

ATS Highlights 2026:

Environmental, Occupational, and Population Health Assembly Early Career Professionals



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Nina Flores, PhD

Postdoctoral Fellow

Dell Medical School and School of Social Work, University of Texas at Austin.

Tell us about yourself.

I am an environmental epidemiologist and Postdoctoral Fellow in the Promoting Equity in Cardiovascular and Respiratory Health Training Program at the University of Texas at Austin. I completed my PhD in Environmental Health Sciences at Columbia University in 2025, where my research focused on environmental justice, climate-related exposures, and respiratory health.

Is your research clinical, basic science, or translational?

My research is primarily population health and epidemiologic research with a translational focus, aiming to generate evidence that informs clinical practice and public health policy.

Tell us about your research.

My research program is organized around three complementary aims: (1) characterizing how environmental exposures—particularly those shaped by climate change and infrastructure vulnerability, such as extreme heat, power outages, mold, and air pollution—are unequally distributed across communities; (2) quantifying the health consequences of these inequitable exposures; and (3) evaluating whether policies and interventions designed to reduce these burdens are reaching the communities that need them most.

Where do you see yourself in 5 years?

I hope to lead an independent research program focused on environmental justice, climate and health, and respiratory health. I aim to partner with communities, clinicians, and policymakers to develop evidence that informs interventions and policies that reduce environmental health inequities.

How has the EOPH assembly contributed to your career?

The EOPH Assembly has provided an invaluable forum to share my research, connect with colleagues in environmental and occupational health, and learn from experts across the field. I was honored to receive the Margaret Becklake Award for my research evaluating the health impacts of the NYCHA Mold Busters intervention.



Please follow the [ATS EOPH Assembly!](#)



If you or someone you know would like to be featured as an ATS EOPH Assembly Early Career Professional, please email (eoph@thoracic.org).

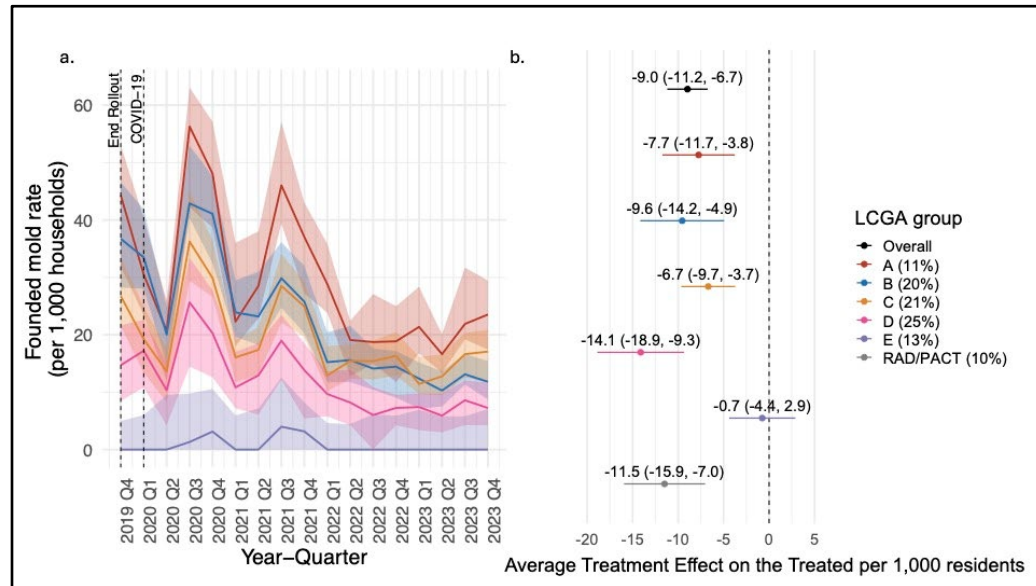
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Differences-in-differences result across NYCHA mold complaint trajectory groups. We show the median rate of inspection-confirmed mold complaints following the intervention (a) and estimates of the DID annual average treatment effect per 1,000 residents (b). Estimates to the left of the null indicate a reduction in rates of ED visits post intervention.

Abstract Title

Large-Scale Mold Intervention Reduced Asthma Emergency Department Visits in New York City Public Housing Differentially Across Building and Neighborhood Characteristics

Rationale: New York City Housing Authority (NYCHA) provides housing to over 400,000 predominantly Black, Hispanic, and low-income residents. Mold complaints in NYCHA are common, and the burden of asthma among residents is high. In 2019, NYCHA implemented 'Mold Busters,' a program to remediate mold using evidence-based methods that have previously improved asthma symptoms in small-scale ($n < 100$) randomized controlled trials. We hypothesized that 'Mold Busters' would reduce asthma-related emergency department (ED) visits, and that population, building, neighborhood, and climate vulnerability characteristics would influence the intervention's efficacy.

Methods: We obtained 2016-2023, building-level asthma ED visit data among NYCHA residents and a 'Mold Busters' unexposed group living in proximate, non-NYCHA lower-income census tracts. We assessed the impact of 'Mold Busters' on asthma ED visits using doubly robust differences-in-differences analyses aggregated to pre- (2016-2018) and post- (2021-2023) intervention periods. We obtained resident-reported, building-level mold work order data from NYCHA and applied latent class growth analysis (LCGA) to categorize NYCHA buildings by the trajectory of mold report rates in the post-intervention period. We conducted the differences-in-differences analyses stratified by LCGA groups.

Results: The 'Mold Busters' intervention was associated with an average annual reduction of 9.0 (95% CI: -11.2, -6.7) asthma-related ED visits per 1,000 residents, translating to 2,798 fewer annual ED visits from 2021-2023. LCGA identified five trajectory groups. Each group experienced decreases in report rates following the intervention, however some groups experienced larger decreases than others (Figure 1a). Groups with slower reductions in mold reporting rates were generally larger, older, more likely to lack mechanical ventilation, and more likely to be set in flood zones and higher poverty neighborhoods. Groups with larger reductions in mold complaints (e.g., groups B and D, Figure 1a) also experienced larger reductions in asthma ED visits (Figure 1b).

Conclusions: Interventions aimed at reducing asthma triggers can be tools to address longstanding asthma disparities. To our knowledge, this is the first large-scale observational study to demonstrate that a city-wide mold intervention in public housing can reduce asthma ED visits. Results highlighting where, when, and for whom the intervention was most effective can inform future interventions.