

# Environmental Concerns and Assessment In the School Setting

Slides  
before 1st  
Section  
Divider

Defining  
Pediatric  
Environmental  
Health

Children as  
an "At Risk"  
Population

Environmental  
Assessment

Environmental  
Considerations

Now  
What?

Disclaimer



**SWCPEH**  
Southwest Center for Pediatric Environmental Health

# Environmental Concerns and Assessment in the School Setting

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**SWCPEH**  
Southwest Center for Pediatric Environmental Health



# **GOALS FOR THIS TALK**

**At the end of this session the learner will be able to:**

- Define ‘Pediatric Environmental Health’**
- Describe 5 ways in which children are uniquely vulnerable environmental exposures**
- Obtain an efficient Screening Pediatric Environmental Health History (Taking in to account children's unique vulnerabilities)**
- Access additional tools to gather a more detailed environmental history when indicated.**






# **What is Pediatric Environmental Health**

- 
- **Environmental health is the field of science that studies how the environment influences human health and disease**

- *NIEHS Definition*

<http://www.niehs.nih.gov/oc/factsheets/pdf/e-health.pdf>

- 
- “Environmental health includes both the *direct pathological effects* of chemicals, radiation and some biological agents, and the *effects (often indirect)* on health and *wellbeing of the broad physical, psychological, social and aesthetic environment* which includes housing, urban development, land use and transport.”

- ***World Health Organization Definition***


[http://www.euro.who.int/eprise/main/WHO/Progs/HEP/20030612\\_1](http://www.euro.who.int/eprise/main/WHO/Progs/HEP/20030612_1)



# An Operational Definition of Pediatric Environmental Health

- The *Diagnosis, Treatment, and Prevention of Illness* due to Pediatric Exposure to Environmental Hazards
- The *Creation of Healthy Environments* for Children





# GENE ENVIRONMENT INTERACTIONS

- **Gene-environment interactions can shift the balance between health and disease**
- ***“Genetics loads the gun...but environment pulls the trigger”<sup>1</sup>***
- **Gene-environment interactions are influenced by gender and age**





# **ENVIRONMENTAL HEALTH HAZARDS**

- **Children often more susceptible**
- **Among parents' top health worries**
- **Concerns about environment and**
  - **Asthma**
  - **Developmental disabilities**
  - **Obesity**
  - **Birth defects**
  - **Pediatric cancer**



# The New Pediatric Morbidity

**A range of chronic disabling and sometimes life threatening conditions of complex and poorly defined origins that affect increasing numbers of American children today**

- Asthma**
- Developmental Disorders**
- Obesity**
- Endocrine and Sexual Development Disorders**
- Cancer**



## **Environmental Related Disease Is *Expensive***

- **The US Department of Education spent \$36 billion on special education services in the US in 1996**
- **Charges for Asthma Hospitalization in NYC for 1 – 4 year olds was \$33.4 million in 2000**
- **Total annual costs are estimated to be \$54.9 billion (range \$48.8-64.8 billion): \$43.4 billion for lead poisoning, \$2.0 billion for asthma, \$0.3 billion for childhood cancer, and \$9.2 billion for neurobehavioral disorders**



# **Environmental Exposures Are *Preventable***

- **Lead can be abated. Practices that create hazards can be avoided**
- **CO poisoning can be prevented with inexpensive detectors (New NYC Law 11/1/2004)**
- **Pesticides can be avoided – IPM**
- **Less toxic cleaning products can be chosen**
- **Radon can be detected and remediated**
- **Mold can be abated and prevented (Moisture control)**
- **Diet can be altered to reduce mercury and pesticide exposure**
- **Water can be tested for solvents and treated or replaced**





# **THE THEORY OF CHILDREN'S UNIQUE VULNERABILITY**

***Why children are not just little  
adults when it comes to  
environmental exposures***



# Unique Vulnerabilities of Children

- Children consume more food, drink more water, and breathe faster than adults
- Children have unique behaviors, diets, and are closer to the ground
- Children have immature metabolic pathways
- Young children have unique windows of vulnerability – particularly in neurodevelopment
- Children have a very long ‘shelf life’



# Greater Exposure

- Children can have greater exposure to environmental toxins than adults.

Pound for Pound of body weight children drink more water, eat more food, and breath more air than average American adults.



# Unique Behaviors

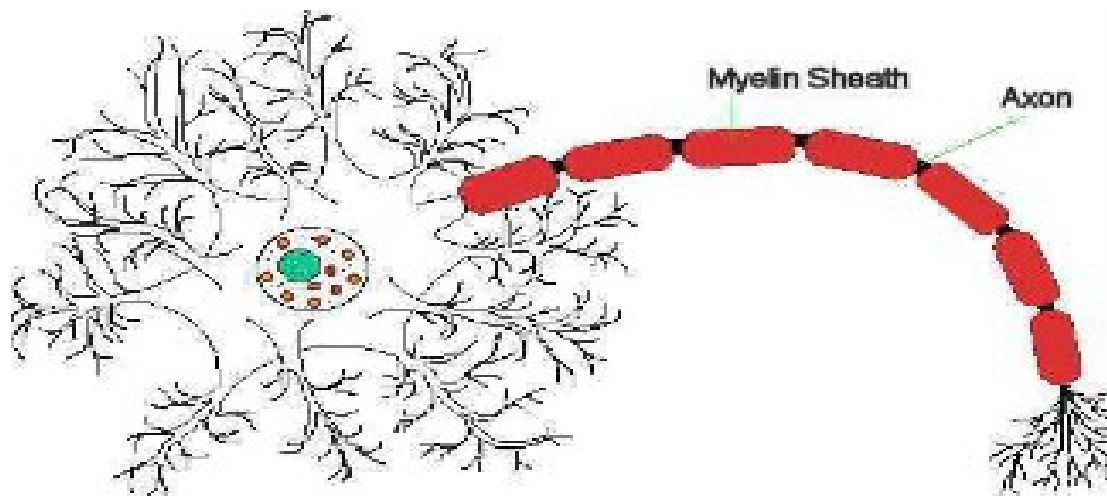
- **Hand to mouth behavior.**
- **Children play close to the ground.**
- **Unique diet.**





# Windows of Vulnerability

- Young children are undergoing rapid growth and critical neurologic development



# A Long 'Shelf Life'

- Children have a longer “shelf-life.”
  - They have more future years ahead to develop illnesses with a long latency from the inciting or contributing exposure.





# **IS IT REALLY TRUE?**

**Recent Evidence That Supports This Theory  
of Children's Unique Vulnerability to  
Environmental Toxins**



# Synthetic Chemicals

- **More than 80,000 chemicals registered with EPA**
- **Greatest risk are 2,863 high-production-volume (HPV) chemicals (produced in amounts of 1 million pounds or more per year)**
  - **Fewer than half have been tested for Toxicity to Human Health**
  - **Less than 10% have been tested for pediatric neurotoxicity**
- **Gaps in knowledge are particularly great in regard to developmental toxicity**

**U.S.EPA, New Chemicals Program; Landrigan, P.J., et al, (2006). The national children's study: a 21-year prospective study of 100,000 American children. Pediatrics, 118(5), 2173-2186.**





# Evidence of Children's Increased Exposure

- In the CDC's 3<sup>rd</sup> National Report on Human Exposure to Environmental Chemicals (part of NHANES) **many chemicals are found in greater amounts in children than adults** suggesting that children really are exposed to a greater degree

<http://www.cdc.gov/exposurereport/>



# ENVIRONMENTAL HEALTH HAZARDS

- **Questions about the environment are basic to a complete pediatric history**
- **During much of the last century, doctors made house calls and could observe the child's environment - this is no longer common practice**
- **Now, *asking* about physical surroundings is needed to identify some exposures, prevent others**



# WHEN TO TAKE AN ENVIRONMENTAL HISTORY

- **Health Supervision Mandated Screenings**
  - **Hearing, Vision, and/or Flu Vaccination**
- **Routine urgent visits by Staff or Students**
  - **Asthma, Stomach Illnesses**
- **Other visits for illness**
  - **Unusual presentations**
  - **Persistent or puzzling/non-specific symptoms**
  - **Multiple persons with same symptoms**



# INTEGRATING QUESTIONS ABOUT ENVIRONMENT INTO THE HISTORY

- Many areas of questioning are already part of the history
- Using Screening History Form can ensure completeness
- Supplemental Form provides additional information





# NEEF Tools to Guide the Pediatric Environmental History

- **Primer**
  - The Importance of the school nurse and teachers roles
- **Screening Form**
  - should be standard practice in assessment
- **Additional History**
  - probe for more if concerns arise in the screener  
use as an educational opportunity
- **Environmental History for Asthma**



# Pediatric Environmental History (0-18 Years of Age)

## The Screening Environmental History

For all of the questions below, most are often asked about the child's primary residence. Although some questions may specify certain locations, one should always consider all places where the child spends time, such as daycare centers, schools, and relative's houses.

# NEEF Screening Tool

Where does your child live and spend most of his/her time? \_\_\_\_\_

What are the age, condition, and location of your home? \_\_\_\_\_

Does anyone in the family smoke?  Yes  No  Not sure

Do you have a carbon monoxide detector?  Yes  No  Not sure

Do you have any indoor furry pets?  Yes  No  Not sure

What type of heating/air system does your home have?  
 Radiator  Forced air  Gas stove  Wood stove  Other \_\_\_\_\_

What is the source of your drinking water?  
 Well water  Citywater  Bottled water

Is your child protected from excessive sun exposure?  Yes  No  Not sure

Is your child exposed to any toxic chemicals of which you are aware?  Yes  No  Not sure

What are the occupations of all adults in the household? \_\_\_\_\_

Have you tested your home for radon?  Yes  No  Not sure

Does your child watch TV, or use a computer or video game system more than two hours a day?  Yes  No  Not sure

How many times a week does your child have unstructured, free play outside for at least 30 minutes? \_\_\_\_\_

Do you have any other questions or concerns about your child's home environment or symptoms that may be a result of his or her environment? \_\_\_\_\_

Follow up/ Notes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The Screening Environmental History is taken in part from the following sources:

- American Academy of Pediatrics Committee on Environmental Health. Pediatric Environmental Health 2nd ed. Etzel RA, Balk SJ, Eds. Elk Grove Village, IL: American Academy of Pediatrics; 2003. Chapter 4: How to Take an Environmental History.
- Balk SJ. The environmental history: asking the right questions. *Contemp Pediatr*. 1996;13:19-36.
- Frank A, Balk S, Carter W et al. Case Studies In Environmental Medicine. Agency for Toxic Substances and Disease Registry, Atlanta GA. 1992, rev. 2000. Taking an Exposure History.

This screening environmental history is designed to capture most of the common environmental exposures to children. The screening history can be administered regularly during well-child exams as well as to assess whether an environmental exposure plays a role in a child's symptoms. If a positive response is given to one or more of the screening questions, the primary care provider can consider asking further questions on the topic provided in the Additional Categories and Questions to Supplement the Screening Environmental History.





# NEEF Additional History Form

## Pediatric Environmental History (0-18 Years of Age)

### Additional Categories and Questions to Supplement The Screening Environmental History

For all of the questions below, most are often asked about the child's primary residence. Although some questions may specify certain locations, one should always consider all places where the child spends time, such as daycare centers, schools, and relative's houses.

#### General Housing Characteristics (For lead poisoning, refer to Table 3-2 in Managing Elevated Blood Lead Levels Among Young Children)

Do you own or rent your home?	_____
What year was your home built? (Or: Was your home built before 1978? 1950?)	_____
Has your child been tested for lead?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Is there a family member or playmate with an elevated blood lead level?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your child spend significant time at another location? (e.g. baby sitters, school, daycare?)	_____

#### Indoor home environment (For asthma, refer to Environmental History Form for Pediatric Asthma Patient)

If a family member smokes, does this person want to quit smoking?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Is your child exposed to smoke at the baby sitters, school, or daycare center?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do regular visitors to your home smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Have there been renovations or new carpet or furniture in the home during the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your home have carpet?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Is the room where your child sleeps carpeted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you use a wood stove or fire place?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Have you had water damage, leaks, or a flood in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you see cockroaches in your home daily or weekly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you see rats and/or mice in your home weekly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you have smoke detectors in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

#### Air Pollution/Outdoor Environment (For asthma, refer to Environmental History Form for Pediatric Asthma Patient)

Is your home near an industrial site, hazardous waste site, or landfill?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Is your home near major highways or other high traffic roads?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Are you aware of Air Quality Alerts in your community?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you change your child's activity when an Air Quality Alert is issued?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you live on or near a farm where pesticides are used frequently?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure

# NEEF Additional History Form

## Food and Water Contamination

If you use well water for drinking, when was the last time the water was tested?

Coliform bacteria \_\_\_\_\_ Other microbials \_\_\_\_\_ Nitrites/nitrates \_\_\_\_\_ Arsenic \_\_\_\_\_ Pesticides \_\_\_\_\_

For all types of water sources:

Have you tested your water for lead?

Yes  No  Not sure

Do you mix infant formula with tap water?

Yes  No  Not sure

Which types of seafood do you normally eat? \_\_\_\_\_

How many times per month do you eat that particular fish or shellfish? \_\_\_\_\_

How many times a week do you eat any of the following types of fish?

Shark \_\_\_\_\_ Swordfish \_\_\_\_\_ Tile fish \_\_\_\_\_ King mackerel \_\_\_\_\_ Albacore tuna \_\_\_\_\_ Other \_\_\_\_\_

How often do you wash fruits and vegetables before giving them to your child? \_\_\_\_\_

What type of produce do you buy?  Organic  Local  Grocery store  Other \_\_\_\_\_

## Toxic Chemical Exposures (Also refer to Taking an Environmental History and Environmental and Occupational History in Recognition and Management of Pesticide Poisonings)

Consider this set of questions for patients with seizures, frequent headaches, or other unusual or chronic symptoms

How often are pesticides applied inside your home? \_\_\_\_\_

How often are pesticides applied outside your home? \_\_\_\_\_

Where do you store chemicals/pesticides? \_\_\_\_\_

Do you often use solvents or other cleaning or disinfectant chemicals? \_\_\_\_\_

Do you have a deck or play structure made from pressure treated wood? \_\_\_\_\_

Yes  No  Not sure

Have you applied a sealant to the wood in the past year? \_\_\_\_\_

Yes  No  Not sure

What do you use to prevent mosquito bites to your children? \_\_\_\_\_

How often do you apply that product? \_\_\_\_\_

## Occupations and Hobbies

What type of work does your child/teenager do? \_\_\_\_\_

Do any adults work around toxic chemicals? \_\_\_\_\_

Yes  No  Not sure

If so, do they shower and change clothes before returning home from work? \_\_\_\_\_

Yes  No  Not sure

Does the child or any family member have arts, crafts, ceramics, stained glass work or similar hobbies? \_\_\_\_\_

Yes  No  Not sure

## Health Related Questions

Have you ever relocated due to concerns about an environmental exposure? \_\_\_\_\_

Yes  No  Not sure

Do symptoms seem to occur at the same time of day? \_\_\_\_\_

Yes  No  Not sure

Do symptoms seem to occur after being at the same place every day? \_\_\_\_\_

Yes  No  Not sure

Do symptoms seem to occur during a certain season? \_\_\_\_\_

Yes  No  Not sure

Are family members/neighbors/co-workers experiencing similar symptoms? \_\_\_\_\_

Yes  No  Not sure

Are there environmental concerns in your neighborhood, child's school, or day care? \_\_\_\_\_

Yes  No  Not sure

Has any family member had a diagnosis of any of the following?

Asthma  Autism  Cancer  Learning disability

Does your child suffer from any of the following recurrent symptoms?

Cough  Headaches  Fatigue  Unexplained pain \_\_\_\_\_



# Environmental History Form for Pediatric Asthma Patient

Specify that questions related to the child's home also apply to other indoor environments where the child spends time, including school, daycare, car, school bus, work, and recreational facilities.

## NEEF Asthma Patient Tool

	Follow up/ Notes
Is your child's asthma worse at night?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Is your child's asthma worse at specific locations? If so, where? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Is your child's asthma worse during a particular season? If so, which one? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Is your child's asthma worse with a particular change in climate? If so, which? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Can you identify any specific trigger(s) that makes your child's asthma worse? If so, what? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Have you noticed whether dust exposure makes your child's asthma worse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your child sleep with stuffed animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Is there wall-to-wall carpet in your child's bedroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Have you used any means for dust mite control? If so, which ones? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you have any furry pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you see evidence of rats or mice in your home weekly?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you see cockroaches in your home daily?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do any family members, caregivers or friends smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does this person(s) have an interest or desire to quit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your child/teenager smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you see or smell mold/mildew in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Is there evidence of water damage in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you use a humidifier or swamp cooler?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Have you had new carpets, paint, floor refinishing, or other changes at your house in the past year?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your child or another family member have a hobby that uses materials that are toxic or give off fumes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Has outdoor air pollution ever made your child's asthma worse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your child limit outdoor activities during a Code Orange or Code Red air quality alert for ozone or particle pollution?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you use a wood burning fireplace or stove?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Do you use unvented appliances such as a gas stove for heating your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
Does your child have contact with other irritants (e.g., perfumes, cleaning agents, or sprays)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure
What other concerns do you have regarding your child's asthma that have not yet been discussed?	
_____	
_____	

NEEF Pediatric Asthma Initiative





# SCREENING HISTORY

- **Where child lives or spends time**
- **Exposure to secondhand smoke (SHS)**
- **Water source; food exposures**
- **Sun exposure**
- **Exposure related to parents' occupations**
- **Other concerns elicited from parent**



# What Comprises the 'Environment'

- **The natural environment**
  - Includes physical, chemical and biological things that occur naturally in our surroundings (air, water, food, soil)
- **The man-made or “built” environment**
  - Includes physical structures where people live, work and play and the consequences of human alteration to the natural environment (e.g. pollution)
- **The social environment**
  - Encompasses lifestyle factors such as diet and exercise, SES and other societal influences that may affect health
    - NIEHS



# WHERE THE CHILD LIVES OR SPENDS TIME

- **Community**
- **Housing**
  - Home
  - Child care
  - School
- **Outdoors**
- **Work (for employed teens)**





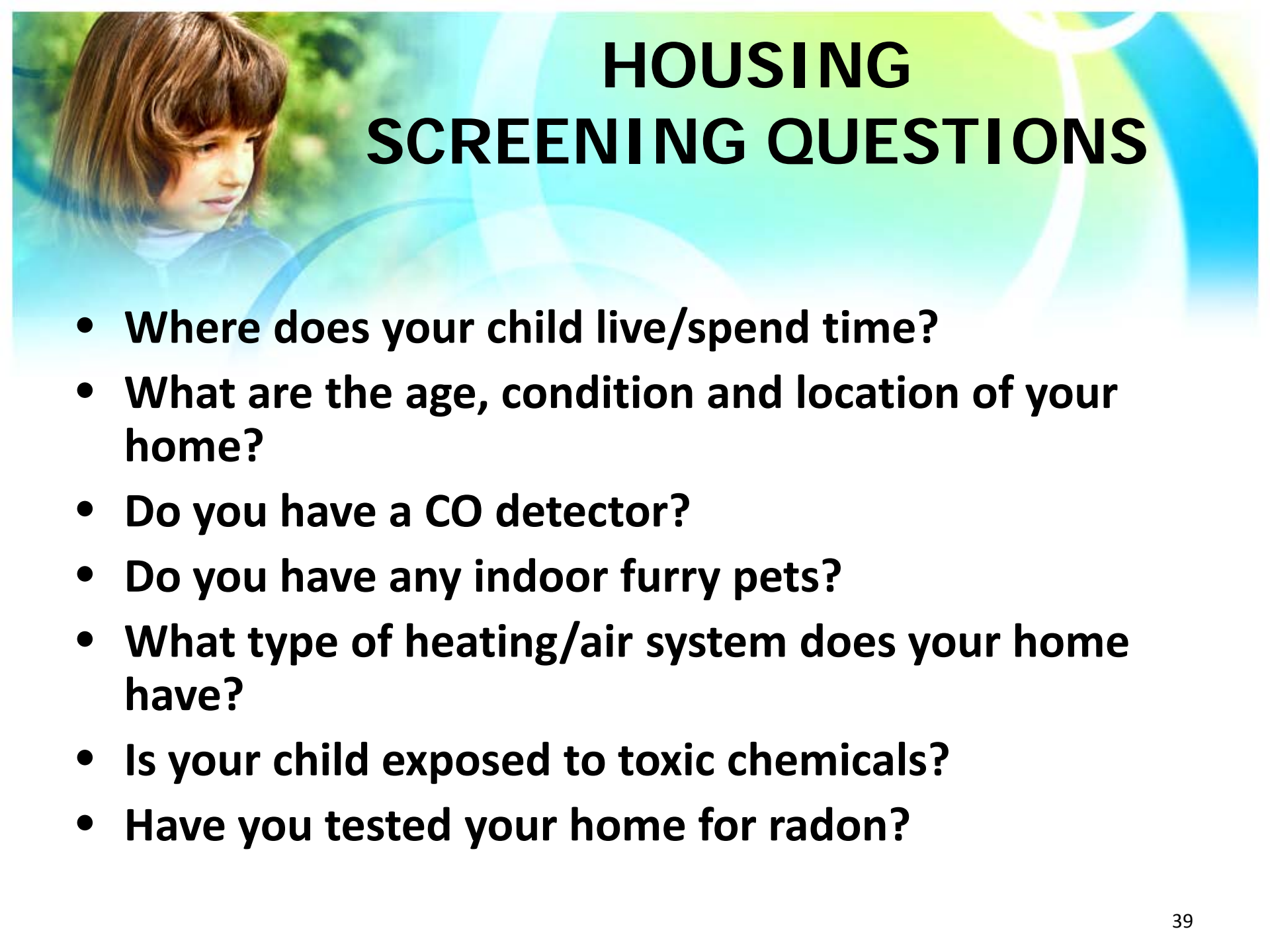
# COMMUNITY

- **Toxic hazards may exist in the community**
  - **Industrial/hazardous waste sites, landfills**
  - **Toxic hazards are often more prevalent in poorer communities**
- **More broadly, community factors impacting health include housing, land use and transportation**



# HOUSING

- **Home/child care/relatives' homes**
  - Infants/young children are mostly indoors
  - Lead paint
  - Air pollutants: carbon monoxide, heating sources, radon, allergens
  - Toxic chemicals (including indoor/outdoor pesticides)
- **School exposures**



# **HOUSING SCREENING QUESTIONS**

- **Where does your child live/spend time?**
- **What are the age, condition and location of your home?**
- **Do you have a CO detector?**
- **Do you have any indoor furry pets?**
- **What type of heating/air system does your home have?**
- **Is your child exposed to toxic chemicals?**
- **Have you tested your home for radon?**



# **SCHOOL/CHILD CARE**

- **School Elected Officials should visit/walk through the school/child care setting at periodic intervals throughout the school year**
- **They can look for**
  - **Mold or water damage**
  - **Pets in the classroom**
  - **If newly renovated areas are cleaned up or aired out for safe occupancy**
  - **The smell of harsh/hazardous cleaning products**



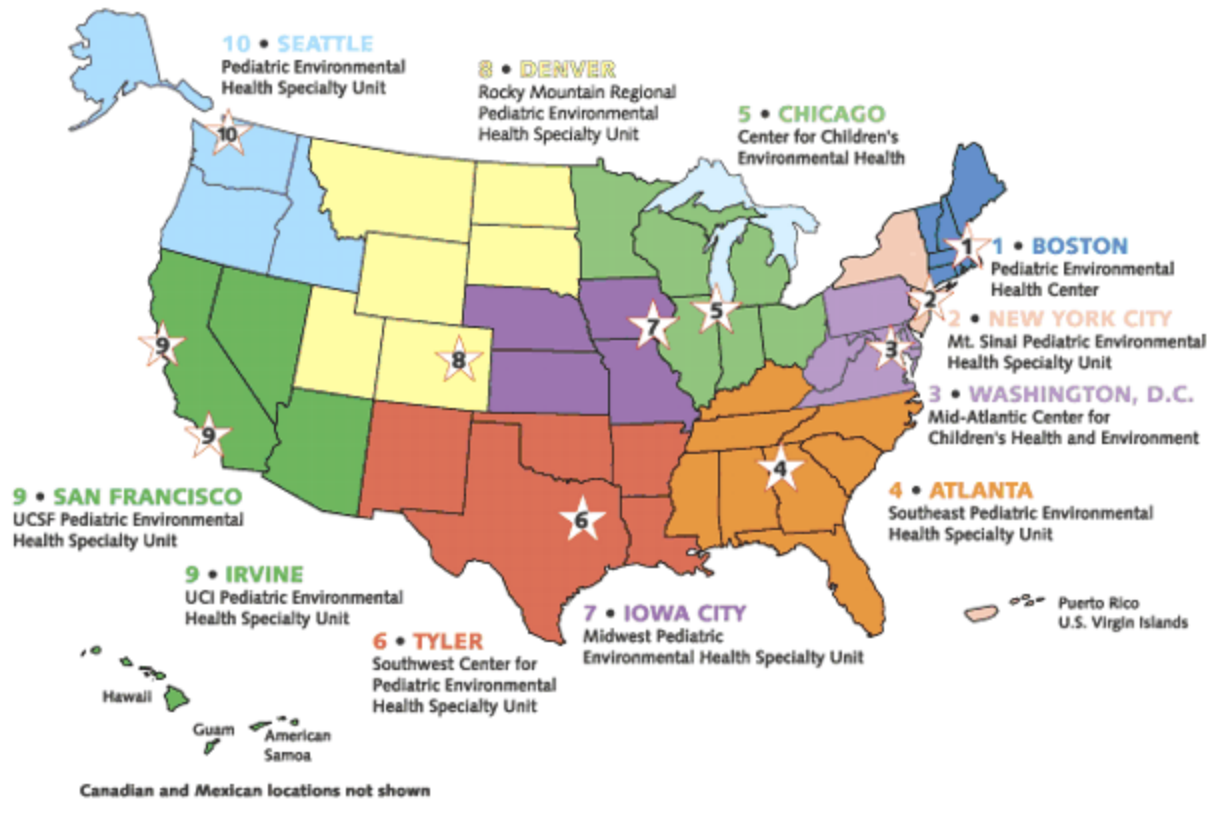
# **BEYOND HISTORY AND ADVICE..**

- **Eliciting a positive history is the first step in detecting an environmental hazard**
- **Abatement advice may help**
- **It may be necessary to enlist lawyers and other advocates to solve environmental problems resulting from poor housing**
- **Pediatric Environmental Health Specialty Units are useful resources**



# PEHSU's

## Locations of Pediatric Environmental Health Specialty Units



# EPA Tools for Schools Program



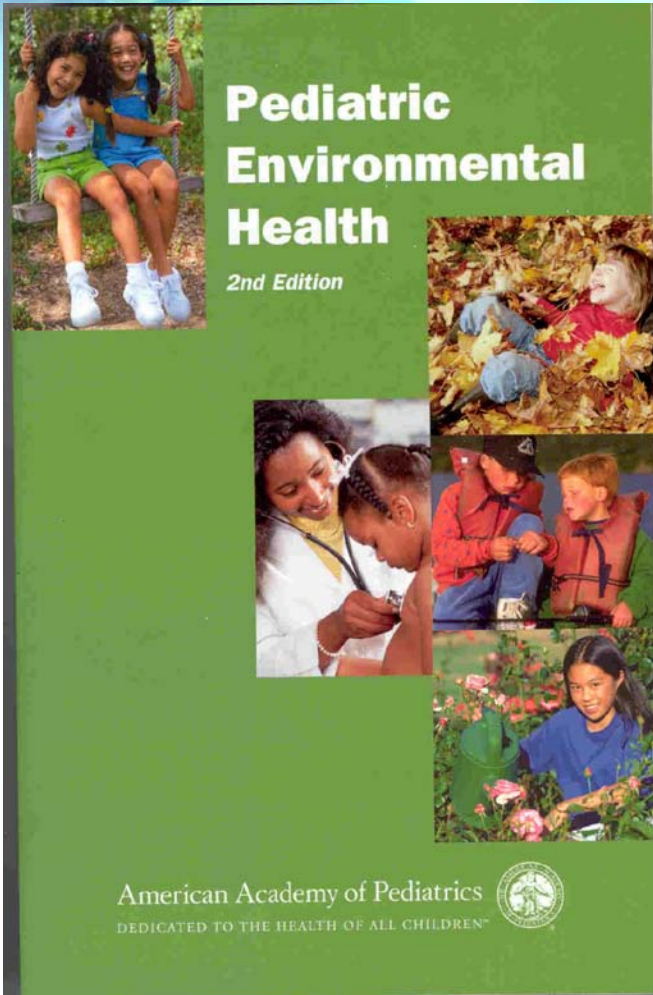
- **Helps Maintain a Healthy Environment**
- **Provides Free Resources for Implementation**
- **Increases Student Performance & Attendance**
- **Increases Revenue**
- **Decreases Costs**

<http://www.epa.gov/iaq/schools/index.html>



# **RESPONDING TO CONCERNS**

- **Parents and or Staff may have questions and concerns about environmental hazards**
- **Resources are available**




*Pediatric Environmental  
Health, November 2003*



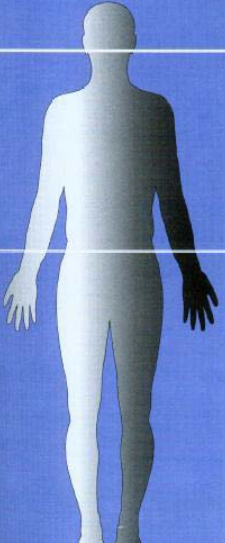
# ATSDR CASE STUDIES

- ***Taking an Exposure History, March 2000***



*Case Studies in Environmental Medicine*

Course: SS3046  
Revision Date: March 2000  
Original Date: October 1992  
Expiration Date: June 30, 2003



## TAKING AN EXPOSURE HISTORY

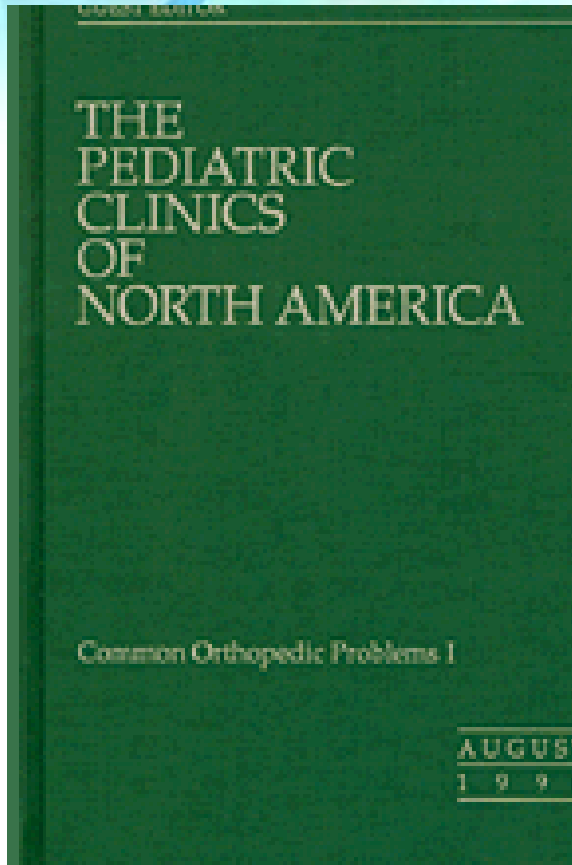
*Environmental Alert*

- Because many environmental diseases either manifest as common medical problems or have nonspecific symptoms, an exposure history is vital for correct diagnosis. By taking a thorough exposure history, the primary care clinician can play an important role in detecting, treating, and preventing disease due to toxic exposure.

[http://www.atsdr.cdc.gov/HEC/CSEM/exphistory/goals\\_objectives.html](http://www.atsdr.cdc.gov/HEC/CSEM/exphistory/goals_objectives.html)



# PEDIATRIC CLINICS OF NORTH AMERICA



- *Environmental Health, October 2001*
- *Jerome Paulson, MD, Editor*



# POWERPOINT CASE PRESENTATIONS

- **Pediatric Environmental Health History by R Goldman, M Shannon, A Woolf**
- **Gives a detailed approach to gathering information when the child has a symptom**
- **Developed by the PEHSU of Cambridge Hospital and Children's Hospital, Boston, supported by AOEC and ATSDR**
- **[www.aoec.org/content/resources\\_1\\_3\\_8.htm](http://www.aoec.org/content/resources_1_3_8.htm)**



# ORGANIZATIONS

- **American Academy of Pediatrics**
  - Committees on Environmental Health
  - [www.aap.org](http://www.aap.org)
- **National Environmental Education Foundation**
  - Pediatric Environmental Health Initiative
  - <http://www.neefusa.org/health/PEHI/index.htm>
- **Physicians for Social Responsibility**
  - Pediatric Environmental Health Toolkit
  - [www.igc.org/psr](http://www.igc.org/psr)
- **Healthy Schools Network**
  - [www.healthyschools.org](http://www.healthyschools.org)



# Disclaimer

- This presentation was prepared by the Association of Occupational and Environmental Clinics (AOEC) and funded (in part) by the cooperative agreement award number 1U61TS000118-02 from the Agency for Toxic Substances and Disease Registry (ATSDR).
- Acknowledgement: The U.S. Environmental Protection Agency (EPA) supports the PEHSU by providing funds to ATSDR under Inter-Agency Agreement number DW-75-92301301-0. Neither EPA nor ATSDR endorse the purchase of any commercial products or services mentioned in PEHSU publications.