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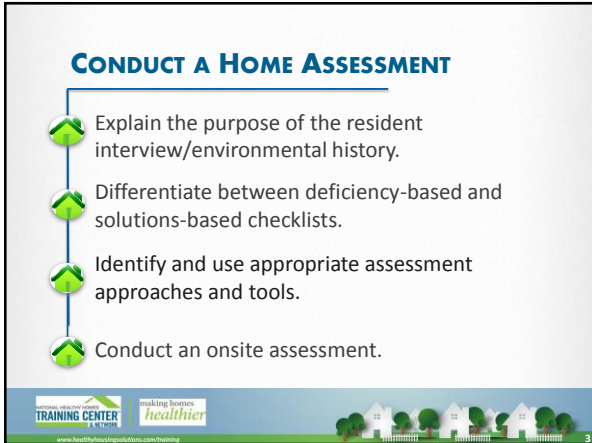
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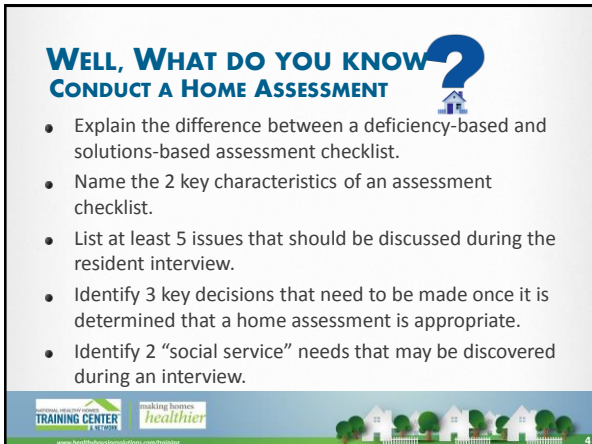
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**“I KNOW THAT YOU BELIEVE YOU UNDERSTAND WHAT YOU THINK I SAID, BUT I AM NOT SURE YOU REALIZE THAT WHAT YOU HEARD IS NOT WHAT I MEANT.”**

-- ROBERT MCCLOSKEY (AUTHOR) OR RICHARD NIXON, DEPENDING ON WHO YOU ASK

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**What are your intentions?**

- People
- Buildings
- Work

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**What's that thing where you ask the resident a bunch of questions?**

- Resident Interview
- Occupant Interview
- Resident Environmental Tool
- Environmental Assessment
- Environmental History
- Others?

**PEOPLE**

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**What's it called when you see if a building has any health-related hazards?**



- Building Inspection
- Building Assessment
- Inspection Tools
- Environmental Testing
- Environmental Review
- Others?

**BUILDINGS**




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**What's that thing where you decide what work to do and how it should be done?**

- Scope of Work
- Statement of Work
- Work Write-up
- Specifications
- Others?



**WORK**




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**FEDERAL HEALTH PRIORITIES**  
Healthy People 2020 Objectives

- ↓ Blood lead levels in children
- ↓ pesticide exposures
- ↓ indoor allergen levels
- ↑ homes with operating radon mitigation system
- ↑ new single family homes with radon-reducing features
- ↓ lead-based paint or related hazards in homes
- ↓ units with moderate or severe physical problems




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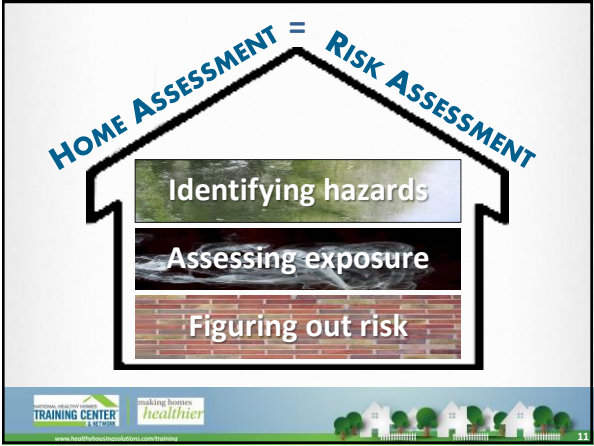
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**TELL ME AGAIN WHY WE START WITH PEOPLE?**

**AND THOSE COMMUNICATION CHALLENGES AND STRATEGIES?**

**OK, BUT *HOW* DO WE START WITH THE RESIDENT?**

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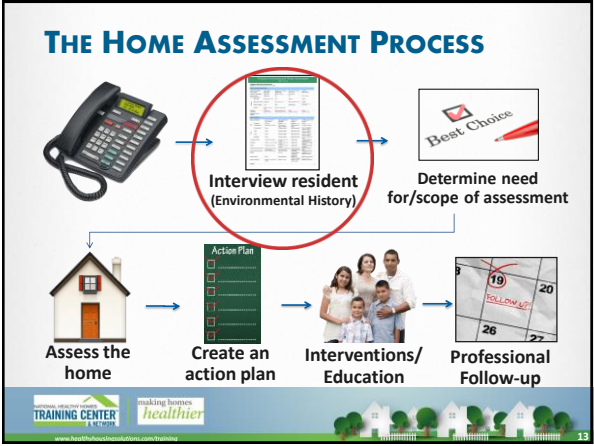
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**RESIDENT INTERVIEW/  
ENVIRONMENTAL HISTORY**

**WHY take one?**



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**RESIDENT INTERVIEW/  
ENVIRONMENTAL HISTORY**

**WHAT should it cover?**



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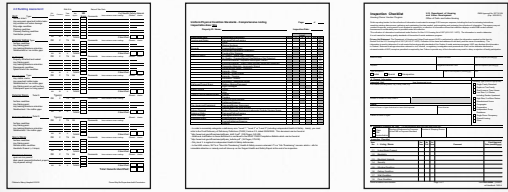
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**DEFICIENCY-BASED CHECKLISTS**

- Used to document existing conditions
- May help to prioritize the health risks
- Focused on itemizing the health and safety issues



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### SOLUTIONS-BASED CHECKLISTS

- Identifies specific work items to address deficiencies
- Ideally quantifies the work using units of measurement
- Allows for recording special notes
- Records the information necessary for a scope of work




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### WHATEVER FORM YOU USE, IT MUST BE:

- THOROUGH
- EFFICIENT



*From, Pediatric Environmental Home Assessment, National Center for Healthy Housing, 2005.*




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### SMALL GROUP ACTIVITY: ASSESS ASSESSMENT TOOLS



- Work in small groups.
- Familiarize yourself with the resident interview forms in your manual.
- Briefly identify the pros and cons of each.
- Discuss and decide on the most appropriate interview tool for your purposes.
- Be prepared to explain your decision to the class.




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## BEYOND THE FORMS

- Resident habits
- Resident concerns
- Social Service needs
- Environmental concerns







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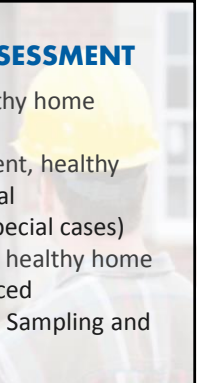
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## DETERMINE LEVEL OF ASSESSMENT

- **Basic**- Visual assessment, healthy home education
- **Intermediate** - Visual assessment, healthy home education, environmental measurements, (sampling in special cases)
- **Advanced** - Visual assessment, healthy home education, basic and/or advanced environmental measurements. Sampling and lab analysis optional.



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## PLAN YOUR APPROACH







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**SMALL GROUP ACTIVITY:  
VIRTUAL RESIDENT INTERVIEW**



- Work in small groups.
- Critique the resident interview, looking for strengths as well as things that could be done differently.
- Simultaneously, fill out the PEHA form with any identified concerns.



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**RESIDENT INTERVIEW:  
INTRODUCTIONS**

[Launch Introductions video](#)



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**RESIDENT INTERVIEW: BA**



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**RESIDENT INTERVIEW:  
EXTERIOR**

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**RESIDENT INTERVIEW:  
KITCHEN**

[Launch Kitchen video](#)

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**RESIDENT INTERVIEW: KITCHEN**

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**RESIDENT INTERVIEW: KITCHEN**

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**RESIDENT INTERVIEW: KITCHEN**

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**RESIDENT INTERVIEW: KITCHEN**

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**RESIDENT INTERVIEW:  
KITCHEN**

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**RESIDENT INTERVIEW:  
LIVING ROOM**

[Launch Living Room video](#)

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**RESIDENT INTERVIEW: LIVING ROOM**

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**RESIDENT INTERVIEW:  
LIVING ROOM**






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**RESIDENT INTERVIEW:  
GENERAL**






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**RESIDENT INTERVIEW:  
BEDROOM AND  
BATHROOM**

[Launch Bedroom video](#)






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**RESIDENT INTERVIEW: BEDROOM**

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**RESIDENT INTERVIEW: BEDROOM**

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**RESIDENT INTERVIEW: BATHROOM**

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### RESIDENT INTERVIEW: BATHROOM



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### RESIDENT INTERVIEW: MEDICATION REVIEW AND WRAP-UP

[Launch Wrap-up video](#)

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### PEHA ANSWER KEY 1

General Housing Characteristics				
Type of ownership	<input type="checkbox"/> Own house	<input type="checkbox"/> Market rate rental hsg.	<input checked="" type="checkbox"/> Subsidized rental hsg.	<input type="checkbox"/> Shelter
Age of home	<input type="checkbox"/> Pre-1950	<input checked="" type="checkbox"/> 1950 -1978	<input type="checkbox"/> Post-1978	<input type="checkbox"/> Don't know
Structural foundation	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> Slab on grade	<input type="checkbox"/> Crawspace	<input type="checkbox"/> Don't know
Floors lived in (check all that apply)	<input type="checkbox"/> Basement	<input type="checkbox"/> 1 <sup>st</sup>	<input checked="" type="checkbox"/> 2 <sup>nd</sup>	<input type="checkbox"/> 3 <sup>rd</sup> or higher
Fuel used	<input type="checkbox"/> Natural gas / LPG	<input checked="" type="checkbox"/> Oil	<input type="checkbox"/> Electric	<input type="checkbox"/> Wood
Heating Sources in home	<input checked="" type="checkbox"/> Radiators	<input type="checkbox"/> Forced hot air vents	<input type="checkbox"/> Space heater or oven	<input type="checkbox"/> Other:
Filters changed	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Don't know	<input checked="" type="checkbox"/> No filter
Control	<input type="checkbox"/> Easy to control heat	<input checked="" type="checkbox"/> Hard to control heat		
Cooling	<input type="checkbox"/> Windows	<input checked="" type="checkbox"/> Central/window AC	<input type="checkbox"/> Fans	<input type="checkbox"/> None
Ventilation (check all that apply)	<input checked="" type="checkbox"/> Opens windows	<input type="checkbox"/> Kitchen & bathroom fans	<input type="checkbox"/> Central ventilation	

NOTES: PARENT REPORTS BIGGEST CONCERNS ARE DUST AND MICE

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### PEHA ANSWER KEY 2

Indoor Pollutants				
Mold and moisture	<input type="checkbox"/> Uses dehumidifier <input type="checkbox"/> No damage	<input checked="" type="checkbox"/> Uses vaporizer or humidifier	<input type="checkbox"/> Musty odor evident	<input checked="" type="checkbox"/> Visible water / mold damage
Pets	Presence	<input checked="" type="checkbox"/> No pets	<input type="checkbox"/> Cat # _____ <input type="checkbox"/> Dog # _____	<input type="checkbox"/> Other _____
	Management	<input type="checkbox"/> Kept strictly outdoors	<input type="checkbox"/> Not allowed in patient's bedroom	<input type="checkbox"/> Full access in home <input type="checkbox"/> Sleeping location: _____
Pests	Cockroaches	<input type="checkbox"/> None	<input type="checkbox"/> Family reports	<input checked="" type="checkbox"/> Evidence seen Present in <input checked="" type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Mice	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Family reports	<input checked="" type="checkbox"/> Evidence seen Present in <input checked="" type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input checked="" type="checkbox"/> other
	Rats	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen Present in <input type="checkbox"/> kitchen <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Bedbugs	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Family reports	<input type="checkbox"/> Evidence seen Present in <input type="checkbox"/> bedroom <input type="checkbox"/> other
	Lead paint hazards	<input type="checkbox"/> Tested and passed	<input type="checkbox"/> Tested, failed, and mitigated	<input type="checkbox"/> Not tested/Don't know
Asbestos	<input type="checkbox"/> Tested - None present	<input type="checkbox"/> Tested, failed, and mitigated	<input type="checkbox"/> Not tested/Don't know	<input checked="" type="checkbox"/> Damaged material
Radon	<input type="checkbox"/> Tested and passed	<input type="checkbox"/> Tested, failed, and mitigated	<input type="checkbox"/> Not tested/Don't know	<input type="checkbox"/> Failed test but not mitigated
Health and Safety Alarms	<input checked="" type="checkbox"/> Smoke alarm working and well placed	<input type="checkbox"/> CO alarm working and one on each floor	<input type="checkbox"/> CO alarm does not log peak level	<input type="checkbox"/> No smoke alarm <input checked="" type="checkbox"/> No CO alarm
Tobacco smoke exposure <b>*SEE NOTES</b>	<input checked="" type="checkbox"/> No smoking allowed	<input type="checkbox"/> Smoking only allowed outdoors	<input type="checkbox"/> Smoking allowed indoors <input type="checkbox"/> bedroom <input type="checkbox"/> playroom	<input type="checkbox"/> Total # smokers in household: _____ <input type="checkbox"/> Mother smokes <input type="checkbox"/> Other strong odors: _____
Other irritants	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Air fresheners	<input type="checkbox"/> Pesticides, incense, candles	<input type="checkbox"/> Other strong odors: _____
Type of cleaning	<input type="checkbox"/> Standard Vacuum (non-HEPA)	<input checked="" type="checkbox"/> HEPA vacuum	<input type="checkbox"/> Damp mop and damp dusting	<input type="checkbox"/> Sweep or dry mop

**NOTES:** HOUSEHOLD IS NON-SMOKING BUT EXPOSED TO SMOKE FROM AP\* BELOW. NEEDS TO RE-SEAL FOR INCE. HAS SMOKE ALARM BUT NOT CO ALARM. MAY HAVE LEAD PAINT AND REPAIRS TO IT APPEAR TO HAVE FAILED



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### PEHA ANSWER KEY 3

Home Environment					
Drinking Water Source	<input checked="" type="checkbox"/> Public water system	<input type="checkbox"/> Household Well	<input checked="" type="checkbox"/> Trash or garbage not sealed	<input type="checkbox"/> Wall/ceiling/floor damage	
	Cleanliness	<input type="checkbox"/> No soiling	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Broken stove exhaust fan/vent	<input checked="" type="checkbox"/> No stove exhaust fan/vent
Kitchen	Ventilation	<input type="checkbox"/> Functioning stove exhaust fan/vent	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
	Bathroom	<input checked="" type="checkbox"/> Functioning exhaust fan/vent/window	<input type="checkbox"/> Mold growth present	<input checked="" type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage
Basement	<input type="checkbox"/> None/No Access	<input type="checkbox"/> Mold growth present	<input checked="" type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage	
Living Room	<input checked="" type="checkbox"/> No soiling	<input type="checkbox"/> Mold growth present	<input type="checkbox"/> Needs cleaning and maintenance	<input type="checkbox"/> Wall/ceiling/floor damage	
Laundry area	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Well maintained	<input type="checkbox"/> Dryer not vented	<input type="checkbox"/> Hang clothes to dry	



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### PEHA ANSWER KEY 4

Sleep Environment				
Patient's sleep area	<input checked="" type="checkbox"/> Own room	<input type="checkbox"/> Shared # in room _____	<input type="checkbox"/> Other _____	
# Beds	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> More than 2
Allergen impermeable encasings on beds	<input type="checkbox"/> On mattress and boxspring (zippered)	<input checked="" type="checkbox"/> On mattress only (zippered)	<input type="checkbox"/> On mattress (not zippered)	<input type="checkbox"/> No mattress covers
	Pillows	<input checked="" type="checkbox"/> Allergen-proof	<input type="checkbox"/> Washable	<input type="checkbox"/> Feather/ down
Bedding	<input checked="" type="checkbox"/> Washable	<input type="checkbox"/> Wool/not washable	<input type="checkbox"/> Feather/ down	
Flooring	<input checked="" type="checkbox"/> Hardwood/Tile/Linoleum	<input checked="" type="checkbox"/> Small area rug	<input type="checkbox"/> Large area rug	<input type="checkbox"/> Wall-to-wall carpet
Dust/mold catchers	<input checked="" type="checkbox"/> Stuffed animals/washable toys <input checked="" type="checkbox"/> No clutter	<input type="checkbox"/> Non-washable toys	<input type="checkbox"/> Plants	<input type="checkbox"/> Other _____
Window	<input checked="" type="checkbox"/> Washable shades/curtains	<input checked="" type="checkbox"/> Washable blinds	<input type="checkbox"/> Curtains/ drapes	<input type="checkbox"/> No window/ poor ventilation
Other irritants	<input type="checkbox"/> Abundant cosmetics and fragrances			



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### PEHA ANSWER KEY 5

Home Safety <i>* can indicate housing code violations</i>			
General	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Active renovation or remodeling	<input checked="" type="checkbox"/> IN NEIGHBORHOOD	<input type="checkbox"/> No	
*Stairs, protective walls, railings, porches	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
*Hallway lighting	<input checked="" type="checkbox"/> Adequate	<input type="checkbox"/> Inadequate	
Poison control number	<input type="checkbox"/> Posted by phone	<input checked="" type="checkbox"/> Not posted by phone	
**Family fire escape plan	<input type="checkbox"/> Developed and have copy available	<input checked="" type="checkbox"/> None	
Electrical appliances (radio, hair dryer, space heater)	<input type="checkbox"/> Not used near water	<input checked="" type="checkbox"/> Used near water BATHROOM	
Matches and lighters stored	<input checked="" type="checkbox"/> Out of child's reach	<input type="checkbox"/> Within child's reach	
Exterior environment	<input type="checkbox"/> Well maintained	<input checked="" type="checkbox"/> Abundant trash and debris	<input type="checkbox"/> Chipping, peeling paint <input type="checkbox"/> Broken window(s)




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### PEHA ANSWER KEY 6

Home Safety <i>* can indicate housing code violations</i>			
Young Children Present	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Coffee, hot liquids, and foods	<input type="checkbox"/> Out of child's reach	<input checked="" type="checkbox"/> Within child's reach	
Cleaning supplies stored	<input type="checkbox"/> Out of child's reach	<input checked="" type="checkbox"/> Within child's reach	
Medicine and vitamins stored	<input type="checkbox"/> Out of child's reach	<input checked="" type="checkbox"/> Within child's reach	
Child (less than six years old) been tested for lead poisoning	<input type="checkbox"/> Within past 6 months	<input checked="" type="checkbox"/> Within past year or more	<input type="checkbox"/> No
Child watched by an adult while in the tub	Result: <input type="checkbox"/> Always	<input checked="" type="checkbox"/> Most of the time	<input type="checkbox"/> No
*Home's hot water temperature	<input type="checkbox"/> <120 F	<input type="checkbox"/> >120 F	<input checked="" type="checkbox"/> Don't know
Non-accordion toddler gates used	<input type="checkbox"/> At top of stairs	<input type="checkbox"/> At bottom of stairs	<input type="checkbox"/> No
Crib mattress	<input type="checkbox"/> Fits well	<input type="checkbox"/> Loose	<input checked="" type="checkbox"/> NA
Window guards	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Window blind cords	<input type="checkbox"/> Split cord	<input checked="" type="checkbox"/> Looped cord	

NOTES: LOTS OF DUST FROM NEIGHBORHOOD CONSTRUCTION; HAS WINDOWS CLOSED AND A/C ON BUT STILL A PROBLEM. LOTS OF EXPOSED DIRT OUTSIDE DUE TO CONSTRUCTION; CABINET WITH CLEANING SUPPLIES IS NOT LOCKED AND IS AT CHILD LEVEL




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### REVIEW: CAN YOU...

Explain the difference between a deficiency- & solutions-based assessment checklist?

- > Deficiency-based: Document existing conditions; prioritize health risks; itemizes health & safety issues
- > Solutions-based: Identifies specific work to address deficiencies; quantifies the work using units of measurement; enables recording special notes and scope of work




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**REVIEW: CAN YOU...**  
 Name the two most important characteristics of an assessment checklist?

- **Thoroughness**
- **Efficiency**

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**REVIEW: CAN YOU...**  
 List five issues that should be discussed during the resident interview?

- Type and age of their home
- Where residents spend time
- Routine activities
- Concerns about the home
- Possible triggers for concerns
- If symptoms, when/where they occur

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**REVIEW: CAN YOU...**  
 Identify two key decisions that need to be made once it is determined that a home assessment is appropriate?

- The appropriate level of assessment
- The best approach for the give situation
- The most appropriate assessment tool

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**REVIEW: CAN YOU...**  
 Identify two "social service" needs that may be discovered during the interview?

- Hoarding
- Need for fuel assistance
- Children's services
- Elder services


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**SMALL GROUP ACTIVITY: PREPARING FOR SUCCESS**

- Work in small groups.
- List EVERYTHING you can think of that the inspector needs to for a successful assessment.
  - Tools
  - Information about the building
  - Information about/from the resident or owner






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**PREPARING FOR SUCCESS**

Environmental Assessments	Info - environmental	To	Checklist, Camera	From the /Occupant
Presence of existing hazards		A way to record information		Someone to let the inspector in
History of the home		A reminder for what to examine		Access to all areas of the property
Neighborhood info	Checklist & measuring devices	A way to quantify the work	Flashlights	Client profiles
Building Program Guidelines/Standards		Aids to see property		Moisture meter, ambient CO detector, laser thermometer
		Hand-held testing equipment		




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**SMALL GROUP ACTIVITY:  
ONSITE VISIT DEBRIEFING**



- Work in small groups.
- Identify the top 5 hazards for each room.
- Identify the top 5 hazards for the house as a whole, explaining:
  - ◆ What the health risk(s) is/are
  - ◆ If the health risks are acute or chronic
  - ◆ The ranking, from most to least serious




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