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# 2015 Environmental Justice Implementation Progress Report

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## Overview

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

The U.S. Department of Health and Human Services (HHS) issued its first Environmental Justice Strategy in 1995.<sup>3</sup> In August 2011, HHS reaffirmed its commitment to environmental justice by joining 16 other federal agencies in signing a Memorandum of Understanding (MOU) on Environmental Justice and Executive Order 12898. This renewed federal effort to address environmental justice led to the development of the 2012 HHS Environmental Justice Strategy and Implementation Plan (2012 HHS EJ Strategy).

In accordance with the MOU, each agency is responsible for preparing annual reports detailing the progress the agency has made in implementing their environmental justice strategies. The 2015 HHS Environmental Justice Implementation Progress Report summarizes HHS’s advancement of the strategic elements outlined in the 2012 HHS EJ Strategy. The report highlights some significant HHS contributions to environmental justice in the areas of policy development and dissemination; education and training; research and data collection, analysis, and utilization; and services. It includes information on HHS stakeholder engagement efforts. It also describes HHS participation in the activities of the Federal Interagency Working Group on Environmental Justice (EJ IWG), an interdepartmental body that includes representation from 17 federal departments and offices.

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

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

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

## Introduction

The HHS mission is to enhance the health and well-being of Americans by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.<sup>4</sup> HHS is the U.S. government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. The 2012 HHS EJ 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."<sup>5</sup>

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 Environmental Justice Working Group (HHS EJ Working Group) have collaborated to identify priorities for action to address environmental health disparities and environmental justice. The HHS EJ Working Group includes representatives from agencies and offices across HHS.

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

The Office of the Assistant Secretary for Health (OASH) is responsible for coordinating and implementing a wide array of interdisciplinary programs within HHS and ensures that HHS works in concert with its federal partners, including the EJ IWG. OASH staff lead the HHS EJ Working Group and coordinate its 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 2012 HHS EJ Strategy. 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.

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 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 EJ IWG activities is discussed in a later section of this report.

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<sup>4</sup> U.S. Department of Health and Human Services (HHS). "About the Secretary."

<http://www.hhs.gov/secretary/about/introduction.html>

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

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

The Implementation Progress Report documents HHS progress in implementing the 2012 HHS EJ Strategy actions in two ways. First, the report highlights specific completed actions. Second, Appendix A shows the progress toward completion for each environmental justice action under the four strategic elements in the 2012 HHS EJ Strategy. The actions in the strategy span a time horizon beyond several years. The HHS Environmental Justice Action Progress Table, located in Appendix A, illustrates the levels of progress for each action. The Table indicates whether the action is complete or substantial progress has been made, some progress has been made, and where progress is still needed. It also shows 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.

## **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 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: 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.



## Development of the 2015 HHS Environmental Justice Implementation Progress Report

The 2015 HHS Environmental Justice Implementation Progress Report highlights HHS advancements of the strategic elements outlined in the 2012 HHS EJ Strategy from February 2014 to December 2014. The HHS EJ Working Group, led by OASH staff, utilized multiple subgroups to lead implementation efforts.

Throughout 2014, the HHS EJ Working Group, which includes representatives from agencies and offices across HHS, provided primary oversight of the implementation of the 2012 EJ Strategy.

## Environmental Justice Strategy Implementation Highlights for 2014

Consistent with the 2012 HHS EJ Strategy, four strategic elements serve as the framework for the Implementation Progress Report. This section highlights 2014 accomplishments among these elements: policy development and dissemination; education and training; research and data collection, analysis, and utilization; and services.

### Policy Development and Dissemination

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

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

### Preparing the United States for the Impacts of Climate Change

Signed in 2009, Executive Order 13514, *Federal Leadership in Environmental, Energy, and Economic Performance*, represented an opportunity to highlight environmental justice through a focus on sustainability. Signed in November 2013, Executive Order 13653, *Preparing the United States for the Impacts of Climate Change*, greatly expanded the scope and requirements of prior adaptation efforts under Executive Order 13514. It also required that interagency groups charged with evaluating public health and social equity issues impacted by climate change—including the EJ IWG established by Executive Order 12898—be responsible for ensuring that risks related to climate change are accounted for in such processes and shall work with agencies in meeting the requirements set forth in Executive Order 13653. It also entailed the development of a departmental adaptation plan that outlined the steps federal agencies would take to address risks to their mission posed by climate change.

Recent reports from the U.S. Global Change Research Program and Intergovernmental Panel on Climate Change indicate that climate change is already negatively affecting human health in the United States, and it is likely to have greater harmful effects on human health in the future. Although climate change may reduce certain health risks, it will likely worsen many existing health threats while also introducing new problems. Individuals and communities with underlying vulnerabilities, such as being impoverished, experiencing disproportionate and adverse environmental exposures, having pre-existing physical and behavioral health conditions, being very young or old, or living in geographically vulnerable areas, will be at the greatest risk of harm.

HHS provides a wide array of life-sustaining and critical human needs such as medical care, mental and behavioral healthcare, health surveillance, child care, elder care, home energy assistance, and other basic support services. This web of services creates a safety net to protect the public's health and well-being. HHS collaborates with state, local, tribal, territorial, federal, and nongovernmental partners to sustain this safety net of services.

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Displaced and vulnerable populations, including those with environmental justice concerns, require continuity of care and access to services. Any gaps or delays in these services destabilize their health, safety, and well-being. The [HHS Climate Adaptation Plan](#) guides HHS efforts to ensure that these critical functions can continue in the face of climate change.

### **CDC's Climate and Health Program Further Develops BRACE Framework for Local Health Departments**

The Climate and Health Program at the Centers for Disease Control and Prevention (CDC) has developed the Building Resilience Against Climate Effects (BRACE) framework to help health departments prepare for and respond to climate change. The BRACE framework is a five-step process that helps health departments to understand how climate has and will affect human health, and enables health departments to use a systematic, evidence-based process to customize their response to local circumstances. In 2014, CDC released "[Assessing Health Vulnerability to Climate Change: A Guide for Health Departments](#)" to enable health departments to prepare for and respond to climate change.

### **Climate Change Preparedness and Resilience Exercise Series**

HHS is participating in the Climate Change Preparedness and Resilience Exercise Series, sponsored by the White House National Security Council Staff, Council on Environmental Quality, and Office of Science and Technology Policy, in collaboration with the Federal Emergency Management Agency National Exercise Division. The overarching goal of this workshop series is to advance the climate adaptation dialogue and identify collaborative and sustainable approaches to community-based climate change preparedness and resilience. In 2014, exercises were conducted in Washington DC, Texas, Colorado, Alaska, and Virginia. The workshop series objectives are below.

- Examine methods to better integrate existing and emerging information and requirements into current and future planning to manage and adapt to climate risks and vulnerabilities.
- Identify collaborative and sustainable whole-community approaches to advance and sustain local climate preparedness and resilience programs, policies, and strategies.
- Examine investment opportunities and the development of coalitions between local, state, tribal, federal, and private sector partners to support climate preparedness and resilience.
- Examine relevant impacts and hazard mitigation strategies for populations of disproportionate impact (vulnerable communities and populations).

### **Sustainable and Climate Resilient Healthcare Facility Initiative**

In the [President's Climate Action Plan](#), HHS committed to launching an effort "to create sustainable and resilient hospitals in the face of climate change. Through a public-private partnership with the healthcare industry, it will identify best practices and provide



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guidance on affordable measures to ensure that our medical system is resilient to climate impacts. It will also collaborate with partner agencies to share best practices among federal health facilities.” (Executive Office of the President, June 2013)

As a result, HHS created the Sustainable and Climate Resilient Healthcare Facilities Initiative (SCRHCFI) to encourage sustainable and climate resilient healthcare facilities in the United States. As part of the SCRHCFI, HHS developed a best practices document, “[Primary Protection: Enhancing Healthcare Resilience for a Changing Climate](#).” This document was created through an extensive public-private development and review period throughout most of 2014. To engage environmental justice and labor stakeholders in this effort, HHS sponsored a workshop on July 31, 2014. The workshop provided valuable input, especially regarding the role of healthcare facilities within their communities and the need for community engagement in the resilience process. The document was [released](#) on December 15, 2014.

The overarching goal of the best practices document is to assist healthcare providers, design professionals, policymakers, and others with roles and responsibilities in assuring the continuity of care before, during, and after extreme weather events (e.g., Superstorm Sandy and Hurricane Katrina). The document focuses on healthcare infrastructure resilience to climate change impacts as manifested primarily by extreme weather events as well as impacts from sea level rise and prolonged drought.

### **HHS Climate Change and Health Webinar (August 6, 2014)**

On August 6, 2014, OASH sponsored a 90-minute webinar on climate change and human health. Internationally recognized experts from the National Oceanic and Atmospheric Administration (NOAA), CDC, and the National Institutes of Health (NIH) provided an overarching national perspective and regional snapshots on climate change, including key health findings from the National Climate Assessment, and best practices to build health resilience in communities. In particular, it featured a presentation on vulnerable populations including seniors, children, people with underlying health conditions, environmental justice communities, indigenous cultures, and some communities of color. The [webinar](#) is available for viewing.

## **Education and Training**

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

The 2012 HHS EJ Strategy called for increasing the knowledge and understanding of health and environmental justice by developing an education and training program for HHS employees. In response, the HHS EJ Working Group created the Education and Training Crosscutting Group. The Crosscutting Group has completed development of the course. They are now collaborating with HHS University and the Office of the Assistant Secretary for Public Affairs to make the course available to HHS employees. The Crosscutting Group

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also documented their experience in developing a course. A “Lessons Learned” document is available upon request to other HHS employees who may be interested in creating similar training materials.

### **Worker Training Economic Analysis Report**

Since 1995, the National Institute of Environmental Health Sciences (NIEHS) Worker Training Program (WTP) has been recruiting and training people from underserved and disadvantaged backgrounds for careers in construction and environmental remediation. The program addresses the lack of access to training opportunities for underserved and underrepresented minorities, who not only work in jobs with the greatest exposures to toxic substances and experience higher rates of injuries, illnesses, and mortality in the workplace, but who also face extraordinary impediments to employment.

To document the successes and best practices of the program, a report was developed and released in March 2014, “[Guidance on How to Achieve Successes and Best Practices.](#)” It describes the development of the program, key findings, best practices for implementation and success, short- and long-term recommendations, and numerous case studies. Since publication, the NIEHS has continued to share the results of this guidance document at various meetings, workshops, and conferences.

### **Alabama Fire College - Hazardous Material Worker Health and Safety Training, Cooperative Agreement**

The WTP funds a national network of over 100 non-profit safety and health training organizations to provide training to workers who handle hazardous materials, hazardous waste, or are involved in emergency response to hazardous materials incidents. Workers who are assisted through this program include American Indians, including tribal employees of natural resource, law enforcement, emergency medical, fire service, public works agencies, and other hazardous materials and transportation workers. Overall, the WTP, through its awardees, trained nearly 1200 Native Americans. The Alabama Fire College (AFC) trained nearly 700 American Indians via 14 tribes to protect themselves and their communities from hazardous materials encountered in workplaces and during emergency response operations through their partnership with the Native American Fish and Wildlife Society (NAFWS). Key training occurred at Confederated Tribes of the Umatilla Indian Reservation (Cayuse, Walla Walla, and Umatilla) and at three tribes in Albuquerque, NM – the Jicarilla Apache Tribe, Eight Northern Indian Pueblo Council, and the Pueblo of Sandia Tribe. At the NAFWS National Conference and the Pacific Northwest Regional Conference--both in Pendleton, OR--AFC offered two 8-hour hazardous awareness trainings for the Confederated Tribes of the Umatilla Indian Reservation (Cayuse – Walla Walla – Umatilla) and one class at the National Conference to the Yakima Tribe of Washington State.

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### **National Environmental Justice Conference and Training Program – March 27, 2014 Washington DC**

At the 2014 National Environmental Justice Conference, Sharon D. Beard, an industrial hygienist for NIEHS WTP, presented the environmental justice accomplishments of the WTP program. The presentation highlighted a program model designed to effectively address the significant impediments to training and employment that challenge underserved and disadvantaged people. By helping to increase sustainable employment opportunities, promote economic development, address health disparities, and advance environmental justice, the program has transformed the lives of trainees, families, and communities traditionally overburdened by economic distress and exposures to hazardous environmental conditions.

### **Engaging Minority Serving Institutions to Address Disparities in Environmental Health and Occupational Safety and Health**

NIEHS provides support to minority serving institutions in addressing environmental health and safety. The Historically Black Colleges and Universities (HBCU) Consortium consists of the Deep South Center for Environmental Justice at Dillard University in New Orleans, LA in collaboration with Texas Southern University (TSU) in Houston, TX; Green Door Initiative, Inc. in Detroit, MI; Citizens for Environmental Justice in Savannah, GA; United Steelworkers; United Autoworkers; minority-owned training providers; and local, state, and federal agencies.

The main goals of the consortium are to: 1) build the capacity of HBCUs and community-based organizations to deliver technically sound hazardous waste worker training to workers who may be exposed to hazardous materials while performing jobs, 2) to reach underserved workers in the proposed target population, especially those disadvantaged in education, language skills, or limited in literacy, and 3) to provide health and safety training for workers in the new and emerging area of green remediation/jobs to address new hazards to the hazardous waste workforce.

For the Hazardous Waste Worker Training Program, 660 participants attended a total of 55 classes, resulting in 6,636 training hours delivered to HBCU employees, small business owners and employees, and municipal workers. The Second Regional Atlanta Environmental Health and Safety Training was held in Atlanta, GA and hosted by Spelman University on December 11-12, 2013. Fourteen participants were trained during the 16-hour period, resulting in over 200 training hours for four local HBCUs, including Spelman College, Clark Atlanta University, Morehouse College, and Rhodes College. Another regional training occurred at Texas Southern University (TSU) on March 10-12, 2014, where 50 HBCU and other university employees were trained in 14 different health and safety topics, for a total of 328 training hours with the majority of those trained from TSU and Prairie A&M University.

The consortium also implemented year-four of a five-year training program and trained 25 or more participants for a total of 102 in New Orleans, LA; Detroit, MI; Savannah, GA; and Houston TX. The program was hugely successful with one of the highest job placement

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rates of our programs—approximately 91 percent of those trained obtained jobs as an asbestos abatement worker, environmental technician, or construction/carpentry worker.

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

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

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

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

CDC's NIOSH formed an interdisciplinary team of NIOSH scientists to investigate the OSH implications of climate change and develop an action plan to ensure NIOSH is proactively addressing this topic. The NIOSH Climate Change Occupational Safety and Health (CCOSH) Work Group is working to determine OSH issues, identify gaps in worker protection, and make recommendations for worker safety and health improvements in regard to climate change. Other CCOSH Work Group activities are anticipated to include the following.

- Maintaining an inventory of NIOSH activities relevant to climate change
- Developing a research agenda to address identified gaps and emerging issues
- Establishing and maintaining a reference database
- Identifying, developing, and disseminating communications products
- Participating on federal, state, and other climate change initiatives as appropriate to ensure OSH are included as core components of public health

In addition, NIOSH has made climate change and OSH an emphasis area and has funded an internal project that will use geographic information system data to identify workers and facilities that would be impacted by severe weather events.

#### Hurricane Sandy Recovery and Rebuilding Supplemental Appropriation Funding

More than \$8 million in grants was awarded to nine recipients in September 2013 to support research to aid the long-term recovery in areas hard hit by Hurricane Sandy. In January 2014, the Office of the Assistant Secretary for Preparedness and Response (ASPR),

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CDC, and NIEHS convened their Sandy recovery science grantees for an unprecedented initial grantee meeting, *at the beginning of their projects*, to foster collaboration and information sharing. As an outgrowth of that meeting, up to \$4.3 million in grants were awarded to support collaborative projects among existing grantees from ASPR, CDC, and NIEHS. These new grants build on the original ASPR, CDC, and NIEHS Sandy recovery science research and training awards, and will allow ASPR, CDC, and NIEHS grantees to work together to maximize the benefit of their respective projects to Sandy-impacted communities, contribute to the growing knowledge base of evidence-based research, and inform national best practices in future disaster and public health emergency responses.

The collaborative research awards are intended to increase the effectiveness of the existing Sandy recovery science efforts by reducing unnecessary duplication of research efforts; improving the quality of the investigations through new and expanded study populations; improving and, where appropriate, standardizing common core questions to promote reliable trend analyses based on comparable data; and sharing (and comparing) different research methodologies. Both the original grants and the collaborative grants require researchers to share their findings with each other and with the impacted communities. This approach will bring together networks of community members and organizations needed to foster a strong recovery and to improve resilience as impacted communities continue to move forward in rebuilding.

### **Funding Opportunity Announcement: Centers of Excellence on Environmental Health Disparities Research**

The National Institute on Minority Health and Health Disparities (NIMHD), NIEHS, and the Environmental Protection Agency (EPA) joined forces in 2014 to issue a new [funding opportunity announcement](#) (FOA) to support [Centers of Excellence on Environmental Health Disparities Research](#) that will stimulate basic and applied research on environmental health disparities. Grantees are expected to develop innovative approaches to understand environmentally driven health disparities and improve access to healthy environments for vulnerable populations and communities. The proposed centers are expected to support research efforts, mentoring, research translation, and information dissemination.

Existing programs established independently by the EPA, NIEHS, and NIMHD have fostered collaboration across disciplines and enabled multidisciplinary teams of community and academic experts from diverse backgrounds to conduct research on health disparities and environmental health disparities. For example, NIEHS and EPA environmental health research has contributed to the development of evidence-based solutions for environmental inequities, and EPA's previous partnership with the NIMHD Centers of Excellence programs have supported significant scientific advances and contributions to easing the disproportionate health burden in underserved populations and in reducing health disparities. These collaborative programs have explored crucial areas that affect health-disparate communities by including research linking environmental, biological, and non-biological determinants of health, and by using approaches such as community-based

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participatory research and community-engagement, education and training, and information dissemination as key elements of the Centers.

Building on the strengths of these efforts, EPA, NIEHS, NIMHD, and the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) issued the joint FOA. Outcomes of this research are expected to promote innovative approaches to mitigate environmentally driven health disparities and improved access to healthy environments for vulnerable populations. Research objectives and topics in the FOA are based on public comments received in response to a Request for Information that was issued in October 2012, and feedback received from participants at the NIMHD, EPA, and NIEHS workshop at the December 2012 Summit on the Science of Eliminating Health Disparities. NIH and EPA intend to fund approximately five awards, corresponding to \$5.1 million per year, for five years beginning in fiscal year 2015.

### **Funding Opportunity Announcements: Creating Asthma Empowerment Collaborations to Reduce Childhood Asthma Disparities**

In December 2014, the National Heart, Lung, and Blood Institute (NHLBI) issued two companion funding announcements to create asthma empowerment collaborations to reduce childhood asthma disparities. The first announcement is designed to support investigators planning a clinical trial to evaluate Asthma Care Implementation Programs (ACIP) for children at high-risk of poor asthma outcomes. Investigators will conduct a community needs assessment and propose an ACIP that meets the needs of their community and integrates interventions with demonstrated efficacy from multiple sectors (e.g., medical care, family, home, and community) into a comprehensive program. The second announcement, which will open in October 2016, will support clinical trials to evaluate the ACIP, including asthma outcomes and sustainability of the program.

- [Creating Asthma Empowerment Collaborations to Reduce Childhood Asthma Disparities](#)
- [Asthma Empowerment Collaborations to Reduce Childhood Asthma Disparities](#)

### **Participatory Interventions to Reduce Arsenic Exposure in American Indian Country**

In 2014, the Indian Health Service (IHS) Office of Environmental Health and Engineering worked collaboratively with the Johns Hopkins School of Public Health as they developed the research proposal, "Participatory Interventions to Reduce Arsenic in American Indian Communities," submitted to the NIEHS. The proposed project aims to assess impacts of multi-level participatory interventions to reduce arsenic exposure via individual drinking water wells in Native American homes on two reservations in South Dakota and North Dakota. The IHS, with the consent of the tribes involved, provided the university researchers with technical comments on their proposal, additional points of contact within the communities, and data on historic well water quality analyses.

This work is important because community engagement approaches to improve the effectiveness of household level strategies have not been evaluated in Indian Country. Formative research will be completed focusing on understanding the community,

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including cultural, household, and individual factors that influence sustainable use of in-home arsenic removal drinking water treatment units. This will allow the development and testing of tailored intervention approaches that are community-based to address arsenic exposure in Native American and Alaska Native communities. The outcome of this work will be utilized by IHS to improve the delivery of environmental health programs throughout Indian country.

### **Native American Research Center for Health Supports Environmental Health and Justice Research**

In 2014, the IHS Office of Public Health Support worked in collaboration with the NIH to support a number of environmental health and justice research projects through the Native American Research Center for Health (NARCH) program. Funded projects included: 1) “Environmental Uranium Exposure of Sheep Living Around Mining Sites on Navajo Nation” and 2) “Investigation of Chronic Uranium Exposure as a Health Risk”—Center for Native Environmental Health Research Network, Salish Kootenai Tribal College is conducting both of these projects, 3) “Effects of Complex Metal Exposure on Immune Status of Tribal Members Living on the Cheyenne River Sioux reservation,” conducted by the Black Hills Center for American Indian Health, and 4) a number of Environmental Health Capacity Building projects aimed at reducing adverse impacts on environmental justice communities, administered by the Cankdeska Cikana Community College to five Tribal Colleges and Universities.

### **NIH Tribal Workshop (November 20, 2014)**

NIMHD along with a trans-NIH planning team, organized this one-day event, “National Institutes of Health’s American Indian/Alaska Native Research Forum” that brought together established and new tribal investigators. Yvonne Maddox (Acting Director, NIMHD) welcomed the invited participants and emphasized that the purpose of the meeting was to present NIH-funded projects that focused on examining diseases and conditions disproportionately affecting American Indian and Alaska Native communities and to discuss the science. Presentations addressed topics such as historical trauma, access to healthful food and obesity, mental health of youth, cancer, and cardiovascular disease.

The meeting concluded with a panel presentation and group discussion focused on challenges and opportunities. Groups highlighted different community-engaged approaches, emphasized the importance of local knowledge, and articulated the need for culturally appropriate interventions. Comments from the panelists emphasized the need to strengthen the cultural competence of peer-reviewers, build capacity of tribal organizations to be partners in the research process—the Native American Research Centers for Health was noted as a good example, better resource sharing in practice, strengthen mentoring, and improve NIH/academic acceptance of community-engaged research approaches—recognizing additional time needed to implement projects when involving communities as equal partners.

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### 2014 Minority Health and Health Disparities Grantees' Conference

This conference was convened on December 1–3, 2014 in National Harbor, MD. It brought together over 1,700 scientists, healthcare and public health professionals, public policy professionals, members of community-based and faith-based organizations, and government officials. In keeping with the conference theme, “Transdisciplinary Collaborations: Evolving Dimensions of U.S. and Global Health Equity,” the scientific program highlighted excellence and innovations in basic, clinical, and translational research conducted by NIMHD-supported investigators, and focused on the development of early career investigators through training and professional workshops, mentoring, and meet-the-expert sessions. A highlight of the conference included presentations by NIH Director, Dr. Francis Collins, and by NIMHD Acting Director, Yvonne Maddox, on health disparities and global health equity.

The conference offered opportunities for sharing research outcomes by presenting over 1,000 scientific abstracts via plenary and poster sessions focused on health equity, and on improving minority health and reducing and/or eliminating disparities in cardiovascular disease, diabetes, asthma, cancer, women's health, mental health, infectious disease, stroke, and other diseases and co-morbidities, with emphasis on biological, environmental, and social determinants of health. The conference also offered opportunities for networking and forging new transdisciplinary research collaborations and partnerships that are necessary to address health equity in the U.S. and globally.

### Services

#### HRSA Provides Training and Technical Assistance for Community Health Centers

The Health Resources and Services Administration’s (HRSA) Bureau of Primary Health Care (BPHC), Office of National Assistance and Special Populations supports several National Cooperative Agreements (NCAs). The NCAs provide training and technical assistance to HRSA-funded Community Health Centers to improve 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 NCAs can be found on the Grants.gov website at [www.grants.gov](http://www.grants.gov).

In 2014, HRSA distributed \$4.4 million to five NCAs focusing on migrant and seasonal agricultural worker populations. The funding helped to support a range of activities including training sessions and presentations, health forums, the development and dissemination of resource materials, and publications.

For example, the NCA with Health Outreach Partners helped to support the “Niños Seguros y Sanos: Safe and Healthy Children” project. This project aims to address environmental health in migrant and seasonal farmworker children by educating and empowering those who already have direct involvement and relationships with the children: physicians, nurses, outreach workers, promotoras, and health specialists, among others. The trainings and curriculum include a particular focus on how to protect farmworker children from



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early exposure to environmental hazards that cause illness and disability across the lifespan.

In addition, the NCA with the National Center for Farmworker Health, Inc. helps to support a series of forums for regional farmworker advocates, health and social service providers, policy makers, and other interested individuals. Three annual conferences are located in each of the migratory streams, which are established regions corresponding to agricultural production cycles. Agricultural workers flow up and down these regions as they follow the harvest. The purpose of the migrant stream forums is to discuss regional and national trends that affect farmworkers and share best practices for addressing farmworker needs. The migrant stream forums also provide continuing education credits to healthcare providers on farmworker-specific issues, as well as an opportunity to network among healthcare professionals serving migratory and seasonal agricultural workers and their family members. Forums were held in February 2014 in Seattle, WA; October 2014 in Pittsburgh, PA; and November 2014 in San Antonio, TX.

### **Reproductive and Environmental Health Network**

HRSA also awarded \$1.2 million in 2014 to the Organization of Teratology Information Specialists in a cooperative agreement to fund a Reproductive and Environmental Health Network. The focus of the Network is to improve maternal and fetal health outcomes through providing education, individualized counseling, improved access to resources, and advancing the knowledge base related to the safety of exposures to medication and environmental agents before, during, and after pregnancy. Strategies include providing individualized risk-assessments and counseling services, developing and disseminating the most current education to providers and the public, improving access to information for hard-to-reach populations, and supporting a national network of resources with centers accessible to each of the ten HRSA regions.

### **CDC Introduces Pesticide Exposure Module to Tracking Portal**

The CDC National Environmental Public Health Tracking Network added a new Health Impact Assessment and Pesticides Exposure module to the tracking portal. The pesticide exposures indicators provide information for all 50 states about the rate and number of reported exposures to different kinds of pesticides and the illnesses related to the exposures. In addition, users of the portal can select advanced options for the data that provide critical information on the location where people are exposed, such as home or at work; and the reason for the exposure, such as unintentional exposure from air or soil, improper or incorrect use of a pesticide, and work-related activities. The pesticide exposure data used on the Tracking Network come from poison control centers in the U.S. The American Association of Poison Control Centers works with the nation's poison centers throughout the U.S. to monitor poisonings and their sources. The portal link is: <http://ephtracking.cdc.gov/showHome.action>.

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### Administration for Native Americans Provides Funding for New Projects

In 2014, Administration for Native Americans (ANA) provided funding to support 184 new and continuing projects through its Social and Economic Development Strategies, Native Languages, and Environmental Regulatory Enhancement 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. 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 Integrating ANA and EPA funding, environmental grantee success stories, grant writing, and strategic planning. In September 2014, ANA funded four new Environmental Regulatory Enhancement grantees.

These include the Sitka Tribe of Alaska, which is receiving funding for a three-year project to support the ongoing monitoring efforts of the Southeast Alaska Tribal Toxins (SEATT) partnership, which aims to establish a U.S Food and Drug Administration certified regulatory biotoxin lab capable of analyzing shellfish tissue for toxins in Sitka, AK. This lab would provide the SEATT partners the ability to assess their communities' vulnerability for human health risks following with the same regulatory standards used by other state and federal agencies.

A second grantee is the Little Traverse Bay Bands (LTBB) of the Odawa Indians in Harbor Springs, MI. The goal of the project is to improve water quality protections for the LTBB Reservation using a policy development framework that incorporates both scientific environmental data and traditional ecological knowledge through a collaborative community process. The applicant will create a workgroup to address surface water resources, and also engage and inform LTBB citizens about water quality protections.

ANA is also supporting the Yurok Tribe's work to increase positive wildlife resource stewardship via integration of traditional cultural management practices into newly formed legislation, while also promoting compliance amongst the membership via reinvestment in traditional cultural values. To accomplish this, the project will produce and implement a culturally based Game and Non-Game Harvest Management Ordinance, develop the tribe's capacity to enforce the Harvest Ordinance and promote membership compliance, and promote a tribally oriented education campaign.

Finally, the Quinault Indian Nation is receiving support from ANA to create a Tribal Environmental Policy Act (TEPA). The project's objectives are to create a TEPA with standards for surface and ground water quality, air quality, hazardous materials, pesticides and light and noise pollution and others; create a shoreline regulatory management plan element of the TEPA; and integrate environmental codes and shorelines regulatory management plan into existing Title 48 Development Code, and existing Title 61 Natural Resources Code, and establish administrative procedures and implementation training regarding environmental issues in community development.

## Community Engagement Activities

### HHS-Sponsored Environmental Justice and Related Meetings

#### **NIEHS Disaster Research Response Tabletop Exercise; Los Angeles, CA (April 7, 2014)**

NIEHS WTP held a Disaster Research Responder training exercise on April 7, 2014 in Los Angeles, CA, in conjunction with University of California, Los Angeles and University of Southern California, and a number of state and local public health agencies. This Disaster Research Response Exercise consisted of a Table Top Exercise at the Port of Los Angeles to test the Disaster Research Responder Project using a large scale tsunami as a catastrophic climate event. The goal of the exercise was to identify, assess, and discuss the activation of disaster research response teams and how those teams can support local and state responders, and public health departments. NIEHS convened a group of local, state, and federal public and environmental health responders to provide input as they finalized the exercise. Local environmental justice organizations in Long Beach played major roles in identifying public health preparedness concerns.

The exercise focused on developing a network of trained "Research Responders." The NIH is interested in developing a disaster research system consisting of coordinated environmental health disaster research data collection tools and a network of trained research responders. The day began with a bus tour along the coast to highlight the density and proximity of industrial plants in Los Angeles. The tour provided participants with a mental image of the potential hazard exposures: refineries, solid waste facilities, rail yards, and the ports. After the tour, participants gathered for a facilitated tabletop exercise. This activity involved responding hypothetically to a fictional scenario in which an earthquake in Alaska caused a tsunami to hit California. Participants, which included community members, workers, union members, grantees, WTP grantees, federal government officials, port authorities, and state and local public health government officials, were assigned a role and reflected on how each organization might be able to take coordinated research action to meet the needs of the first responders, decision-makers, and community residents when responding to disasters.

#### **NIEHS Worker Training Program Fall Workshop on Climate Change and Worker Health**

The NIEHS WTP focused its 2014 fall workshop on the serious health risks that workers in various industries face as the public health consequences of climate change become more prominent. Workshop participants explored lessons learned and best practices to prepare workers for climate change effects. Participants also engaged in discussions about curricula that can be developed to help to build a more resilient and sustainable workforce and community. The focus on disadvantaged, vulnerable, and high-risk working populations impacted by climate change impacts needs further research documentation and positive preventive and educational interventions.

#### **2nd Annual HBCU Student Conference (April 17-19, 2014)**

NIEHS provided support to the 2<sup>nd</sup> Annual HBCU Student Conference. Dr. Beverly Wright, Executive Director of Dillard University's Deep South Center for Environmental Justice, and

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Dr. Robert Bullard, Dean of Texas Southern University Barbara Jordan/Mickey Leland School of Public Affairs, hosted the 2nd Annual HBCU Student Conference: Climate Change Bridging the Gap between Theory and Experience. The theme was “Building Safe and Resilient Communities for All.” Over 100 students, faculty, staff, and environmental justice leaders gathered to participate in the critical discussion about equity and inclusion in the face of climate change. HBCU’s in attendance included Dillard University, Florida A & M University, Grambling State University, Howard University, Savannah State University, Southern University Baton Rouge, Spelman College, and Texas Southern University. The three-day conference included a community tour, an undergraduate and graduate student poster session, student and expert panelists, and a Toxics Release Inventory Webinar.

### **ACF Native American Grantee Conference; Crystal City, VA (June 17-19, 2014)**

In June 2014, HHS Administration for Children and Families (ACF) hosted a Tribal Consultation to consult on ACF programs and tribal priorities. The impetus for the consultation stems from the “Memorandum for the Heads of Executive Departments and Agencies on Tribal Consultation,” signed by President Obama on November 5, 2009. The President stated that his Administration is committed to regular and meaningful consultation and collaboration with tribal officials in policy decisions that have tribal implications, including, as an initial step, complete and consistent implementation of Executive Order 13175.

HHS has taken its responsibility to comply with this Executive Order very seriously over the past decade, including the initial implementation of an HHS-wide policy on tribal consultation and coordination in 1997, and through multiple evaluations and revisions of that policy, most recently in 2010. ACF has developed its own agency-specific consultation policy that complements the HHS-wide efforts.

ACF’s ANA held a consultation on June 16, 2014. ACF Principals were available to speak with Tribal Leaders to discuss issues important to the tribes and focused on ACF tribal program priorities. To help all participants prepare for this consultation, planning teleconference calls were also held over a three-week period in May of 2014. The theme of the conference was “Honoring Our Commitments to Native American Families and Communities: Today and Tomorrow.” The workshop tracks looked at the following: accessing educational opportunities; economic opportunity NOW!; promoting health; supporting governance; promoting hopeful, safe, and healthy communities; and understanding grants management and administration.

### **U.S. Global Change Research Program Public Forum on Climate and Health Assessment**

HHS, in collaboration with NOAA and EPA, highlighted the importance of considering populations of concern when considering climate change and health, for an upcoming federal report. Populations of concern include seniors, children, people with underlying health conditions, environmental justice communities, indigenous cultures, and some communities of color. A public forum was held on March 13, 2014, to encourage stakeholder input to the U.S. Global Change Research Program Climate and Health Assessment (<http://www.globalchange.gov/health-assessment>). The Climate and Health

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Assessment will be an evidence-based, quantitative assessment of observed and projected climate change impacts on human health in the U.S.

### Expert Consultation on Children and Climate Change (July 10, 2014)

In July 2014, the Subcommittee on Climate Change of the Task Force, co-led by NIEHS, EPA, and the Department of Homeland Security (DHS)—and with assistance from the Department of Housing and Urban Development (HUD), organized an Expert Consultation on the Effects of Climate Change on Children's Health that engaged academic and government experts, children's advocates, and leaders from federal agencies and the White House. The consultation examined children's health research, focusing on efforts to examine the implications of climate change on the health of all people, but particularly those populations likely to be most vulnerable to its effects. The President's Task Force on Environmental Health Risks and Safety Risks to Children, a federal interagency group, has recognized the need to investigate and understand the risks that climate change poses to children, so that measures to protect children's health can be taken. Children are considered especially vulnerable to the effects of climate change in a variety of domains—physically, socially, and psychologically.

The event's key speakers included Howard Koh, who was the Assistant Secretary for Health at HHS; Linda Birnbaum, NIEHS Director; and John Balbus, Senior Advisor for public health to the NIEHS Director. The goal of this expert consultation was to: 1) identify the needs of children to inform climate change mitigation, adaptation, and resilience strategies and 2) convene a federal community of practice around climate change impacts on children's health, since children are especially vulnerable.

### Tribal Environmental Health Summit

The June 2014 summit brought together leadership from NIEHS, EPA, and IHS to stimulate discussion and direct interaction between tribal and federal representatives at the Salish Kootenai College in Montana. The summit featured Native American scientists and NIEHS-funded collaborators, who shared how they have addressed environmental health disparities on tribal lands. Organizers included Douglas Stevens, SKC Life Science Department Director, and Caren Robinson, Tribal Program Coordinator of the EPA Office of Chemical Safety and Pollution Prevention.

Scientists from more than a dozen tribes participated in the summit, including Aamjiwnaang, Akwesasne Mohawk, Blackfeet, Chippewa, Cherokee, Crow, Mandan and Hidatsa, Micmac, Navajo, Nez Perce, Passamaquoddy, Penobscot, Swinomish, and Umatilla. They discussed research into their own local environmental health disparities. Also, common themes emerged about the types of contaminants affecting tribal communities nationwide, the need for community engagement in research, and the importance of locally developed and delivered communication of findings. Read more in the [NIEHS Environmental Factor](#).

### Community Forums in Alaska

NIEHS and National Toxicology Program Director, Linda Birnbaum, traveled to Alaska on July 20-25, 2014 for a series of community forums, where she heard firsthand the unusually severe environmental health challenges faced by tribal communities. In addition, Birnbaum met with healthcare providers to discuss ways to improve environmental public health in the region. Vi Waghiyi, Alaska Community Action on Toxics Environmental Health and Justice Program Director and member of the NIEHS National Advisory Environmental Health Sciences Council, invited Birnbaum to St. Lawrence Island, Alaska.

Read more in the [NIEHS Environmental Factor](#).

### Partnerships for Environmental Public Health Annual Meeting—Environmental Health Literacy; Research Triangle Park, NC (September 22-24, 2014)

The 2014 Partnerships for Environmental Public Health (PEPH) Annual Meeting, “Communication Research in Environmental Health Sciences: Environmental Health Literacy,” brought together more than 120 researchers, community leaders, and government representatives to advance the field of environmental health literacy (EHL). EHL has recently emerged as a distinct field within health education and risk communication, since it emphasizes the importance of conducting research to better understand how to effectively communicate with communities.

During the three-day event, participants shared innovative tools and strategies to increase EHL, worked together to define the parameters of EHL, highlighted the importance of communication research to environmental health sciences, identified EHL evaluation and validation tools, and proposed next steps to move the field forward. Two key aspects of communication research were highlighted, including: 1) how to quantify and measure stages of environmental health literacy and 2) the role that cultural influences play in public understanding of environmental risk. Cultural influences that underlie public understanding of environmental risk need to be taken into account when developing health risk messages. The meeting explored best practices for targeting messages to specific audiences, which are especially relevant to communities threatened by issues of environmental *injustice*. The [meeting summary](#) is available on-line.

### PEPH Webinar Series

In 2014, the PEPH team organized several webinars related to environmental justice and environmental health disparity issues. The webinars are approximately one-hour long.

- [Public Health Disaster Research Response](#)  
September 19, 2014  
[Webinar Announcement](#)(303KB)

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- [\*\*PEPH Webinar: Environmental Health Literacy - The Evolution of a New Field\*\*](#)  
June 24, 2014  
[Webinar Announcement](#)(318KB)
- [\*\*PEPH Webinar: The Costs and Benefits of Preventing Lead Exposure – Putting Economics into the Picture\*\*](#)  
May 7, 2014.  
[Webinar Announcement](#)(312KB)
- [\*\*PEPH Webinar: Assessing Population Vulnerability to Health Impacts of Climate Change\*\*](#)  
April 25, 2014  
[Webinar Announcement](#)(317KB)  
[Environmental Factor Article](#)
- [\*\*PEPH Webinar: Residents, Responders, and Resilience\*\*](#)  
February 25, 2014  
[Webinar Announcement](#)(334KB)

### Regional HHS Environmental Justice Stakeholder Engagement

#### Region IV – Panel for College Students in the Southeastern States

On September 12, 2014, the Deputy Regional Health Administrator for OASH, Region IV, served as a panelist for EPA, Region IV, Youth Symposium and presented “Protecting Health in the Context of Climate Change: HHS Role.” Information was provided on the health impacts of climate change, vulnerable populations, and current HHS activities. The meeting was attended by over 300 college students from the eight southeastern states.

#### Region IV – MOU with EPA – College/Underserved Community Partnership Program

On November 17, 2014, the Regional Health Administrator for OASH, Region IV, signed a Memorandum of Understanding (MOU) with EPA, Region IV. The MOU is an agreement to support schools and communities participating in the College/Underserved Community Partnership Program. This partnership will allow HHS to serve as technical advisors and partners with both the EPA and schools throughout the southeastern United States and to support the schools’ efforts to solve a wide range of community issues related to environmental concerns, public health, and economic development. The MOU will also enable EPA and HHS to expand the ability to provide assistance to underserved communities by working with schools. The program is currently working with 14 schools in 22 communities.

The Deputy Regional Health Administrator for OASH, Region IV, has participated in meetings with Georgia College and State University and Florida A&M University to discuss how they can collaborate with local communities to address environmental and public health issues. She is currently advising the City of Eatonton on potential public health issues that can be addressed by university students. She has also provided technical

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assistance to an EPA intern on a project involving litter in the City of Clarkston, GA. In January 2015, an article on the College/Underserved Community Partnership Program, authored by the Deputy Regional Health Administrator, was published in the *Journal of Ethnic College Health*.<sup>6</sup>

### **REGION VIII- Colorado Summit on Pediatric Home Asthma Interventions**

On August 28, 2014, the Colorado Summit on Pediatric Home Asthma Interventions was hosted by the Children’s Hospital Colorado in Denver, CO. The Colorado Summit catalyzed momentum among participants to engage in actions that lead to coordinated asthma care and reimbursement for in-home asthma interventions in Colorado.

The Colorado Summit was the fourth in a series of local meetings supported by HUD, in collaboration with HHS and EPA. The meetings are designed to build awareness about the cost effectiveness and health benefits of in-home environmental assessments and interventions for children with poorly controlled asthma, and to accelerate the creation of reimbursement mechanisms for these services by local/regional health insurance providers.

The Colorado Summit was coordinated locally by the Colorado Healthy Housing Coalition, a group of federal, state, and local agencies working to further healthy housing in the state of Colorado with a particular focus on reducing health disparities. The event featured national policy strategists, administrators from Colorado, and leaders of community-based asthma and healthy homes programs.

Presenters and participants discussed methods, challenges, and solutions surrounding efforts to build capacity for in-home interventions and make reimbursement a reality for Colorado. Several participants made commitments and specified next steps to continue building capacity to bring reimbursement to Colorado for in-home asthma interventions. The [Summit report and presentations](#) are available on-line.

### **Other HHS Stakeholder Meetings**

#### **2014 Good Jobs, Green Jobs Conference; Washington, DC (February 10-11, 2014)**

The NIEHS WTP conducted a meeting on “Making Green Jobs Safe Jobs” on February 9, 2014, in collaboration with the Blue Green Alliance, prior to the start of the 2014 Good Jobs, Green Jobs Conference. Approximately 20 people attended the session to share updates on green jobs training activities with key updates from NIEHS WTP and their grantees, NIOSH, Occupational Safety and Health Administration, and the Blue Green

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<sup>6</sup> Ricks, Sharon & Burns, Mike, “Collaboration Excellence, Protecting the Health and Environment of Underserved Communities through Collaborative Problem-Solving: College/Underserved Community Partnership Program (CUPP)”, *International Journal of Ethnic College Health*, Vol. 1, No. 2, p. 10-17.



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Alliance. There was a detailed discussion on the Presidential Executive Order on Chemical Plant Safety and Security, and about the tools to measure health and safety training success. In addition, the NIEHS WTP organized and presented a session, "[Funding Partnerships for Green Jobs](#)," on February 10, 2014.

The workshop involved presentations by NIEHS program staff, including Chip Hughes, Ted Outwater, and Sharon Beard; NIEHS WTP Grantee Mark Catlin, Program Director and Principal Investigator, Education and Support Fund; and Service Employees International Union explained the application process for the NIEHS Hazardous Waste Worker Training and Department of Energy (DOE) Hazmat for Nuclear Workers funding opportunity announcements and the role that partnerships play in building a successful application. Lastly, Dr. Beverly Wright, Founder and Executive Director of the Deep South Center for Environmental Justice, gave an address on the history of environmental justice and shared information about their NIEHS Worker Training Program.

### **NIEHS Hurricane Sandy Awardees Meeting; New York City, NY (May 1, 2014)**

The NIEHS WTP coordinated a meeting of NIEHS Hurricane Sandy awardees in New York City, NY on May 1, 2014. Awardees gave progress reports on the training accomplishments as well as next steps in collaborating with local agencies on disaster cleanup, mold awareness, and muck and gut training. In addition, NIEHS staff also attended and presented an NIEHS WTP update at the Rutgers NJ/NY Consortium Advisory Board meeting in Piscataway, NJ on May 2, 2014, where information was shared about the WTP Best Practices Guidance Report.

## **HHS Involvement in Federal Interagency Working Group on Environmental Justice Activities**

### **Community Engagement**

#### **Region IV Federal Interagency Working Group on Environmental Justice Meeting; Birmingham, AL (August 4, 2014)**

The Deputy Regional Health Administrator for OASH, Region IV, participated in a tour and meeting of the Southeast Regional Interagency Working Group on Environmental Justice. The group is currently focused on addressing environmental degradation and health disparities in North Birmingham. Among the attendees were multiple federal, state, and local stakeholders. There were representative from the Department of Labor, Department of Transportation (DOT), HUD, Department of the Interior (DOI), EPA, Federal Emergency Management Agency, U.S. Army Corps of Engineers, and the Economic Development Administration. Also present were local community leaders, including the mayor, council members, City of Birmingham officials, and community stakeholders who provided an overview of the needs in North Birmingham.

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The priorities cited were: 1) to improve access to healthy and affordable housing, 2) to improve access to neighborhood-oriented amenities and increase job opportunities for residents, and 3) to improve health outcomes. As a result, OASH Region IV, is now participating on the health and wellness team. The team is currently planning to conduct a health services assessment in North Birmingham to determine what issues and concerns exist regarding healthcare services, with the goal of improving health among environmental justice communities. The Agency for Toxic Substances and Disease Registry and HRSA are involved.

### **North Dakota Meeting; Bismarck, ND (September 4, 2014)**

On September 4, 2014, the EJ IWG held a stakeholder meeting in Bismarck, ND at the civic center. The purpose of this meeting was to gather community perspective on various issues related to the environment, social issues, energy development, and housing. There were approximately 70 participants, including representatives from tribes and communities, as well as from state, local, regional, and federal entities. Since the reinvigoration of the EJ IWG, federal member agencies have held more than 25 stakeholder sessions. HHS participated in all of them.

### **Federal Interagency Working Group on Environmental Justice Subcommittees**

#### a. NEPA Committee

Background: The National Environmental Policy Act (NEPA) is 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. 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 to 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.”

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NEPA Committee of the EJ IWG: HHS is participating on the NEPA Committee of the EJ IWG. The purpose of the NEPA Committee is to improve the effective, efficient, and consistent consideration of environmental justice in the NEPA process through sharing of promising practices and lessons learned developed by federal departments and agencies since Executive Order 12898 was signed in 1994. 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.”

Since it was established in May 2012 by the EJ IWG, the NEPA Committee has employed a robust and innovative process to fulfill its purpose. Co-chairs of the Committee and Subcommittees are from EPA, DOT, Department of Justice (DOJ), and HHS while working groups are chaired by the United States Department of Agriculture (USDA)- Animal and Plant Health Inspection Service (APHIS), DOE, and EPA. Further, there has been active participation by the Council on Environmental Quality, DHS, DOE, DOI (Bureau of Land Management, National Park Service, Bureau of Reclamation, and Fish and Wildlife Service), DOJ, DOT (Federal Transit Administration, Federal Highway Administration), HHS, HUD, USDA (APHIS, United States Forest Service), EPA (Office of Environmental Justice, Office of Federal Activities, and Regions), General Services Administration, Nuclear Regulatory Commission, and Department of Veterans Affairs. Deliverables of the NEPA Committee include:

- **Community of Practice:** Monthly interagency meetings have established a vehicle for cross-agency training and dialogue for addressing complex issues through sharing of experiences and effective practices in addressing environmental justice in the NEPA process.
- **Environmental Justice and NEPA Agency Resource Compendium:** The compendium, available on the EJ IWG webpage, gathers publically available information from 20 federal agencies (e.g., regulations, orders, guidance, environmental justice strategic plans) on the intersection of environmental justice and NEPA into one place and hyperlinks them so that documents can be accessed easily. A select set of key references are also available on the EPA NEPA webpage.
- **Promising Practices on Environmental Justice Methodologies in NEPA Reviews:** The NEPA committee is drafting a compilation of promising practices which represents the results of research, analysis, and discussions by participants of the NEPA Committee concerning the interface of environmental justice considerations through NEPA processes. It represents the professional expertise of the NEPA Committee participants, and their collective thinking and thoughtful deliberation of information sources and is not formal agency guidance. The draft document will be presented to the Chair of the EJ IWG.
- **National Training Product on Environmental Justice and NEPA:** The NEPA Committee is drafting a National Training Product on Environmental Justice and NEPA. This training product is a companion to Environmental Justice Methodologies that provides history for NEPA and environmental justice, promising practices, and examples from federal agency NEPA reviews.

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- Lexicon: the NEPA Committee is drafting a lexicon and compendium of key terms as used by federal agencies to consider environmental justice in NEPA reviews.

In conclusion, the NEPA Committee is providing federal departments and agencies with promising practices organized in a coordinated, functional framework as identified by NEPA practitioners across the federal family. This community of practice is working in a collaborative manner to address complex environmental justice issues in a timely manner. Ultimately, the NEPA Committee intends its efforts to provide the groundwork for a renewed and dynamic process to advance environmental justice principles through NEPA implementation.

### b. Climate Change Adaptation

The EJ IWG provided input to the President's State, Local and Tribal Leaders Task Force on Climate Preparedness and Resilience. The Task Force provided recommendations to the President on how the federal government can respond to the needs of communities nationwide that are dealing with the impacts of climate change. The section on addressing the needs of vulnerable populations recognized that low-income, minority, and indigenous communities are more severely impacted by climate change. The Task Force recommended that agencies "develop guidance and tools that consider geographic, economic, and social contexts to help identify disproportionately vulnerable populations and those most at risk to the effects of climate change."

The EJ IWG also provided guidance to Agency's Senior Sustainability Officers to assist agencies in considering the impacts of climate change on minority and low-income communities. The guidance was offered in the spirit of Executive Order 13653 and Executive Order 12898 to ensure that agencies are appropriately considering environmental justice vulnerabilities in their Agency Adaptation Plans.

### c. Goods Movement Committee

The EJ IWG participated in the National Freight Advisory Council's development of 81 recommendations for the National Freight Strategic Plan (NFSP) that is being developed by DOT. The recommendations focus on a range of freight-related topics, from safety, security, infrastructure investment and permit streamlining, to environmental sustainability. The HHS primary focus was supporting the development of recommendations related to advanced air technologies, alternative fuels for the freight sector, and reducing environmental and human health impacts from first and last mile activities. Under MAP-21, the NFSP is due October 2015.

### d. Title VI Committee

Title VI of the Civil Rights Act of 1964 ("Title VI") prohibits race, color, and national origin discrimination by recipients of financial assistance from HHS. Environmental justice issues may be raised in programs and activities supported through federal financial assistance. In

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those circumstances, Title VI is an important tool for addressing those concerns. The HHS Office for Civil Rights is responsible for enforcing Title VI for the agency.

The mission of the HHS Office for Civil Rights (OCR) is to improve the health and well-being of people across the nation; to ensure that people have equal access to and the opportunity to participate in and receive services from HHS programs without facing unlawful discrimination; and to protect the privacy and security of health information in accordance with applicable law.

Through investigations, voluntary dispute resolution, enforcement, technical assistance, policy development and information services, OCR will protect the civil rights of all individuals who are subject to discrimination in health and human services programs and protect the health information privacy rights of consumers.

HHS is committed to using its authority under Title VI to achieve the goals of Executive Order 12898.

## APPENDIX A: HHS Environmental Justice Action Progress Table

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

Strategies & Actions	Lead Agency	Status
<b>A: Integrate environmental justice principles and strategies into the implementation of key statutes and policies that may impact minority and low-income populations and Indian tribes</b>		
A.1 Incorporate, where feasible and appropriate, environmental justice in award criteria of HHS grants and other funding opportunities.	HHS EJ Working Group	Y
A.2 Update existing public information materials on Title VI to include information and resources on environmental justice.	OCR	G
A.3 Conduct outreach events to educate local communities on the purpose and functions of the HHS Office for Civil Rights.	OCR	G
A.4 Update the HHS NEPA Policy to incorporate relevant environmental justice guidance and the principles of environmental justice.	ASA	Y
<b>B: Incorporate environmental justice principles and strategies into consideration of emerging issues that may disproportionately impact minority and low-income populations and Indian tribes.</b>		
B.1 Integrate environmental justice principles and environmental justice actions into the HHS Strategic Sustainability Performance Plan.	ASA	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.	ASA/ NIEHS/ OASH	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.	ASA/ ASPE	Y
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.	NIEHS	G

**A. Policy Development and Dissemination (continued)**

Strategies & Actions	Lead Agency	Status
<b>B: Incorporate environmental justice principles and strategies into consideration of emerging issues that may disproportionately impact minority and low-income populations and Indian tribes. (continued)</b>		
B.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.	NIEHS	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.	NCEH	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.	NCEH	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.	NCEH	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.	ASPR/ NCEH	Y
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.	NCEH	G
<b>C: Provide consultation and/or partner with other federal departments, where appropriate and feasible, on environmental policies, programs and initiatives that may impact health and well-being, with particular attention to minority and low-income populations and Indian tribes.</b>		
C.1 Collaborate, where appropriate and feasible, with federal partners to advance a “health in all policies” approach and reduce disproportionately high and adverse environmental exposures.	OASH	G

## B. Training and Education

Strategies & Actions	Lead Agency	Status
<b>A: Educate the public, especially in communities with minority and low-income populations and Indian tribes with disproportionately high and adverse environmental exposures, about environmental justice, environmental hazards, and healthy community environments.</b>		
A.1 Increase public awareness of and access to information on health and environmental justice by developing an HHS environmental justice website.	<i>OASH</i>	G
A.2 Partner with other federal departments to develop and implement integrated educational outreach and intervention programs.	<i>NIOSH</i>	X <sup>1</sup>
A.3 Prepare guidance for HHS-funded worker training programs that are designed to assist disadvantaged communities.	<i>NIEHS</i>	G
<b>B: Enhance health professionals' and human services providers' education and training in environmental health and environmental justice.</b>		
B.1 Expand and promote educational outreach on health and environmental justice to primary health care and behavioral health care providers, other health professionals, public health professionals and the human services workforce.	<i>ATSDR/HRSA</i>	G
B.2 Incorporate environmental justice and environmental and occupational safety and health education in the training curricula.	<i>OMH</i>	X <sup>2</sup>
B.3 Increase partnerships with Historically Black Colleges and Universities, Tribal Colleges and Universities, and Hispanic-Serving Institutions.	<i>NIEHS/ NIMHD</i>	G
<b>C: Increase the knowledge and understanding of health and environmental justice across HHS agencies and among HHS employees.</b>		
C.1 Develop and implement a training program for HHS employees on the principles and practice of environmental justice, including community engagement.	<i>OASH</i>	G

<sup>1</sup> Staff resources are unavailable to carry out action.

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



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

Strategies & Actions	Lead Agency	Status
<b>A: Increase the involvement of minority and low-income populations and Indian tribes with disproportionately high and adverse environmental exposures in research and in data collection and utilization, and communicate findings to stakeholders.</b>		
A.1 Draft and implement guidance to HHS agencies conducting or funding research in partnership with minority and low-income populations and Indian Tribes with disproportionately high and adverse environmental exposures.	<i>HHS EJ Working Group</i>	Y
A.2 Host a Health and Environmental Justice Workshop periodically in conjunction with disproportionately impacted communities.	<i>HHS EJ Working Group</i>	G
A.3 Increase public access to information about research and data by expanding HHS Environmental Justice webpages.	<i>NLM</i>	G
<b>B: Identify and characterize environmental and occupational factors that have disproportionately high and adverse human health or environmental effects on minority and low-income populations and Indian Tribes.</b>		
B.1 Strengthen capacity for research on the health effects of disproportionately high and adverse environmental exposures in minority and low-income populations and Indian Tribes.	<i>NIMHD</i>	G
<b>C: Bolster the efforts of HHS, state, local, territorial, and tribal agencies, as well as non-governmental organizations, to collect, maintain, and analyze data on disproportionately high and adverse environmental and occupational exposures and on health effects in minority and low-income populations and Indian Tribes.</b>		
C.1 Promote inclusion of questions related to industry, occupation and other parameters of the workplace in HHS-supported surveys and other data collection instruments. Promote analysis of data related to occupational safety and health collected from HHS-supported surveys and other data collection instruments.	<i>NIOSH</i>	G
C.2 Partner with EPA and other federal departments to review and update community mapping tools and other databases designed to identify minority and low-income populations and Indian tribes with disproportionately high and adverse environmental exposures and health effects.	<i>NCEH/NIOSH</i>	Y
C.3 Expand information on health disparities and environmental justice concepts on the National Center for Environmental Health's (NCEH) National Environmental Public Health Tracking Network.	<i>NCEH/NIOSH</i>	G

**D. Services**

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

<sup>3</sup> Unable to make the direct association between improved quality of behavioral health care and adverse environmental risk exposures.

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