STAKEHOLDERS ROUNDTABLE 2019

Convened by the Site Assessment Section of the California Department of Public Health with support from the Agency for Toxic Substances and Disease Registry

This presentation was supported by Cooperative Agreement Number 6NU61TS000278 from the Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry. The contents are solely the responsibility of the authors and do not necessarily represent the official views of The Centers for Disease Control and Prevention.
Contents

Stakeholders Roundtable 2019 ..................................................................................................................... 3
Background & Purpose.................................................................................................................................. 3
Guided Panel Discussion................................................................................................................................5
Being Proactive for the Health & Safety of Children: The Experience of a Child Care Center .................. 6
How the Environment Plays a Role in Health Equity ............................................................................... 6
Appendix A: Agenda...................................................................................................................................10
Appendix B: Background and Purpose ................................................................................................. 11
Appendix C: Children’s Environmental Health in Early Care and Education Settings ....................... 12
Appendix D: Choose Safe Places for Early Care and Education: A Framework ............................... 13
Appendix E: California’s Plan to Implement the Choose Safe Places Program ................................ 14
Appendix F: Being Proactive for the Health & Safety of Children: The Experience of a Child Care Center 15
Appendix G: How the Environment Plays a Role in Health Equity ..................................................... 16
Appendix H: Evaluations........................................................................................................................ 17
Appendix I: List of Roundtable Participants .......................................................................................... 18
Stakeholders Roundtable 2019

Protecting Children's Environmental Health: The Location of a Child Care Facility Matters

The roundtable was held at the California Endowment in Sacramento, California, on March 14, 2019. This roundtable convened 40 participants including child care providers, a children's environmental health activist, architects, and representatives from different government agencies at the local, state, and federal level. Participants learned about children's health effects from chemical exposures, the guidance “Choose Safe Places for Early Care and Education” (CSP), ideas for implementing the CSP program in California, and how the environment plays a role in the social determinants of health, among other topics. To see the agenda go to Appendix A.

Background & Purpose

Gabriele Windgasse DrPH, Chief of the Site Assessment Section at the California Department of Public Health

The Site Assessment Section (SAS) of the Environmental Health Investigations Branch (EHIB), California Department of Public Health (CDPH), conducts public health assessment activities at hazardous waste sites and at sites with releases of hazardous materials in California through a cooperative agreement with the Federal Agency for Toxic Substances and Disease Registry (ATSDR). SAS’ activities may include exposure assessments and investigations, health education and community involvement, and technical assistance to local, state or federal agencies or community groups. Starting in 2017, SAS was also tasked with the implementation of the Choose Safe Places for Early Care and Education guidance in California. This program gives states, counties, towns, and cities a framework to adopt protections that will help ensure child care facilities and early education programs are located away from chemical hazards.

Since 2006, SAS has been providing its stakeholders with the opportunity to dialogue about environmental public health in the context of a roundtable. We have brought together individuals from public health departments and community-based organizations to increase their access to resources and experts that can assist them, to provide an open and safe forum for cross-communication, to catalyze local efforts addressing environmental public health, to facilitate learning and sharing about environmental public health concerns relevant among communities, agencies, and SAS staff, and to provide feedback to SAS. To see a copy of Dr. Windgasse's presentation, go to Appendix B.

Children’s Environmental Health in Early Care and Education Settings

Victoria Leonard, RN, NP, PhD, Program Coordinator at the Western States Pediatric Environmental Health Specialty Unit at UCSF

Children have higher exposures to contaminants in the environment and are more vulnerable to their effects than adults. This is because children:

- Eat, drink, and breathe more per kg of body weight than adults.
- Spend most of their time closer to the floor where heavier toxics settle in air and accumulate in dust.
- Have a lot of hand-to-mouth activity.
- Have a less varied diet.
Spend up to 90% of their time indoors, where levels of pollutants may be two to five times higher than outdoor levels, and occasionally as much as 100 times higher.

Many toxicants found in child care facilities are not addressed in state child care health and safety regulations. Child care licensing requirements often lack a broader consideration of chemical contaminants in the environment, and conditions at or near a site where a center will be located. In fact, child care centers often have less stringent requirements for siting than K-12 schools, despite their more vulnerable populations. Safe siting for a child care or early care and education programs is vital because a child may spend up to 12,500 hours in a child care facility if he/she starts as an infant and continues until entering school, more than the amount of time he/she will spend in school from kindergarten through the end of high school. To see a copy of Dr. Leonard’s presentation, go to Appendix C.

Choose Safe Places for Early Care and Education: A Framework
Jamie Rayman, MPH and Cynthia Chang, Agency for Toxic Substances and Disease Registry

ATSDR developed CSP guidelines to be proactive toward preventing exposures in the most vulnerable populations. The goal of the CSP is to ensure that early care and education programs are located where chemical hazards have been considered, addressed, and ruled out or mitigated to protect children’s health. It includes four key considerations:

1. **Former uses of a facility**: past uses of a site can leave contamination on the property exposing people currently using the site.
2. **Nearby uses of hazardous substances**: contamination can come from nearby sources, and migrate onto the site through air, water, soil, or soil gas.
3. **Naturally occurring contaminants**: in some places, hazardous substances on a site can be naturally occurring. These contaminants might be in the soil, water, or air on or near a site.
4. **Access to safe drinking water**: contaminants in drinking water come from a variety of sources, activities, or problems including naturally occurring minerals, agricultural fertilizers and pesticides, manufacturing and industrial processes, sewer overflows, or septic systems. Lead, copper, or other chemicals can contaminate drinking water as it travels through pipes to the faucet.

To see a copy of Ms. Rayman’s and Ms. Chang’s presentation, go to Appendix D. To find resources and tools developed by ATSDR, including the Choose Safe Places guidance manual, customizable checklists, planning tools, a promotional video, and webinars, visit the ATSDR Choose Safe Places Webpage (https://www.atsdr.cdc.gov/safeplacesforece/index.html)

California’s Plan to Implement the Choose Safe Places Program
Nancy Villaseñor, MS, Senior Health Educator of the SAS

SAS’ goal for California is to have child care facilities and early care and education programs located in settings that are safe from hazardous contaminants. With no regulatory power, our objective is to raise awareness about safe siting and environmental health issues at child care facilities. To do this, SAS plans to: create partnerships and coalitions; develop educational materials and outreach opportunities; and continue providing technical assistance on a case by case basis as SAS’ resources permit.
Future developments include:

- An environmental checklist for providers with practical ways to improve environmental health at child care facilities.
- Two training modules for the California Department of Education online professional development platform (CECO) for child care providers, administrative and board members of child care centers, and Resource and Referral Network staff.
- Short videos to educate child care license applicants on what to consider when looking for a facility.
- Exploring the integration of the federal standard called “Environmental Audit for Site Location” which overlaps with the CSP guidelines.
- Using web-searching services to identify potentially problematic sites.

To see a copy of Ms. Villaseñor’s presentation, go to Appendix E.

Guided Panel Discussion

Panelists: Cecelia Asher-Falk, Policy Bureau Chief of the California Department of Social Services; Cecelia Fisher-Dahms, Administrator of the Quality Improvement Office in the California Department of Education; Keisha Nzewi, Policy Director of the Resource and Referral Network; and Cathy Mathews, Administrator of the Bethany Lutheran Ministry Church, School, and Preschool

Panelists were asked what they believe are the greatest environmental health concerns at child care facilities, and to suggest ideas for addressing these concerns and for helping providers to adopt safe siting guidelines.

The concerns mentioned included a lack of training on disaster preparedness, lead in drinking water, and safe sleep. The suggested ideas from the panel and the roundtable participants included:

- Providing free, accessible training and information, in several formats and languages, and in “small chunks” or modular form; offering certificates of completion.
- Spreading information at conferences, central websites, and local workshops.
- Providing accreditation or badges for facilities that have addressed environmental health issues.
- Creating a simple checklist of environmental health concerns and best practices.
- Developing tool kits and short informational videos.
- Screening existing facilities for environmental health concerns with information from multiple agencies (Geographic Information Systems).
- Collaborating with a county or city to implement the Choose Safe Places Program.
- Reaching out to the local child care planning councils, real estate brokers, child care health consultants, and tribal communities.
- Working closely with the Resource & Referral Network.
• Finding out how to tie environmental health concerns to future funding for child care facilities, the annual inspections, and the quality improvement system (QRIS).
• Keeping rural communities, health equity, and environmental racism in mind.

### Resources

<table>
<thead>
<tr>
<th>Topic</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disaster Preparedness</td>
<td>California Child Care Disaster Plan Manual</td>
</tr>
<tr>
<td></td>
<td>(<a href="https://cchp.ucsf.edu/content/disaster-preparedness">https://cchp.ucsf.edu/content/disaster-preparedness</a>)</td>
</tr>
<tr>
<td>Childcare Resource &amp; Referral Centers</td>
<td>Resource and Referral County Listing</td>
</tr>
<tr>
<td></td>
<td>(<a href="https://www.cde.ca.gov/sp/cd/re/fragencylist.asp">https://www.cde.ca.gov/sp/cd/re/fragencylist.asp</a>)</td>
</tr>
<tr>
<td>Eco-Healthy Childcare Checklist</td>
<td>Eco-Friendly Checklist from the Children’s Environmental Health Network</td>
</tr>
</tbody>
</table>

**Being Proactive for the Health & Safety of Children: The Experience of a Child Care Center**

Isabel Renggenathen, MA, Assistant Director, Contra Costa County Community Services Bureau

Brookside Children’s Center was a child care center in North Richmond operating since the late 1980’s. In 2015, the center faced multiple issues that included inactive petroleum pipelines, railroad tracks on both sides of the facility, a growing homeless population that would wander around the center, and an aging facility in need of costly repairs.

While several tests showed there were no contaminants that exceeded health-based screening levels, the center administrators decided to close the site. This meant that the center had to close for child care services and comprehensive services support as of June 30, 2018, after over 30 years of service. Staff transitioned to new assignment locations and families transitioned to their new child care sites of choice. The decision was not easy but the administration wanted to be proactive considering the long-term effects of contaminants on both children and staff. To see a copy of Ms. Renggenathen’s presentation, go to Appendix F.

**How the Environment Plays a Role in Health Equity**

Renae Badruzzaman, MPH, Program Manager for Health Equity Investments, Bay Area Regional Health Inequities Initiative

The Bay Area Regional Health Inequities Initiative (BARHII) is a coalition of the 11 health departments in the San Francisco Bay Area. BARHII focuses on improving expanding health practice to focus on the root causes of social and health inequity, and on the internal capacity of public health departments. BARHII also works with other local health departments in California and the nation to re-focus practice and internal capacity toward the intersection of public health and social justice. BARHII views community capacity building, organizing, and civic engagement necessary components to work towards policy, systems, and environment change. The Robert Wood Johnson Foundation defines Health Equity as follows:
“Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

CDPH has used BARHII’s conceptual framework as a reference for Social Determinants of Health related work:

To see a copy of Ms. Badruzzaman’s presentation, go to Appendix G.

### Resources

<table>
<thead>
<tr>
<th>Topic</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bay Area Health Inequities Initiative</td>
<td>BARHII Website (<a href="http://barhii.org/">http://barhii.org/</a>)</td>
</tr>
<tr>
<td>Equality vs. Equity</td>
<td>Equality vs Equity Visual (<a href="http://www.interactioninstitute.org/illustrating-equality-vs-equity/">http://www.interactioninstitute.org/illustrating-equality-vs-equity/</a>)</td>
</tr>
<tr>
<td>Life Expectancy: Place Matters</td>
<td>The California Health Places Index (HPI) Web Application (<a href="https://healthyplacesindex.org/">https://healthyplacesindex.org/</a>)</td>
</tr>
</tbody>
</table>
Evaluations

To see a summary of the written evaluations, go to Appendix H. The following are the answers to the open-ended questions:

Did the roundtable provide an opportunity to express your opinions and ideas effectively? Why or why not?

- “It was a good size group with a range of roles and perspectives
- “Plenty of time for discussions”
- “I feel my opinions are heard and addressed”
- “There were spaces to discuss opinions throughout the entire presentation especially during the panel”
- “The roundtable opened the opportunity to speak many times”
- “Good engagement”
- “I was able to express my ideas”
- “There was enough time to express my opinions”
- “My co-worker and I are now planning some trainings on how to share this information with our communities”
- “It was an ideal size for dialogue. Excellent team facilitation approach”
- “I felt comfortable in sharing my ideas and all my questions were answered”
- “They made it easy to express my opinion”
- “The structure of the roundtable provided ample opportunity for attendees to express opinions and comments”
- “The open forum and panel discussions were effective in allowing the exchange of ideas and networking opportunities”
- “It would have been nice to learn more about what the other state agencies are doing in the child care world. How can we use each other as resources?”
- “There were great opportunities for networking. I liked the speed dating exercise”

What do you see as the most important results or outcomes of the roundtable?

- “Future contact with new colleagues on the issues of environmental health for children and child care in California”
- “Starting/continuing conversations about children's environmental health”
- “Re-thinking outreach strategies, networking with organizations with similar goals”
- “The realization that environmental health is a very complex issue for a state as diverse as California”
- “Hearing how many different stakeholders present at the table – gives hope in that so many care and are fighting the same fight”
- “Everyone was sharing the same goal”
- “We all see the need to reduce the environmental exposures to young children; just need to work together to better our current situation”
- “I hope we can work on a discrete data-focused project. Perhaps one county in a rural locale and an urban county- mapping center locations against environmental hazards”
- “To think the location pre-history before a child care program are implemented there”
“Ideas, information from other agencies”
“The networking – I met a lot of new people”
“Connecting with others”
“Inspire work to address inequities and environmental hazards, especially related to child care settings”
“The education offered by the training. I’m walking away with a greater appreciation of the issue”
“Connections! And new ideas (especially in terms of environmental justice)”
“I learned of more information and training opportunity for our staff and parents”
“Learning about child care structure in California; networking”
“Concerns about requirements that may hinder providers and program unintended consequences”
“Networking and brainstorming opportunities for agencies and stakeholder groups on an in-depth topic”
“Creating connections for future activities. Learning about resources”
“Building coalitions”

For a list of roundtable participants, go to Appendix I.
Appendix A: Agenda
## Stakeholders Roundtable – March 14, 2019

**Protecting Children’s Environmental Health: The Location of a Child Care Facility Matters**

*Site Assessment Section, Environmental Health Investigation Branch*

*California Department of Public Health*

### AGENDA

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 – 9:00</td>
<td><strong>Registrations</strong></td>
<td></td>
</tr>
<tr>
<td>9:00 – 9:10</td>
<td><strong>Welcome, Introductions, Background &amp; Purpose of Roundtable</strong></td>
<td>Gabriele Windgasse DrPH., Chief, Site Assessment Section, CDPH</td>
</tr>
<tr>
<td>9:10 – 10:30</td>
<td><strong>Protecting Children’s Environmental Health: The Location of a Child Care Facility Matters</strong></td>
<td>Victoria Leonard, RN, NP, PhD Program Coordinator, Western States Pediatric Environmental Health Specialty Unit at UCSF; Cynthia Chang, Jamie Rayman, MPH, ATSDR Region 9; Nancy Villaseñor, MS, CDPH</td>
</tr>
<tr>
<td>10:30 – 10:45</td>
<td><strong>Break</strong></td>
<td></td>
</tr>
<tr>
<td>10:45 – 12:00</td>
<td><strong>Guided Panel Discussion</strong></td>
<td>Representatives from the California Department of Social Services; the California Department of Education; the Resource and Referral Network; the California Planning Association; trainers; and child care center providers, teachers, and parents.</td>
</tr>
<tr>
<td>12:00 – 1:00</td>
<td><strong>Networking Lunch</strong></td>
<td></td>
</tr>
<tr>
<td>1:00 – 1:30</td>
<td><strong>Being Proactive for the Health &amp; Safety of Children: The Experience Of A Child Care Center</strong></td>
<td>Isabel Renggenathen, MA, Assistant Director, Contra Costa County Community Services Bureau</td>
</tr>
<tr>
<td>1:30 – 2:30</td>
<td><strong>How The Environment Plays A Role In Health Equity</strong></td>
<td>Renae Badruzaman, MPH, Program Manager for Health Equity Investments, Bay Area Regional Health Inequities Initiative</td>
</tr>
<tr>
<td>2:30 – 2:45</td>
<td><strong>Break</strong></td>
<td></td>
</tr>
<tr>
<td>2:45 – 2:55</td>
<td><strong>Evaluations</strong></td>
<td></td>
</tr>
<tr>
<td>2:55 – 3:00</td>
<td><strong>Summary &amp; Closing Remarks</strong></td>
<td>Gabriele Windgasse DrPH</td>
</tr>
</tbody>
</table>
Appendix B: Background and Purpose
Protecting Children’s Environmental Health: The Location of a Child Care Facility Matters

Gabriele Windgasse, Dr.PH

Chief, Site Assessment Section
Environmental Health Investigations Branch
California Department of Public Health

• Introduction to CDPH and SAS
• Why this Roundtable?
This presentation was supported by Cooperative Agreement Number 6NU61TS00278-02 from the Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of The Centers for Disease Control and Prevention.
Role of the Site Assessment Section

Evaluate community exposures at Superfund sites and other releases: Public Health Assessments

Petition from the City of Riverside: Evaluation of the community’s health and exposure concerns regarding PCBs from the Riverside Agricultural Park
Role of the Site Assessment Section

Recommend actions to reduce exposures

Advisory sign for the Washoe Tribe who live near the Leviathan Mine Superfund Site. The sign takes into account the specific uses of this Native American community.
Role of the Site Assessment Section

Respond to community concerns

The South Gate Community Environmental Health Assessment Team: Celebration of the Completion of CDC’s Protocol for Assessing Community Excellence in Environmental Health (PACE EH - April 2016)
Role of the Site Assessment Section

Advance the science of environmental public health

Potential and emerging public health concerns: engineered nano materials
Role of the Site Assessment Section

Implement ATSDR’s guidance: Choose Safe Places for Early Care and Education (CSPECE)
Role of the Site Assessment Section

Engage with local, state, federal agencies and other stakeholders

Annual Stakeholder Roundtable!
Role of the Site Assessment Section

- Evaluate exposures at Superfund sites and other releases
- Recommend actions to reduce exposures
- Participate in evaluating exposures
- Advance the science of environmental public health
- Implement guidance “Choose Safe Places for Early Care and Education”
- Engage with local, state, federal agencies and other stakeholders
- Respond to community concerns
- Education EJ principles

Respond to community concerns
Implement guidance “Choose Safe Places for Early Care and Education”
Engage with local, state, federal agencies and other stakeholders
Advance the science of environmental public health
Recommend actions to reduce exposures
Participation EJ principles
Why this Stakeholder Roundtable?

- Network
- Share
- Ask
- Understand
- Apply

Resources, Proceedings, Contacts
Thank you!

Site Assessment Section, EHIB, CDPH

From left: Gabriele Windgasse, Nancy Villaseñor, Sarah Kuo, Danny Kwon
Appendix C: Children’s Environmental Health in Early Care and Education Settings
Children’s Environmental Health in Early Care and Education Settings

Victoria Leonard, RN, NP, PhD
Program Coordinator, Western States Pediatric Environmental Health Specialty Unit at UCSF
Why Should We Be Concerned about Environmental Health in ECE?

In the U.S., 13 million children <5 years old receive care outside of their homes – about 30 percent of all children in the age group.

- 6 million are infants and toddlers

In California (2016), there are

- 15,000 child care centers, serving 721,868 children
- 33,000 family child care homes, serving 312,277 children
  - Totaling **1,034,145** slots, 70% of which are in centers

Demographically, half of all child care providers are childbearing age, posing risks to the fetus when they become pregnant.

There are 107,400 child care providers in California.
Many people think that adults and children are exposed to, and affected by, toxic chemicals in the same way.

This is not the case.

Children
• have **higher exposures** to toxicants in the environment,
• are **more vulnerable** to the effects of those toxicants than adults.
Why Should We Be Concerned about Environmental Health in ECE?

Children exposed to the same dose of environmental toxins have proportionately much greater exposure compared to adults.
Why Should We Be Concerned about Environmental Health in ECE?

• Studies looking at infants’ cord blood have found hundreds of man-made toxic chemicals.

• “For 80% of chemicals in commercial use today, we have no idea about the toxicity to the fetus or to infants and young children. We’re flying without radar.” Philip Landrigan, epidemiologist and pediatrician, Harvard

• Until we have better regulation based on sound science, we should practice the Precautionary Principle.
Why do children have higher exposures to environmental toxicants?

Children have higher exposures because they:

- Eat, drink, and breathe more per kg of body weight than adults
  - A six-month-old infant drinks seven times more water per pound than an adult.
  - Children take in three to four times more calories per pound than adults.
  - The air intake per pound of an infant is twice that of an adult.
    - Infants and toddlers spend most of their time closer to the floor where heavier toxics settle in air and accumulate in dust.

- These differences result in children being disproportionately exposed to toxic chemicals in air, food, and water.
Why do children have higher exposures to environmental toxicants?

Young children also have higher exposures because:

- their skin touches the ground (where harmful chemicals collect) much more than an adult’s.
- they absorb more harmful chemicals through their skin, which is thinner than an adult’s.
  - Dust harbors many toxic chemicals. Children on the floor absorb these chemicals in dust through their skin and they also put them in their mouths.

And they

- have a lot of hand-to-mouth activity
- have a less varied diet
- spend up to 90% of their time indoors,
  - indoor levels of pollutants may be 2-5 times higher than outdoor levels, and occasionally as much as 100 times higher,
Young children also have higher exposures because:

- They have immature metabolic systems.
  - Their metabolic pathways are not fully developed.
    - For example, the enzyme paraoxonase detoxifies many toxicants in the body.
    - Levels of paraoxonase do not reach adult levels until a child is 7 years.
Why are the fetus and young child more vulnerable?

- Developmental processes in the fetus and the young child are easily disrupted.

- These developmental processes are rapid, complex and highly choreographed.
Why are the fetus and young child more vulnerable?

• Recent research suggests that there are “windows of vulnerability” in the development of the fetus and the child.

• These windows have no equivalent in adult life.

• During these critical periods, very small amounts of toxic chemicals can have profound effects on organ formation and function, amounts that would have no effect on an adult.
  • For example, tissues with fast dividing cells, like the blood and lungs, are especially vulnerable to carcinogens in the first 9 months after birth.
Why are children more vulnerable to toxic exposures than adults?

- Neural architecture not yet in place
Why single out the fetus and the young child?

• Exposure to toxic chemicals in early life can lead to disease decades later.

• The fetus and young child have many decades of life ahead during which these diseases can develop.

• Some chemical exposures we experience are now known to affect the offspring of our offspring.
Why Should We Be Concerned about Environmental Health in ECE?

- Many toxicants found in ECE facilities are not addressed in state child care health and safety regulations.

- A child may spend up to 12,500 hours in an ECE facility if he/she starts as an infant and continues until entering school, more than the amount of time he/she will spend in school from kindergarten through the end of high school.
Environmental Health in Early Care and Education: What Are the Issues?

Children in ECE are exposed to a number of possible toxicants, including:
- Air Pollution
- Pesticides
- Lead
- Cleaning, sanitizing, disinfecting products
- Asbestos
- Fire retardants
- Phthalates
- Mold
- VOCs
- PAHs
- Formaldehyde
- Radon
- PCBs

Additional toxicants may be present due to poor siting decisions.
Why Should We Be Concerned about Environmental Health in ECE?

Many childhood conditions are now known to be related to environmental exposures

- Asthma
- Neurodevelopmental disorders
  - ADHD
  - Autism
- Cancer
- Immune System disorders
Why Should We Be Concerned about Environmental Health in ECE?

- Diseases caused by chemical exposures can be successfully prevented.

- The fetus and the child are dependent on us for protection.
Why Should We Be Concerned about Environmental Health in ECE?

Children in the U.S. are at high risk for chronic disease. This may be a result of increasing exposures to environmental toxicants.

- Approximately 16,000 premature births per year in the U.S. are attributable to air pollution.¹
- Children in 4 million U.S. households may be exposed to high levels of lead.¹
- Genetics were once thought to contribute 90% to autism, but are now thought to only contribute 41-56% in boys and 15-16% in girls.²
- The role of environmental factors in autism is greater than previously thought.²
- 60% of acute respiratory infections in children worldwide are related to environmental conditions.³
- Air pollution contributes to 600,000 deaths worldwide in children under 5 years old.⁴

¹ The number of children diagnosed with leukemia has increased by 35% over the past 40 years.¹
² 8.4% of children in the U.S. have asthma.⁴
³ 1 in 42 8-year-old boys have autism.⁷
Why Should We Be Concerned about Environmental Health in ECE?

Cost:

- Preventable environmental hazards cost California $254 million every year and $10–13 billion over the lifetime of all children born every year.

- Lead exposures had the greatest overall financial impact of the four health conditions, resulting in lost earnings of $8–11 billion over the lifetime of children born each year.

- Asthma had the greatest financial impact on an annual basis, costing families and the state over $208 million every year.

- For California specifically, the environment contributes to 30% of the childhood asthma burden and 15% of the childhood cancer burden.
Child care centers often have less stringent requirements for siting than K-12 schools, despite their more vulnerable populations.

Child care licensing requirements often lack a broader consideration of chemical contaminants in the environment, and conditions at/adjacent to a site where a center will be located.

ATSDR’s child care safe siting initiative, Choose Safe Places for Early Care and Education, provides guidelines.

Safe siting practices should be incorporated into state laws, policies, planning and permitting decisions, regulations, licensing practices/policies.
Children’s Environmental Health in Early Care and Education Settings

Funding for this presentation was made possible (in part) by the cooperative agreement FAIN: 5U61TS000238-05 from the Agency for Toxic Substances and Disease Registry (ATSDR). The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Acknowledgement: The U.S. Environmental Protection Agency (EPA) supports the PEHSU by providing partial funding to ATSDR under Inter-Agency Agreement number DW-75-95877701. Neither EPA nor ATSDR endorse the purchase of any commercial products or services mentioned in PEHSU publications.
Appendix D: Choose Safe Places for Early Care and Education: A Framework
Introducing ATSDR’s framework…

Jamie Rayman, MPH and Cynthia Chang
Agency for Toxic Substances and Disease Registry
Centers for Disease Control & Prevention

California Stakeholders Roundtable
March 14, 2019 • Sacramento, CA
Potential Environmental Exposures at Early Care & Education Facilities

Children and staff can potentially be exposed to chemicals in soil, water, outdoor air, and indoor air.

Choose Safe Places Promotional Video
1 min, 45 sec

Watch it at:
https://www.atsdr.cdc.gov/safeplacesforECE/
Why Choose Safe Places?

In 40 years ATSDR has released 75 health assessment reports which consider proximity of a child care facility to a toxic site.
Case Study — Kiddie Kollege in New Jersey

Child Care Center located in former mercury thermometer factory

Photo of Kiddie Kollege from http://www.nytimes.com/2006/08/19/nyregion/19mercury.html?_r=0
Case Study — Kiddie Kollege in New Jersey

- New laws and new licensing regulations
- Audit of existing facilities
- Requires Indoor Environmental Health Assessment by a Licensed Indoor Environmental Consultant before licensing

4,071 licensed facilities
293,112 children
100 new facilities/year
Connecticut’s S.A.F.E.R program

- State Department of Public Health and Office of Early Childhood Licensing and Inspecting Dept
- Collaborative voluntary program
- Checklist and referral form
- Trainings for inspectors

In 2017, Connecticut licensing screened 195 new programs, referred 19 programs to the health dept for follow up.
Why Choose Safe Places?

To be proactive towards preventing exposure in the most vulnerable populations

- First initiative to focus on the location of the child care facility in relation to the local, external environment
- Unify safe siting concepts at the federal level
- Unique characteristics of child care centers
Why is child care safe siting important?

**Large population**
- 266,000 licensed facilities
- 9.8 M licensed slots

**Unique workforce**
- Child care center workforce is 95% women

---

NARA 2014 Child Care Licensing Study.

ATSDR’s Choose Safe Places Mission

Ensure that ECE programs are located where chemical hazards have been considered, addressed, and ruled out or mitigated to best protect children’s health.
Four key elements of safe siting

Former uses
- E.g., Abandoned textile mill

Nearby uses
- E.g., Nail salon

Naturally-occurring substances
- E.g., Radon map

Drinking water
- E.g., Source, pipes, fixtures
ATSDR tools to build a state level Choose Safe Places Program

- Choose Safe Places guidance manual
- Customizable checklists, planning tools
- Promotional video
- Webinars
- Resources are available at https://www.atsdr.cdc.gov/safeplacesfor ece/index.html
Influences on ECE Programs / Potential Partners

- **State Agencies**
  - Health
  - Human Services
  - Child Care
  - Environmental Protection Agencies

- **Local Agencies**
  - Health
  - Fire
  - Building

- **Accreditation/other groups**

- **Policy makers**

- **Parents/Public**

- **Local Zoning/Planning**

- **State Licensing**

- **Federal Agencies**
  - HHS
  - ACF
ATSDR APPLETREE states

ATSDR Partnership to Promote Localized Efforts To Reduce Environmental Exposures

APPLETREE grantees shown in blue

California has about 2.5 million children under the age of 5. There are more than 43,000 child care facilities in California. Child care facilities in California have space for about 40% of children. From infancy to starting school, children can spend up to 12,500 hours in child care. There are about 107,000 child care providers in California. Half of them are women of child bearing age.

Sources: US Census 2017, PEHSU 2017, California Department of Social Services 2017
Thank you!

Jamie Rayman, jrayman@cdc.gov

Our CSP mailbox, ChooseSafePlacesECE@cdc.gov

For more information please contact Agency for Toxic Substances and Disease Registry

4770 Buford Hwy, NE, Chamblee, GA 30341
Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov  Web: www.atsdr.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
Appendix E: California’s Plan to Implement the Choose Safes Places Program
Choose Safe Places

By Nancy Villaseñor
Stakeholders Roundtable 2019
Sacramento, CA
March 14, 2019
Our Goal:

We want child care facilities and early care and education programs are located in settings that are safe from hazardous contaminants.
Our Objective

Awareness

Our objective is to raise awareness about safe siting and environmental health issues at child care facilities and early care and education programs in California.
A summary of our plan for California.
• We are partnering with the Department of Social Services, to develop educational materials and training opportunities for licensed providers, licensing agents, and child care applicants.

• We are partnering with the California Department of Education to include CSPECE language in the Child Care and Development Block Grant Application 2019-2021 and we are developing two training modules for CDE’s online professional development platform (CECO) for child care providers, administrative and board members of child care centers, and Resource and Referral Network staff.

• We are working with the Governor’s Office of Planning and Research to include language from the Choose Safe Places for Early Care and Education Program into the general plan guidelines. This language is included in the new draft Environmental Justice Section of the General Plan Guidelines. We are working with the American Planning Association and the California County Planning Directors Association to raise awareness about the importance of developing criteria for the safe siting of child care facilities.

• As part of the California Child Care Health and Safety Regulatory Workgroup we created an environmental health discussion group with members from DSS; the Alameda County Early Care and Education Program; San Mateo County Child Care Partnership Council; Riverside County Early Care and Education Division of Early Learning Services; the California Childcare Health Program of the UCSF School of Nursing; the Western States Pediatric Environmental Health Specialty Unit; and the School and Child Care IPM Program of the California Department of Pesticides. The group’s goal is to identify, prioritize, and address environmental health concerns at child care facilities in California.
• We collaborated with DSS and CDE to create an informational trifold on CSPECE and children’s environmental health at child care facilities. This brochure sends a strong unified message that all three agencies are supporting the goals of the CSPECE guidance.
• We are creating a CDPH webpage with informational resources that other stakeholders’ agencies can link to or adapt for their own websites.
We have provided technical assistance in the past to parents and providers, the local child care agency, and DSS, and we will continue providing this assistance as our resources permit.
Future Activities

We continue looking for opportunities to outreach to key child care stakeholders to provide information on safe siting and environmental health. We will continue participating in the California Child Care Health and Safety Regulatory Workgroup. And just like for the past two years, we plan to continue attending the California Child Care Resource and Referral Network and the California Alternative Payment Program Association Joint Annual Conference.

Some of the things in our plan for future development include:

• A “tip sheet “for providers with practical ways to improve environmental health at child care facilities.
• Short videos to educate child care license applicants on what to consider when looking for a facility.
• Exploring the integration of the federal standard called “Environmental Audit for Site Location” which overlaps with the CSPECE guidelines.
• Using web-searching services to identify potential problem sites.
Ideas?
Appendix F: Being Proactive for the Health & Safety of Children: The Experience of a Child Care Center
Being Proactive for the Health & Safety of Children: The Experience Of A Child Care Center

Brookside Children’s Center

Isabel Renggenathen, MA
Community Services Bureau
Assistant Director

Location: 847 B Brookside Drive
Richmond, CA, 94801

- High need for child care in North Richmond
- Child care center in this location since the late 80’s-early 90’s
The Problem
In 2015 the center had multiple issues that were prevalent:

- Inactive pipelines
- Railroad tracks on either side
- Growing homeless population
- Aging facility which needed ongoing costly repairs
Several tests have been conducted since 2007 per Regional Water Quality Control Board request.

2013-2015 on-going testing by Chevron and reported in terms of Environmental Screening Level standards as set by the Regional Water Quality Control Board.

2015, CSB was notified of the testing and the results.

In 2016 Regional Water Quality Control Board requested quarterly ground water and soil testing which was conducted by RELLCo (independent company).

Quarterly reports were shared with CSB consistently.

CSB requested additional indoor and outdoor air sampling testing.
Results showed while there were toxins, they did not exceed ESLs.

Results were also shared with Public Health Dept. & Risk Management at CSB's request to provide CSB with analysis of results to monitor and ensure safety of children and staff.

CSB also shared and discussed quarterly reports with staff and parents.

By 2016 CSB started to seek out an alternative child care location which was challenging.

By late 2017 CSB began the process to close the facility.
Collaboration with all stakeholders including planning, timeline and tasks:

- Department Head
- Board of Supervisors
- County Administrator Office
- Policy Council
- Labor Relation- Union
- Managers, Supervisors, impacted staff and parents

- On-going meetings with staff and parent and information sharing to ensure transparency.
- Representatives from Risk Management and Health Dept. consistently present upon request.
- Reallocate slots to nearby centers.
- Job bids for displaced staff.
Brookside Children’s Center was closed for child care services and comprehensive services support as of June 30, 2018 after over 30 years of service.

- Staff transitioned to new assignment locations.
- Families transitioned to their new child care sites of choice.
- Central kitchen remains at Brookside until an alternate appropriate kitchen facility is identified.
- Management staff remain at Brookside with the kitchen staff.

Thank You!!!

Isabel Renggenathen, MA
Community Services Bureau, Assistant Director
irenggenathen@ehsd.cccounty.us
Appendix G: How the Environment Plays a Role in Health Equity
Protecting Children’s Environmental Health: How the Environment Plays a Role in Health Equity
MISSION STATEMENT

To transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities.
BARHII Framework

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE

UPSTREAM

SOCIAL INEQUITIES
- Class
- Race/Ethnicity
- Immigration Status
- Gender
- Sexual Orientation

INSTITUTIONAL INEQUITIES
- Corporations & Businesses
- Government Agencies
- Schools
- Laws & Regulations
- Not-for-Profit Organizations

LIVING CONDITIONS
- Physical Environment
- Land Use
- Transportation
- Housing
- Residential Segregation
- Exposure to Toxins
- Economic & Work Environment
- Employment
- Income
- Retail Businesses
- Occupational Hazards

Risk Behaviors
- Smoking
- Poor Nutrition
- Low Physical Activity
- Violence
- Alcohol & Other Drugs
- Sexual Behavior

Disease & Injury
- Communicable Disease
- Chronic Disease
- Injury (Intentional & Unintentional)

Mortality
- Infant Mortality
- Life Expectancy

POLLICY

Strategic Partnerships
Advocacy

Community Capacity Building
Community Organizing
Civic Engagement

Current Public Health Practice

Emerging Public Health Practice

BARHII and CDPH Office of Health Equity
Objectives

• Overview of health and health equity
• Introduction to relationship between health equity and environments
• Discussion of who and how policies, programs, and practices may harm and disadvantage certain communities over others
Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

-- World Health Organization
Talk with your neighbor:

*What makes for a healthy community, and long and healthy lives?*
EQUALITY

EQUITY
Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

-- RWJF

Health Inequities

“Health inequities are differences in health status and mortality rates across population groups that are systemic, avoidable, unfair, and unjust.”*

*Margaret Whitehead: World Health Organization

- These differences are sustained over time and generations, and are beyond the control of individuals.

- These differences follow the larger patterns of inequality that exist in society.
Although death rates in California have declined, disparities persist with African Americans having higher death rates than those of other racial/ethnic groups.
Bay Area Life Expectancy by Census Tract

Source: CA Death Statistical Master Files, 2009-2011
BARHII Framework
Environmental Health Coalition

• Environmental Justice = right of all people and communities to live, work, and play in a clean and safe environment

• Toxic-Free Neighborhoods
  • Land-use planning
  • Air pollution
  • Concentration of toxic industries
  • National City example
The Curb Cut Effect
Discussion Questions:

What relationships do you see between environmental health and equity?

What roles can you play in achieving health equity?
## Example: Social and Institutional Inequities in Housing

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black/African American</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Slavery</strong></td>
<td>Could own houses and other property and profit from slavery</td>
<td>Considered property</td>
</tr>
<tr>
<td><strong>GI Bill and Redlining</strong></td>
<td>Federal Government Helped Buy Suburban Homes</td>
<td>Federal Government Won’t Loan in Black Neighborhoods</td>
</tr>
<tr>
<td><strong>Housing Discrimination</strong></td>
<td>Do Not Experience Discrimination</td>
<td>Still Face Discrimination</td>
</tr>
<tr>
<td><strong>Subprime Loans</strong></td>
<td>Often Access to Good Loans</td>
<td>Steered to Subprime Loans</td>
</tr>
<tr>
<td><strong>Foreclosure Crises</strong></td>
<td>Mostly Bounced Back</td>
<td>Biggest Loss of Wealth Since Slavery</td>
</tr>
<tr>
<td><strong>Displacement/Gentrification</strong></td>
<td>Moving in, Pushing out</td>
<td>Being Pushed Out</td>
</tr>
</tbody>
</table>
Housing Affordability and Health Findings: Research informed by Maternal and Child Health Programs and Front Line Staff
2017-2018
Percent of Families Rent Burdened

TABLE 1. PERCENTAGE OF FAMILIES WITH CHILDREN UNDER FIVE PAYING MORE THAN 30% OF THEIR INCOME ON HOUSING, BY COUNTY.

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>TOTAL</th>
<th>WHITE</th>
<th>AFRICAN AMERICAN</th>
<th>ASIAN</th>
<th>HISPANIC/LATINX</th>
<th>ALL OTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda</td>
<td>34%</td>
<td>27%</td>
<td>50%</td>
<td>20%</td>
<td>52%</td>
<td>47%</td>
</tr>
<tr>
<td>Contra Costa</td>
<td>38%</td>
<td>30%</td>
<td>61%</td>
<td>30%</td>
<td>45%</td>
<td>38%</td>
</tr>
<tr>
<td>Marin</td>
<td>34%</td>
<td>21%</td>
<td>78%</td>
<td>64%</td>
<td>51%</td>
<td>*</td>
</tr>
<tr>
<td>Napa</td>
<td>46%</td>
<td>21%</td>
<td>*</td>
<td>47%</td>
<td>74%</td>
<td>*</td>
</tr>
<tr>
<td>San Francisco</td>
<td>26%</td>
<td>11%</td>
<td>70%</td>
<td>30%</td>
<td>58%</td>
<td>20%</td>
</tr>
<tr>
<td>San Mateo</td>
<td>30%</td>
<td>22%</td>
<td>*</td>
<td>27%</td>
<td>50%</td>
<td>18%</td>
</tr>
<tr>
<td>Santa Clara</td>
<td>33%</td>
<td>20%</td>
<td>39%</td>
<td>29%</td>
<td>52%</td>
<td>28%</td>
</tr>
<tr>
<td>Solano</td>
<td>37%</td>
<td>25%</td>
<td>75%</td>
<td>41%</td>
<td>40%</td>
<td>24%</td>
</tr>
<tr>
<td>Sonoma</td>
<td>36%</td>
<td>27%</td>
<td>67%</td>
<td>32%</td>
<td>47%</td>
<td>54%</td>
</tr>
<tr>
<td><strong>BAY AREA TOTAL</strong></td>
<td><strong>34%</strong></td>
<td><strong>23%</strong></td>
<td><strong>57%</strong></td>
<td><strong>27%</strong></td>
<td><strong>50%</strong></td>
<td><strong>35%</strong></td>
</tr>
</tbody>
</table>

[Source: BARHII/Alameda County Analysis of 2016 PUMS data. * indicates insufficient data]
Housing Affordability Impacts Spending on Healthcare and Food

Low-Income Households that can comfortably afford housing are able to spend:

- $1/3$rd more on Healthy Food
- 5x as much on Healthcare

Image Credit: Housing Cost by Arthur Shlain from the Noun Project; Healthy Food by Adrien Coquet from the Noun Project; Arrow by Adrien Coquet from the Noun Project; Medicine by UNiCORN from the Noun Project;
Housing Affordability Impacts on Families

2x more likely to be evicted

2x more likely to be in poor health

Image Credit: The Concord Pavilion
Adverse Child Experiences: Eviction, Homelessness, and Displacement

• Moving interrupts routines and access to social networks

• Children at risk for poor educational outcomes, behavioral and emotional problems, depression, and continuity of care

• Eviction is leading cause of homelessness, which has long-lasting consequences on childhood health, securing housing the future

• 5000 homeless parents and children in the Bay Area
Solutions That Prioritize Public Health First

**Protection:**
**Goal:** Protect more than 450,000 low-income renter households
**How?** $400 million/year and adoption of incentives and requirements.

**Preservation:**
**Goal:** Take 25,550 homes occupied by and affordable to low-income renters off the speculative market, and preserve and improve 11,110 expiring deed-restricted units.
**How:** $500 million/year for 10 years and adoption of incentives and requirements

**Production:**
**Goal:** Meet the region’s need for 13,000 new affordable homes/year
**How:** $1.4 billion/year and adoption of incentives and requirements
“Prescription for a healthy Bay Area? Homes for all”

Open Forum: Taking a regional approach to homelessness presents the best path forward
By Keith Carson and Muntu Davis

Housing Policies to Promote Children’s Health

- Pregnancy
- Early childhood
- Generational impacts
Strategies to advance health equity

• Advocate for policy solutions that impact social determinants of health
• Provide sub-grants to community-based organizations that build community capacity and prevent disease
• Build strategic partnerships that share in learning and opportunities
Resources

- [https://healthyplacesindex.org/](https://healthyplacesindex.org/)
- [http://barhii.org/](http://barhii.org/)
Bay Area Regional Health Inequities Initiative

It is our mission to transform public health practice for the purpose of eliminating health inequities using a broad spectrum of approaches that create healthy communities.

Renae Badruzaman
rbadruzaman@barhii.org
Appendix H: Evaluations
• 40 people participated in the roundtable
• 64% of the attendees to the Roundtable completed an evaluation (not including organizers)

How effective was the roundtable at describing how the location of a child care facility matters?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Response Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Effective</td>
<td>91%</td>
</tr>
<tr>
<td>Somewhat Effective</td>
<td>9%</td>
</tr>
<tr>
<td>Somewhat Ineffective</td>
<td></td>
</tr>
<tr>
<td>Not at all Effective</td>
<td></td>
</tr>
</tbody>
</table>

How effective was the roundtable at providing the testimony and the advice of a child care center administrator that had to relocate due to contamination?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Response Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Effective</td>
<td>57%</td>
</tr>
<tr>
<td>Somewhat Effective</td>
<td>39%</td>
</tr>
<tr>
<td>Somewhat Ineffective</td>
<td>4%</td>
</tr>
<tr>
<td>Not at all Effective</td>
<td></td>
</tr>
</tbody>
</table>

How effective was the roundtable at providing an opportunity to dialogue about children's environmental health concerns and how to help providers address them?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Response Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Effective</td>
<td>83%</td>
</tr>
<tr>
<td>Somewhat Effective</td>
<td>17%</td>
</tr>
<tr>
<td>Somewhat Ineffective</td>
<td></td>
</tr>
<tr>
<td>Not at all Effective</td>
<td></td>
</tr>
</tbody>
</table>

How effective was the roundtable at describing how the environment plays a role in health and health equity?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Response Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Effective</td>
<td>65%</td>
</tr>
<tr>
<td>Somewhat Effective</td>
<td>31%</td>
</tr>
<tr>
<td>Somewhat Ineffective</td>
<td></td>
</tr>
<tr>
<td>Not at all Effective</td>
<td></td>
</tr>
<tr>
<td>No Opinion</td>
<td>4%</td>
</tr>
</tbody>
</table>

Did the roundtable provide an opportunity to express your opinions and ideas effectively? Why or why not?

<table>
<thead>
<tr>
<th>Rating</th>
<th>Response Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>96%</td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>No Opinion</td>
<td>4%</td>
</tr>
</tbody>
</table>
Stakeholders Roundtable 2019

Feedback Evaluation

Comments:

- “It was a good size group with a range of roles and perspectives
- “Plenty of time for discussions”
- “I feel my opinions are heard and addressed”
- “There were spaces to discuss opinions throughout the entire presentation especially during the panel”
- “The roundtable opened the opportunity to speak many times”
- “Good engagement”
- “I was able to express my ideas”
- “There was enough time to express my opinions”
- “My co-worker and I are now planning some trainings on how to share this information with our communities”
- “It was an ideal size for dialogue. Excellent team facilitation approach”
- “I felt comfortable in sharing my ideas and all my questions were answered”
- “They made it easy to express my opinion”
- “The structure of the roundtable provided ample opportunity for attendees to express opinions and comments”
- “The open forum and panel discussions were effective in allowing the exchange of ideas and networking opportunities”
- “It would have been nice to learn more about what the other state agencies are doing in the child care world. How can we use each other as resources?”
- “There were great opportunities for networking. I liked the speed dating exercise”

What do you see as the most important results or outcomes of the roundtable?

- “Future contact with new colleagues on the issues of environmental health for children and child care in California”
- “Starting/continuing conversations about children's environmental health”
- “Re-thinking outreach strategies, networking with organizations with similar goals”
- “The realization that environmental health is a very complex issue for a state as diverse as California”
- “Hearing how many different stakeholders present at the table – gives hope in that so many care and are fighting the same fight”
- “Everyone was sharing the same goal”
- “We all see the need to reduce the environmental exposures to young children; just need to work together to better our current situation”
- “I hope we can work on a discrete data-focused project. Perhaps one county in a rural locale and an urban county- mapping center locations against environmental hazards”
- “To think the location pre-history before a child care program are implemented there”
- “Ideas, information from other agencies”
- “The networking – I met a lot of new people”
- “Connecting with others”
- “Inspire work to address inequities and environmental hazards, especially related to child care settings”
- “The education offered by the training. I’m walking away with a greater appreciation of the issue”
- “Connections! And new ideas (especially in terms of environmental justice)”
- “I learned of more information and training opportunity for our staff and parents”
- “Learning about child care structure in California; networking”
- “Concerns about requirements that may hinder providers and program unintended consequences”
- “Networking and brainstorming opportunities for agencies and stakeholder groups on an in-depth topic”
Feedback Evaluation

- “Creating connections for future activities. Learning about resources"
  - “Building coalitions"

Please list any additional thoughts you have that were not captured by today's process:

- “It would be nice to share some ways those issues are being addressed as follow up!”
- “Federal and State governments role in supporting improvement in environmental health ie. Garner resources”
- “I’m really interested in hearing from the perspective of the architects present – hear measures taken from design standpoint”
- “Thank you so much for organizing the roundtable. It was a wonderful way to recharge with like-minded colleagues”
- “Maybe roundtables during weekends?”
- “Next steps”
- “The ‘badge’ idea for child care centers could be very successful!”
- “Perhaps that there needs to be more of a focus on how to help minority-owned business facilities with the transition”
- “I think it would have been nice to try and set an ‘action plan’ of where we should go with this information we learned today”
- “Please invite more child care providers. You need more providers in this roundtable"
- “Bravo! Great meeting. You brought a great group of participation and speakers together. The day agenda unfolded well, especially the morning session. I would have liked to start with the equity framing and a strong tie between environments and equity first thing”
- “I would recommend placing the health equity portion at the beginning of the day and provide a slightly more advanced version of it, based on audience assessment”
Appendix I: List of Roundtable Participants