



## **Session 03-08 of the Expert Advisory Board on Children's Health and Environment in North America**

**23–24 November 2003  
Montreal, Quebec, Canada**

### **MEETING REPORT**

#### **Introduction**

On 23–24 November 2003, the Expert Advisory Board (EAB or “the Board”) on Children’s Health and Environment of the Commission on Environmental Cooperation of North America (CEC) met in Montreal, Canada. The primary objectives of the meeting were: addressing effectiveness of the Board, designing a role for it in the upcoming review of the Cooperative Agenda on Children’s Health and the Environment, adopting the *Framework for Action in North America on Healthcare Professional Training in Children’s Environmental Health*, developing a work plan for the remaining 10 months of the Board’s mandate, and solidifying collaboration with the Trilateral Children’s Health and Environment Team (CHE Team). Members of that body and other CEC Secretariat staff were also invited to participate in the meeting, which opened with introductory remarks by the CEC executive director, Dr. William Kennedy.

#### **Results**

The objectives of the November, Montreal meeting were largely met, even given a constrained timeframe in which to discuss a multifaceted agenda. Key results of the meeting were:

- The Board, with input from representatives of the Children’s Health and Environment Team, will provide input into a “request for proposals,” soon to be published, in order to hire a contractor for the Cooperative Agenda review. It was also agreed that the Board will cooperate with the review throughout its process, and will be able to highlight important issues that may fall outside an internal, government-backed review.
- The agreement to advance efforts surrounding the need to train healthcare professionals on children’s health and the environment, specifically through addressing the needs posed in the area of childhood asthma.
- The Board determined elements of its work plan through September 2004.
- The Board and CHE Team gained an increased understanding of each other’s roles and opportunities for further collaboration to maximize the effectiveness of EAB advice.
- The CEC Secretariat highlighted many opportunities for Board input and collaboration to further integrate children’s health and environment concerns into the ongoing programming and operation of the CEC.

## Background and Details

### Budget and planning

An initial presentation on the 2004 CEC budget was given by Executive Director Kennedy, who mentioned the particular importance that children's health and the environment programming held for the Parties, even given the serious budget crisis facing the trinational organization. While the level of funding has not changed for the CEC, the relative strength of the Canadian to the US dollar has effected a 22 percent reduction in the CEC's 2004 budget, which the Secretariat is currently revising.

Mr. Doug Wright, director of programs, presented the CEC Operational Plan to the Board. He identified overarching goals, specific objectives and strategies, and highlighted areas that were notably strengthened by the children's health and the environment program. In particular, Goal 1 (To foster understanding of the state of our environment, and its relation to the economy and trade in North America) and Goal 3 (To mobilize international cooperation to resolve critical North American environmental issues) were strengthened by programs and activities that concentrated on children's health and the environment.

### Program Updates

Mr. Victor Shantora, head, Pollutants and Health, presented an overview of that program, with the purpose of offering opportunities for integrating activities pertaining to children's health and the environment into its ongoing operations. He discussed the four key areas of work under the program: Air Quality, Children's Health and the Environment, Pollution Release and Transfer Register, and Sound Management of Chemicals (SMOC). Mr. Shantora shared an impressive list of accomplishments by the program, one of the oldest managed by the CEC. He highlighted the goal of developing partnerships with other organizations, such as the World Bank and the Pan American Health Organization. He also suggested a focus throughout activities of the SMOC program on children's health and the environment. He also suggested that a decision document on lead should incorporate children and requested a Board role. A World Bank human blood monitoring project involved children and there would be a role for the Board to participate in an upcoming meeting in February regarding this project. A lindane public workshop will be held in Anchorage in February 2004, and the EAB has been invited to send a representative. Finally, the environmental monitoring and assessment task force will hold a January meeting and EAB participation is requested to introduce a human health perspective, particularly regarding children. The Board sought additional information on these opportunities for contribution and will follow up with Mr. Shantora if they can participate in any of the projects or meetings.

Dr. Paul Miller, program manager, Air Quality, made a presentation on CEC air activities and offered opportunities to link with children's environmental health goals, particularly through the monitoring and assessment activities that support the forward-looking components of the air program. The forward-looking assessments of strategically chosen, emerging air quality issues could lead to reductions in emissions and benefits to public health, including children's health. He also mentioned an opportunity for the EAB to review the draft long-term strategic framework for CEC air activities prepared by the CEC North American Air Working Group, soon to come out for public comment. The Air Working Group is composed of three senior federal government officials responsible for air quality policy in each country. Dr. Miller discussed the CEC working paper, *Health Impacts of Air Pollution on Morbidity and Mortality among Children of Ciudad Juárez, Chihuahua, Mexico* (see [http://www.cec.org/pubs\\_docs/documents/index.cfm?varlan=english&ID=1347](http://www.cec.org/pubs_docs/documents/index.cfm?varlan=english&ID=1347)). A significant research paper on common methodologies for assessing population exposure to vehicle exhaust pollution along major traffic corridors will be available soon as well, and Dr. Miller asked for EAB comment on it.

### CHE Team Updates

Ms. Annie Bérubé, of Environment Canada, presented an update on the children's health and environment program on behalf of the CHE Team. She discussed the first report of children's environmental health indicators, to be published in 2004, and directed by a 2003 Council decision. The CHE Team is looking to publish a report by October 2004. Ms. Martha Berger, of the United States, emphasized the importance of the indicators project, stating that the CEC has been viewed as a world leader in children's environmental health indicators from the time actions in this area were called for by world leaders at the 2002 World Summit on Sustainable Development. Through the CEC, North America is expected to be the first region to look at children's health and environment indicators and its approach will likely be held up as a resource and model for regions around the world.

Ms. Bérubé continued with a note regarding the work on asthma surveillance and mentioned the workshop of 24 November 2003. All three countries were sending experts to this workshop and the CHE Team expected recommendations to help form an action agenda.

In 2004, the CHE Team will proceed with its project, Lead in Consumer Products. A report will be developed outlining the exposures of children to lead in consumer products in each of the three countries. The initial step is to develop a request for proposals for a consultant to write this work. Following the report, the workshop will be organized in 2005 to bring together concerned parties to address the issue of children's exposure to lead in consumer products and to bring about policy action to reduce these exposures. The Board noted the timeliness of the 2005 workshop, coinciding with the 100<sup>th</sup> anniversary of published findings demonstrating that lead adversely affects health. The CHE Team intends to link this activity with other CEC programs—for example, the discussion around developing a North American Regional Action Plan on lead through its SMOC program.

The CHE Team, in collaboration with the EAB, has participated in initial meetings of the US National Children's Study of Environmental Effects on Child Health and Development. This is a US study that aims to track 100,000 children and examine health outcomes related to certain environmental exposures. The hypotheses for the various study arms are currently being developed by working groups. An international committee was established following the expression of interest by the CEC to collaborate on a trilateral level and bring Canada and Mexico into the study. Interest arose from other countries and organizations that are working together on this international committee. However, due to budgetary constraints, the CEC will not participate in the next Study Assembly meeting in December. While Health Canada will send a representative, there is no Mexican representation.

Ms. Bérubé stressed the importance of risk assessment to the action agenda on children's health and the environment, as a follow up to last February's public workshop in Oaxaca, Mexico. That workshop resulted in recommendations being formulated for sharing methodologies to incorporate children and increasing the capacities of risk assessors. Risk assessment may be removed from the 2004 budget.

Ms. Bérubé also mentioned the ongoing activity of economic valuation of children's health outcomes. A consultant had prepared a draft report on this but that the work had been challenging, particularly in assigning a monetary value to children's health. She pointed out the need for more or better epidemiological data to underpin this effort and emphasized that the report was still in draft form, pending discussion and a decision as to its future. The CHE Team recommended that work not continue in this area.

Ms. Bérubé said that the CEC program on children had influenced other environment and health programs in Canada, leading to government investments in children's health and environment in the

country, for example, in the areas of information/indicators and lead. She maintained that the CEC work was important in advancing trilateral and domestic agendas on children's health and the environment.

#### CHE Cooperative Agenda Review

Ms. Berger provided a briefing on the CHE Team's plans for a biennial review of the cooperative agenda, including recommended content and priorities. A discussion ensued, with board members and CHE team members discussing the approach and scope of the review, including its usefulness, expectations, areas of concern and potential key points. Ms. Berger presented this as a government product that will be put out for public comment. Input will also be sought from the Joint Public Advisory Committee and the EAB. She suggested that the EAB provide advice on design at the beginning, review and comments on the first draft, and then a final review and comments. She wanted the review to be a short, strategic document, and suggested a length of 15 to 20 pages. Ms. Berger wanted to send formal questions from the team to the EAB in order to get a first response that would guide the work and help determine whom to hire as a contractor. She thought the EAB could help develop terms of reference and requested the Board's advice on how to go about this. EAB members stated their interest in being able to highlight important issues around the themes of this report. They wanted to make sure that equity issues were encompassed by the report and that it relayed the fact that children's environmental health was not designed around a single model national or trilateral child. They discussed their role as scientific expert advisors and about what they could advise through this process. Were they limited to the current priorities of the agenda? Could they bring up relevant issues that governments have not addressed? Would this be useful? Government representatives indicated that this role and type of input would be useful. Ms. Berger suggested that the next step for the CHE Team was to request advice from EAB on elements of a "request for proposals." The Secretariat would facilitate this work.

#### Healthcare Professional Training and Education

On November 24, the meeting continued with an initial presentation by Ms. Martha Shimkin, consultant to the CEC, on the *Framework for North American Action on Healthcare Professionals Training in Children's Health and the Environment*. Dr. Buka initiated the presentation with a review of its background, that the Council had incorporated healthcare professional training in the Cooperative Agenda and directed the EAB to look at this topic. A meeting in February 2003 in Alexandria, Virginia, featured a background paper on this topic along with several experts invited to discuss it. Dr. Buka emphasized that it has become clear that the lack of healthcare professional training resources makes it impossible to proceed with recommendations on children's health and environment. There are also inequalities between the countries. However, there are some programs and teaching modules that could be shared, creating opportunities for collaboration and interchange among the three countries to learn from each other and build capacity in training nurses, doctors and researchers. The CEC background paper, *Education and Training on Children's Health and the Environment for Healthcare Professionals: Status and Opportunities* (January 2003, available at [http://www.cec.org/pubs\\_docs/documents/index.cfm?varlan=english&ID=1026](http://www.cec.org/pubs_docs/documents/index.cfm?varlan=english&ID=1026)) highlights many of these efforts and offers hypertext links to access information resources, training manuals and articles.

After hearing an overview of the *Framework for North American Action*, the Board discussed potential options for implementation. Dr. Irma Rosas of Mexico suggested that the Board focus efforts on one of the priority areas of the cooperative agenda, such as asthma. This would give the EAB an opportunity to contribute to the ongoing priority project on asthma, highlight the Council's interest in healthcare professional training, offer a model and also make a project in and of itself, which could also lead to larger, longer lasting projects on this subject. A unified approach to asthma could yield a formal structure, offer online or other types of courses for healthcare professionals, and address various

aspects of health and environmental management. One possible role for the CEC would be to consolidate existing information on asthma. The country representatives were very supportive of the idea of exploring healthcare provider competency in the context of diagnosis, management and treatment of asthma. It was termed “brilliant” by the US—not expensive, fitting in with all the priorities, results-oriented, and easy to assess usefulness and effectiveness. There could be web-based information pages on asthma for children, parents, nurses, doctors, environmental specialists, school nurses and others. It was noted that there were already many good links. Goals could be set to reach risk assessors, researchers and epidemiologists so that the project could have a clinical as well as broad educational and risk assessment/research foci. The EAB effort could also support the exchange of experts from one country to another, through a speaker’s bureau, seminar/conference participation, appearances at pediatric conferences, or facilitating communication among researchers.

There was clearly excitement among Board members in the discussion, many of whom have been frustrated by budget constraints and lack of national priorities, to the possibility that healthcare professional training could bolster high-priority projects. This clearly links healthcare provider training and education to priorities already established by the three countries. It offers an activity that accesses the expertise of the board and may help to re-engage Mexico in the area of children’s health and environment by demonstrating clear results. It also converges with current strategic thinking at the CEC, focusing on results and endpoints. The following next steps were seen: 1) participate in the asthma workshop, 2) the Secretariat will draft a project proposal for healthcare professional training in the context of asthma, and 3) countries will consider this project as the 2004 budget is finalized. A turn-around project proposal is needed as the immediate first step.

#### EAB Work Plan

The EAB held a closed session after the discussion on healthcare professional training in order to devise a work plan for the next 10 months. Areas the Board agreed to work in included:

- Indicators – The EAB will continue to be represented by Dr. Buka. Dr. Osornio will provide issue expertise on air indicators.
- Advice to the CEC Pollution and Health program – There had been significant requests for advice from the Pollution and Health program. These include Dr. Buka participating in the public meeting of the Lindane Taskforce, in Anchorage, Alaska, on 12 February 2004; Dr. Rosas participating in the Human Health Sub-Group’s Capacity Building Workshop on Biomonitoring, in Cuernavaca, Mexico, on 19–20 February 2004; and Dr. Lanphear and Dr. Rivard participating in the NARAP on environmental monitoring and assessment meeting taking place in Montreal, Canada, on 15–16 January 2004.
- Air Quality Working Group – the Board will continue to be represented by Dr. Osornio.
- Biennial Review of the Cooperative Agenda – This review offered an opportunity to discuss the overall management of the children’s health and the environment initiative, giving the Board a chance to make suggestions and recommendations for future actions, including funding.
- Healthcare Professional Training – All had noted great interest in the healthcare professional training initiative. Dr. Buka urged the Board to seize the opportunity to move this effort forward by promoting the healthcare provider asthma initiative discussed previously.

As a means to accomplish this work, the Board agreed to continue with their monthly conference calls. There was a suggestion to develop subcommittees but this was not acted upon at the meeting.

#### **Adjournment**

The meeting adjourned on Monday, 24 November, at noon. Dr. Buka noted the excellent progress made by the Board and commented on the good sense of what its goals were for the next year. While a time had not yet been set up, another teleconference was expected in January 2004, and each month

thereafter through September. A teleconference between the Board and the CHE Team will take place every three months. It was noted that the Secretariat position supporting the Board would fall vacant in mid-December. Appreciation was expressed for the excellent work of Ms. Lorraine Brooke, acting program manager for children's health and the environment. Ms. Brooke was applauded as the meeting closed.