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Executive summary

Health Council of the Netherlands



Living environment and health

The living environment can help promote public health. For instance, the environment we live in can encourage physical activities such as cycling, walking and playing outdoors, and the presence of greenery and water helps people relax and reduces heat stress during excessively warm periods. However, people can also become ill due to their living environment, for example, as a result of exposure to air pollution, noise pollution and odour nuisance. This does not affect everyone to the same degree. In some regions, such as large cities or heavily industrialised areas, exposure to harmful environmental factors is higher than average.

With the imminent introduction of the Dutch Environment and Planning Act, the advisory report of the Committee for Identification of Environmental and Health Issues, part of the Health Council of the Netherlands, draws attention to the protection and promotion of health in environment policy and identifies opportunities for achieving health benefits.

Health in competition with other environmental policy objectives

There are numerous health benefits to be obtained by designing the living environment so as to reduce exposure to harmful factors and improve public health. This is primarily a task for the government. However, the government's environmental policy must also ensure, for example, the reduction of carbon and nitrogen emissions, a transition to sustainable energy sources, the sustainable development of rural areas, greater mobility and more housing.

The policy choices made by the government to address these and other challenges facing the living environment in the coming decades are set out in the 2020 National Strategy on Spatial

Planning and the Environment (NOVI) and its further elaboration in the 2021 National Environmental Policy Plan (NMK). But these policy documents contain few concrete goals or measures explicitly aimed at achieving health benefits. Moreover, they do not take into account the fact that the other tasks relating to the living environment may directly or indirectly affect people's health. As a result, the pursuit of health benefits is in danger of falling by the wayside because concrete national targets have been defined for most of the other tasks but not in the area of health.

According to the committee, the low priority given to health in the environmental policy will lead to the underutilisation of opportunities for achieving health benefits.

The committee believes that a stronger anchoring of health issues in the environmental





policy requires a stronger role from the national government. This will require both a more committed approach to the goals and standards laid down in legislation and reinforcing and supporting local planning and decision-making.

Steering policy with a greater focus on health benefits

Many of the standards for exposure to environmental factors have lost sight of the objective of protecting health. Damage to health cannot simply be prevented by ensuring that exposure levels remain below the standard. Virtually all of the known disease burden due to environmental factors is the result of exposure to concentrations below the standard. In many cases, exposure standards are not or at least not solely based on health considerations but also, for example, on social, economic and ecological considerations. The committee advocates that when the government defines exposure standards, it should always make clear what the standard is based on. If a healthbased recommended exposure limit has been

based on environmental factors, this should always be clearly stated.

The government must try to anchor the aim of a healthy living environment more firmly in the environmental policy by setting concrete intermediate and final targets, entering into obligations of results for these targets, and monitoring the progress towards the targets. For example, an intermediate target has been set for reducing air pollution, but an obligation of result is still lacking. The intermediate and final targets can subsequently be translated to the level of provinces and municipalities, and from there to the neighbourhood level.

Once goals have been translated into concrete final and intermediate targets for the regions and associated obligations of results, focused measures can be implemented. A great deal is already being done in this area, but there is room to achieve more. This involves both general and location-specific measures, where the latter must focus on addressing exposure at

the source. To better identify and reduce the risks caused by emissions and discharge of harmful substances by companies, the reporting obligation will have to be expanded and the process for granting permits made more stringent.

Taking health into consideration in local planning and decision-making

Under the Environment and Planning Act, local or regional authorities will be assigned a greater responsibility to ensure that they take health into consideration in their environmental policies. According to the committee, the national government's role would be to support the local or regional authorities in this process with an framework for risk governance, which is yet to be developed. On the basis of this framework, health can be considered more explicitly and on an equal footing with the other tasks relating the living environment in the planning and decision-making process in accordance within the preconditions of the established health goals.





The national government can also assist in gathering the knowledge and information needed as inputs for applying the assessment framework. If this knowledge is not yet available, the government can encourage the necessary research in these areas. For example, very little research has been done so far on promoting health by adapting the living environment. In addition, we need an overview to precisely identify the areas in which health risks due to exposure occur and the best opportunities for the promotion of health.

With more concrete targets and an framework for risk governance for local administrators, the government can ensure that the protection and promotion of health are more firmly anchored in the environmental policy system. This will reduce the risk of that the 'soft' value of health loses out to the other tasks relating to the living environment that are based on hard quantitative targets.

The committee recommends that the national government develop a framework for risk governace integrating health considerations in the environmental policy. A multidisciplinary group of experts and administrators could work on developing this framework. Locally developed frameworks for risk governance can serve as building blocks, as can certain elements from the Health Council's earlier advisory report *Taking Health into Consideration in the Environmental Policy (Meewegen van gezondheid in omgevingsbeleid*).

The committee recommends investigating whether a tool such as key performance indicators (KPIs) would also be useful for linking the measures to the achievement of specific targets and for monitoring progress. According to the committee's advice, health should be made an integral part of the planning and decision-making on matters relating to the living environment. It believes that such an approach is justified in view of the relatively high environment-related disease burden, the uneven distribution of that disease burden and

the general social importance of reducing the disease burden and promoting health.





The Health Council of the Netherlands, established in 1902, is an independent scientific advisory body. Its remit is "to advise the government and Parliament on the current level of knowledge with respect to public health issues and health (services) research..." (Section 22, Health Act).

The Health Council receives most requests for advice from the Ministers of Health, Welfare and Sport, Infrastructure and Water Management, Social Affairs and Employment, and Agriculture, Nature and Food Quality. The Council can publish advisory reports on its own initiative. It usually does this in order to ask attention for developments or trends that are thought to be relevant to government policy.

Most Health Council reports are prepared by multidisciplinary committees of Dutch or, sometimes, foreign experts, appointed in a personal capacity. The reports are available to the public.

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