

Small Group	Attendees	Notes
Health Care/Prenatal	Moderator: Ada Otter, NW PEHSU Sally Goodwin - Childrens Margo Young - EPA Lauren Arnesen – Neighborcare Health HighPoint Amy Tseng Neighborcare Healthy – Rainier Beach Nimisha Ghosh Roy – Cross Cultural Health Care Lori Proulx-Burns – Fred Hutchinson Cancer Cntr	<p style="text-align: center;"><i>Health Care/Prenatal Group Notes</i></p> <p><i>Group Discussion Notes:</i></p> <p>Lori Proulx-Burns: Blackboards at an early learning center were sprayed with an unknown flame retardant by Shoreline Fire Department as part of annual safety inspection....</p> <ul style="list-style-type: none"> • Are flame-retardants required; what is the applicable legislation? • Aren't flame-retardants being banned? • Why the blackboard? • Answers TBD <p>Reproductive health and general health consequences of makeup/cosmetics/toiletries (not just for girls/women; but also boys as well)- are educational materials tailored to men as well [remember to think about both genders (cologne, deodorant)]</p> <p>How to educate healthcare providers? Are there good models out there?</p> <ul style="list-style-type: none"> • Curriculum change is hard! But needed to reach healthcare students before they are out in practice. Getting ENVH topics on certification exams/boards (for RNs, NPs, MDs, etc.) could be a key driver in getting ENVH topics into the school curriculum. • Promote new green handbook (AAP) to CHE-WA membership and to healthcare providers • PSR tried to offer training at Children's ~2 years ago; attendance and interest was very low ... so how to get potential CE recipients interested/present? • Linking resources and communities • Get mainstream organizations (ex. ACOG) to endorse/support/acknowledge the relevance of ENVH; that could be a driver for getting providers engaged • Partner w/ ANHE • WA State Medical Association- possible venue for training healthcare providers <p>How to best do environmental health education through community outreach?</p> <ul style="list-style-type: none"> • Ex. Women's-only health forums (hosted by Neighborcare High Point- contact Lauren Arnesen; Nimisha Ghosh Roy w/ Cross Cultural Health Care Program interested in collaborating), so that women can ask Q/discuss issues they wouldn't feel comfortable addressing in a mixed gender group (culturally-appropriate) • Offering multiple uses at schools (or near

		<p>schools)- ex. medical/dental services Intergenerational School in Cleveland- fully integrated into the community</p>
<p>Early Learning/Child Cares</p>	<p>Moderator: Gail Gensler, Local Hazardous Waste Management Program at King County Rachel Koller – Lorrie Grevstad-HHS/HRSA Michelle Roberts- City of Tacoma Rachael Brown-Kendall – City of Tacoma Katen Wimsett – Thurston County Health & SS Hazel Philp- DEL Tracee Mayfield – PHSKE Barbara Ross – EPA Kimberly Corrigan – Earth Charter Barbara Bennett Educational Therapist CHADD Jeanne Robson – Swinomish Early Education</p>	<p>Notes from early learning/child care group. Top picks shown with ****.</p> <p><u>If you were to change anything regarding early learning/child care, what would it be?</u></p> <ol style="list-style-type: none"> 1. Toys 2. Make it so that bleach is not the only acceptable sanitizer. Also, note that many audiences/agencies have multiple messages regarding bleach, which is confusing to the user. 3. Increase providers' awareness of critical needs so they can identify them early. 4. Follow the regulations of lead safe renovation. 5. Have providers use more ventilation instead of using "scents and sprays". 6. Have the career of childcare provider be more respected. 7. Better food 8. Decrease exposure to violence and other environmental stressors. 9. Increase overall education and awareness. 10. Communicate to pediatricians on developmental screening. Improve communication between childcare providers and their children's pediatricians. 11. Increased access to green choices and products. 12. Reach parents for childcare staff. <p><u>Given limited resources and reduced budgets, how can we do these things? What things are working?</u></p> <ol style="list-style-type: none"> 1. ****Build relationships; build trust. Family child care providers are often isolated and have a hard time getting information; they need a trusted person to turn to. This is critical. 2. ****Provide one-on-one assistance/act as a bridge between providers and licensors. 3. ****Support ways in which the provider community can teach each other (for example the Promotora model). Build community and ways in which the community can transfer information amongst itself. 4. **** Combine education and regulation. Make sure providers know what things to avoid that would get them cited. Also, tell providers what they can do along a spectrum of change; i.e. with no money, or with little time or money. Provide technical assistance to both licensors and to providers. 5. ****We should consider doing more <u>pre-service...</u> for providers, licensors, and students. Find ways to get information out to them on the front end.

Then sustain and support the childcare providers through continuing in-service.

6. ****We know that childcares are doing good things for our children. We need to take a strength-based approach and remember to tell them what they're doing well and how they're successfully doing/meeting multiple things at the same time.
7. Note that Child Care Resources and Referral has access to all providers; therefore, work through CCRR.
8. Attend fairs such as preschool fairs and other fairs such as the *Seattle's Child Building Blocks* fair; get the word out there.
9. Put some multiple messages on eco-healthy needs into one document (i.e. bleach)
10. Note that providers hear multiple messages about bleach from different regulators; this is confusing. In 2012, Tracee Mayfield plans to pull together a document summarizing in one place different regulators' rules regarding bleach in King County.
11. Note that there is a role for best practices; we need to get people talking and start the conversation at the level of the WAC's.

Some ideas from Thurston County Child Care Resources and Referral: They...

12. Support the Eco-Healthy Childcare program (both of the attendees are EHCC trainers).
13. Reach providers through multiple media. They send a snail mail and e-mail newsletter every other week with timely information plus a quarterly newsletter, and a bimonthly training bulletin. They have considered providing ways for providers to ask questions and get answers through these newsletters and/or to provide a way for the providers to talk to each other.
14. Attend family childcare association meetings, and do other key informant meetings.

What comes to mind for change in the early learning/child care environment when you think from a parent's point of view?

1. I want my child to be hugged; I want a quiet place for them, and some smiles. The space may have poor ventilation or smell like bleach, but my child is loved. There is a good social/emotional balance happening.
2. Infant care options are so limited. It's a very competitive race to get into the childcare that you want with a level of quality that you seek.
3. Parents come into the childcare with differing interests. For example, some breast-feeding mothers want to bring in milk; other

		<p>mothers want the providers to use cloth diapers.</p> <p>4. Some parents get angry because they lack information/education on how to make safe choices, for example on how to buy safer toys.</p>
School Environments	<p>Moderator: Julia Singer-Local Hazardous Waste Management Program at King County Jennifer Howell – Triangle Association Donna Miscolta – King County Solid Waste Sarah Butzine – OSPI Janna Rolland – Washington Toxics Coalition Nancy Bernard – WA DOH Gilda Wheeler – OSPI Ed Foster - Archdiocese of Seattle Gus Ripple – Archdiocese of Seattle Dale Alekel – King County Green Schools Prog. Alanna Conley – EPA Ned Therien – State Board of Health Julia Singer – Local Hazardous Waste</p>	<p>Green Ribbon Schools Award Program Maybe have a summit for students and teachers. Program is an initiative of federal government with 3-pillars: increasing environmental and sustainability literacy, reducing environmental footprint, improve learning conditions and creating healthy community for students and staff. King County Green Schools Program – include transportation issues, walkability, safe routes to schools. How could EPA, or other agencies, provide training or other resources. Develop some type of clearinghouse. Schools get overwhelmed trying to keep up with programs that are happening.</p> <ul style="list-style-type: none"> • Seminar to meeting for those interested? • Maybe hosted by E3 Washington? • Website for information? • One page sheet describing various programs distributed to schools • Green Clubs at schools <p>HealthySchools@Wa.gov – not currently robust with EH information Engage Students Student forums in schools developing priority lists. Then engage school administrators and local government officials. Toxic exposures in schools from various supplies and cleaning products School gardens teach healthy habits & sustainability Curriculum can teach principles School nutrition – what is healthy food that kids will eat?</p>
Home Environments	<p>Moderator: Lauren Jenks-WA DOH Aileen Gagney Mark Soltman Erin Hislop Nicole Thomsen Charles Wu Diana Whitaker Jane Mountjoy-Venning Liz Loudon Stella Chao</p>	<p>We opened the discussion by considering the resources that are needed for assuring healthy homes for children in Wa. Top of mind responses included:</p> <ul style="list-style-type: none"> • Funding • Public education around home environmental health • Partners, resources, data gaps—what does our housing look like, where is our housing? • Data—Concern/question—we are encouraged to do only programs that are based on data, but there are huge data gaps. Data are important, but there are political, systematic problems involved

		<p>in deciding what data to collect.</p> <ul style="list-style-type: none"> • Trend—larger and larger population of homeless kids. On street or living in car, tent, informal shelter. Some kids live in home environments that are physically unsafe, subject to abuse. How can we connect environmental health issues with home visiting programs? We need to consider-- when we send out inspectors, do they have the wherewithal to deal with suspected abuse? • People appear to be “withdrawing into their niches” now because they are just trying to keep their programs alive. We are losing opportunities to connect and reinforcing silos because of the economic environment. • Communication gap—how do we find, communicate with families who are homeless? How do you deal with EH issues when people have such devastating problems • How do we start a conversation with policy makers about EH that shows that the topic is more than a chemical by chemical deal? • Need policy changes to address funding siloes. Include equity analysis in decision making for cuts and determining uses for money. • Issue—funding is siloed, and that leads to siloed activities, and forms a barrier to collaboration. <p>Next, we considered what strengths we have that set us up well to address healthy homes:</p> <ul style="list-style-type: none"> • Discussions with ATSDR, Children’s EH, EPA lead program collaborating to combine outreach— can we all take each other’s materials with us when we go out? • We can learn from Alaska’s example—in AK, it’s so expensive to travel that once a public health person gets to a community they do everything— give dogs rabies vaccines, test water, everything • Partnership, getting a full understanding of everything that is going on—do we have the bird’s eye view • Strength—coming from an environmental
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		<p>perspective helps you see connections—this ability to see connections and value the connectivity is inherent in the field. People are used to seeing connections. Unexpected partnerships happen and add strength.</p> <ul style="list-style-type: none"> • Need to reach out to other non-governmental institutions. Find the community organizations where the dollar can go farther—do the capacity building. • Helpful to have community groups to advocate for continuation of the funding. • Strength—caring people, passion • Economic situation—bringing opportunities for doing things differently—that make lead to opportunities to do things better <p>Next, we discussed what partners we would like to reach out to. Included in our brainstorm were:</p> <ul style="list-style-type: none"> • Neighborhood capacity—networks that are not a part of formal groups, association. How do you get resources to these informal networks? • Emergency management has developed lists of resources within communities • Home health care workers. SEIU, Labor, are there opportunities to add to their training? • Community health centers have environmental aspect built into charters. They do training as well that we could build on—train the trainer, perhaps. May be tied into the funding for federally qualified health centers • Senior centers, Agency on aging, mediation take back/poisoning hazards for kids • Parent groups, community groups—let them know that they should bring grandparents or other caregivers • Groups of midwives, doulas—organizations that do culturally competent training
<p>Research & Data</p>	<p>Moderator: Holly Davies -WA ECY Fan Solomon – Evergreen State College</p>	<p>Summary: Create long and short term issues Need to provide integration of data to present cogent info to legislators. Need to engage communities regarding environmental</p>

	<p>Sarah Alexander – Global Alliance to Prevent Premature & Still births/ Seattle Children’s Alice Chapman – Local HW Mgmt Program KC Sheryl Stohs – EPA Annie Merritt – DOH Cheri Zehner – Environmental Building Catherine Karr – UW Pediatric Environmental Health Service</p>	<p>justice to enact immediate changes. Need to integrate Environmental Health education into k-12 Health Ed. Market behavior changes to reduce use of products that contain toxics. Note: How do we know? When do we know enough to act? Difficult to prove that something is “safe.” Communities do not have time to wait for proof. How do we act before we have proof and what can we do in the meantime? How do we engage communities? How do we look at issues in a more holistic way? How do low income people control their environment? Teaching Environmental Health in schools. We shouldn’t have to scrutinize labels. Women use products that contain toxic such as perfumes, etc. We need to focus on marketing and how to chane behavior. Needs to be a win/win situation. We need to find a company to share the values of reducing toxics. Walmart has been testing toys for toxics and they have to report anything – mandated. We could tax non-organic foods. Health care providers need to be educated about toxic chemicals. Is the current data on exposure to toxic chemicals a cause of autism, ADD and ADHD in children? Pesticides – measure urine at 10 years, birth, 3 years Research related to geography. Correlation & causation. There are indicators in the environment with Red Tail hawks who have larger beaks.</p>
<p>Policy Change</p>	<p>Moderator: Carol Kraege - WA ECY Elizabeth Davis – League of Women Voters Bo Lee – King County Food & Fitness Chris Hoffer – US Dept of HUD Celine Servatius – Naval Hospital Oak Harbor Carrie McLachlan – Island Co. Public Health Sarah Field – HHS Judy Bardin- WA. DOH Steven Gilbert – Anna Dyer – Washington Toxics Coalition</p>	<p>Policy Change Bigger focus on ethical responsibilities</p> <ul style="list-style-type: none"> • Children deserve a chance to get to full capacity • EPA Precautionary– above doing no harm – have to do good <p>Precautionary principle should be enshrined</p> <ul style="list-style-type: none"> • Link human health & environment – ie- Seattle Comp Plan <p>Include health policies in all plans. E.g. –</p> <ul style="list-style-type: none"> • Comprehensive planning • Free range kids <p>Transportation plans do not include health issues</p> <ul style="list-style-type: none"> • States & locals still need to drive <p>Focus on positive – Be healthy</p> <ul style="list-style-type: none"> • Look for overlap – Partnerships • Prevention is Key – look for where momentum is happening <p>Focus on Children –</p> <ul style="list-style-type: none"> • Look at costs – how much bang for the buck • Make it real for policy makers and legislators • Local demonstration sites may be a way to show success • Look at resiliency – transportation, green space • Who needs to change? • Public legislature

		<p>Show how it's worked in other areas</p> <p>Hope matters – so does outrage</p> <p>Education around the policy options</p> <p>Policies should not put burden of proof on consumer</p> <p>Policies should think toward future</p> <ul style="list-style-type: none"> • Institutional - Physicians, chemist, green chemistry
Funding	Moderator: Aimee Boulanger -CHE-WA	No attendees
Food & Water in Children's Health	<p>Moderator: Dennis Weaver – Joseph Massucco – Eastside CHADD</p> <p>Tara Wolff- WA Board of Health</p> <p>Laura Hutchinson – Child Profile Public Health Sea-King Co.</p> <p>Trudy Bialic – PCC Natural Markets</p> <p>Richard Robinson – ATSDR</p> <p>Audrey Adams – Wa. Action for Safe Water</p> <p>Stephanie Coffey – NW WA Indian Healthy Board</p> <p>Will Perry – Public Health Sea.-King County</p>	<p>Prevention:</p> <ol style="list-style-type: none"> 1. Reduce lead in children by eliminating silicofluoride- that contains lead and leaches lead from pipes – public water systems. Turn off the fluoride tap! 2. GMO foods and chemical pesticides – risk factors unknown. Insist on mandatory GMO labeling 3. Substance w/b proven to be safe before introduced- like European countries 4. Keep food and water rules and regulations local <p>Promotion: Healthy, informed, educated food choices</p> <ol style="list-style-type: none"> 1. Promote more healthy food choices at school to reduce health issues and obesity. Affects low income and minorities greater. 2. Support universal breakfasts in school from regional food systems 3. Get processed food out of schools 4. School pea-patches and chickens 5. Fresh fruit and vegetable available to kids <p>Label Food & Water – full disclosure of chemicals inputs to food and water.</p>
Puget Sound/Ecosystems	<p>Moderator: Heather Trim - People for Puget Sound</p> <p>Bevin Horn – EPA</p> <p>Mikhaila Gonzales – Shadow Lake Nature Preserve</p> <p>Kimberley Cline – Puget Sound Clean Air</p> <p>Erin Kochaniewicz – DOH</p> <p>Anne Fowler – Kitsap Public Health Dist.</p> <p>Susan Toch - Water to Drink</p> <p>Tom Bancroft People for Puget Sound</p>	<p>PAH package</p> <p>Woodsmoke and fires - education and getting word out</p> <p>Stage one - no visible smoke</p> <p>Challenge of people burning garbage</p> <p>Wet wood</p> <p>Stage 2 - bans certified stoves as well</p> <p>\$1000 fine if burning during a wood ban</p> <p>PAH logs</p> <p>Food - contaminated fish and shellfish, dioxin in butter or toxics in other processed food, growing food in toxic areas.</p> <p>Antibacterial soaps - creating superbugs and also impacting Puget Sound</p> <p>Microbial source tracking - detection for sources of pollutants</p> <p>Rather than doing it all - streamlining the focus.</p>

Health Disparities

Moderator: Rochelle Labiosa
-EPA
Melodie Rothwell -
DHHS/Administrator For
Children and Families
Ellen Hegenauer - Catholic
Community Services
Zara Friedman -
Neighborcare Health
Carolyn Gleason -
DHHS/Maternal and Child
Health Bureau
Jesus Iniguez - Neighborcare
Health
Martha Perla - University of
Washington
Erin Mader EPA R10
Tania Tam Park - Puget
Sound Clean Air Agency

My question – How can we work together to reduce environmental health disparities, what barriers are there to collaboration, what tools or coordination could help us address the issues more holistically?

Social service agencies have many barriers. It is a combination of socioeconomic challenges that people face, low income, low level of education, often single women with cultural and/or language barriers, often untreated mental health problems – how do we address multiple barriers. Caseworkers are overwhelmed and do not want more added to the burden. Very few funds now available to support single women.

From a client’s perspective, agencies have disparate programs and requirements – there is a real need to streamline how individuals get the information they need/find out who is responsible for what, and for agencies to find ways to collaborate to decrease overlaps and find gaps. One way this could happen is with asset mapping. Cut out some of the red tape and increase effectiveness.

For health disparities in general, we need a better understanding of what individuals face and holistically where they would need to go to get information. We also need to know where individuals to go to get the information they need. Agencies need cultural competence in their outreach to their target populations – if we can collectively go to different events and not approach communities disparately, that would help. How can we best communicate – for example it is not just one item at a time, need to collaborate and find all the players/messages on health. At a health fair at a school, have representatives for the healthy kids events include sports/activities as well as other health messaging.
Open up collaboration and dialogue broadly on the issues.

Members of the community need to be represented at public meetings – get resources to leaders and get them the foundation for speaking up comfortably within/for their community. This could include training in public speaking and the issues of concerns; they may be intimidated and their need to be a way for theses “voices of the children” to be heard. Communities can be a culturally untapped resource and would be to everyone’s benefit to increase their capacity to address environmental health issues.

Programs to create extensionists/representatives seemed like a good way to move forward and get the community participation, however need support/funds/parking/childcare/food/incentives in order to participate (very busy lives and overburdened).

		<p>Make an inviting atmosphere for children and parents. Make meetings less hierarchical and encourage them to express opinions.</p> <p>Get funds directly to families, have home visits, recruit passionate community members/get suggestions from caseworkers or other home visitors who work with individuals. Some successful sessions have been agency listening sessions with a community that has been trained to recognize and discuss the issues.</p> <p>The “putting prevention to work grant” from King County is a good model. Also digital storytelling.</p> <p>Funding is short term- to be effective needs to be greater than one year Training/community input should be built into every grant. Also need to improve ways to get information from community back to state and federal level.</p>
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