

99-12

STATEMENT OF POLICY

Children's Environmental Health

Policy

The National Association of County and City Health Officials (NACCHO) supports national, state, and local environmental health policies, regulations, programs, and research that will protect children's health and prevent children from harmful exposures to toxic substances to ensure that all children live, learn, and play in safe and healthy environments.

NACCHO supports the following to promote safe and healthy environments for children:

- Dedicated federal, state, local, tribal, and private funding to promote increased collaboration among federal environment and health agencies, state and local health departments, and pre-kindergarten through twelfth grade (PK-12) school officials and programs, including child care, preschool, and Head Start, to ensure the provision of an environmentally safe and healthy early care and other learning environments, including home schools. Specific priorities include the following:
 - Assisting in the development of food safety programs with healthy food options.
 - Increasing tobacco-free environments in schools and at school events.¹
 - Developing a safe chemicals management system that includes the consideration of safe chemical alternatives instead of the use of hazardous chemicals in schools and classrooms.
 - Ensuring that any repairs that disturb paint are conducted in compliance with the Environmental Protection Agency (EPA) lead safe work practices requirements.
 - Collaborating with school districts to develop and implement school siting policies consistent with EPA federal guidelines on school siting that facilitate safe travel to school, consider proximity to children served, and aim to avoid schools built on or adjacent to lands with toxic contamination or other hazards such as air pollution and noise.
 - Using site design techniques to minimize exposure where it exists.
 - Promoting programs and school activities designed to increase physical education for school children.
 - Educating school children, teachers, staff, and parents about potential hazardous exposures.
- Dedicated federal, state, local, tribal, and private funding for the development of a new coordinated state, county, and city surveillance systems that can respond to, evaluate on site,



and track and report on children at risk to suspected exposures in PK-12 schools and in early learning environments. The systems should include an increased presence for pediatric environmental health experts, new healthcare provider protocols for uncovering or assessing school-based exposures, and specialized informational and related services for families of children at risk or with exposures.

- Dedicated federal, state, local, tribal, and private funding for research into environmental health risks to children and their exposures in schools.
- Dedicated federal, state, local, tribal, and private funding to facilitate increased collaboration between local health departments and their community partners on education programs to help caregivers create healthy home environments for children. NACCHO has a particular interest in supporting education programs about reducing exposure to environmental hazards.
- Federal, state, tribal, and private funding to support local health departments and community partners in promoting healthy neighborhoods, activities, and play environments for children, including access to parks, nature centers, and green spaces; safe routes for biking and walking; public transportation; and access to universal playgrounds designed to be accessible to all children (with and without disabilities).
- Collaboration among local health departments and community partners to use tools, such as Community Health Needs Assessments and Health Impact Assessments, to evaluate the impact of the community's built and natural environment on children's health.²
- The existing effort to develop a chemical prioritization process that will enhance the regulation of and reduce children's exposure to toxic chemicals found in many consumer products.
- Collaboration among local health departments and healthcare providers/payers to develop a supportive system that provides environmental interventions to ensure lead-safe housing, reduce asthma triggers in children's environments, and reduce return visits to emergency rooms or other healthcare centers.³
- Reforming the Toxic Substances Control Act (TSCA) to help protect the health of children from exposure to environmental hazards.
- Cross-sector collaborations that address solutions to these complex problems and explore the social determinants of health – such as economic status, educational opportunities, structural racism and neighborhood characteristics – in an effort to ensure that all children are living in environments that support health.⁴

Justification

Children are vulnerable to environmental threats. Pound-for-pound, children are exposed to more contaminants in the air, food, water, and physical environment than adults. Further, children are more susceptible than adults to environmental exposures because their physiological functions are relatively immature and their developing organs are more vulnerable to harm.⁵

Developing and supporting a chemical prioritization process that protects the health of children from exposure to environmental hazards is of the utmost importance. For example, developing safe chemicals management systems, such as integrated pest management

program⁶, in schools and classrooms will help prevent children from being exposed to hazardous chemicals (e.g., pesticides, cleaning supplies, disinfectants, and instructional supplies such as art and science and vocational education supplies). It is also important to champion education programs about reducing exposure to environmental hazards to prevent exposure of children to secondhand smoke, pesticides, radon, drinking water contaminants, and toxic products, especially those containing lead and mercury.^{1,3}

Studies have shown that environmental exposures and surroundings play a role in the early onset of chronic diseases such as asthma and obesity. It is estimated that 10 to 14 percent of U.S. children have asthma, 17 percent are considered obese, and more than half a million children have blood lead levels known to affect academic performance.⁷

In 2009, 59 percent of children lived in counties in which one or more air pollutants regulated under the National Ambient Air Quality Standards were above allowable levels.⁸ Such environmental conditions also pose disproportionate burdens for children who are racial and ethnic minorities, creating health inequities from an early age. According to the EPA's *America's Children and the Environment (ACE)*, 63 percent of black non-Hispanic and 71 percent of Hispanic children lived in counties where air quality standards were not met, compared to 52 percent of white non-Hispanic children in 2009–2010.⁸

Children are exposed to environmental burdens through many pathways other than air pollution. For example,

7.4 percent of children live in areas served by community water systems that did not meet all applicable health-based drinking water standards in 2009. In addition to sub-standard water quality, 13.4 percent of children were served by community water systems that had violations of drinking water monitoring and reporting requirements.⁸ Additionally, chemical burdens pose a serious threat to the health of children. According to the Centers for Disease Control and Prevention (CDC), there are approximately half a million U.S. children from the age of 1 to 5 with blood lead levels above 5 µg/dL, the reference level at which CDC recommends public health actions be initiated.⁹ Children exposed to mercury, even in small amounts, *in utero* and early in life are at risk of serious health and developmental problems.¹⁰ In the United States, the median concentration of level of mercury found in the blood of women of child-bearing age (16–49) is 0.8 µg/dL.⁸

Children's health is also shaped by their environmental surroundings. Neighborhoods with access to healthy food, public transportation, and safe and complete streets can improve children's physical activity and health. The CDC states that "research increasingly suggests that children benefit from the opportunity to play outdoors, where they can explore and enjoy natural environments. Planning parks near residential areas— and making sure that the parks include attractive landscaping, well-designed amenities such as playgrounds and sports facilities, and safe routes leading to and from them—is an invaluable strategy of community design that is healthy and nurturing for children."¹¹ Additionally, increasing access to public transportation can also impact children's health through improvement of air quality by reducing vehicle emissions, which decreases children's asthma-related hospital and medical visits.⁷

Because decisions made on policies about schools, chemicals, land use, community, and

transportation design can have a tremendous impact on children's health, local health departments can, through the support of local leadership and partnerships and federal, state, and tribal support, enable all children to grow up in safe and healthful environments.

References

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Record of Action

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