

QUESTIONNAIRE ON ENVIRONMENT AND HEALTH POLICIES

EXAMPLE - FINLAND

Please read the INSTRUCTIONS before completing the questionnaire.

This questionnaire has been developed in the ENHIS-2 project (co-funded by the European Commission, contract SPC 2004124), which aims to start the operation of a comprehensive environment and health (EH) information system in Europe that will help to identify and prioritize widespread environmental health concerns. The project runs from 1/11/2005 to 31/10/2007 and involves 20 participating and two collaborating partners in 18 Member States, coordinated by WHO European Centre for Environment and Health – Bonn Office. One of its specific objectives is to identify policy relevant information on exposure to environmental hazards, its determinants and health effects, as well as information on policy evaluation.

This questionnaire aims at obtaining current information on EH policy in place at national level, hereupon providing the data needed for the identification of EH policy information needs. The questionnaire is divided into seven issues covering a set of indicators that relate to one of the four regional priority goals defined in the WHO Children's Environment and Health Action Plan for Europe (CEHAPE) of 2004. The indicators were developed in previous EC-funded projects on the EH information system – ECOEHIS and first-year ENHIS project – coordinated by WHO. In this questionnaire, the topics of inquiry include a page reference to the respective ECOEHIS or ENHIS indicator methodology sheets (please find enclosed).

For each topic, there are **three general questions** covering the following aspects: policy description (question 1), policy rationale (question 2) and policy accountability (question 3). Children are considered as a particular group of interest, question 1 and question 3 therefore explicitly request for policy information related to children's health. A general question is (partially) marked grey when considered irrelevant to the topic of inquiry and for that reason (partially) does not need to be answered. Question wordings might differ slightly between topics to allow for consistency with the topic of inquiry. **Specific questions** ask for the level of compliance with reporting obligations and for your information needs in the topic of inquiry.

Please read the questions thoroughly and provide complete and consistent answers to the extent possible.

The questionnaire results from the first-year ENHIS project, as well as policy information collected from other projects are compiled into an EH policy information database (please find enclosed). **The information available of your country is inserted under each topic of inquiry.** Please check this information on completeness and consistency and refer to this material in completing the questionnaire. The EH policy information database allows for comparisons of national EH policy information between the participating ENHIS-2 Member States. Feel free to make use of the policy information for your own purposes, yet keep in mind the database embodies work in progress and therefore may not be distributed.

If you have received an electronic version of the questionnaire, feel free to insert your answers (in English or domestic language) directly following each question. If you have received a paper version of the questionnaire and will therefore provide your answers in a separate document, please clearly identify the question using the issue title and topic description (for example, 1. Water – 1.1 Drinking water supplies).

Please return the completed questionnaire to your national contact person for WP3 policy questionnaire.

Thank you in advance for your contribution.

Questions or remarks can be delivered to WP3 leading partner KTL, Finland via eva.kunseler@ktl.fi or +358 17 201 172.

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Regional Priority Goal I

"We aim to prevent and significantly reduce the morbidity and mortality arising from gastrointestinal disorders and other health effects, by ensuring that adequate measures are taken to improve access to safe and affordable water and adequate sanitation for all children."

1. Water

1.1. *Drinking water supplies*

Right in the end of this topic, please find the previously collected environmental health information from your country, as stated in our database. Feel free to use or refer to this material in completing your contribution. You may also want to consult the database containing the answers from many other European countries, as explained in the instruction on page 1.

General questions

1. A) Describe the national/federal policies – legislation, abatement measures, action programmes – in place to implement Council Directive 98/83/EC, related to drinking water supplies for the exposure and/or health of the population (*Indicator methodology sheet, page 3*)?

Please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health.



- B) Are there national/federal policies – **water safety plans**¹, legislation, abatement measures, action programmes – in place in addition to Council Directive 98/83/EC, related to drinking water supplies for the exposure and/or health of the population (*Indicator methodology sheet, page 5*)?

If YES, briefly describe the policy mission and give reference if possible.

In addition, please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health.

If NOT, jump to 3



2. Describe briefly the rationale of the national/ federal policies in place in addition to Council Directive 98/83/EC.



¹ Please check <http://www.who.int/wsportal> for practical guidance and case studies about the development of water safety plans.

3. A) Is there a specific source - exposure – health scenario of the population or particularly children, which the policy is meant to monitor/reduce/prevent?

If YES, describe. If NOT, jump to 3B



- B) Does the policy have quantitative exposure reduction and/or health promotion objectives? Are children explicitly considered?

If YES, describe and proceed with 3C



- C) Is there a follow-up programme defined to monitor or evaluate the actual exposure reduction and/or health improvement of the population or particularly children, achieved by the implemented policy?

If YES, describe and give reference if possible



Specific questions

1. Is there a formal obligation to record and report the level of compliance for regulated drinking water supplies with mandatory standards (*Indicator methodology sheet, page 3*)?

If YES, please describe



2. Please mark as “Essential” (E), “Desirable” (D) or “Not necessary” (N) - each of the other environmental health topics for which information might also be needed during the drinking water policy-making process.

NB: Grey-shaded topics are considered irrelevant to the topic of inquiry.

Traffic	Housing	Air Pollution	Noise	Radiation	Chemical hazards

3. Please indicate for each type of environmental health information if it would serve you either as “Essential”, “Desirable” or “Not necessary” input in the drinking water policy-making process.

Type of EH information	Essential	Desirable	Not necessary
Explanation of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validation of methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of actions for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are there information gaps in the policy process on drinking water (such as integrated or comparative data, scientific or political interpretations)? If yes, please mark in what policy phase (formulation, implementation, accountability¹) and, if possible, specify your information needs.

Policy formulation



Policy implementation



Policy accountability



EH policy information available from your country

Policy description

- For the whole population several national policies on drinking water supplies are in place.
 - 1) Decree 461/2000 on drinking water quality requirements,
 - 2) Decree 401/2001 on small units' drinking water quality and routine surveillance requirements. National exceptions (to Council Directive) in the named decrees deal with upper limits of Fluoride in drinking water for children 0-18 y and pregnant women, and guideline values for chlorophenols focussing on the total population.
 - 3) Law for protection of the environment 36/2000,
 - 4) Law for drinking water supply 119/2001, and Law for public health protection 793/1994 contain orders and requirements that go beyond the Council Directive.
- Based on the Public Health Protection law 763/1994, Ministry of health and social affairs has published ministerial guideline 1/02/97 on the surveillance and reporting of food poisonings, published Application Guide on drinking water decree 461/2000 (VVY, Association of Finnish Communities, 2000), and Guide for Exceptional Environmental Health Events (STM 4/2000, Helsinki).

Policy rationale

- As in the Council directive and the WHO guideline that it is based on.

Policy accountability

- In addition to the drinking water quality surveillance programme required by 98/83/EC, National drinking water quality surveillance programme in place for small drinking water plants (National Guides 401/2001), and reporting protocol for suspected food and water mediated epidemics.
- Food poisoning register by KTL and EELA.
- No follow-up programme in place.

¹ Policy accountability refers to actions undertaken by a responsible authority to enforce policy objectives and implementation.

1.2. Bathing waters

Right in the end of this topic, please find the previously collected environmental health information from your country, as stated in our database. Feel free to use or refer to this material in completing your contribution. You may also want to consult the database containing the answers from many other European countries, as explained in the instruction on page 1.

General questions

1. A) Describe the national/federal policies – legislation, abatement measures, action programmes – in place to implement Council Directive 76/160/EEC¹, related to bathing waters for the exposure and/or health of the population (*Indicator methodology sheet, page 7*)?

Please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- Which authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health.



B) Are there national/federal policies – legislation, abatement measures, action programmes – in place in addition to Council Directive 76/160/EEC¹, related to bathing waters for the exposure and/or health of the population?

If YES, briefly describe the policy mission and give reference if possible.

In addition, please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health.

If NOT, jump to 3



2. Describe briefly the rationale of the national/ federal policies in place in addition to Council Directive 76/160/EEC.



3. A) Is there a specific source - exposure – health scenario of the population or particularly children, which the policy is meant to monitor/reduce/prevent?

If YES, describe. If NOT, jump to 3B



B) Does the policy have quantitative exposure reduction and/or health promotion objectives? Are children explicitly considered?

If YES, describe and proceed with 3C



¹ Please note the Council Directive 76/160/EEC has been recently replaced by Council Directive 2006/7/CE. Most probably, the new Bathing Water Directive has not yet been implemented at national level; therefore the previous Council Directive is referred to. If available, please mention the national/federal policies upgraded to the recent Bathing Water Directive.

C) Is there a follow-up programme defined to monitor or evaluate the actual exposure reduction and/or health improvement of the population or particularly children, achieved by the implemented policy?

If YES, describe and give reference if possible



Specific questions

1. Is there a formal obligation to record and report the level of compliance for bathing waters with mandatory standards (*Indicator methodology sheet, page 7*)?

If YES, please describe



2. Please mark as “Essential” (E), “Desirable” (D) or “Not necessary” (N) - each of the other environmental health topics for which information might also be needed during the bathing water policy-making process.

NB: Grey-shaded topics are considered irrelevant to the topic of inquiry.

Traffic	Housing	Air Pollution	Noise	Radiation	Chemical hazards

3. Please indicate for each type of environmental health information if it would serve you either as “Essential”, “Desirable” or “Not necessary” input in the bathing water policy-making process.

<i>Type of EH information</i>	Essential	Desirable	Not necessary
Explanation of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validation of methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of actions for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are there information gaps in the policy process on bathing (such as integrated or comparative data, scientific or political interpretations)? If yes, please mark in what policy phase (formulation, implementation, accountability¹) and, if possible, specify your information needs.

Policy formulation



Policy implementation



Policy accountability



¹ Policy accountability refers to actions undertaken by a responsible authority to enforce policy objectives and implementation.

EH policy information available from your country

Policy description

- Based on the Public Health Protection Law TsL 763/1994, safety of bathing waters is in responsibility of the community public health authority.

Policy rationale

- Exposure based risk management. By following common microbiological faecal pollution indicators and the appearance of blue algae blooming events, and by setting bathing restrictions accordingly it is expected that most of the previously mentioned harmful outcomes can be prevented.

Policy accountability

- Bathing water quality surveillance is based on Ministry of Health and Social Affairs decisions STMp 292/1996 and STMp 41/1999, which incorporate the requirements of Council directive 76/160/EEC.
- The decisions, however, go further than the named directive requirements. They include e.g. issues like blue algae, and in addition to the 430 larger beaches also 2000 other beaches, which are too small to be included in the council directive.
- Substandard water quality is reacted upon by use of restrictions, additional inspections and curative actions.
- Policy objectives are to prevent digestive infections and blue algae induced irritation symptoms and poisonings. Children are not explicitly mentioned, although they are implicitly assumed to be the main target for protection.

Regional Priority Goal II

"We aim to prevent and substantially reduce health consequences from accidents and injuries and pursue a decrease in morbidity from lack of adequate physical activity, by promoting safe, secure and supportive human settlements for all children."

2. Traffic

2.1. Transport accidents

Right in the end of this topic, please find the previously collected environmental health information from your country, as stated in our database. Feel free to use or refer to this material in completing your contribution. You may also want to consult the database containing the answers from many other European countries, as explained in the instruction on page 1.

General questions

1. Are there national/federal policies – legislation, abatement measures, action programmes – in place, which aim to reduce mortalities and injuries from transport accidents (*Indicator methodology sheet, page 9*)?

If YES, briefly describe the policy mission and give reference if possible.

In addition, please provide the following information for the several policies in place.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health (*Indicator methodology sheet, page 11*).

If NOT, jump to 3



2. Describe briefly the rationale of the national/ federal policies in place.



3. A) Is there a specific source - exposure – health scenario of the population or particularly children, which the policy is meant to monitor/reduce/prevent?

If YES, describe. If NOT, jump to 3B



B) Does the policy have quantitative accident reduction and/or injury prevention objectives? Are children explicitly considered?

If YES, describe and proceed with 3C



C) Is there a follow-up programme defined to monitor or evaluate the actual accident reduction and/or injury decline of the population or particularly children, achieved by the implemented policy?

If YES, describe and give reference if possible



Specific questions

1. Please mark as “Essential” (E), “Desirable” (D) or “Not necessary” (N) - each of the other environmental health topics for which information might also be needed during the policy-making process on transport accidents.

NB: Grey-shaded topics are considered irrelevant to the topic of inquiry.

Water	Housing	Air Pollution	Noise	Radiation	Chemical hazards

2. Please indicate for each type of environmental health information if it would serve you either as “Essential”, “Desirable” or “Not necessary” input in the policy-making process on transport accidents.

<i>Type of EH information</i>	Essential	Desirable	Not necessary
Explanation of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validation of methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of actions for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Are there information gaps in the policy process on mortality and injury reduction from transport accidents (such as integrated or comparative data, scientific or political interpretations)? If yes, please mark in what policy phase (formulation, implementation, accountability¹) and, if possible, specify your information needs.

Policy formulation



Policy implementation



Policy accountability



EH Policy information available from your country

Policy description

- Traffic Safety Programme 2001-2005. The new programme for years 2006-2010 is under process.
- The aim for the mortality rate is considering total amount of deaths. The number of deaths of children in Finland is so small, that statistical variance causes big proportional changes.
- The national authority in response is The Ministry of Traffic and Communications, see <http://www.mintc.fi/scripts/cgiip.exe/WService%253Dlvm/cm/pub/showdoc.p?docid=2440&menuid=438>
- Programme target is whole population, but safety improvements will be targeted particularly at pedestrian and cycle traffic and elderly and young road users.

¹ Policy accountability refers to actions undertaken by a responsible authority to enforce policy objectives and implementation.

Policy accountability

- "Kohti älykästä ja kestävää liikennettä 2025". New "Traffic 2030" publication will include scenarios for possible future visions.
- No specific exposure scenario can alone be the basis for planning future infrastructure for traffic. Exposure is only one variable depending of many others effecting in the operational environment. In future issues concerning children are not the aim item of concern in Finland. Biggest changes in society and population will be due to growing share of elderly people.
- Managing and limiting increase of exposure with various measures is one issue in policies.
- No exact quantitative targets have been published. The number of traffic accident fatalities in 2010 must be less than 250 for the whole population.

3. Housing

3.1. Hygienic conditions in dwellings¹

Right in the end of this topic, please find the previously collected environmental health information from your country, as stated in our database. Feel free to use or refer to this material in completing your contribution. You may also want to consult the database containing the answers from many other European countries, as explained in the instruction on page 1.

General questions

1. Are there national/federal policies – legislation, abatement measures, action programmes – in place, which relate to hygienic conditions in dwellings for the exposure and/or health of the population (*Indicator methodology sheet, page 15*)?

If YES, please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health.

If NOT, jump to 3



2. Describe briefly the rationale of the national/ federal policies in place.



3. A) Is there a specific source – exposure – health scenario of the population or particularly children, which the policy is meant to monitor/reduce/prevent?

If YES, describe. If NOT, jump to 3B



B) Does the policy have quantitative exposure reduction and/or health promotion objectives? Are children explicitly considered?

If YES, describe and proceed with 3C



C) Is there a follow-up programme defined to monitor or evaluate the actual exposure reduction and/or health improvement of the population of particularly children, achieved by the implemented policy?

If YES, describe and give reference if possible



¹ Hygienic conditions in dwellings include e.g. waste disposal and water supply equipments.

Specific questions

1. Please mark as “Essential” (E), “Desirable” (D) or “Not necessary” (N) - each of the other environmental health topics for which information might also be needed during the policy-making process on hygienic conditions in dwellings.

NB: Grey-shaded topics are considered irrelevant to the topic of inquiry.

Water	Traffic	Air Pollution	Noise	Radiation	Chemical hazards

2. Please indicate for each type of environmental health information if it would serve you either as “Essential”, “Desirable” or “Not necessary” input in the policy-making process on hygienic conditions in dwellings.

<i>Type of EH information</i>	Essential	Desirable	Not necessary
Explanation of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validation of methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of actions for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Are there information gaps in the policy process on hygienic conditions in dwellings (such as integrated or comparative data, scientific or political interpretations)? If yes, please mark in what policy phase (formulation, implementation, accountability¹) and, if possible, specify your information needs.

Policy formulation



Policy implementation



Policy accountability



EH Policy information available from your country

No information available

¹ Policy accountability refers to actions undertaken by a responsible authority to enforce policy objectives and implementation.

3.2. Home violence, crime and vandalism in residential areas

Right in the end of this topic, please find the previously collected environmental health information from your country, as stated in our database. Feel free to use or refer to this material in completing your contribution. You may also want to consult the database containing the answers from many other European countries, as explained in the instruction on page 1.

General questions

1. Are there national/federal policies – legislation, abatement measures, action programmes – in place, which aim to prevent home violence, crime and vandalism in residential areas (Indicator methodology sheet, page 17)?

If YES, please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health.

If NOT, jump to 3



2. Describe briefly the rationale of the national/ federal policies in place.



3. A) Is there a specific source – home violence/ crime/ vandalism – injury scenario of the population or particularly children, which the policy is meant to monitor/reduce/prevent?

If YES, describe. If NOT, jump to 3B



B) Does the policy have quantitative home violence/ crime/vandalism reduction and/or injury prevention objectives? Are children explicitly considered?

If YES, describe and proceed with 3C



C) Is there a follow-up programme defined to monitor or evaluate the actual home violence/ crime/vandalism reduction and/or injury decline of the population or particularly children, achieved by the implemented policy?

If YES, describe and give reference if possible



Specific questions

1. Please mark as “Essential” (E), “Desirable” (D) or “Not necessary” (N) - each of the other environmental health topics for which information might also be needed during the policy-making process on prevention of home violence, crime and vandalism.

NB: Grey-shaded topics are considered irrelevant to the topic of inquiry.

Water	Traffic	Air Pollution	Noise	Radiation	Chemical hazards

2. Please indicate for each type of environmental health information if it would serve you either as “Essential”, “Desirable” or “Not necessary” input in the policy-making process on prevention of home violence, crime and vandalism.

<i>Type of EH information</i>	Essential	Desirable	Not necessary
Explanation of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validation of methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of actions for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Are there information gaps in the policy process on prevention of home violence, crime and vandalism in residential areas (such as integrated or comparative data, scientific or political interpretations)? If yes, please mark in what policy phase (formulation, implementation, accountability¹) and, if possible, specify your information needs.

Policy formulation



Policy implementation



Policy accountability



EH Policy information available from your country

No information available

¹ Policy accountability refers to actions undertaken by a responsible authority to enforce policy objectives and implementation.

3.3. **Extreme cold and heat**

Right in the end of this topic, please find the previously collected environmental health information from your country, as stated in our database. Feel free to use or refer to this material in completing your contribution. You may also want to consult the database containing the answers from many other European countries, as explained in the instruction on page 1.

General questions

1. Are there national/federal policies – legislation, abatement measures, action programmes – in place, which relate to extreme cold and heat for the exposure and/or health of the population (*Indicator methodology sheet, page 19*)?

If YES, please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health.

If NOT, jump to 3



2. Describe briefly the rationale of the national/ federal policies in place.



3. A) Is there a specific source – exposure – health scenario of the population or particularly children, which the policy is meant to monitor/reduce/prevent?

If YES, describe. If NOT, jump to 3B



B) Does the policy have **quantitative exposure reduction and/or health promotion objectives**? Are children explicitly considered?

If YES, describe and proceed with 3C



C) Is there a follow-up programme defined to monitor or evaluate the **actual exposure reduction and/or health improvement** of the population or particularly children, achieved by the implemented policy?

If YES, describe and give reference if possible



Specific questions

1. Please mark as “Essential” (E), “Desirable” (D) or “Not necessary” (N) - each of the other environmental health topics for which information might also be needed during the policy-making process on extreme cold and heat.

NB: Grey-shaded topics are considered irrelevant to the topic of inquiry.

Water	Traffic	Air Pollution	Noise	Radiation	Chemical hazards

2. Please indicate for each type of environmental health information if it would serve you either as “Essential”, “Desirable” or “Not necessary” input in the policy-making process on extreme cold and heat.

<i>Type of EH information</i>	Essential	Desirable	Not necessary
Explanation of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validation of methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of actions for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Are there information gaps in the policy process on extreme cold and heat for the exposure and/or health of the population (such as integrated or comparative data, scientific or political interpretations)? If yes, please mark in what policy phase (formulation, implementation, accountability¹) and, if possible, specify your information needs.

Policy formulation



Policy implementation



Policy accountability



EH Policy information available from your country

Policy description

- Not very much an issue in Finland, because cool climate effectively controls the summertime peak temperatures, and cold winters combined with strict housing standards ensure that virtually all homes have adequate heating.
- In cities centralised district heating systems and outside of the urban centres central heating by electricity or oil are standard. Single room manual heating with solid fuel - except as an additional heating device - is quite rare.

¹ Policy accountability refers to actions undertaken by a responsible authority to enforce policy objectives and implementation.

3.4. Housing safety and accidents

Right in the end of this topic, please find the previously collected environmental health information from your country, as stated in our database. Feel free to use or refer to this material in completing your contribution. You may also want to consult the database containing the answers from many other European countries, as explained in the instruction on page 1.

General questions

1. Are there national/federal policies – legislation, abatement measures, action programmes – in place, which relate to housing safety and accidents (*Indicator methodology sheet, page 22*)?

If YES, please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health.

If NOT, jump to 3



2. Describe briefly the rationale of the national/ federal policies in place.



3. A) Is there a specific source – accident – injury scenario of the population or particularly children, which the policy is meant to monitor/reduce/prevent?

If YES, describe. If NOT, jump to 3B



B) Does the policy have quantitative accident reduction and/or injury prevention objectives? Are children explicitly considered?

If YES, describe and proceed with 3C



C) Is there a follow-up programme defined to monitor or evaluate the actual accident reduction and/or injury decline of the population or particularly children, achieved by the implemented policy?

If YES, describe and give reference if possible



Specific questions

1. Please mark as “Essential” (E), “Desirable” (D) or “Not necessary” (N) - each of the other environmental health topics for which information might also be needed during the policy-making process on home safety and accidents.

NB: Grey-shaded topics are considered irrelevant to the topic of inquiry. **N/A**

Water	Traffic	Air Pollution	Noise	Radiation	Chemical hazards

2. Please indicate for each type of environmental health information if it would serve you either as “Essential”, “Desirable” or “Not necessary” input in the policy-making process on home safety and accidents.

<i>Type of EH information</i>	Essential	Desirable	Not necessary
Explanation of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validation of methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of actions for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Are there information gaps in the policy process on housing safety and accidents (such as integrated or comparative data, scientific or political interpretations)? If yes, please mark in what policy phase (formulation, implementation, accountability¹) and, if possible, specify your information needs.

Policy formulation



Policy implementation



Policy accountability



EH policy information available from your country

Policy description

- The internal security programme – [http://www.intermin.fi/intermin/images.nsf/files/7E16BE52F11364AEC2256F47002D6874/\\$file/internal_security_programme_summary_en.pdf](http://www.intermin.fi/intermin/images.nsf/files/7E16BE52F11364AEC2256F47002D6874/$file/internal_security_programme_summary_en.pdf) (page 16).
- Programme target is whole population, not only children

¹ Policy accountability refers to actions undertaken by a responsible authority to enforce policy objectives and implementation.

Regional Priority Goal III

"We aim to prevent and reduce respiratory disease due to outdoor and indoor air pollution, thereby contributing to a reduction in the frequency of asthmatic attacks, in order to ensure that children can live in an environment with clean air."

4. Air Quality

4.1. Particulate matter in outdoor air

Right in the end of this topic, please find the previously collected environmental health information from your country, as stated in our database. Feel free to use or refer to this material in completing your contribution. You may also want to consult the database containing the answers from many other European countries, as explained in the instruction on page 1.

General questions

1. A) Describe the national/federal policies – legislation, abatement measures, action programmes – in place to implement Council Framework Directive 96/62/EC, related to particulate matter in outdoor air for the exposure and/or health of the population (*Indicator methodology sheet, page 24*)?

Please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health (*Indicator methodology sheet, page 27*).



B) Are there national/federal policies – legislation, abatement measures, action programmes – in place in addition to Council Framework Directive 96/62/EC, related to particulate matter in outdoor air for the exposure and/or health of the population?

If YES, briefly describe the policy mission and give reference if possible.

In addition, please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health.

If NOT, jump to 3



2. Describe briefly the rationale of the national/ federal policies in place in addition to Council Framework Directive 96/62/EC.



3. A) Is there a specific source - exposure – health scenario of the population or particularly children, which the policy is meant to monitor/reduce/prevent?

If YES, describe. If NOT, jump to 3B



- B) Does the policy have quantitative exposure reduction and/or health promotion objectives? Are children explicitly considered?

If YES, describe and proceed with 3C



- C) Is there a follow-up programme defined to monitor or evaluate the actual exposure reduction and/or health improvement of the population or particularly children, achieved by the implemented policy?

If YES, describe and give reference if possible



Specific questions

1. Is there a formal obligation to record and report the level of compliance for particulate matter with outdoor air pollution standards (*Indicator methodology sheet, page 24*)?

If YES, please describe



2. Please mark as “Essential” (E), “Desirable” (D) or “Not necessary” (N) - each of the other environmental health topics for which information might also be needed during the policy-making process on particulate matter exposure.

NB: Grey-shaded topics are considered irrelevant to the topic of inquiry.

Water	Traffic	Housing	Noise	Radiation	Chemical hazards

3. Please indicate for each type of environmental health information if it would serve you either as “Essential”, “Desirable” or “Not necessary” input in the policy-making process on particulate matter exposure.

Type of EH information	Essential	Desirable	Not necessary
Explanation of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validation of methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of actions for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are there information gaps with regard to particulate matter in outdoor air for the exposure and/or health of the population (such as integrated or comparative data, scientific or political interpretations)? If yes, please mark in what policy phase (formulation, implementation, accountability¹) and, if possible, specify your information needs.

Policy formulation



Policy implementation



Policy accountability



EH policy information available from your country

Policy description

- National Guideline values were established for PM₁₀ (24 h, 70 µg/m³) and TSP (24 h, 120 µg/m³, 1 yr, 50 µg/m³) in Report of the Working Group on Air Quality Guidelines, Ministry of the Environment, WG Report 72/1993. These guidelines are not legally binding, but have *de facto* the same administrative effect as the EC Council directive.
- The guidelines are not specific for children, but cover the entire population.
- Guide 'Particles in the Air', published 2004 in collaboration with Ministries of Social Affairs and Health and Environment, experts and NGOs

Policy rationale

- Peak exposures found in traffic environments, high exposures in inversion episodes, springtime dust episodes, and as result of some industrial process failures.
- Time series studies on adults and children by Schwartz 1991 Environ Res 56, Pershagen 1984 (Helsinki) Arch Environ Health 39, and Kuusisto 1990 Doctoral Dissertation for Univ. of Helsinki.

Policy accountability

- Exposure scenarios include PM of (urban) ambient origin, outdoors and indoors in residences, non-industrial workplaces and public spaces.
- The health impacts of concern are acute respiratory effects (aggravated by cold and dry winter air), exacerbation of COPD and asthma, and concerns cardiovascular mortality.
- No exposure reduction scenarios defined.
- Follow-up: Not beyond ambient air monitoring for compliance

¹ Policy accountability refers to actions undertaken by a responsible authority to enforce policy objectives and implementation.

4.2. Ozone in outdoor air

Right in the end of this topic, please find the previously collected environmental health information from your country, as stated in our database. Feel free to use or refer to this material in completing your contribution. You may also want to consult the database containing the answers from many other European countries, as explained in the instruction on page 1.

General questions

1. A) Describe the national/federal policies – legislation, abatement measures, action programmes – in place to implement Council Framework Directive 96/62/EC, related to ozone in outdoor air for the exposure and/or health of the population (*Indicator methodology sheet, page 24*)?

Please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health (*Indicator methodology sheet, page 27*).



B) Are there national/federal policies – legislation, abatement measures, action programmes – in place in addition to Council Framework Directive 96/62/EC, related to ozone in outdoor air for the exposure and/or health of the population?

If YES, briefly describe the policy mission and give reference if possible.

In addition, please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health.

If NOT, jump to 3



2. Describe briefly the rationale of the national/ federal policies in place in addition to Council Framework Directive 96/62/EC.



3. A) Is there a specific source - exposure – health scenario of the population or particularly children, which the policy is meant to monitor/reduce/prevent?

If YES, describe. If NOT, jump to 3B



B) Does the policy have quantitative exposure reduction and/or health promotion objectives? Are children explicitly considered?

If YES, describe and proceed with 3C



C) Is there a follow-up programme defined to monitor or evaluate the actual exposure reduction *and/or* health improvement of the population or particularly children, achieved by the implemented policy?

If YES, describe and give reference if possible



Specific questions

1. Is there a formal obligation to record and report the level of compliance for ozone with outdoor air pollution standards (*Indicator methodology sheet, page 24*)?

If YES, please describe



2. Please mark as “Essential” (E), “Desirable” (D) or “Not necessary” (N) - each of the other environmental health topics for which information might also be needed during the policy-making process on ozone exposure.

NB: Grey-shaded topics are considered irrelevant to the topic of inquiry.

Water	Traffic	Housing	Noise	Radiation	Chemical hazards

3. Please indicate for each type of environmental health information if it would serve you either as “Essential”, “Desirable” or “Not necessary” input in the policy-making process on ozone exposure.

Type of EH information	Essential	Desirable	Not necessary
Explanation of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validation of methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of actions for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are there information gaps with regard to ozone in outdoor air for the exposure and/or health of the population (such as integrated or comparative data, scientific or political interpretations)? If yes, please mark in what policy phase (formulation, implementation, accountability¹) and, if possible, specify your information needs.

Policy formulation



Policy implementation



Policy accountability



¹ Policy accountability refers to actions undertaken by a responsible authority to enforce policy objectives and implementation.

EH policy information available from your country

No information available

4.3. Nitrogen dioxide in outdoor air

Right in the end of this topic, please find the previously collected environmental health information from your country, as stated in our database. Feel free to use or refer to this material in completing your contribution. You may also want to consult the database containing the answers from many other European countries, as explained in the instruction on page 1.

General questions

1. A) Describe the national/federal policies – legislation, abatement measures, action programmes – in place to implement Council Framework Directive 96/62/EC, related to nitrogen dioxide in outdoor air for the exposure and/or health of the population (*Indicator methodology sheet, page 24*)?

Please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health (*Indicator methodology sheet, page 27*).



B) Are there national/federal policies – legislation, abatement measures, action programmes – in place in addition to Council Framework Directive 96/62/EC, related to nitrogen dioxide in outdoor air for the exposure and/or health of the population?

If YES, briefly describe the policy mission and give reference if possible.

In addition, please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health.

If NOT, jump to 3



2. Describe briefly the rationale of the national/ federal policies in place in addition to Council Framework Directive 96/62/EC.



3. A) Is there a specific source - exposure – health scenario of the population or particularly children, which the policy is meant to monitor/reduce/prevent?

If YES, describe. If NOT, jump to 3B



B) Does the policy have quantitative exposure reduction and/or health promotion objectives? Are children explicitly considered?

If YES, describe and proceed with 3C



C) Is there a follow-up programme defined to monitor or evaluate the actual exposure reduction *and/or* health improvement of the population or particularly children, achieved by the implemented policy?

If YES, describe and give reference if possible



Specific questions

1. Is there a formal obligation to record and report the level of compliance for nitrogen dioxide with outdoor air pollution standards (*Indicator methodology sheet, page 24*)?

If YES, please describe



2. Please mark as “Essential” (E), “Desirable” (D) or “Not necessary” (N) - each of the other environmental health topics for which information might also be needed during the policy-making process on nitrogen dioxide exposure.

NB: Grey-shaded topics are considered irrelevant to the topic of inquiry.

Water	Traffic	Housing	Noise	Radiation	Chemical hazards

3. Please indicate for each type of environmental health information if it would serve you either as “Essential”, “Desirable” or “Not necessary” input in the policy-making process on nitrogen dioxide exposure.

<i>Type of EH information</i>	Essential	Desirable	Not necessary
Explanation of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validation of methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of actions for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are there information gaps with regard to nitrogen dioxide in outdoor air for the exposure and/or health of the population (such as integrated or comparative data, scientific or political interpretations)? If yes, please mark in what policy phase (formulation, implementation, accountability¹) and, if possible, specify your information needs.

Policy formulation



Policy implementation



Policy accountability



¹ Policy accountability refers to actions undertaken by a responsible authority to enforce policy objectives and implementation.

EH policy information available from your country

Policy description

- National Guideline values were established for NO₂ (1 h, 150 µg/m³, 24 h, 70 µg/m³) in Report of the Working Group on Air Quality Guidelines, Ministry of the Environment, WG Report 72/1993. These guidelines are not legally binding, but have *de facto* the same administrative effect as the EC Council directive.
- The guidelines are not specific for children, but cover the entire population.

Policy rationale

- High short term concentration in traffic environments, particularly under inversion episodes. Potential synergistic effects with cold and dry winter air.
- Domestic studies on children and adults by Pönkä 1990 Environ Res 52, and 91 Arch Environ Health 46, and Rossi et al 1992 (XXXVI Nordic Congress of Lung Dis).

Policy accountability

- Exposure scenarios include NO₂ of ambient origin, particularly from traffic, outdoors and indoors in residences, non-industrial workplaces and public spaces. Indoor sources are also mentioned.
- The health impacts of concern are increased respiratory infections, absenteeism from school and work, and increased hospitalisation of asthma subjects. Children are of special concern
- No exposure reduction scenarios defined
- Follow-up: Not beyond ambient air monitoring for compliance

4.4. Sulphur dioxide in outdoor air

Right in the end of this topic, please find the previously collected environmental health information from your country, as stated in our database. Feel free to use or refer to this material in completing your contribution. You may also want to consult the database containing the answers from many other European countries, as explained in the instruction on page 1.

General questions

1. A) Describe the national/federal policies – legislation, abatement measures, action programmes – in place to implement Council Framework Directive 96/62/EC, related to sulphur dioxide in outdoor air for the exposure and/or health of the population (*Indicator methodology sheet, page 24*)?

Please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health (*Indicator methodology sheet, page 27*).



B) Are there national/federal policies – legislation, abatement measures, action programmes – in place in addition to Council Framework Directive 96/62/EC, related to sulphur dioxide in outdoor air for the exposure and/or health of the population?

If YES, briefly describe the policy mission and give reference if possible.

In addition, please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health.

If NOT, jump to 3



2. Describe briefly the rationale of the national/ federal policies in place in addition to Council Framework Directive 96/62/EC.



3. A) Is there a specific source - exposure – health scenario of the population or particularly children, which the policy is meant to monitor/reduce/prevent?

If YES, describe. If NOT, jump to 3B



B) Does the policy have quantitative exposure reduction and/or health promotion objectives? Are children explicitly considered?

If YES, describe and proceed with 3C



C) Is there a follow-up programme defined to monitor or evaluate the actual exposure reduction *and/or* health improvement of the population or particularly children, achieved by the implemented policy?

If YES, describe and give reference if possible



Specific questions

1. Is there a formal obligation to record and report the level of compliance for sulphur dioxide with outdoor air pollution standards (*Indicator methodology sheet, page 24*)?

If YES, please describe



2. Please mark as “Essential” (E), “Desirable” (D) or “Not necessary” (N) - each of the other environmental health topics for which information might also be needed during the policy-making process on sulphur dioxide exposure.

NB: Grey-shaded topics are considered irrelevant to the topic of inquiry.

Water	Traffic	Housing	Noise	Radiation	Chemical hazards

3. Please indicate for each type of environmental health information if it would serve you either as “Essential”, “Desirable” or “Not necessary” input in the policy-making process on sulphur dioxide exposure.

<i>Type of EH information</i>	Essential	Desirable	Not necessary
Explanation of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validation of methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of actions for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Are there information gaps with regard to sulphur dioxide in outdoor air for the exposure and/or health of the population (such as integrated or comparative data, scientific or political interpretations)? If yes, please mark in what policy phase (formulation, implementation, accountability¹) and, if possible, specify your information needs.

Policy formulation



Policy implementation



Policy accountability



¹ Policy accountability refers to actions undertaken by a responsible authority to enforce policy objectives and implementation.

EH policy information available from your country

Policy description

- National Guideline values were established for SO₂ (1 h, 250 µg/m³, 80 h, 70 µg/m³) in Report of the Working Group on Air Quality Guidelines, Ministry of the Environment, WG Report 72/1993. These guidelines are not legally binding, but have *de facto* the same administrative effect as the EC Council directive.
- The guidelines are not specific for children, but cover the entire population.

Policy accountability

- SO₂ emissions were reduced by ca. 80 % between 1970 and 1990, and it is considered mostly an issue of the past. Its emissions are followed to ensure a downward trend, and some monitoring stations continue to be operational, but no new efforts are in focus for the time being.
- Traffic fuel Sulphur may be considered an exception; it has been reduced to essentially zero, but mainly because of the need to reduce traffic tailpipe particle emissions, not for SO₂ per se.

4.5. Environmental tobacco smoke (ETS)

Right in the end of this topic, please find the previously collected environmental health information from your country, as stated in our database. Feel free to use or refer to this material in completing your contribution. You may also want to consult the database containing the answers from many other European countries, as explained in the instruction on page 1.

General questions

1. A) Describe the national/federal policies – legislation, abatement measures, action programmes – in place to implement Council Recommendation 2003/54/EC, related to ETS for the exposure and/or health of the population (*Indicator methodology sheet, page 29*)?

Please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health.



B) Are there national/federal policies – legislation, abatement measures, action programmes – in place in addition to Council Recommendation 2003/54/EC, related to ETS for the exposure and/or health of the population?

If YES, briefly describe the policy mission and give reference if possible.

In addition, please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health.

If NOT, jump to 3



2. Describe briefly the rationale of the national/ federal policies in place in addition to Council Recommendation 2003/54/EC.



3. A) Is there a specific source - exposure – health scenario of the population or particularly children, which the policy is meant to monitor/reduce/prevent?

If YES, describe. If NOT, jump to 3B



B) Does the policy have quantitative exposure reduction and/or health promotion objectives? Are children explicitly considered?

If YES, describe and proceed with 3C



C) Is there a follow-up programme defined to monitor or evaluate the actual exposure reduction and/or health improvement of the population or particularly children, achieved by the implemented policy?

If YES, describe and give reference if possible



Specific questions

1. Is there a formal obligation to record and report the level of compliance for ETS exposure in occupational areas (*Indicator methodology sheet, page 29*)?

If YES, please describe



2. Is there a formal obligation to record and report the level of compliance for ETS exposure in public spaces (*Indicator methodology sheet, page 29*)?

If YES, please describe



3. Is there a formal obligation to record and report the level of compliance for ETS exposure in residential areas (*Indicator methodology sheet, page 29*)?

If YES, please describe



4. Please mark as “Essential” (E), “Desirable” (D) or “Not necessary” (N) - each of the other environmental health topics for which information might also be needed during the policy-making process on ETS exposure.

NB: Grey-shaded topics are considered irrelevant to the topic of inquiry.

Water	Traffic	Housing	Noise	Radiation	Chemical hazards

5. Please indicate for each type of environmental health information if it would serve you either as “Essential”, “Desirable” or “Not necessary” input in the policy-making process on ETS exposure.

Type of EH information	Essential	Desirable	Not necessary
Explanation of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validation of methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of actions for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Are there information gaps with regard to ETS for the exposure and/or health of the population (such as integrated or comparative data, scientific or political interpretations)? If yes, please mark in what policy phase (formulation, implementation, accountability¹) and, if possible, specify your information needs.

Policy formulation



Policy implementation



Policy accountability



EH policy information available from your country

Policy description

- In Finland, the policy lies on the principle, that non-smokers (both adults and children) are protected from ETS in all public indoor environments.
- Indoor smoking is banned in all public transport, public buildings, school areas, kindergartens, workplaces (not yet including restaurants until next year probably). Indoor smoker can smoke at their own apartment, if there is no separate ban by house rules and in their own car.
- Regarding special protection of children, maternity care system gives materials throughout pregnancy and child growth on ETS protection.
- The social climate is favouring smoke free indoor air and this trend has to be kept with public campaigns.
- When the policy was put in place: 1976 and extended in 1995 or is planned to be put in place: Tobacco Control Act 1977 and TCA 1995, TCA 2000 and up coming TCA2005. Who is in charge: national authority: Ministry of Social affairs and Health with help from Institutes of Health (National Public Health C8 Finnish Occupational Health Institute, National Product Control Agency for Welfare and Health local authorities, Municipalities health authorities and 5 Provinces of Finland.
- Act on measures to reduce tobacco smoking (enacted 13.08.76; effective 1.03.77) (as amended in 1995 and 2000) Chapter 5 section 12. Special areas for smoking may be established but practically public premises and public transport are smoke-free. Partial applicability since 2000. Since 2003, smoking allowed in the area up to 50m², in larger areas 50% can be reserved for smokers.
- Ban on smoking in restaurants discussed and a proposal for amendments of current legislation being prepared. Smoking ban in restaurants and bars could take effect in summer 2006, proposed June 2005.
- School Health Promotion Study; biannual questionnaire collecting data on health, health related-behaviour (including smoking).

Policy rationale

- There is a firm body of evidence showing the health effects of ETS, which contains large number of carcinogens.

Policy accountability

- Among Finnish population 5-7% of non-smokers are exposed to ETS at work.
- Home exposure has not declined as successfully, but there is a decline in that too. Challenges are exposure to ETS at home environment for both non-smokers and smokers.
- ETS is even more carcinogenic than inhaled smoke increasing the morbidity and mortality risk of smokers.

¹ Policy accountability refers to actions undertaken by a responsible authority to enforce policy objectives and implementation.

- There is annual monitoring of ETS exposure by questionnaire included in the Health Behaviour and health among Finnish Adults since 1978.
- In 2002, ETS exposure was measured in a population based cohort with 3-P-ethylpyridine monitors with work, home and leisure time exposures to quantify the level of exposure. Finnish Occupational Health Institute has monitored work site ETS exposure since 1999 with measurements.
- There is no annual monitor for ETS exposure of children.
- When the policy was put in place: 1972; Who is in charge: national authority -National Public Health Institute [Heloma, 2000 #3403; Heloma, 2003 #4605] KTL annual health behaviour and health monitoring reports:
http://www.ktl.fi/portal/english/osiot/research,_people___programs/epidemiology_and_health_promotion/units/health_promotion_research_unit/health_behaviour_monitoring_systems/health_behaviour_monitoring_among_the_finnish_adult_population/
- There is no special programme on ETS exposure of children. We can estimate the number of exposed children from monitoring data as we know the number of minors living at the same home with a smoker/non-smoker reporting ETS exposure at home.

Regional Priority Goal IV

"We commit ourselves to reducing the risk of disease and disability arising from exposure to hazardous chemicals (such as heavy metals), physical agents (e.g. excessive noise) and biological agents and to hazardous working environments during pregnancy, childhood and adolescence."

5. Noise

5.1. Indoor and outdoor noise levels and sources

Right in the end of this topic, please find the previously collected environmental health information from your country, as stated in our database. Feel free to use or refer to this material in completing your contribution. You may also want to consult the database containing the answers from many other European countries, as explained in the instruction on page 1.

General questions

1. A) Describe the national/federal policies – legislation, abatement measures, action programmes – in place to implement European Directive 2002/49/EC, related to indoor and outdoor noise levels and sources for the exposure and/or health of the population (*Indicator methodology sheet, page 31*)?

Please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health (*Indicator methodology sheet, page 33*).



B) Are there national/federal policies – legislation, abatement measures, action programmes – in place in addition to European Directive 2002/49/EC, related to indoor and outdoor noise levels and sources for the exposure and/or health of the population?

If YES, briefly describe the policy mission and give reference if possible.

In addition, please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health.

If NOT, jump to 3



2. Describe briefly the rationale of the national/ federal policies in place in addition to European Directive 2002/49/EC.



3. A) Is there a specific source - exposure – health scenario of the population or particularly children, which the policy is meant to monitor/reduce/prevent?

If YES, describe. If NOT, jump to 3B



- B) Does the policy have quantitative exposure reduction and/or health promotion objectives? Are children explicitly considered?

If YES, describe and proceed with 3C



- C) Is there a follow-up programme defined to monitor or evaluate the actual exposure reduction and/or health improvement of the population or particularly children, achieved by the implemented policy?

If YES, describe and give reference if possible



Specific questions

1. Please mark as “Essential” (E), “Desirable” (D) or “Not necessary” (N) - each of the other environmental health topics for which information might also be needed during the policy-making process on noise levels and sources.

NB: Grey-shaded topics are considered irrelevant to the topic of inquiry.

Water	Traffic	Housing	Air Pollution	Radiation	Chemical hazards

2. Please indicate for each type of environmental health information if it would serve you either as “Essential”, “Desirable” or “Not necessary” input in the policy-making process on noise levels and sources.

<i>Type of EH information</i>	Essential	Desirable	Not necessary
Explanation of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validation of methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of actions for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Are there information gaps with regard to indoor and outdoor noise levels and sources for the exposure and/or health of the population (such as integrated or comparative data, scientific or political interpretations)? If yes, please mark in what policy phase (formulation, implementation, accountability¹) and, if possible, specify your information needs.

Policy formulation



Policy implementation



Policy accountability



EH policy information available from your country

Policy description

- Government statute (993/1992) sets noise level guidelines for night time and daytime, indoor and outdoor maximum levels concerning land use, traffic planning and zoning, building permit applications and construction practices.
- The outdoor noise guidelines around schools and day-care centres are specifically focused on children. Indoor noise guidelines have been established for both residences and for premises of education during the daytime.
- The guidelines do not apply to existing situations, but instead they are used in granting new building (e.g. homes or schools) and operating (e.g. industries) permits or zoning (e.g. roadway) decisions, and after this they are legally binding for the issue of concern.
- National guidelines and action plan for noise abatement (Ministry of the Environment 696/2004) are not binding but as described above, it guides noise abatement decisions, and these decisions are binding.

Policy rationale

- The noise level guidelines are based on WHO guidelines and recommendations.

Policy accountability

- In the National guidelines and action plan for noise abatement (Ministry of the Environment 696/2004) there are objectives to reduce the proportion of people who are exposed ($L_{Aeq7-22} > 55$ dB) to environmental noise 20 % by year 2020.
- The abatement objectives for the highest outdoor noise levels in zoned urban ($L_{Aeq7-22} > 60$ dB) and rural ($L_{Aeq7-22} > 65$ dB) areas pay special attention, in addition to residences, also to the playgrounds of schools and day care centres.
- The 20 % noise level reduction objective mentioned above does not specify children. The other reduction objectives are 15 % for street and highway environments, 30 % for rail traffic environments, and 20 % for the designated air traffic noise areas.

¹ Policy accountability refers to actions undertaken by a responsible authority to enforce policy objectives and implementation.

6. Radiation

6.1. Skin cancer and UV radiation

Right in the end of this topic, please find the previously collected environmental health information from your country, as stated in our database. Feel free to use or refer to this material in completing your contribution. You may also want to consult the database containing the answers from many other European countries, as explained in the instruction on page 1.

General questions

1. Are there national/federal policies – legislation, abatement measures, action programmes – in place, which relate to skin cancer and UV radiation for the exposure and/or health of the population (*Indicator methodology sheets, page 35, 38*)?

If YES, please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health.

If NOT, jump to 3



2. Describe briefly the rationale of the national/ federal policies in place.



3. A) Is there a specific source - exposure – health scenario of the population or particularly children, which the policy is meant to monitor/reduce/prevent?

If YES, describe. If NOT, jump to 3B



B) Does the policy have quantitative exposure reduction and/or health promotion objectives? Are children explicitly considered?

If YES, describe and proceed with 3C



C) Is there a follow-up programme defined to monitor or evaluate the actual exposure reduction and/or health improvement of the population or particularly children, achieved by the implemented policy?

If YES, describe and give reference if possible



Specific questions

- Please mark as “Essential” (E), “Desirable” (D) or “Not necessary” (N) - each of the other environmental health topics for which information might also be needed during the policy-making process on skin cancer and UV exposure prevention.

NB: Grey-shaded topics are considered irrelevant to the topic of inquiry.

Water	Traffic	Housing	Air Pollution	Noise	Chemical hazards

- Please indicate for each type of environmental health information if it would serve you either as “Essential”, “Desirable” or “Not necessary” input in the policy-making process on skin cancer and UV exposure prevention.

<i>Type of EH information</i>	Essential	Desirable	Not necessary
Explanation of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validation of methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of actions for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Are there information gaps in the policy process on skin cancer and UV radiation (such as integrated or comparative data, scientific or political interpretations)? If yes, please mark in what policy phase (formulation, implementation, accountability¹) and, if possible, specify your information needs.

Policy formulation



Policy implementation



Policy accountability



EH policy information available from your country

Policy description

- There are no official national policies.
- Several NGO's have separately and jointly developed guidelines and policies regarding protection from UV-exposure.
- For the past three years the Cancer Society of Finland (www.cancer.fi), the Finnish Meteorological Institute (www.ilmatieteenlaitos.fi/en/index.html), and the Radiation and Nuclear Safety Authority of Finland (www.stuk.fi/english/) have developed a common communication strategy and arranged an annual press conference on current issues.

¹ Policy accountability refers to actions undertaken by a responsible authority to enforce policy objectives and implementation.

Policy rationale

- UV-radiation is known to cause skin cancers. Both excessive exposure (burns) during early years and overall life-time exposure are important factors.

Policy accountability

- The ultimate goal is to reduce skin cancer incidence.
- Children are a specific target group for preventive action (exposure), but naturally the health objective concerns adults.
- National monitoring of cancer incidence is facilitated by the Finnish Cancer Registry (www.cancerregistry.fi)

6.2. Indoor radon

Right in the end of this topic, please find the previously collected environmental health information from your country, as stated in our database. Feel free to use or refer to this material in completing your contribution. You may also want to consult the database containing the answers from many other European countries, as explained in the instruction on page 1.

General questions

1. Are there national/federal policies – legislation, abatement measures, action programmes – in place, which relate to indoor radon for the exposure and/or health of the population (*Indicator methodology sheet, page 39*)?

If YES, please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health (*Indicator methodology sheet, page 41*).

If NOT, jump to 3



2. Describe briefly the rationale of the national/ federal policies in place.



3. A) Is there a specific source - exposure – health scenario of the population or particularly children, which the policy is meant to monitor/reduce/prevent?

If YES, describe. If NOT, jump to 3B



B) Does the policy have quantitative exposure reduction and/or health promotion objectives? Are children explicitly considered?

If YES, describe and proceed with 3C



C) Is there a follow-up programme defined to monitor or evaluate the actual exposure reduction and/or health improvement of the population or particularly children, achieved by the implemented policy?

If YES, describe and give reference if possible



Specific questions

1. Please mark as “Essential” (E), “Desirable” (D) or “Not necessary” (N) - each of the other environmental health topics for which information might also be needed during the policy-making process on indoor radon.

NB: Grey-shaded topics are considered irrelevant to the topic of inquiry.

Water	Traffic	Housing	Air Pollution	Noise	Chemical hazards

2. Please indicate for each type of environmental health information if it would serve you either as “Essential”, “Desirable” or “Not necessary” input in the policy-making process on indoor radon.

<i>Type of EH information</i>	Essential	Desirable	Not necessary
Explanation of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validation of methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of actions for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Are there information gaps with regard to indoor radon for the exposure and/or health of the population (such as integrated or comparative data, scientific or political interpretations)? If yes, please mark in what policy phase (formulation, implementation, accountability¹) and, if possible, specify your information needs.

Policy formulation



Policy implementation



Policy accountability



EH policy information available from your country

Policy description

1. Reference levels

- decree of Ministry of Social Affairs and Health (1986 and 1992)
- 400 Bq/m³ in existing buildings (1992-) (800 Bq/m³ in 1986-1992)
- 200 Bq/m³ in new buildings (1986 -)

2. Building Code D2, Indoor climate and ventilation in buildings, Regulations and Guidelines 2003, given by the Ministry of Environment

- New houses must be designed and constructed so that indoor air is free of harmful concentrations of gases, particles or microbes or odours which decrease the indoor comfort (Regulation)
- Design value for radon 200 Bq/m³ (Guideline)

3. Building Code B3, Substructures, Regulations and Guidelines 2004, Ministry of Environment

¹ Policy accountability refers to actions undertaken by a responsible authority to enforce policy objectives and implementation.

- In the design and construction work, radon risks at the construction site shall be taken into account (Regulation)
 - The limit value 200 Bq/m³ is generally exceeded in the most part of Finland, if no counter-measures are taken.
 - A radon-technical design may be left out only in the case the local radon surveys clearly show that the radon concentration in residential buildings is consistently below the permitted maximum value (Guideline)
 - If radon is not taken into account in design, written grounds for that shall be attached to the design documents of the building project.
4. Workplaces, reference value 400 Bq/m³, into force 1992, given from the basis of Radiation act. Valid also in schools and day care centres.

The legislative mandate of guidelines:

1. The Reference Level for dwellings is given by the Ministry of Social Affairs and Health. This Ministry is also responsible to set the limits, given in Radiation Act.

- Not mandatory
- Health authorities are responsible to survey the local indoor radon concentrations and to inform and advice house owners on radon mitigation. This is based on separate instruction given by the Ministry of Social Affairs and Health.
- However, health authorities have e.g. right to ban a dwelling with very high radon concentrations
- in practice the limit of 400 Bq/m³ is effective in buying and selling of houses - due to legislation for housing trade

2. and 3. The regulations of Building Code are mandatory. Set by the Ministry of Environment. This means that 200 Bq/m³ is mandatory for new buildings. This means e.g. that building companies are responsible to activate a preparatory radon piping through installation of a radon fan or to do other mitigation if radon concentration in a new dwelling exceeds 200 Bq/m³.

4. Limit value for workplaces is based on Radiation Act and is mandatory; STUK is responsible and has set the guideline. Enforced level of 400 Bq/m³ for schools and day-care centres is applied.

Policy rationale

- The connection between indoor radon exposure in homes and lung cancer is well established.
- Programme to prevent indoor air radon in homes, set up by Ministry of Social Affairs, STUK

Policy accountability

- The indoor radon database of STUK includes more than 90% of the indoor measurements carried out in Finland. Currently the database includes measurements from almost 100 000 dwellings.
- National and regional random sample surveys, and also surveys concerning the effect of mitigation are performed regularly.
- STUK has issued radon maps, available also on www.stuk.fi and a report "Radon Atlas of Finland" (in Finnish and English).
- Exposure reduction objectives: the radon concentrations reference values.
- National random sampling surveys will be carried out every 5-10 years. The database of STUK provides information e.g. on proceedings in radon mitigation and radon-safe building.

7. Chemical Hazards

7.1. Chemical hazards in food

Right in the end of this topic, please find the previously collected environmental health information from your country, as stated in our database. Feel free to use or refer to this material in completing your contribution. You may also want to consult the database containing the answers from many other European countries, as explained in the instruction on page 1.

General questions

1. Are there national/federal policies – legislation, abatement measures, action programmes – in place, which relate to chemical hazards in food for the exposure and/or health of the population (*Indicator methodology sheet, page 43*)?

If YES, please provide the following information.

- When the policy was put in place (Year) or is planned to be put in place (Year);
- What authority is in charge at various policy levels;
- How the policy is being enforced;
- To what extent the policy explicitly considers children's health.

If NOT, jump to 3



2. Describe briefly the rationale of the national/ federal policies in place.



3. A) Is there a specific source - exposure – health scenario of the population or particularly children, which the policy is meant to monitor/reduce/prevent?

If YES, describe. If NOT, jump to 3B



B) Does the policy have quantitative exposure reduction and/or health promotion objectives? Are children explicitly considered?

If YES, describe and proceed with 3C



C) Is there a follow-up programme defined to monitor or evaluate the actual exposure reduction and/or health improvement of the population or particularly children, achieved by the implemented policy?

If YES, describe and give reference if possible



Specific questions

- Please mark as “Essential” (E), “Desirable” (D) or “Not necessary” (N) - each of the other environmental health topics for which information might also be needed during the policy-making process on chemical hazards in food.

NB: Grey-shaded topics are considered irrelevant to the topic of inquiry.

Water	Traffic	Housing	Air Pollution	Noise	Radiation

- Please indicate for each type of environmental health information if it would serve you either as “Essential”, “Desirable” or “Not necessary” input in the policy-making process on chemical hazards in food.

<i>Type of EH information</i>	Essential	Desirable	Not necessary
Explanation of findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Validation of methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of actions for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Are there information gaps with regard to chemical hazards in food for the exposure and/or health of the population (such as integrated or comparative data, scientific or political interpretations)? If yes, please mark in what policy phase (formulation, implementation, accountability¹) and, if possible, specify your information needs.

Policy formulation



Policy implementation



Policy accountability



EH policy information available from your country

No policy information available

¹ Policy accountability refers to actions undertaken by a responsible authority to enforce policy objectives and implementation.