CCHI
Connected Communities Health Initiative

DECEMBER 9, 2025

SESSION 2: PREVENTION AND ACTION IN PRIMARY CARE PRACTICE

Understanding and Addressing the Childhood Chronic Disease Crisis - Webinar Series

FARMWORKER JUSTICE

NCFH
National Center for Farmworker Health, Inc.

AAPCHO
ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS

NCHPH
National Center for Health in Public Housing

HOUSEKEEPING

- All participants are muted on entry to limit background noise.
- Use the Q&A or chat box to ask a question during the session.
- This webinar is being recorded and materials will be emailed to participants.
- We would love to hear your feedback – please fill out our brief evaluation at the end of this session!

ABOUT THE CONNECTED COMMUNITIES HEALTH INITIATIVE (CCHI)

CCHI

Our National Training & Technical Assistance Partners (NTTAPs) work with health centers to improve the health and wellbeing of their patients and communities.

We provide practical tools, resources, and learning opportunities that empower providers to tackle the root causes of health challenges and deliver lasting, positive change.

FARMWORKER JUSTICE
NCFH National Center for Farmworker Health, Inc.
AAPCHO Association of Asian Pacific Community Health Organizations
NCHPH National Center for Health in Public Housing

PURPOSE OF THIS SERIES

- Increase awareness of childhood chronic disease trends impacting young health center patients and their families.
- Identify the key drivers highlighted in reports and studies.
- Connect report findings to community health management, quality improvement, and integrated care initiatives.

UPCOMING SESSIONS

- Session 3: Integrated Behavioral Health in the Digital Age on February 17, 2026
- Sessions 4-7: Information coming soon!

CCHI
Connected Communities Health Initiative

TODAY'S SPEAKERS

Dr. Kevin Lombardi, MD, MPH
Director of Research, Policy and Health Promotion
National Center for Health and Public Housing

Dr. Jose Leon, MD, MPH
Chief Medical Officer
National Center for Health and Public Housing

Esly Reyes, MPH
Health Center T/TA & Partnerships Manager
National Center for Farmworker Health

FARMWORKER JUSTICE · NCFH National Center for Farmworker Health, Inc. · AAPCHO Association of Asian Pacific Community Health Organizations · NCHPH National Center for Health in Public Housing

ABOUT FJ

Who We Are: Farmworker Justice is a national nonprofit organization that supports migratory and seasonal agricultural workers (MSAWs) and their families to improve their living and working conditions, occupational safety, and access to health care. Based in Washington, DC, FJ has over 40 years of experience working with MSAWs and the organizations that serve them. As an NTTAP, we provide health centers with resources to support MSAW access to health care. These resources include policy briefs, training-of-trainer curricula, and patient-facing materials in multiple languages.

Stay Connected With FJ:

- **Website**: https://farmworkerjustice.org/en
- **Facebook**: https://www.facebook.com/FarmworkerJustice
- **Twitter/X**: https://x.com/FarmwrkrJustice
- **LinkedIn**: https://www.linkedin.com/company/farmworker-justice/
- **Instagram**: https://www.instagram.com/farmworkerjustice/

ABOUT NCFH

Who We Are: The National Center for Farmworker Health (NCFH) is a private nonprofit 501(c)(3) organization, incorporated in 1975 in Buda, Texas, focused on improving the health of MSAWs and their families. NCFH is dedicated to increasing access to quality health care to this population through the provision of innovative T/TA, health promotion and education, MSAW outreach, and the provision of data collection and analysis services to health centers and other organizations serving MSAWs.

Stay Connected With NCFH:

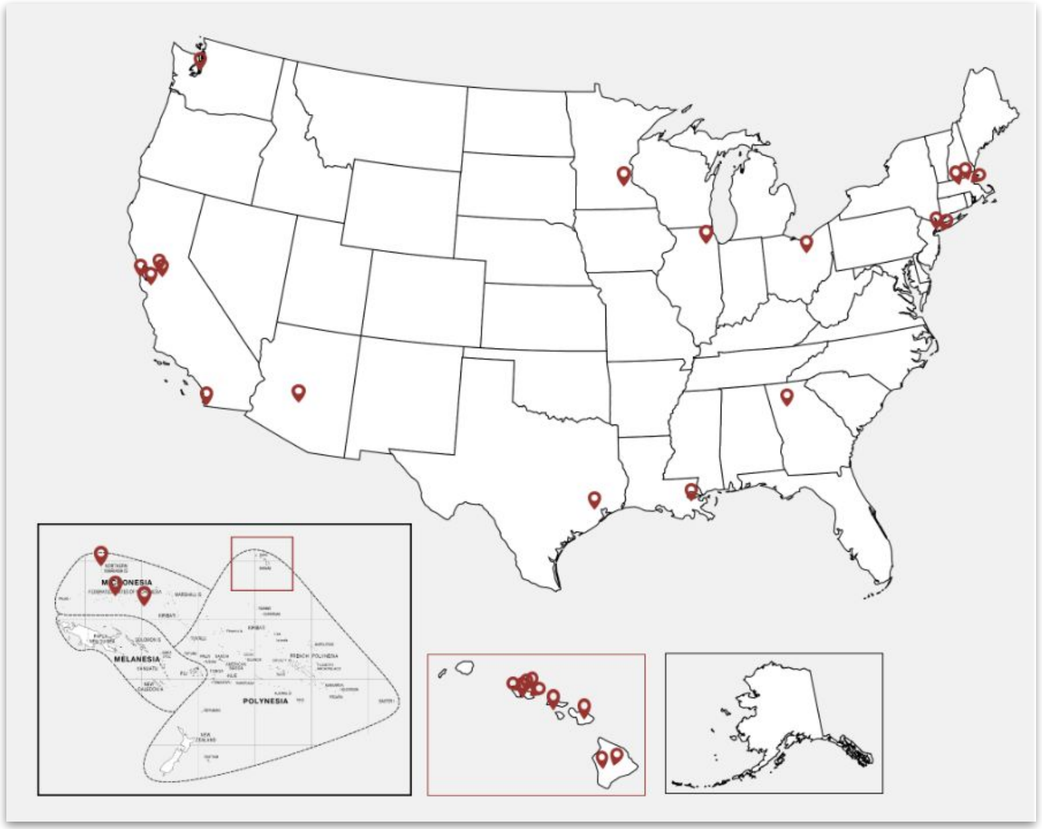
- **Facebook:** https://www.facebook.com/NCFHTX/
- **LinkedIn:** https://www.linkedin.com/company/national-center-for-farmworker-health-ncfh
- **Website:** https://www.ncfh.org/
- **Email:** info@ncfh.org

NCFH
National Center for Farmworker Health, Inc.

ABOUT AAPCHO

CCHI

Who We Are: The Association of Asian Pacific Community Health Organizations (AAPCHO) is a membership organization formed to create a national voice for the unique health needs of Asian American (AA), Native Hawaiian (NH), and Pacific Islander (PI) communities and the providers that served those needs.



AAPCHO
ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS

ABOUT NCHPH

Who We Are: Established in 2001, NCHPH provides technical assistance to enhance the capacity of Public Housing Primary Care (PHPC) health centers and other health centers that want to provide primary care to residents of public housing, with the goal of assisting health centers in meeting program requirements, improving performance, supporting program development and data analysis.

Our Mission is to provide training, technical assistance, data analysis, partnership building for health centers to support improved health outcomes for residents of public housing.

Stay Connected With NCHPH:

- **X:** x.com/nchph.org
- **Facebook:** Facebook.com/NCHPHC.org/
- **LinkedIn:** Linkedin.com/company/nchph-org
- **Website:** https://nchph.org/
- **eLearning Library:** https://courses.nchph.org/
- **Email:** info@nchph.org

National Center for Health in Public Housing

LEARNING OBJECTIVES

- Introduce screening tools for dietary intake and chemical exposure
- Demonstration of integration into common Electronic Health Record (EHR) platforms
- Discuss workflows and documentation strategies for health centers

CCHI

DIET, CHEMICAL EXPOSURE, AND THE HEALTH OF CHILDREN AND ADOLESCENTS

CCHI

- **Children and adolescents are at a key stage of development —** their bodies and brains are still growing, so diet and chemical exposures can have stronger effects during this period.
- **Diet plays a dual role —** it provides essential nutrients but can also be a source of chemical exposure through food, water, and even the air they breathe.
- **Potential health impacts —** studies link these exposures to changes in growth, metabolism, and learning or behavior.
- **Why is this important? —** understanding how diet and chemical exposure interact helps support healthier choices and long-term well-being for children and youth.

U.S. Environmental Protection Agency (EPA). *Understanding Exposures in Children's Environments.* https://www.epa.gov/healthresearch/understanding-exposures-childrens-environments

FARMWORKER JUSTICE NCFH National Center for Farmworker Health, Inc. AAPCHO NCHPH National Center for Health in Public Housing

CCHI

Speaker Introduction

FARMWORKER JUSTICE
NCFH National Center for Farmworker Health, Inc.
AAPCHO Association of Asian Pacific Community Health Organizations
NCHPH National Center for Health in Public Housing

Pediatric Wellness Visits and Care Teams Discussion Guide

Audience: All staff members within each practice (min. 75% staff participation).

Focus: Pediatric Wellness Visits (aka well-child checks)

Objective: Following this session, I will understand:

1. What are Pediatric Wellness Visits?
2. Why are Pediatric Wellness Visits important in value-based care models?
3. What role do I play in Pediatric Wellness Visits?

SECTION I: Pediatric Wellness Visits

A pediatric wellness visit is a routine wellness

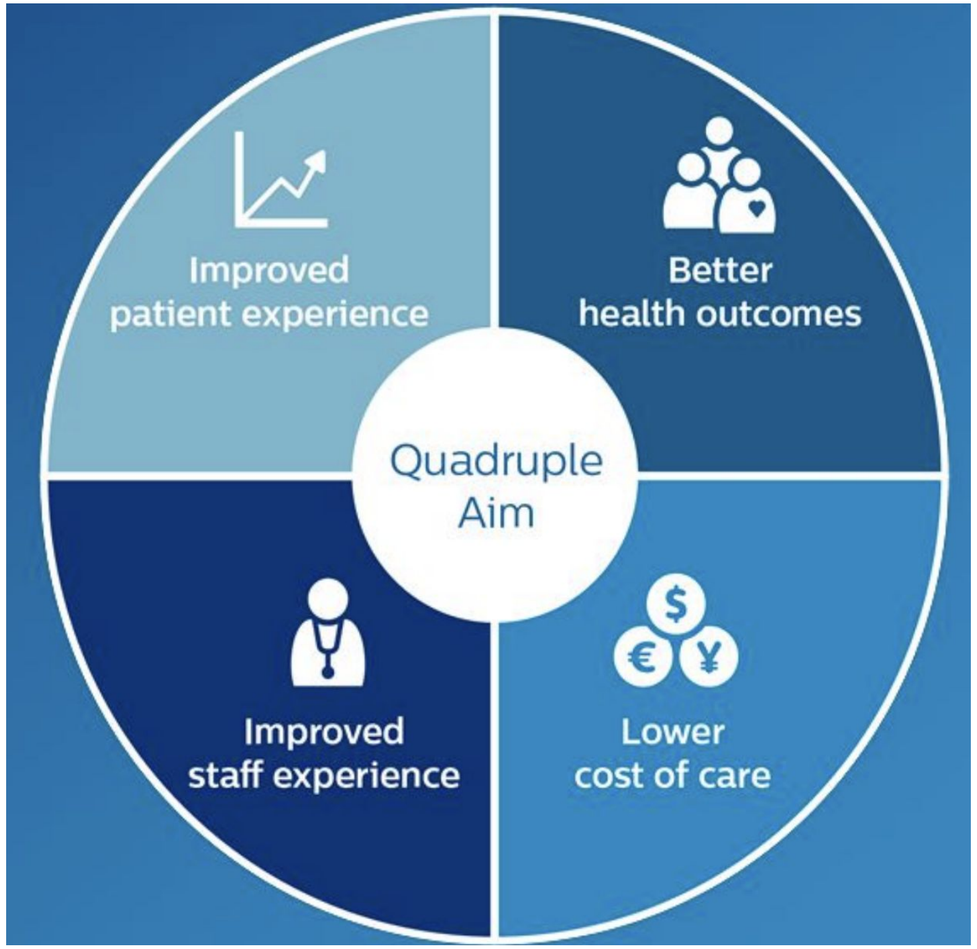
Why focus on Pediatric Wellness Visits?

1. Why? (Quadruple Aim)

NCHPH
National Center for Health in Public Housing

Link to resource: UC Health Pediatric Wellness Visit Discussion Guide

Pediatric Obesity and Value-Based Care



The Pediatric Wellness Visit is a fundamental tool in reducing rates of pediatric obesity:

- Serves as an interdisciplinary forum for Medical Doctors (MDs), Registered Nurses (RNs), Registered Dieticians (RDs), Community Health Workers (CHWs), etc., to contribute to patient care.
- Value-based care models provide health centers with financial benefits for completing screening, lowering emergency department visits , and preventing diagnoses.

NCHPH
National Center for Health in Public Housing

Case Study: Pediatric Obesity and Insulin Resistance

Jason is a 15-year-old male who presented to the primary care clinic for follow-up regarding obesity and nutritional concerns. He lives with his mother and niece and has expressed interest in achieving a healthier weight but reports difficulty maintaining lifestyle changes and limited support at home.

Anthropometrics:

- Height: 5 ft 6 in (167.6 cm)
- Weight: 200 lb (90.7 kg)
- Body Mass Index (BMI): 32.3 kg/m² (98th percentile for age and sex; obesity classification)

NCHPH
National Center for Health in Public Housing

Please take a moment to type your response to the following:

What are your primary concerns regarding Jason's health at this point in the visit?

How can this pediatric wellness visit be leveraged to provide the most benefit to Jason?

NCHPH
National Center for Health in Public Housing

Test	Result	Reference Range	Interpretation
Total Cholesterol	212 mg/dL	<170 mg/dL	Elevated
LDL Cholesterol	141 mg/dL	<110 mg/dL	Elevated
HDL Cholesterol	38 mg/dL	>45 mg/dL	Low
Triglycerides	178 mg/dL	<90 mg/dL	Elevated
Fasting Glucose	102 mg/dL	70–99 mg/dL	Slightly elevated
Hemoglobin A1c	5.8%	<5.7%	Indicates early insulin resistance
ALT (Alanine Aminotransferase)	46 U/L	10–40 U/L	Mildly elevated, possible hepatic steatosis

NCHPH
National Center for Health in Public Housing

Please take a moment to type your response to the following:

What do Jason's labs tell us about his clinical state?

What additional tests would be helpful at this time?

NCHPH
National Center for Health in Public Housing

Commonly Reported Finding	Interpretation	Next Step / Additional Test
Elevated fasting insulin and normal-to-borderline glucose	Indicates early insulin resistance or compensatory hyperinsulinemia	**Oral Glucose Tolerance Test (OGTT)** with 2-hour glucose and insulin levels to confirm insulin resistance or prediabetes
Low HDL and elevated triglycerides	Early metabolic syndrome	**Full fasting lipid panel** and possibly **Apolipoprotein B (ApoB)** or **non-HDL cholesterol**
Borderline elevated ALT/AST	Possible nonalcoholic fatty liver disease (NAFLD)	**Hepatic ultrasound** and repeat **LFTs**; if persistently elevated, consider **HOMA-IR** or **FibroScan**
Normal thyroid-stimulating hormone (TSH)	Rules out hypothyroidism; if abnormal, could contribute to weight gain	If not already done, **Free T4** and **thyroid antibodies** to screen for autoimmune thyroid disease
Normal HbA1c (~5.5–5.7%)	Still below diabetic range but consistent with insulin resistance	**Repeat in 3–6 months**; if rising, initiate prediabetes protocol
Normal CBC, electrolytes	Screens for other systemic issues	Continue annual monitoring unless symptoms develop

Case Study: Pediatric Obesity and Insulin Resistance

Physical Examination:

Jason presented as an alert and cooperative adolescent who appeared older than his stated age. He engaged appropriately during the visit but demonstrated mild embarrassment when discussing weight and diet. His overall body habitus was notable for central obesity.

Vital Signs:

- Blood Pressure: 128/78 mmHg
- Heart Rate: 84 bpm
- Respiratory Rate: 18 breaths per minute
- Temperature: 98.6°F (37°C)

NCHPH
National Center for Health in Public Housing

The image displays the velvety-like area of darkened pigment typical of acanthosis nigricans.

Image source: Link

NCHPH
National Center for Health in Public Housing

This image displays how acanthosis nigricans can appear to merely be a dirty neck.

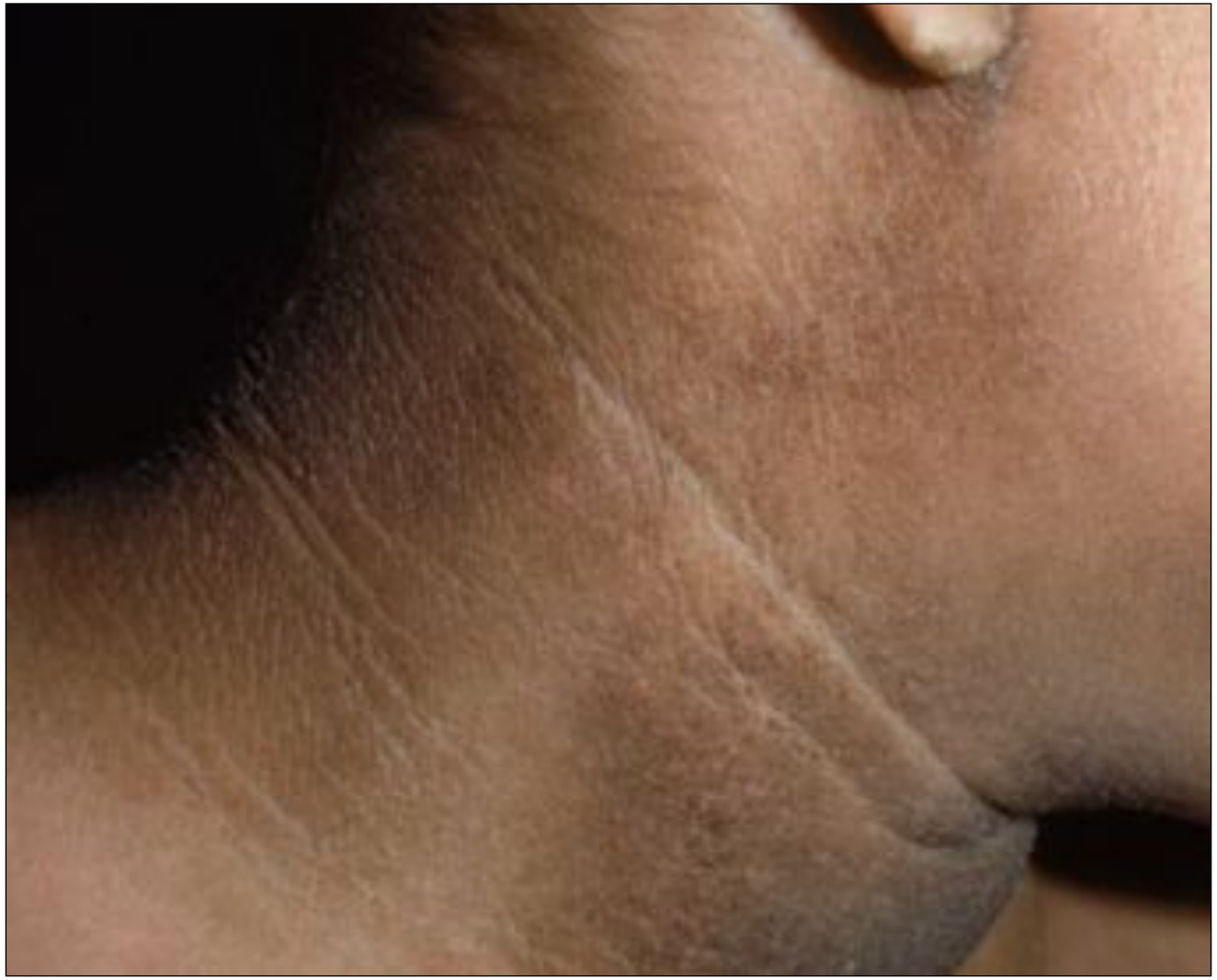


Image source: Link

National Center for Health in Public Housing

Case Study: Pediatric Obesity and Insulin Resistance

General Appearance:

Jason exhibited a rounded facial contour and prominent truncal adiposity. His shoulders, upper arms, and thighs showed relatively less subcutaneous fat compared with his abdomen and lower back, reflecting a clear visceral fat distribution pattern. This central accumulation is typical of insulin-resistant states and was visually apparent even at rest.

Skin:

Inspection revealed acanthosis nigricans over the posterior neck and axillary folds. Skin tags were present along the lateral neck folds. No striae, bruising, or Cushingoid features were observed.

NCHPH
National Center for Health in Public Housing

Respiratory:
Clear to auscultation bilaterally. No wheezes or rales. Slightly decreased diaphragmatic excursion was noted, likely due to truncal adiposity limiting full chest expansion.

Abdomen:
A protuberant abdomen with a waist circumference significantly above the 95th percentile for age. Palpation showed soft, non-tender subcutaneous and visceral fat without hepatosplenomegaly. Bowel sounds were normoactive. No hernias were detected.

Musculoskeletal:
Gait was stable and coordinated. Lower extremities showed mild genu valgum and early flattening of the medial arches, possibly secondary to excess weight load. No joint effusion or deformity.

NCHPH
National Center for Health in Public Housing

Clinical photographs of children with bilateral genu valgum with rickets.

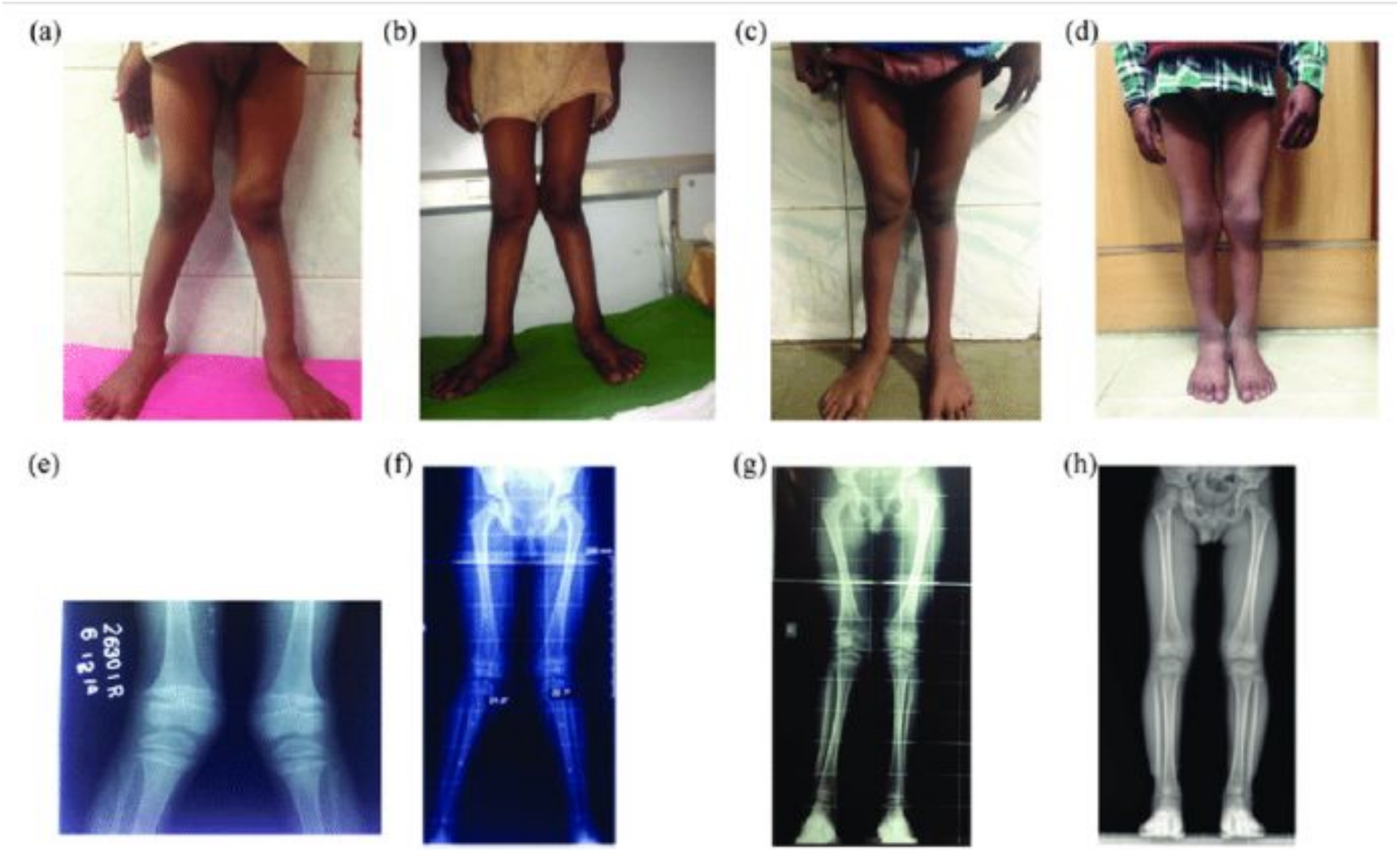


Image source: Link

NCHPH
National Center for Health in Public Housing

After reviewing Jason’s findings, the primary care team comprising the physician, behavioral health clinician, registered dietitian, and community health worker met to create a coordinated care plan.

The discussion centered on Jason’s central obesity, early insulin resistance, acanthosis nigricans, and the psychosocial barriers limiting his progress.

NCHPH
National Center for Health in Public Housing

- **Reviewed labs and physical findings** showing early insulin resistance and central obesity.
- **Established short-term goals**: portion control, reducing sugary beverages, and increasing daily movement.
- **Scheduled quarterly follow-ups** for weight, blood pressure, and repeat lipid/glucose testing.
- **Coordinated team communication** through the shared electronic record.

- **Created a simplified, affordable meal plan** emphasizing fruits, vegetables, lean proteins, and whole grains.
- Helped Jason and his mother **identify budget-friendly grocery options** and meal prep routines.
- **Taught label reading and portion estimation** during a short nutrition session.

NCHPH
National Center for Health in Public Housing

- **Provided cognitive-behavioral therapy (CBT)** to address emotional eating and low motivation.
- **Introduced strategies for coping** with cravings, stress, and body image concerns.
- **Conducted brief family sessions** to improve communication around food and weight.

- **Completed a home visit** to evaluate food availability, cooking environment, and family dynamics.
- Linked Jason to a local youth recreation center and community walking group.
- **Provided weekly follow-ups** by phone to reinforce goals and track progress.
- **Assisted with transportation coordination** and appointment reminders.

NCHPH
National Center for Health in Public Housing

Please take a moment to type your response to the following:

What other services could be added to Jason’s care plan?

What unique services at your Health Center would be helpful in supporting Jason's care?

National Center for Health in Public Housing

American Children's Exposure to Chemicals

The cumulative load of thousands of synthetic chemicals that our children are exposed to through the food they eat, the water they drink, and the air they breathe may pose risks to their long-term health, including neurodevelopmental and endocrine effects.

Over 40,000 chemicals are registered for use in the U.S.

Source: EPA

National Center for Health in Public Housing

American Children's Exposure to Chemicals

Pesticides, microplastics, and dioxins are commonly found in the blood and urine of American children and pregnant women—some at alarming levels.

Children are particularly vulnerable to chemicals during critical stages of development—in utero, infancy, early childhood, and puberty. Research suggests that for some chemicals, this cumulative load of exposures may be driving higher rates of chronic childhood diseases.

Source: EPA

NCHPH
National Center for Health in Public Housing

Chemical Hazards: The Role of Health Centers

News at S

New report: Public health crisis unfolds as Tijuana River sewage contamination escalates

The new report by SDSU researchers shows that the public health impact may extend far further than beach closures, as toxic chemicals and microbes are also found in air and soil.

By SDSU News Team
Wednesday, February 14, 2024

Share

Check for upda

RESEARCH ARTICLE SUMMARY

AIR POLLUTION

Heavily polluted Tijuana River drives regional air quality crisis

Benjamin Rico, Kelley C. Barsanti, William C. Porter, Karolina Cysneiros de Carvalho, Paula Stigler-Granados, Kimberly A. Prather*

Full article and list of author affiliations: https://doi.org/10.1126/science.adv1343

INTRODUCTION: The Tijuana River watershed is the epicenter of an environmental and public health crisis. For decades, millions of gallons per day of untreated sewage, industrial waste, and contaminated runoff have been released into the river, subsequently flowing through the Tijuana River Estuary and into the Pacific Ocean. These heavily contaminated waters recently caused nearly 1300 consecutive days of Southern California beach closures, negatively affecting both public health and the economy. Whereas health concerns have typically focused on direct exposure to contaminated waters, this study addresses the often-ignored impact of polluted waters on air quality. Pollutants are transferred from water to air—a process that is enhanced by turbulent flows—where they can be dispersed over tens of kilometers. As water pollution increases globally, understanding the atmospheric consequences of contaminated water bodies is critical to safeguarding public health.

RATIONALE: In summer 2024, even in the absence of rain, wastewater flows surged to millions of gallons per day, enhancing water-to-air transfer of hydrogen sulfide (H_2S)—a toxic gas and key sewage tracer—and other hazardous gases. Despite community concerns, the pollutants causing malodors and adverse health effects had never been identified or quantified. In this study, we combined advanced measurements and trajectory modeling to demonstrate that poor water quality can substantially affect air quality, highlighting inhalation as a major exposure pathway while validating long-dismissed community voices.

RESULTS: Neighborhood-based nighttime H_2S levels near a riverine hotspot located at the Saturn Boulevard river crossing peaked at 4500 parts per billion (ppb)—with hourly averages orders of magnitude above typical urban levels (<1 ppb) and California's 1-hour ambient air quality standard (30 ppb). A sudden wastewater diversion abruptly reduced peak nighttime flows from between 40 and 80 million gallons per day (MGD) to <5 MGD. H_2S levels and odor reports were strongly correlated (correlation coefficient $r = 0.92$), both sharply decreasing (~95%) after the wastewater diversion. The strong correlation supports that the turbulent riverine hotspot was the dominant source of malodors and H_2S. Air samples collected before and after the diversion also identified numerous compounds with known toxicity that decreased in abundance after the wastewater diversion, underscoring that exposure is not limited to a single toxic gas. An air trajectory model was able to reproduce the observed H_2S trends only when meteorology and river flows were represented, further supporting the riverine hotspot as the primary source. The model demonstrated the potential for widespread dispersion of airborne pollutants well beyond the edge of the contaminated Tijuana River.

CONCLUSION: Communities along the Tijuana River Valley have endured decades of environmental pollution, with a public health crisis now clearly linked to airborne exposure of wastewater-derived pollutants. Such prolonged exposure without adequate protection or timely intervention highlights an environmental injustice that demands action. Immediate actions—such as diverting wastewater away from the Tijuana River and implementing localized air monitoring—can sharply reduce toxic exposures, but long-term solutions require upstream treatment infrastructure, strengthened regulatory oversight, and binational collaboration to reduce pollutant discharges at their source. As the number of heavily polluted water bodies grows with ever-increasing inputs, ignoring water-to-air contaminant emissions in air quality management allows hidden risks to persist. Recognizing and addressing this airborne exposure pathway is critical to protecting vulnerable populations and advancing global health equity.

*Corresponding author. Email: kprather@ucsd.edu Cite this article as B. Rico *et al.*, *Science* **389**, eadv1343 (2025). DOI: 10.1126/science.adv1343

Downloaded from https://www.science.org on August 29, 2025

Source: San Diego University and Science

National Center for Health in Public Housing

Environmental Hazards History

- Location
- Temporal Relationship
- Activity
- Are others affected?

Source: WHO Children's Environmental Health Records

Follow-Up Questions

- What is the child's specific health condition?
- Is the substance(s) that the child was exposed to known to cause this type of health problem?
- If so, what is the weight of scientific evidence linking that health condition to a particular substance?
- Did any other exposures occur that might be related to the identified signs and symptoms?

Source: WHO Children's Environmental Health Records

National Center for Health in Public Housing

The Pediatrician/Provider Should Order Laboratory Testing for the Following:

- Possible biomarkers of exposure (if they exist for that substance)
- Possible toxicant-related biological effects
- The child's home environment for the exposure source.

Source: WHO Children's Environmental Health Records

Community Partnerships

- Eliminating lead-based paint (LBP) and radon hazards
- Ensuring air is clean
- Ensuring water is safe to drink
- Ensuring other home health and safety improvements are made

Source: HUD.gov

NCHPH
National Center for Health in Public Housing

WHO's Green Page

World Health Organization

Children's Environmental Health Record – "Green Page"

I. Demographics

Clinic information	Patient information		Environment
Visit date	Birthdate		Select one: ☐ Rural ☐ Urban ☐ Peri-Urban Comments:
Clinic	Sex	Gender	School: ☐ Yes ☐ No Grade:
Health Care Provider	Primary address		Other activities:
Tests/interventions			
	Guardian		Work: ☐ Yes ☐ No Type:

II. Exposure history

Does the mother/care giver express concerns about the environment? Which ones? Why?
Are there any well-known environmental risk factors in the area? Which ones?
Mother's and father's occupation
Is there overcrowding? (more than 3 people / standard room)
Are there pet animals at home and in the surroundings? Which ones?
Are there vectors of disease? Which ones?
Has the child suffered traffic-related injuries? Describe
Has the child suffered fire-related injuries or other? Describe
Has the child been exposed to chemical incidents? Describe
Has the child had poisoning due to chemicals and/or food poisoning? Describe
Is there exposure to venomous/poisonous animals?
Is there exposure to extreme temperatures? Describe
Observations (other relevant information)

III. Environmental exposure ratings

"ABC" OF ENVIRONMENTAL CONDITIONS		Home	School or Centre	Recreation area	Workplace	Community
BUILT ENVIRONMENT A. Excellent – B. Average – C. Precarious						
GEOGRAPHICAL AREA A. Low risk, B. Medium risk, C. High risk						
AIR A. Clean, B. Average C. Contaminated	Indoor					
	Outdoor					
WATER A. Potable, B. Average, C. Contaminated	Drinking					
	Other uses					
SOIL/FLOOR A. Adequate – B. Average – C. Inadequate						
SEWAGE DISPOSAL A. Adequate – B. Uncertain – C. Inadequate						
WASTE DISPOSAL A. Adequate – B. Average – C. Inadequate						
NOISE A. Low – B. Medium – C. High						
CHEMICAL EXPOSURE A. Low risk – B. Moderate risk – C. High risk						
TRAFFIC A. Low – B. Moderate – C. Intense						

NCHPH
National Center for Health in Public Housing

Source: Children's Environmental Health Record - Green

WHO's Green Page Cont'd.

IV. Public Services

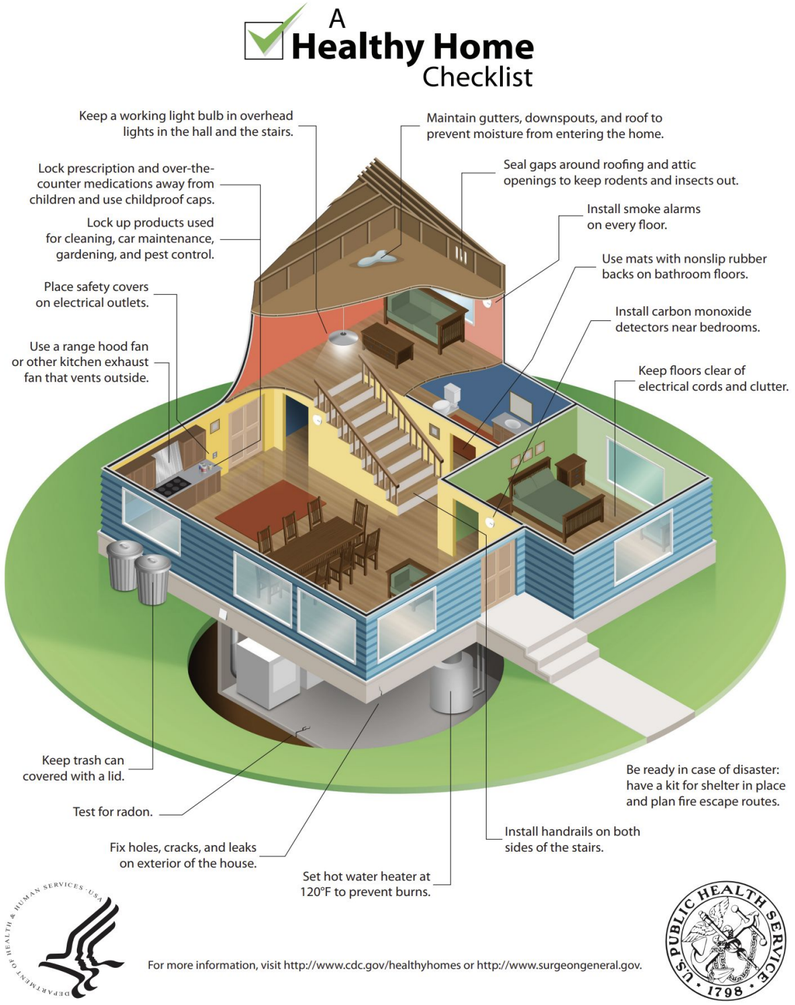
PUBLIC SERVICES AVAILABLE:	HOUSING	SCHOOL	COMMUNITY
ELECTRICITY			
COMMUNICATION (PHONE, RADIO, OTHER)			
WASTE COLLECTION			
FINAL WASTE DISPOSAL			
PUBLIC TRANSPORTATION			
PUBLIC LIGHTING			
HEALTH CARE CENTRE			
EXCRETA TREATMENT PLANT			
SEWAGE SYSTEM			
WATER SUPPLY			

V. Comments and Recommendations **Date:**

Source: Children's Environmental Health Record - Green

NCHPH
National Center for Health in Public Housing

HHS: A Healthy Home Checklist



Source: HHS. (n.d.) A Healthy Home Checklist

National Center for Health in Public Housing

HUD Healthy Housing Toolkit

Healthy Housing Toolkit for Housing Counselors

Originally Published February 2018 | Revised June 2024

Source: HUD. (2018). Health Housing Toolkit for Housing Counselors.

NCHPH
National Center for Health in Public Housing

EPA Indoor Air Quality Guide

Improving Your Indoor Environment

Did you know we spend about 90% of our time indoors?

Levels of air pollution indoors can be as high, and sometimes higher, than outdoor levels. Indoor Air Quality (IAQ) can affect anyone's health, but older adults, children, and people with health conditions like asthma and heart disease can be more vulnerable.
Learn about indoor air pollution and the steps that you can take to improve your indoor environment.

Indoor Air and Health are Connected - Take Action

- Learn how reducing indoor contaminants may improve health. Tour the IAQ Demo House.
- Ventilate! When outdoor air quality and weather permit, open doors and windows. Run kitchen and bathroom exhaust fans when cooking and showering.
- Consider a high-efficiency air filter for your HVAC system and/or a portable air cleaner that does not intentionally emit ozone.
- Control indoor moisture to prevent mold. Fix water leaks and keep humidity levels between 30-50% by ventilating or using a dehumidifier if necessary.
- Install and inspect carbon monoxide and smoke alarms.
- Declutter, wipe dust with a damp rag, and vacuum to help reduce asthma triggers, allergens, pests, and pollutants.
- If you rent, inform your landlord right away about indoor air quality or water concerns. You may also consult Environmental Law Institute's Indoor Air Quality Guide for Tenants.

Vent Your Combustion Appliances

- Vent all combustion appliances to the outside. Combustion appliances like heaters, stoves, and dryers can produce dangerous pollutants in your indoor air.
- Have your combustion appliances (like wood heaters and gas stoves) inspected annually and follow manufacturer instructions. Appliances that are not working properly can produce dangerous pollutants like carbon monoxide.
- Never use a cooking stove to heat indoors and never use a fuel powered generator indoors, even during power outages.

Consider Outdoor Air Quality

- Learn about pollution in your community and check outdoor air quality at AirNow.gov. Outdoor air pollution can impact IAQ.
- Be smoke ready. Purchase air cleaners and extra filters before wildfires start and create a clean air room. During fires, check air quality at fire.airnow.gov or local news.

Reduce Chemical Pollution Indoors

- Minimize the indoor use of cleaners, pesticides, perfumes, and other household and personal chemical products.
- Use less toxic cleaning products like mild soap and water. Look for products with EPA's Safer Choice label.
- Follow product label instructions, don't mix chemicals, and ventilate when painting, cleaning, sanitizing or disinfecting.
- Use non-chemical methods like integrated pest management whenever possible to manage pests. Avoid using pesticide sprays and foggers.
- Avoid smoking or using e-cigarettes indoors. If you live in multi-unit housing, consider advocating for a smoke-free policy in your building.

Check for Lead and Radon

- Test for lead in your home or school if it was built before 1978 and consult with your child's healthcare provider for advice on blood lead testing.
- Test your home or school for radon and fix if needed. Exposure to radon is the 2nd leading cause of lung cancer in the U.S.

Scan this QR code with your smartphone camera to view this document online

Scan here to visit EPA's Indoor Air Quality site, including resources for schools

EPA

May 2022

Source: EPA. (2022). Improving Your Indoor Environment

National Center for Healthy Housing

Case Study

A 5-year-old boy is brought to your health center by his mother, who is concerned that her child is hyperactive. At a parent-teacher conference last week, the kindergarten teacher noted that the boy appears impulsive and has difficulty concentrating, and recommended evaluation by a physician as well as by the school psychologist. The mother states that he has always seemed restless and easily distracted, but that these first 6 months in kindergarten have been especially difficult.

Family history reveals that the boy lives with his sister, mother, and maternal grandparents in an older suburb of their community. The child's monthly weekend visits to his father's house are working out fine. However, he seems to be fighting more with his sister, who has attention-deficit disorder and is repeating first grade. Since the mother moved in with her parents after her divorce 4 years ago, she has worked with the grandfather in an automobile radiator repair shop, where her children often come to play after school.

NCHPH
National Center for Health in Public Housing

Case Study

On chart review, you see that the boy was last seen in your health center for his preschool physical 1 year ago, results of which were normal. A note describes a very active 4-year-old who could dress himself without help but could not correctly name the primary colors. His vision was normal, but hearing acuity was below normal, and speech and language were slightly delayed, and immunizations are up to date.

Further history on that visit indicated an adequate diet, with no previous pica (a persistent and compulsive craving eating disorder). Spun hematocrit was diminished at 30%. Peripheral blood smear showed hypochromia and microcytosis. There was no evidence of blood loss, and stool examination was negative for occult blood. The diagnosis was “mild iron deficiency anemia,” and iron therapy was prescribed. The family failed to keep several follow-up appointments, but the child did apparently complete the prescribed 3-month course of iron supplements. He receives no medications at this time and has no known allergies.

NCHPH
National Center for Health in Public Housing

Case Study

- What should be included in this boy's problem list?
- What are possible causes of the anemia?
- What test would you order to confirm your diagnosis?

CCHI

Q&A

FARMWORKER JUSTICE
NCFH National Center for Farmworker Health, Inc.
AAPCHO ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS
NCHPH National Center for Health in Public Housing

CCHI
Connected Communities Health Initiative

THANK YOU

Please help us improve future sessions by completing our evaluation.

Disclaimer: This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of awards totaling $550,000 with 0% financed with non-government sources, $550,000 with 0% financed with non-government sources, $1,742,242.00 with 0% financed by nongovernmental sources, and $668,000 with 0% financed with non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

FARMWORKER JUSTICE
NCFH National Center for Farmworker Health, Inc.
AAPCHO Association of Asian Pacific Community Health Organizations
NCHPH National Center for Health in Public Housing