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2013 Environmental Justice Implementation Progress Report

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**2013 HHS Environmental Justice Implementation Progress Report
February 2013**

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 that 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 accordance with the MOU, each agency is responsible for preparing annual reports detailing the progress the agency has made in implementing their environmental justice strategies. This 2013 Environmental Justice Implementation Progress Report summarizes HHS’s advancement of the actions outlined in the 2012 HHS Environmental Justice Strategy and Implementation Plan. The report highlights some of HHS’s significant contributions to environmental justice in the areas of stakeholder engagement; policy development and dissemination; education and training; research and data collection, analysis, and utilization; and services. It also describes HHS’s participation in the activities of the Federal Environmental Justice Interagency Working Group (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 2012 HHS Environmental Justice Strategy and Implementation Plan (2012 HHS EJ Strategy or Strategy) recognizes the impact of environmental factors on health and well-being. The HHS vision for environmental justice is "a nation that equitably promotes healthy community environments and protects the health of all people."⁵

Development of the 2012 HHS Environmental Justice Strategy and Implementation Plan

The 2012 HHS EJ Strategy honors an agency-wide commitment to address environmental justice, consistent with the HHS mission. HHS released the new Strategy in February 2012, after a 60-day public comment period that affirmed support for the Strategy's vision, guiding principles, goals, strategies, and actions. Commenters also provided a number of suggestions that improved the document.

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

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

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



Development of the 2013 Environmental Justice Implementation Progress Report

This Implementation Progress Report highlights the Department’s advancement of the actions outlined in the 2012 HHS EJ Strategy.

Throughout 2012, the HHS Environmental Justice Working Group (HHS EJ Working Group), comprised of representatives from agencies and offices across HHS, provided primary oversight of the implementation of the HHS EJ Strategy. It is led by staff from the Office of the Assistant Secretary for Health (OASH).

The HHS EJ Working Group utilized multiple subgroups to lead implementation efforts. Four subgroups organized by the strategic elements were responsible for actions specific to their respective individual strategic elements. Additional groups were established to address HHS actions that cut across the four strategic elements. These crosscutting groups were established to address the following areas: (1) environmental justice award criteria; (2) vulnerability assessment and climate change; (3) health in all policies; (4) HHS environmental justice website;

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(5) community-based participatory research; (6) HHS employee environmental justice education and training; and (7) stakeholder engagement.

The 2013 Implementation Progress Report also addresses HHS's efforts to uphold the Strategy's three guiding principles.

Create and Implement Meaningful Public Partnerships

To gain additional insights and to begin to build partnerships to help implement the Strategy, the HHS EJ Working Group held the HHS Environmental Justice Stakeholders Implementation meeting in Research Triangle Park, North Carolina on July 16-17, 2012. Environmental justice stakeholders from non-profit advocacy groups, universities, and government agencies from across the country engaged the HHS Working Group in a two-day dialogue. The HHS EJ Working Group drew upon the comments made by participants to guide further implementation efforts. As a result of stakeholder comments, HHS has worked to foster greater partnerships with its stakeholders, including the occupational health community and Native American Tribes.

Ensure Interagency and Intra-agency Coordination

The Office of the Assistant Secretary for Health (OASH) is responsible for coordinating and implementing a wide array of interdisciplinary programs within HHS and ensures that HHS works in concert with its Federal partners, including the Federal EJ IWG. OASH staff lead the HHS EJ Working Group, and coordinate its subcommittees and groups. Bi-weekly meetings of the Working Group provide time for sharing information and new approaches, identifying opportunities for collaboration, and updating progress toward advancing the actions of the Strategy. HHS EJ Working Group members are responsible for coordinating and reporting on activities related to environmental justice within their agencies. The HHS EJ Leadership Advisory Group, which includes senior leadership from throughout HHS, provides guidance to the overall HHS environmental justice effort.

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

Establish and Implement Accountability Measures

The 2013 Implementation Progress Report documents HHS's progress in implementing the EJ Strategy's actions in two ways. First, the body of the report highlights specific completed actions that are related to the 2012 HHS Environmental Justice Strategy.

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Second, Appendix A shows the progress toward completion for each environmental justice action under the four strategic elements in the 2012 HHS EJ Strategy and Implementation Plan. The actions in the Strategy span a time horizon beyond one year. The illustrations indicate whether EJ actions are completed, whether significant progress has been made, or if progress is just beginning. The progress estimates are based on assessments made by the HHS staff who are responsible for overseeing the implementation of the specific environmental justice actions. To support implementation efforts, HHS developed logic models for each strategic element of the 2012 HHS EJ Strategy (e.g., policy development and dissemination, education and training, research and data collection, analysis and utilization, and services). A logic model is an organized framework that depicts the relationships between inputs, activities, outputs and outcomes of a program. Logic models are often used to clarify program activities and track desired outputs and impacts. The logic models developed by HHS for the four EJ strategic elements help illustrate how planned implementation steps in the HHS EJ Strategy advance desired environmental justice goals or impacts. The logic models can be found in Appendix B.

2012 Environmental Justice Strategy Implementation Progress Highlights

In this section of the report, selected accomplishments are provided for EJ actions described under the four strategic elements of the 2012 HHS EJ Strategy. The EJ actions highlighted are those that have been completed, or where significant progress has been made to date.

[HHS Secretary Sebelius Announces Environmental Justice Strategy and Implementation Plan and 2012 Implementation Progress Report](#)

Following a public comment period on the draft Strategy and stakeholder meetings across the country, HHS published the 2012 Environmental Justice Strategy and Implementation Plan and a companion document, the 2012 Environmental Justice Implementation Progress Report.

POLICY DEVELOPMENT AND DISSEMINATION

Effective implementation of policies, such as legislation, regulations, executive orders, policy directives and program guidance can serve as key tools to advance environmental justice. In particular, community residents and advocates have frequently cited Title VI of the Civil Rights Act of 1964 (Title VI) and the National Environmental Policy Act (NEPA) as important levers for achieving environmental justice, in addition to Executive Order 12898. Signed in 2009, Executive Order 13514, *Federal Leadership in Environmental, Energy, and Economic Performance*, represents a new opportunity for environmental justice through its focus on sustainability. All of these directives govern certain actions undertaken by the Federal government and/or entities that receive Federal funding. Furthermore, Title VI, NEPA and climate change were among the policy topics identified as focus areas for in the August 2011 Memorandum of Understanding. The Strategic Element, "Policy Development and

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Dissemination” includes actions related to these topics, as well as actions to develop policy guidance for specific HHS programs and activities, such as its grant programs.

New Title VI and Environmental Justice Web Resources, Training for HHS Staff, and Community Outreach

The Office for Civil Rights (OCR) has generated a series of updated and new resources highlighting the relationship between Title VI of the Civil Rights Act of 1964 and environmental justice and the capacity of OCR to address environmental justice concerns, including a new OCR webpage dedicated to environmental justice. The webpage can be found here:

<http://www.hhs.gov/ocr/civilrights/resources/specialtopics/enviromentaljus/enviromental.html>

OCR has also conducted a series of trainings across OCR to ensure that OCR investigators and staff are adequately equipped with the knowledge needed to advance the environmental justice goals illustrated in the HHS EJ Strategy.

OCR is actively planning and conducting educational outreach events in communities with minority, low-income, and Tribal populations with disproportionately high and adverse environmental exposures to educate community stakeholders about Title VI and OCR’s capacity to address environmental justice concerns. OCR intends to utilize feedback received from community and other stakeholders to inform future OCR outreach strategies and public education materials related to Title VI and environmental justice.

Integration of Environmental Justice and Sustainability Principles across HHS

HHS performed an analytical comparison between the HHS 2012 EJ Strategy and HHS Strategic Sustainability Performance Plan (SSPP) to identify environmental justice principles and actions that need to be integrated into the updated SSPP. HHS also worked to finalize the updated SSPP with the integrated environmental justice principles. The SSPP is located here:

<http://www.hhs.gov/about/sustainability/2011plan.html>.

Climate Change, Sustainability and Environmental Justice: Measurable Departmental Goals, Grants, and Technical Resources

As guided by Executive Order 13514, *Federal Leadership in Environmental, Energy, and Economic Performance*, HHS continues to uphold its commitment to promote sustainability and respond to climate change. For example, HHS adopted an addendum to its Strategic Sustainability Performance Plan to specifically acknowledge climate change concerns.

In 2012, HHS completed a survey and assessment of HHS climate adaptation strategies and plans across the Department to identify how these plans address population and equity. The HHS Climate Change Adaptation Plan was released for review and public comment on February

7, 2013. The Plan is available at: <http://www.hhs.gov/about/sustainability/adaptation-plan.pdf>
The Plan highlights that HHS will work to identify how climate change may impact the Department's ability to carry out its mission, programs, policies, and operations, as well as to determine how HHS should prepare for and respond to a changing climate. The assessment also provides the information needed to develop strategic steps to minimize adverse impacts from climate change risks on HHS's programs and services.

As a part of its Climate Ready States and Cities Initiative, the Centers for Disease Control and Prevention (CDC) successfully established multiple cooperative agreements and has begun developing various decision support tools for communication, education, and vulnerability mapping as it relates to climate change. In conjunction with the Oregon Health Authority and Upstream Public Health, a one-day course has been developed that trains Health Impact Assessment (HIA) professionals about policies that relate to climate change and about climate sensitive health impacts that can be considered when undertaking an HIA. The training course was piloted with the Climate Ready States and Cities Initiative grantees. In 2013, CDC will work with Oregon to distribute the training course materials for adoption and use by the HIA community.

CDC has also developed 3 training webinars detailing the structural components of the Building Resilience against Climate Effect (BRACE) Framework, including introductory and practical information, and descriptions of methodologies. The webinars have been piloted with the Climate Ready States and Cities Initiative grantees, and additional webinars will be conducted in 2013 for new grantees and Association of State and Territorial Health Officials (ASTHO) and National Association of County and City Health Officials (NACCHO) members. Much of the contents will contribute to developing written guidance on the BRACE Framework.

In addition, the National Institutes of Health (NIH) has continued to support research to uncover the potential health impacts of climate change, with an emphasis on understanding population and individual level vulnerability. Under a funding opportunity entitled, "Climate Change and Health: Assessing and Modeling Population Vulnerability to Climate Change", an additional five grants were awarded in 2012, making a total of fourteen. Thirteen of the fourteen grants are funded by the NIEHS.

Building Community Resilience and Sustainable, Stronger Health and Emergency Response Systems for At-Risk Populations

HHS continued to implement the National Health Security Strategy with numerous objectives and actions to forward the Strategy's two goals, to build community resilience and foster stronger and sustainable health and emergency response systems.

The Office of the Assistant Secretary for Preparedness and Response (ASPR) developed and implemented the HHS Disaster Behavioral Health Concept of Operations to provide a coordinated Federal Response to disaster behavioral health, including ensuring the behavioral

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health needs of at-risk individuals, such as people with Limited English Proficiency and economically disenfranchised individuals, are met in a culturally competent manner. ASPR also initiated development of HHS Disaster Human Services Concept of Operations, to be completed in Spring 2013, to address the disaster human services needs of vulnerable populations, including economically disenfranchised individuals, minority populations, and people with Limited English Proficiency.

HHS engaged in response and recovery activity to meet the needs of at-risk individuals, including low income and minority populations, during major national events such as Hurricane Irene and Superstorm Sandy, and the ongoing U.S. Drought. This involved deployment of health and behavioral health personnel to provide care, coordination with stakeholders representing at-risk groups, developing and disseminating accessible materials and resources in multiple languages, and working across government to ensure the needs of our most vulnerable were being met following disaster.

HHS initiated the ASPR Community Resilience Strategy Group to develop a comprehensive approach to building community resilience that addresses human resilience, social connectedness, and the needs of the most vulnerable, while accessing community and cultural strengths in order to promote sustainable resilience.

EDUCATION AND TRAINING

Education and training are fundamental strategies to achieve environmental justice and build healthy community environments. Through education and training, individuals, families and communities become more informed and empowered to actively address health concerns about harmful environmental exposures. Effective education and training should be comprehensive, targeting not only residents and workers with disproportionately high and adverse environmental exposures, but also health professionals, human services providers, and relevant government officials and employees that develop and implement programs, policies and activities impacting and serving these communities. HHS is implementing a multi-sectoral approach to education and training in health and environmental justice targeted to the following stakeholders: (1) community and the public, (2) professionals (health care workforce, public health professionals, and human services providers) and (3) the HHS workforce.

HHS Launches Departmental Webpage Dedicated to Environmental Justice

In 2012, HHS created a webpage dedicated to environmental justice. The webpage includes the 2012 HHS Environmental Justice Strategy and Implementation Plan, the 2012 Environmental Justice Progress Report, HHS Regional Contacts and links to other HHS resources focusing on environmental justice and related issues. The webpage also links to other environmental justice webpages across HHS, including those hosted by the National Library of Medicine (NLM), Centers for Disease Control and Prevention (CDC), and National Institute of Environmental

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Health Sciences (NIEHS). In the future, the website will host a variety of information on HHS programs of interest to the environmental justice community. The website can be found at: <http://www.hhs.gov/environmentaljustice/>

Environmental Justice Training Module for HHS Staff

HHS is currently developing a training program for HHS employees on the principles and practice of environmental justice, including community engagement. The training program will seek to enhance HHS workforce competency on environmental justice and build capacity to work effectively with communities and other stakeholders. It will also serve to improve the effectiveness and efficiency of HHS programs, policies, and activities related to environmental justice issues. HHS has consulted with its Federal EJ IWG partners, e.g., EPA and DOE, and reviewed grantee EJ training curricula in developing this training program. It will enable HHS personnel to better address the needs of EJ stakeholders. This training program is expected to be fully developed in 2013.

HHS Region IX Hosts Grant Writing Workshop with Federal, State, and Local Partners

The HHS Region IX Office of Minority Health, in partnership with the Region IX Federal Regional Council-Border Committee, U.S. Environmental Protection Agency, State of California Border Health Office, and representatives from the Cities of Brawley, El Centro and Calexico, CA, planned and presented a one-day *Basic Federal Grant Writing Workshop-Tips for Successful Grant Writing* for 88 participants from local government, non-governmental organizations, faith-based and community-based organizations, tribal entities, academic institutions, and others in Imperial County, CA in October 2012. Grant writing participants typically apply for funding in the following categories: rural development; water resources; housing and development; neighborhood stabilization; colonias development; economic development; and environmental commerce. A follow-up capacity-building meeting to assist with the grant-writing process is planned for Spring 2013.

HRSA and NIOSH Support Training and Technical Assistance to HRSA-funded Community Health Centers

The Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC), Office of Special Population Health monitors 12 National Cooperative Agreements (NCAs). The NCAs provide Training and Technical Assistance to HRSA funded Community Health Centers to promote primary health access for vulnerable populations, including people experiencing homelessness, residents of public housing, and agricultural workers and their families. HRSA/BPHC funding opportunity announcements for National Cooperative Agreements can be found on the Grants.gov website at www.grants.gov.

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Working with the Migrant Clinicians Network, Inc. (MCN) NCA provides ongoing pesticide exposure training for clinicians in 5 Migrant Health Centers, and additional training at Blue Ridge Community Health Services. This agreement also supported 2 presentations at the Association of Farmworker Opportunity Programs on the topic area of pesticides, health and safety in 2012: “Partnering with Migrant Health,” and “Developing a Promotora Program.” A third presentation was given at the East Coast Stream Forum entitled, “Environmental and Occupational Health (EOH): Engaging Frontline Clinicians.” In addition, the MCN published 2 articles in *Streamline* entitled, “Female Farmworkers’ Perceptions of Pesticide Exposure and Pregnancy Health,” and “Water Quality Study Shows Need for Testing at State Migrant Camps.”⁶

The NCA and the National Center for Farmworker Health, Inc. (NCFH) supported Project FRESCO (Farmworkers Reducing Exposure to Sun and Health and Cooling Off). This project included the development of curricula and other educational materials, and a promotora intervention focused on training hired farmworkers about heat and sun safety.

The NCA and Migrant Health Promotion (MHP) also helped to support the development of educational resource materials. In 2012, MHP developed a tip sheet for Migrant Community Health Centers, state officials, and other relevant entities on how to effectively include outreach workers and promotoras in developing, implementing, and evaluating emergency drill practices.

The NCFH has also developed the Migrant Health Research E-Group. This group helps to connect migrant health professionals interested in dialoguing with their peers about migrant health issues, especially those that relate to advancing our knowledge of improving access to care for farmworkers and their families. The National Institute for Occupational Health (NIOSH) supports projects that promote the technical capacity of individuals who contribute to these projects.

RESEARCH AND DATA COLLECTION, ANALYSIS, AND UTILIZATION

Through the research and data collection, analysis, and utilization strategic element, HHS will strive to address research challenges and data deficiencies related to health and environmental justice in order to contribute to and facilitate an improved understanding of the relationship between exposure to environmental hazards and health effects. This effort aims to inform programs, policies and interventions to eliminate health disparities associated with preventable environmental factors.

⁶ Streamline. Volume 18, Issue 3 (Winter 2012)

HHS Works on Developing Mapping Tools to Achieve Environmental Justice Goals

HHS is working collaboratively with other Federal agencies to review and improve community mapping tools designed to identify minority and low-income populations and Indian Tribes with disproportionately high and adverse exposures and health effects.

HHS has developed some mapping tools that serve to assist in identifying and addressing communities disproportionately exposed to environmental contaminants. For example, NIOSH has initiated a new project for FY 2013 to generate geospatial data (mapping) of occupational health indicators and will be working with state-based surveillance programs to develop community mapping tools.

HHS Extends Memorandum of Understanding with EPA on Scientific Research and Environmental Health Disparities

HHS Secretary Kathleen Sebelius and EPA Administrator Lisa Jackson signed an extension of a Memorandum of Understanding (MOU) between HHS and EPA in December 2012. This five-year agreement provides for the collaboration of the agencies on scientific research on the effects of contaminants and environmental stressors on human health, and the assessment of the health impact of intervention and mitigation strategies. The MOU also provides for the coordination of activities to address environmental health disparities under HHS and EPA action plans, such as the Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities and the 2012 HHS Environmental Justice Strategy and Implementation Plan.

HHS Participates in the Science of Eliminating Health Disparities Summit

The National Institute on Minority Health and Health Disparities (NIMHD) organized the *2012 Science of Eliminating Health Disparities Summit*. This three-day scientific gathering on health disparities included approximately 100 sessions to exchange new knowledge, and learn about progress, successes, challenges, and opportunities in implementing innovative research aimed at reducing health disparities, including addressing environmental determinants of health. HHS staff from across the Department participated in the event.

NIMHD, NIEHS, and EPA co-led a workshop at the Summit entitled “Charting a New Course in Eliminating Health Disparities Research.” The workshop included brief presentations from Centers of Excellence grantees that have established research centers across the country focused on generating research and innovative approaches to address environmentally-driven health disparities and improve access to health environments for vulnerable populations. Following the presentations a panel including representatives from EPA, NIH, academia and community organizations engaged in dialogue with workshop participants regarding lessons learned and next steps in addressing environmentally-driven health disparities.

HHS Promotes Inclusion of Occupational Information In HHS-supported Surveys

CDC's Behavioral Risk Factor Surveillance System has helped to increase the collection of industry and occupational information. In 2011, only 3 states included related questions in the HHS-supported surveys. In 2013, 14 states are in the process of administering the industry and occupational questions as a part of surveys.

In 2010, the National Health Interview Survey (NHIS) included a special occupational health module. Several peer reviewed articles from the special occupational health supplement to NHIS were published in 2012. In addition, HHS released a series of publications with the assistance of the data collected. Please see the publications section of this report for a list of these publications.

SERVICES

Through the services strategic element, HHS will utilize its resources and collaborations to improve the quality of primary and behavioral health care in minority and low-income populations and Indian Tribes with disproportionately high and adverse environmental exposures. HHS will also help build community capacity to identify and address community health needs and economic development.

CDC Health Impact Assessment Initiative and Inaugural Meeting on Health Impact Assessments

In January 2012, the six city, county and state recipients of the CDC Healthy Community Design Initiative (HCDI) grants began to conduct their health impact assessments and provide training and technical assistance on how proposed projects, policies, and decisions at the state, tribal, and local level can impact community health.⁷ The anticipated project period length is three years. While all Health Impact Assessments (HIAs) examine vulnerable populations, some of the HIA projects directly tackle environmental justice issues such as evaluating the human health impact of a vacant property redevelopment program in Baltimore, MD. HCDI is dedicated to increasing HIA practice in the United States. CDC is also currently developing a toolkit to assist communities in assessing the health status and environmental exposures in their communities, and build coalitions to address the concerns identified.

⁷ A Health Impact Assessment (HIA) is a systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program, or project on the health of a population and the distribution of those effects within the population. HIA provides recommendations on monitoring and managing those effects.

Institute of Medicine, *Improving Health in the United States: The Role of Health Impact Assessment* (2011)
http://www.nap.edu/catalog.php?record_id=13229

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

Administration for Native Americans (ANA) Provides Funding and Technical Assistance to Underserved Communities for Economic Development and Social Services

In 2012, the Administration for Native Americans (ANA) provided funding to support 186 new and continuing projects through its Social and Economic Development Strategies (SEDS), Native Languages, and Environmental Regulatory Enhancement (ERE) programs. ANA also continues to provide free trainings and technical assistance to grantees and applicants to help with project planning and development, pre-application assistance, and project implementation. In 2012, ANA offered 50 courses collectively across the 3 areas to more than 200 different Tribes. Applicants who participated in the trainings were more successful in attaining the grants. In addition, the ANA Training and Technical Assistance centers hosted monthly webinars on issues identified by the Native community, including financial management, native asset building, grant writing, and strategic planning.

The ANA Commissioner has proposed a new funding opportunity announcement for FY2013 under the SEDS program, targeting 5-year projects that seek to implement economic development strategies that focus on sustainable employment and business opportunities in Native American communities.

Centers for Medicare and Medicaid Services (CMS) and Region I Provide Funding for Asthma Intervention

The Region I Acting Regional Health Administrator and staff provided advice and participated in a CMS-funded research and services grant to address asthma. The grant funds three years of a Healthy Homes/indoor air-based model of asthma care, focused on providing services from trained community health workers to lead home-based interventions for pediatric patients with severe asthma. The CMS grant also funds research and data collection to review clinical outcomes and return on investment for this environmental-health focused project.

MULTIFACETED ACTIVITIES

HHS Environmental Justice Working Group Awarded Green Champions Award

The HHS Green Champions Awards were established by the Department in response to Executive Order 13514, which challenged Federal agencies to dramatically reduce greenhouse gas emissions, energy and water consumption, and pollution. Awards are given in the categories of Good Neighbor, Change Agents, Corporate Responsibility, Electronic Stewardship/Data Center Consolidation, Environmental Stewardship, Energy and Fleet Management, Green Procurement, Sustainable Facilities, Buildings, and Site Planning, and Water Resource Management. In 2012, the HHS EJ Working Group was awarded the Good Neighbor Award for its service to communities through the implementation of the 2012 HHS EJ Strategy.

Response to Hurricane Sandy

In the wake of the Hurricane Sandy disaster, HHS engaged in a variety of response and research efforts. Immediately following the disaster, HHS deployed approximately 355 U.S. Public Health Service (USPHS) Commissioned Corps officers to affected areas to support local and state response and rebuilding efforts, and to set up and provide medical care, behavioral health care, and other services to those impacted (including vulnerable populations). HHS compiled and disseminated Web materials in multiple languages addressing disaster-related emotional and stress management needs, including materials specifically addressing the needs of at-risk individuals such as children, elders, individuals with Limited English Proficiency, and people with disabilities.

The NIEHS Worker Education and Training Program actively worked to distribute educational materials to responders and clean-up workers to inform them about potential environmental exposures and the best ways to avoid exposure. More than 41,000 educational booklets in multiple languages have been distributed to responders.

ASPR staff also worked with the Institute of Medicine and the New York Academy of Medicine to organize a meeting of representatives of federal, state and local government agencies and non-governmental organizations from areas affected by Hurricane Sandy to identify short-term and long-term research needs related to preparedness and response in such emergencies. The workshop, "Identifying Disaster Medical and Public Health Research Priorities: Data Needs Arising in Response to Hurricane Sandy" was held November 16 in New York. Several HHS staff members, including members of the HHS EJ Working Group, participated in the meeting.

Addressing Environmental Justice within Prevention Programs and Policies

HHS continued to implement the National Prevention Strategy, with the goal of increasing the number of Americans who are healthy at every stage of life. Two of the National Prevention Strategy's Strategic Directions (Healthy & Safe Community Environments and Elimination of Health Disparities) are closely aligned with the HHS Environmental Justice Strategy and Implementation Plan. Additionally, by engaging with the 17 National Prevention Council departments (including Housing and Urban Development, Transportation, Education, and Labor, among others), the National Prevention Council supports Goal 3 of the Environmental Justice Strategy and Implementation Plan ("Support and advance a "health in all policies" approach that protects and promotes the health and well-being of minority and low-income populations and Indian Tribes with disproportionately high and adverse environmental exposures").

The National Prevention Council Action Plan, released in June 2012, outlines the actions that the 17 National Prevention Council departments are taking to implement the National Prevention Strategy. The Action Plan highlighted the Environmental Justice Strategies as an example of multi-department collaborations to improve health and reduce health disparities. Additionally, two of the federal actions included in the plan explicitly identified environmental justice as a focus area.

The National Prevention Council continues to implement the individual departmental actions outlined in the Action Plan, as well as to advance prevention through three Council Commitments identified in the Action Plan:

- 1) Identify opportunities to consider prevention and health within National Prevention Council departments and encourage partners to do so voluntarily as appropriate.
- 2) Increase tobacco free environments within National Prevention Council departments and encourage partners to do so voluntarily as appropriate.
- 3) Increase access to healthy, affordable food within National Prevention Council departments and encourage partners to do so voluntarily as appropriate.

Additionally, the National Prevention Council continues to engage partners to support the recommendations from the National Prevention Strategy.

GuLF Study Progress Continues

The NIEHS continues its leadership over the Gulf Long-Term Follow-up (GuLF) Study. The study focuses on both physical and mental health effects related to the 2010 Deepwater Horizon oil spill and works to collect information that can be used by individuals, communities and governments to better understand the consequences of oil spills and plan for the future.

NIEHS has successfully enrolled nearly 32,000 individuals involved in oil spill clean-up efforts in the Study. NIEHS plans to continue special recruitment efforts in 2013 to enroll individuals from

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NIEHS has successfully enrolled nearly 32,000 individuals involved in oil spill clean-up efforts in the Study. NIEHS plans to continue special recruitment efforts in 2013 to enroll individuals from populations of special interest, including Spanish and Vietnamese speaking participants and those with the greatest exposure potential, such as source workers. GuLF Study participants could number as many as 35,000.

Detailed interviews conducted in multiple languages with participants have already helped to produce valuable data regarding their experiences during clean-up efforts, symptoms at the time of the spill, and current health status. In addition to the interviews, NIEHS is also working to collect important data through home visits to a subset of participants in the GuLF Study. The home visits consist of a clinical assessment (including measurement of blood pressure and lung function) and the collection of blood and other bio specimens. To date, NIEHS has completed more than 9,000 home visits, and plans to conduct several thousand more by April 2013. More comprehensive clinical exams are planned for a smaller subset (4,000) of those who reside in coastal regions of Alabama and Louisiana.

Regional HHS EJ Collaborations

The HHS Region I staff have served on a planning committee for a two-day meeting scheduled for April 2013 focusing on primary prevention of asthma and the connection with environmental health and health disparities. The meeting will be co-hosted by University of Massachusetts-Lowell, NIH, and Region I clinical and academic partners.

HHS Region II is working with other Federal agencies to create an EJ Working Group focused on addressing the Region's EJ issues. HHS Region IV has joined the Region's EJ IWG and is actively working to address region-specific EJ issues.

Region VIII participates in a workgroup that focuses on promoting the principles of community engagement throughout the region. Model examples include the Salt Lake City health disparity project and the parent leadership institute on the Wind River Reservation in Wyoming.

Community Engagement Activities, Impacts, and Outcomes

HHS Participation in Federal Interagency Working Group on Environmental Justice Stakeholder Meetings

2012 EJ IWG Stakeholder Meetings		
Meeting	Location	Date
Regional EJ IWG Meeting	Atlanta, GA	March 27, 2012
National Environmental Justice Conference and Training Program	Washington, DC	April 3-5, 2012
EJ IWG Deputy’s Meeting	Washington, DC	April 12, 2012
EJ IWG Meeting	Corpus Christi, TX	April 19, 2012
EJ IWG on Goods Movement	Washington, DC	June 28, 2012
EJ IWG	Durham, NC	July 16, 2012
EJ IWG Title VI and EJ Interagency/Community Workshop	Durham, NC	September 22, 2012

2012 HHS-Sponsored Environmental Justice and Related Meetings

Occupational Health Disparities in the Workplace (Follow-up) Meeting

May 23-24, 2012, Research Triangle Park, NC

A workshop was held in May 2012 to develop curriculum and other outreach and education materials based on the Occupational Health Disparities conference held in Chicago, Illinois, in September 2011. Participants included individuals from Federal agencies, academic institutions, worker education specialists, and community-based organizations involved in worker training activities. The workshop discussed the design of curriculum materials that could be used for undergraduate and graduate courses as well as worker training programs. The curriculum is in development and will include trainer guides, case studies, videos and power point presentations. Material is based on five white papers initially developed for the September 2011 conference (available at <http://www.aoecdata.org/conferences/healthdisparities/whitepapers.html>). A manuscript version of these papers has also been prepared and will be included in a special issue of the American Journal of Industrial Medicine in 2013. The curriculum will be available for use later in 2013.

HHS EJ Stakeholders Implementation Meeting

July 16-17, 2012, Research Triangle Park, NC

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The NIEHS hosted the HHS Environmental Justice Stakeholders Implementation Meeting to allow HHS to explore partnership opportunities, share the progress HHS has achieved in implementing and promoting environmental justice, and to get stakeholder feedback regarding the implementation of the 2012 HHS EJ Strategy. The meeting brought together 30 HHS officials and 60 community and other stakeholders from across the country to engage in an interactive dialogue focusing on the implementation of the 2012 HHS EJ Strategy. Participants also had the opportunity to participate in tours of two communities struggling with environmental justice concerns. The first was to the Rogers Road Community, where residents coexist with Orange County's landfill, as well as illegal dumpsites. Participants also visited a migrant farmworker advocacy organization, Farm Labor Organizing Committee (FLOC) in Dudley, NC and the Rural Empowerment Association for Community Help (REACH), which has spearheaded campaigns to limit human exposure to hog waste and improve containment and cleanup activities in Eastern North Carolina.

2012 EJ Southeast Regional Environmental Justice Conference, "Promoting Environmental Justice through Effective Education, Collaboration, and Mobilization"

On August 16, 2012, Region IV OASH staff co-sponsored the 2012 Southeast Regional EJ Conference along with EPA and served as moderator and planner for a half-day health disparities session. This session promoted an increased awareness of the intersection between health disparities and environmental hazards in the physical, built, social, and policy environments. Participants gained information on best practices for addressing health disparities and transforming the health for their communities from a diverse panel of environmental, health, policy professionals, community members, and other stakeholders.

Data to Grow On: Cultivating the Relationship Between Social, Natural, and Built Environments

October 5, 2012, Arvada, Colorado

Data to Grow on: Cultivating the Relationship Between Social, Natural, and Built Environments (conference) was held on October 5, 2012, in Arvada, Colorado, and was hosted by the HHS/OASH Region VIII office. The purpose of the conference was to educate participants about the use of data to identify health challenges in their communities and define appropriate responses. The 2012 conference focused on social determinants of health. The chair of the HHS EJ Working Group was one of the keynote speakers.

2012 The Science of Eliminating Health Disparities Summit

December 17-19, 2012, National Harbor, MD

An HHS-wide endeavor organized around the core principle of integrating science, policy, and practice, the 2012 Science of Eliminating Health Disparities Summit offered a forum for

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government, academia, and the public to advance scholarship and translate new knowledge about health disparities into action. The Summit focused on three main areas: (1) translational and transdisciplinary research; (2) capacity-building and infrastructure; and (3) outreach, partnerships, and collaborations. The event sought to achieve the following goals:

- Provide scientific evidence to inform immediate policies and actions to confront health disparities issues facing regional, national and global societies
- Provide practical steps on how the scientific evidence for addressing health disparities could be translated into practice in different communities and global settings
- Identify practical innovations in translational research to inform practice and policy
- Gather recommendations on evidence-based science policy and practical objectives and measures that can be tracked for progress over the next ten years
- Publish recommendations and findings that will contribute to the development of an integrated strategy for addressing national and global inequality

There were several panel presentations and poster sessions related to environmental health disparities and environmental justice.

Other HHS Stakeholder Meetings

14th Annual HHS Tribal Budget Consultation Meeting

March 7-9, 2012, Washington, DC

This three-day event included a Tribal Resource Session providing an overview of the programs, grants, and services that HHS provides to Tribes. It also offered Tribes one-on-one consultation with HHS officials on health and human service issues that are specific to their individual Tribe, as well as a session allowing HHS to consult with Tribes on prominent issues impacting Tribes.

Regional Good Jobs Green Jobs Conferences

February, 23-24, 2012, Atlanta, GA; March 15-16, 2012, Los Angeles, CA; April 3-4, 2012, Philadelphia, PA; May 10-11, 2012, Detroit, MI

NIEHS participated in all four of the Regional Good Jobs Green Jobs Conferences in 2012. NIEHS staff and grantees co-led multiple workshops with environmental justice implications, including:

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- Forgotten Communities in the South: Environmental Justice and Building a Green
- Society
- Green or Not: Safety is the Law
- Oil Spills, Twisters, Hurricanes and Other Hazards: Responding to Workplace and
- Environmental Disasters

Also in collaboration with the Blue-Green Alliance, the NIEHS held pre-conference stakeholder meetings focusing on worker safety issues related to the growing green economy, called Green Jobs Safe Jobs.

14th Annual North Carolina Environmental Justice Network Summit

October 19-20, 2012, Whitakers, NC

HHS representatives from the NIEHS participated in a listening session at the 14th Annual North Carolina Environmental Justice Network Summit. The agenda also included sessions focusing on environmental justice issues related to landfills, energy, and workplace injustice, as well as technical assistance for EJ organizing.

New England Housing Network Annual Conference

December 7, 2012, Framingham, MA

The New England Housing Network Conference focused on addressing affordable housing and related issues across the region in the current challenging budgetary climate. Participants included government officials, housing authorities, housing advocates, and other stakeholders. The HHS Region I Acting Regional Health Administrator offered keynote panel comments on the intersection of the ACA and healthy housing opportunities, with a focus on environmental health and justice.

HHS Environmental Justice-Related Webinars

The NIEHS Partnerships for Environmental Public Health (PEPH) program hosted a series of informative webinars related to a broad array of issues with environmental justice implications throughout 2012. The webinars included the following:

- **Health Impact Assessments and Community Engagement** - June 29, 2012
<https://www.youtube.com/watch?v=vpVKcJsl5Ts&feature=relmfu>

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- **Hydraulic Fracturing and Public Health** - July 20, 2012
<https://www.youtube.com/watch?v=y0xxDqeMc6g>
 - **Science-Based Decision-Making** - August 8, 2012
<http://www.niehs.nih.gov/news/newsletter/2012/9/spotlight-peph/index.htm>
- Presentation material for this webinar is available upon request by contacting PEPH Coordinator, Liam O’Fallon at PEPH@niehs.nih.gov
- **Environmental Justice, A Native American Perspective** - September 19, 2012
<https://www.youtube.com/watch?v=pq9nnfHKha4&feature=plcp>
 - **Environmental Health Disparities** - September 28, 2012
<https://www.youtube.com/watch?v=VJLSArY9uK0&feature=relmfu>

HHS PARTICIPATION IN FEDERAL EJ IWG ACTIVITIES

National Environmental Policy Act (NEPA)

Background

The National Environmental Policy Act (NEPA) is a United States law designed to ensure that all communities and people across this Nation are afforded an opportunity to live in a safe and healthy environment. NEPA requires Federal agencies, before they act, to determine the environmental consequences of their proposed actions for the dual goals of informed agency decision-making and informed public participation. Thus, the Federal government takes hundreds of actions every day that are, in some way, informed by the NEPA environmental review process. The Federal actions subject to NEPA include, but are not limited to, those undertaken by HHS, such as: adoption of official policy, programs or plans; Federal construction projects; plans to manage and develop Federal lands; and Federal approvals of non-Federal activities such as grants, licenses, and permits. Additionally, NEPA gives communities the opportunity to access public information on and participate in the agency decision-making process for these varied Federal actions.

The Presidential Memorandum accompanying Executive Order 12898, *Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations*, underscores the importance of procedures under NEPA to “focus Federal attention on the

environmental and human health conditions in minority communities and low-income communities with the goal of achieving environmental justice.” Further, the Presidential Memorandum underscores public participation opportunities under NEPA, stating: “Each Federal agency shall provide opportunities for community input in the NEPA process, including identifying potential effects and mitigation measures in consultation with affected communities and improving the accessibility of meetings, crucial documents, and notices.”⁸

NEPA Committee of the Federal IWG on EJ

Recognizing that NEPA provides an important opportunity to advance the consideration of environmental justice through meaningful engagement of minority, low-income, and tribal populations potentially impacted by Federal actions, the Interagency Working Group on Environmental Justice (IWG) formed the NEPA Committee. The Committee is co-chaired by the Department of Transportation and the Environmental Protection Agency, and currently includes representatives from approximately 20 departments and agencies. The Committee’s purpose is to improve the efficiency of the NEPA process across the Federal government to enhance the consideration of environmental justice through the sharing of best practices and lessons learned. Thus, the NEPA Committee supports Federal agency NEPA implementation precisely to “focus Federal attention on the environmental and human health conditions in minority communities and low-income communities with the goal of achieving environmental justice.”

HHS is a member of the NEPA Committee. Since its inception in May 2012, the NEPA Committee has taken several steps toward achieving its mission, and plans to build on these early accomplishments in 2013, as follows:

- Commenced a series of inter-agency meetings to identify and promote best practices related to environmental justice and NEPA analyses, including those related to public engagement and to the mitigation and monitoring of environmental and human health impacts.
- Commenced a series of cross-agency trainings on existing tools, methods, and agency-specific focal areas for further incorporating EJ analysis within the NEPA process. The trainings are designed to inform agencies of the current state of NEPA-related EJ efforts across the Federal family.
- Commenced the drafting of a national NEPA training module on EJ. The national training module will provide Federal officials, at all levels, a foundational understanding of NEPA’s role in addressing EJ.

⁸ See the section titled “Additional Information” below for a link to the Presidential Memorandum and additional background information.

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- Created the EJ Resources Compendium. This gathers into one place the publically available NEPA- and EJ-related documents from Federal agencies (e.g., regulations, guidance, and circulars), providing hyperlinks to each document for quick access. The Committee will publish the compilation online in the coming months.

Additional Information

- National Environmental Policy Act, 42 U.S.C. § 4321 et seq., http://ceq.hss.doe.gov/laws_and_executive_orders/the_nepa_statute.html
- *A Citizen's Guide to the NEPA: Having Your Voice Heard*, http://ceq.hss.doe.gov/nepa/Citizens_Guide_Dec07.pdf
- Presidential Executive Order 12898, *Federal Actions to Address Environmental Justice in Minority and Low-Income Populations* (1994), <http://www.epa.gov/fedrgstr/eo/eo12898.pdf>
- Presidential Memorandum for the Heads of All Departments and Agencies, *Executive Order on Federal Actions to Address Environmental Justice in Minority and Low-Income Populations*(1994), <http://govinfo.library.unt.edu/npr/library/direct/memos/21a6.html>
- The White House Council on Environmental Quality, *Environmental Justice Guidance under the National Environmental Policy Act* (1997), <http://ceq.hss.doe.gov/nepa/regs/ej/justice.pdf>
- *Memorandum of Understanding on Environmental Justice and Executive Order 12898* (2011), <http://www.epa.gov/compliance/ej/resources/publications/interagency/ej-mou-2011-08.pdf>;

On August 4, 2011, heads of 17 Federal agencies and White House offices took an important step in the Administration's effort to support environmental justice by signing the Memorandum of Understanding on Environmental Justice and Executive Order 12898 (EJ MOU). The EJ MOU broadens the EJ IWG to include additional agencies, requires each agency to publish an [environmental justice strategy](#), adopts an EJ IWG Charter, and articulates additional commitments made by member agencies. The EJ MOU addresses "Areas of Focus." One of the areas identified for Federal agency action is "implementation of the National Environmental Policy Act." Further, the EJ MOU indicates that an Annual Implementation Progress Report will be provided, which will "describe participation in interagency collaboration."

Title VI of the Civil Rights Act of 1964

The Presidential Memorandum accompanying Executive Order 12898, *Federal Actions to Address Environmental Justice in Minority Populations and Low-Income Populations*, directs each Federal agency, in accordance with Title VI of the Civil Rights Act of 1964, to ensure that all programs or activities receiving Federal financial assistance that affect human health or the environment do not directly, or through contractual or other arrangements, use criteria, methods, or practices that discriminate on the basis of race, color, or national origin. Title VI prohibits recipients of Federal financial assistance from discriminating on the basis of race, color, or national origin in programs or activities that receive Federal assistance. The HHS Office for Civil Rights is responsible for ensuring compliance with Title VI by its funding recipients. HHS serves on the Title VI Committee of the Environmental Justice Interagency Working Group. The committee supports agencies' efforts to connect their civil rights enforcement responsibilities with their efforts to achieve environmental justice.

Goods Movement

Goods movement refers to the distribution of freight (e.g., raw materials, parts, and finished consumer products) by all modes of transportation, including marine, air, rail, and truck. Goods movement facilities, also called freight facilities, include seaports, airports, land ports of entry (i.e., border crossings), rail yards, and distribution centers. The U.S. has an extensive network of infrastructure to support goods movement, including highways, bridges, and rail lines. Goods movement activities have increased significantly in the past 20 years. In fact, container shipments quintupled at the ten largest U.S. container ports from 1980 to 2006, and over the last decade alone, shipments have grown by 81 percent. The Federal Highway Administration (FHWA) forecasts that between 2006 and 2035:

- Freight tonnage hauled by trucks will grow by 80 percent;
- Rail tonnage hauled will grow by 73 percent;
- Water transportation tonnage will increase by 51 percent;
- Intermodal tonnage will increase by 73 percent; and
- Air cargo tonnage will quadruple.

Minority, low-income and tribal populations have borne a disproportionate share of the health impacts from goods movement. Per the EJ MOU, Federal agencies have made goods movement a focus area when "identifying and addressing, as appropriate, any disproportionately high and adverse human health or environmental effects of its programs, policies and activities on minority populations and low-income populations." A keystone for meeting this requirement is interagency collaboration.

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The U.S. Department of Homeland Security and the Environmental Protection Agency co-chair the IWG Goods Movement committee. The committee was established in 2012 and is currently composed of eight agencies, including HHS. Outlined below are the committee's 2012 accomplishments.

- Launched biweekly interagency meetings.
- Developed draft FY 2013 Goods Committee Action Plan focused on supporting Federal agency initiatives to (1) reduce the environmental and health effects of agency efforts related to commercial transportation and supporting infrastructure and impacts on low-income, minority and tribal populations; and (2) to assure that overburdened communities have greater opportunities to benefit from Federal efforts related to goods movement.
- Facilitated the engagement with and support and utilization of the Ports Task Force, led by the White House, to develop a Federal strategy for future port and related infrastructure investments.
- Enhanced Federal collaboration and information sharing by evaluating and utilizing interagency tools and resources such as the Committee on the Marine Transportation System Data Map, FHWA Freight Analysis Framework and OMB Maxx.

Regional Interagency Working Group Committee

Section 1-102 and Section 5-5 of EO 12898 outline the importance and necessity of engaging and involving the public for the purpose of fact-finding, receiving public comments, and conducting inquiries concerning environmental justice. The IWG formed the Regional Interagency Working Group (RIWG) Committee as a logical collaborative effort to better address issues, concerns, and recommendations that may result from public engagement at the local and regional levels, and to increase cooperation across Federal agencies in support of EO 12898.

Key functions of any RIWG is to respond to EJ issues or concerns in a more timely and unified manner, help build community capacity, and leverage resources of Federal agencies and, where appropriate, state, tribal and local agencies, as well as individual communities, the private sector and NGOs regarding EJ issues. The RIWG effort expands upon and supports other IWG initiatives to better assist communities such as the recently developed EJ Resource Compendium and EJ Contact Directory. Because each Federal agency is organized differently, the geographic hub for the RIWG is defined by the existing EPA Regional structure.

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The RIWG Committee is chaired by the Department of the Interior and co-chaired by EPA. To date, the RIWG Committee has taken several important steps:

- The committee initially developed a draft document to begin the discussions of the feasibility of a RIWG;
- Committee members commenced the drafting of a concept paper to formalize an agreed upon structure;
- The IWG finalized the RIWG concept to include its vision, goals, membership, organization, and key principles; and
- The RIWG is working towards establishing tangible outcomes for 2013.

HHS EJ-Related Publications

Job insecurity, work-family imbalance, and hostile work environment: Prevalence data from the 2010 National Health Interview Survey.

Alterman T, Luckhaupt SE, Dahlhamer JM, Ward BW, Calvert GM.
Am J Ind Med. 2012 Sep 28. doi: 10.1002/ajim.22123. [Epub ahead of print]

Prevalence rates of work organization characteristics among workers in the U.S.: Data from the 2010 National Health Interview Survey.

Alterman T, Luckhaupt SE, Dahlhamer JM, Ward BW, Calvert GM.
Am J Ind Med. 2012 Aug 21. doi: 10.1002/ajim.22108. [Epub ahead of print]

The prevalence of selected potentially hazardous workplace exposures in the US: Findings from the 2010 National Health Interview Survey.

Calvert GM, Luckhaupt SE, Sussell A, Dahlhamer JM, Ward BW.
Am J Ind Med. 2012 Jul 20. doi: 10.1002/ajim.22089. [Epub ahead of print]

Prevalence of dermatitis in the working population, United States, 2010 National Health Interview Survey.

Luckhaupt SE, Dahlhamer JM, Ward BW, Sussell AL, Sweeney MH, Sestito JP, Calvert GM. Am J Ind Med. 2012 Jun 5. doi: 10.1002/ajim.22080. [Epub ahead of print]

Centers for Disease Control and Prevention (CDC). Morbidity and Disability Among Workers 18 Years and Older in the Healthcare and Social Assistance Sector, 1997-2007. (2012).
<http://www.cdc.gov/niosh/docs/2012-161/pdfs/2012-161.pdf>

Centers for Disease Control and Prevention (CDC). Morbidity and Disability Among Workers 18 Years and Older in the Services Sector, 1997-2007. (2012).
<http://www.cdc.gov/niosh/docs/2012-160/pdfs/2012-160.pdf>

Centers for Disease Control and Prevention (CDC). Morbidity and Disability Among Workers 18 Years and Older in the Transportation, Warehousing, and Utilities Sector, 1997-2007. (2012).
<http://www.cdc.gov/niosh/docs/2012-159/pdfs/2012-159.pdf>

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Centers for Disease Control and Prevention (CDC). Morbidity and Disability Among Workers 18 Years and Older in the Wholesale and Retail Trade Sector, 1997-2007. (2012).

<http://www.cdc.gov/niosh/docs/2012-158/pdfs/2012-158.pdf>

Centers for Disease Control and Prevention (CDC). Morbidity and Disability Among Workers 18 Years and Older in the Manufacturing Sector, 1997-2007. (2012).

<http://www.cdc.gov/niosh/docs/2012-157/pdfs/2012-157.pdf>

Centers for Disease Control and Prevention (CDC). Morbidity and Disability Among Workers 18 Years and Older in the Construction Sector, 1997-2007.

<http://www.cdc.gov/niosh/docs/2012-156/pdfs/2012-156.pdf>

Centers for Disease Control and Prevention (CDC). Morbidity and Disability Among Workers 18 Years and Older in the Mining Sector, 1997-2007. (2012).

<http://www.cdc.gov/niosh/docs/2012-155/pdfs/2012-155.pdf>

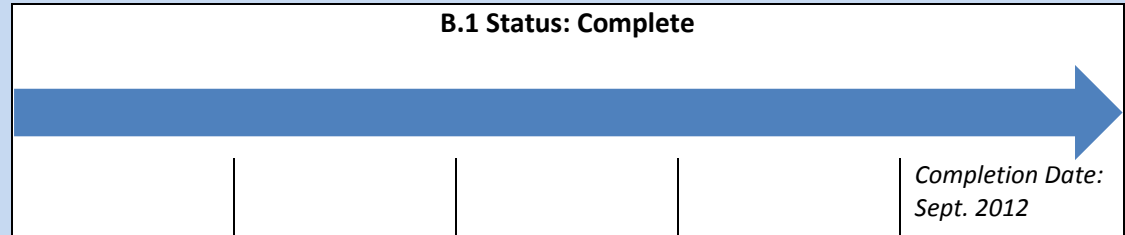
Centers for Disease Control and Prevention (CDC). Morbidity and Disability Among Workers 18 Years and Older in the Agriculture, Forestry, and Fishing Sector. (2012).

<http://www.cdc.gov/niosh/docs/2012-154/pdfs/2012-154.pdf>

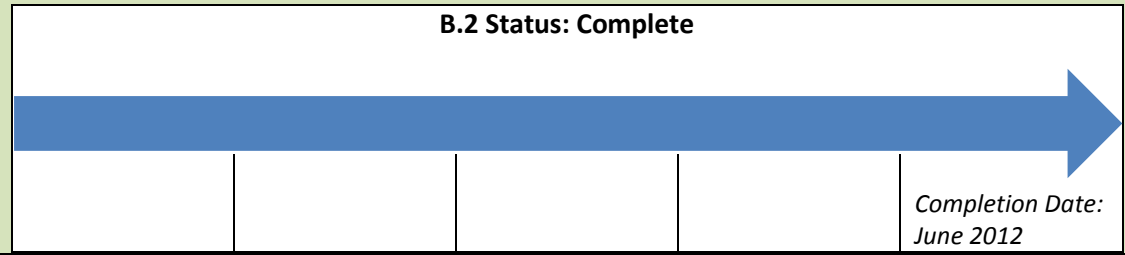
APPENDIX A: HHS EJ Action Progress

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B.1 Integrate environmental justice principles and EJ actions into the HHS Strategic Sustainability Performance Plan (SSPP).

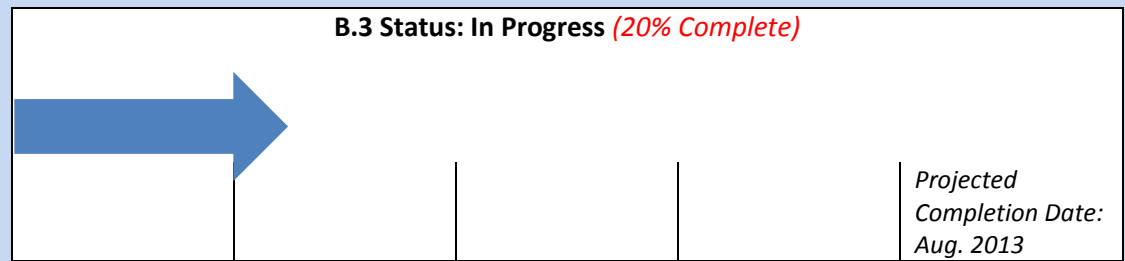


B.2 Conduct a vulnerability assessment of HHS's programs to climate change and develop an adaptation strategy, as required by Executive Order 13514.

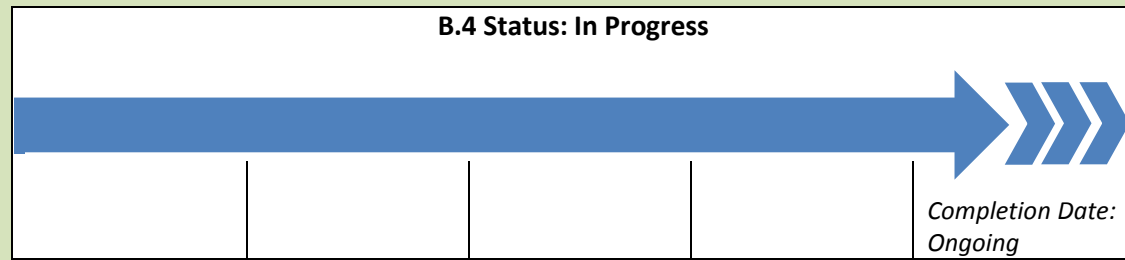


(* The HHS Climate Change Adaptation Strategy was released for public comment on February 7, 2013.)

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.

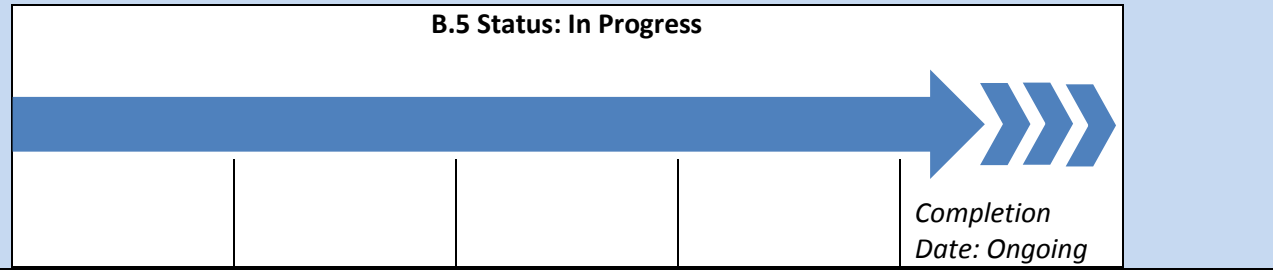


B.4 Advance research that contributes to a better understanding of the relationship between health, sustainability, and environmental quality to support environmental justice efforts and initiatives.

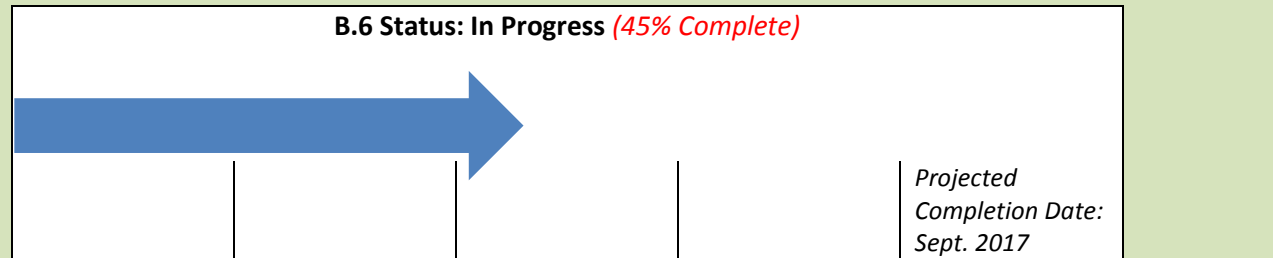


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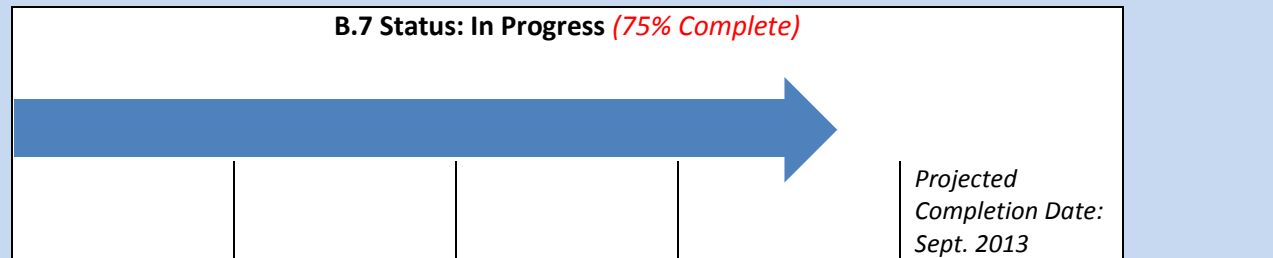
B.5 Support research on potential health impacts of climate change, including the impacts of climate mitigation and adaptation measures that includes methodologies such as community-based participatory research and incorporates environmental justice principles.



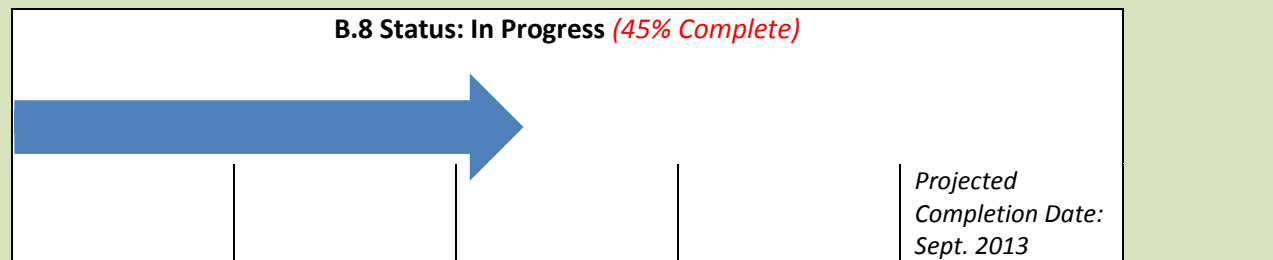
B.6 Produce guidance for state, local, territorial, and tribal health departments on integrating extreme weather and public health surveillance systems with special emphasis on communities most vulnerable to changes in extreme weather patterns, including minority and low-income populations and Indian Tribes with disproportionately high and adverse environmental exposures.



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.

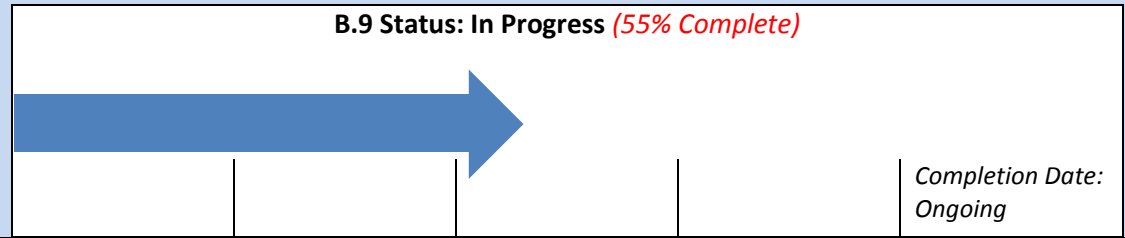


B.8 Develop guidance on how state, local, territorial, and tribal public health departments can adopt policies and programs that minimize climate-related health impacts among vulnerable populations, including minority and low-income populations and Indian Tribes with disproportionately high and adverse environmental exposures.

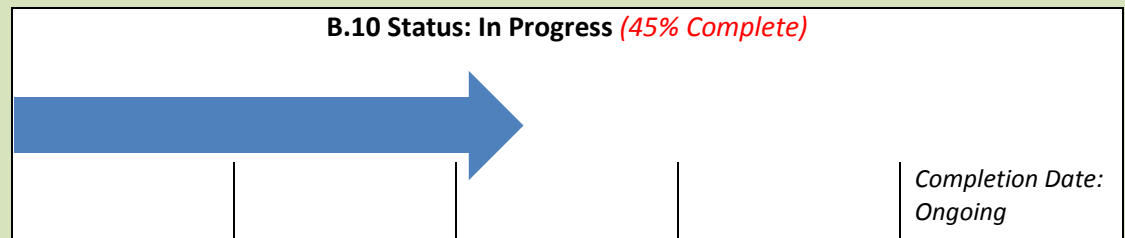


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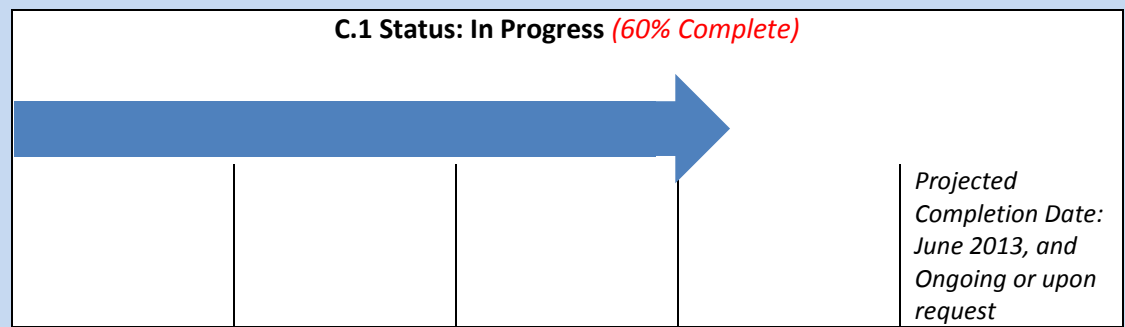
B.9 Build community resilience and sustainable, stronger health and emergency response systems in at-risk populations with disproportionately high and adverse environmental exposures to prevent or reduce emerging health threats and chronic health problems.



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.

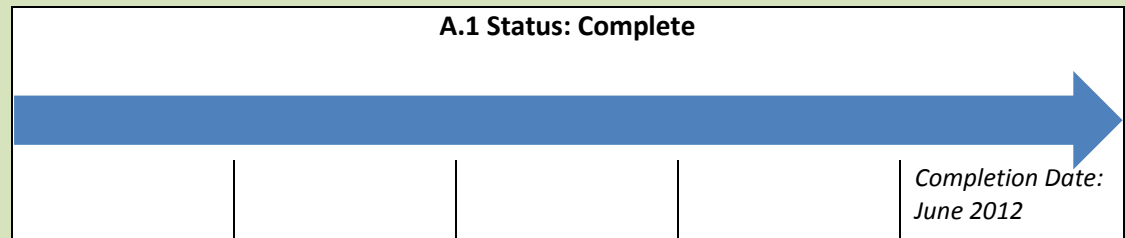


C.1 Collaborate, where appropriate and feasible, with Federal partners to advance a “health in all policies” approach and reduce disproportionately high and adverse environmental exposures.

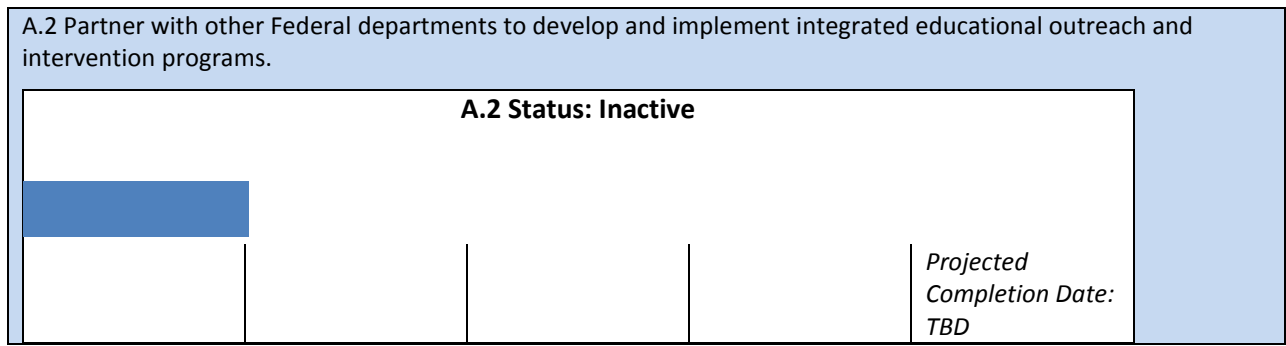


EDUCATION AND TRAINING

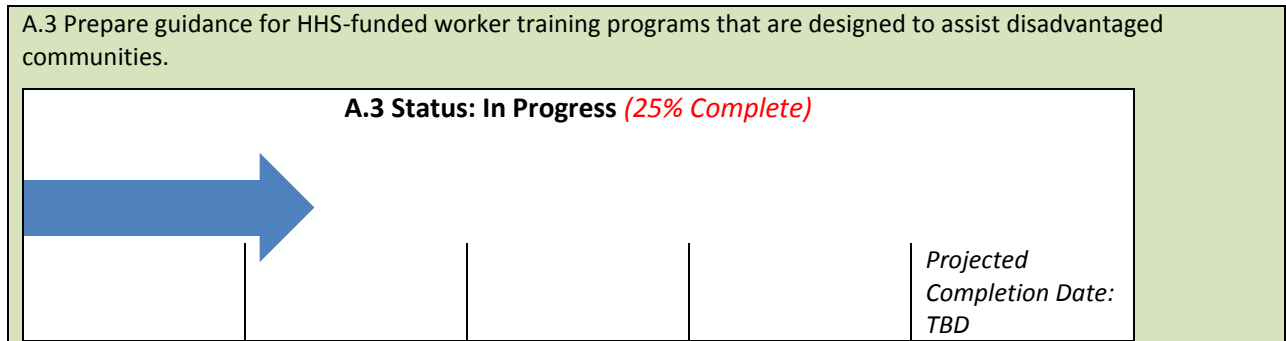
A.1 Increase public awareness of and access to information on health and environmental justice by developing an HHS environmental justice website.



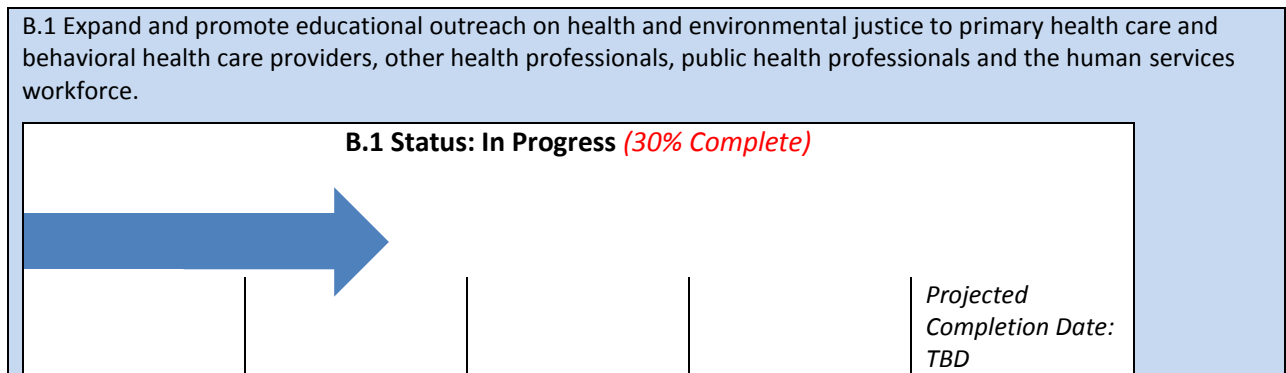
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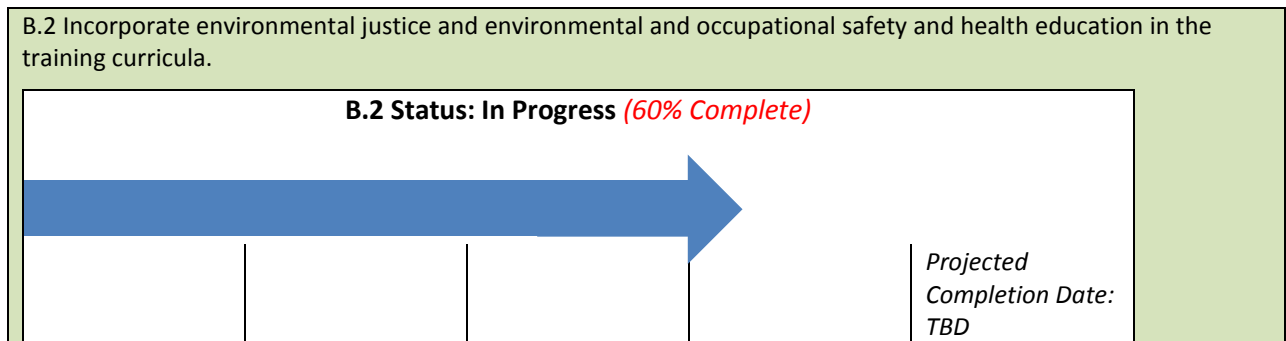
(* Original Completion Date: October 2012)



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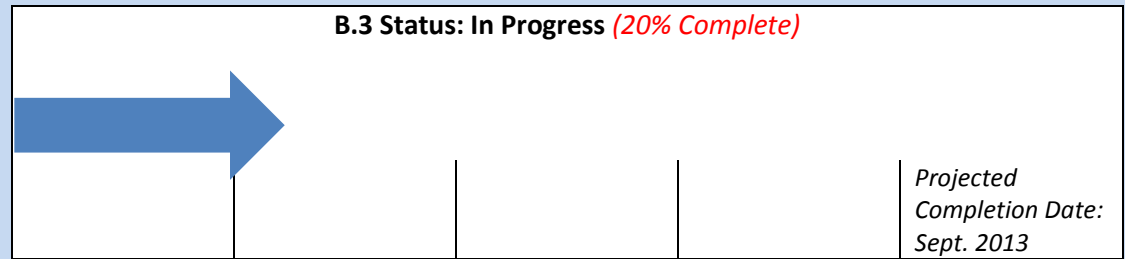
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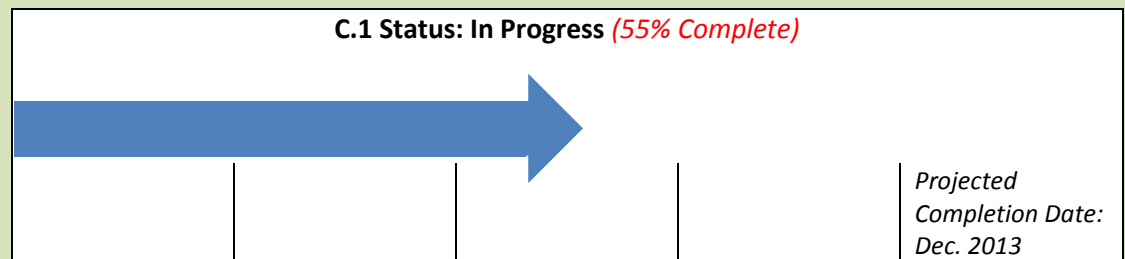
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B.3 Increase partnerships with Historically Black Colleges and Universities, Tribal Colleges and Universities, and Hispanic-Serving Institutions.



(*Original Completion Date: September 2012)

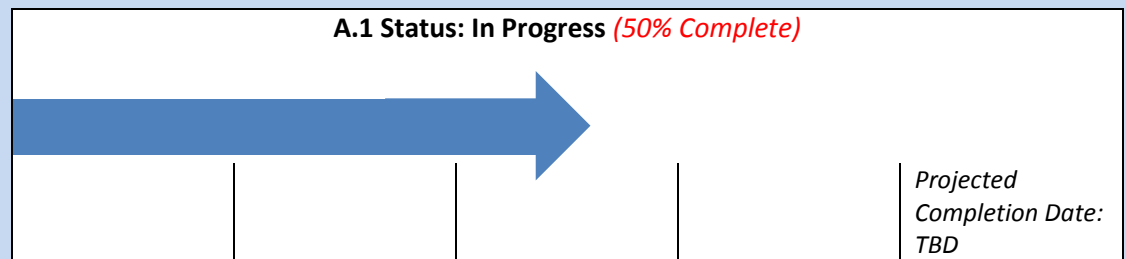
C.1 Develop and implement a training program for HHS employees on the principles and practice of environmental justice, including community engagement.



(*Original Completion Date: August 2012)

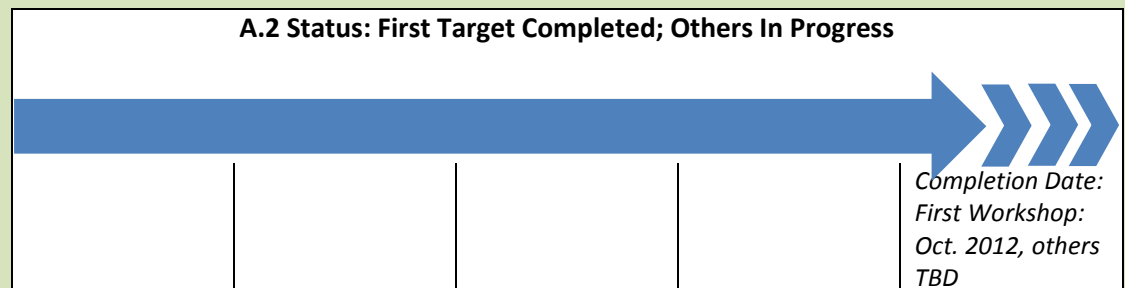
RESEARCH AND DATA COLLECTION, ANALYSIS AND UTILIZATION

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.



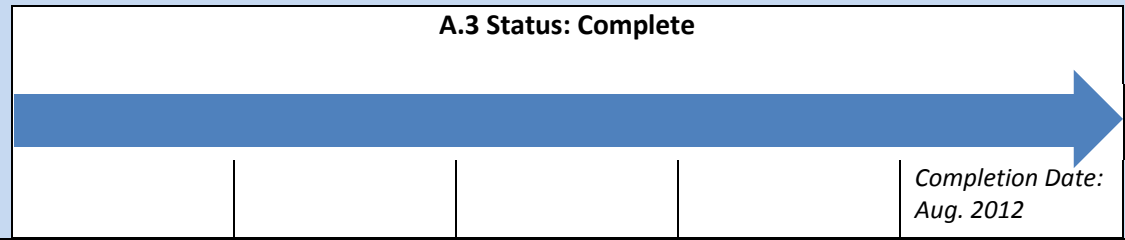
(* Original Completion Date: March 2013)

A.2 Host a Health and Environmental Justice Workshop periodically in conjunction with disproportionately impacted communities.

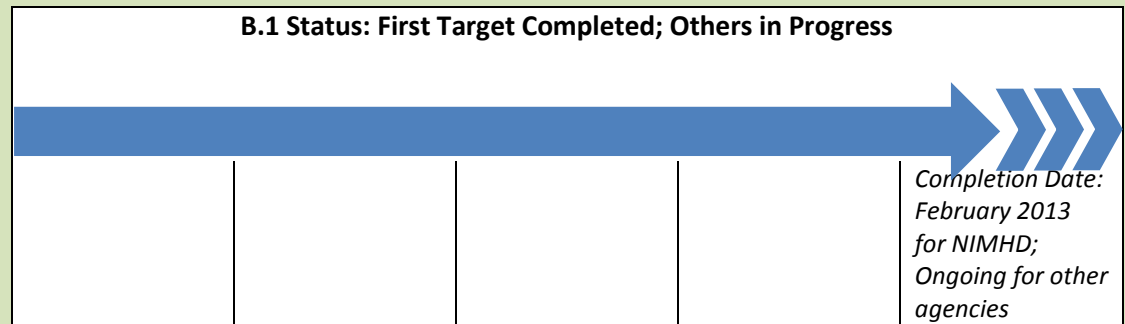


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A.3 Increase public access to information about research and data by expanding HHS Environmental Justice web pages.

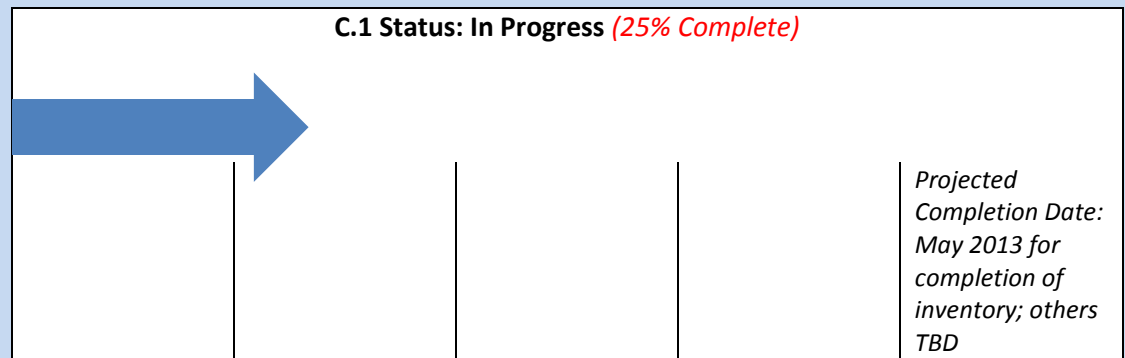


B.1 Strengthen capacity for research on the health effects of disproportionately high and adverse environmental exposures in minority and low-income populations and Indian Tribes.

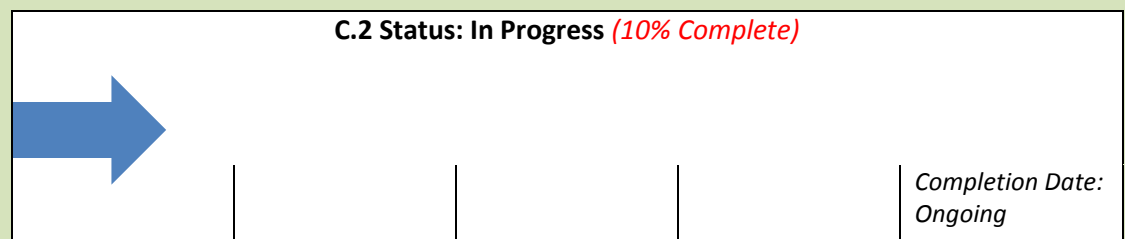


(*Original Completion Date: Sept. 2013 for NIMHD; Ongoing for other agencies)

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.



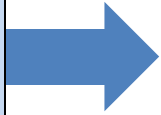
C.2 Partner with EPA and other Federal departments to review and update community mapping tools and other databases designed to identify minority and low-income populations and Indian Tribes with disproportionately high and adverse environmental exposures and health effects.



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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.

C.3 Status: In Progress (10% Complete)



*Completion Date:
Ongoing*

SERVICES

A.1 Promote inclusion and use of environmental and occupational exposure history in electronic health records (EHR).

A.1 Status: In Progress (40% Complete)



*Projected
Completion Date:
2013 and
Ongoing*

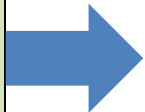
A.2 Promote the availability of specialty resources in environmental health to health care providers.

A.2 Status: Target Completed; Activity Will Continue



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.

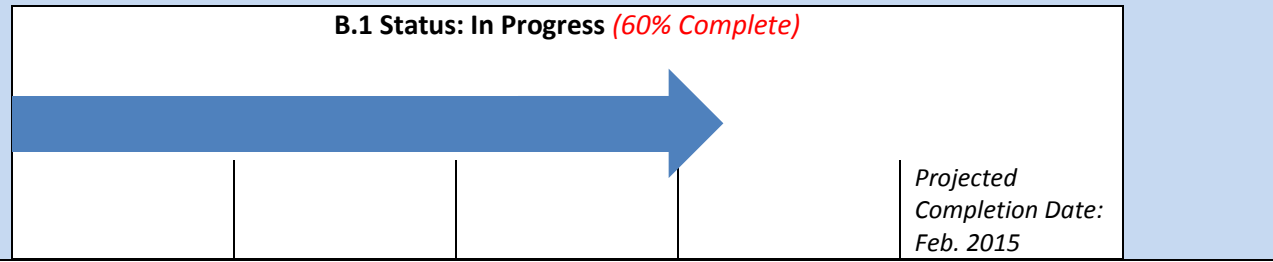
A.3 Status: In Progress (10% Complete)



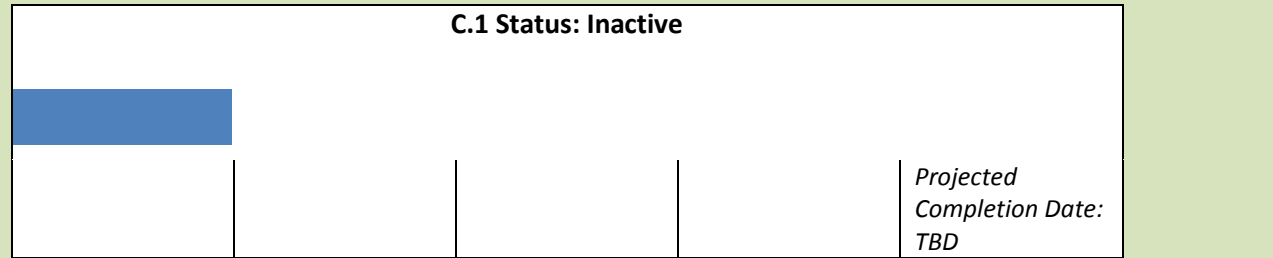
*Completion Date:
2012*

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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.

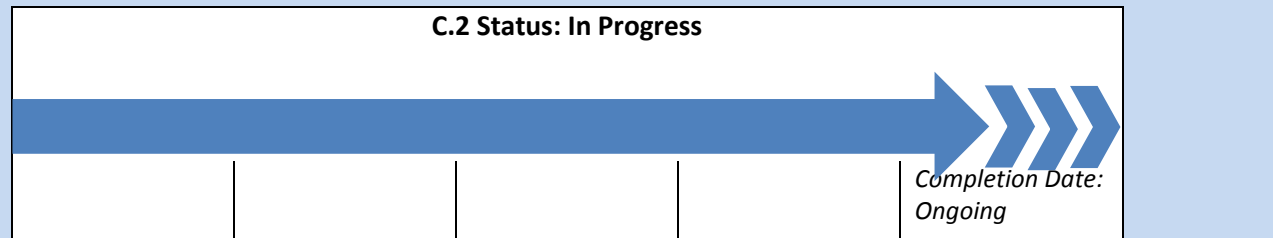


C.1 Build community capacity to conduct community health assessments.

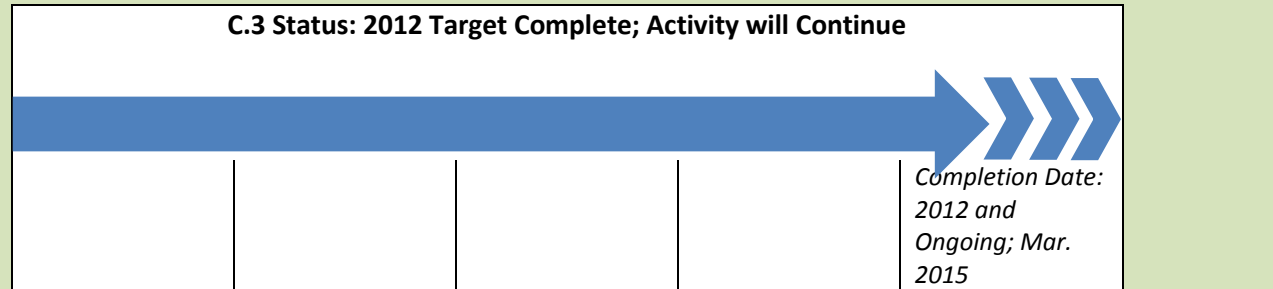


(*Original Completion Date: September 2012)

C.2 Assess health and human services needs for minority and low-income populations and Indian Tribes with disproportionately high and adverse environmental exposures.



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.



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D.1 Expand funding opportunities, where appropriate and feasible, to underserved communities for economic development and social services.

D.1 Status: Target Complete; Activity will Continue



*Completion Date:
2012 and
Ongoing*

APPENDIX B: HHS EJ Logic Models

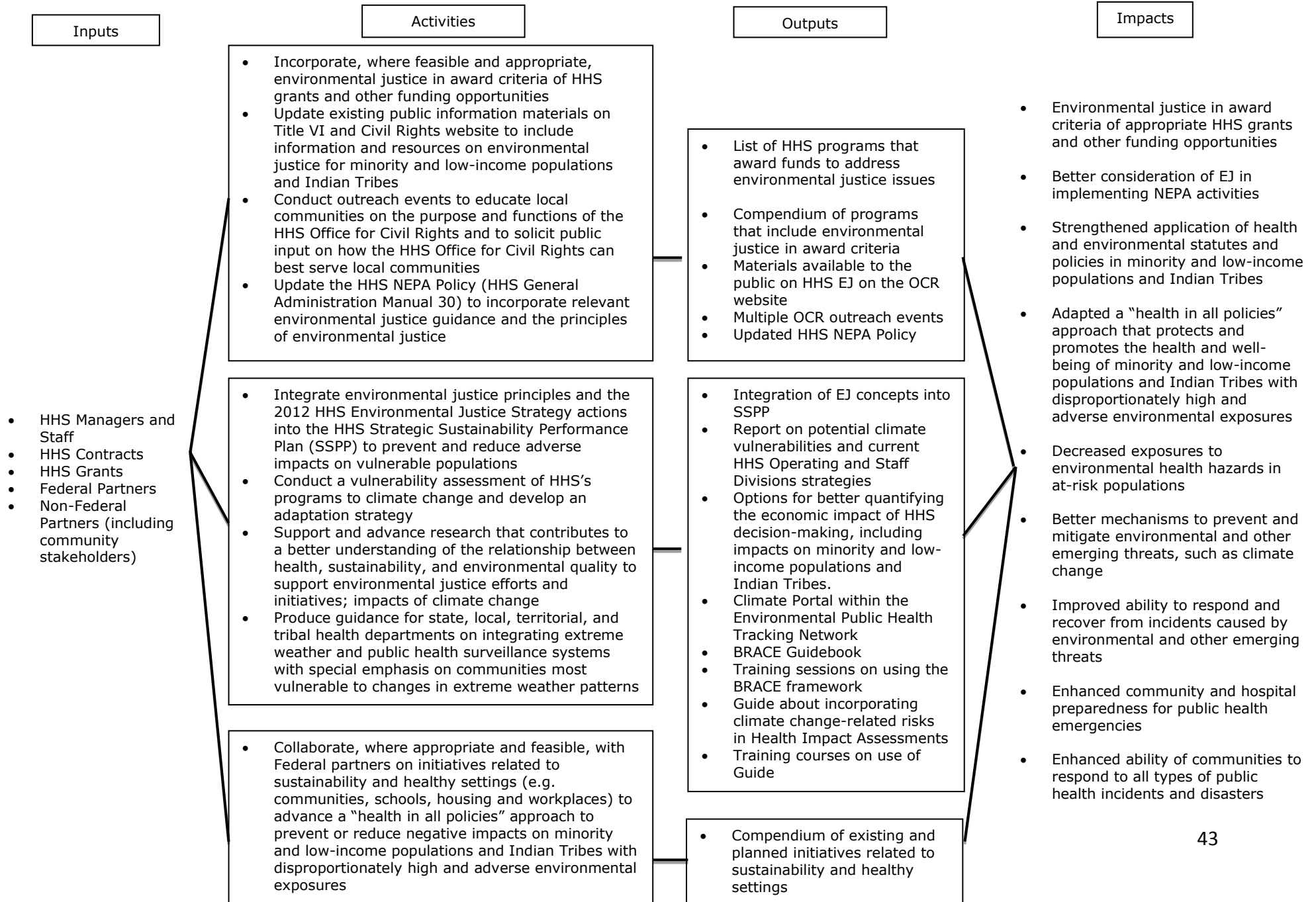
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For each Strategic Element logic model, the inputs, activities, outputs and impacts are described. Inputs are the resources that are available to HHS, such as HHS staff, contracts, grants, and partners to accomplish the activities. The activities describe actions or steps that HHS agencies will perform, by using the inputs, in order to generate a series of products, or outputs, such as an HHS environmental justice website, or training curricula and associated materials for community health workers. The impacts reflect the overall environmental justice benefits or goals that resulted from the activities and outputs. The progress of HHS's environmental justice activities and the extent to which it has achieved its stated goals of integrating environmental justice into its program, policies, and activities can be attained by carefully analyzing and evaluating the inputs, activities, outputs, and impacts.

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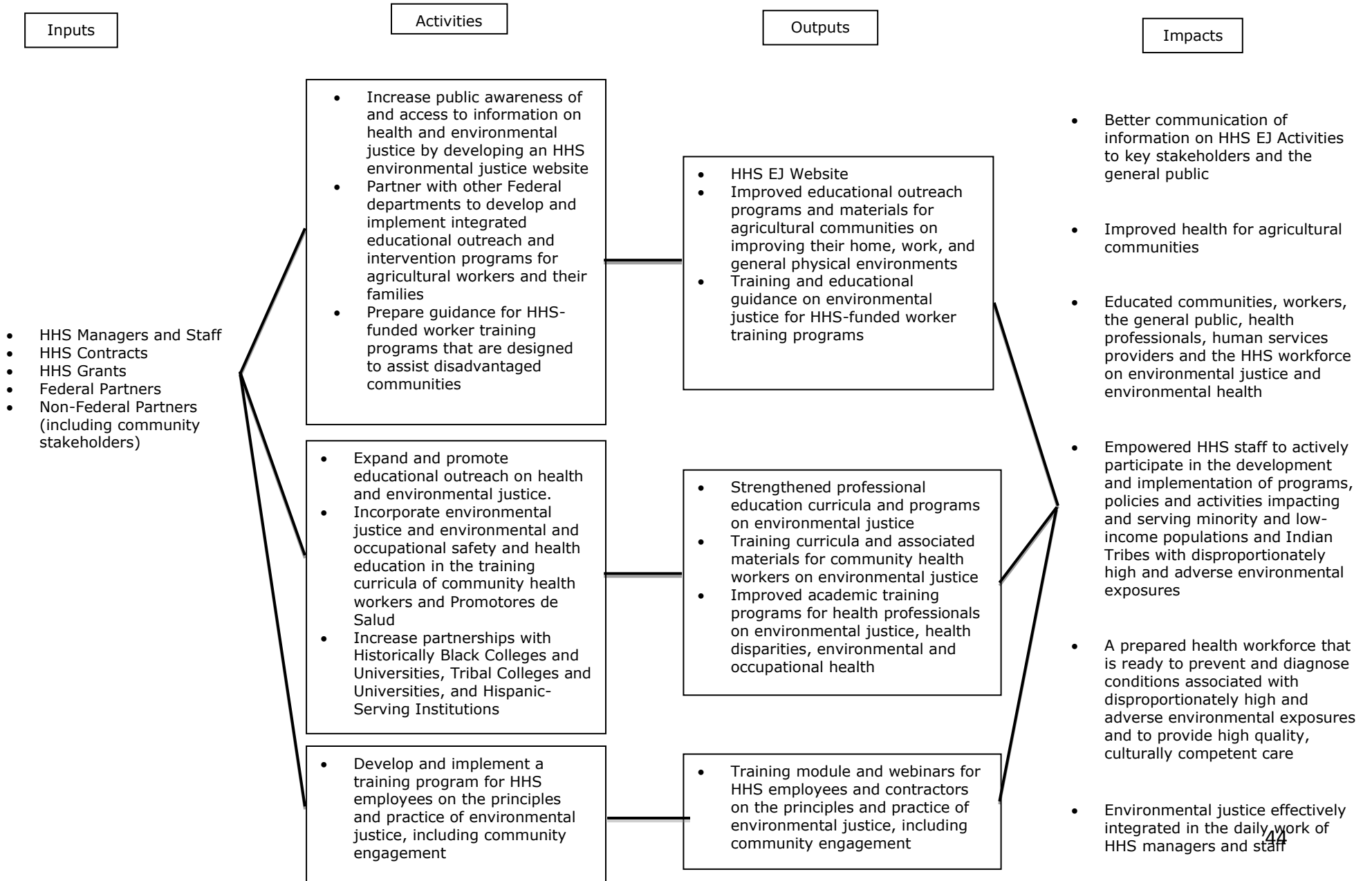
Policy Development and Dissemination

Logic Model



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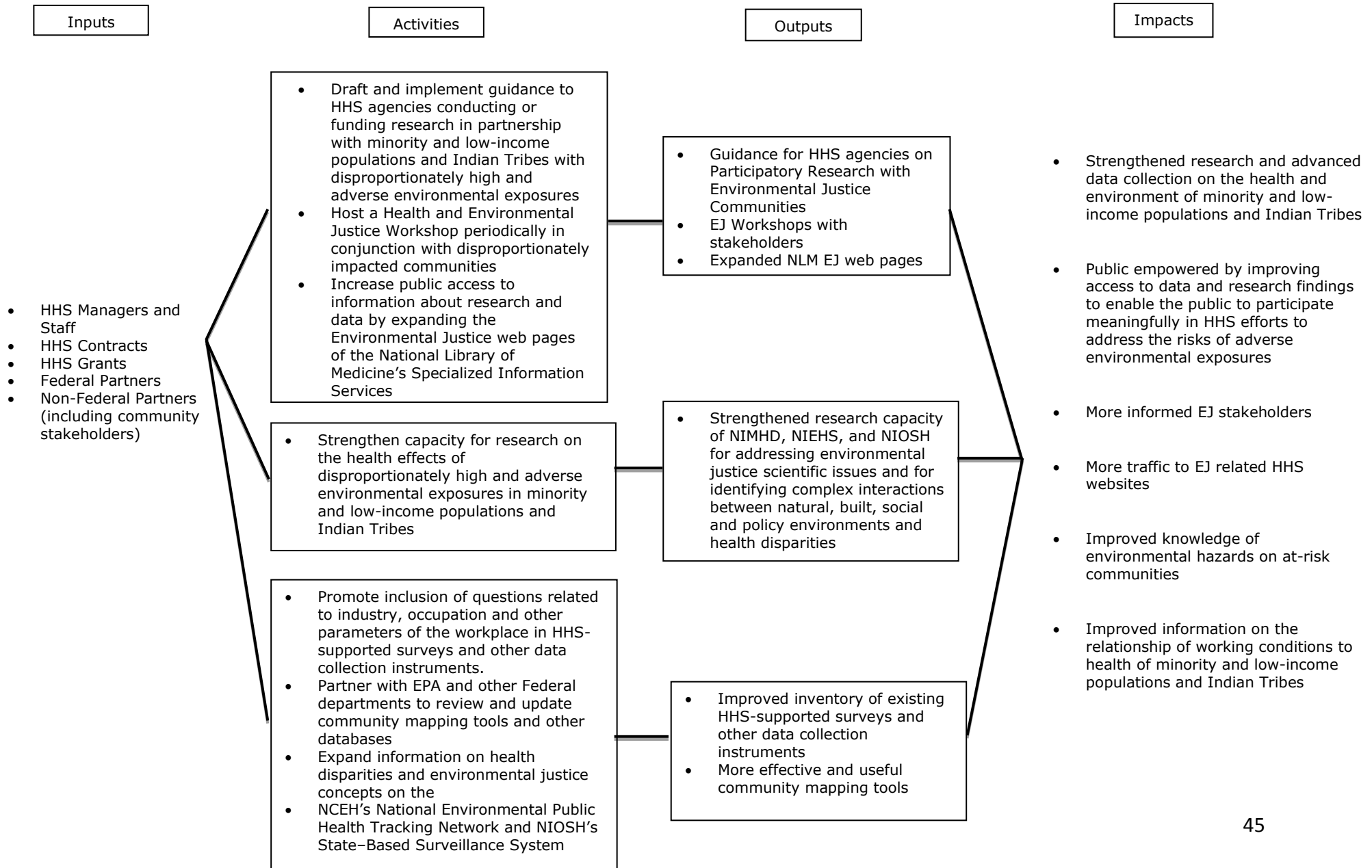
Education and Training Logic Model



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Research and Data Collection, Analysis and Utilization

Logic Model



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Services Logic Model

