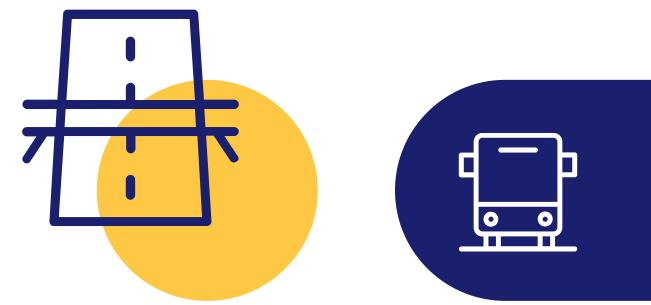
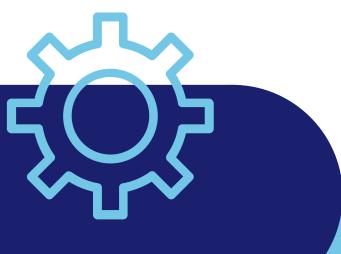


Transport Infrastructure Ireland **Population and Human Health Assessment of Proposed National Roads – Standard** PE-ENV-01108



16 - 18 June 2025





- Content

1. Overview of the Population & Human Health (P&HH) Standard

2.P&HH Assessment through the TII PMG Project Phases

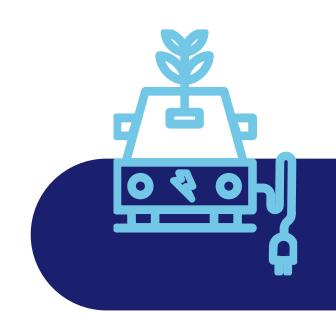
3. Future Updates



Standards







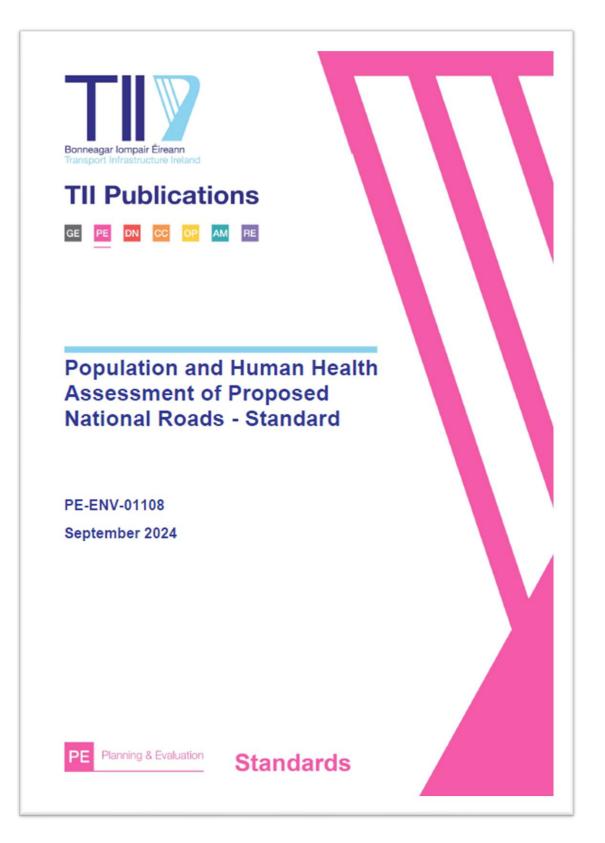
Overview of the Standard - Population and Human Health







- Production and Publication



The Population & Human Health Standard (PE-ENV-01108) was published in September 2024.

Preparation of the Standard included:

- Working with TII Environment, Strategic Transport Planning and specialist consultants (Noise, Air) teams.
- Peer review by and workshops with Population and Health Impact Assessment specialists.
- Developing to reflect the revised TII Project Appraisal Guidelines (PAG).

External consultation on the Standard included:

- Institute of Public Health
- National Office for Public Health
- Health Service Executive



- Purpose of the P&HH standard (as set out in PE-ENV-01108)

- Provision of evidence-based information on PHH effects to decision makers during options selection and project determination, in accordance with the TII Project Management Guidelines (PMGs) and Project Appraisal Guidelines (PAGs).
- Robust and proportionate assessment of PHH effects resulting from proposed national road projects (national roads, motorway service areas, toll schemes, and any associated infrastructure) in accordance with the PMGs/PAGs and, where relevant, the EIA Directive.
- Incorporation of appropriate mitigation and enhancement measures to avoid or reduce significant adverse effects and, where possible, improve PHH outcomes.
- Input to and production of documents and deliverables to meet the requirements of the TII PMGs/PAGs, EIA Directive and other relevant legislation, guidelines and standards.

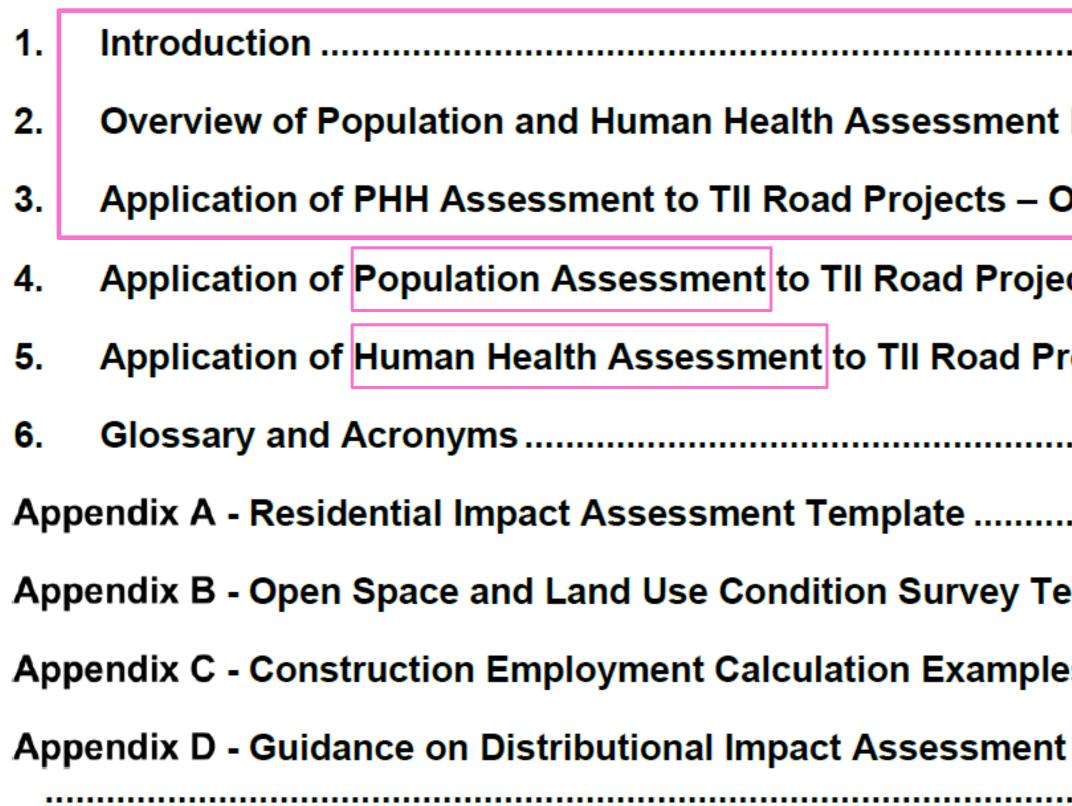








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- Implementation of the Standard

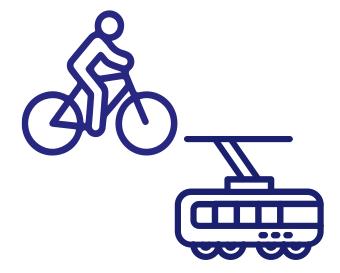
Full details of the standard implementation are set out in **PE-ENV-01108**.

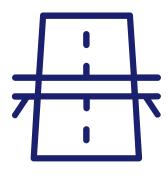
The Standard is to be used in the planning, design and construction of **national** road projects that:

- Require approval under Section 51 of the Roads Act, 1993, as amended (proposed national road development subject to EIA Environmental Impact Assessment).
- Require approval under Section 177AE of the Planning and Development Act, 2000, as amended (certain local authority development subject to Appropriate) Assessment).
- Are subject to Part 8 of the Planning and Development Regulations, 2001, as amended (known as the 'Part 8' procedure).

The Standard may also be used as a guide in the consideration of P&HH effects of other types of project such as active travel routes and greenways.







Requirements of the Competent P&HH Practitioner(s)



- EIA Directive states 'the developer shall ensure that the EIAR is prepared by **competent experts**'
- It is the **responsibility of the developer** to ensure, to the satisfaction of the consenting authority, that the practitioners who undertake assessments are expert, qualified and competent.
- Some requirements and examples of competency for both Population and Human Health are provided in **PE-ENV-**01108.



complexity, etc., of the project in question

Examples

Requirements of the Competent PHH Assessment Practitioner 1.6

Directive 2011/92/EU, as amended by Directive 2014/52/EU, states that 'Experts involved in the preparation of environmental impact assessment reports should be qualified and competent.' Article 5(3)(a) of the amended EIA Directive states 'the developer shall ensure that the environmental impact assessment report is prepared by competent experts'. Competent expertise is not defined in the Directive.

It is the responsibility of developers to ensure, to the satisfaction of the consenting authority, that the practitioners who undertake assessments are expert, qualified and competent. This SD (PE-ENV-01108) requires that PHH assessments are carried by suitably gualified and competent practitioners with previous experience in this field. The assessment may be undertaken by a single PHH practitioner competent in both disciplines, or by separate practitioners. Judgements on the qualifications and experience needed shall be taken on a case-by-case basis, taking into account the nature, scale and complexity of the project. Information shall be presented to decision makers to demonstrate the competence of the practitioner(s) leading the PHH assessment.

The Institute of Environmental Monitoring and Assessment (IEMA) has published a Competency Statement for those involved in human health assessment, Competent Expert for Health Impact Assessment including Health in Environmental Assessments - May 2024. This sets out a framework of competency for various health assessment roles including Topic Lead and Contributor covering qualifications, professional membership and experience. This document states that 'Guide criteria' indicative of competency, which are not a formal text, per are they the only way competence can be

established. They should not a Evidence of

ompetency While the legal requirement for Population assessment practitioner Health assessment practitioner requiring EIA, practitioners inv Project must demonstrate that Academic Honours degree (National Framework of Honours degree (National Framework of recommended that the PHH Pra Qualifications (NEQ) Level 8 or equivalent qualifications Qualifications (NEQ) Level 8 or of the PHH assessment in resp equivalent level); and/or Master's level); and/or Master's degree (NFQ Level degree (NFQ Level 9 or equivalent 9 or equivalent level), in a relevant Honours degre level), in a relevant discipline such as: discipline such as: level)) in a rele Environmental sciences Public health medicine An appropriate human health a Social sciences Biomedical and biological sciences complexity of th Planning Environmental sciences It is also recommended that the Human geography Human geography Qualifications. Professional Chartered Status or membership of a Chartered Status or membership of a relevant discipl associations professional body that represents professional body that represents, among Chartered stati environmental and social assessment others, HIA professionals. May include: professionals May include: Judgements on competence sh Institute of Environmental the guidance provided in Table Institute of Environmental Management and Impact Assessment Management and Impact (IEMA)Assessment (IEMA) Faculty of Public Health Medicine of Institute of Environmental Science Ireland, Royal College of Physicians of Ireland (FPHMI RCPI) (IES) Chartered Institute of Environmental Health (CIEH) Professional Provide evidence of 5 or more years' Provide evidence of 5 or more years' relevant post-graduate professional relevant post-graduate professional experience experience, such as: experience, such as: Undertaking population, community Undertaking health assessments for and/or socio-economic assessments infrastructure and/or urban for infrastructure and/or urban development projects. development projects. Public health, including roles/ Planning, including roles/ responsibilities relating to wider responsibilities relating to healthy determinants of health and healthy design and placemaking, active placemaking travel or other relevant discipline Planning, including roles/ It is important to note that the minimum responsibilities relating to healthy number of years' experience may design and placemaking, active travel change (upwards or downwards) or other relevant discipline. depending on the project phase, size, It is important to note that the minimum nature, complexity, etc., of the project in number of years' experience may change auestion (upwards or downwards) depending on the project phase, size, nature,

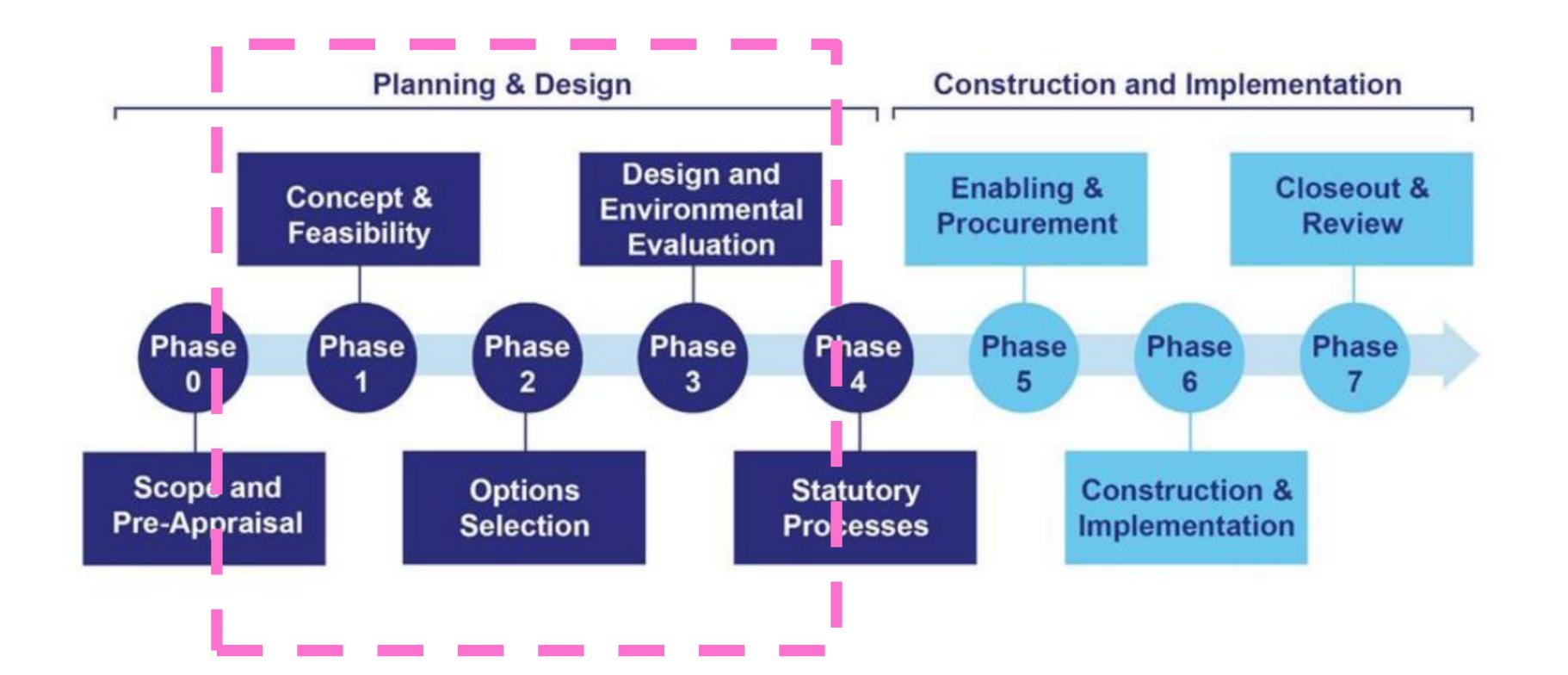


P&HH Assessment through the TII PMG Project Phases





- P&HH Assessment Standard applies primarily to PMG Phases 1-4



PMG Phases 1-4 (Figure 3.1)



- PMG Phases 0-1

- Introduction 1.
- **Overview of Population and** 2.
- Application of PHH Assess 3.
- Application of Population A 4.
- Application of Human Heal 5.
- Glossary and Acronyms 6.

Phase 0: Scope & Pre Appraisal

- No specialist P&HH input.
- Some guidance provided for the Project Manager in terms of PHH.

Phase 1: Concept and Feasibility

- Specialist <u>P&HH input maybe</u> required.
- Define preliminary **Zone of Influence**.
- Collate and analyse health and social baseline data.
- Identify (and map) key constraints such as residential areas.
- Identify risks and opportunities.
- Review plans, programmes and policies relating to PHH.
- As required input to the identification of Strategic Options.
- Prepare inputs to the **Feasibility Report**.

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- **PMG Phase 2: Options Appraisal** (adaption of Figure 3.2)

Objectives at Phase 2:

- Specialist P&HH input is required.
- Ensure that P&HH effects are considered in the options appraisal process.
- Focus on optimising P&HH outcomes through the selection of the preferred option.
- Focus on reducing health and social inequalities (see Appendix D of the standard).
- Undertake gap analysis of other MCA criteria to avoid double counting.
- Prepare PHH inputs to the Options Report



Preliminary Options Assessment

Project Appraisal Matrix

Preferred Option



- PMG Phase 3: Stages of the assessment process

- Specialist P&HH input is required.
- A number of steps are involved in the assessment process as illustrated in Figure 3.3 of the standard.
- Standard also provides guidance on stakeholder engagement.
- Prepare PHH inputs to the Phase 3 deliverables/reporting e.g. EIAR.





Assessing likely significant effects of the

Incorporating enhancement and mitigation

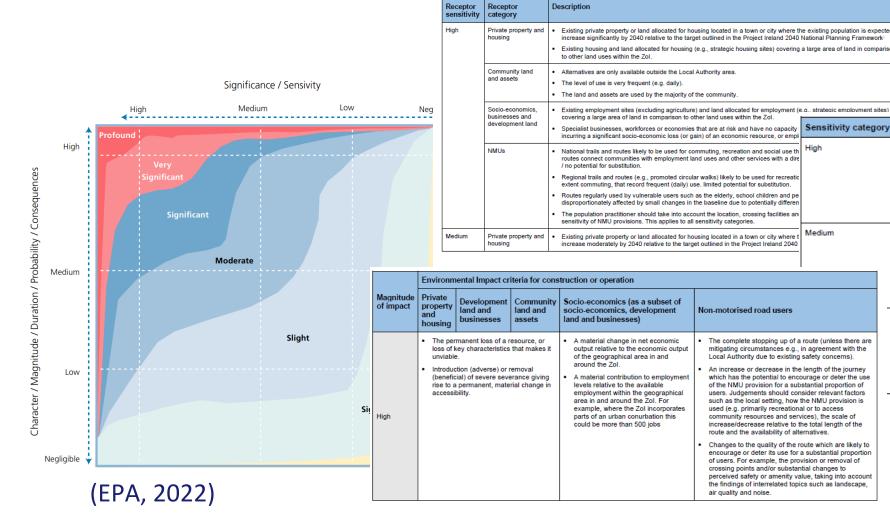
Identifying the approach to monitoring and

Stakeholder Engagement



- PMG Phase 3: Assessment of the Proposed Project

- Assessment based on sensitivity of receptors and magnitude of impact in line with EPA Guidance.
- Standard provides specific magnitude and sensitivity criteria for Population assessment.
- Guidance on application of IEMA magnitude and sensitivity criteria for human health.



(see Figure 3.4, Table 4.9, Table 4.10, Table 5.12, Table 5.13)





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on	

Indicative criteria

ligh levels of deprivation (including pockets of deprivation); reliance on a resource shared between the population and the project, existing wide inequalities between the most and least healthy; high levels of anxiety or concern (about project impacts) within the community; high proportion of people within community have disabilities preventing them from participating in daily activities; high proportion of dependents within the community equiring a lot of care; people with very poor health status; and/or people with very low capacity to adapt to changes in health determinants

Moderate levels of deprivation; few alternatives to a resource shared between the population and the project, existing widening inequalities between the most and least healthy: moderate levels of anxiety or concer (about project impacts) within the community; moderate proportion of people within community have disabilities limiting (but not preventing) daily activities moderate pr

care; people adapt to cha			
	Magnitude category	Indicative criteria	
Low levels o the populatic most and lez impacts) with have disabili dependents health status determinant	High	High exposure or scale, permanent or long-term duration; continuous event; severity of impact related to changes in morbidity (physical or mental health) for very severe illness/injury outcomes; majority of the population affected; substantial changes to service quality that impacts health outcomes	
		Medium	Medium exposure or scale; medium-term duration, frequent event; severity of impact related to moderate change in quality of life; large minority of the population affected, moderate changes to service quality that impacts health outcomes
		Low	Low exposure or scale; short-term duration, occasional event; severity of impact related to limited change in quality of life; small minority of the population affected, limited changes to service quality that impacts health outcomes
		Negligible	Negligible exposure or scale; very short-term duration, one off frequency event; severity of impact related to negligible change in quality of life; very few people affected, no changes to service quality that impacts health outcomes

- PMG Phase 3: Population Assessment Potential Impacts (Figure 2.2)





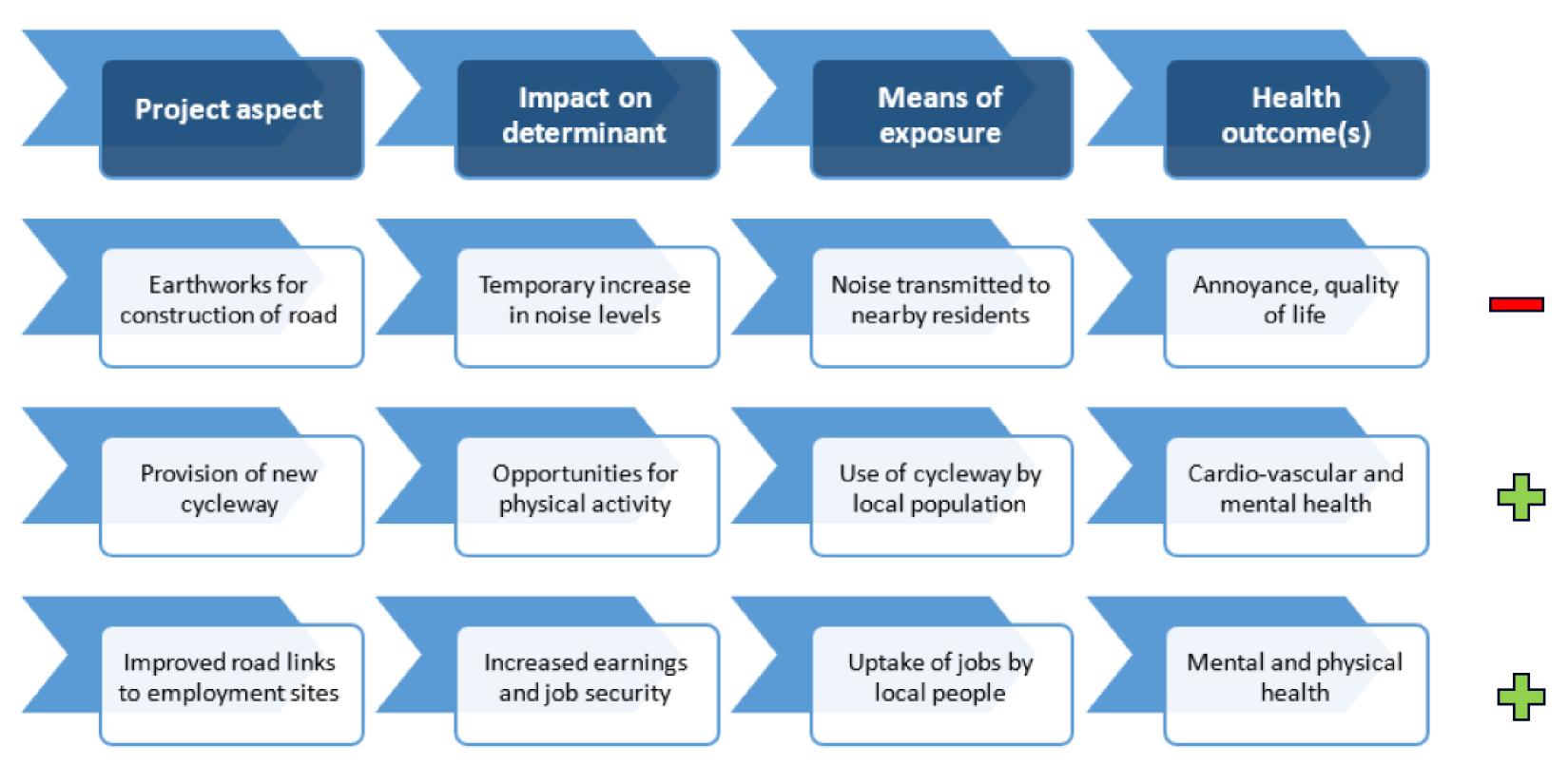


Changes in journey length, amenity value, accessibility and/or severance of facilities for NMUs



Impacts on businesses and development land from land take, changes in amenity value, changes to accessibility and/or severance

- PMG Phase 3: Human Health Assessment Potential Impact Pathways (Figure 2.5)





- PMG Phase 4 & Phases 5-7

- Specialist <u>P&HH input maybe</u> required.
- Standard provides requirements/guidance in relation to Phase 4-7.
- High level in nature and contained within Section 3.4 & 3.5.

- 1. Introduction
- 2. Overview of Popula
- Application of PHH 3.
- Application of Popu 4.
- Application of Hum 5.
- Glossary and Acror 6.

Phase 4: Statutory Process 3.4

At Phase 4, statutory and non-statutory stakeholders can provide submission This SD (PE-ENV-01108) is not applicable to Phases 5 to 7. objections to the proposed project, which must be considered by the consenprocess is applicable to EIA and non-EIA projects. The purpose of the statutory p Inputs from PHH practitioner(s) may be undertaken at the request of the Project Manager during that the proposed project is developed in accordance with planning and enviror Phase 5 to 7. These may include activities such as those listed in Table 3.1 below This SD does not set out detailed requirements and guidance for Phase 4. Howe PHH practitioner at Phase 4 is outlined below.

During the statutory process, the PHH practitioner(s) shall respond to third part participate in oral hearing(s) as required by the statutory processes. PHH-related are likely to include:

- submissions to the consenting process.

- submissions, etc.
- Taking part in oral hearing preparation meetings.
- Preparing a PHH Statement of Evidence.
- for the consenting authority.

Depending on the outcome of the statutory process, additional mitigation measure consent may need to be incorporated into the design and schedule of mitigation c may require input from PHH specialists.

For oral hearings, a brief of evidence may be required. Typically, this will include

- Section 1.6.

- referencing the EIAR where possible.

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Phases 5 to 7: Enabling and Procurement, Construction and 3.5 Implementation, Closeout and Review

Reviewing and drafting responses, where warranted, to PHH issu

 Reviewing and drafting responses to any requests for further PHI information issued by the consenting authority.

Reviewing and updating, where necessary, aspects of the PHH a

 Drafting a PHH Statement of Evidence, where a public oral hearing relation to PHH aspects including the assessment findings and re

 Presenting the Statement of Evidence at the public oral hearing a any questions on PHH aspects direct from the public, other bodie

 Reviewing and reporting on any PHH aspects addressed in the dependence of the second se consenting authority (and Planning Inspector's report).

A high-level summary of the key findings of the assessment, referencing the Linux.

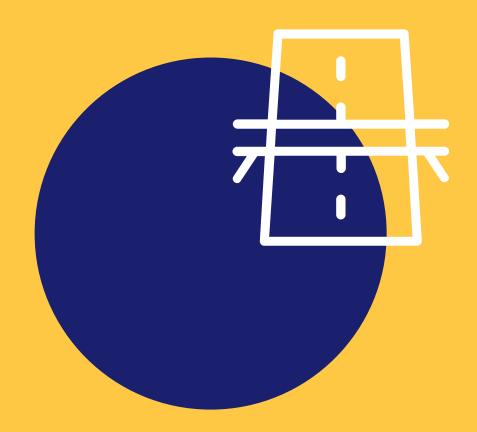
· Responses to third party submissions, addressed by topic or location and

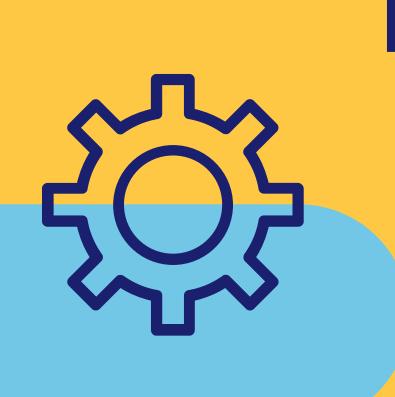
Errata, including details of any errors or omissions identified within the original EIAR

Phases 5 to 7 comprise the appointment of contractors, the construction and implementation of the project in accordance with the design, specification, relevant standards and legislation, closeout of outstanding actions and post-project review. Implementation and monitoring of committed environmental and social mitigation and enhancement measures are undertaken during these Phases.

Phase	Potential PHH inputs
Phase 5: Enabling and Procurement	In the case of a significant time lag during the statutory process, it may be necessary to update aspects of the Phase 3 PHH assessment.
	A review of the consenting authority's decision, including any conditions and schedule of commitments, may be necessary to identify PHH requirements and further develop PHH mitigation.
Phase 6: Construction and Implementation	A review of the procedures in place for delivering committed mitigation, enhancement and monitoring, to ensure it is consistent with the PHH commitments made at Phase 3.
	A review of the results of PHH monitoring and recommendations to address any issues identified.
Phase 7: Closeout and Review	At the completion of any major project, it is a requirement of the TII PMG that a post project review be carried out. This may include 'lessons learned' for the PHH aspects, such as:
	 Did the PHH mitigation and enhancement measures deliver the required outcomes set out in the EIAR?
	 Were there any unexpected PHH issues / outcomes that were not identified in the EIAR?
	Are there conclusions or lessons learned that are applicable to other projects or associated TII policies and guidelines in relation to PHH?

Where PHH mitigation measures include actions to be taken during Phase 6, Construction and Background of assessor, including role and description of compet Implementation, these should be secured through planning conditions or other mechanisms. Where monitoring of PHH impacts is proposed, the requirements for reviewing the results should be agreed with the Project Manager at Phase 3 and guidance on potential remedial action should be provided. A high-level overview of the assessment process, referencing the Inputs by the PHH practitioner(s) at Phase 6 should be agreed with the Project Manager at Phase 3.







Next Steps-Future Updates



- Future Updates

- To address some identified minor update needs.
- To align with the updated Air Quality Standard: PE-ENV-01107(due later in 2025).
- To align with new Noise standard (due later in 2025).
- Some restructuring to increase consistency across the suite of environmental standards.
- Update are due in late 2025.



Thank you















