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## **Perceived Health and EIA in Finland**

### ***Background: Why Study Perceived Health?***

The Ministry of Social Affairs and Health has published a guide on social and health impact assessment. In this guide, the ministry took the Health Care Act and decree as the bases for defining a health impact. Health impact was defined to be a health risk. The definition of health risk is based on indicators, which are common in environmental hygiene and epidemiology. The following were also seen as important health impacts: accident risk, catastrophe risk or other risk to human health, which can be estimated by calculating risks of certain possibilities.

In Finland – as some of you might know – there is in the Act and decree on environmental impact assessment. In this Act, there is a paragraph, where it is said that impacts, which have effects on human health, living conditions and amenity, should be taken into account in impact assessment. Assessment must be carried out in all certain types of projects which are stated in the Act and decree. Environmental impact assessment is mandatory, but when the assessment has been done, the party responsible for the project has fulfilled the required duties.

When the ministry was doing its guide and presented it to people who were actually doing environmental impact assessments and, specifically, social impact assessment, it emerged that the guide was not so good in clarifying the differences in social and health impacts as ministry had hoped. It was criticized why health is so narrowly defined, and why the total well-being of humans was seen as a part of social impacts. Health was seen to be a measurable and definable state in human life. All other types of impact were seen to be social impacts.

I came into the research and development team at this stage. It was obvious – for our group at least – that health is more than just what measurable indicators can possibly show about the state of humans at any given time. This is especially important when we are talking about plans and projects which change the everyday surroundings of people and may change their accustomed way of conducting their everyday life. It was also quite difficult to see how all immeasurable impacts could be seen as social impacts. One example is cozy environment; is it a social or health factor? It could be seen that there is some kind of gray zone between social and health impacts. And this is what I started to study – the gray zone between social and health, which can be called perceived health.

My aim was to try to find out what this gray zone was, does it consist of immeasurable social impacts or measurable health impacts. Or, what was the most interesting thought, does it consist of something immeasurable which belongs to health impacts assessment. I also tried to find ways how this grey zone could be included as a part of environmental impact assessment.

In order to solve this mystery, I interviewed fifteen Finnish officials from various institutions. They all have been doing environmental or social impact assessment or have been involved in physical improvement projects. These interviewed officials were medical doctors, veterinarians and technical

engineers. All of them answered questions what is the grey zone which I called perceived health, how it differs from social and health, social impacts and health impacts, and how it could be taken into account in impact assessment. And in which impact assessment should it be assessed.

### ***The Difference Between Health and Perceived Health***

**The first question is what is the difference between health and perceived health.** In order to get grip on the task, the interviewed officials began to describe the concept of health. Most of them described health by using the World Health Organization (WHO) broad definition of health. Accordingly, health was seen as a "total physical, psychological and social state of well-being". Health was seen as an issue, which had many aspects related to social coping and quality of life. On the other hand, some of those interviewed saw health as a very narrow issue. According to this latter narrow definition, health was seen only as the absence of disease. Disease has indicators, which are measurable. When this very narrow definition of health is used, all those aspects which affect the social and psychological sides of a person remain outside the definition.

One demand which was integrated to health was the need for objectivity. Health was seen as an objective, outsider's view to a person's health status. Health was also seen in more statistical terms than perceived health.

Perceived health was seen not to be so objective and statistical in nature as health. Perceived health was seen to include also the social and psychological sides of a person, along with the physical side. Answers to the questions what perceived health is could be divided into three (3) groups. This division was done according to what aspects of health - social, psychological and/or outsider's objectivity - was emphasized in the answers.

The first group emphasized **subjectivity** as the most important part of perceived health. In this group the most critical aspect was the person's own, subjective experience about his or her own health. This way, perceived health was defined as a very individual state of health, which covers physical, psychological and social aspects of human life.

The second group emphasized the **social** part of perceived health. Perceived health was seen most of all to be a social experience of a person's health. Social relations were seen as the most critical aspects when we are defining the ill-health of a person. In the answers, those interviewed stressed the wholeness of a human being. In other words, the well-being of a person was seen to be a balance between the physical, social and psychological parts. The social network was seen as a very critical part of well-being. In this group, perceived health was seen to belong to the field of social impacts.

The third group emphasized **objectivity** and the knowledge of experts to be the most important aspects when defining perceived health. Experts were seen to be objective because of their training, and they were seen as capable of estimating impacts in the long run. In the third group, experts were seen to be the best qualified to define an individual's state of health. This objective knowledge of the experts was seen to be a dominant aspect in defining ill health and disease. A person's symptoms were also seen to be measurable, as indeed were the causes of symptoms.

The people interviewed also **described perceived health**. Perceived health was seen in the interviews as something very hard to describe. In general it can be said that perceived health was

seen as a part of everyday life. Perceived health was seen to consist of all those abilities with which a person solves all good things and misfortunes which are normally present in life. A quotation by Freud can be used to clarify this issue in this context: "A person is healthy when he/she is able to work and love."

### ***The Difference Between Social and Perceived Health***

**The second question was to set apart social and perceived health.**

As stated above, the definition of health was in most cases the starting point in the interviews. Health was seen to be more of a medical than a social issue. Perceived health was seen to be like health, in the sense that it has stronger and more causal relationships in the background than social impacts. Social impacts is seen to be a part of a person's life as a whole.

At some point, the interviewed came to the relation between social and health issues, and the answers I received depended on what point of view the interviewed had. One can see the concept of social as a broader field, in which health is only one part. Or one can see the concept health as the broader field, in which social is only one part. This is a larger scientific problem to which it is not possible to give an answer in this research or presentation – this very issue was discussed in the Glasgow IAIA-congress health impact -sessions.

But the above issues influence the way how social and health impacts are defined and how these are taken into consideration. In my research, those interviewed who saw health as a wide concept included social impacts in it. Social issues were seen as a part of health. Those who saw social as a larger concept, defined health using narrow definitions. Health was seen to be a means to an end.

### ***The Difference Between Social Impacts and Perceived Health Impacts***

**The third question was the difference between social impacts and perceived health impacts - what is a perceived health impact?**

Perceived health and perceived health impacts were difficult to define, and this was seen to be the barrier for taking perceived health impacts into human impact assessment. Perceived health is not possible to measure or define - it was seen so subjective and so individual an impact type.

In the interviews only three (3) impact types emerged; these were labeled perceived health impacts. These impacts were:

- fear to loose his/her health
- fear of accidents
- threats and personal fears about project impacts

Social impacts were seen to be impacts, which related to a person's circumstances and coziness. Social impacts were seen to be impacts, which are linked to the circumstances of a person, but which do not have any effect on the person's health. Perceived health impacts were seen to be his/hers physical and psychological experience in a more concrete way than social impacts.

Perceived health impacts could be such, which affected a person's control of his or her life. Perceived health impacts were seen to have wide impacts on a person's life.

Some of those interviewed saw that perceived health impacts consisted of some kind of medical problems, which could be measured. The most of the interviewed saw perceived health impacts to be something, to which no objectively measurable diseases or symptoms could be attributed. Perceived health impacts were seen also to be impacts relating to social or psychological issues.

In interviews the question which naturally emerged was: are perceived health impacts in fact social impacts? Most of interviewed said that perceived health impacts could either be or are very close to social impacts. Coziness is good example – is it social or health – or is it perceived health?

## ***Amazing, Concluding Remarks***

### **And what are the conclusions which I came up with from this?**

When in my research, I asked about ways how to take perceived health – or other human impacts - more into account in impact assessment, I got many answers. On the one hand, those interviewed hoped that norms and regulations could assist in taking more issues into account in social and health impact assessments. This is because these impacts are now difficult to take into account because they are so hard to define and measure precisely. On the other hand, those interviewed hoped that it would be possible to take into account the not so easily measurable assessment impacts and the individuals' own experiences about projects.

The interviewed also mentioned the responsibilities and duties of citizens and officials, the education for especially social and health sector experts so they would be able to enter into the same discussion with other partners in environmental impact assessment.

But what emerged first of all, was the co-operation between social and health sectors in Finland, especially on local level social and health impact assessment. This was the matter that was most often brought up; co-operation. One important part of this cooperation is the creation of a common language, so that all parties could understand and communicate about projects. And active co-operation and a common language might even have use outside the assessment context. The issue of locality also emerged. Those interviewed saw that local social and health field experts have the best knowledge of local matters of their own region. This expertise should be utilized more efficiently when doing social and health impact assessment in Finland. Those interviewed also hoped that social and health impacts could one day be grouped under the single heading of human impact assessment.

Perceived health is not easy to take into account in environmental impact assessment. It is not even easy to say what kind of impact type perceived health is: social or health impact. To me, this was a very interesting conclusion – maybe there is no point at all in separating social and health impacts. Perhaps it could be possible to have – as my interviewees suggested – only one impact type, human impact assessment – which would cover all social and health impacts, including my gray research zone, perceived health. I believe that if this were the case, the World Health Organization ideal of total psychological, social and physical well-being of people would be easier to reach in impact assessment.