (46.34%)

Type: Open-ended

Answers	Physical health	Mental health	Perceived health status	Wider determinants of health			
				Social / cultural	Eco-nomic	Environ-mental	Built environment
respiratory health, cancers, obesity, mental health	x	x					
Ideally, all aspects of health should be considered (physical and mental) and all the social, environmental, and economic determinants of health considered.	x	x		x	x	x	x
ALL determinants of health, irrelevant elements will be scoped out during scoping.	x	x		x	x	x	
The widest range of health (physical and mental), including perceived health status.	x	x	x				
The majority of SEAs in the UK are undertaken for spatial plans (essentially what goes where). It is therefore important to assess the implications of new development for people, particularly in terms of opportunities to promote active travel (walking, cycling), improve air		x				x	x

Answers	Physical health	Mental health	Perceived health status	Wider determinants of health			
				Social / cultural	Economic	Environmental	Built environment
quality, reduce the likelihood/scale/impact of flooding (impacts on mental health) and the provision and use of green space.							
As many determinants of health as possible (individual, social, commercial, environmental) and their respective effects on physical and mental health.	x	x		x	x	x	X
Many physical aspects are covered by topic specific guidance - e.g. air quality. Other wider determinants of health including economic and social factors should be covered.	x			x	x		
You already have two major ones in respiratory health and anxiety. Long term effects of climate change in its many guises. Creating protected areas for children's play. Enabling locally generated connected energy which is non fossil fuel. Accessibility for hearing, sight, and mobility impaired individuals.	x	x		x		x	x
Framing our environments as a public health investment is essential to delivering high-quality and liveable places, future proofing settlements for anticipated climate change risks, and delivering on Ireland's SDG commitments. A holistic approach should therefore be taken which includes consideration of physical health, mental health and wellbeing across the life-course.	x	x				x	
Exercise and relationship to cardiovascular health, access to nature and greenspace (mental health).	x	x				x	x
The Directive looks to consider all the various elements of the environment, and the interrelationships between each of them. Consider separating health-specific (air pollution, radon, noise, appropriate flood risk zoning etc) and inter-related then (spending time in nature, access to quiet spaces, active travel, access to frequent services/infrastructure to support active travel/public transport.	x	x		x		x	x
See IEMA guidance on Health in EIA	x	x		x	x	x	x
Predominantly physical health factors - mental health much more difficult to quantify.	x						
That depend on health and demographic status of the target population! A detailed health and demographic profile shall be made to define those aspects							

Answers	Physical health	Mental health	Perceived health status	Wider determinants of health			
				Social / cultural	Economic	Environmental	Built environment
consistent analysis of physical health (respiratory, cardiology, cancer and stress related) as well as of mental health (anxiety, depression, psychotic disorders) nearby environmental quality indicators and related territorial dispersion layers.	x	x					x
The wider determinants of health and health in widest sense - WHO definition.	x	x	x	x	x	x	x
physical, mental & spiritual/cultural	x	x		x			
mental (e.g. anxiety) health impacts		x					
All should be open to being scoped in, depending of interest/risks/decision type identified during scoping.	x	x	x	x	x	x	x
A consistent agreed definition of health would be beneficial. The wider determinants of human health should be included. These determinants should include health inequalities between regions and population groups, opportunities for healthy lifestyles, elements of safety and cohesive communities, socioeconomic conditions, environmental conditions and access to health and social care services. Additionally, the direct and indirect effects on human health should be considered systematically. It is important to consider the variation between the EU Directives and WHO's findings in any future Health & SEA guidance.	x	x		x	x	x	x
Total:	17	17	3	11	8	13	11
Percentage of responses (19):	89.47%	89.47%	15.79%	57.89%	42.11%	68.42%	57.89%

Part 3: Recommendations for guidance on the consideration of human health in SEA

Q9: Is there any guidance on 'health and SEA' in your country? If yes, please provide details, including a URL where possible.

Answered: 18 (43.90%)

Type: Open-ended

Answers
Don't know

Answers
Not as far as I am aware
Several guides are available, for example, a guide to help take health into account in urban planning documents (this guide is intended for project owners which is often the local authority) : https://www.aurba.org/productions/guide-plu-et-sant%C3%A9-environnementale/ other identified guides: https://www.ifdd.francophonie.org/wp-content/uploads/2021/09/IFDD_Sante_web.pdf In Georgia (guidelines published in 2024): https://www.expertisfrance.fr/documents/20182/861856/Health+Impact+Assessment+Guidelines+in+Georgia/4c918cec-e035-3032-ab18-e670af9a85b8
I am not aware of any for SEA but there is for EIA (www.iema.net/articles/more-detail-in-health-impact-assessment-guidance)
To some extent, there is : https://www.ehesp.fr/2014/09/16/nouveau-guide-agir-pour-un-urbanisme-favorable-a-la-sante-concepts-outils/ https://www.gov.uk/government/publications/strategic-environmental-assessment-directive-guidance Other health impact assessment guidance https://assets.publishing.service.gov.uk/media/5a82312440f0b6230269b540/Health_and_environmental_impact_assessment.pdf
https://www.gov.uk/government/publications/jsnas-and-jhws-statutory-guidance
N/A
Not specifically.
There is none currently prepared, that I'm aware of.
No, we need it.
Some limited, e.g. noise.
Not to my knowledge
no specific guidance.
IEMA has produced some guidance on how to the scope in health in EIAs.
No. Was archived at federal level and discontinued in the 90s at provincial level
Please see below some links that might be useful: Research 423: Environmental Transport Noise and Health: Evidence from Ireland (Noise–Health) Environmental Protection Agency HIA Guidance The case for HIA 2.pdf (publichealth.ie) The consideration of health in strategic environmental assessment (SEA) - ScienceDirect

Answers

[PowerPoint Presentation](#)

Q10: Please rate how important you think the following indicators are for any guidance on the effective yet proportionate consideration of human health in SEA.

Instructions: Assign the level of importance from 1 to 3, where 1 = “Less important” and 3 = “Very important” for the following indicators: Air quality, Biodiversity, Climate Change, Noise, Soil, Water, Material assets, Chemical Pollution, Diseases or injuries, Economic security and equity, Education, Healthy behaviour (e.g. exercise, diet), Health care, Infections and parasitic diseases, Land Use, Non-communicable diseases, Nutritional and neonatal diseases, Physical environment, Social and community context and Other (please specify below).

Answered: 18 (42.86%)

Type: Ranking with an option to provide an open-ended alternative answer in addition to the options provided.

Answer choices	1: Less important		2: Moderately important		3: Very important		N/A		Total	
	No	%	No	%	No	%	No	%	No	%
Air quality	1	5.88%	1	5.88%	14	82.35%	1	5.88%	17	100%
Biodiversity	3	18.75%	4	25.00%	8	50.00%	1	6.25%	16	100%
Climate Change	1	5.88%	4	23.53%	11	64.71%	1	5.88%	17	100%
Noise	2	11.76%	3	17.65%	11	64.71%	1	5.88%	17	100%
Soil	5	29.41%	4	23.53%	7	41.18%	1	5.88%	17	100%
Water	2	11.76%	2	11.76%	12	70.59%	1	5.88%	17	100%
Material assets	4	23.53%	8	47.06%	3	17.65%	2	11.76%	17	100%
Chemical Pollution	2	11.76%	2	11.76%	12	70.59%	1	5.88%	17	100%
Diseases or injuries	1	5.56%	5	27.78%	11	61.11%	1	5.56%	18	100%
Economic security and equity	0	0.00%	7	41.18%	9	52.94%	1	5.88%	17	100%

Answer choices	1: Less important		2: Moderately important		3: Very important		N/A		Total	
	No	%	No	%	No	%	No	%	No	%
Education	2	11.76%	5	29.41%	9	52.94%	1	5.88%	17	100%
Healthy behaviour (e.g. exercise, diet)	2	11.76%	2	11.76%	12	70.59%	1	5.88%	17	100%
Health care	1	5.88%	3	17.65%	12	70.59%	1	5.88%	17	100%
Infections and parasitic diseases	3	17.65%	3	17.65%	10	58.82%	1	5.88%	17	100%
Land Use	1	5.88%	6	35.29%	9	52.94%	1	5.88%	17	100%
Non-communicable diseases	3	17.65%	5	29.41%	8	47.06%	1	5.88%	17	100%
Nutritional and neonatal diseases	1	5.88%	10	58.82%	5	29.41%	1	5.88%	17	100%
Physical environment	0	0.00%	3	16.67%	14	77.78%	1	5.56%	18	100%
Social and community context	1	5.88%	3	17.65%	12	70.59%	1	5.88%	17	100%
Other (please specify below)	0	0.00%	1	14.29%	2	28.57%	4	57.14%	7	100%

Other (please specify) answers
Urban design including safety and accessibility
It would depend on scoping the plan being assessed - SEA for a transport plan would be very different from a flood risk management plan.
Mental health

Q11: What key content (please choose a maximum of two) would you consider critical in a 'health in SEA' guidance and why?

Instructions: Choose a maximum of two of the following key contents: Principles, Advice for including stakeholders, Advice for consulting members of the public, Step-by-step recommendations for each SEA stage, Case studies, Resources (e.g. links to other guidance) and Other (please specify).

Answered: 18 (42.86%)

Type: Multiple choice (max. two)

Answer choices	Number of responses	Percentage (%)
Principles	7	38.89%
Advice for including stakeholders	4	22.22%
Advice for consulting members of the public	1	5.56%
Step-by-step recommendations for each SEA stage	10	55.56%
Case studies	5	27.78%
Resources (e.g. links to other guidance)	6	33.33%
Other (please specify)	2	11.11%
Total	35	

Other (please specify) answers
requirements in the Legislation
Ethics on data collection and use, Who is qualified to lead health aspects: competencies and practice standards

Q12: Please provide a short justification as to why you have prioritised a given element of the previous question.

Answered: 18 (42.86%)

Type: Open-ended

Answers
The availability of data and research is key to back-up the findings and need to bring the public on board
I think case studies bring theory of application to life providing insight to how principles may be applied in practice. Stakeholder engagement is important for HIA and therefore health needs to be considered in engagement - so guidance on how best to approach stakeholders in relation to health would be well received.
Basics and guidance are most important... including stakeholders etc. is described 100 times elsewhere.
You can specify other mentioned elements in these two key contents.

Answers
New research on cause-and-effect linkages between environment and health regularly emerges and practitioners would benefit from lists of key online sources of latest research.
"Principles" allow you to make sure that all readers of the guidance share a common understanding of the basics, which is a key element to break down working silos. "Step-by-step recommendations for each SEA stage" is the substance of such guidance, its backbone.
Guidance on health assessment should be referenced
People do not like to be kept in the dark. Furthermore 'the public' have lived experience of what works for them and why. Their input can be invaluable. Stakeholders includes public as well as developers, investors etc. bringing people together at the earliest stage avoids costly mistakes and antagonism.
Step-by-step recommendations are crucial to practitioners, especially those lacking expertise in health impact assessment. Case studies are a very useful way to demonstrate application.
Advice on other aspects is available for the process, so would potentially duplicate other sources. Case studies help with putting best practice into context.
Setting down principles will help make them applicable to all relevant sectors of the Directive, rather than making them specific to one type. Should ensure greater update. Having step by step recommendations will help consultancies and plan-making bodies have tools to help inform their environmental assessments in a structured way.
Current guidance is not specific enough
Less prescriptive guiding principles can be adapted depending on the nature of the plan or programme being prepared.
Principle to assess health status are crucial to describe the baseline values for any indicator. There could be different need for health inclusion at different stages of SEA
practitioners are open to the relevance of the topic technical guidance and best practices are helpful. The insertion of requirements on the law, may, in some countries, offer stronger support for practitioners to further include this topic on SEA
Providing a step-by-step recommendations/guide for each SEA stage provides commissioners and consultants key area to consider through the process and providing case studies provide some real life examples in practice.
Currently the lack of good data to inform decisions and lack of qualified people is biggest limitation
Engagement with appropriate stakeholders would be vital on this topic as expertise in this area is needed. A recommendation step for each SEA stage would ensure the elements to be included and lead to consistency in approach.

Q13: Which health professionals do you think should be involved in SEA? Please rank the categories below, with the first (1) being the most important and the last (3) being the least important of the three.

Note: We use the categories by which the World Health Organization (WHO) defines the workforce to deliver Essential Public Health Functions. For the purposes of this question, we do not distinguish between the public and the private sector.

Instructions: Please rank the following three health professionals: Core group of public health personnel who have undergone professional training and/or registration with professional bodies in public health and could be from either health or another background; Health and care workers who contribute to one or more public health functions as part of their clinical and/or social care roles; and Personnel from a wide group of other allied occupations who contribute to addressing the determinants of health, for instance, personnel engaged in water and sanitation, food supply chains and road safety.

Answered: 18 (42.86%)

Type: Ranking

Answer choices	1		2		3		Total	
	No	%	No	%	No	%	No	%
Core group of public health personnel who have undergone professional training and/or registration with professional bodies in public health and could be from either health or another background.	12	66.67%	6	33.33%	0	0.00%	18	100%
Health and care workers who contribute to one or more public health functions as part of their clinical and/or social care roles.	1	5.56%	1	5.56%	16	88.89%	18	100%
Personnel from a wide group of other allied occupations who contribute to addressing the determinants of health, for instance, personnel engaged in water and sanitation, food supply chains and road safety.	5	27.78%	11	61.11%	2	11.11%	18	100%

Q14: Please provide a brief explanation for your choice in the previous question.

Answered: 18 (42.86%)

Type: Open-ended

Answers
Water, sanitation, roads and food are basic requirements of human health. However there is an increasing need to consult public health professionals with a background in the causes of disease or poor health
SEA is strategic and therefore doesn't require the detail or level of training in health - however, public health professionals should be involved in order to interpret the impacts on wider determinants of health being identified by other topic specialists. However, it should be noted that SEA is usually undertaken by generalists

Answers
order is ok
the importance of having professionals with skills validated by recognized training, which allows for a community of experts to exchange practices.
The WHO has stated "To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health, whereas the more commonly considered factors such as access and use of health care services often have less of an impact" (https://www.who.int/news-room/questions-and-answers/item/determinants-of-health#). This provides an argument for personnel involved in addressing the determinants of health to be closely involved in the health-related aspects of SEA.
Health in SEA is a lever to advance health in all policies, hence the priority given to personnel from other allied occupations who contribute to addressing the determinants of health.
Public health and allied occupations would support the consideration of wider determinants of health in the context of SEA.
This group of professionals has a cross cutting expertise, and rarely has a vested interest in the desired outcome other than that it should serve all members of the comm to the best level possible.
Public health professionals including epidemiologists have the strongest understanding of the environmental determinants of health. Personnel from other allied occupations should be consulted on related aspects of the plan, programme or SEA where they have expertise. Health and care workers should also be engaged, especially where the plan or programme impacts on their clients.
Understanding the SEA process is important to delivering a proportionate approach and putting the health assessment into context. While others can be consulted and provide evidence and information, it needs to be synthesised into the SEA and Report.
I think having a core group is better to maintain awareness and experience across sectors. SEA is strategic in nature, so the group should have that in mind, rather than the detailed health/care workers experiences which are perhaps best able to inform project level activities for example.
Health impact assessment is a multi-factored assessment and cannot be lead or done solely by health professionals
Trained health professionals are critical, in addition to those in professions that can impact on health outcomes.
Knowledge of key public health disciplines such as epidemiology, determinants of health, behavioural health, health economy and management, health policy, and environmental and occupational health is vital
key health personnel with responsibilities and daily contact with challenges, involvement of other occupations perspectives to enlarge the 'health' concepts and problems.
I have placed public health personnel as first as they would have undergone professional training in public health and equally important wide group of allied occupations who contribute to the wider determinants of health.
While this is a difficult choice to make as many health professionals would be considered equally critical in determining human health, the rationale comes from a 'bottom-up' perspective. The health and care workers contributions are invaluable as they are observing the day-to-day trends on the ground. The core group of public

Answers

health personnel are placed second as they have a high-level picture and expertise in health related issues, yet they may not be aware of the important everyday challenges faced by the health and care workers. Thirdly important are the wider group of allied occupations, as may be informed by the experience and expertise of the other two groups if issues were encountered.

Also, these personnel may not be as nuanced in understanding the specific health related challenges or positive impacts.

Q15: Please provide any additional observations/suggestions you may have related to the guidance on the systematic and proportionate consideration of human health in SEA.

Answered: 10 (23.81%)

Type: Open-ended

Answers

The area of public health is something which needs to become an increased focus- prevention is better than cure. The Covid-19 pandemic brought an increased awareness of this important area and there is a need to mainstream this as part of the SEA and other processes

SEA is strategic and I think wider determinants of health are actually already considered - it's just that they are not identified as determinants of health (e.g. air quality, provision of homes, increasing opportunities for education and training, etc). I think by shifting the focus slightly within the existing SEA framework to include a narrative of how the strategy/plan etc in question affects determinants of health would be sufficiently proportionate.

Start with an exhaustive questioning of a wide range of health determinants and progressively prioritize those that will be evaluated more thoroughly. The importance to engage a collaborative work with health & environmental authorities, consultants and local stakeholders (project owners, decision makers, population)

How to avoid overlap with other assessments such as Equality Impact Assessment and standalone Health Impact Assessment often carried out alongside SEA. Assessment should be proportionate and endeavour to avoid overlap.

Developers need to be educated to deliver quality, not lowest price. Society recoups the investment in reduced hospitalisations, community cohesion, resilience, etc.

The research should consider the contents of EPA Research Report No. 328 - Eco-Health: Ecosystem Benefits of Greenspace for Health

We have to be careful that health is considered in the context of the wider SEA and the intended policy outcomes of the plan or programme being proposed. Empirical evidence of definable health impacts should also only be used and the misinterpretation of health outcome data should be carefully considered.

none at the moment

Need cost benefit business case to support buy in from leaders to support the use of SEA

In terms of determining the data required for health, the resources and budgets available to acquire it would need to be identified. The maintenance, upkeep, frequency and scale of its collection may also need to be considered.

