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Ms Erica Phipps  
Program Manager  
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Commission for Environmental Cooperation  
393 rue S.-Jacques Ouest, bureau 200  
Montreal, P.Q. H2Y 1N9

Dear Erica,

Thank you for the opportunity to comment on the CEC's draft Cooperative Agenda for Children's Health and the Environment in North America.

### **General Comments**

Overall, we at Toronto Public Health's Health Promotion and Environmental Protection Office see this document as an important foundation for fostering cooperative work that should raise the issue of CEH to higher priority on this continent. Through our own work (described below) we have great appreciation for the complexity of the issues surrounding children's health and the environment. In light of that complexity and inevitable constraints on resources, it is clear that any agenda will always represent only a sampling of the issues that can or should be addressed. We are pleased to see that this agenda is being described then as a "living document" which clearly allows for priorities to be re-assessed and modified as needed.

While acknowledging the need for the agenda to evolve with the issues, clearly the initiatives identified thus far do represent some critical and important priorities that are relevant to addressing CEH in each of the three member nations.

### **Specific Comments by Section**

#### ***1. Asthma and Respiratory Disease***

Given that air quality issues are a transboundary concern, and that research continues to link increasing incidence of asthma and respiratory disease to air quality, this element is well placed within the CEC Cooperative Agenda. In subsection 1.3 a common methodology for asthma surveillance will be important for establishing baseline information and for measuring progress in the future.

#### ***2. Effects of Lead***

Under subsection 2.2 we would support the CEC encouraging Canadian authorities to consider targeted screening for children's blood lead levels, given that recent research by Lanphear and colleagues (2000) indicates subclinical, yet important health effects from lead exposure that is well below the current BLL of concern. The most recent population data on children's BLLs in Canada are more than a decade old and while they indicate that average BLLs were generally low (around 3 micrograms/dL) and had declined from previous decades, the upper tail of the distribution identifies that there is still an important portion of the child population with unacceptable BLLs.

It is important as well to identify strategies aside from biomonitoring, which can further support and mitigate exposures, such as enhanced public awareness and physician education about the potential for lead exposure and, in high risk children (from older homes, low income homes) re-affirming the importance of adequate nutritional intake to reduce the impact of exposures.

### ***3. Effects of Exposure to Toxic Substances***

The two ongoing initiatives are certainly important areas for cooperative action. As well, the CEH component to the *Taking Stock* report will be a useful vehicle for acknowledging progress and successes in the long run.

In combination with the information that would stem from the initiative in subsection 5.3, this reporting may be a useful way to track improvements (or inadequate improvement) in the status of CEH in the member nations.

### ***4. Risk Assessment & Economic Valuation***

Harmonizing risk assessment approaches is clearly beneficial and a trilateral workshop would be worthwhile. Increasing transparency of the risk assessment process and creating greater opportunity for inclusive stakeholder and public input and access are additional issues that need to be addressed through this agenda.

Demonstration projects described in subsection 4.3 might be valuable exercises yielding useful data. Quantification of costs can serve as useful comparative guides however, there are usually large uncertainties in the results. Emphasis should be on examining ways to resolve competing priorities, without having economic valuation overriding other concerns.

Related to the point above, we would also encourage the incorporation of the precautionary principle when evaluating risks to children's health. There is need for cooperative work to operationalize this principle

### ***5. Knowledge Base***

All the activities described in this section are very important and will allow for improved understanding of CEH, for motivating further action, for tracking progress and for prioritizing issues in future versions of the agenda. Information needs factored very high among the priorities during regional consultations at the CICH/CEHN Global Forum last fall in Washington. Indicators should also go beyond health measures to incorporate some notion of long-term sustainability as clearly conditions of the environment are equally important to the future health of current cohorts of children. The report described in subsection 5.3 on the economic impacts of children's environmental illness is important and it seems that this information would be vital to informing the proposed demonstration projects in section 4.3.

### ***6. Public Information, Outreach, Education***

This is a vital area of activity that would also lay the groundwork for progress on the issue of CEH. The work described in subsection 6.2 represents a particularly key initiative. Not only are health professionals the conduit for information but they are also the most trusted source of information on environmental risks to health. Public health also plays a frontline role through prenatal and early postnatal education and health promotion. We are currently working with a consortium of partners (headed by the Ontario College of Family Physicians) on a proposed strategy to initiate a comprehensive environmental education program for health service providers here in the province of Ontario.

While the Agenda identifies some obvious activities that could easily and immediately broaden the dissemination of the existing information, it might also advocate for systemic changes in the training of health professionals to better incorporate appreciation and understanding of CEH in the long term.

## **Our potential contribution or involvement**

In our own office we have undertaken to address children's environmental health explicitly and in a systematic way over the past eighteen months. Initial work has focussed on identifying needs that can be addressed through the public health work of health promotion, public education and awareness building. To that end, we constructed a quantitative survey instrument and have recently conducted a public telephone survey to assess the knowledge, practices, beliefs and attitudes relating to children's environmental exposures among parents of children age 12 and under. Our key aims were to assess public awareness of the array of environmental threats to children's health, and to identify behaviours and practices that can increase a child's risk of adverse exposures. Our survey provides important baseline data and essential information in the planning and evaluation of public health strategies to address the issue of children's potential exposure to environmental contaminants here in Toronto.

This tool may be a useful model for other communities and health/environmental agencies with similar goals elsewhere. This is especially so given that there has been rather limited research of this kind in either Canada or the United States (and presumably Mexico).

We recently completed the first field run of our survey with a sample of about 450 respondents in Toronto. We would be happy to share our reports on this work and the survey tool itself as they become available in the near future.

Sincerely,

Monica Campbell

Manager, Health Promotion & Environmental Protection Office