

HHS Environmental Justice Program: Questions & Answers

Providing meaningful opportunities for public engagement is an important tenet of environmental justice. Since the federal environmental justice effort was reinvigorated in 2010, the Department of Health and Human Services (HHS) has participated in stakeholder meetings and other events where people could ask questions concerning HHS programs related to environmental justice. The HHS Environmental Justice Working Group compiled the major questions and responded to them in this Frequently Asked Questions (FAQ) document. This document is not a comprehensive inventory of HHS activities related to environmental justice. It provides examples of activities supported by HHS that are relevant to the questions. For additional information, please see HHS Environmental Justice Implementation Progress Reports on the HHS Environmental Justice website.

1. How is HHS working to communicate health concerns about environmental hazards to communities with minority, low-income, and Tribal populations with disproportionately high and adverse environmental exposures?

In 2012, HHS created a webpage dedicated to environmental justice. The webpage includes the 2012 HHS Environmental Justice Strategy and Implementation Plan, annual Environmental Justice Implementation Progress Reports, 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 Health Sciences (NIEHS). Each of these agencies provides information about the health concerns related to environmental exposures. The website can be found at: <http://www.hhs.gov/environmentaljustice/>.

HHS has actively organized and/or participated in several national conferences and listening sessions to engage with stakeholders about HHS efforts to address environmental justice, including those facilitated through the Federal Interagency Working Group on Environmental Justice (EJ IWG). Also, HHS has hosted a series of publicly accessible webinars focused on environmental justice issues, including “Health Impact Assessments and Community Engagement” held on June 29, 2012 and “Environmental Justice, A Native American Perspective” held on September 19, 2012, among others. HHS plans to continue to organize and participate in such activities.

The Administration for Native Americans (ANA) works to address environmental health concerns among Tribal populations by providing grant opportunities and helping Tribal communities to connect with additional resources to address these concerns. Furthermore, ANA has developed and compiled disaster preparedness and relief resources, making them accessible to Tribal communities through the ANA website (<http://www.acf.hhs.gov/programs/ana/resource/emergency-preparedness?page=all>).

2. How does HHS coordinate with other federal, state, Tribal, and local government agencies and non-government organizations to address environmental justice?

HHS is an active member of the Federal Interagency Working Group on Environmental Justice (EJ IWG), which was reconvened in September 2010. In August 2011, HHS joined 16 federal agencies in signing a [Memorandum of Understanding \(MOU\)](#) on Environmental Justice and Executive Order 12898. The MOU provides a roadmap for agencies to coordinate environmental justice efforts and to work together to build healthy and resilient communities. HHS has consistently participated in EJ IWG activities, and continues to uphold its responsibilities under the MOU.

The HHS Regions are also working collaboratively with other federal agencies across the regions to address regional environmental justice concerns.

For example, in HHS Region VII (Iowa, Kansas, Missouri, and Nebraska), the Administration for Children and Families (ACF), in partnership with the Sustainable Communities Initiative, supported a Department of Housing and Urban Development/Department of Transportation/Environmental Protection Agency initiative. The initiative was designed to improve livability in selected communities by improving access to affordable housing, increasing transportation options, and lowering transportation costs while protecting the environment. Projects focused on depressed areas and Green Zones, (communities undergoing an organized transition from a toxic hotspots to healthy neighborhoods) which contain many low-income and minority families. ACF in Region VII also partnered with Assets for Independence (AFI) grantees to ensure that financial literacy services were available in Green Zones. This included partnering with the Federal Reserve on the Bank-On-Save-Up-KC project and offering advice on an upcoming Rural Assets focus.

HHS Regional Offices have also worked with other federal, state and local government agency partners to host various workshops for environmental justice stakeholders such as those focused on grant writing for funding opportunities that address rural development, water resources, housing and development, neighborhood stabilization, colonias development, economic development, and environmental commerce.

3. What is HHS doing to ensure that HHS staff is prepared to address environmental justice concerns?

HHS is developing a training program that will be made available to 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. In addition, the Office for Civil Rights has conducted several training and outreach sessions for HHS

staff on the relationship between environmental justice and Title VI of the Civil Rights Act.

4. How is HHS working to increase the availability of health care to community members living in urban and rural communities with environmental justice concerns?

The passage of the Affordable Care Act (ACA) (2010) laid the groundwork for greater accessibility to health care in the United States. In addition to increasing access to health insurance, ACA also allows states to expand Medicaid eligibility for low-income adults. Furthermore, the ACA established the Community Health Center Fund that provides \$11 billion over a five-year period for the operation, expansion, and construction of health centers throughout the nation to increase access to health care and promote reductions in health disparities for low-income individuals, racial and ethnic minorities, rural communities and other underserved populations.

HHS continues to support Pediatric Environmental Health Specialty Units (PEHSUs), a respected network of experts in children's environmental health. PEHSUs work to ensure that children and communities have access to, usually at no cost, special medical knowledge and resources for children faced with a health risk due to a natural or human-made environmental hazard. This work is important because children are uniquely vulnerable to environmental toxicants, such as lead, mold, pesticides, and many other sources. The PEHSUs bridge an important knowledge gap. Most healthcare professionals do not receive training to prevent, recognize, manage and treat environmentally-related conditions.

On April 30, 2013, the Office for Civil Rights (OCR) announced its national compliance review initiative, "Advancing Effective Communication in Critical Access Hospitals," to support language access programs in these hospitals. In concert with the [HHS Action Plan to Reduce Racial and Ethnic Health Disparities](#), this initiative will help ensure that language access is provided so that individuals with LEP can effectively participate in, and benefit from, quality health care services.

To lay the groundwork, in 2012, OCR piloted a ten-state, on-site examination of critical access hospitals (CAHs) located in each of the ten HHS regions to make certain that their programs comply with Title VI. Title VI requires recipients of federal funds, like critical access hospitals, to take reasonable steps to ensure meaningful access to their programs and services by LEP persons.

OCR provided significant technical assistance to help CAHs audit and enhance their language access services and secured corrective action when compliance issues were discovered in the hospital's language access program. OCR is available to help all critical hospitals nationwide develop and implement a comprehensive language access program. Building on the success of the compliance reviews, OCR is currently conducting 45 reviews of CAHs and providing technical assistance to CAHs nationwide.

Critical access hospitals seeking technical assistance should consult OCR’s report, [“Advancing Effective Communication in Critical Access Hospitals.”](#)

5. How is HHS working to expand community and public access to scientific research and environmental health data related to environmental justice concerns?

Through its Partnerships for Environmental Public Health program, the National Institute of Environmental Health Sciences supports the spectrum of Community-Engaged Research (CEnR), including Community-Based Participatory Research (CBPR). CEnR research methods (including CBPR) seek to involve community members in designing and conducting research. Engaging communities in the full range of the research process can be a valuable approach for researchers and community members to leverage their knowledge, expertise, and other resources to further advance shared goals to address disproportionate environmental exposures that may lead to adverse health outcomes.

6. What jurisdiction does HHS have regarding Title VI of the Civil Rights Act? What is HHS doing to improve its Title VI program?

The HHS Office for Civil Rights (OCR) is responsible for enforcing the nondiscrimination requirements of Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d, as it applies to programs or activities that receive federal financial assistance from HHS. Title VI prohibits discrimination on the grounds of race, color, or national origin. For a full list of nondiscrimination requirements for which OCR has jurisdiction, please review our [Understanding Your Civil Rights](#) page.

OCR has generated a series of updated and new resources highlighting the relationship between Title VI and environmental justice and the capacity of OCR to address environmental justice concerns, including a new [OCR webpage dedicated to environmental justice](#). 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.

7. How does HHS work to ensure community members with limited English proficiency (LEP) have adequate access to educational outreach materials and participation opportunities?

In February 2013, HHS announced the publication of its [2013 Language Access Plan](#) (HHS LAP), ensuring access to HHS programs and activities to people with limited English proficiency (LEP). In accordance with [Executive Order 13166, Improving Access to Services for Persons with Limited English Proficiency](#), the HHS LAP establishes a policy and strategy for serving persons with LEP and commits to the language access principles. These principles state that people with LEP should have meaningful access to federally funded programs, activities, services, and benefits. The plan further serves as a blueprint for HHS agencies to develop their own agency-specific language access plans and is organized into ten cross-cutting elements with specific actions steps for HHS agencies to include in their respective agency-specific plans.

An existing effort to make HHS programs and activities accessible to individuals with LEP is the Worker Education and Training Program (WETP) at the National Institute of Environmental Health Sciences. The program has developed Spanish and Vietnamese translation versions for many of its informational booklets for disaster responders. These translated booklets were distributed to disaster clean-up workers during Hurricanes Rita and Katrina, the Deepwater Horizon Oil Spill, and Super Storm Sandy, among other disasters. WETP continues to identify new opportunities to expand its translation activities and outreach materials.

Additionally, the HHS Office for Civil Rights (OCR) is responsible for enforcing the nondiscrimination requirements of Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d, as it applies to programs or activities that receive federal financial assistance from HHS. Title VI prohibits discrimination on the grounds of race, color, or national origin (including limited English proficiency). **OCR Promotes and Ensures Compliance with the Civil Rights Laws by:**

- **Investigating complaints** filed by individuals alleging that they have or someone else has been discriminated against on a prohibited basis.
- **Conducting compliance reviews** of covered entities that OCR believes may not be in compliance with the law.
- **Providing technical assistance** to covered entities to help them understand how they can voluntarily comply with the law.
- **Conducting outreach nationwide** to help individuals and covered entities understand rights and obligations under the laws that OCR enforces.

For additional information, please refer to HHS's [Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons](#). Among other things, this guidance clarifies existing legal requirements by providing a description of the factors providers of health and social services who receive federal financial assistance from HHS

should consider in determining and fulfilling their responsibilities to LEP persons under Title VI.

8. What has HHS done to incorporate environmental justice into its grants and other funding opportunity award criteria?

HHS is in the process of developing guidance for incorporating environmental justice language into HHS grant and funding opportunity announcements. This guidance includes model language to assist HHS staff in considering environmental justice when developing grant and funding opportunity announcements.

9. How has HHS integrated environmental justice concerns into its National Environmental Policy Act (NEPA) process?

HHS is updating its National Environmental Policy Act (NEPA) Policy to more fully incorporate relevant environmental justice guidance and the principles of environmental justice. A 2012 preliminary review of HHS NEPA policy revealed a need for additional guidance for the HHS NEPA community to address environmental justice concerns in the NEPA process. HHS is preparing specific environmental justice guidance for HHS NEPA practitioners. A NEPA policy update addressing appropriate environmental justice considerations is anticipated to be completed in 2014. HHS NEPA program leads remain actively engaged with the HHS Environmental Justice Working Group, the Council on Environmental Quality, and NEPA colleagues on the Federal Interagency Working Group on Environmental Justice (EJ IWG).

HHS also serves as co-chair of the Community of Practice Subcommittee of the EJ IWG NEPA Committee, which is tasked with creating a federal-wide checklist that highlights steps NEPA practitioners can take to incorporate environmental justice considerations into the NEPA review process.

10. What is HHS doing to encourage increased awareness and availability of healthier foods in communities with environmental justice concerns?

HHS joined the Treasury Department and the Department of Agriculture in the Healthy Food Financing Initiative to expand the availability of nutritious food in underserved urban and rural communities across the country. The initiative aims to develop and equip grocery stores, small retailers, corner stores, and farmers markets to sell healthy food.

The National Institute of Environmental Health Sciences has supported several research and community outreach efforts focused on increasing awareness and availability of healthier foods in communities with environmental justice concerns. These efforts have included community-based participatory research initiatives that have helped identify and map current “food desert” conditions, supported community and food assessments,

informed food access advocacy and policy development, and contributed to obesity and food access literature. Food deserts are communities, particularly low-income areas, in which residents do not live in close proximity to affordable and healthy food retailers. Healthy food options in these communities are hard to find or are unaffordable.

11. How does HHS use technical assistance and/or technical support to address environmental justice issues involving Tribal populations (e.g., work with Tribal government and non-government organizations)?

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. In 2013, ANA launched a new program—Sustainable Employment and Economic Development Strategies (SEEDS)—to support grants focused on job creation and training, business development and incubation, and retaining money and funds in the community or reservation.

ANA 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 these three areas to more than 200 different Tribes. Applicants who participated in the trainings were more successful in attaining grants. In addition, the ANA Training and Technical Assistance centers hosted monthly webinars on issues that the communities identified, including financial management, native asset building, grant writing, and strategic planning. ANA also published a new resource, “Environmental Grantee Best Practices”, in 2013, which will assist future applicants in planning and implementing environmental grants. The resource can be found at:

<http://www.acf.hhs.gov/programs/ana/resource/environmental-grantee-best>.

On December 6, 2011, the Intradepartmental Council on Native American Affairs and the Office of Grants Policy, Oversight, and Evaluation in the Office of the Assistant Secretary for Financial Resources hosted a workshop. The goal of the workshop was to provide HHS program and grant managers with tools they can use to help Tribes complete the grant process. Expert panelists from Tribal organizations and within HHS provided best practices for strengthening relationships with Tribes and suggested tools for supporting Tribes throughout the entire grants process. This workshop directly supports the Secretary’s commitment to reshaping the way HHS works with Tribes. More than 250 people participated in this workshop.

12. What specific initiatives does HHS have underway or planned to address the environmental health concerns of Alaska Native and non-native Alaskan communities?

The National Institute of Environmental Health Sciences (NIEHS) currently supports research conducted by the Alaska Community Action on Toxics (ACAT). ACAT has formed a partnership with 15 communities in the Norton Sound region made up largely of Inupiat and Yupik, indigenous people who depend on the harvest of wild foods to sustain them and their ways of life, to find ways to mitigate and treat health effects from environmental contaminants. NIEHS is supporting ACAT to conduct research in partnership with the Yupik people of St. Lawrence Island in the Alaskan Arctic. The project aims to assess ways that the community might be exposed to endocrine-disrupting chemicals in water, traditional foods, and their homes; and to develop ways to prevent diseases that could serve as a model for other Arctic communities.

In 2013, the Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health (NIOSH) launched an initiative to partner with American Indian and Alaskan Native (AI/AN) communities, organizations and partners to provide occupational safety and health (OSH) support. The main goal of the NIOSH initiative is to build and strengthen OSH capacity in Tribal communities. NIOSH has developed an action plan that entails close collaboration with partners to determine how best to implement the AI/AN initiative and provide OSH support. Activities are underway to evaluate what resources are currently dedicated to addressing OSH issues among AI/AN OSH population and identify priority OSH issues, including surveillance needs. NIOSH has an ongoing collaboration with the Navajo Nation Occupational Safety and Health Administration regarding OSH and the Navajo reservation, including support on tribal conferences and field evaluations. NIOSH is seeking to develop a research and technical assistance agenda to help address AI/AN OSH priorities and to develop a communication strategy and communication products. A recently published article in the Indian Health Service Provider (http://www.ihs.gov/Provider/documents/2010_2019/PROV1213.pdf) provides more detail on the NIOSH initiative.

13. How is HHS helping low-income, minority, and Tribal populations prepare for and address the disproportionate impacts related to climate change?

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 climate adaptation strategies and plans across the Department. The plan is available at: <http://www.hhs.gov/about/sustainability/adaptation-plan.pdf>. It outlines the challenges posed by climate change to the HHS mission, programs, and operations, and identifies specific actions to better understand and address those challenges.

The Climate and Health Program at the Centers for Disease Control and Prevention (CDC) awarded \$5.25 million to ten health departments through the Climate-Ready States and Cities Initiative in 2010 and 2011 to assess threats, make plans, and develop

programs to meet the public health challenges of climate change over the next three years. The program is also developing an adaptation guidebook for state and local health departments that addresses population vulnerability. As part of this program, CDC has established multiple cooperative agreements and begun developing various decision support tools for communication, education, and vulnerability mapping that relates to climate change. For example, in conjunction with the Oregon Health Authority and Upstream Public Health, a one-day course was developed to train 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. CDC is working with Oregon to distribute the training course materials for adoption and use by the HIA community.

CDC also developed three 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 were conducted in 2013 for new grantees, Association of State and Territorial Health Officials, and National Association of County and City Health Officials. The content will contribute to developing written guidance on the BRACE Framework.

The National Institutes of Health continues 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.

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

Through the Administration for Native Americans, Alaska Natives are empowered to address environmental health concerns through [Environmental Regulatory Enhancement grants](#). Growing awareness of environmental issues on Indian lands has resulted in increased funding to address these issues. ANA's Environmental Regulatory

Enhancement grants provide tribes with resources to develop legal, technical and organizational capacities for protecting their natural environments.

Environmental Regulatory Enhancement projects focus on environmental programs in a manner consistent with tribal culture for Native American communities. They build tribal capacity, allowing involvement in all aspects of each project, including:

- Environmental issue identification
- Planning
- Development
- Implementation

The links between tribal sovereignty, organizational capacity and protection of the environment are central components of the Environmental Regulatory Enhancement program. Applicants are required to describe a land base or other resources (a river or body of water, for example) over which they exercise jurisdiction as part of their application.

14. What is HHS doing to help the U.S. prepare for future environmental disasters, such as Super Storm Sandy?

As part of the President's Climate Action Plan, HHS will launch 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 guidance on affordable measures to help ensure that our medical system is resilient to climate impacts. The effort will also include collaborations with partner agencies to share best practices among federal health facilities. And, building on lessons from pilot projects underway in 16 states, it will help train public-health professionals and community leaders to prepare their communities for the health consequences of climate change, including through effective communication of health risks and resilience measures. The President's Climate Action Plan can be found at: <http://www.whitehouse.gov/sites/default/files/image/president27sclimateactionplan.pdf>

HHS also continues to implement the National Health Security Strategy with numerous objectives and actions to implement 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) has developed and implemented the HHS Disaster Behavioral Health Concept of Operations to provide a coordinated federal response to disaster, including ensuring the behavioral 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 the HHS Disaster Human Services Concept of Operations to address the disaster human services needs of vulnerable populations,

including economically disenfranchised individuals, minority populations, and people with Limited English Proficiency.

ASPR has initiated the 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.

In addition, ASPR awarded grants to support research related to long-term recovery from Super Storm Sandy. The research will be in key priority areas, such as community resilience, risk communication and the use of social media, health system response and health care access, evacuation decision-making, and mental health outcomes. Several studies specifically address the needs of vulnerable populations.

The Substance Abuse and Mental Health Services Administration (SAMHSA) has established the Disaster Technical Assistance Center (DTAC) to support SAMHSA's efforts to prepare States, Territories, Tribes, and local entities to deliver an effective mental health and substance abuse (behavioral health) response to disasters.

The Office of Public Health Preparedness and Response at the Centers for Disease Control and Prevention (CDC) is providing funds from the Disaster Relief Appropriations Act of 2013 (P.L. 113-02) to support research in priority areas to aid recovery from the public health impact of Super Storm Sandy. This research program is within the HHS and CDC overall strategy to build the scientific evidence-base and its application to public health preparedness, response, and recovery practice.

On August 20, 2013, the Worker Education and Training Program at the National Institute of Environmental Health Sciences awarded grants totaling \$1.75 million to support worker safety and health training for those involved in the cleanup of Hurricane Sandy. Awards were made to the International Union of Operating Engineers Training Fund, the New Jersey/New York Hazardous Materials Worker Training Program at Rutgers, the Steelworkers Charitable and Education Organization, SEIU Education and Support Fund, University of Massachusetts Lowell, and the International Chemical Workers Union Council. These grantees received funding to train volunteers, members of the public works, or those involved in the response and recovery of Hurricane Sandy and to prepare communities to handle potential future climate related disasters.

15. How do HHS programs help to support environmental clean-up and job creation in communities with environmental justice concerns?

The Worker Education and Training Program at the National Institute of Environmental Health Sciences (NIEHS) has operated since 1987. It provides education and training support to 20 primary organizations across the nation. In the past three years, NIEHS has worked to integrate environmental justice considerations into its broader worker

education and training program. It has continued to support the Minority Worker Training Program, where 10,000 students have been trained with 70 percent successfully obtaining employment in environmental remediation and emergency response. NIEHS also integrated minority outreach into its other hazardous waste worker training programs supporting the cleanup of Superfund, brownfields, emergency response, and Department of Energy sites. Together, these efforts have resulted in the integration of many more workers from minority, low-income, and disadvantaged populations into the environmental remediation industry.

16. How can HHS-funded worker training programs address barriers to successful program implementation, e.g., lack of access to transportation and low educational attainment?

In 1995, the [Minority Worker Training Program \(MWTP\)](#) - a primary component of the Worker Education and Training Program at the National Institute of Environmental Health Sciences - was established to recruit and train disadvantaged individuals who live near waste sites or in communities at risk of exposure from contaminated properties for jobs related to construction, environmental remediation, and emergency response.

The targeted demographic for the MWTP face significant barriers to accessing and obtaining long-term employment opportunities, including educational deficiencies, underdeveloped life skills and job readiness, ex-offender status, other physical and social health conditions, and socio-economic circumstances that can negatively affect an individual's ability to secure employment.

The MWTP model works to address these barriers and impediments to employment through specialized life skills and other pre-employment training, and a vast array of wrap-around services to ensure that trainees have adequate access to food, housing, transportation, drug and alcohol rehabilitation, child/elderly care, counseling, supplemental educational instruction, and legal assistance.

Since the program's inception, it has successfully trained more than 10,000 individuals from disadvantaged backgrounds and maintains a 70 percent job placement rate. Graduates of the MWTP have acquired jobs in a variety of related fields earning wages of \$12 to \$18 per hour and reaching more than \$30 per hour for some jobs.

Under the 2012 HHS EJ Strategy and Implementation Plan, HHS has committed to prepare guidance for HHS-funded worker training programs that are designed to assist disadvantaged communities, and provide model strategies to improve approaches to addressing barriers to successful program implementation. HHS anticipates publishing this training and educational guidance in 2014.

17. How can Health Impact Assessments (HIA) be used more effectively to address environmental justice concerns among minority, low-income, and Tribal populations?

In summer 2011, the Healthy Community Design Initiative (HCDI) at the Centers for Disease Control and Prevention awarded a total of \$925,000 to six city, county, and state recipients to conduct at least three health impact assessments per year and provide training and technical assistance on how proposed projects, policies, and decisions at the state, tribal, and local level can impact community health. Anticipated project period length is three years. While all Health Impact Assessments (HIAs) examine vulnerable populations, some of the HIA project proposals directly tackle environmental justice issues such as evaluating the human health impact of a vacant property redevelopment program in Baltimore, MD.

HCDI is dedicated to increasing HIA practice in the United States. In 2009-2011, HCDI established HIA capacity-building pilot programs in four states: Minnesota, California, Oregon, and Wisconsin. A total of 13 HIAs were conducted--ranging from assessing the impact of alcohol outlet policies on a community's health, to conducting an HIA on a county's comprehensive plan update. The states conducted HIA trainings and webinars for 634 professionals from planning, health, governmental, and advocacy organizations. In addition, HCDI's partner, the Association of State and Territorial Health Officials (ASTHO) reached 133 people with their HIA webinar series. Other recent HCDI HIA accomplishments are available at: <http://www.cdc.gov/healthyplaces/accomplishments.htm>.

CDC also supported the Inaugural National Health Impact Assessment Meeting, held 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 HCDI, was organized 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 one-day forum tailored specifically to decision makers at all levels of the U.S. government was 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 and low-income populations before it is implemented or built. Building on the success of the Inaugural meeting, another National Health Impact Assessment Meeting was held in September 2013.

18. What community-level impacts have resulted from the implementation of the 2012 HHS EJ Strategy and Implementation Plan?

- **Minority Worker Education Training Program (MWTP):** Through the program, HHS has equipped about 10,000 workers from low income and underserved populations with the skills to handle hazardous materials and waste or to respond to emergency releases of hazardous chemical substances in the communities where they live. About 70 percent have acquired jobs in a variety of related fields, earning wages of \$12 to \$18 per hour and reaching more than

\$30 per hour for some jobs. Because of the sustained success of this program since 1995, many community partners that conducted recruitment, life skills training, and other supportive services have increased their institutional capacity by obtaining additional financial support from other funders to expand their reach, resulting in more training and services to their communities.

- **HHS Environmental Justice Website:** HHS is taking steps to increase awareness about environmental justice in all sectors, including the communities we serve, and encouraging them to get involved. Over 6,000 individuals and organizations representing the 'Environmental Justice Community' now receive timely information through the recently completed HHS Environmental Justice website and various social media outlets including Twitter and email marketing. The website is recording nearly 1,000 views per month.
- **HHS Super Storm Sandy Recovery:** The Federal Emergency Management Agency (FEMA) identified 16 counties and boroughs as having had a 'very high impact from Sandy.' HHS agencies were quick to realize that this broad path of destruction would affect a diverse population with a wide range of both short- and long-term needs and took immediate action.

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 affected (including vulnerable populations). HHS compiled and disseminated web materials in multiple languages to address disaster-related emotional and stress management needs, including materials specific to the needs of children, elders, individuals with Limited English Proficiency, and people with disabilities.

Through existing programs in their New York and New Jersey communities, the Worker Education and Training Program at the National Institute of Environmental Health Sciences 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. Over 550 response workers were trained and more than 41,000 educational booklets in multiple languages were distributed to responders.

Staff from the Office of the Assistant Secretary for Preparedness and Response (ASPR) also worked with the Institute of Medicine and the New York Academy of Medicine in their efforts to organize a meeting of representatives from federal, state, and local government agencies and non-governmental organizations from areas affected by Super Storm Sandy. The meeting aimed 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, 2012 in New York. Several HHS staff members, including members of the HHS Environmental Justice Working Group, participated in the meeting. The meeting outcomes helped to shape the development of funding opportunity announcements from ASPR and CDC’s Office of Public Health Preparedness and Response to fund research to inform long-term recovery efforts from Super Storm Sandy.