



2017 Environmental Justice Implementation Progress Report

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

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6–8 Grade Winner of the 2016 HHS Earth Day Poster Contest: Cynthia Zou



Preface

Dear Environmental Justice Stakeholders,

The 2017 Environmental Justice Implementation Progress Report describes the progress that the US Department of Health and Human Services (HHS) has made toward achieving the vision for the United States as “a nation that equitably promotes healthy community environments and protects the health of all people”. For the past five years, HHS has compiled a progress report, detailing actions taken to implement the 2012 Environmental Justice Strategy (Strategy). Of the 37 actions that HHS committed to in 2012, this HHS Environmental Justice Implementation Progress Report shows that 30 have a status of “complete or substantial progress”, 3 have achieved “some progress”, and only 4 cannot be carried out and are deemed “inactive”. Recognizing this progress HHS was making toward the original goals of the Strategy as well as opportunities that were emerging to advance environmental justice, the HHS Environmental Justice Working Group identified priority areas of focus for 2015 through 2016. Progress in these focus areas are also reported in this Report.

Our work is inspired by our stakeholders and partners, as well as the history of the environmental justice movement. For our efforts advancing environmental justice in 2015, the Federal Interagency Working Group on Environmental Justice awarded HHS the first Hazel M. Johnson Federal Agency Achievement Award. This award is named for a community leader known as “the Mother of Environmental Justice”. Mrs. Johnson founded the People for Community Recovery to fight for removal of asbestos and other environmental contaminants in Chicago’s southeast side. She focused on educating people about environmental hazards and empowering them to push for improvements in their communities. HHS is honored to receive this award.

Although the HHS Environmental Justice Working Group intends to continue collaborative work aligned with the Strategic Elements of the 2012 Environmental Justice Strategy, applying its Guiding Principles of the Strategy and communicating with stakeholders, the 2017 Implementation Progress Report will be the last time HHS reports on the actions in the 2012 Strategy. As we move forward toward our vision of healthy communities, we are looking for new opportunities to engage stakeholders, collaborate with federal and nonfederal partners, and to share information and tools in areas that are important to communities with environmental justice concerns and that are consistent with HHS’s mission. In 2017, we will develop a new plan of action to achieve environmental justice. We will share our progress in implementing it with you.

Thank you for your continued interest and support.

The HHS Environmental Justice Working Group

HHS was awarded the 2015 Hazel M. Johnson Federal Agency Award for Achievement in Advancing Environmental Justice, on August 29, 2016.



Hazel M. Johnson's daughter, Cheryl Johnson (left), with Sandra Howard (right), Chair of the HHS EJ Working Group at the 1st Annual Revitalizing Vulnerable Communities National Training and Resources Summit, October 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.”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.” 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 1995.³ 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 capacity, 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 its environmental justice strategies. The HHS Environmental Justice Implementation Progress Report summarizes HHS activities that advance the strategic elements outlined in the 2012 HHS EJ Strategy, highlights activities that support the priority areas of focus, and includes information about HHS stakeholder engagement efforts. The four strategic elements include: policy development and dissemination; education and training; research and data collection, analysis, and utilization; and services. The report 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.

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

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

³ 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.⁴ 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."⁵

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 collaborate to identify opportunities to address environmental health disparities and environmental justice by engaging stakeholders, sharing resources, and providing training that communities have identified as priorities.

Ensure Interagency and Intra-agency Coordination

The Office of the Assistant Secretary for Health (OASH) is responsible for coordinating and implementing an 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 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 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.

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

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

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.

Establish and Implement Accountability Measures

The HHS Environmental Justice 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, the HHS Environmental Justice Action Progress Table, Appendix A, illustrates 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 Table indicates whether an action is complete or substantial progress has been made, some progress has been made, or progress is still needed. It also shows where particular 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. As of December 2016, 30 of 37 actions have been assessed as completed or substantial progress has been made toward their completion. Some progress has been made toward completing three actions and four actions cannot be completed and are “inactive”.

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 the four strategic elements. A graphic representation of the Strategy’s vision, strategic elements, and guiding principles appear 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 Strategy’s four strategic elements. They also 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 following is a brief description of the four priority areas of focus:

Climate Change: The HHS EJ Working Group works to leverage existing resources to address the disproportionate impacts of climate change through various activities, including: building community resilience and sustainable health and emergency response systems, strengthening community partnerships, and expanding and promoting educational outreach. *Related EJ 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 include: encouraging community-driven partnerships with various stakeholders, building capacity to address environmental emergencies, promoting improvements of the quality of behavioral health care, and collaborating in EJ IWG regional activities. *Related EJ Strategy Element: Services*

Data and Tools: The HHS EJ Working Group 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 Working Group 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>.

2016 Accomplishments

Consistent with the 2012 HHS EJ Strategy, four strategic elements serve as the framework for this HHS Environmental Justice Implementation Progress Report. This section highlights 2016 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 be a key tool in advancing environmental justice. In particular, community residents and advocates have frequently cited Title VI of the Civil Rights Act of 1964 (Title VI) and the National Environmental Policy Act (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. Activities related to climate change are now also reflected in other sections of this report.

Implementation of Section 1557 of the Affordable Care Act

Access to health care is a major concern for communities with environmental justice concerns. On May 13, 2016, HHS issued a final rule implementing Section 1557, the civil rights provision of the Affordable Care Act of 2010. Section 1557 prohibits discrimination on the grounds of race, color, national origin, sex, age, or disability in certain health programs and activities. The Section 1557 final rule applies to any health program or activity, any part of which receives funding from HHS, including but not limited to HHS-funded state and local health departments that engage in testing, treatment, and remediation to address environmental issues; hospitals that accept Medicare; the Health Insurance Marketplaces and issuers that participate in those Marketplaces; and any health program that HHS itself administers.

Consistent with longstanding principles under civil rights laws, the final rule makes clear that the prohibition on national origin discrimination requires covered entities to take reasonable steps to provide meaningful access to each individual with limited English proficiency who is eligible to be served or likely to be encountered within the entities' health programs and activities. Reasonable steps may include the free and timely provision of language assistance services, such as oral language assistance or written translation.

Likewise, the prohibition on disability discrimination requires covered entities to take appropriate steps to ensure that communications with individuals with disabilities are as effective as communications with others. Section 1557 also requires covered entities to provide appropriate auxiliary aids and services, such as alternative formats and sign language interpreters, where necessary for effective communication in health programs and activities.

The standards in the final rule are flexible and context-specific, taking into account factors such as the nature and importance of the health program and the communication at issue, as well as other considerations, including whether an entity has developed and implemented an effective language access plan. Covered entities are required to post a notice of individuals' rights providing information about communication assistance for individuals with disabilities and individuals with limited English proficiency, among other information. In each state, covered entities are required to post taglines in the top 15 languages spoken by individuals with limited English proficiency in that state that indicate the availability of language assistance. Covered entities are encouraged to develop and implement a language access plan to ensure they are prepared to take reasonable steps to provide meaningful access to each individual that may require assistance.

The Office for Civil Rights (OCR) has developed technical assistance on implementation of the final rule for covered entities, including grant-making HHS agencies, as well as external entities covered by the rule. For example, OCR has translated a sample notice of nondiscrimination and the taglines for use by covered entities into 64 languages.

- For translated materials, visit www.hhs.gov/civil-rights/for-individuals/section-1557/translated-resources/index.html.
- For more information about Section 1557, visit <http://www.hhs.gov/civil-rights/for-individuals/section-1557>.

Public Health 3.0: Building Healthier Communities

On October 19, 2016, Karen B. DeSalvo, HHS acting Assistant Secretary for Health, unveiled Public Health 3.0, a roadmap and call for action for building healthier communities across the United States. Public Health 3.0 recognizes that the U.S. has made great strides in recent years to expand access to health insurance and preventive services, but that these successes have not yet achieved health for all. Even though there is an increasing focus on how social, economic, and environmental factors affect health, ZIP codes remain a stronger determinant of health than genetic codes for many.

Public Health 3.0 calls for local public health leaders to embrace the role of chief health strategist for their communities, by fostering cross-sectoral actions that affect the social determinants of health and advance health equity. Many communities around the countries are

already pursuing such a vision by forming strategic partnerships across not just public health and health care, but also education, transportation, housing, criminal justice, and environmental health agencies to ensure the conditions for which everyone can be healthy. From an environmental justice point of view, such a broad and multi-sectoral approach informed by timely, actionable data is key to ensure health is front and center in all the decision making that affects the health and wellbeing of communities.

Throughout 2016, OASH hosted regional listening sessions with community leaders from the private and public sectors to learn more about opportunities to improve and modernize public health. In October 2016, OASH issued a white paper titled “Public Health 3.0: A Call to Action to Create a 21st Century Public Health Infrastructure”, which provides recommendations for advancing Public Health 3.0.

- Public health leaders should embrace the role of Chief Health Strategist for their communities;
- Public health departments should engage with community stakeholders—from both the public and private sectors—to form vibrant, structured, cross-sector partnerships;
- Public Health Accreditation Board (PHAB) criteria and processes for public health department accreditation should be enhanced;
- Actionable data should be made accessible to communities throughout the country and clear metrics to document success in public health practice should be developed; and
- Funding for public health should be enhanced and substantially modified.

Links to the report, recommendations, slides, and a webcast are available at:

<https://www.healthypeople.gov/2020/tools-resources/public-health-3>.

National Environmental Policy Act

HHS participated in the EJ IWG Committee on the National Environmental Policy Act (NEPA), which recently released "[Promising Practices for EJ Methodologies in NEPA Reviews](#)". The Report is a compilation of methodologies gleaned from current agency practices. It also includes examples that federal agencies can consider for understanding environmental justice in the context of the NEPA process.

At HHS, NEPA is currently contained in the General Administrative Manual Part 30 – Environmental Protection (GAM 30) along with other environmental laws and policies. Staff in the office of the Assistant Secretary for Administration started an effort to replace the GAM 30 with standalone NEPA rules and an Environmental Handbook. While both documents would contain NEPA procedures, NEPA rules are formal and a Handbook is not. It is anticipated that the Handbook will incorporate relevant environmental justice guidance and principles, and would be updated as needed.

Contributions to the Impacts of Climate Change on Human Health in the United States: A Scientific Assessment

Every American is vulnerable to the health impacts associated with climate change. Increased exposure to multiple health threats, together with changes in sensitivity and the ability to adapt to those threats, increases a person’s vulnerability to climate-related health effects. The impacts of climate change on human health interact with underlying health, demographic, and socioeconomic factors. Through the combined influence of these factors, climate change exacerbates some existing health threats and creates new public health challenges. While all Americans are at risk, some populations are disproportionately vulnerable, including those with low income, some communities of color, immigrant groups (including those with limited English proficiency), Indigenous peoples, children, pregnant women, older adults, vulnerable occupational groups, persons with disabilities, and persons with preexisting or chronic medical conditions.

[The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment](#)

strengthens and expands our understanding of climate-related health impacts by providing a more definitive description of climate-related health burdens in the United States. The assessment’s findings represent an improvement in scientific confidence in the link between climate change and a broad range of threats to public health, while recognizing populations of concern and identifying emerging issues. While acknowledging that all Americans are vulnerable to health impacts of climate change, the report examines differences in exposures and risks from climate change in a context of the social determinants of health. Consideration of specific populations of concern is given for each category of health impact covered, and the final chapter provides a synthesis of risks and concerns for ten different populations. The overall findings underscore the significance of the growing risk climate change poses to human health in the United States. HHS contributed to the authorship of this report.

Building Tribal Capacity for Climate Change Resilience and Public Health Programs

With support from the Centers for Disease Control and Prevention (CDC) [Climate and Health Program](#), housed in the National Center for Environmental Health, the National Indian Health Board (NIHB) released a call for applications for a [Building Tribal Capacity for Climate Change Resilience](#) award.

Designed to enhance the capacity of Tribes, this funding will provide up to three Tribes with grants ranging from \$75,000 to \$89,000 for the opportunity to increase the level of programming, research, and/or coordination and

Priority Area of Focus: Funding Opportunity – The initiative is designed to enhance the capacity of Tribes to address health consequence of climate change.

communication between the Tribal programs, community, and key partners involved in addressing the health consequences of climate change. NIHB will assist in sharing lessons learned and best practices with the Tribal awardees, CDC's Climate and Health Program, Tribal Climate Change Workgroup members, and other key stakeholders.

Climate Change and Health Activities at the National Institute for Occupational Safety and Health

The National Institute for Occupational Safety and Health (NIOSH) Climate Change Initiative aims to protect workers from the adverse impacts of climate change. NIOSH activities related to climate change include increasing awareness of occupational hazards; establishing occupational safety and health research priorities; promoting and supporting research; and using research findings to develop worker protection recommendations, guidance, and policies.

Priority Area of Focus: Climate Change – NIOSH continues to protect workers from adverse impacts of climate change through outreach.

In 2016, the NIOSH Climate Change Initiative continued to focus on outreach activities, targeting both safety professionals and public health researchers. These activities included meeting with stakeholders, presenting to a variety of audiences, and publishing blog posts and peer-reviewed journal articles. NIOSH researchers also contributed to the [US Global Change Research Program Climate and Health Assessment](#), in which occupational groups were highlighted as a population of concern due to their vulnerability to a wide range of climate change related impacts.

Education and Training

Sharing Education and Training Tools with Vulnerable Communities

The National Institute of Environmental Health Sciences (NIEHS) Worker Training Program (WTP) awards grants to train workers engaged in activities related to hazardous materials and waste generation, removal, containment, transportation, and emergency response. The University of Massachusetts Lowell is a WTP grantee and NIEHS staff shared a presentation at the New England Consortium Advisory Board meeting on April 20, 2016 in Lowell, MA. The title of the Advisory Board meeting was “Eye of the Storm: Preparing Vulnerable Workers for Safe Storm Clean-up”. The meeting was an opportunity for local, regional, and national organizations that have interests in disaster impacts on immigrant communities to share best practices and lessons learned and how to provide better resources, health and safety training, and other opportunities for collaboration before, during, and after such events.

The WTP, in partnership with the NIH Disaster Research Response (DR2) Program, held its third local training exercise in July 2016 in Boston, MA to prepare and train disaster researchers to conduct research during a disaster situation. Federal, state, and local health officials; emergency management professionals; community members; labor unions; academic researchers; industry representatives; and even officials from Canada and the United Kingdom considered processes for how to initiate health research following a hypothetical flood in East Boston and Chelsea. The WTP, in partnership with UMass Lowell, provided a health and safety briefing to all of the training exercise participants.

NIEHS Environmental Career Worker Training Program

The NIEHS Environmental Career Worker Training Program (ECWTP) has continued to support workers and community members in vulnerable communities to provide targeted job training to support their reentry into the workplace and to help rebuild communities. Under this program, there has been new training for community health workers under the Steelworkers Charitable and Educational Organization (SCEO). The SCEO identifies, recruits, trains, and secures jobs for unemployed and underemployed

Priority Area of Focus: Community Capacity – The NIEHS WTP and their grantees gathered with community members to share best practices, lessons learned, resources, and opportunities for collaboration before, during, and after disasters.

workers in New York City who live in communities where they are disproportionately exposed to environmental hazards and are at risk for inequitable health consequences from those exposures. The SCEO finds jobs for successful trainees in green cleaning and in green community health services. The ECWTP effort expands a partnership between the SCEO, Tony Mazzocchi Center, the Labor Institute, and Make the Road New York, the fastest-growing center for immigrant workers in the U.S. Under this program, SCEO provided 350 hours of training to 20 unemployed and underemployed Spanish speaking/multi-lingual immigrant workers so they qualify for internships and long term careers in the health care sector as community health workers. Overall, this program has trained 11,000 individuals, with a 71 percent job placement rate. In 2016, 404 individuals were trained in 17 communities, with 76 percent obtaining gainful employment.

NIEHS Infectious Disease Training and Gap Analysis

NIEHS WTP made eight new awards to national training consortiums in April 2016, which were funded in partnership with CDC, to support the [Ebola Biosafety and Infectious Disease Training Response Program](#). The cooperative agreements, which total \$3 million annually for three years, supports the development and implementation of training programs in occupational

safety and health, and infection control for workers who may be at risk during infectious disease outbreaks. The programs focus on environmental infection control and hazard recognition training within a variety of settings, including health care and non-health care sectors. The training program will reach an estimated total of 45,000 workers in 37 states, including a broad swath of the most vulnerable public health and medical workforce, as well as populations outside of health care facilities.

NIEHS, including staff from the National Clearinghouse for Worker Safety and Health Training, presented at the American Industrial Hygiene Conference and Exposition (AIHce) 2016 in Baltimore, MD on May 26, 2016. The presentation was titled “Ebola Biosafety and Infectious Disease Response Training: Needs Assessment and Gap Analysis for the NIEHS Worker Training Program”. The presentation shared background research and analysis conducted to implement an NIEHS funding opportunity announcement that was developed in partnership with the CDC, NIOSH, Occupational Safety and Health Administration (OSHA), and the Office of the Assistant Secretary for Preparedness and Response (ASPR) to provide \$9 million in worker safety and health training grants on biosafety and infectious disease response over a three-year period. In order to assess the gaps and needs in providing Ebola and other infectious disease training to workers who have potential exposure, NIEHS conducted a gap analysis that consisted of a literature review, survey, and focus groups of key stakeholders. Stakeholders included employers; union health and safety professionals; state and county health authorities; and researchers in New York, Washington DC, California, and Ohio. The key results indicated that there were salient gaps in the areas of resources, available curricula and trainers, conflicting or vague guidance, and core competencies for worker safety and health training.

Training for Louisiana Flood Responders

The recent flooding in Louisiana has been called “the worst U.S. disaster since Hurricane Sandy” by the Red Cross. The flooding launched a massive relief operation in Louisiana. This response is anticipated to cost at least \$30 million, which may grow as we learn more about the scope and magnitude of the devastation. The catastrophic flooding in southeast Louisiana during the summer of 2016 was an

Priority Area of Focus: Community Capacity – WTP grantees provided training to protect the health of emergency responders, cleanup workers, and communities following the Louisiana floods.

emergency situation in which a timely and appropriate training response reduced health risks for emergency responders, cleanup workers, and impacted community residents. WTP grantees are conducting safety and health training to protect the health of emergency responders, cleanup workers, and community residents who will perform debris removal and clean-up during the

aftermath of the flooding in the affected area. The training will further contribute to recovery and rebuilding operations by enabling communities to help themselves.

AgriSafe Network at the Health Resources and Services Administration

Through a grant with the National Rural Health Association, the Health Resources and Services Administration (HRSA) Federal Office of Rural Health Policy supports the [AgriSafe Network](#), a non-profit organization that provides occupational health services to farmers. AgriSafe offers 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.

On November 17th, 2016, AgriSafe joined the National Organization of State Offices of Rural Health (NOSORH), the HRSA Federal Office of Rural Health Policy, and other state/national rural stakeholders to celebrate National Rural Health Day. As one of the speakers featured on the day's webcast agenda to rural audiences across the nation, AgriSafe presented "Total Farmer Health", addressing best practices for preventing farm-related illness and injury. Recordings of AgriSafe's presentation and other National Rural Health Day features can be found on the NOSORH website at: <https://nosorh.org/calendar-events/nrhd/>.

HRSA Bureau of Primary Health Care

HRSA's Bureau of Primary Health Care (BPHC) 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 the capacity to increase access to comprehensive health care services, especially for special and vulnerable populations such as 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.

In 2016, HRSA awarded approximately \$5.5 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 the national, state, and regional level; development and dissemination of resource materials; and publications.

Priority Area of Focus: Data and Tools – NCAs work to produce and provide resources to protect farm workers from workplace injury and environmental factors.

For example, NCAs with Farmworker Justice (FJ) and the Migrant Clinicians Network (MCN) supported the development of the following publications and resources.

Pesticide Reporting and Workers' Compensation in Agriculture - Interactive Map

This interactive map provides clinicians with information about laws and reporting agencies related to workers' compensation for agricultural workers and pesticide incident reporting for each state. The map can be found at:

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

A Guide to Workers' Compensation for Clinicians Serving Agricultural Workers

The guide provides a systematic guide on how to assess a workplace injury for workers' compensation, including those caused by environmental factors such as pesticide exposure. The updated guide can be found on FJ's website:

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

Worker Protection Standard Issue Brief

An issue brief on the 2015 revisions to the Worker Protection Standard is available. The guide provides information on the changes to provisions of the regulation that are relevant to health centers, including pesticide safety trainings, information about recent pesticide applications, personal protective equipment, and emergency medical assistance.

http://www.farmworkerjustice.org/sites/default/files/WPS_MCN_FJ_IssuesBrief2016.pdf

Health Policy Bulletin 2016: Pesticides and the Worker Protection Standard

A Health Policy Bulletin focusing on pesticides and the Worker Protection Standard (WPS) is available. The Health Policy Bulletin featured articles on the WPS revisions, pesticide education to agricultural workers in Canada, and the use of mobile technology to promote occupational safety and health. Also included is a summary of recent research publications, and highlighted research articles related to pesticide exposure in farmworker communities.

http://www.farmworkerjustice.org/sites/default/files/FJN_HealthBulletin_Spring_2016.pdf

HRSA Migrant Stream Forums

The HRSA-supported National Center for Farmworker Health, Inc. helps to support three Migrant Stream Forums, a series of regional forums located in each of the migratory streams, representing the flow of agricultural workers 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. These forums provide an opportunity for participants to discuss regional and national trends that affect farmworkers and to share successful strategies for addressing farmworker needs.

National Native Health Research Training Initiative

The Indian Health Service (IHS) Office of Public Health Support (OPHS), Division of Planning, Evaluation and Research (DPER), issued a funding opportunity announcement for one new cooperative agreement for the National Native Health Research Training Initiative. This initiative helps build capacity and disseminate new and best practices for American Indian and Alaska Native (AI/AN) health research and

Priority Area of Focus: Funding Opportunities – IHS funding helps build capacity and disseminate new and best practices for American Indian and Alaska Native health research.

and promote Tribally-driven research activity through a variety of educational and training opportunities. Focus will be on promoting health research and related opportunities for AI/AN students, highlighting promising practices and practice-based approaches to improving the health of AI/AN people, and culture-based approaches to reducing health disparities between AI/AN people and the U.S. population. Other areas will focus on resilience and protective factors and their role in AI/AN health outcomes, innovative and culturally-based approaches to improving the health of AI/AN youth, and dissemination of study findings in AI/AN health science research to investigators and providers working in or with Tribal communities as well as Tribal leaders and health officials. Activities will include the planning, coordination, and hosting of research meetings and conferences, webinars, hosting of a website/webpage for dissemination of AI/AN health science research information, and other activities to be determined.

HRSA Maternal and Child Health Bureau

The HRSA Maternal and Child Health Bureau (MCHB) supports a program to improve maternal and fetal health outcomes by providing evidence-based information on the safety of environmental and other toxic exposures during pregnancy and breastfeeding. MCHB provides funding to the Organization of Teratology Information Specialists (OTIS), which operates MotherToBaby, a network of national and regional teratogen information service counseling centers. Primary activities of this program include: providing one-on-one risk assessments and counseling to individuals of reproductive age and to providers on known and potential reproductive risks; advancing the knowledge, synthesizing research, and developing resources to communicate findings; and improving access to information for vulnerable and hard-to-reach

populations. In 2016, the program also responded to emerging public health issues such as exposures to Zika and to lead. OTIS provides access through telephone, text, chat, email, a mobile app, and an interactive website (<http://mothertobaby.org/>).

Research and Data Collection, Analysis, and Utilization

Participatory Interventions to Reduce Arsenic in American Indian Communities Research Proposal

In 2016, the IHS Office of Environmental Health and Engineering continued its work with the Johns Hopkins School of Public Health as they began implementing research on “Participatory Interventions to Reduce Arsenic in American Indian Communities.” This project is supported by the NIEHS through a grant award under a funding opportunity: Interventions for Health Promotion and Disease Prevention in Native American Populations. The 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 has assisted in identifying technical options for point of use removal of arsenic from water supplies serving individual tribal homes and shared data with the consent of the tribes associated with individual drinking water source location and quality to aid in the identification of possible study candidates.

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 focuses on understanding the community, cultural, household and individual level factors that influence sustainable use of in-home arsenic removal drinking water

Priority Area of Focus: Community Capacity – IHS is supporting an effort to assess how multi-level participatory interventions reduce arsenic exposure.

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.

Native American Research Centers for Health Projects

In 2016, 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.

One NARCH grant recipient, the Center for the Native Environmental Health Research (NEHR) Network, conducted two research projects: 1) "An Innovative Model for Addressing Native Environmental Health Research Needs" and 2) "Environmental Uranium Exposure of Sheep Living around Mining Sites on the Navajo Reservation." The first NEHR project is a community-based project between the Life Sciences Department of Salish Kootenai College—a Tribal College and University (TCU)—and the Micmac and Maliseet tribes of northern Maine. This is a Community-Based Participatory Research (CBPR) project designed to first establish the framework for community-engaged research and then to use this framework to evaluate the risks posed to these communities from arsenic contaminated drinking water from private, unregulated wells. The second NEHR project is a CBPR project between a Native American researcher and students at Northern Arizona University and Dine College (a TCU) and the Navajo community in Arizona. This project seeks to better understand the uptake and distribution of environmental uranium into different tissues of sheep, a traditional food of the Navajo. This project will better determine the exposure of Navajo people to uranium via sheep (food and wool), as well as evaluate the use of sheep as surrogate exposure "monitors" or "sentinels" for the Navajo people from the environmental uranium resulting from legacy mining activities on the Navajo Nation.

A second NARCH grant recipient, the Black Hills Center for American Indian Health, was funded to conduct two studies: 1) "Effects of Complex Metal Exposure on Immune Status of Tribal members living on the Cheyenne River Sioux reservation" and 2) "Reducing Secondhand Smoke Exposure in Native Children with Asthma". The first study is characterizing the effects of arsenic, mercury, and other metals on Cheyenne River Tribal members' immune systems and then using that information to build models to better understand the relationships between environmental exposures and health in this population. The second study is developing a culturally appropriate secondhand smoke intervention among American Indian households in and around Rapid City where children with asthma/reactive airway disease reside.

A third NARCH grant recipient, Cankdeska Cikana Community College (a TCU), was funded to build capacity among TCUs to use CBPR methods to promote Tribally-driven research aimed at reducing adverse environmental health effects on Tribal communities. One project specifically addressed the levels of mercury and other metals in fish from the Sakakawea Reservoir and the effects of particulate

Priority Area of Focus: Community Capacity – NARCH grantee builds capacity of Tribal Colleges and Universities to reduce adverse environmental health effects on Tribal communities.

matter on human health. Another project is building science programs with a focus on research as an educational tool at the United Tribes Technical College (UTTC). It uses the InFUSE (Integrating Fundamentals Using Student Experiences) program which has a research theme of

Environmental Change and Conservation of Vertebrate species. Studies of biodiversity and culturally important animals have been integral to this and other TCU science programs.

National Environmental Public Health Tracking Network

EPA and CDC recently collaborated to update a community mapping tool. EPA's EJScreen is a web-based environmental justice mapping and screening tool that provides a nationally consistent dataset and approach for combining environmental and demographic indicators. EJScreen users can choose a geographic area and the tool provides a snapshot of demographic and environmental information related to environmental justice issues for that specified geographic area.

Priority Area of Focus: Data and Tools – Location-specific health information and messages generated by the Environmental Health Tracking Network was integrated into EJScreen.

EPA staff members working on the EJScreen contacted CDC staff working on the National Environmental Public Health Tracking Network (Tracking Network) with an interest in establishing a link between the two systems; specifically, the location-based data, infographics, and public health messages provided by the Tracking Network's "Info-By-Location" (IBL) tool. IBL is a data visualization tool that provides users a simple, visual display (by means of infographics) of popular environmental health measures on the Tracking Network.

Technical experts from EPA and CDC worked together to allow the two systems to communicate. As a result of this interconnectivity, EJScreen users can select a geographic area and then have the option to view the IBL content for that location, all of which is generated dynamically by the Tracking Network.

More information about the data and tools available through the Tracking Network, including "Info-By-Location", can be found at: <https://ephtracking.cdc.gov/showHome.action>.

Healthy People 2020 Midcourse Review

[Healthy People](#) provides science-based, 10-year national objectives for improving the health of all Americans. To assess progress toward the Healthy People 2020 national health objectives, CDC's National Center for Health Statistics and the Office of Disease Prevention and Health Promotion in OASH published a Healthy People 2020 Midcourse Review in late 2016. Chapters on relevant topic areas to environmental justice including Environmental Health; Maternal, Infant and Child Health; Occupational Safety and Health; Tobacco Use; and the Social Determinants of Health are included as part of this review.

New Preparedness Objectives for Healthy People 2020

ASPR and CDC co-led the Healthy People 2020 Preparedness Topic Area Working Group and published [16 new preparedness objectives](#) related to children, the workforce, and general preparedness in May 2016. The Federal Emergency Management Agency (FEMA), CDC, Medical Reserve Corp (MRC), Hospital Preparedness Program (HPP), Emory University, Department of Transportation (DOT), and Save the Children provided supporting data.

Federal Office of Rural Health Policy

The [Federal Office of Rural Health Policy \(FORHP\)](#) serves as the voice for rural health within HHS, as part of HRSA, through research, policy analysis, and grant-making. FORHP's Policy & Research Division funded several research products this year, including two in particular that highlight health disparities between urban and rural populations and that can help inform discussions around environmental justice:

- “Vulnerable Rural Counties: The changing rural landscape, 2000-2010” (July 2016): [http://rhr.sph.sc.edu/report/\(13-4\)Vulnerable Rural Counties The Changing Rural Landscape 2000-2010.pdf](http://rhr.sph.sc.edu/report/(13-4)Vulnerable_Rural_Counties_The_Changing_Rural_Landscape_2000-2010.pdf)
- “Exploring Rural and Urban Mortality Differences” (March 2016): <https://ruralhealth.und.edu/projects/health-reform-policy-research-center/pdf/technical-notes-exploring-rural-urban-mortality-differences.pdf>

FORHP's Community-Based Division administers two grant programs that focus on environmental justice--the [Black Lung Clinics Program](#) (BLCP) and the [Radiation Exposure Screening & Education Program](#) (RESEP). In FY 2016, these programs invested a total of \$8,185,815 in hospitals, clinics, and other facilities dedicated to screening, diagnosing, and treating U.S. coal and uranium workers suffering from occupationally-related diseases. In addition, two grantees receiving funding through these programs published two articles on miners' health in a special supplement of the [Journal of Health Care for the Poor and Underserved](#) that FORHP sponsored.

NIEHS Environmental Health Science FEST

The NIEHS Division of Extramural Research hosted a scientific event on December 5-8, 2016 in Durham, NC, to recognize the 50-year anniversary of NIEHS. Grantees, community partners, and scientists shared environmental science and community engagement activities. The program included five plenary sessions, two poster sessions, and several options for concurrent sessions. An evening Film Festival held at the nearby Carolina Theater on December 7 featured grantee-produced public outreach films/videos. The program kicked-off and closed with time for

discussing NIEHS programs. More information can be found at:

https://tools.niehs.nih.gov/conference/ehs_fest/index.cfm.

NIH Tribal Consultation to Enhance Communication

On October 9, 2016, NIEHS and the National Institute of Mental Health representatives participated in a 3-hour consultation meeting to dialogue with tribal leaders on environmental health and mental health concerns. The consultation was led by the NIH Tribal Health Research Office and provided an opportunity for participants to identify pressing research questions and approaches to build research capacity. For more information, visit

<https://dpcpsi.nih.gov/thro/consultationOct2016>.

Extreme Heat Week

America's PrepareAthon!—a seasonal campaign to build community-level preparedness action—designated the week of May 23–27, 2016 as Extreme Heat Week, a time to enhance national preparedness for dangerous heat. During this week, federal departments and agencies took a number of actions to raise public awareness and prepare the nation for extreme heat. HHS contributed to the effort in multiple ways.

- NIOSH released communications materials describing the importance of protecting workers from heat related illness and promoting the newly released NIOSH Criteria for a Recommended Standard for Occupational Exposure to Heat and Hot Environments.
- The National Integrated Heat Health Information System, led by the National Oceanic and Atmospheric Administration and the Centers for Disease Control and Prevention, launched a new interagency portal at <http://climate.gov/NIHHIS>. The portal integrates heat-health information, case studies, and tools from across the federal government to support on-the-ground efforts to reduce heat-related impacts on human health.
- The U.S. Environmental Protection Agency (EPA) and the Centers for Disease Control and Prevention (CDC) developed a booklet to identify steps that can be taken now to prepare for an extreme heat event—to help families, friends, and neighbors. The booklet answers some of the key questions about extreme heat in a changing climate: why extreme heat is on the rise, how it might affect individuals, and what individuals can do before and during an extreme heat event to reduce health risks. The booklet, *Climate Change and Extreme Heat—What You Can Do to Prepare*, is available at: <https://www.cdc.gov/climateandhealth/pubs/extreme-heat-guidebook.pdf>.



National service members of AmeriCorps NCCC (National Civilian Community Corps) work in sweltering (100°F) Alabama heat to help rebuild homes destroyed by a tornado. (Photo credit: Christopher Mardorf, FEMA)

If actions are taken to prepare for and respond to extreme-heat events, there can be a reduction in the risks associated with extreme heat—especially for the most vulnerable populations, including the elderly and very young, people with certain health conditions, people like farmers or construction workers who work outside, and people in low-income households.

Transdisciplinary Collaborative Centers on Health Disparities focused on Precision Medicine

The National Institute on Minority Health and Health Disparities (NIMHD), part of the National Institutes of Health, committed approximately \$50 million over five years, pending available funding, to launch a new program for Transdisciplinary Collaborative Centers (TCCs) for health disparities research exploring the potential for precision medicine to promote health equity and advance the science of minority health and health disparities.

Although scientific and technological advances have improved the health of the U.S. population overall, racial/ethnic minority populations, socioeconomically disadvantaged populations and rural populations continue to experience a disproportionate share of many diseases and adverse health conditions. As the Nation’s steward of biomedical and behavioral research, NIH has devoted considerable resources to characterize the root causes of health disparities, uncovering complex webs of interconnected factors (e.g., biological, behavioral, social and environmental factors) acting at multiple levels across the life course.

More information is available at: <https://www.nih.gov/news-events/news-releases/nih-funds-precision-medicine-research-focus-health-disparities>.

Services

Administration for Native Americans Awards New Environmental Regulation Enhancement Grants

The Administration for Native Americans (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.

Priority Area of Focus: Community Capacity – ANA provides support to tribes to develop legal, technical, and organizational capacity to protect natural environments.

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 2016, ANA funded the following four new grants.

Grantee: Keweenaw Bay Indian Community

Location: Baraga, Michigan

Project Description: There is no integrated wetland monitoring strategy for the Keweenaw Bay Indian Community nor is there a central location where biological data and site specific background information regarding water quality, sediment, wildlife, macroinvertebrates, and plants can be found and used for ongoing assessments of site conditions and wetland management planning. In order to resolve this, The Keweenaw Bay Indian Community is conducting a pilot baseline data collection project to prepare for long-term monitoring and stewardship of 3,000 acres of wetland on the L'Anse Indian Reservation in upper Michigan. The long term goal for this project is to develop a Wetland Stewardship Plan using data and survey results collected.

Grantee: Native Village of Ekwok

Location: Ekwok, Alaska

Project Description: The Native Village of Ekwok will implement a self-sustaining tribal solid waste program that will ensure a safe, clean, and maintained landfill for their community and minimize negative environmental impacts. The current landfill practices are unsafe, unhealthy, and detrimental to their environment and the 115 residents. It is an unpermitted, open landfill located in close proximity to public buildings such as clinics and residential homes served by shallow wells, and the village airport--the only year-round transportation access to and from

the village. Because the landfill is self-haul, there has been little separation of hazardous materials from the waste entering the dumpsite. It attracts wildlife and vermin that can be a health hazard and interfere with runway operations. Poor water quality has created a health hazard for families living near the landfill. Because Ekwok is a traditional village with a strong subsistence practice, toxins leaching from the landfill into the water might be contaminating the village's food sources. This project will create a safe environment, provide jobs, and promote community involvement by hiring, equipping and training new positions to operate the new collection service and landfill; creating and enforcing tribal resolutions and ordinances to regulate community waste management; and implementing their long term financial plan to sustain the solid waste management program.

Grantee: Pala Band of Mission Indians

Location: Pala, California

Project Description: The goal of the project is to establish the laws, capacity, and community awareness necessary to effectively protect, conserve, and enhance the Pala Band of Mission Indians' important environmental and natural resources. To address the lack of adequate laws and regulations, compliance and enforcement capacity the Pala Band of Mission Indians will develop and adopt a comprehensive Pala Environmental Code and necessary regulations that cover air resources, environmental review, hazardous substances, natural resources, waste management, and water resources; develop the capacity needed to effectively promote, monitor, and enforce compliance with the Pala Environmental Code and associated regulations; and develop and implement a Pala Environmental Code education and outreach campaign to maximize initial and ongoing community awareness and understanding of the new laws and associated environmental issues and opportunities.

Grantee: Red Cliff Band of Lake Superior Chippewa Indians

Location: Bayfield, Wisconsin

Project Description: The Red Cliff Band of Lake Superior Chippewa Indians will develop new and update existing environmental codes while also improving permitting and application processes dealing with natural resource management and conducting a public outreach campaign to inform Tribal members and local populations of code updates, and permitting processes. Currently a lack of an adequate code of laws impedes the Red Cliff Tribes ability to protect its resources. This project will produce the new and improved codes to do so while improving the permit application process and informing the community of those codes, and procedures.

HHS Response to Zika

[Supporting Children with Special Healthcare Needs Planning Resource](#) — In June 2016, ASPR developed a matrix highlighting some of the existing federal and national services and programs for supporting children with special healthcare needs. This is a planning resource to enhance

health care coalition and health care system preparedness and response to a domestic Zika virus disease outbreak. This planning resource is best used in tandem with appropriate risk communication and education for providers and the public regarding prevention and ongoing care strategies. Health care systems and coalitions are not required to use this resource, but are encouraged to consider how available resources may be affected by an increase in demand for social supports and services.

The resource document is available on ASPR Technical Resources, Assistance Center, and Information Exchange (TRACIE) and includes guidance and links to helpful resources. TRACIE is the Healthcare Emergency Preparedness Information Gateway and more information can be found at <https://asprtracie.hhs.gov/>.

[Promoting Stress Management for Pregnant Women during the Zika Virus Disease Outbreak](#) — In May 2016, ASPR developed a guidance which includes strategies health care providers can use to help their pregnant patients manage stress during a Zika virus update. This document includes communication tips, actual strategies for stress reduction, and links to related resources. ASPR also partnered with Office of Minority Health to develop a culturally-appropriate Spanish version: [Como Educar a las Embarazadas Sobre el Manejo del Estrés Durante el Brote del Virus del Zika](#).

The HHS Office of Minority Health (OMH) located in the Office of the Secretary helped raise awareness of and educate the public on the impact and prevention of the Zika virus infection. OMH collaborated with ASPR, Office of Population Affairs, CDC, Office of Intergovernmental and External Affairs, White House Office of Public Engagement, U.S.-Mexico Border Health Commission, and Puerto Rico Department of Health on various activities.

OMH created English and Spanish [Zika Resources](#) pages on its website, which more than 10,000 unique visitors accessed from June–October 2016. The OMH [Director's blog](#) provided information on prevention measures and tools for the public to educate themselves about Zika. OMH also posted three blogs in English and one in [Spanish](#) written by OMH partners to address the Zika crisis. The blogs had 2,295 unique visitors.

OMH has ensured that bilingual materials are culturally and linguistically appropriate for the intended audience and written in plain language, including: coordinating two calls in Spanish with the White House; working with CDC's Office of Minority Health and Health Equity to test CDC's Zika train-the-trainer materials with the HHS Promotores de Salud Steering Committee members; and collaborating with ASPR in translating fact sheets and a blog from English to Spanish.

OMH participated in the all-day #AToZika Twitter Town Hall, an online event during which HHS principals and other Administration officials educated the public about the Zika virus, including

symptoms, prevention, and vaccine efforts. OMH promoted the event, and recorded and posted messages in Spanish. The town hall resulted in: 5 million #AtoZika impressions; 3,000 unique authors; 6,400 unique tweets; 3,500 total Periscope viewers; and news coverage from CNN, ABC, NBC, and CBS. OMH tweets earned 52,200 impressions during July-August 2016.

HRSA worked closely with CDC and other HHS partners to respond to Zika. HRSA addresses the spread of the virus through the following actions.

- Supporting ongoing efforts by health centers to detect and prevent the spread of the Zika virus, including HHS awards of \$39 million to health centers in Puerto Rico, American Samoa, and the U.S. Virgin Islands, as well as \$1 million to two Primary Care Associations for training and technical assistance. To expand preventive and primary care services, HRSA awarded \$5 million to health centers in Puerto Rico and \$742,000 to health centers in American Samoa and the U.S. Virgin Islands.
- Strengthening systems of supports and comprehensive health care for women, children, and families facing long-term health impacts from the Zika virus, through HRSA awards of \$17 million to health departments in Puerto Rico, the U.S. Virgin Islands, and American Samoa.
- Working directly with State Title V Maternal and Child Health (MCH) and Children and Youth with Special Health Care Needs (CYSHCN) Programs, funded by the Title V Maternal and Child Health Services Block Grant to share information and provide expert technical assistance to address both immediate and long-term issues of screening, access, and coordination of care for women, children, and families.
- Developing strategies and best practices for MCH professionals to ensure children born with microcephaly or central nervous system defects receive health care, early intervention, and support services. [HRSA awarded a total of \\$600,000 to the American Academy of Pediatrics](#) to support professional health education and training for pediatric clinicians, particularly those in high risk areas, to expand their capacity to provide family-centered, comprehensive, coordinated, and culturally effective care for children who are or may be impacted by the Zika virus.
- Strengthening family engagement efforts to ensure families who are or may be impacted by the Zika virus are partners in their child's care. HRSA awarded \$250,000 to the National Center for Family/Professional Partnerships to expand training and assistance for family support, referral assistance, and distribution of Zika-specific, culturally-appropriate information to families.
- Communicating with grantees and partner networks both nationally and locally to promote Zika awareness and preventive measures, based on CDC guidelines, through webinars, regional meetings, and newsletters.
- Ensuring providers receive clinical guidance on strategies for prevention, and screening for newborns and infants exposed to the virus before birth.
- Developing a Zika Resource Guide (<http://www.hrsa.gov/zika/resourcesforchildrenzika.pdf>) that provides information on available federal resources which help states respond to Zika.

- Developing and updating through a HRSA-supported grantee, Prevent Blindness, a fact sheet that provides information regarding the Zika virus and vision.

Office of Minority Health Resource Center

The Office of Minority Health Resource Center (OMH Resource Center) is a one-stop source for minority health literature, research and referrals for consumers, community organizations, and health professionals. As the nation's largest repository of information on health issues specific to African Americans, American Indians and Alaska Natives, Asian Americans, Hispanics, Native Hawaiians and Pacific Islanders, the OMH Resource Center offers a variety of information resources, from access to online document collections to database searches to customized responses to requests for information and assistance. Highlighted below are two technical assistance activities about grants, which environmental justice communities have voiced as a priority. (<http://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlID=3>)

Grant Application - Technical Assistance: On September 19, 2016, OMH Resource Center held a technical assistance webinar titled “Foundations of Grant Writing.” It was an introductory webinar for community based organizations that want to respond to federal funding announcements. It covered the basics from how to register in the System for Award Management (SAM), to the key sections in funding announcements, to successful strategies for responding.

University Vision, Design and Capacity (U-VDC) Technical Grant Writing Workshops: These workshops, part of the Higher Education Technical Assistance Project initiative, provided university and health professionals with strategies to make grant proposals more competitive. This hands-on, two-day workshop was for junior faculty, staff and college/university health professionals who are interested in community-based participatory research; who are committed to working with underserved populations; and who want to build their institution’s capacity to compete and receive competitive grant awards. More information can be found at: <http://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=100>.

Black Lung Clinics Program

Authorized by section 427(a) of the Federal Mine Safety and Health Act of 1977, as amended, the BLCPP supports projects in three-year cycles that seek to reduce the morbidity and mortality associated with occupationally related coal mine dust lung disease through medical, outreach, educational, and

Priority Area of Focus: Funding Opportunity – Black Lung Clinic funding provides medical, outreach, educational and counseling services to workers affected by coal mine dust lung disease.

counseling services. FORHP also funds one [Black Lung Center of Excellence](#) (BLCE) through a cooperative agreement. The BLCE assists HRSA with data collection and analysis and technical assistance to the grantees.

Between July 1, 2015 and June 30, 2016, black lung clinics funded through the program reported serving 13,477 coal miners across 14 states. It is anticipated that the BLCP and BLCE will be accepting applications for funding through grants.gov in 2017.

Radiation Exposure Screening & Education Program

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 health care 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

Priority Area of Focus: Data and Tools – The TeleECHO Project enables physicians, benefits counselors, lawyers, and other stakeholders to gather on a video conferencing forum to discuss miner-specific health challenges.

Program Act claims documentation. RESEP awarded grants to eight eligible entities under its current grant cycle (2014-2017) and from September 1, 2015-August 31, 2016 provided medical services to over 400 individuals and provided outreach and education to more 9,000 individuals. In 2016, University of New Mexico Health Sciences Center began a [TeleECHO Project](#) that allows physicians, benefits counselors, lawyers, and other interested parties to come together on a video conferencing forum and discuss miner specific health challenges. 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, health care 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 is anticipated to be in 2017.

CDC Healthy Homes and Lead Poisoning Prevention Program

CDC's Healthy Homes and Lead Poisoning Prevention Program is focused on primary prevention—working to control or eliminate lead sources before children are exposed. To do this, CDC works in areas where children are at highest risk of exposure to high levels of environmental lead. It also uses scientific policies that include environmental justice as an operating principle. While working toward the goal of eliminating childhood lead poisoning, CDC is also expanding its role to address many home-related health conditions. CDC and its partners plan to focus on housing factors that may help to reduce disproportionate health issues such as increased risk for asthma, injuries, and homelessness among low-income and minority populations. CDC will work with environmental justice organizations and consult with environmental justice experts to communicate how healthy homes are important for improving health.

Critical to controlling lead poisoning is CDC's support for state and local lead poisoning prevention programs. State and local health departments depend on surveillance support to estimate the extent of elevated blood lead levels among children, and to identify potential sources of lead. Grantees use innovative approaches, tailoring activities to meet the needs of those most at-risk in the community. For example, New York City identified children with elevated blood lead in a specific religious population and then worked with religious leaders to transmit testing and prevention information. In addition, Louisiana partnered with local WIC offices to pilot lead testing within WIC facilities to ensure certain at-risk children could get tested.

More information about the CDC Healthy Homes and Lead Poisoning Prevention Program is available at: <http://www.cdc.gov/nceh/lead>.

ATSDR Brownfield/Land Reuse Health Program

ATSDR is working with communities to transform brownfields/land reuse sites in order to support environmental justice. There are over 450,000 brownfields/land reuse sites in the U.S. that may contain a number of contaminants that affect future use of the property. Increasing numbers of idled or abandoned sites with residual contamination leads to loss of community infrastructure, health disparities, and environmental justice issues. ATSDR has developed a number of tools and resources, highlighted below, to help communities address environmental justice issues.

- Hosted [Brownfields and Reuse Opportunity Working Network \(BROWN\)](#), a collaboration of multiple brownfields stakeholders, including planners, environmental professionals, public health professionals, academics, associations, and local/state/federal government partners. Free technical assistance was provided to communities through the [Community Partnerships](#) program. In 2016, support was provided to seven U.S. Community Partnerships and 1 European Community Partnership/Working Group.
- Developed the [Action Model Toolkit](#), which provides step-by-step guidance to engage communities in brownfields and land reuse activities to safely reuse land, reduce potential contaminant exposures, and maximize community health benefits. To date, approximately 40 communities have used the Action Model framework to envision cleaner environments and healthier communities.
- Continued supporting and distributing the [Brownfields/Land Reuse Site Tool](#), which has been downloaded over 2000 times across the U.S. and internationally. This user-friendly tool allows communities to inventory suspected brownfields to maximize public health protection.
- Provided \$1,000,000 in [funding](#) and technical assistance to seven new grantees to address brownfields and community health.
- Created learning modules to enhance local health agency capacity to engage in Environmental Health and Land Reuse activities. The modules include topics of: Brownfields/Land Reuse, Epidemiology, Risk Communication, Risk Assessment, and Toxicology.

Priority Area of Focus: Data and Tools – The toolkit helps build community capacity to maximize community health.

More information about the ATSDR Brownfield/Land Reuse Health Program is available at: <https://www.atsdr.cdc.gov/sites/brownfields/index.html>.

Protecting Children in Early Care and Education

In 2016, CDC’s National Center for Environmental Health/Agency for Toxic Substances and Disease Registry (ATSDR) developed the Choose Safe Places for Early Care and Education (ECE) initiative. When completed in Spring 2017, the website will include a guidance manual, toolkit, and other resources about better ways to safely site ECE centers. The Choose Safe Places for Early Care and Education initiative helps ensure that ECE programs are located in safe places — so that children are not exposed to dangerous chemicals during their care. The goal is to help professionals in public health, community planning, licensing, environmental protection, early care and education, and other fields work together to create safe practices in their communities. It gives towns, cities, and states a framework to adopt practices and support policies that will make sure ECE programs are located safely. It also helps professionals who make ECE siting decisions learn how to evaluate a site for an ECE program by considering if: harmful chemicals were ever used, made, or dumped at the site; businesses are using harmful

chemicals near the site; the site is at risk for naturally occurring contaminants like radon; and that drinking water is safe.

Safe Water

In 2016, CDC funded 19 (14 state and five county) health departments to conduct safe water activities. Grantees were responsible for identifying and addressing drinking water program performance gaps, and identifying and reducing exposures to contaminated drinking water. These efforts include identifying at-risk water systems with elevated levels of chemical, radiological, and biological contaminants (e.g., arsenic, uranium, nitrates, and E. coli).

More information about CDC's Safe Water Program is available at:
http://www.cdc.gov/nceh/information/safe_water_programs.htm.

Community Assessment for Public Health Emergency Response

Public health and emergency management officials rely on CDC's experts and its rapid needs assessment toolkit—Community Assessment for Public Health Emergency Response (CASPER)—to quickly prioritize resources in response to a disaster. In 2016, CDC conducted two CASPERs and provided technical assistance on 13 others; over 450 public health staff were trained on the CASPER methodology.

For example, to aid in the recovery efforts following the Flint water crisis, a CASPER was conducted May 17–19, 2016 within the City of Flint, Michigan. Specifically, the CASPER was conducted to assess: 1) household- and individual-level, self-reported behavioral health concerns; 2) household access to behavioral health services, including substance abuse and mental health services, and perceived barriers to access; 3) self-reported physical health concerns; 4) water-related resource needs and barriers to resources; and 5) communication with the affected community.

More information about the Community Assessment for Public Health Emergency Response is available at: <http://www.cdc.gov/nceh/hsb/disaster/casper/default.htm>.

NIOSH American Indian/Alaska Native Initiative

The National Institute for Occupational Safety and Health (NIOSH) American Indian/Alaska Native Initiative partners 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 occupational safety and health support to tribal communities. The main goal of the initiative is to maximize resources to build and strengthen capacity to ensure AI/AN workers make it home safely to their families. There are approximately 5.4 million

AI/AN living across the U.S., with 2.7 million AI/AN employed in the U.S. workforce. 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 \(OSTLTS\)](#) to foster awareness of worker safety and health.

In 2016, activities focused on outreach and partnership development. NIOSH attended national and local meetings to raise awareness of NIOSH in tribal communities. NIOSH staff are conducting site visits to tribal locations in different parts of the country to discuss AI/AN worker safety and health and develop self-assessment tools for tribes to evaluate the status of worker safety and health in their communities.

Community Engagement Activities

HHS Response to Flint, MI Lead in Water Crisis



Dr. Lurie speaking at a press conference.

On January 16, 2016, President Barack Obama issued an emergency declaration for the State of Michigan and ordered federal aid to supplement state and local response efforts due to the emergency conditions in the City of Flint related to contaminated water. On January 19, 2016 the President designated HHS as the lead federal agency responsible for coordinating federal support for response and recovery efforts in Flint. The lead federal official, Dr. Nicole Lurie, the HHS Assistant Secretary for

Preparedness and Response (ASPR), coordinated the efforts of all the federal agencies, including: HHS agencies, FEMA, the Environmental Protection Agency (EPA), the Small Business Administration (SBA), the Department of Agriculture (USDA), and the Department of Housing and Urban Development (HUD).

As a result, HHS has been in the forefront in the response to the Flint water crisis resulting from high levels of lead in its water supply. HHS, along with its federal partners, supported the residents and health agencies in Flint and across Michigan, working with state and city officials to identify the size and scope of the problem, and making and executing a plan to mitigate the short- and long-term health effects of lead exposure. The following are summaries of HHS agency responses.

Office of the Assistant Secretary for Health

To fully leverage the Department's strengths, the HHS response team included HHS Acting Assistant Secretary for Health Dr. Karen DeSalvo, who was the primary interface with state and local public health officials. The Assistant Secretary for Health oversees the U.S. Public Health Service Commissioned Corps (Commissioned Corps). The Commissioned Corps is an elite uniformed service with more than 6,700 full-time, highly qualified public health professionals, serving the most underserved and vulnerable populations domestically and abroad. Two U.S. Public Health Service Commissioned Corps (Commissioned Corps) officers helped with the day-to-day responsibilities in Flint.

More than 30 specialized officers from the Commissioned Corps traveled to Flint to help conduct medical follow-up visits with children who have tested positive for high lead levels due to the city's water crisis. The officers cleared a backlog of approximately 800 blood lead level screening results and prepared test result notifications for parents and Michigan Department of Health and Human Services.

Office of the Surgeon General



Surgeon General Murthy (left) and Dr. Gracia (center) meeting with Dr. Mona Hanna-Attisha.

Surgeon General Vivek H. Murthy made two visits to Flint, MI to speak with clinicians and community members. The first trip was February 15-16, 2016 with the goals to 1) mobilize healthcare providers (HCPs) to work collaboratively to educate, reach, and create long-term solutions for the residents of Flint; 2) provide health education to residents about lead exposure and how to mitigate the risk; 3) learn from, share stories and understand the issues on the ground impacting residents and HCPs; 4) strengthen relationships and connections between residents and community resources; and 5) humanize the crisis by highlighting the faces impacted by the water crisis. Dr.

Murthy led a town hall meeting with over 250 health care professionals, hosted by Genesee County Medical Society (GCMS), met with key healthcare leaders and GCMS board of directors, visited Hurley Children's Center with Dr. Mona Hanna-Attisha, and participated in the Flint Community Resilience Group meeting with Dr. Nadine Gracia, Deputy Assistant Secretary for Minority Health and Director of the HHS Office of Minority Health, which included 150 people representing over 60 organizations. Dr. Murthy also met with the Commissioned Corps officers deployed to Flint.

Dr. Murthy conducted home visits with residents impacted by the water crisis and led a community town hall meeting at Mount Carmel Baptist Church co-hosted by Flint Rising with over 250 residents in attendance. The trip was chronicled over social media, including two press events, and a brief of the trip by the Surgeon General to the White House and HHS Flint response team on next steps for federal and local action in Flint.

The second visit occurred as the federal emergency declaration ended on August 16, 2016. The goals of the trip were 1) to reassure providers that federal presence in Flint will continue; 2) to share and solicit feedback on the revised HHS work plan; and 3) to share updates on federal involvement in Flint, including progress on previously stated goals and lessons learned. The visit was an opportunity to reconnect with many of the healthcare providers and community organizations that were involved in the first visit to Flint. Activities included a forum with medical providers organized by Genesee County Medical Society with over 80 clinicians; a community leaders roundtable at American Red Cross; and meetings with Dr. Mona Hanna-Attisha, Congressman Kildee, and Mayor Weaver. The visit also included Katharine Ferguson, Chief of Staff of the White House Domestic Policy Council.

In addition, an Assistant U.S. Surgeon General served as a temporary senior adviser to Flint Mayor Karen Weaver. In this capacity, the Assistant Surgeon General and her team worked closely with local leaders to establish immediate-, mid- and long-term goals for the City of Flint Public Health and Medical Recovery Plan. They reached out to the people of Flint – attending community meetings and working closely with fellow public servants to coordinate response efforts.

Office of Minority Health

OMH assisted the HHS Flint Recovery team, providing community outreach and relationship building, funding and helping develop media campaigns, and providing technical assistance and capacity building. The OMH Resource Center funded radio and mobile ads for the “Care for Flint” campaign to raise awareness of the availability of new expanded health coverage, mental health services, and nutrition support services. The campaign, which included local partners, helped lead to: increased visits to Flintcares.com (from 328 to nearly 3,500); 3,000 views of the American Sign Language PSA; distribution of 5,000 handouts; and 13 community-based events. The OMH Resource Center also provided a grant-writing webinar for community-based organizations (CBOs) and faith-based organizations (FBOs), presented at a community meeting, and conducted a 2.5-day Vision, Design, Capacity (VDC) training for CBOs and FBOs on how to develop competitive grant applications.

Office for Civil Rights

Recently, OCR sent a civil rights technical assistance letter to the Michigan Department of Health and Human Services (Michigan DHHS) concerning the response to the lead contamination of Flint's public water supply. In the technical assistance letter, OCR provided information to help enable Michigan DHHS to ensure that its programs and services comply with federal anti-discrimination laws. Specifically, OCR provided guidance documents concerning both meaningful access for individuals with limited English proficiency and effective communication for individuals with disabilities. OCR also provided sample nondiscrimination statements and grievance procedures.

Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry

Experts from CDC and ATSDR gathered water and blood lead level data, going back before the water crisis began, to estimate the severity of the problem.

CDC and ATSDR also supported the state's investigation of rashes and other skin concerns affecting Flint residents to help identify potential causes. Lead is not known to be a skin irritant. The investigation found that chlorine, certain metals, pH and water hardness – all of which are known to cause rashes – were not at levels in the current water in people's homes that would cause rashes or hair loss. However, historical data from the water treatment plant when the city was using Flint River water without corrosion control, showed large fluctuations in these irritants, and these swings could have caused rashes.

CDC activated the Emergency Operations Center, conducted epidemiologic studies, and participated in community outreach. CDC monitored blood lead levels in more than 50 percent of the community's children under 6 years of age, connected more than 90 percent of children with elevated blood lead levels to case management, and published an analysis about the health impact of lead contamination in the water supply on local children.

Health Resources and Service Administration

In February 2016, HRSA awarded a total of \$500,000 in emergency supplemental funding to two health centers in Flint – Hamilton Community Health Network and Genesee Community Health Center – to hire additional personnel and provide more lead testing, treatment, outreach, and education to meet the increased need for health services in the community. Each health center provides regular reports on activities related to counseling, testing and referrals. Based on the latest report, between February 25 – September 25, 2016, the health centers:

- Counseled approximately 15,400 individuals on exposure prevention and lead testing.

- Tested nearly 4,100 individuals for lead.
- Provided behavioral health services to over 1,600 individuals.

In June 2016, HRSA awarded \$50,000 in supplemental funding to the Organization of Teratology Information Specialists to develop and distribute evidence-based information to health care providers and the public regarding lead exposure during pregnancy or breastfeeding.

HRSA also regularly engages with health center grantees, maternal and child health grantees, and National Health Service Corps sites located in or serving the Flint community to assess their ongoing needs and identify opportunities for additional support.

Substance Abuse and Mental Health Services Administration

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. Prevention, treatment, and recovery support services for behavioral health are important parts of the health service systems for the community.

In response to the Flint, Michigan Lead in the Water situation, SAMHSA provided immediate counseling to anyone in need through the [SAMHSA's Disaster Distress Helpline \(DDH\)](#) to provide crisis counseling after experiencing a natural or man-made disaster or tragedy. The DDH is the Nation's first permanent hotline dedicated to providing disaster crisis counseling and resources. The helpline can also be accessed at <http://disasterdistress.samhsa.gov/> and TTY for deaf and hearing impaired: 1-800-846-8517. Additionally, SAMHSA participated in a Michigan Radio station interview about the DDH.

SAMHSA also established an internal workgroup to develop a strategic direction to ensure that a behavioral health perspective is considered in the overall public health approach to the Flint water situation. Activities being developed with real-time situational awareness and collaboration include, but are not limited to: immediate and long-term technical assistance, data surveillance, possible messaging campaigns, outreach to SAMHSA grantees, Psychological First Aid trainings and train-the-trainer opportunities, and behavioral health planning.

SAMHSA shared Disaster Behavioral Health Resources with key state and local Behavioral Health and Emergency leaders. These resources included information on the immediate response and general behavioral health needs for technological or man-made disasters, as well as a separate section listing materials for addressing the needs of children and families.

SAMHSA also provided on-the-ground engagement of State and Genesee County leadership regarding unmet behavioral health needs and public health messaging needs related to the public's fear, anxiety and anger.

Furthermore, SAMHSA awarded the state of Michigan a \$475,194 SAMHSA Emergency Response Grant (SERG) to help provide behavioral health and other support services to people affected by the Flint water crisis. The SERG grant funds services such as specialized outreach, crisis counseling, emergency case management and coordinated health care programs for Flint residents affected by the water crisis. This additional outreach could improve access to needed treatment for people who face special challenges, such as people with limited English proficiency, or with hearing or vision impairments.

SAMHSA provided a grant for its "Resiliency in Communities After Stress and Trauma" (ReCAST) to the City of Flint. Over the next five years the city will receive \$972,106 per year (subject to availability of federal funds) ReCAST grants help communities provide services and support to youth and families exposed to trauma through natural or man-made disasters or civil disturbances. The grants promote resilience and equity through applying evidence-based, violence prevention, and community youth engagement programs. The grants will also help promote access to trauma-informed behavioral health services.

HHS behavioral health teams provided basic Psychological First Aid (PFA) skills training to an additional 183 people. They also conducted stress management training with 247 healthcare providers and responders and taught a "Train the Trainers" for 32 local providers to enable them to teach basic PFA training. HHS also sponsored Spanish and English versions of the PFA materials tailored to the Flint Water Crisis to be shared with the community.

National Institute of Environmental Health Sciences

The NIEHS WTP conducts training for workers who are involved in the remediation of lead. Offering this type of worker training in Flint, MI helped create a program for local targeted job creation and drive momentum for communities to become more involved in clean-up, which will hopefully continue as a long-term effort. In particular, NIEHS developed a coordinated approach to support the HHS response to include NIEHS WTP grantees using existing funds to support these training response activities, providing supplemental awards to existing NIEHS WTP grantees, and deploying NIEHS public health preparedness staff to Flint for two weeks to coordinate local partnership activities. NIEHS National Clearinghouse for Worker Health and Safety Training also updated and added new program content that may be useful to organizations working on the Flint, Michigan water crisis. Lastly, Chip Hughes, WTP Director, met with Flint Mayor Karen Weaver at the HBCU Climate Change Conference in New Orleans, LA in March 2016 and briefed her on WTP training plans. NIEHS supplemental funds were used

to support three awards for grantees that provide health and safety training to workers who are involved in the replacement of lead service pipes in Flint. Summaries of these efforts are below.

International Chemical Workers Union Council (ICWUC), a NIEHS WTP grantee, was funded to conduct lead awareness and train-the-trainer classes in the Flint, Michigan area. The three-day class permitted all new trainers to have time to prepare and present lead awareness modules. They worked with the Coalition of Black Trade Unionists (CBTU) chapters in Detroit, Flint and Lansing and the Detroit Fire Academy. Two local chapters of the Labor Council for Latin American Advancement (LCLAA) in Pontiac and Lansing have recruited bilingual trainers. Since at least half of the fact sheets are available in Spanish, ICWUC has translated the small group activity into Spanish and is presenting it to Latino community groups recruited by these LCLAA chapters in Flint through Our Lady of Guadalupe Church. These LCLAA chapters, with other faith based organizations, are assisting in a pressing situation where the demand for identification is preventing undocumented populations from receiving drinking water in Flint.

The Center for Construction Research and Training (CPWR), a NIEHS WTP grantee, in partnership with the Genesee, Shiawasee and Thumb (GST) Michigan Works Program, and in cooperation with the Michigan Building Trades Councils and their affiliated construction unions, is establishing a year-long Environmental Career Worker Training Program (ECWTP) to equip 25 low-income unemployed/underemployed or dislocated worker residents of Flint, Michigan to participate in and benefit from environmental awareness education and training and certification; and provide opportunities to become engaged in meaningful, long-term careers in and beyond the cleanup and restoration of the Flint, Michigan water system remediation processes. By leveraging community services and financial resources, they intend to implement an adaptation of their comprehensive training program to expeditiously prepare program eligible residents of Flint, Michigan to become engaged in immediate employment opportunities and obtain an opportunity to join union apprenticeships to further advance their careers in the construction industry. The first cycle of training is complete for the initial cohort of 10 participants, resulting in 2760 total contact hours and seven job placements with the Bricklayers and United Association of Plumbers and Pipefitters (UA) at an average wage rate of \$19.96 per hour. Two UA placements are linked to the Flint water response: one graduate, a Gulf-War veteran, is working on a pipeline replacement project and another graduate is working at the new Flint water treatment plant.

Laborers International Union of North America (LIUNA), another WTP grantee, created a site-specific, minority-focused worker training program in anticipation of the waterline replacement project in Flint, Michigan. The four-week program is designed to recruit and train individuals from underserved populations from the city of Flint and Genesee County and allow them to

access employment on the many construction projects currently underway in the area. To date, using WTP supplemental funding, LIUNA has successfully trained 173 residents new to the construction industry. The training took place over 14 weeks and accounted for 6920 contact hours. Approximately 57 percent of participants under the grant program were minorities. Working with community-based organizations, trainees were recruited from Flint and surrounding towns, with Flint residents making up 55 percent of all trainees. Graduates from the program have been hired by a variety of contractors in the area, leading to benefits for both trainees and businesses.

The Green Door Initiative (GDI), a member of the University of Cincinnati, Midwest Consortium for Hazardous Waste Worker Training (MWC), a NIEHS WTP grantee, has been working with the NAACP National and Flint Chapter to develop community training strategies for addressing the Lead in Water Crisis. Green Door participated in a planned Town Hall meeting with the NAACP on January 26. They provided information about Lead by utilizing the NIEHS Understanding PBT's (Persistent Bio-Toxics) curriculum to approximately 350 attendees. They are doing outreach to set up other training, including Toxic Use reduction and Reporting Environmental Releases, in addition to providing some general hazard awareness. Finally, GDI/MWC is partnering with the Mott Community College to offer the Environmental Careers Training to ensure that those residents most impacted are provided the opportunity for training that will help with the eventual mitigation of the infrastructure issues that are contributing to the lead poisoning in the city. GDI/MWC is also providing lead awareness training to Job Corps volunteers and recruiting visitors and residents through churches, who will assist with the distribution of water and water sampling kits.

Additional supplements were awarded in July and August 2016 to increase efforts to develop training and resources to support the HHS Flint, MI response.

Centers for Medicare & Medicaid Services

The Centers for Medicare & Medicaid Services (CMS) approved Michigan's proposal for a demonstration project under which Michigan expanded Medicaid coverage for children up to age 21 and pregnant women who were served by the Flint water system during a specified period. Thousands of additional children and pregnant women became eligible for Medicaid coverage, and 30,000 current Medicaid beneficiaries in the area became eligible for expanded services. This comprehensive health and developmental coverage includes blood lead level monitoring, behavioral health services, and targeted case management, among other services. The Michigan Department of Health and Human Services began enrollment for this expanded coverage in May 2016.

CMS awarded \$300,000 to the Greater Flint Health Coalition (GFHC) to support and coordinate outreach and enrollment efforts to get more eligible children in Flint, Michigan enrolled in Medicaid and the Children’s Health Insurance Program (CHIP). The award was also to help connect children and pregnant women to services to address their health coverage needs resulting from lead exposure related to the Flint water system.

CMS also approved a Michigan CHIP State Plan Amendment (SPA) that uses federal and state funding for a health services initiative to expand lead abatement activities for eligible properties in the impacted areas of Flint and other areas in Michigan. Eligible properties include owner-occupied, rental, and residential structures that a Medicaid or CHIP-eligible individual inhabits or visits regularly (e.g., home of a family member, relative, or other informal child care where a child often visits). This targeted and time-limited effort will complement other federal, state and local efforts to abate lead hazards from the homes and improve the health of Medicaid and CHIP eligible residents.

Other Responses

From February through May 2016, federal nurses assisted Genesee County Health Department with enrolling children with elevated blood lead levels into Michigan’s Department of Health and Human Services Lead Poisoning Prevention Program for case management. Federal nurses from HHS agencies made 377 home visits and phone calls to Genesee County families to help enroll children in the program and provide lead prevention education.

The Administration for Children and Families provided guidance to the state on the Temporary Assistance for Needy Families program, with the goal of helping families in the program access bottled water, gas cards, and bus passes to reach water distribution sites or healthcare facilities.

For more information about the aid efforts the federal government has provided in Flint since the emergency declaration, download the [“Flint: By the Numbers”](#) fact sheet.

HHS-Sponsored Environmental Justice and Related Meetings

2016 National Funding and Resources Training Summit to Revitalize Vulnerable Communities, October 25-26, 2016, Arlington, Virginia

The Summit aimed to enhance collaboration around environmental, health, and economic concerns (e.g., just transition workforce development⁶, business entrepreneurship, financial

⁶ “Just transition” is generally considered a framework to encompass a range of social interventions needed to secure workers’ jobs and livelihoods when economies are shifting to sustainable production.

institutional education, etc.) and to ensure vulnerable populations have access to information, services, and data for increased resilience, engagement, and sustainability. EPA led the development of the event in close collaboration with the federal family, communities, states, tribes, local government, industry, business, NGOs, and academia to leverage resources that help to build healthy sustainable communities.

The Summit included three tracks.

- Workforce Development and Training
- Federal Financial Resources and Business Entrepreneurship Development
- Health and Environmental Resources

HHS served as chairs of the Just Transition Workforce Development Training Track, participated in planning the Health and Environmental Resources Track, and exhibited HHS resources and services. Specifically, OASH helped plan the Health and Environmental Resources Track, NIEHS led the Just Transition Workforce Development Training Track, Office of the Assistant Secretary for Financial Resources presented navigation tips on Grants.gov, National Library of Medicine exhibited resources, Office of Minority Health Resource Center exhibited services.

In addition, podcasts are available and include a discussion of the WTP by NIEHS staff about working with vulnerable communities. All the Summit podcasts are available at: <http://www.survivingtothrivingsummit.org/>. Or, for the WTP podcast, listen to the interview directly at: <http://www.infiniteearthradio.com/podcast/moving-vulnerable-communities-from-surviving-to-thriving-part-4/>.

NIEHS Responding to Emerging Health Threats through Research and Training: Workshop & Community Tour, July 18 & 20, 2016 | Boston, Massachusetts



Petroleum stored on the Chelsea River.

The WTP, in partnership with the NIH Disaster Research Response (DR2) Program, held its third local training exercise in July 2016 in Boston, MA to prepare and train disaster researchers to conduct research during a disaster situation. Before the DR2 workshop, NIEHS WTP organized an environmental justice tour of the Chelsea area of Boston, where flooding could lead to contamination from petroleum stored on the banks of the Chelsea River, in the Mystic River Watershed. Local environmental justice and public

health leaders led a bus tour of the waterfront areas lining Chelsea's borders to show the proximity of significant industrial impacts that abut densely populated, low-income, and

ethnically diverse neighborhoods. The tour served to demonstrate the extreme vulnerability of catastrophic disaster; how residents' environment and public health have been unfairly burdened (and worsened) for regional benefits; and the insurmountable persistence the community has to tip the scales so that they are achieving accountability from industrial neighbors, and other people in positions of power.



Staff from GreenRoots described the cultural and linguistic diversity of their community, as part of the setting for the hypothetical disaster. (Photo courtesy of Jim Remington)

Sharing NIEHS WTP Lessons Learned and Best Practices in Environmental Justice and Health Equity as well as Training Evaluation and Economic Impact of Training

NIEHS WTP staff traveled to San Francisco, CA to present and chair a panel at the Society for Prevention Research conference. The panel, "Health Equity and Prevention through Workforce Health and Safety Training: The NIEHS Worker Training Program" included six speakers representing NIEHS and grantees. The grantee panelists were from University of Michigan/evaluator for the International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW); University of California Los Angeles Labor Occupational Safety and Health Program; JobTrain; and an evaluator for CPWR. The presentations covered health equity and environmental justice issues, managers' perception of the value and impact of health and safety training, disaster resilience, and three perspectives on the ECWTP--local labor union from the Bay Area, cross-site data from one grantee, and national economic impact. NIEHS staff also visited the new facilities for the Cypress Mandela Training Center, subawardee of the International Chemical Workers Union. Plus, NIEHS staff attended an event and met program training participants and staff from JobTrain, a subawardee under the Center for Construction Research and Training in the Bay Area under the ECWTP program.

NIEHS Partnerships for Environmental Public Health Webinars

- [Neurodevelopment and Children's Environmental Health](#) (October 14, 2016) NIEHS supports a robust research program looking at environmental contributions to brain

health in children. This webinar focused on current research findings and their relevance to environmental public health.

- [Green Spaces and Health](#) (September 26, 2016) This webinar discussed recent research showing that higher levels of green vegetation are associated with decreased mortality and that neighborhood greenery decreases aggressive behavior in adolescents.
- [Climate Change and Health](#) (June 30, 2016) This webinar featured a discussion by climate change experts on new tools and approaches for enhancing both individual and community resilience.
- [The Complexity of Communicating Risk in the Context of Fish Consumption](#) (June 16, 2016) This webinar highlighted three researchers who are exploring the challenge of communicating risk about eating fish from waters known to contain high levels of pollutants while simultaneously conveying the benefits of fish consumption for human health.
- [Urban Gardening](#) (May 26, 2016) The speakers in this webinar highlighted some of the possible environmental exposures facing urban gardeners and outlined steps for reducing or preventing those exposures.
- [Healthy Homes](#) (February 4, 2016) In this webinar, three groups described their work on healthy homes issues for over a decade, as part of their efforts within NIEHS-funded Centers programs.

Healthy People 2020 Webinars

The Office of Disease Prevention and Health Promotion hosts Healthy People 2020 webinars that inform stakeholders on a variety of Healthy People 2020 topics and usually have over 400 locations participating. Two of these 2016 webinars on environmental justice and health disparity related topics include:

- [Spotlight on Health: Partnering with Lawyers to Address the Social Determinants of Health](#) (March 10, 2016). This webinar focused on Medical-Legal Partnerships and Housing issues specifically.
- [Who's Leading the Leading Health Indicators?: Environmental Quality](#) (November 17, 2016). The New York City Clean Heat Program was highlighted as a community example for the e-bulletin and webinar.

Regional HHS Environmental Justice Stakeholder Engagement

Region I – Greater Boston Women of Color Environmental Health Conference

The Regional Health Administrator (RHA) for Region I (New England) and the Region I OASH team provided planning support and presentations at the April 16, 2016 Greater Boston Women of Color Environmental Health Conference, hosted by EPA Region I. In addition to panels focused on environmental health and environmental justice issues, the conference also

made women of color scientists available to talk with students and young public health practitioners about careers in the field of environmental science/justice.

Region I – Health Resources in Action

The RHA continued to serve as an informal advisor to Health Resources in Action (HRiA) in Boston, MA, which received a \$4 million Health Care Innovation Award from the CMS Center for Medicare and Medicaid Innovation in 2012 to test the utility of specific types of Community Health Worker (CHW) models in undertaking home-based environmental health mitigation to lessen the triggers for asthma in low-income children. Interim evaluation reports are available now, and additional evaluation results will be available in the coming years.⁷

The OASH team in Region I continued to lead the New England federal family in supporting the development of state and federal policy which encourages the training, payment, integration, and evaluation of the CHW profession broadly for addressing chronic disease and environmental health/justice issues. CHWs' power to address social determinants of health, and, in particular, systemic environmental justice issues, is a key strategy for integrating clinical and community level health interventions that is part of the post-Affordable Care Act policy landscape. In 2016, the RHA and OASH team members: 1) spoke at statewide CHW meetings, 2) partnered with Department of Labor Region I on CHW occupation classification, 3) assisted with a regional 'living wage' analysis, 4) provided OASH/OMH support for a professional messaging campaign, 5) led a regional information-sharing coalition of state government and CHW representatives, and 6) provided important information on CMS opportunities for the CHWs across New England.

Region I – Primary Prevention of Asthma Task Force

The RHA is the primary federal public health representative on the Primary Prevention of Asthma Task Force in Massachusetts, which is an outgrowth of the RHA's leadership as one of the founding members of the [Asthma Regional Council of New England](#). The Task Force, which continued to meet during 2016, helped to shape the first-in-the-nation asthma primary prevention plan, which was included in the state's overall [Asthma Action Plan](#) for 2015-2020 as a stand-alone goal.

This goal incorporated a wide range of strategies which relate directly to environmental justice policy priorities, including promoting asthma-safe housing to prevent asthma onset, reducing the risk factors for asthma onset in the first 1000 days of child development (including the

⁷ <https://innovation.cms.gov/Files/reports/HCIA-DS-FirstEvalRpt.pdf> and <https://downloads.cms.gov/files/cmimi/hcia-diseasespecific-secondevalrpt.pdf>.

period of in utero development) and pursuing asthma prevention opportunities in the Affordable Care Act, with a particular focus on low-income families at high risk for developing asthma.

The drafting of the Plan generated great enthusiasm for a strategic effort to make headway on preventing new-onset asthma in Massachusetts, as reflected in the broad range of partner organizations committing to work on specific actions in the next five years. The Plan has also sparked interest from organizations across the country interested in the Massachusetts work as a model for initiatives in other states. Given the complexity of the disease and the relative paucity of intervention research, it is not clear which proposed actions will result in reduced asthma incidence and to what extent. Nonetheless, the Task Force members concur that the current evidence is sufficient to justify taking action.

Region I – Mitigate Childhood Lead Poisoning

The RHA and OASH team in Region I are partnering with the EPA Region I Office of Civil Rights and Urban Affairs (OCRUA) to discuss pursuing common environmental justice goals between the two federal departments in 2017. EPA's OCRUA has launched a Bridgeport, CT Grocery Store Project to Mitigate Childhood Lead Poisoning and the plan is for HHS operating divisions, under OASH leadership, to coordinate some of their environmental justice-related work in CT with this project. In addition, a regional summit on environmental justice issues, planned with academic researchers and community-based advocates, is scheduled for Spring 2017 in Boston.

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

The EJ IWG includes 17 federal agencies and White House offices working together to advance environmental justice principles across the federal government, engage and support local communities in addressing environmental and human health impacts, and promote and implement comprehensive solutions and opportunities to environmental justice concerns.

For example, to advance environmental justice principles across the federal government, the EJ IWG developed important tools such as the [2016 Promising Practices for EJ Methodologies in NEPA Reviews](#). Developed with the support of over 100 federal agency staff, the report is a compilation of methodologies gleaned from current agency best practices that provides clear flexible approaches for agencies as they consider environmental justice in National Environmental Policy Act (NEPA) reviews. The Promising Practices report does not establish new or legally binding requirements, but instead gives agencies a way to compare and improve their methodologies for robust consideration of impacts to low-income and minority

populations now and in the future by applying proven methods established in federal NEPA practice.

The EJ IWG also engages and supports local groups working to create healthy and sustainable communities by bringing together key stakeholders from communities; educational institutions; and federal, state, local and tribal governments to address critical environmental justice issues. For example, the EJ IWG's College/Underserved Community Partnership Program (CUPP) promotes interagency collaboration and community engagement with local colleges and universities. CUPP provides opportunities for government agencies to partner with local colleges and universities to address environmental justice concerns and provide free technical assistance to communities. OASH Region IV participates in a CUPP partnership with EPA, USDA, and Georgia College & State University (GC).

The Brownfields to Healthfields ("B2H") approach is another inventive strategy the EJ IWG is using to foster collaborations that promote healthy, equitable, sustainable and resilient communities for overburdened and underserved populations, with a special focus on rural communities. The B2H strategy improves the health, economic and environmental vitality in overburdened and underserved populations. It remediates and transforms brownfields (contaminated property) into uses that increase access to health care, recreation, healthy foods, renewable resources, education and jobs.

The EJ IWG [Access & Awareness Webinar Series](#), a monthly event, aims to help the public better understand how federal agencies are collaborating and what resources are available to anyone interested in improving the health, quality-of-life, and economic opportunities in overburdened communities.

HHS participated in the following webinars.

- Federal Agencies and Environmental Justice: Connecting Communities to Green Space, Healthcare and Jobs
- Creating Safe and Healthy Environments for Children
- Increasing Awareness of Federal Grants and Resource Opportunities
- Brownfields to Healthfields: Championing the Triple Bottom Line (Health, Environment and Economy) for Community Infrastructure

For more information about the EJ IWG, please see

<https://www.epa.gov/environmentaljustice/federal-interagency-working-group-environmental-justice-ej-iwg>.

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
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		
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
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.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
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

A. Policy Development and Dissemination (continued)

Strategies & Actions	Lead Agency	Status
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.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
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.		
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
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.		
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 ¹
A.3 Prepare guidance for HHS-funded worker training programs designed to assist disadvantaged communities.	<i>NIEHS</i>	G

¹ Staff resources are unavailable to carry out action.

B. Training and Education (continued)

Strategies & Actions	Lead Agency	Status
B: Enhance health professionals' and human services providers' education and training in environmental health and environmental justice.		
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 ²
B.3 Increase partnerships with Historically Black Colleges and Universities, Tribal Colleges and Universities, and Hispanic-Serving Institutions.	<i>NIEHS/ NIMHD</i>	G
C: Increase the knowledge and understanding of health and environmental justice across HHS agencies and among HHS employees.		
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
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.		
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

² Staff resources are unavailable to carry out action.

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

Strategies & Actions	Lead Agency	Status
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.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
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.		
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>	G
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
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.		
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: 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.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
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.		
C.1 Build community capacity to conduct community health assessments.	NCEH/ ATSDR	X ³
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

³ An organizational realignment within the cognizant agency has made this action unachievable.

D. Services (continued)

Strategies & Actions	Lead Agency	Status
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.		
D.1 Expand funding opportunities, where appropriate and feasible, to underserved communities for economic development and social services.	ACF	G