



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
WASHINGTON, D.C.

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# 2016 Environmental Justice Implementation Progress Report

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FEBRUARY 2016

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## Overview

Environmental justice is defined as “the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations, and policies.”<sup>1</sup> On February 11, 1994, President William J. Clinton signed Executive Order 12898, *Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations*.<sup>2</sup> The Executive Order requires each federal agency to “make achieving environmental justice part of its mission by identifying and addressing, as appropriate, disproportionately high and adverse human health or environmental effects of its programs, policies, and activities on minority populations and low-income populations.” Specifically, the Executive Order requires that each agency develop an agency-wide environmental justice strategy specific to the agency’s mission.

The U.S. Department of Health and Human Services (HHS) issued its first Environmental Justice Strategy in 1995.<sup>3</sup> In August 2011, HHS reaffirmed its commitment to environmental justice by joining 16 other federal agencies in signing a Memorandum of Understanding (MOU) on Environmental Justice and Executive Order 12898. This renewed federal effort to address environmental justice led to the development of the 2012 HHS Environmental Justice Strategy and Implementation Plan (2012 HHS EJ Strategy). In 2015, the HHS Environmental Justice Working Group (HHS EJ Working Group) assessed the progress made among the actions outlined in the 2012 HHS EJ Strategy and then identified [Priority Areas of Focus](#). These areas reflect new and ongoing actions around climate change, community involvement, data and tools, and funding opportunities.

In accordance with the MOU, each agency is responsible for preparing annual reports detailing the progress the agency has made in implementing their environmental justice strategies. The 2016 HHS Environmental Justice Implementation Progress Report summarizes HHS’s advancement of the strategic elements outlined in the 2012 HHS EJ Strategy and highlights activities that support the priority areas of focus. The report highlights HHS contributions to environmental justice among four strategic elements: policy development and dissemination; education and training; research and data collection, analysis, and utilization; and services. It also includes a few activities that are not focused on environmental justice, but are known to be of interest to communities with environmental justice concerns. The report includes information on HHS stakeholder engagement efforts. It also describes HHS participation in the activities of the Federal Interagency Working Group on Environmental Justice (EJ IWG), an interdepartmental body that includes representation from 17 federal departments and offices.

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<sup>1</sup> U.S. Environmental Protection Agency. “Environmental Justice.” (<http://www.epa.gov/environmentaljustice/>)

<sup>2</sup> Executive Order No. 12898, 59 Fed Reg. 7629 (Feb. 11, 1994)

<sup>3</sup> U.S. Department of Health and Human Services (HHS). 1995 Environmental Justice Strategy, Washington, DC: U.S. DHHS, 1995.

## Introduction

The HHS mission is to enhance the health and well-being of Americans by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.<sup>4</sup> HHS is the U.S. government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. The HHS vision for environmental justice is "a nation that equitably promotes healthy community environments and protects the health of all people."<sup>5</sup>

The 2012 HHS EJ Strategy is one of several efforts that support the [HHS Strategic Plan FY2014-2018](#). In particular, the Strategy aims to promote prevention and wellness across the lifespan, which is one of the objectives of Strategic Goal 3: Advance the Health, Safety, and Well-Being of the American People. HHS programs are addressing the unique needs of vulnerable populations through improved program coordination within HHS and across government agencies, through policy development, evidence-based practice, and research.

The Implementation Progress Report highlights HHS efforts to uphold the 2012 HHS EJ Strategy's three guiding principles: 1) create and implement meaningful public partnerships, 2) ensure interagency and intra-agency coordination, and 3) establish and implement accountability measures.

### ***Create and Implement Meaningful Public Partnerships***

Building on previous HHS efforts to identify and establish partnerships to help in implementing the 2012 HHS EJ Strategy, members of the HHS EJ Working Group collaborated to identify priorities for action to address environmental health disparities and environmental justice. The HHS EJ Working Group includes representatives from agencies and offices across HHS. Representatives engage the public in partnerships that include stakeholder engagement meetings, the Partnerships for Environmental Public Health, the Worker Training Program, community-engaged research, and the Sustainable and Climate-Resilient Health Care Facilities Initiative, among other activities.

### ***Ensure Interagency and Intra-agency Coordination***

The Office of the Assistant Secretary for Health (OASH) is responsible for coordinating and implementing a wide array of interdisciplinary programs within HHS and ensures that HHS works in concert with its federal partners, including the EJ IWG. OASH staff lead the HHS EJ Working Group and coordinate its subgroups as needed. Bi-weekly meetings of the working group provide time for sharing information and new approaches, identifying opportunities for collaboration, and updating progress toward advancing the actions of the 2012 HHS EJ Strategy and the priority areas of focus. HHS EJ Working Group members are

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<sup>4</sup> U.S. Department of Health and Human Services (HHS). "About HHS" <http://www.hhs.gov/about/index.html>.

<sup>5</sup> U.S. Department of Health and Human Services (HHS). 2012 Environmental Justice Strategy and Implementation Plan, Washington, DC: U.S., 2012.

responsible for coordinating and reporting on activities related to environmental justice within their agencies. The HHS Environmental Justice Leadership Advisory Group, which includes senior leadership throughout HHS, provides guidance to the overall HHS environmental justice effort.

OASH staff also represents HHS on the EJ IWG and coordinates appropriate representation on EJ IWG activities, including monthly EJ IWG meetings, regional or local stakeholder meetings, and on EJ IWG workgroups on Title VI of the Civil Rights Act of 1964, National Environmental Policy Act (NEPA) and other environmental justice topic areas. An accounting of the EJ IWG activities is presented in a later section of this report.

### ***Establish and Implement Accountability Measures***

The Implementation Progress Report documents HHS progress in implementing the 2012 HHS EJ Strategy actions and the priority areas of focus in two ways. First, the report highlights specific completed actions. Second, Appendix A shows the progress toward completion for each environmental justice action under the four strategic elements in the 2012 HHS EJ Strategy. The actions in the strategy span a time horizon beyond several years. The HHS Environmental Justice Action Progress Table, located in Appendix A, illustrates the levels of progress for each action. The Table indicates whether the action is complete or substantial progress has been made, some progress has been made, and where progress is still needed. It also shows that certain actions have become inactive. The progress estimates are based on assessments made by the HHS staff who are responsible for overseeing the implementation of specific environmental justice actions.

## **The 2012 HHS Environmental Justice Strategy and Implementation Plan**

Four strategic elements serve as a framework for the 2012 HHS EJ Strategy. They include: policy development and dissemination; education and training; research and data collection, analysis, and utilization; and services. The Strategy includes a series of specific environmental justice actions under each of these four areas. A graphic representation of the Strategy's vision, guiding principles, and strategic elements appears below.



### HHS Environmental Justice Priority Areas of Focus 2015-2016

Based on progress made among the actions described in the 2012 HHS EJ Strategy and on emerging opportunities to advance environmental justice, the HHS EJ Working Group identified priority areas of focus for 2015 through 2016.

The priority areas of focus reflect new and ongoing actions around climate change, community involvement, data and tools, and funding opportunities. These priority areas are consistent with the 2012 HHS EJ Strategy's four strategic elements. They support HHS efforts to 1) identify and address disproportionately high and adverse human health and environmental effects on low-income and minority populations and Indian tribes, and 2) encourage the fair treatment and meaningful involvement of affected parties with the goal of building healthy, resilient communities and reducing disparities in health and well-being associated with environmental factors. The priority areas of focus help shape the implementation of existing and future HHS EJ Working Group activities. Activities that help build community capacity and that provide access to data and tools aim to promote sustainable and resilient communities.

The following is a brief description of the four priority areas of focus:

- Climate Change: The HHS EJ Working Group is working to leverage existing resources to address the disproportionate impacts of climate change through various activities, including: building community resilience and sustainable,

stronger health and emergency response systems; strengthening community partnerships; expanding and promoting educational outreach; and hosting climate change and environmental justice workshop with community stakeholders.

*Related Strategy Elements: Policy Development and Dissemination; Education and Training*

- **Community Capacity:** The HHS EJ Working Group recognizes the need to continue to work with communities to address environmental justice issues. Activities under this focus area include: encouraging community-driven partnerships with various stakeholders and build community capacity; promoting improvements of the quality of behavioral health care; and collaborating in EJ IWG regional activities.

*Related Strategy Element: Services*

- **Data and Tools:** The HHS EJ IWG will continue to partner with other federal departments to link data and tools to enable decision-makers to better examine how environmental factors affect health.

*Related EJ Strategy Element: Research and Data Collection, Analysis, and Utilization*

- **Funding Opportunities:** The HHS EJ IWG will continue to promote the inclusion of environmental justice in funding opportunities.

*Related EJ Strategy Element: Policy Development and Dissemination*

More information about the Priority Areas of Focus is available at:

<http://www.hhs.gov/sites/default/files/ej-priority-areas-of-focus.pdf>.

## **Development of the 2016 HHS Environmental Justice Implementation Progress Report**

The 2016 HHS Environmental Justice Implementation Progress Report highlights HHS advancements in the strategic elements outlined in the 2012 HHS EJ Strategy from January 2015 to December 2015. The HHS EJ Working Group, led by OASH staff, used multiple subgroups to lead implementation efforts.

Throughout 2015, the HHS EJ Working Group, which includes representatives from agencies and offices across HHS, provided primary oversight of the implementation of the 2012 EJ Strategy. Selected activities that support the priority areas of focus are highlighted throughout the report.

## **Environmental Justice Strategy Implementation Highlights**

Consistent with the 2012 HHS EJ Strategy, four strategic elements serve as the framework for the Implementation Progress Report. This section highlights 2015 accomplishments

among these elements: policy development and dissemination; education and training; research and data collection, analysis, and utilization; and services.

## Policy Development and Dissemination

Effective implementation of policies, such as legislation, regulations, executive orders, policy directives, and program guidance, can serve as key tools to advance environmental justice. In particular, community residents and advocates have frequently cited Title VI of the Civil Rights Act of 1964 (Title VI) and NEPA as important levers for achieving environmental justice, in addition to Executive Order 12898.

The strategic element, Policy Development and Dissemination, includes actions related to Title VI and NEPA, as well as actions to develop policy guidance for specific HHS programs and activities. The 2012 HHS EJ Strategy included climate change as an emerging issue in the Policy Development and Dissemination strategic element. Implementation activities were included under this element in the 2012, 2013, 2014 and 2015 Implementation Progress Reports. Activities related to climate change are now also reflected in other sections of this 2016 report.

### HHS Action Plan to Reduce Racial and Ethnic Health Disparities: Implementation Progress Report 2011-2014

The "[HHS Action Plan to Reduce Racial and Ethnic Health Disparities: Implementation Progress Report 2011-2014](#)" was released in November 2015. It was developed by the HHS Office of Minority Health (OMH) and the Office of the Assistant Secretary for Planning and Evaluation. The document is an implementation progress report of the "[HHS Action Plan to Reduce Racial and Ethnic Health Disparities](#)" (HHS Disparities Action Plan), which represents an ongoing commitment by HHS to coordinate efforts and assess the nation's progress toward addressing racial and ethnic disparities in health and healthcare.

As noted in the new report, "health disparities are also driven by community and environmental factors, not just those in the healthcare system. Strategies that create healthy and safe environments promote healthy behaviors to improve the well-being of the American people." Actions described in the report that are particularly relevant to environmental justice communities are highlighted below:

#### National Hispanic Council on Aging (NHCOA) Portal *e-Comunidad*

OMH supported NHCOA in the development of Portal *e-Comunidad*, an e-learning platform to provide *promotores de salud* with an easy-to-use and accessible platform to learn about and promote health literacy among Latino seniors in their communities. The platform currently consists of five modules of 20 to 40 minute lessons given via narrated PowerPoint presentations. "Managing medications at home" and "how to get the most out of a doctor's visit" are examples of the topics presented. Tools like the Portal *e-Comunidad* help connect *promotores de salud* who serve communities, such as Hispanic older adults, with relevant, important, and necessary learning opportunities to which these audiences may not have easy access through other channels.



### National Disaster Medical System (NDMS)

Disasters affect communities unequally. Low-income, minority populations often live and work near risk-prone locations; for example, areas prone to flooding, landslides, and industrial hazards; areas with non-compliant building code housing and buildings; and places with greater dependence on public transportation. Areas with fewer economic resources can be predicted to be less resilient when faced with a disaster. Examples of this include low-income, minority individuals and families, which may be less resilient when facing the adverse effects of disasters due to challenges in storing emergency food and supplies or having the capacity to evacuate to safety. During a response, well-meaning outside responders cannot necessarily understand the challenges and needs of these communities. The Office of Assistant Secretary for Preparedness and Response (ASPR) has developed an action plan that includes strategies to increase representation of racial and ethnic minorities in the public health emergency preparedness and response workforce. This plan includes conducting outreach about the NDMS at Historically Black Colleges and Universities (HBCU) medical and nursing schools, sponsoring workshops at key professional meetings, and offering public-private community disaster graduate fellowships. ASPR also promotes cultural competency among ASPR staff and NDMS personnel by providing online training in Psychological First Aid, a disaster-specific behavioral health intervention for providers offered through the National Association of City and County Health Officials that helps providers meet the needs of diverse populations.

### **National Prevention Strategy**

HHS continues to implement the National Prevention Strategy, chaired by the Office of the Surgeon General and guided by the National Prevention Council, to increase the number of Americans who are healthy at every stage of life. Principles of environmental justice are reflected throughout the Strategy, particularly within the Strategic Directions on Healthy & Safe Community Environments and Elimination of Health Disparities. More information about the National Prevention Strategy can be found at:

<http://www.surgeongeneral.gov/priorities/prevention/strategy/>.

### **National Prevention Council's Prevention Advisory Group Meeting**

The National Prevention Council's Prevention Advisory Group held a session on "*Climate Change Effects on Health, Agriculture, and Quality of Air and Water Supplies*" during their August 2015 meeting. The Advisory Group would like to support the Council in developing and implementing collaborative and measureable approaches to addressing the effects of climate change. The Advisory Group members raised the following potential Council actions for consideration: 1) Establishing funding priorities for their states and grantees to operationalize and measure the impact of climate change initiatives; 2) Incorporating climate change messaging into daily operations, especially public-facing services and programs; 3) Completing an assessment of current federal efforts to address climate change; and 4) Reviewing, and potentially revising, the Healthy and Safe Community Environment Strategic Direction of the Strategy, among other strategies. A formal

recommendation will be drafted for consideration by the Advisory Group at a future meeting in 2016.

### **Surgeon General's Call to Action: *Step It Up!***

In early September 2015, the Surgeon General released "Step It Up! The Surgeon General's Call to Action to Promote Walking and Walkable Communities." The Call to Action presents actionable steps and current data on how Americans can improve their physical activity through walking and wheelchair rolling and also create communities that make walking and wheelchair rolling safe, easy, and accessible for all. The Call to Action can be used as a tool to conduct health impact assessments on walkability. The Call to Action outlined how communities can support walking and other outdoor physical activities by implementing and maintaining design features that reduce opportunities for crime and violence and promote a sense of ownership and safety. For example, efforts to clean, plan, and maintain vacant lots have been associated with reductions in violence and crime. It also can be used as a tool to design policies that adequately address the needs of vulnerable populations and support sustainable living. More information is available at:

<http://www.surgeongeneral.gov/library/calls/walking-and-walkable-communities/index.html>.

### **Climate and Health Summit**

On June 23, 2015 the White House hosted a Summit on Climate Change and Health, featuring the Surgeon General, to stimulate a national dialogue on preventing the health impacts of climate change. The health implications for vulnerable populations, including children, the elderly, the sick, the poor, and some communities of color were highlighted. The events included a break-out session specifically focused on these concerns that was facilitated by experts from the Centers for Disease Control and Prevention (CDC), OASH, the Environmental Protection Agency (EPA) and the American Academy of Pediatrics. The session was attended by stakeholders from a range of organizations, including voluntary health associations, academia, and environmental protection groups. A second breakout session, facilitated by representatives of NIEHS, included discussion of the HHS Sustainable and Climate Resilient Health Care Facilities Initiative and the role of the health care sector in enhancing the resilience of the communities they serve, particularly disadvantaged communities.

### **Surgeon General's Climate Change Related Activities**

The Surgeon General has participated in a number of high impact events to bring awareness of the impact of climate change on our environment and the nation's health, with a particular focus on the burden to vulnerable communities and underserved populations. In June, Vice Admiral Vivek Murthy spoke at a White House Climate Change event noting that climate change is a serious threat to global health. He also taped an introduction to the CDC Public Health Grand Rounds on Climate

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*Priority Area of Focus: Climate Change*

*The Surgeon General is working to bring awareness of the impact of climate change on health.*

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Change and Health, emphasizing similar themes of the importance of tackling this issue in a way that promotes health equity and prevention. Grand Rounds are made available to all, but are geared toward policy makers and practitioners at state and local health departments. Together with President Obama, the Surgeon General participated in a roundtable on climate change and health at Howard University with thought leaders about the disproportionate impact of the climate change and the environment on communities of color.

### **National Health Security Strategy (NHSS)**

Sponsored by ASPR, the NHSS links health security, resilience, health promotion, and emergency response. Objective 1 of the NHSS is focused on building resilience and provides a strong vehicle for coordinated messaging, outreach, education, and action to the whole community, including individuals with access and functional needs such as chronic health and behavioral health concerns.

### **Cultural and Linguistic Competency for Disaster Preparedness Planning and Crisis Response**

ASPR developed the Cultural and Linguistic Competency for Disaster Preparedness Planning and Crisis Response webpage to introduce and connect public health officials and emergency managers to resources and tools that enhance and address cultural and linguistic competency to help mitigate the impact of disasters and emergency events. An inclusive and integrated approach to disaster and emergency preparedness, response, and recovery activities ensures that culturally and linguistically diverse populations are not overlooked or misunderstood. Public health officials and emergency managers who are prepared to address the cultural needs of communities affected by adverse events can be instrumental in reducing people's psychological distress and meeting the community's needs to recovery effectively. This webpage includes a planning guide and resource links to assist in preparedness and public health emergency planners and other partners. The webpage is located at:

<http://www.phe.gov/Preparedness/planning/abc/Pages/linguistic.aspx>.

### **American Indian & Alaskan Native Disaster Preparedness Resource**

The American Indian & Alaskan Native Disaster Preparedness Resource, developed by ASPR, helps planners and responders provide culturally-competent services to tribes. This tool provides some basic resources and best practices to help disaster behavioral health and emergency responders better understand the general status of tribal behavioral health issues. It also provides information on emergency disaster services and/or organizations that support tribal communities. The goal is to provide a beginning frame of reference and several resources that will promote responders' cultural awareness, as well as help introduce some of the rich culture, values, and traditions that are so important for respectfully assisting tribal communities. Enhanced understanding of the behavioral health specifics, and developing trusted sources of assistance for American Indians and Alaskan Natives can help providers mitigate the adverse effects disasters may have in tribal communities. The tool can be found at:

<http://www.phe.gov/Preparedness/planning/abc/Pages/tribal-preparedness.aspx>.

### **100 Resilient Cities Partnership**

ASPR is a platform partner to this Rockefeller Center international initiative, where platform partners provide tools and technical assistance to the 100 Resilient Cities. ASPR's various program offices-- At-Risk, Behavioral Health, & Community Resilience; Office of Emergency Management Fusion; National Healthcare Preparedness Program; and Regional program--work with the Rockefeller team to strategize and provide expertise and tools. Offerings include technical assistance (TA) and resources on health resilience, at-risk individuals, and behavioral health; connection to ASPR's regional professionals for TA and planning expertise; TA for use of the *TrendingNow* platform; and assistance with customized queries on GeoHealth. More about the partnership can be found at: <http://100resilientcities.rockefellerfoundation.org/>.

### **HUD National Disaster Resilience Competition**

ASPR is one of many federal partners that participate in this HUD-funded initiative to improve resilience related to climate-change/natural disasters, with a focus on low-income, urban housing-related concerns. The competition is a two-phase process that will competitively award nearly \$1 billion in HUD Disaster Recovery funds to eligible communities. The competition will help communities recover from prior disasters and improve their ability to withstand and recover more quickly from future disasters, hazards, and shocks. More about the competition can be found at: <https://www.hudexchange.info/programs/cdbg-dr/resilient-recovery/>.

### **National Community Health Resilience Coalition**

The National Community Health Resilience Coalition is an interagency/national group, led by ASPR, that provides an ongoing venue for federal and national stakeholders to share information and promising practices and develop collaborative opportunities to assist communities to build resilience, particularly as this involves social connectedness, well-being, and the social determinants of health.

### **The National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) Community Resilience Project**

Sponsored through the ASPR/NACCHO cooperative agreement, MAPP is a community-driven strategic planning process for improving community health. This project aims to identify how the MAPP process could be adapted to address community resilience and emergency preparedness and to develop and pilot tools and guidance. More information about MAPP can be found at <http://www.naccho.org/topics/infrastructure/mapp/>.

### **Additional ASPR Policy Activities**

- National Preparedness and Response Science Board (NPRSB) Community Health Resilience Recommendations—Aims to identify federal activities that help to build and sustain healthy and resilient communities. The report can be found at: <http://www.phe.gov/Preparedness/legal/boards/nprsb/meetings/Documents/nbsb-chrreport.pdf>.
- Health Subcommittee of the Interagency Coordination Council (ICC) on Emergency Preparedness and Individuals with Disabilities—Aims to promote the safety, security, and equal access to services for people with disabilities during

emergencies by reviewing policy, developing products and reports, and disseminating information to stakeholders.

#### **Additional ASPR Dissemination Activities**

- [Directory of Organizations Serving Older Adults, produced in association with ASPR](#)—Use this directory to identify those organizations that provide direct services at the local level or can connect people to providers of direct services for older adults.
- [Disaster Behavioral Health Coalition Guidance](#)—Discusses how to form a behavioral health coalition to meet preparedness, response, and recovery needs for disaster survivors, responders, and at-risk individuals with pre-existing behavioral health concerns.
- [Guidance of Integrating People with Access and Functional Needs into Disaster Preparedness Planning for States and Local Governments](#)—Introduces and connects stakeholders to available resources and inclusive strategies for integrating the access and functional needs of at-risk individuals into emergency preparedness, response, and recovery planning at all jurisdictional levels.
- [Disaster Response Guidance for Health Care Providers: Identifying and Understanding the Health Care Needs of Individuals Experiencing Homelessness](#)—As part of a larger collaboration with the Department of Veterans Affairs (VA), HUD, and other federal partners to stimulate planning for clinical care to individuals experiencing homelessness in advance of a disaster.

#### **Education and Training**

##### **Develop and Implement an Environmental Justice Training Program for HHS Employees**

The 2012 HHS EJ Strategy called for increasing the knowledge and understanding of health and environmental justice by developing an education and training program for HHS employees. In response, the HHS EJ Working Group created the Education and Training Crosscutting Group. The Crosscutting Group has completed development of the HHS Environmental Justice Course, which is now available on-line to all HHS employees. The course is designed to educate, provide insight, and assist HHS employees in applying environmental justice principles to their work. It also provides tools and resources so that HHS employees can improve the effectiveness of HHS programs, policies, and activities that impact and serve minority, low-income, and Tribal populations who may suffer disproportionately high and adverse environmental exposures. The course announcement has been featured on the HHS Intranet, HHS Yammer, and the crosscutting group developed a “Lessons Learned” document for HHS employees interested in creating similar training materials.

##### **NIEHS Environmental Career Worker Training Program**

The National Institute of Environmental Health Sciences (NIEHS) Environmental Career Worker Training Program (ECWTP), formerly the Minority Worker Training Program, addresses one of the most important and significant problems with urban unemployment--workers lacking crucial technical and marketable job skills and experience on the job. The

program recognizes that the composition and culture of each community is different and that programs must include the community and local organizations at the core of the strategies to create sustainable communities. Holistic programs that develop career paths to address those most vulnerable to occupational exposures such as minority workers, those untrained, undocumented and lacking access to healthcare are the key to address the issue of occupational health disparities and environmental justice. In 2014, the NIEHS published "[Minority Worker Training Program: Guidance on How to Achieve Successes and Best Practices.](#)" Approximately 10,700 workers have been trained under the ECWTP, with 70 percent of those workers obtaining employment in environmental remediation and construction fields. The guidance included information on innovative techniques to improve the effectiveness and efficiency of these programs. Lastly, the guidance provided model strategies to address barriers to successful program implementation (e.g., trainees lacking access to quality health and safety training and trainees who have low educational attainment). Presentations have been made to several communities and audiences to share the report, including the 2015 National Environmental Health Association Annual Educational Conference in Orlando, FL (July 14, 2015), and the 2015 National Brownfields Conference in Chicago, IL (September 2-4, 2015).

[The Economic Impact of the Environmental Career Worker Training Program:](#) In 2015, the NIEHS Worker Training Program (WTP) developed another report designed to show the economic impact of the ECWTP. The report shows that for an investment of approximately \$3.5 million annually, economists found that the ECWTP generates a \$100 million return on investment each year. Benefits are derived from the program's effects on earnings, reduction in workplace injury costs, reduction in hiring costs, reductions in crime related costs, reductions in transfers and the additional tax revenue gained as a result of the program. For many graduates, the ECWTP provides them with their first marketable job skill, and it is estimated the ECWTP increases the probability of employment by approximately 59 percent. The program also generated \$2.3 million for the previous year in matching funds and in-kind contributions from firms and non-profit organizations that understand the enormous benefits. The [report](#) is available on the [NIEHS WTP website](#): <http://www.niehs.nih.gov/careers/hazmat/index.cfm>, [https://www.niehs.nih.gov/careers/hazmat/wtp\\_ecwtp\\_report\\_508.pdf](https://www.niehs.nih.gov/careers/hazmat/wtp_ecwtp_report_508.pdf).

#### **Training and Technical Assistance to Farmers**

Through a grant with the National Rural Health Association, the Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy supports the [AgriSafe Network](#), a non-profit organization that provides occupational health services to farmers. Agrisafe offers 12 publicly available technical assistance webinars each year on a variety of agrihealth topics, including farm safety for children, health insurance options for farm and ranch families, and the use of safety equipment on the farm.

HRSA's Bureau of Primary Health Care (BPHC), Office of Quality Improvement, Strategic Partnerships Division supports several National Training and Technical Assistance Cooperative Agreements (NCAs). The NCAs provide national training and technical assistance (T/TA) that strengthens health center clinical and day-to-day operations and expands their capacity to increase access to comprehensive healthcare services, especially

for special and vulnerable populations, including people experiencing homelessness, residents of public housing, and agricultural workers and their families. HRSA/BPHC funding opportunity announcements for NCAs can be found on the Grants.gov website at [www.grants.gov](http://www.grants.gov).

In 2015, HRSA awarded approximately \$4.4 million to five NCAs focusing on migrant and seasonal agricultural worker populations. The funding helped to support a range of activities, including, webinars, training sessions at national, state, and regional conferences, health forums, the development and dissemination of resource materials, and publications.

For example, NCAs with Farmworker Justice (FJ) and the Migrant Clinicians Network (MCN) supported the development of an updated Workers Compensation and Pesticide Reporting Map, which can be found at:

<http://www.migrantclinician.org/issues/occupational-health/pesticides/reporting-illnesses.html>.

Additionally, FJ and MCN collaborated on the development of “A Guide to Workers’ Compensation for Clinicians Serving Agricultural Workers.” The guide provides an overview of workers’ compensation laws for farmworkers, discusses barriers to workers’ compensation encountered by workers and health centers, and a systematic guide on how to assess a workplace injury, including those caused by environmental factors such as pesticide exposure. The updated guide can be found on FJ’s website at:

<http://www.farmworkerjustice.org/sites/default/files/Workers%20Comp%20Guide%20FINAL%20%281%29.pdf>.

The NCA with the National Center for Farmworker Health, Inc., helps to support the three Migrant Stream Forums, a series of regional forums for farmworker advocates, health and social service providers, policy makers, and other interested individuals. The Migrant Stream Forums are located in each of the migratory streams, representing the flow of agricultural workers up and down the stream as they follow the harvest. The Migrant Stream Forums provide farmworker-specific continuing education to providers of health care and social services in community and migrant health centers, as well as offer a venue for networking among these professionals in the field. These stream forums provide an opportunity for participants to discuss regional and national trends that affect farmworkers and to share successful strategies for addressing farmworker needs.

## Research and Data Collection, Analysis, and Utilization

### National Institute for Occupational Safety and Health (NIOSH) Activities on Climate Change and Health

There is strong evidence that climate change is and will present occupational safety and health (OSH) hazards. Environmental justice implications include worker populations such as migrant workers and day laborers who are directly exposed to the impacts of climate change such as heat stress. These workers may have inadequate housing or other social and economic constraints and the health effects of climate change may be additive from exposures both at work and at home. These and other workers may also be exposed to conditions that the general public can elect to avoid, and employment increases are likely in industries and occupations most affected.

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#### *Priority Area of Focus: Climate Change*

*HHS is working to develop research questions that will help protect workers from the impacts of climate change.*

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To address these issues, numerous critical research questions need to be resolved regarding specific hazards, sentinel events, risk assessment, and preventive actions. Research on hazards, surveillance, and risk assessment activities are needed to better characterize and understand how OSH may be associated with climate change events and ensure worker health and safety issues are anticipated, recognized, evaluated, and mitigated.

Based on the recommendations of the NIOSH Climate Change Workgroup, in April 2015 NIOSH formally established a Climate Change Initiative. The mission of the initiative is to protect workers from the adverse impacts of climate change. The specific objectives are to increase awareness of occupational hazards resulting from climate change; establish occupational safety and health research priorities related to climate change; promote and support research; and use research findings to develop recommendations, guidance and policies. Information on worker safety and health issues related to climate change can be found here: <http://www.cdc.gov/niosh/topics/climate/default.html>.

During 2015, activities have been focused on outreach, and Initiative members have presented to and met with a variety of stakeholder groups. Participation in federal interagency discussions, a presentation at the 2015 HHS Climate Justice Conference, and a presentation at the American Industrial Hygiene Conference & Exposition have led to increased awareness of the potential adverse impacts of climate change on workers, and of the importance of considering workers in environmental justice activities. Presentations to the Pan American Health Organization and the Institut de Recherche Robert-Sauvé en Santé et en Sécurité du Travail in Canada have led to discussions of international collaboration on research activities. A roundtable discussion at the Council of State and Territorial Epidemiologists (CSTE) Annual Conference, a CSTE webinar, and a presentation at the American Public Health Association (APHA) Annual Meeting served to highlight research



opportunities for state and local health officials and academic researchers to better understand and address the impact of climate change on workers. The CSTE webinar, “Climate Change and Occupational Health: An Environmental Health, Injury and Occupational Health Issue” is available at: <http://www.cste.org/?page=WebinarLibrary>.

### **Funding Opportunity: Advancing Health Disparities Interventions through Community-Based Participatory Research**

The National Institute on Minority Health and Health Disparities (NIMHD) Community-Based Participatory Research (CBPR) Program announced a new funding opportunity: Advancing Health Disparities Interventions Through Community-Based Participatory Research. The purpose of the funding opportunity is to support promising community interventions using CBPR

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*Priority Area of Focus: Funding Opportunity*

*Providing funding to communities to build their research capabilities can help them reduce health disparities in their communities.*

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principles and approaches aimed at reducing and eventually eliminating health disparities. In the health disparities framework, this includes partnership approaches that focus on changing the determinants of health or the community conditions and environments, in which their members are born, mature, play, study, work and age. The research approach may begin with a needs assessment to identify a health-related issue for action, or a community-led proposal on an identified need or issue of importance to the community. More information is available at: <http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-15-010.html>.

### **NIEHS Climate Change and Environmental Exposures Challenge**

To assist the country in preparing for the potential health risks from climate change, the National Institutes of Health (NIH) through the National Institute of Environmental Health Sciences (NIEHS) is sponsoring the [NIEHS Climate Change and Environmental Exposures Challenge](#) (the “Challenge”) under the America COMPETES Reauthorization Act of 2010. This Challenge calls on talented software developers, data scientists, and other innovators from around the country to create data visualizations, tools, and applications that use the best available science on environmental exposures and the relationship of these exposures to increased temperature, precipitation, flooding, and sea level rise. The Challenge has two goals: To raise awareness of how environmental health risks may be exacerbated by climate change in communities, and to enable protective decision-making from local to national levels. The Challenge is part of the larger [Climate and Health Innovation Challenge Series](#), managed by NIEHS, HHS Office of Business Management and Transformation, and the geographic information system company ESRI. [The first challenge in the Series](#), sponsored by ESRI, was won by a visualization tool to depict [Heat and Social Inequity in the United States](#).

### **Centers of Excellence on Environmental Health Disparities**

NIEHS, NIMHD, and the EPA fund five Centers that combine basic and translational research and community involvement to improve understanding of environmental health disparities as well as identify mitigation and prevention strategies to decrease the public health burden. One of the centers, Maternal And Developmental Risks from Environmental and Social Stressors (MADRES), will be examining the determinants of childhood and maternal obesity among Hispanic children and mothers, a population in California who have the greatest cumulative burden of harmful environmental exposures as well as elevated rates of obesity. Another program at the University of New Mexico, the Center for Indigenous Environmental Health Research will partner with several American Indian communities to evaluate environmental exposures through traditional foods, water, air, and household environments, while the Community Engagement Core will translate and communicate research findings to mitigate and prevent health disparities in affected populations. More information about these programs is available at:

[http://tools.niehs.nih.gov/portfolio/index.cfm/portfolio/grantDetail/grant\\_number/P50ES026086](http://tools.niehs.nih.gov/portfolio/index.cfm/portfolio/grantDetail/grant_number/P50ES026086) and

[http://tools.niehs.nih.gov/portfolio/index.cfm/portfolio/grantDetail/grant\\_number/P50ES026089](http://tools.niehs.nih.gov/portfolio/index.cfm/portfolio/grantDetail/grant_number/P50ES026089).

### **Participatory Interventions to Reduce Arsenic in American Indian Communities Research Proposal**

In 2015, the Indian Health Service (IHS), Office of Environmental Health and Engineering worked collaboratively with the Johns Hopkins School of Public Health as they developed the research proposal, "Participatory Interventions to Reduce Arsenic in American Indian Communities," submitted to the NIEHS. The proposed project aims to assess impacts of multi-level participatory interventions to reduce arsenic exposure via individual drinking water wells in Native American homes on two reservations in South and North Dakota. The IHS, with the consent of the Tribes involved, provided the university researchers with technical comments on their proposal, additional points of contact within the communities, and data on historic well water quality analyses.

This work is important because community engagement approaches to improve the effectiveness of household level strategies have not been evaluated in Indian Country. Formative research will be completed focusing on understanding the community, cultural, household and individual level factors that influence sustainable use of in-home arsenic removal drinking water treatment units. This will allow the development and testing of tailored intervention approaches that are community-based to address arsenic exposure in Native American and Alaska Native communities. IHS will use the outcomes of this work to improve the delivery of environmental health programs throughout Indian Country.

With the support of the IHS Office of Environmental Health and Engineering, the Johns Hopkins School of Public Health was awarded an HHS grant under a funding opportunity, Interventions for Health Promotion and Disease prevention in Native American Populations, to undertake the research activities proposed. The IHS has assisted researchers at Johns Hopkins School of Public Health to establish local contacts to assist in

these efforts and shared data associated with individual drinking water source location and quality to aid in the identification of possible study candidates.

### Funded Native American Research Projects

In 2015, the IHS Office of Public Health Support collaborated with the National Institutes of Health (NIH) to support a number of environmental health and justice research projects through the Native American Research Center for Health (NARCH) program. Funded projects included: 1) "An Innovative Model for Addressing Native Environmental Health Research Needs", which is focused on assessing arsenic exposure to members of the Micmac and Maliseet tribes in Maine from private wells during the first phase of the project, Salish Kootenai College; 2) "Effects of Complex Metal Exposure on Immune Status of Tribal members living on the Cheyenne River Sioux reservation", project conducted by the Black Hills Center for American Indian Health; and 3) Environmental Health Capacity Building projects aimed at reducing adverse impacts on environmental justice communities, administered by the Cankdeska Cikana Community College to five Tribal Colleges and Universities.

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*Priority Area of Focus: Funding Opportunity*

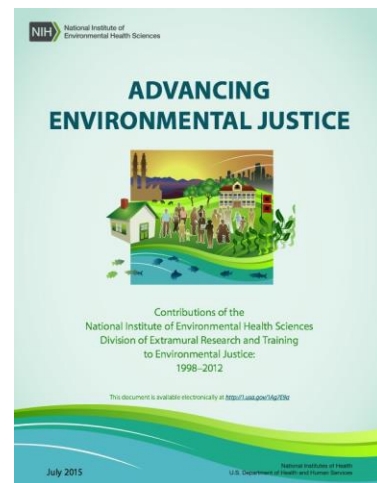
*HHS has been working to provide funding to Native American communities to address environmental health issues in their communities.*

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### NIEHS Advancing Environmental Justice Report

Reducing environmental health disparities and promoting environmental justice are long-standing goals of the NIEHS. To support these goals, over the past two decades, the NIEHS supported numerous research programs, scientific conferences, and public health interventions. A report titled [Advancing Environmental Justice](#) describes these efforts.

This report is the first to highlight the contributions to environmental justice by the NIEHS Division of Extramural Research and Training (DERT). It provides a brief history of the environmental justice movement, the role of and funding investments made by DERT, an analysis of those contributions, conclusions, and suggested next steps.



In addition, the [Advancing Environmental Justice: Annotated Bibliography](#) was developed as a compendium to the report to provide researchers, communities, and stakeholders with more accessible information about key outcomes reported in environmental justice projects. The annotated bibliography lists and summarizes peer-reviewed research articles from several of the projects highlighted in the report.

### Research to Action Program

This collaborative program between NIEHS and the National Institute for Nursing Research (NINR) encourages applications using community-engaged research methods to investigate the potential health risks of environmental exposures of concern to the community and to implement an environmental public health action plan based on research findings. The overall goal is to support changes to prevent or reduce exposure to harmful environmental exposures and improve the health of a community. In 2015, three new projects were funded:

- Addressing Fugitive Chemical Health Risks through Community-Based Actions Study (New York)
- Community-Engaged Research and Action to Reduce Respiratory Disease in Appalachia (Appalachia)
- Promoting Healthy Seafood Choices in Asian Communities (Chicago)

Read more about the currently funded projects at:

<http://www.niehs.nih.gov/research/supported/translational/peph/prog/rta/cfg/index.cfm>.

### Hurricane Sandy Conference: Translating Research into Practice

Since 2013, ASPR, CDC, and NIEHS have collectively funded 44 grants for Hurricane Sandy recovery research. As the original set of 31 awards neared completion, the *Hurricane Sandy Conference, Translating Research into Practice*, convened in New York City on August 10-11, 2015. The conference engaged approximately 300 participants, including grantees, their key personnel and community partners, representatives from federal, state and local public health departments, emergency management organizations, and healthcare providers, community groups, and members of communities impacted by Hurricane Sandy.

Conference participants learned about ASPR, CDC, and NIEHS funded research and training projects on community resilience, recovery worker safety, healthcare and public health system response, healthcare access, mental health, morbidity and mortality, and mold mitigation. The conference also featured special sessions where participants learned about work being done with the innovative ASPR Sandy Dataset, and participated in interactive group discussions about building a community of practice and effectively disseminating research results. For more information about the ASPR Hurricane Sandy Recovery Science Grants, please visit [www.phe.gov/sciencepreparedness](http://www.phe.gov/sciencepreparedness).

### ASPR Sandy Dataset Awards

In February 2015, ASPR awarded four grants for research studies using the ASPR Sandy Dataset. The Dataset links the data available through multiple federal agencies so that the outcomes for individual (but unidentified) patients can be followed using various non-medical criteria. These datasets are compiled from patient data and medical and housing claims data in a way that

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*Priority Area of Focus: Data and Tools*

*The Sandy Dataset links data available through multiple federal agencies to ensure health service researchers can gain access promptly to potentially life-saving data.*

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protects patient privacy. As such, they do not include fields for such information as patient name, but can include de-identified data on the amount of damage sustained by a patient's home, or the length of time a patient was without electricity. This is important because most studies that use administrative claims data make assumptions about a patient's exposure to the storm, often using county-level damage assessments. While such studies can yield valuable public health information, their findings are imprecise because not everyone in a given county or other geographic region is impacted equally by a disaster. The Dataset is an important step toward ensuring that health services researchers can gain prompt access to important sources of data to answer pressing – potentially lifesaving – questions about response, recovery, and preparedness.

### **IOM Standing Committee on Medical and Public Health Research During Large-Scale Emergency Events**

ASPR, CDC, and NIEHS have funded the Institute of Medicine (IOM) to establish a Standing Committee on Medical and Public Health Research During Large-Scale Emergency Events. The standing committee will be involved in the planning, development, and oversight of related fast-track ad hoc activities undertaken by separately appointed committees operating under its auspices that will be able to help prioritize scientific research needs during a medical or public health event or in the immediate aftermath of a disaster. These ad hoc activities would be triggered by a disaster event, at the request of the Assistant Secretary for Preparedness and Response, and may be initiated in the locality affected. Further, and as needed, the Standing Committee will provide a venue for discussion of issues related to short- and long-term strategic planning related to how best to perform medical and public health disaster science research activities during a significant public health event or other disaster. The committee will provide a venue for a dialog between individuals representing federal, state, and local government agencies, the private sector, academic community, research funders, as well as other relevant stakeholders involved in disaster preparedness, response, and recovery activities. The committee will include subject matter experts representing a broad range of potential disciplines which may include public health, epidemiology, environmental health, infectious disease, emergency medicine, emergency medical services, nursing, emergency management, bioethics, behavioral health, biosurveillance, operations, research, and communications.

### **CDC Environmental Health Tracking Program Takes Steps to Fill Environmental Health Data Gaps within Bemidji Tribal Territory**

Environmental issues and the related health outcomes pose a large problem in Indian Country. Data collection in Indian Country poses many challenges, from the initial collection to access, analysis, and dissemination. Overall, the data issues result in perpetuating inequities that underestimate the burden of disease among the American Indian/Alaskan Native population.

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*Priority Area of Focus: Data and Tools*

*Addressing public health data gaps is the first step in improving the quality of environmental health data for the Bemidji Tribal Territory.*

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The CDC National Environmental Public Health Tracking Program partnered with the Great Lakes Inter-Tribal Epidemiology Center (GLITEC) to conduct the Bemidji Area Environmental Health Tracking Program pilot project. The pilot project connected tribal communities with CDC and state Tracking Program grantees (MI, MN, and WI) to begin looking at ways to address the environmental public health data gaps of the Bemidji Area. The three tribal communities that participated were the Bad River Band of Lake Superior Tribe of Chippewa Indians in Wisconsin, the Fond du Lac Reservation in Minnesota, and the Detroit Urban Indian Community in Michigan. The project led to an assessment of environmental public health data for the area and leveraging existing data available within the Bemidji Tribal Territory, an essential first step in improving the quality of environmental health data for the region. By the end of the pilot, the team had established a foundation for tribal involvement within the National Tracking Program.

### **CDC Introduces New Heat Vulnerability Data to the Tracking Network**

The CDC National Environmental Public Health Tracking Network added new data on heat vulnerability to the Climate Change module. Because not all populations are at risk equally from heat, knowing where vulnerable populations, especially those living in poverty, are located can help cities target their resources most effectively and facilitate coordination of heat emergency plans at state and regional levels. The heat vulnerability data used on the Tracking Network come from a variety of sources.

These data provide county-level information for all 50 states about certain variables that increase a person's risk for heat stress and death from extreme heat. The variables include the number of extreme heat days and events (excluding AK and HI), health conditions like heart disease and diabetes, hospital locations, environmental factors like tree cover and developed land use, socioeconomic information, and population characteristics such as percent of people aged 65 years and older who live alone and percentage of population of a race other than white. More about the Tracking Network is available at:

<http://ephtracking.cdc.gov/showHome.action>.

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*Priority Area of Focus: Data and Tools*

*The new data on heat vulnerability will help facilitate coordination of heat emergency plans at the state and regional level.*

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### **Funding Opportunity Announcement: Transdisciplinary Centers for Health Disparities Focused on Precision Medicine**

NIMHD issued a funding announcement in 2015 to support "NIMHD Transdisciplinary Collaborative Centers for Health Disparities Research Focused on Precision Medicine." Precision Medicine holds great promise for improving patient care in disadvantaged populations. Its potential for reducing health disparities hinges on 1) better understanding of the dynamic interplay

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*Priority Area of Focus: Funding Opportunity*

*Precision Medicine holds promise for improving patient care in disadvantaged populations and helping to reduce health disparities.*

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between biological, behavioral, social, and environmental health risk and protective factors experienced across the life course, 2) greater inclusion of diverse populations in research relating to precision medicine, and 3) greater understanding of potential facilitators to implementation and adoption of precision medicine approaches in health disparities populations. Grantees are expected to conduct collaborative research examining complementary aspects of precision medicine, focusing on interactions between biological, behavioral, and contextual predictors of disease vulnerability, resilience, and response to therapies. More information is available at: <http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-15-013.html>.

### **Creating Asthma Empowerment Collaborations to Reduce Childhood Asthma Disparities**

The National Heart Lung and Blood Institute (NHLBI) launched an innovative two-phase program that requires researchers to engage community organizations, from the beginning, in planning a clinical trial to evaluate Asthma Care Implementation Programs (ACIP) for children at high risk of poor asthma outcomes. The ACIP must address at least one of the following different sectors that can contribute to a system of care for children: medical care, family, home, and community. In the first phase, researchers are expected to conduct a community needs assessment to ensure the ACIP meets the needs of the children in their community. In the second phase, NHLBI intends to support multi-disciplinary teams to conduct a clinical trial, assess the sustainability of the interventions, and define best practices for implementing interventions in children at high risk of poor asthma outcomes. More information is available at: <http://grants.nih.gov/grants/guide/rfa-files/RFA-HL-15-028.html>.

## **Services**

### **NIOSH American Indian/Alaska Native Initiative**

In 2013, NIOSH launched an initiative to partner with American Indian and Alaska Native (AI/AN) communities, organizations, and other stakeholders to identify priority issues, conduct outreach, and determine how best to provide OSH support to tribal communities. The main goal of this initiative is to build worker safety and health capacity in tribal communities. There are approximately 5.2 million AI/AN living across the United States, comprising 1.7 percent of the population and 0.9 percent of the total civilian U.S. workforce.<sup>6 7</sup> Data from the Bureau of Labor Statistics Census of Fatal Occupational Injuries program show there were 292 AI/AN workers killed on the job from 2003 to 2010, an average of 37 fatalities each year. National data on occupational injuries and illnesses among AI/AN are scarce. NIOSH works closely with CDC's Office for State, Tribal, Local and Territorial Support to foster awareness of worker safety and health. NIOSH has attended several meetings with tribal communities to raise awareness of NIOSH.

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<sup>6</sup> US Census Bureau

[https://www.census.gov/newsroom/releases/archives/facts\\_for\\_features\\_special\\_editions/cb11-ff22.html](https://www.census.gov/newsroom/releases/archives/facts_for_features_special_editions/cb11-ff22.html)

<sup>7</sup> Bureau of Labor Statistics [http://www.bls.gov/opub/reports/cps/race\\_ethnicity\\_2013.pdf](http://www.bls.gov/opub/reports/cps/race_ethnicity_2013.pdf)

In 2015, activities focused on outreach and partnership development. NIOSH, in collaboration with the Mountain and Plains Education and Research Center hosted the first partnership workshop on occupational safety and health at the University of Colorado, Anschutz Medical Campus. The 32 attendees from 14 states included Tribal Occupational Safety & Health professionals, Tribal epidemiologists, state Health Department representatives and physicians. Workshop attendees brainstormed challenges and potential solutions to increasing worker safety and health activities in Indian Country. Attendees developed new relationships and an occupational safety and health American Indian/Alaska Native Network was established to share resources and build capacity. Attendees also came to a common understanding and agreement that occupational safety and health infrastructure is needed at the Tribal level that elevates and creates a framework to safeguard workers. Workshop presentations are available at: <http://www.ucdenver.edu/academics/colleges/PublicHealth/research/centers/maperc/online/Pages/American-Indian-and-Alaska-Native-Workshop.aspx>.

### **Black Lung Clinics Program and Radiation Exposure Screening & Education Program**

The [Federal Office of Rural Health Policy \(FORHP\)](#) coordinates activities related to rural healthcare within HHS as part of HRSA. FORHP administered 11 grant programs in FY 2015 through its Community-based Division, investing a total of \$52.3 million in rural communities. Two of these grant programs, the Black Lung Clinics Program (BLCP) and the Radiation Exposure Screening and Education Program (RESEP) were together awarded a total of \$8,322,997 to address specific environmental justice healthcare needs for rural communities.

#### **Black Lung Clinics Program**

Authorized by section 427(a) of the Federal Mine Safety and Health Act of 1977, as amended, the Black Lung Clinics Program (BLCP) supports projects that seek to reduce the morbidity and mortality associated with occupationally-related coal mine dust lung disease through the provision of direct services and by strengthening the capacity and knowledge base of the larger medical community and public. All BLCP grantees are required to provide for the following services, in consultation with a board-certified pulmonologist or internal medicine/family medicine practitioner who has experience in the diagnosis and treatment of respiratory diseases: outreach and education services, medical case management, compensation counseling, Department of Labor medical exams in accordance with the authorizing legislation, and other treatments that may relieve symptoms. FORHP also funds a Black Lung Center of Excellence (BLCE) through a cooperative agreement. Among other activities, the BLCE provides technical assistance to HRSA and BLCP grantees and develops learning tools for medical professionals and other stakeholders on black lung disease.

In FY 2015, the BLCP awarded approximately \$6.5 million to 15 eligible entities serving coal miners and their families across 11 states. FORHP also awarded one BLCE \$150,000 through a cooperative agreement. The BLCP will be competitive again in FY 2017.

#### **Radiation Exposure Screening & Education Program (RESEP)**

Developed in consultation with NIH and IHS, and authorized through Section 417C of the Public Health Service Act as an amendment to the Radiation Exposure Compensation Act



(RECA), RESEP was established in 2002 to support healthcare organizations serving individuals placed at increased risk for developing radiogenic cancers and diseases resulting from exposure to radiation through nuclear fallout and/or uranium mining industry work during U.S. Cold War nuclear weapons testing and arsenal build-up.

Program services implemented through RESEP support the development of education programs, dissemination of information on radiogenic diseases and the importance of early detection, screening services to eligible individuals for cancer and other radiogenic diseases, provision of appropriate referrals for medical treatment, and benefits eligibility assistance for facilitation of RECA and Energy Employees Occupational Illness Compensation Program Act claims documentation.

In FY 2015, RESEP awarded approximately \$1.6 million to eight eligible entities located in Arizona, Nevada, New Mexico, Colorado, and Utah under its current grant cycle (2014-2017). RESEP Center Program contacts and information can be found on the HRSA FORHP RESEP website [Find a Clinic](#).

Awarded as three-year funding for up to \$300,000 a year, healthcare organizations eligible for funding under RESEP include National Cancer Institute-designated cancer centers, VA hospitals and medical centers, Federally Qualified Health Centers, agencies of state and local governments, as well as certain IHS programs and non-profit organizations located in one of the RECA-designated high-impact states (Arizona, Colorado, Idaho, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas, Utah, Washington, or Wyoming). The next competitive funding cycle for RESEP will be in FY 2017.

### **Administration for Native Americans (ANA) Awards New Environmental Regulation Enhancement Grants**

ANA supports Environmental Regulatory Enhancement (ERE) grants, which provide tribes with resources to develop legal, technical, and organizational capacities for protecting their natural environments. Projects focus on environmental programs in a manner consistent with tribal culture for Native American communities. They build tribal capacity, allowing involvement in all aspects of each project, including environmental issue identification, planning, development, and implementation.

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*Priority Area of Focus: Community Capacity*

*ANA provides support to tribes to develop legal, technical, and organizational capacity to protect natural environments.*

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The links between tribal sovereignty, organizational capacity, and protection of the environment are central components of the ERE program. Applicants are required to describe a land base or other resources (e.g., a river or body of water) over which they exercise jurisdiction as part of their application. In 2015, ANA funded the following new grants:

- Grantee:* Shoshone-Bannock Tribes  
*Location:* Fort Hall, Idaho  
*Project Description:* To further protect culturally and economically valuable water resources of the Shoshone-Bannock Tribes, the ERE project will allow them to build additional capacity and an informational base within the Tribal Water Resources Department. The Blackfoot River and Fort Hall Bottoms Springs, which are culturally and economically valuable to the Shoshone-Bannock Tribes, are facing potential water quantity and quality threats due to off-reservation activities. The Tribe presently lacks sufficient data and capacity to address or challenge the most pressing activity concerns. Specifically, they will develop Tribal understanding of water quantity and quality impacts specific to these water resources and also establish a water quality-monitoring program.
- Grantee:* Smith River Rancheria  
*Location:* Smith River, California  
*Project Description:* The Ocean Balance: Ocean Stewards project will build the Marine Program capacity of the Smith River Rancheria Tribe of Tolowa Dee-ni to assume their role as manager of their marine resources within their ancestral waters in order to improve the health, diversity, and vitality of these important resources for future generations. They will conduct data collection of marine resources and habitats, through scientific and traditional knowledge, to establish a baseline of conditions. This project will create the programmatic framework for on-the-ground enforcement and education of marine resources. Smith River Rancheria will develop a Marine Customary Harvest Code, based on traditional stewardship practices and laws, including a culturally-based mediation process to handle offenses to the Code. The Tribe currently has no enforcement or codified laws regarding marine harvest.
- Grantee:* Confederated Tribes of Grand Ronde  
*Location:* Grand Ronde, Oregon  
*Project Description:* Creating an inventory of Coho salmon, Steelhead and Pacific Lamprey, and Black-tailed deer in order to manage resources through Tribal hunting and fishing regulations.

## Community Engagement Activities

### HHS-Sponsored Environmental Justice and Related Meetings

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*Priority Area of Focus: Climate Change*

#### HHS Climate Justice Conference (June 8-9, 2015)

*The HHS Climate Justice Conference included community members; academics and students; public and occupational health professionals and advocates; and federal, state, and local government employees.*

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HHS convened a Climate Justice Conference at NIEHS in Research Triangle Park, North Carolina. The purpose of the meeting was to engage federal staff and stakeholders in discussions about the health effects of climate change as they relate to vulnerable populations, or “climate justice,” as well as community challenges and priorities, federal activities, and new resources and tools. The meeting was designed to encourage all stakeholders to share both identified areas of need and promising approaches and opportunities for collaboration that will address climate justice.

Participants included community members; academics and students; public and occupational health professionals and advocates; and federal, state, and local government employees. Conference presentations, a summary report, and a short video of conference highlights are available at:

<https://www.niehs.nih.gov/about/visiting/events/pastmtg/2015/climate/>.

#### NIMHD Workshop on the Science of Prevention to Address Health Disparities (March 30-31, 2015)

NIMHD hosted the Workshop on the Science of Prevention and Health Promotion to Address Disparities: Preventing Disparities in Chronic Diseases – Community-Based Multilevel Interventions, in collaboration with other NIH Institutes and Centers and the CDC. The meeting, held in Bethesda, MD, convened a group of preeminent academic, research, clinical, and public health experts in community-based and chronic disease prevention efforts to explore community interventions in reducing significant population-level burden of chronic morbidity and premature death. Keynote presentations and panel discussions focused on identifying goals for conducting meaningful community-based multi-level intervention research addressing prevention of chronic diseases.

#### Tribal Ecological Knowledge Workshop (December 2-4, 2015)

NIEHS, in collaboration with other NIH Offices and Institutes, hosted the Tribal Ecological Knowledge Workshop in Bethesda, MD. The workshop focused on the value of Tribal Ecological Knowledge (TEK) for environmental health sciences and biomedical research. The term TEK denotes “traditional knowledge [that], like Western science, is based on accumulation of observation. It is knowledge that is transmitted through generations, practice in how tribes carry out resource use practices, and beliefs about how people fit into ecosystems” (Berkes, 2000). The term aims to denote a range of factors affecting Native health from an indigenous perspective. The goals of the workshop were to explore

ways to improve trust in academic-tribal research, to identify methods for incorporating community-acquired data and local TEK into environmental health and biomedical research studies, to consider ethical approaches for tribal specific data collection, and to build capacity to respond to long-term and immediate disaster events. This workshop was organized by representatives of seven tribal communities working with NIH (NIEHS and NIMHD), IHS, Smithsonian Museums, and CDC/Agency for Toxic Substances and Disease Registry staff.

### Partnerships for Environmental Public Health (PEPH) Webinar Series

Supported by NIEHS, PEPH is a network of researchers, community members, educators, healthcare professionals, and policy makers committed to increasing the impact of environmental public health research at the local, regional, tribal, and national level. In 2015, the PEPH team organized several webinars related to environmental justice and environmental health disparity issues. The webinars are approximately one-hour long.

- [Risk Communication: Addressing the Needs of Your Community](#) (March 30, 2015)
- [Citizen Science](#) (March 24, 2015)
- [Diet, Nutrition, and Environmental Public Health](#) (May 28, 2015)
- [Tribal Ecological Knowledge \(TEK\) and Its Value for Environmental Health Sciences](#) (June 22, 2015)
- [Grants Management for Community Organizations](#) (October 23, 2015)
- [Meet the Editors](#) (December 14, 2015)

### Agency for Toxic Substances and Disease Registry (ATSDR) Five-Part Webinar Series

ATSDR partnered with the American Public Health Association (APHA) to launch a five-part webinar series highlighting the contributions ATSDR and its partners have made throughout the years. The series explored ATSDR's role as an integral partner in determining chemical threats, supporting communities protecting children and

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*Priority Area of Focus: Community Capacity*

*ATSDR and partners share information, tools, and resources via a five-part webinar.*

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vulnerable populations, and supporting specific needs of Native Tribes. ATSDR, state and local partners, communities, stakeholders, and tribal members shared tools and resources, discussed community outreach strategies, technical assistance, and much more. Topics of the five-part webinar included:

- Part I – Introducing ATSDR  
<https://www.apha.org/events-and-meetings/apha-calendar/webinar-events/introducing-atsdr>
- ATSDR Supporting Communities with Tools and Resources  
<https://www.apha.org/events-and-meetings/apha-calendar/webinar-events/atsdr-part-2>
- Part III – Informing Decision-Making through Health Assessment  
<https://www.apha.org/events-and-meetings/apha-calendar/webinar-events/atsdr-part-3>

- Part IV — Advancing Environmental Medicine Practice  
<https://www.apha.org/events-and-meetings/apha-calendar/webinar-events/atsdr-part-4>
- Part V (planning stage)

More regarding the webinar series can be found at: <https://www.apha.org/events-and-meetings/webinars/atsdr>.

### **Building Understanding of Environmental Health Webinar Series**

APHA hosted a three-part webinar series, funded by CDC, that introduces research findings from the FrameWorks Institute on how the American public thinks and talks about environmental health. This research reveals effective strategies for talking with the public about environmental health work and the impacts of our environments on public health. Topics of the three-part webinar included:

- Navigating the Swamp of Environmental Health: Using Evidence to Craft More Effective Communications
- Framing with Values: Cuing Up Productive Conversations about Environmental Health Work
- The Power of How: Using Tested Metaphors to Build Public Understanding about Environmental Health

More about the webinar can be found at: <https://www.apha.org/events-and-meetings/webinars/understanding-environmental-health>.

### **Office of Disease Prevention and Health Promotion (ODPHP) Webinars**

ODPHP hosts Healthy People 2020 webinars that inform stakeholders on a variety of Healthy People 2020 topics. Two environmental justice and health disparity related topics include:

- [Who's Leading the Leading Health Indicators?: Environmental Quality](#) (September 18, 2014)
- [Reducing Exposure: A Healthy People 2020 Progress Review on Environmental Health and Tobacco Use](#) (December 5, 2014)

Both webinars had over 500 locations participating. Participants earned continuing education credits, including Continuing Medical Education credits, Nursing credits, and Certified Health Education Specialist credits.

### **Building Public-Private Partnerships to Enhance Disaster Resilience: A Listening Session (October 5, 2015)**

A meeting was held in Washington, D.C., to enhance strategic public-private-partnerships. The listening session, co-hosted by ASPR and Grantmakers In Health, brought together private foundations, philanthropic organizations, and federal participants to discuss opportunities to promote resilience and health security, and behavioral health (particular emphasis was on populations at higher-risk and challenged by underlying social determinants of health).

## Regional HHS Environmental Justice Stakeholder Engagement

### Region IV - College/Underserved Community Partnership Program

The Acting Regional Health Administrator (RHA) for OASH Region IV is actively engaged in activities related to EPA's College/Underserved Community Partnership Program (CUPP), which innovatively addresses the needs of mayors in underserved communities by providing free technical assistance from students at colleges and universities and linking those efforts to the programs, resources, and expertise of the appropriate federal agencies. CUPP partnerships in Georgia, North Carolina, Mississippi, and Florida are benefitting from HHS support related to food access, health screenings, teen pregnancy prevention, physical activity, and environmental justice. In February 2015, the Acting RHA presented on health disparities in underserved communities and how the CUPP program can impact the five goals of the HHS National Partnership for Action Stakeholder Strategy at the Annual CUPP meeting. OASH promoted the program to minority-serving institutions in multiple regions of the country through presentations that were conducted at HE-TAP (Higher Education-Technical Assistance Project) Training Conferences sponsored by the Office of Minority Health. The number of schools involved has grown as well as the number of cities receiving free technical assistance from students. OASH also leveraged the relationship with the mayors to promote other HHS programs, such as Let's Move! Cities, Towns, and Counties. As a result of OASH efforts, academic institutions helped three cities sign up in the fall of 2015.

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*Priority Area of Focus: Community Capacity*

*HHS helps to build community capacity by encouraging community-driven partnerships with academic/research-intensive organizations to address problems important to communities.*

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### Region IV – Education and Training

The Acting RHA for OASH Region IV participated in several education and training activities related to environmental justice. In January 2015, she presented on Climate Change, Health, and Regional Preparedness at the American Academy of Medical Administrators Annual Summit in Clearwater, FL. In August 2015, she co-presented with Region II at the EPA Community Involvement Training Conference and shared information on how HHS is collaborating around the Affordable Care Act and other efforts to prevent disease and promote health. In October 2015, she moderated an International and Tribal Panel at the International Environmental Youth Symposium 2015 on Climate Change: Adaptation, Resiliency and Mitigation.

#### **Region IV – Protecting Children from Lead Exposure in Shelby County, Tennessee**

The Acting RHA for OASH Region IV is partnering with the Chief of the Chemical Safety Enforcement Branch and the Deputy Administrator for the Air, Pesticides, and Toxics Management Division in EPA Region IV on a Lead-based Paint Pilot Program. The program focuses on Tennessee’s Shelby County which has 80,664 children under age 6; 29,309 children under age 6 in poverty; and 52,641 homes built before 1950. It will reinvigorate the conversation on EPA's Lead Renovation, Repair and Painting

(RRP) Rule and start the discussion on better permitting practices throughout the region. The RRP Rule requires that firms performing renovation, repair, and painting projects that disturb lead-based paint in homes, child care facilities and pre-schools built before 1978 have their firm certified by EPA (or an EPA-authorized state), use certified renovators who are trained by EPA-approved training providers and follow lead-safe work practices. The one-year project officially began November 9, 2015. HHS is assisting EPA to access data from the CDC and in conducting outreach to families, contractors, and the healthcare community. EPA is offering in-person trainings, free webinars, extensive marketing, and stakeholder meetings to encourage community involvement. The project will serve as a model for other counties throughout Region IV.

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*Priority Area of Focus: Data and Tools*

*HHS continues to partner with other federal departments to share data and tools, to help improve health.*

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#### **Region IV – Supporting Mississippi Mayors in Building Sustainable Communities**

In February 2015, the Deputy Regional Health Administrator (DRHA) was invited by EPA Administrator Gina McCarthy to speak at a roundtable with other federal partners, entitled, “Building Sustainable Communities through Effective Federal, State and Local Partnerships,” in Atlanta, Georgia. The session was designed to promote effective partnerships and collaboration between all levels of government and communities represented

by the Mississippi Conference of Black Mayors (MCBM). The MCBM comprises over 85 mayors representing communities of varying sizes and demographics who are committed to lead and promote healthy and sustainable communities with economically stable foundations. The DRHA presented on improving access to care and improving health behaviors using the HHS National Prevention Strategy. In May 2015, the MCBM invited the DRHA to a follow-up meeting along with HUD, FEMA, Small Business Association, U.S. Department of Labor, and others. She shared information on capacity building services available from the Office of Minority Health. As a result, several Mississippi mayors have reached out to her and received technical assistance.

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*Priority Area of Focus: Community Capacity*

*HHS continues to promote and build effective partnerships with all levels of government and communities to address environmental justice issues.*

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### **Region IX – 2015 Western Forum for Migrant and Community Health (February 23, 2015)**

The Office for Civil Rights (OCR), Region IX, presented on “Advancing Health Equity Through Community Action,” at the 2015 Western Forum for Migrant and Community Health. Information was provided on the role that OCR plays in the enforcement of Title VI of the Civil Rights Act of 1964, which prohibits race, color and national origin discrimination in programs receiving federal financial assistance. The presentation highlighted potential violations of Title VI, including but not limited to environmental uses, releases or discharges that have an adverse impact on minority communities; and the process for consumers to file Title VI discrimination complaints with OCR. The Forum was attended by over 300 consumers and advocates from 15 states.

### **Other HHS Stakeholder Meetings**

HHS EJ Working Group members also participated in several meetings during the year to discuss environmental justice issues. Some of these meetings included:

- National Environmental Justice Conference and Training Program (March 11-13, 2015)
- EPA Community Involvement Training Conference (August 4-6, 2015)
- National Brownfields Conference (September 2-4, 2015)
- American Public Health Association Annual Conference (October 31-November 4, 2015)

## **HHS Involvement in Federal Interagency Working Group on Environmental Justice (EJ IWG) Activities**

### **Community Engagement**

#### **Region II EJ IWG Activities**

Region II, OASH, and EPA jointly decided to create a Regional Environmental Justice Interagency Working Group (RIWG) on Environmental Justice. The RIWG is chaired by HHS Regional Health Administrator, Dr. Michelle Davis, and EPA Regional Administrator, Judith Enck, and includes staff from several federal executive agencies serving New Jersey, New York, Puerto Rico, and the U.S. Virgin Islands. The RIWG on environmental justice allows the federal family to create partnerships and build a foundation to respond to local environmental justice issues. The RIWG has chosen to collaborate on local environmental justice concerns and leverage resources in six locations. The six selected locations are:

- New Jersey: Camden
- New York: Newburgh
- Puerto Rico: Caño Martín Peña
- U.S. Virgin Islands: St. Croix (Hovenssa site)
- Tribal Nation:
  - Federally recognized: St. Regis Mohawk Tribe, New York
  - Non-federally recognized: Ramapough Nation, New Jersey



Currently, the RIWG is collaborating with each of the six locations to craft short and intermediate goals to address in the next 18 months. In addition, the Educational & Tools Subcommittee is planning to convene several environmental justice learning workshops.

#### **Region IV – Improving Healthcare in North Birmingham, Alabama**

The Acting Regional Health Administrator for OASH Region IV serves as co-chair of the Health and Wellness Workgroup of the Southeast Regional Interagency Working Group on Environmental Justice. The group is addressing environmental degradation and health disparities in North Birmingham. The current focus is on options for community healthcare facilities, improved health education, and development of a comprehensive wellness plan. The 2015 accomplishments include co-hosting a health/education/employment fair on July 25, 2015, at Hudson Elementary in North Birmingham to educate community members about healthcare resources. Also, a federally qualified health center has expressed interest in moving into the community to improve access to healthcare. The group is identifying strategies to increase awareness of the facility and educate residents about accessing care.

# Federal Interagency Working Group on Environmental Justice

## EJ IWG Framework for Collaboration

The EJ IWG plays a central role in creating healthy and sustainable communities by bringing together the federal family to address critical environmental justice issues. The EJ IWG provides leadership, guidance, and support to federal agencies by:

- Coordinating a focused and concerted effort by federal agencies to directly address the environmental, social, economic, and public health burdens in minority, low-income, indigenous and tribal communities;
- Implementing policies that have measurable impacts that advance environmental justice; and
- Focusing federal agency resources and technical assistance to address disproportionate health and environmental impacts.

## Background: Federal Interagency Working Group on Environmental Justice

The EJ IWG facilitates the active involvement of all federal agencies to implement President Clinton's Executive Order 12898, "Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations," (Order). The Order states that federal agencies must identify and address, as appropriate, disproportionately high and adverse human health or environmental effects of their programs, policies, and activities on minority populations and low-income populations.

Established by the Order, the EJ IWG provides a forum for federal agencies collectively to advance environmental justice principles. The EJ IWG works as a federal family to assist communities in building the capacity to promote and implement innovative and comprehensive solutions to address environmental justice issues.

The EJ IWG is chaired by the EPA Administrator and includes 17 federal agencies and White House offices. The EJ IWG has standing committees and other committees established as necessary to carry out responsibilities outlined by the Order. The EJ IWG consists of senior leadership representatives, senior staff representatives, and other persons designated by a federal agency. In 2011, the EJ IWG agencies took a landmark step to support environmental justice by signing a Memorandum of Understanding on Environmental Justice and Executive Order 12898 (MOU) and adopting a Charter. The MOU serves as a formal agreement among federal agencies to recommit to addressing environmental justice through a more collaborative, comprehensive, and efficient process. Since 2011, the EJ IWG has collectively advanced environmental justice principles in areas such as the environment, health, transportation, housing, energy and economic development.

## EJ IWG Making a Visible Difference in Overburdened Communities

In 2015, the EJ IWG devoted time to building an infrastructure for federal agencies to directly address the environmental, social, economic, and public health burdens in minority, low-income, indigenous and tribal communities. The 2011 Charter was revised to

include a governance structure and a requirement for Agency Senior leadership to meet twice a year to discuss agency collaborative efforts and commitments that will help achieve environmental justice. The EJ IWG governance structure includes the following standing (permanent) committees:

- Public Participation
- Regional Interagency Working Groups
- Strategy and Implementation Progress Reports
- Title VI of the Civil Rights Act of 1964

In addition, consistent with the Presidential Memorandum issued with the Order, and based on public recommendations, every three years the EJ IWG determines if there are additional focus areas for federal agencies to consider and address. During 2016 – 2018, the EJ IWG will maintain committees to address the following five focus areas:

- Native Americans/Indigenous Peoples
- Rural Communities
- Impacts from Climate Change
- Impacts from Commercial Transportation (Goods Movement)
- National Environmental Policy Act

These committees consist of senior level Agency staff and are responsible for working together with state and local governments, tribes, and local communities to improve the health of communities and protect the environment across this country.

The following is a snapshot of the EJ IWG's efforts to advance environmental justice in 2015:

#### Collaboration and Interagency Governance Structure

- Developed the Draft FY 2016-2018 EJ IWG Action Agenda Framework and disseminated for public comment. (As a result of one of the public comments, the EJ IWG has changed the name of the document to "EJ IWG FY 2016-2018 Framework for Collaboration"). The Framework builds on decades of environmental justice work to focus the collective efforts of the federal agencies to improve the quality of life and support economic opportunity in overburdened and under-resourced communities. The Framework is available on <http://www3.epa.gov/environmentaljustice/interagency/index.html>.
- Completed significant National Environmental Policy Act (NEPA) work products: Draft Report on Promising Practices for EJ Methodologies in NEPA Reviews and a companion training module based on the promising practices. The Draft Report provides a framework for meaningful engagement, developing and selecting alternatives and identifying minority and low-income populations.
- Launched the Educate, Motivate and Innovate (EMI) Climate Justice Youth Leadership Initiative. The EMI Initiative will showcase innovative climate justice

projects and their impacts that are being done across the country by students attending Minority Serving Institutions.

- Developed the structure for a Goods Movement Resource Compendium. The Compendium will outline Agency legal authorities, roles and responsibilities and serve as a resource for communities addressing goods movement concerns.
- Strengthened collaboration with communities by forming Regional Interagency Workgroups and featuring innovative community-based interagency collaborative projects at monthly EJ IWG meetings.

### Outreach

- Increased outreach to the public by holding three webinars seeking public comment on the Draft FY 2016-2018 EJ IWG Action Agenda Framework which attracted over 350 participants.
- Advanced collaboration on Climate Justice topics by featuring a series of leading Climate Justice speakers at the March 2015 National Environmental Justice Conference and Training Program.
- Strengthened the delivery of technical assistance to small, underserved communities through the College/Underserved Community Partnership Program (CUPP).

Increased coordination and cooperation among federal agencies will promote holistic community-based solutions to environmental justice issues and ensure that the public has meaningful opportunities for participation in the decision-making process. For a full range of the EJ IWG activities, please visit

<http://www3.epa.gov/environmentaljustice/interagency/index.html>.

## APPENDIX A: HHS Environmental Justice Action Progress Table

G	Complete or Substantial Progress	Y	Some Progress	R	Progress Needed <i>(* Less than 25% complete)</i>	X	Inactive
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### A. Policy Development and Dissemination

Strategies & Actions	Lead Agency	Status
<b>A: Integrate environmental justice principles and strategies into the implementation of key statutes and policies that may impact minority and low-income populations and Indian tribes</b>		
A.1 Incorporate, where feasible and appropriate, environmental justice in award criteria of HHS grants and other funding opportunities.	<i>HHS EJ Working Group</i>	Y
A.2 Update existing public information materials on Title VI to include information and resources on environmental justice.	<i>OCR</i>	G
A.3 Conduct outreach events to educate local communities on the purpose and functions of the HHS Office for Civil Rights.	<i>OCR</i>	G
A.4 Update the HHS NEPA Policy to incorporate relevant environmental justice guidance and the principles of environmental justice.	<i>ASA</i>	Y <sup>1</sup>
<b>B: Incorporate environmental justice principles and strategies into consideration of emerging issues that may disproportionately impact minority and low-income populations and Indian tribes.</b>		
B.1 Integrate environmental justice principles and environmental justice actions into the HHS Strategic Sustainability Performance Plan.	<i>ASA</i>	G
B.2 Conduct a vulnerability assessment of HHS's programs to climate change and develop an adaptation strategy, as required by Executive Order 13514.	<i>ASA/ NIEHS/ OASH</i>	G
B.3 Promote the consideration of factors such as health, environment, distributive impacts and equity in the development of federal agencies' policies and program planning.	<i>ASA/ ASPE</i>	G

<sup>1</sup> The action is deferred pending Federal EJ IWG report on best practices for addressing environmental justice through NEPA.

## A. Policy Development and Dissemination (continued)

Strategies & Actions	Lead Agency	Status
<b>B: Incorporate environmental justice principles and strategies into consideration of emerging issues that may disproportionately impact minority and low-income populations and Indian tribes. (continued)</b>		
B.4 Advance research that contributes to a better understanding of the relationship between health, sustainability, and environmental quality to support environmental justice efforts and initiatives.	<i>NIEHS</i>	G
B.5 Support research on potential health impacts of climate change, including the impacts of climate mitigation and adaptation measures that includes methodologies such as community-based participatory research and incorporates environmental justice principles.	<i>NIEHS</i>	G
B.6 Produce guidance for state, local, territorial, and tribal health departments on integrating extreme weather and public health surveillance systems with special emphasis on communities most vulnerable to changes in extreme weather patterns, including minority and low-income populations and Indian tribes with disproportionately high and adverse environmental exposures.	<i>NCEH</i>	G
B.7 Develop guidance on identifying the spatial and temporal extent of climate and extreme weather vulnerability and risk within communities containing existing environmental inequalities.	<i>NCEH</i>	G
B.8 Develop guidance on how state, local, territorial, and tribal public health departments can adopt policies and programs that minimize climate-related health impacts among vulnerable populations, including minority and low-income populations and Indian tribes with disproportionately high and adverse environmental exposures.	<i>NCEH</i>	G
B.9 Build community resilience and sustainable, stronger health and emergency response systems in at-risk populations with disproportionately high and adverse environmental exposures to prevent or reduce emerging health threats and chronic health problems.	<i>ASPR/ NCEH</i>	G
B.10 Strengthen community partnerships, in particular among vulnerable populations, to organize adaptation measures to prevent health impacts of climate change at the local level.	<i>NCEH</i>	G

## A. Policy Development and Dissemination (continued)

Strategies & Actions	Lead Agency	Status
<b>C: Provide consultation and/or partner with other federal departments, where appropriate and feasible, on environmental policies, programs and initiatives that may impact health and well-being, with particular attention to minority and low-income populations and Indian tribes.</b>		
C.1 Collaborate, where appropriate and feasible, with federal partners to advance a “health in all policies” approach and reduce disproportionately high and adverse environmental exposures.	<i>OASH</i>	G

## B. Training and Education

Strategies & Actions	Lead Agency	Status
<b>A: Educate the public, especially in communities with minority and low-income populations and Indian tribes with disproportionately high and adverse environmental exposures, about environmental justice, environmental hazards, and healthy community environments.</b>		
A.1 Increase public awareness of and access to information on health and environmental justice by developing an HHS environmental justice website.	<i>OASH</i>	G
A.2 Partner with other federal departments to develop and implement integrated educational outreach and intervention programs.	<i>NIOSH</i>	X <sup>2</sup>
A.3 Prepare guidance for HHS-funded worker training programs that are designed to assist disadvantaged communities.	<i>NIEHS</i>	G

<sup>2</sup> Staff resources are unavailable to carry out action.

## B. Training and Education (continued)

Strategies & Actions	Lead Agency	Status
<b>B: Enhance health professionals' and human services providers' education and training in environmental health and environmental justice.</b>		
B.1 Expand and promote educational outreach on health and environmental justice to primary health care and behavioral health care providers, other health professionals, public health professionals and the human services workforce.	<i>ATSDR/ HRSA</i>	G
B.2 Incorporate environmental justice and environmental and occupational safety and health education in the training curricula.	<i>OMH</i>	X <sup>3</sup>
B.3 Increase partnerships with Historically Black Colleges and Universities, Tribal Colleges and Universities, and Hispanic-Serving Institutions.	<i>NIEHS/ NIMHD</i>	G
<b>C: Increase the knowledge and understanding of health and environmental justice across HHS agencies and among HHS employees.</b>		
C.1 Develop and implement a training program for HHS employees on the principles and practice of environmental justice, including community engagement.	<i>OASH</i>	G

## C. Research and Data Collection, Analysis, and Utilization

Strategies & Actions	Lead Agency	Status
<b>A: Increase the involvement of minority and low-income populations and Indian tribes with disproportionately high and adverse environmental exposures in research and in data collection and utilization, and communicate findings to stakeholders.</b>		
A.1 Draft and implement guidance to HHS agencies conducting or funding research in partnership with minority and low-income populations and Indian Tribes with disproportionately high and adverse environmental exposures.	<i>HHS EJ Working Group</i>	Y
A.2 Host a Health and Environmental Justice Workshop periodically in conjunction with disproportionately impacted communities.	<i>HHS EJ Working Group</i>	G
A.3 Increase public access to information about research and data by expanding HHS Environmental Justice webpages.	<i>NLM</i>	G

<sup>3</sup> Staff resources are unavailable to carry out action.



## C. Research and Data Collection, Analysis, and Utilization (continued)

Strategies & Actions	Lead Agency	Status
<b>B: Identify and characterize environmental and occupational factors that have disproportionately high and adverse human health or environmental effects on minority and low-income populations and Indian Tribes.</b>		
B.1 Strengthen capacity for research on the health effects of disproportionately high and adverse environmental exposures in minority and low-income populations and Indian Tribes.	<i>NIMHD</i>	G
<b>C: Bolster the efforts of HHS, state, local, territorial, and tribal agencies, as well as non-governmental organizations, to collect, maintain, and analyze data on disproportionately high and adverse environmental and occupational exposures and on health effects in minority and low-income populations and Indian Tribes.</b>		
C.1 Promote inclusion of questions related to industry, occupation and other parameters of the workplace in HHS-supported surveys and other data collection instruments. Promote analysis of data related to occupational safety and health collected from HHS-supported surveys and other data collection instruments.	<i>NIOSH</i>	G
C.2 Partner with EPA and other federal departments to review and update community mapping tools and other databases designed to identify minority and low-income populations and Indian tribes with disproportionately high and adverse environmental exposures and health effects.	<i>NCEH/ NIOSH</i>	Y
C.3 Expand information on health disparities and environmental justice concepts on the National Center for Environmental Health's (NCEH) National Environmental Public Health Tracking Network.	<i>NCEH/ NIOSH</i>	G

## D. Services

Strategies & Actions	Lead Agency	Status
<b>A: Increase the capacity of health professionals delivering care and services to minority and low-income populations and Indian tribes with disproportionately high and adverse environmental exposures to prevent, diagnose, and treat medical and behavioral health conditions associated with adverse environmental exposures.</b>		
A.1 Promote inclusion and use of environmental and occupational exposure history in electronic health records (HER).	ATSDR/ NIOSH	G
A.2 Promote the availability of specialty resources in environmental health to health care providers.	ATSDR	G
A.3 Improve the quality of behavioral health care received by minority and low-income populations and Indian tribes with disproportionately high and adverse environmental exposures.	SAMHSA	X
<b>B: Identify minority and low-income populations and Indian tribes with disproportionately high and adverse environmental exposures, as well as the physical and behavioral health conditions and concerns of communities affected by these exposures.</b>		
B.1 Evaluate the use of health impact assessments (HIA) in minority and low-income populations and Indian tribes to achieve risk reduction and reduce health disparities.	NCEH	G
<b>C: Provide technical assistance and information resources to minority and low-income populations and Indian tribes with disproportionately high and adverse environmental exposures in order to empower communities to address identified health and human services needs.</b>		
C.1 Build community capacity to conduct community health assessments.	NCEH/ ATSDR	X <sup>4</sup>
C.2 Assess health and human services needs for minority and low-income populations and Indian tribes with disproportionately high and adverse environmental exposures.	CDC/ ATSDR	G
C.3 Increase outreach to minority populations and low-income populations and Indian tribes with disproportionately high and adverse environmental exposures to raise their awareness of the availability of technical assistance for applying for HHS funding.	HRSA	G

<sup>4</sup> An organizational realignment within the cognizant agency has made this action unachievable.

## D. Services (continued)

Strategies & Actions	Lead Agency	Status
<b>D: Provide funding opportunities and technical assistance to advance the economic potential and social well-being of minority and low-income populations and Indian tribes with disproportionately high and adverse environmental exposures.</b>		
D.1 Expand funding opportunities, where appropriate and feasible, to underserved communities for economic development and social services.	ACF	G