

RE: Request for Comments on Draft Report: Children's Health and the Environment in North America: A First Report on Available Indicators and Measures / Invitation à formuler des commentaires sur l'ébauche du rapport "La santé des enfants et l'environnement"

Our staff have the following comments on the Indicator's Draft Report:

- This draft report appears to present a good first step to provide a set of indicators of children's health and the environment, and in this regard, is commendable.
- On the question of asthma and respiratory disease – outdoor air pollution, the current indicator of percentage of children living in areas where air pollution levels exceed relevant air quality standards needs to be clearly defined. The relevant air quality standards in Canada, U.S.A. and Mexico are not the same. Exceedances of ground-level ozone, inhalable (PM₁₀) and respirable particulate matter (PM_{2.5}) are not based on the same standards in the three respective countries. Moreover, the standards are often not directly based on current health effects. It is therefore difficult to get a proper common perspective from the information provided.
- Future work on outdoor air indicators that are not standard-based is obviously required to better reflect current health science that some pollutants have no threshold and as well, to address the question of the combined effects of air pollutants.
- It is acknowledged in the report that the inventory data do not provide information on exposures or related health risks (which include children's exposures & risks). Select inventory data in this Indicators report is already addressed in the Taking Stock Report and thus may be repetitive. These (emission inventory) indicators seem to be outside the scope of the Children's Health Report. Keeping these indicators in the report could contribute to mixed-messaging that industrial releases are directly related to health impacts. Further study is needed.
- In the absence of information, caution should be used for alternative or "proxy" data presented. For example, Canada is unable to present child-specific data for the percentage of children without access to treated water, but presents data on the percentage of the general population not connected to public water distribution systems, for the period 1991 to 1999. (p.19) This seems to lead one to believe that children drinking water from sources other than public water distribution systems are at a high risk - are they?

Should you have any questions or require clarification, please let us know.

Regards,
Christina Cheng on behalf of Ed Piché