



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

2012 Environmental Justice Implementation Progress Report

FEBRUARY 2012

HHS Environmental Justice Implementation Progress Report

February 2012

Overview

The U.S. Department of Health and Human Services (HHS) prepared the Environmental Justice Implementation Progress Report to summarize major programs, policies and activities related to environmental justice that were supported by HHS between 2010 and 2012. The report highlights some of the Department's significant contributions to environmental justice in the areas of policy development and dissemination; education and training; research and data collection, analysis, and utilization; and services. It also provides background information, a description of Federal actions and the HHS vision for environmental justice.

Introduction

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.”¹ 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*.² 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.”

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.³ 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. In recognition of the impact of environmental factors on health and well-being and in response to Executive Order 12898, HHS issued its first environmental justice strategy in 1995.⁴

In August 2011, HHS reaffirmed its commitment to environmental justice by joining 16 Federal agencies in signing a Memorandum of Understanding (MOU) on Environmental Justice and Executive Order 12898.⁵ The MOU renews each agency's responsibility to develop an environmental justice strategy and prepare implementation progress reports, establishes structures and procedures to ensure that the Interagency Working Group operates effectively, and identifies areas of focus to be included in agency environmental justice efforts. HHS developed the 2012 HHS Environmental Justice Strategy, detailing specific actions the Department intends to take to (1) identify and address disproportionately high and adverse human health and environmental effects on minority and low-income 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 2012 HHS vision for environmental justice is as follows: *“a nation that equitably promotes healthy community environments and protects the health of all people.”*⁶

Development of the Environmental Justice Implementation Progress Report

HHS developed its first environmental justice implementation progress report in 1996 and a subsequent report in 1998. Between 1998 and the present, HHS supported a wide range of environmental justice activities. This Implementation Progress Report captures a subset of activities supported by HHS during the timeframe 2010 – 2012, to reflect major events of the reinvigorated Federal environmental justice effort.

HHS staff reviewed several background environmental justice documents to inform and support the development of this Implementation Progress Report, including Executive Order 12898, the 1995 HHS EJ Strategy, previous HHS environmental justice implementation progress reports, the 2011 MOU on Environmental Justice and Executive Order 12898, and the 2012 HHS Draft EJ Strategy. These documents provide context for understanding environmental justice concerns and the assets of HHS that will be mobilized to realize the HHS vision for environmental justice.

In the summer of 2011, the HHS EJ Strategic Planning Committee issued a data call across HHS agencies and offices, requesting each to identify their most significant environmental justice-related activities. The data call yielded information on more than 70 different programs, initiatives and activities since HHS issued its first Environmental Justice Strategy in 1995. These programs ranged from public websites and toll-free numbers to technical assistance programs and cooperative agreements, grants and contracts that addressed the needs of communities with environmental justice issues. This 2012 Implementation Progress Report includes a subset of key activities supported between 2010, when the Federal environmental justice effort was reinvigorated, and the beginning of 2012.

HHS Actions toward Environmental Justice 2010 – 2012

Reinvigoration of the Federal Environmental Justice Effort and Development of the 2012 HHS Environmental Justice Strategy and Implementation Plan

HHS Participates in the White House Forum on Environmental Justice (December 15, 2010)

On December 15, 2010, HHS Secretary Kathleen Sebelius, joined other senior officials from Federal agencies and offices in the first White House Forum on Environmental Justice. The meeting covered a wide range of environmental justice issues, including health disparities, community engagement, and the environmental and human health concerns related to climate change. Secretary Sebelius addressed the audience of more than 100 environmental justice leaders from around the country stating, “We understand that people’s health is determined not just by what happens in their doctor’s office but also by their environment – where you live,

work, go to school, and play, what you eat and drink, the air you breathe, and how you get around. We are committed to collaborating across the government to put the environment at the center of our health agenda.”⁷

HHS Joins 16 Other Agencies in Signing Memorandum on Environmental Justice and Executive Order 12898 (August 4, 2011)

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 12898.⁸ This agreement provides a roadmap for agencies to coordinate environmental justice efforts and to work together to build healthy and resilient communities. Upon the issuance of the MOU, Secretary Sebelius stated, “HHS is committed to work with our partners across government to build healthy communities, especially in areas burdened by environmental hazards.”⁹

HHS Develops the 2012 HHS Environmental Justice Strategy

To update the 1995 HHS Environmental Justice Strategy, HHS created an Environmental Justice Strategic Planning Committee, composed of representatives from agencies and offices across the Department. The Committee identified four strategic elements to serve as a framework for the 2012 HHS Environmental Justice Strategy. They are the following: Policy Development and Dissemination; Education and Training; Research and Data Collection, Analysis, and Utilization; and Services. Upholding the environmental justice principle of meaningful involvement of all people, HHS engaged stakeholders during the strategic planning process in order to hear community and other stakeholder concerns, discuss best practices and model programs, and learn about ongoing and emerging environmental justice issues impacting communities.

HHS Participates in Stakeholder Engagement Sessions

The Federal Environmental Justice Interagency Working Group (EJ IWG) organized a series of regional meetings across the country to encourage stakeholders to engage in a dialogue about environmental justice concerns, and to help inform Federal agency environmental justice initiatives. HHS actively participated in all of the EJ IWG stakeholder engagement sessions. The following is a list of these EJ IWG stakeholder meetings:

Environmental Justice Stakeholder Meetings		
Meeting	Location	Date
American Public Health Association (APHA) Environmental Justice Forum	Denver, CO	November 6, 2010
Institute of Medicine Roundtable	Washington, DC	November 15-16, 2010
White House Forum on Environmental Justice	Washington, DC	December 15, 2010

Alaska Forum on the Environment	Anchorage, AK	February 9, 2011
National Brownfields Conference	Philadelphia, PA	April 3, 2011
State of Environmental Justice in America Conference	Washington, DC	April 28, 2011
Environment, Energy Security, and Sustainability (E2S2) Symposium	New Orleans, LA	May 11, 2011
National Environmental Justice Advisory Council Meeting	Brooklyn, NY	May 12, 2011
New England Asthma Regional Council Meeting	Worcester, MA	May 17, 2011
American Association of State Highway and Transportation Officials	Boston, MA	June 21, 2011
Inter-Tribal Environmental Council Meeting	Tulsa, OK	June 29, 2011
Federal EJ IWG Stakeholder Meeting (Clark Atlanta University)	Atlanta, GA	August 17, 2011
2011 Environmental Justice Conference: One Community-One Environment	Detroit, MI	August 22, 2011
Engaging Communities to Advance Environmental Health Policy	Iowa City, IA	September 8, 2011
Eliminating Health and Safety Disparities at Work	Chicago, IL	September 15, 2011
Working Toward Achieving Environmental Justice Through Scientific Enterprise, Policy Action, and Community Empowerment (APHA Forum)	Washington, D.C.	November 1, 2011
Community Action for a Renewed Environment (CARE) 2011	Denver, CO	November 16, 2011

In addition to the EJ IWG meetings, HHS hosted an environmental justice listening session in Mobile, Alabama. HHS officials from the Office of the Assistant Secretary for Health (OASH), the National Institute of Environmental Health Sciences (NIEHS), and the Agency for Toxic Substances and Disease Registry (ATSDR) shared information about the Federal approach to environmental justice, and highlighted some of HHS's key contributions to environmental justice. Members of the environmental justice stakeholder community gave presentations about the progress achieved since 1994, and provided recommendations as to how HHS can effectively help to rebuild the momentum towards environmental justice. Stakeholders in attendance also suggested focus areas for the 2012 HHS Environmental Justice Strategy.

On June 30, 2011, NIEHS hosted a national webinar on environmental justice entitled, *Environmental Justice: Informing a New Strategy with an Environmental Public Health Lens*, through its Partnerships for Public Health program. Dr. J. Nadine Gracia, Chief Medical Officer for the Office of the Assistant Secretary for Health, and Dr. Robert Bullard of the Environmental Justice Resource Center at Clark Atlanta University were featured speakers. The webinar served as a virtual listening session to seek input from the broader environmental public health community on key issues to consider when updating the HHS EJ Strategy.

On July 22, 2011, HHS invited a group of leading experts from environmental justice communities to participate in the HHS Environmental Justice Thought Leaders Meeting. The HHS Strategic Planning Committee introduced preliminary ideas for HHS environmental justice actions and received comments and related concerns from the attendees.

HHS Publishes Draft Environmental Justice Strategy for Public Comment (October 4, 2011)

On October 4, 2011, Dr. Howard Koh, Assistant Secretary for Health, HHS, announced the release of the 2012 Draft HHS Environmental Justice Strategy for a 60-day public comment period. The public comment period yielded more than one hundred comments from seventeen sources representing non-profit organizations, State and Tribal entities, academic institutions, advocacy groups and individuals. These comments led to enhancements to the HHS EJ Strategy and affirmed support for the strategy vision, guiding principles, goals, strategies and actions. The Strategy's implementation steps addressed a number of issues raised by commenters. Commenters asked that HHS continue to engage stakeholders as the Strategy is implemented. HHS will continue to engage community and other stakeholders during the implementation of the HHS EJ Strategy.

HHS Establishes Environmental Justice Working Group to Oversee Implementation of HHS Environmental Justice Strategy (November 2011)

After the release of the Draft EJ Strategy, the HHS EJ Strategic Planning Committee transitioned into the HHS EJ Working Group, which will lead the implementation of the HHS EJ Strategy.

HHS Releases Final Environmental Justice Strategy and Implementation Plan (February 2012)

After the closing of the 60-day public comment period, HHS prepared the final EJ Strategy and Implementation Plan and published it in February, 2012.

Environmental Justice Accomplishments (2010-2012): Highlights

The August 2011 Memorandum of Understanding signed by HHS and other Federal agencies calls for agencies to identify and address, as appropriate, in their Environmental Justice Strategies and Annual Implementation Plans, “any disproportionately high and adverse human health or environmental effects of its programs, policies and activities on minority populations and low-income populations, including, but not limited to, as appropriate for its mission, in the following areas: (1) implementation of the National Environmental Policy Act; (2) implementation of Title VI of the Civil Rights Act of 1964, as amended; (3) impacts from climate change; and (4) impacts from commercial transportation and supporting infrastructure (“goods movement”).” Activities related to the National Environmental Policy Act, the implementation of Title VI of the Civil Rights Act and the impacts of climate change on human health and well-being are particularly relevant to HHS’s mission. New and ongoing activities in these areas are addressed in the EJ Strategy. Key environmental justice activities supported from 2010-2012 are described below. Included under “Policy Development and Dissemination” are efforts related to the effects of climate change, an emerging issue for HHS.

Policy Development and Dissemination

National Tribal Environmental Health Think Tank (2011)

The Office of Tribal Affairs (OTA) of the Centers for Disease Control and Prevention’s (CDC) National Center for Environmental Health (NCEH) / Agency for Toxic Substances and Disease Registry (ATSDR) held three facilitated meetings in 2011 toward the development of a 3-5 year Strategic Plan for the OTA. The National Tribal Environmental Health Think Tank was composed of 12 tribal professionals from across the U.S., with diverse backgrounds in environmental public health, who provided input and recommendations regarding short term and long term environmental health priorities for the OTA.

Supporting Tribal Access to Grants Workshop (2011)

On December 6, 2011, the Intradepartmental Council on Native American Affairs (ICNAA) and the Office of Grants Policy, Oversight, and Evaluation (OGPOE) hosted a workshop to provide HHS program and grant managers with tools they can use to ensure that Tribes are successfully completing the grant process. Expert panelists from Tribal organizations and within HHS provided best practices for strengthening relationships with the Tribes and suggested tools for supporting Tribes throughout the entire grants process. At the conclusion of the workshop, participants completed a workshop evaluation. After six months and again after one year, participants will be contacted again to determine whether the tools provided in the workshop increased the number of Tribes applying for and completing the grants process. This workshop directly supports the Secretary’s commitment to reshaping the way that the Department works with Tribes. Over 250 people participated in this workshop.

Health Effects of Climate Change (2010-2011)

CDC’s Climate and Health Program leads efforts to identify populations most vulnerable to climate change impacts, anticipate future trends, assure that systems are in place to detect and

respond to emerging health threats, and takes steps to ensure that these health risks can be managed now and in the future. During 2010 and 2011, the program awarded \$5.25 million to ten health departments through the Climate-Ready States and Cities Initiative. The initiative seeks to assess threats, make plans and develop programs to meet the public health challenges of climate change over the next three years. The program is also developing an adaptation guidebook for state and local health departments where addressing population vulnerability is a critical component.

The National Institute of Environmental Health Sciences funds research to examine the differential risk factors of populations that lead to or are associated with increased vulnerability to exposures, diseases and other adverse health outcomes related to climate change. For example, supported by a grant awarded in 2011, Dr. Julia Gohlke at the University of Alabama is examining the impact of extreme heat events and ozone on urban (Birmingham) versus rural (Black Belt) communities in Alabama. These study findings will be combined with regional climate forecasting models to determine the likelihood of extreme heat event related health impacts in Birmingham and Black Belt communities over the next 20 years. In addition, in collaboration with local public health officials and community organizations working with underserved urban and rural communities, the project aims to prioritize heat-related health issues and develop a planning strategy to most effectively reach identified vulnerable populations in the Southeast.

Sustainable Communities

In HHS Region VII (Iowa, Kansas, Missouri, and Nebraska), the Administration for Children and Family's (ACF) staff and their HHS colleagues have supported several initiatives over the past two years that help support sustainable communities. For example, ACF in partnership with the Sustainable Communities Initiative (SCI) supported a Department of Housing and Urban Development/Department of Transportation/Environmental Protection Agency initiative to improve livability in selected communities by improving access to affordable housing, increasing transportation options, and lowering transportation costs while protecting the environment. Projects tended to focus on depressed areas and Green Zones, which contain many low-income and minority families. ACF in Region VII also has partnered with Assets for Independence (AFI) grantees to ensure that financial literacy services were available in Green Zones. This included partnering with the Federal Reserve Bank On-Save Up-KC project and offering advice on an upcoming Rural Assets focus.

Education and Training

National Institute for Environmental Health Sciences (NIEHS) Worker Education and Training Program

The NIEHS Worker Education and Training Program (WETP) has operated since 1987. It provides education and training support to twenty primary organizations across the nation. In the past three years, NIEHS has worked to integrate environmental justice considerations into its broader worker education and training program. It has continued its support of its Minority Worker Training Program. It also integrated minority outreach into its other hazardous waste

worker training programs supporting the cleanup of Superfund, brownfields, emergency response, and Department of Energy sites. This has resulted in the integration of many more workers from minority, low-income, and disadvantaged populations into the environmental remediation industry.

Research

National Institute on Minority Health and Health Disparities (NIMHD) Exploratory Centers of Excellence Grants

In 2011, The National Institute on Minority Health and Health Disparities (NIMHD), in partnership with the U.S. Environmental Protection Agency's (EPA) National Center for Environmental Research (NCER), announced the availability of funds for environmental health disparities research projects in U.S. communities. This perspective includes the social, psychosocial, economic, physical, chemical and biological determinants that may contribute to disproportionately high and adverse human health or environmental impacts on the various populations in the U.S. Through this collaboration ten grant awards were made to support research to identify complex interactions between natural, built, social and policy environments and health disparities. A principle objective of the collaborative research effort put forth by EPA and NIMHD is to generate innovative approaches to alleviate environmentally driven health disparities and improve access to healthy environments for vulnerable populations.

Ten projects were awarded to research institutions across the U.S. Examples include: understanding and addressing determinants of environmental health disparities for heterogeneous Mexican-origin and Hispanic populations through research, capacity building and outreach activities; exploring the environmental measures available in the Jackson Heart Study (JHS) and the Multi-Ethnic Study of Atherosclerosis (MESA) to increase understanding the impact of neighborhood level factors on cardiovascular risk; utilizing a community-based participatory process to address state-wide environmental health disparities with a focus on cancer, asthma, heart disease, obesity, and diabetes; and studying mechanisms explaining racial differences in exposure to environmental hazards and access to care, and in health outcomes in Cook County, Illinois.

Uranium Exposure and Effects on Navajo Nation Child Development

In 2009, Congress directed the Agency for Toxic Substances and Disease Registry to study the health effects of non-occupational uranium exposure on pregnancy and child development among Navajo mothers living on the Navajo Nation. This is to be funded at \$2 million per year for a period of 3 years (FY 2010-2012), contingent on funding availability. This is the first prospective epidemiologic study of pregnancy and neonatal outcomes in a uranium-exposed population. Since the 1930's, extensive uranium mining and milling have occurred on the Navajo Nation. To date, over 500 abandoned uranium mines have been identified and four uranium milling sites are currently undergoing remediation. Approximately 683 residential structures built with mining waste have been assessed and those posing the most urgent risk are being remediated. As a result of these anthropogenic activities, there remains a high level of exposure potential to the Navajo people. Through a funding opportunity announcement in

early 2010, the University of New Mexico (UNM) was awarded \$1 million per year for three years to design and implement the study. The Navajo Nation Division of Health and Navajo Area Indian Health Service will each receive \$37,000 per year to assist with clinical and community/participant outreach activities. UNM will also collaborate with programs located on or near the Navajo Nation that specialize in child developmental delays.

The purpose of the Navajo Birth Cohort Study is to quantify fetal risk from uranium exposure by recruiting up to 1,6550 Navajo mothers, assessing their uranium exposure at key developmental milestones, and then following the children post-birth to evaluate any associations with birth defects and developmental delays. Moreover, the research will provide broad public health benefits for Navajo communities through education on environmental prenatal risks and earlier assessment and referrals of developmental delays.

National Institute of Environmental Health Sciences Supports EJ- Related Research in Alaska

The National Institute of Environmental Health Sciences (NIEHS) is supporting research conducted by the Alaska Community Action on Toxics (ACAT). ACAT has formed a partnership with 15 communities in the Norton Sound region made up largely of Inupiat and Yupik, indigenous people who depend on the harvest of wild foods to sustain them and their ways of life, to find ways to mitigate and treat health effects from environmental contaminants. NIEHS also made an award in 2011 to ACAT to support research in partnership with two Yupik villages in St. Lawrence Island on exposures to the endocrine disrupting chemicals, polybrominated diphenyl ethers and perfluorinated compounds in traditional foods (marine mammals and fish), dust, water, and other exposure pathways.

At the University of Montana, NIEHS grantee Anthony Ward is collaborating with the Alaska Native Tribal Health Consortium to implement the “Air Toxics under the Big Sky” program into seven Alaska native villages. Goals of the project include community education on indoor air quality and development of intervention strategies to improve respiratory health among native Alaska populations.

Services

Substance Abuse and Mental Health Services Administration’s (SAMHSA) Suicide Prevention Lifeline and Treatment Locator (2010)

In response to the 2010 BP Gulf Coast Oil Spill, the Assistant Secretary for Preparedness and Response (ASPR) and SAMHSA introduced this program to ensure effective communication and coordination around efforts to meet the behavioral health needs of affected residents and workers in the Gulf region and to establish surveillance. It also sought to identify ways to address challenges of domestic violence issues during disasters and public health emergencies.

SAMHSA Disaster Technical Assistance Center (DTAC) (2011)

The Disaster Technical Assistance Center (DTAC) supports SAMHSA's efforts to prepare States, Territories, Tribes, and local entities to deliver an effective mental health and substance abuse (behavioral health) response to disasters.

Health Resources and Services Administration (HRSA) Primary Health Care Cooperative Agreements (2011)

The Bureau of Primary Health Care (BPHC) supports partnerships with state, regional and other national organizations to provide training and technical assistance (T/TA) on various programmatic issues, including support to meet the needs of special populations. Under a national cooperative agreement, HRSA works with community-based organizations in farmworker communities to address their needs and concerns related to environmental health and justice, especially those involving pesticides and healthy housing. This program conveys information about pesticide safety and the laws that are meant to protect workers.

HRSA also supports ten Centers of Excellence for Environmental and Occupational Health. These Centers have trained 2,314 clinicians in pesticide exposure and distributed 44,460 clinical resources and 194,435 pesticide patient educational materials. Through another national cooperative agreement, HRSA trained 47 Promotor(a) de Salud and 38 Health Centers programs in outreach and environmental justice affecting people working in agriculture.

Centers for Disease Control and Prevention (CDC) Community Transformation Grants

In 2011, the CDC introduced its Community Transformation Grants (CTG) program, designed to support community-level efforts to reduce chronic diseases such as heart disease, cancer, stroke, and diabetes. By promoting healthy lifestyles, especially among population groups experiencing the greatest burden of chronic disease, these grants will help improve health, reduce health disparities, and control health care spending. CDC made 61 awards, totaling approximately \$103 million, to states and communities. These awards were distributed among state and local government agencies, Tribes and territories, and non-profit organizations within 36 states, including seven Tribes and one territory. At least 20 percent of grant funds were directed to rural and frontier areas. Several awardees are planning to focus on expanding efforts to address healthy and safe physical environments.

CDC Health Impact Assessment Initiative

In summer 2011, the CDC Healthy Community Design Initiative (HCDI) awarded a total of \$925,000 to six city, county and state recipients to conduct at least three health impact assessments per year and provide training and technical assistance on how proposed projects, policies, and decisions at the state, tribal, and local level can impact community health. Anticipated project period length is three years. While all Health Impact Assessments (HIAs) examine vulnerable populations, some of the HIA project proposals directly tackle environmental justice issues such as evaluating the human health impact of a vacant property redevelopment program in Baltimore, MD. HCDI is dedicated to increasing HIA practice in the United States. In 2009-2011, HCDI established HIA capacity-building pilot programs in four states: Minnesota, California, Oregon and Wisconsin. A total of 13 HIAs were conducted--ranging from assessing the impact of alcohol outlet policies on a community's health, to conducting an HIA on a county's comprehensive plan update. The states conducted HIA trainings and webinars for 634 professionals from planning, health, governmental, and advocacy agency and organizations. In addition, HCDI partner Association of State and

Territorial Health Officials (ASTHO) reached 133 people with their HIA webinar series. Other recent HCDI HIA accomplishments are available at <http://www.cdc.gov/healthyplaces/accomplishments.htm>

CDC has also been planning for the [Inaugural National Health Impact Assessment Meeting](#), which will take place in Washington D.C. April 3-4, 2012. The meeting, sponsored by the Robert Wood Johnson Foundation/Pew Charitable Trusts and organized with help from the CDC's HDCl, is in response to the growing national interest in HIA. The purpose of the meeting is to convene policy makers, public health professionals, HIA practitioners and anyone with an interest in learning more about HIA. A special 1-day forum tailored specifically to decision makers at all levels of the U.S. government will also be offered. HIA can be a useful tool in a variety of human health situations. This includes identifying and addressing the effects a policy or project might have on minority populations and low-income populations before it is implemented or built.

Multifaceted Activities

Gulf Coast Activities

The Gulf Coast Ecosystem Restoration Task Force was created by President Obama through Executive Order 13554 on October 5, 2010. Led by U.S. EPA Administrator Lisa P. Jackson, the Task Force is charged with the development of a restoration strategy that proposes a Gulf Coast ecosystem restoration agenda. HHS remains committed to monitoring and addressing the potential long-term health impacts of oil and dispersants, to ensuring the safety of seafood from areas affected by the oil disaster and to continue acting in an advisory capacity to the Task Force. Examples of ongoing HHS activities include the NIEHS GuLF STUDY, the largest study ever conducted on the possible health effects from an oil spill among workers who participated in clean-up activities. NIEHS is also leading a trans-NIH effort to provide \$25 million in research funding over five years to four Gulf area universities that have partnered with community groups to evaluate health concerns identified by impacted communities. SAMHSA developed public education messages to raise awareness in recognizing signs and symptoms of behavioral health issues and created the Oil Spill Distress Hotline, a toll-free helpline that links callers to the closest behavioral healthcare services in their area. CDC and ATSDR have provided health information fact sheets to health care providers and concerned citizens and are responding to individual health questions and concerns on a case-by-case basis as requested.



Healthy People 2020¹⁰: Social Determinants of Health

The Healthy People 2020 initiative provides science-based, 10-year national objectives for improving the health of all Americans. The launch of Healthy People 2020 represents a renewed focus on the promotion of health and the elimination of health disparities that takes a determinants of health approach. It features a new overarching goal to create social and

physical environments that promote good health for all, underscoring the connection between health and the conditions where people live, learn, work and play. The objectives of Healthy People 2020 elevate environmental justice by expanding its focus beyond the elimination of health disparities to the achievement of health equity. Through the Healthy People 2020 Community Innovations Project, community-based organizations received awards of \$5000 to \$10,000 to address one or more Healthy People 2020 topic areas, with a special emphasis on environmental justice, healthy equity and healthy behaviors across all life stages. Eleven projects have a focus related to environmental justice. The projects began in December 2011 and will end in May 2012.

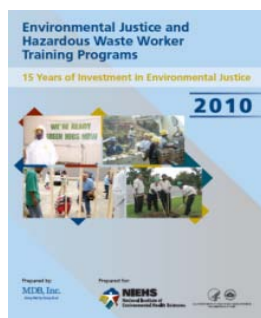
Grant to Delta Regional Institute at the University of Mississippi Medical Center's Institute for Improvement of Health Disparities

Through the Office of the Secretary/Office of Minority Health, the Institute for Improvement of Minority Health and Health Disparities in the Delta Region at the University of Mississippi Medical Center is making contributions to environmental justice by: (1) addressing natural disasters and the need to provide real-time information to patients when the customary source of care is not readily available; (2) serving as a catalyst for building 21st century public health skills for public health/health professional practitioners and organizations to enhance delivery of quality services to disparate populations; and (3) developing the Bayou Outreach and Support Services (BOSS) project to increase awareness of available services among Bayou LaBatre residents and those who serve them through coordination and planning as a network.

HHS Environmental Justice-Related Publications

During 2010-2011, HHS supported research and information dissemination related to environmental justice concerns. Selected publications include the following:

NIEHS Report on Environmental Justice and Hazardous Waste Training Programs (2010)¹¹



Between 1995 and 2009, awardees of the NIEHS Worker Education and Training Program's (WETP) Minority Worker Training Program (MWTP) and Brownfields Minority Worker Training Program (BMWTP) have trained more than 7,800 workers in more than 30 communities and maintained a job placement rate of 69%. Today, the WETP programs serve as a national model for other federally funded job training programs, including EPA's Superfund Job Training Initiative.

CDC/ATSDR Principles of Community Engagement (Second Edition) (2010)¹²

Principles of Community Engagement (Second Edition) provides public health care providers, researchers, and community-based leaders and organizations with both a science base and practical guidance for engaging partners in projects that may affect them. The principles of engagement can be used by people in a range of roles, from the program funder who needs to know how to support community engagement to the researcher or community leader who needs hands-on, practical information on how to mobilize the members of a community to partner in research initiatives. In addition, this primer provides tools for those who are leading efforts to improve population health through community engagement. Community engagement and participation is an essential component to achieving greater environmental justice.



Partnerships for Environmental and Occupational Justice: Contributions to Research, Capacity and Public Health (Journal Article, 2009)¹³

In 1994, the National Institute of Environmental Health Sciences (NIEHS) initiated a program to address communication gaps between community residents, researchers and health care providers in the context of disproportionate environmental exposures. Over 13 years, together with the Environmental Protection Agency and National Institute for Occupational Health and Safety, NIEHS funded 54 environmental justice projects. This report examines the methods used and outcomes produced based on data gathered from summaries submitted for annual grantees' meetings. Data highlight how projects fulfilled program objectives of improving community awareness and capacity and the positive public health and public policy outcomes achieved. The report underscores the importance of community participation in developing effective, culturally sensitive interventions and emphasizes the importance of systematic program planning and evaluation. An abstract on the journal article is available at <http://www.ncbi.nlm.nih.gov/pubmed/19890151>.

Promoting Environmental Justice (American Public Health Association Journal Article, Dec. 2011)¹⁴

This editorial discusses the linkage between the HHS Healthy People 2020 initiative, and the HHS commitment to environmental justice. Healthy People 2020 is described as the “country’s roadmap and compass for health for the next decade”. The initiative includes a goal “to create social and physical environments that promote good health for all.” Healthy People 2020 was referenced frequently by the HHS Environmental Justice Strategic Planning Committee in developing the 2012 HHS Environmental Justice Strategy. The journal article is available at <http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2011.300406>.

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