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# 2014 Environmental Justice Implementation Progress Report

2014 HHS Environmental Justice Implementation Progress Report  
HHS Clearance Draft

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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). The Strategy also supports the [HHS Strategic Plan](#) by promoting prevention and wellness across the lifespan.

In accordance with the MOU, each agency is responsible for preparing annual reports detailing the progress the agency has made in implementing their environmental justice strategies. This 2014 Environmental Justice Implementation Progress Report summarizes HHS’s advancement of the actions outlined in the 2012 HHS EJ Strategy. The report highlights some of HHS’s significant contributions to environmental justice in the areas of stakeholder engagement; policy development and dissemination; education and training; research and data collection, analysis, and utilization; and services. It also describes HHS’s participation in the activities of the Federal Environmental Justice Interagency Working Group (EJ IWG), an interdepartmental body that includes representation from 17 federal departments and offices.

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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 (or Strategy) recognizes the impact of environmental factors on health and well-being. The HHS vision for environmental justice is “a nation that equitably promotes healthy community environments and protects the health of all people.”<sup>5</sup>

## Development of the 2012 HHS Environmental Justice Strategy and Implementation Plan

The 2012 HHS EJ Strategy demonstrates an agency-wide commitment to address environmental justice, consistent with the HHS mission. HHS released its 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, and a number of multi-city stakeholder meetings.

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

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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.



## Development of the 2014 Environmental Justice Implementation Progress Report

This Implementation Progress Report highlights the Department’s advancement of the actions outlined in the 2012 HHS EJ Strategy from February 2013 to December 2013.

Throughout 2013, the HHS Environmental Justice Working Group (HHS EJ Working Group), comprising representatives from agencies and offices across HHS, provided primary oversight of the implementation of the HHS EJ Strategy. The HHS EJ Working Group is led by staff from the Office of the Assistant Secretary for Health (OASH).

The HHS EJ Working Group utilized multiple subgroups to lead implementation efforts. Four subgroups organized by the strategic elements were responsible for monitoring their respective actions. Additional groups were established to address actions that cut across the four strategic elements. These crosscutting groups were established to address the following areas: (1) environmental justice award criteria; (2) vulnerability assessment and climate change; (3) health in all policies; (4) HHS environmental justice website; (5) community-based participatory research; (6) HHS employee environmental justice education and training; and (7) stakeholder engagement.

The 2014 Implementation Progress Report also addresses HHS's efforts to uphold the 2012 HHS EJ Strategy's three guiding principles -- Create and Implement Meaningful Public Partnerships, Ensure Interagency and Intra-agency Coordination, and Establish and Implement Accountability Measures.

***Create and Implement Meaningful Public Partnerships***

Building on previous HHS efforts to identify and establish partnerships to help in implementing the 2012 HHS EJ Strategy, members of the HHS EJ Working Group, including those from the National Institute of Environmental Health Sciences (NIEHS), in partnership with the Environmental Protection Agency (EPA), National Institute on Minority Health and Health Disparities (NIMHD), Centers for Disease Control and Prevention (CDC), Office of Minority Health (OMH), and Indian Health Service (IHS) hosted a meeting focused on identifying priorities for action to address environmental health disparities (EHD) and environmental justice (EJ). The meeting brought together researchers, community residents, healthcare professionals, and federal partners committed to addressing EHD and EJ, in particular the grantees funded by the agencies mentioned above on July 29-31, 2013.

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

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

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

***Establish and Implement Accountability Measures***

The 2014 Implementation Progress Report documents HHS's progress in implementing the 2012 HHS EJ Strategy's 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 EJ Action Progress Table located in Appendix A illustrates the levels of progress made on each EJ 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 the specific environmental justice actions.

## **Environmental Justice Strategy Implementation Highlights for 2013**

### **POLICY DEVELOPMENT AND DISSEMINATION**

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

Signed in 2009, Executive Order 13514, *Federal Leadership in Environmental, Energy, and Economic Performance*, through its focus on integrating agency missions and sustainability, provided an opportunity for HHS to link its environmental justice activities to sustainability efforts. In July 2013, the Executive Office of the President released the President's Climate Action Plan, a series of Executive actions to reduce carbon pollution, prepare the United States for the impacts of climate change, and lead international efforts to address global climate change. Shortly thereafter, the President issued [Executive Order 13653, Preparing the United States for the Impacts of Climate Change](#), which directs federal agencies to take certain actions to enhance climate preparedness and resilience. The Executive Order acknowledges that the impacts of climate change "are often most significant for communities that already face economic or health-related challenges".

All of these directives govern certain actions undertaken by the federal government and/or entities that receive federal funding. Furthermore, Title VI, NEPA, and climate change were among the policy topics identified as focus areas in the August 2011 Memorandum of Understanding. The Strategic Element, "Policy Development and Dissemination" includes actions related to these topics, as well as actions to develop policy guidance for specific HHS programs and activities, such as its grant programs.

### **The President's Climate Action Plan**

Two HHS initiatives are featured in the [President's Climate Action Plan](#). Both will have implications for communities with environmental justice concerns.

First, HHS is initiating a public-private partnership to develop specific tools and information related to resilience of health care facilities in a context of climate change-exacerbated stressors. The initiative consists of three parts: development of an informational resource packet, creation of a public-private partnership to advance the concept of sustainable and resilient healthcare facilities, and collaborations with federal partners who also are responsible for health care facilities.

Second, CDC is providing support to 16 state and 2 local health departments to help them develop ways to anticipate climate change health effects by applying climate science, predicting health impacts, and preparing flexible programs in response. Through their Climate-Ready States and Cities Initiative (CRSCI), CDC will help states and cities partner with local and national climate scientists to understand the potential climate changes in their areas, assist health departments in developing and using models to predict health impacts, to monitor health effects, and to identify those most vulnerable to these effects. In 2013, CDC completed three guidance documents for use by CRSCI grantees.

- “Applying the Best Science (including how to manage uncertainty) Using the Principles of ‘Evidence Based Public Health’”
- “Key Elements and Considerations for Preparing a Climate and Health Profile Report”
- “Assessing Health Related Vulnerabilities to the Changing Climate”

### **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. The grants represent the first time HHS has funded research needed by local communities to support long-term recovery efforts.

HHS's Office of the Assistant Secretary for Preparedness and Response (ASPR) administers the grants through the Disaster Relief Appropriations Act of 2013. The grants are being coordinated with others administered by the Centers for Disease Control and Prevention and are part of a broader effort by HHS to support public health system recovery from Hurricane Sandy.

The funded research focuses on physical and behavioral health aspects of recovery including community resilience, risk communication, and the use of social media, health system response and health care access, evacuation and policy decision making, and mental health. The grants require researchers to share their findings with each other and 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.

The NIEHS Superfund Worker Education and Training Program (WETP) activated and mobilized its network of worker education and training resources to support response and cleanup activities after Hurricane Sandy, to assure safe work practices and high levels of worker protection during the cleanup process. Public employees, construction workers, day laborers, homeowners, and volunteers play a huge role in the cleanup of the aftermath of Hurricane Sandy. They were, and still are, involved in debris removal, gutting, mucking, and mold remediation. To protect the health and safety of those who are cleaning up the aftermath of Hurricane Sandy, NIEHS WETP grantees have been actively involved in training. Curricula have been developed focusing on safety and health related to mucking, gutting, and mold remediation. Courses taught also included disaster safety awareness, OSHA 10, and courses tailored to particular tasks and populations. Courses have been taught in both English and Spanish. In addition, train-the-trainer courses have been developed to train bilingual trainers. Training requests started in January 2013, and as of June 30, 2013, nearly 1,000 people have been trained by NIEHS awardees, with nearly 2,500 contact hours.

Initially, training covered material in Safety Awareness for Responders to Hurricanes: Protecting Yourself While Helping Others. Significant requests for training came from AmeriCorps, New York Care, and New York City Housing Authority (NYCHA) World Care Center. The most requested course was Hurricane Sandy Recovery, Protecting Yourself While Mucking and Gutting. Other courses include New York Hurricane Sandy--Recovery Tools and Training and mold remediation and awareness. Safety Awareness was mainly taught to NYCHA workers who were doing door-to-door surveys.

NIEHS also awarded supplemental funding of \$1.75 million to six grantees including the International Union of Operating Engineers Training Fund (IUOE), the New Jersey/New York Hazardous Materials Worker Training Program at Rutgers, the Steelworkers Charitable and Education Organization (USW), SEIU Education and Support Fund, University of Massachusetts Lowell, and the International Chemical Workers Union Council (ICWUC) to continue to provide worker safety and health training for those involved in the cleanup of Hurricane Sandy. These grantees received funding to train volunteers, members of the public works, or those involved in the response and recovery of Hurricane Sandy. The full Hurricane Sandy Training report is available ([http://tools.niehs.nih.gov/wetp/public/hasl\\_get\\_blob.cfm?ID=9939](http://tools.niehs.nih.gov/wetp/public/hasl_get_blob.cfm?ID=9939)).

#### **Incorporation of EJ Guidance into HHS National Environmental Policy Act (NEPA) Process**

HHS is updating its National Environmental Policy Act (NEPA) guidance to more fully address relevant environmental justice principles. A 2012 preliminary review of the HHS NEPA policy revealed a need for additional guidance for the HHS NEPA community to address environmental justice concerns in the NEPA process. HHS NEPA program leads are actively engaged with the

Council on Environmental Quality and the NEPA committee of the Federal EJ IWG which is preparing federal environmental justice guidance. When issued, this new NEPA guidance will be adapted for HHS NEPA practitioners. HHS anticipates completion of this effort in 2014.

## **EDUCATION AND TRAINING**

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

### **HHS EJ Frequently Asked Questions**

Providing meaningful opportunities for public engagement is an important tenet of environmental justice. Since the federal environmental justice effort was reinvigorated in 2010, HHS has participated in stakeholder meetings and other events where people could ask questions concerning HHS programs related to environmental justice. The HHS EJ Working Group compiled these questions and responded to them in a [Frequently Asked Questions \(FAQ\)](#) document. This document is not a comprehensive inventory of HHS activities related to environmental justice. Rather, 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](#).

### **Minority Worker Training Program: Guidance on How to Achieve Successes and Best Practices**

Since its inception in 1995, the Minority Worker Training Program (MWTP), supported by the NIEHS, has provided hazardous material training to approximately 10,000 people in more than 30 communities across 20 states and the District of Columbia. The MWTP model is 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. The MWTP has provided significant contributions to environmental

justice by providing training and increasing job opportunities to people from underserved and disadvantaged communities, who can then participate in addressing the needs of their communities in a meaningful way.

To ensure continuous improvement of the program, NIEHS completed a guidance document, [MINORITY WORKER TRAINING PROGRAM: Guidance on How to Achieve Successes and Best Practices](#). This report provides a detailed assessment of the development of the MWTP, key findings, best practices for implementation and success, short and long term recommendations, and numerous case studies.

### **Training and Technical Assistance to Community Health Centers**

The Health Resources and Services Administration's (HRSA) Bureau of Primary Health Care (BPHC), Office of Special Population Health 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 2013, 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 (HOP) has 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 that 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 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. The three annual conferences are located in each of the loosely-defined migratory streams, representing the flow of agricultural workers up and down the stream as they follow the harvest. The stream forums provide farmworker-specific continuing education to providers of health care and social services in community and migrant health centers, as well as offering a venue for networking among these professionals in the field. The conferences present

an opportunity for participants to discuss regional and national trends that affect farmworkers and to share successful strategies for addressing farmworker needs.

### **Incorporating EJ into Environmental and Occupational Safety and Health Education**

HRSA support through the NCA with Farmworker Justice also contributed to the development and use of the Project Clean Environment for Healthy Kids training curricula. For more than a decade, these curricula have helped to train Promotores de Salud (community health workers) in farmworker communities on environmental health topics including, asthma, lead, pesticides, and drinking water, and waste disposal. HRSA funding continues to support to update and disseminate the information through various means of communication in both English and Spanish.

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

Minority Serving Institutions (MSIs) such as Historically Black Colleges and Universities (HBCU) and Hispanic-Serving Institutions (HSI) have commitments to educate and serve minority populations. The National Institute on Minority Health and Health Disparities (NIMHD) at the National Institutes of Health (NIH) supports three environmental health and environmental justice research programs at MSIs and thereby provides educational and research training opportunities for minority students and professionals in environmental health and environmental justice. Two are within the NIMHD Research Centers in Minority Institution Program. The Center for Environmental Health at Jackson State University aims to strengthen the capacity to conduct environmental health and health disparities research. The Border Biomedical Research Center at University of Texas El Paso supports a subproject entitled "Toxicology Program" to investigate the El Paso-Ciudad Juarez stretch of the Rio Grande River to determine the impact of chemicals and mixtures of these in the environment for the local populations. The third project, within the NIMHD Building Research Infrastructure and Capacity Program, entitled "Investigation of Unequal Access to Clean Water" conducted at the University of Puerto Rico, Cayey investigates water quality in Puerto Rican households and how water quality and accessibility are linked to social and biophysical variables at the community and household level.

Through the NIEHS Hazardous Waste Worker Training Program, the Deep South Center for Environmental Justice at Dillard University Historically Black Colleges and Universities (HBCUs) Consortium in New Orleans, LA is a partnership with the Texas Southern University in Houston, TX, and a collaboration with the United Steelworkers, the United Autoworkers, minority-owned training providers, and local, state, and federal agencies. Reaching over 45 organizations, the target population included HBCUs, small businesses, municipal workers and first responders. Dillard University HBCU Consortium trained 283 participants that attended a total of 32 classes that delivered 3,962 training hours to HBCU employees, small business owners and employees, and municipal workers.

The consortium also conducts an HBCU Environmental Health and Safety Regional Training each year to target HBCU health and safety professionals. This training addresses key concepts such as blood-borne pathogens, hazardous materials/Department of Transportation regulations, laboratory safety and global harmonization systems/labeling in the lab.

For the NIEHS Minority Worker Training Program, the HBCU Consortium with Dillard University in New Orleans, LA partnering with Texas Southern University (Houston, TX), Green Door Initiative (Detroit, MI), the Citizens for Environmental Justice (Savannah, GA), and union organizations, minority-owned training providers, and local, state, and federal agencies made great strides in reaching environmental justice communities through outreach and training. The main goals of the consortium are to: (1) build the capacity of community-based organizations and (2) provide socio-economically disadvantaged community residents 18 years of age or older with the skills needed to work with businesses and contractors involved in construction and environmental remediation. Under this program, 100 individuals were trained in New Orleans, LA; Savannah, GA; Houston, TX; and Detroit, MI. The overall placement rate for the four sites was 84 percent. The jobs included asbestos abatement worker, environmental technician, and construction/carpentry workers, with a rate of pay ranging from \$9.00 to \$18.00 per hour.

In addition, Dillard hosted the First Annual HBCU Climate Change Student Conference, Bridging the Gap Between Climate Change Theory and Experience on April 4 - 6, 2013. Over 100 students, faculty, staff, and environmental leaders from across the country came together to discuss the devastating effects climate change is having on vulnerable communities. The purpose of the inaugural HBCU Climate Change Student Conference was to educate minority students on climate change theory and experience as it relates to racial, social, public health, and economic disparities in the wake of weather related disasters. Nine HBCUs were represented at the conference including Dillard University, Morgan State University, Howard University, Spelman College, Southern University Baton Rouge, Texas Southern University, Tennessee State University, Florida A & M, and Meharry College. The three day conference included an undergraduate and graduate student poster session, a coastal community tour, and climate change sessions including green jobs health and safety training for middle school students from the Dillard University Emerging Scholars - Science, Technology, Engineering and Mathematics Program.

## **RESEARCH AND DATA COLLECTION, ANALYSIS, AND UTILIZATION**

Through the *Research and Data Collection, Analysis, and Utilization* strategic element, HHS will strive to address research challenges and data deficiencies related to health and environmental justice in order to contribute to and facilitate an improved understanding of the relationship between exposure to environmental hazards and health effects. This effort aims to inform

programs, policies, and interventions to eliminate health disparities associated with preventable environmental factors.

### **NIH Re-commitment to Addressing Asthma Disparities**

In May 2013, NIH renewed its commitment to addressing asthma disparities across the United States and worldwide. The National Heart, Lung, and Blood Institute (NHLBI); National Institute of Allergy and Infectious Diseases (NIAID); Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD); and NIEHS are the lead NIH institutes that support the research to understand the causes and progression of asthma and optimal treatment. Since the 2012 release of the President's Task Force on Environmental Health Risks and Safety Risks to Children's [Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities](#), NIH has worked alongside partner federal agencies to implement the plan's recommendations. NIH institutes may support different aspects of asthma research, but are united in the goal to reduce the burden of asthma on low-income and minority families, especially children.

NHLBI's clinical research network, AsthmaNet ([www.asthmanetresearch.org](http://www.asthmanetresearch.org)) is comparing three different treatments for African Americans who have poorly controlled asthma to determine if patients respond better to one treatment than another and, if so, whether responses differ for children versus adults, or based on genetic makeup.

NIAID's [Inner-City Asthma Consortium](#) designs and implements immune-based therapies for asthma and conducts studies to define and treat the disease in inner-city children. ICAC is the third consecutive inner-city asthma research program funded by NIAID since 1991.

NIEHS and its partners continue to reduce children's asthma rates in New Orleans and surrounding parishes that were severely impacted by Hurricane Katrina in 2005. By offering NIH-funded, evidence-based asthma interventions to children and caretakers, the [Head-Off Environmental Asthma in Louisiana](#) study has improved asthma symptoms and conditions in children.

### **Environmental Health Disparities and Environmental Justice Meeting**

On July 29-31, 2013, the NIEHS hosted a meeting in partnership with the EPA, NIMHD, CDC, OMH, and IHS. The meeting focused on identifying priorities for action to address environmental health disparities and environmental justice. The meeting brought together researchers, community residents, healthcare professionals, and federal partners committed to addressing EHD and EJ, in particular the grantees funded by the aforementioned agencies. For additional information see: Community Engagement: *Environmental Health Disparities and Environmental Justice Meeting*.

## **Inclusion of Work-Related Data Elements in Two National Health Surveys and Ongoing Surveillance**

That National Institute for Occupational Safety and Health (NIOSH) has supported adding modules to two important national surveys conducted by CDC: the National Health Interview Survey (NHIS) and the Behavioral Risk Factor Surveillance System (BRFSS).

In 2010, NIOSH sponsored an occupational health supplement (OHS) to be included in the NHIS for the first time since 1988. The results highlight important workplace issues, such as work organization factors, psychosocial and chemical/physical exposures, as well as common work-related health conditions. Because NHIS data are publicly available, the 2010 OHS provided a unique tool to researchers in the U.S. and across the globe to explore novel associations between occupational health topics and chronic health problems. The NHIS-OHS captures nationally representative data on the working conditions of male and female workers of all races, ethnicities, incomes, work arrangements and ages; and, who work in various industries and occupations.

Since the 2010 NHIS-OHS data have been available, it has been used to provide national prevalence estimates for several work-related conditions and potentially hazardous workplace exposures, and to guide national prioritization efforts for further research and interventions. In 2012, findings from an important article about insufficient sleep among shift workers were disseminated by several national news outlets, increasing awareness of this issue among the public.

Because of the success of this first supplement, NIOSH has dedicated funding to support this supplement to be included in the 2015 NHIS.

NIOSH is also supporting a module to collect industry and occupation data of respondents in the BRFSS for 2013 through 2016. The optional module was administered in 19 states in 2013, and is being administered in 23 states in 2014. Industry and occupational data provide important demographic information to complement behavioral information that is part of the core BRFSS. This will help us better understand the health of workers as occupation is an important social determinant of health.

CDC released the second Health Disparities and Inequalities Report – United States in November 2013. Included in this publication were two chapters on occupational outcomes: Nonfatal Work-Related Injuries and Illnesses – United States, 2010 and Fatal Work-Related Injuries – United States, 2005-2009. The first of these chapters explored demographic characteristics of those in high-risk occupations. The second examined occupational fatalities by demographic characteristics as well as by industry and occupation.

## SERVICES

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

### **HHS awards Affordable Care Act Funds to Expand Access to Care**

In November 2013, HHS announced \$150 million in awards under the Affordable Care Act to support 236 new health center sites across the country. These investments will help care for approximately 1.25 million additional patients. Community health centers work to improve access to comprehensive, culturally competent, quality primary health care services. Community health centers play an especially important role in delivering health care services in underserved communities. Health Center New Access Point grants, listed by organization and state, are available at [www.hrsa.gov/about/news/2013tables/newaccesspointawards/](http://www.hrsa.gov/about/news/2013tables/newaccesspointawards/).

### **Health Impact Assessments**

The CDC continues to promote use of health impact assessment (HIA) by communities, including those wishing to address environmental justice issues. Grantees of CDC's Healthy Community Design Initiative (HCDI) have completed 36 HIAs on transportation and land use decisions. Early successes are captured in *HIA Stories from the Field* at <http://www.cdc.gov/healthyplaces/stories/default.htm>.

The second National HIA meeting occurred in September 2013 and brought over 350 professionals together to learn about HIA. CDC provided organizational assistance.

Free, online training continues to be supported by HCDI, in partnership with the American Planning Association (APA). Over 5,000 people have taken the training, and it remains APA's most popular on-line course (<http://advance.captus.com/Planning/hia2/home.aspx>). In addition, HCDI's grantees are required to provide two training events per year. One grantee in Davidson, NC elected to organize a Southeastern Regional HIA Summit in 2013.

In addition to formal HIAs, HCDI seeks to identify methods to incorporate some of the benefits of HIA at a lower cost. Examples include the following.

- CDC has developed a healthy community design checklist to help planners, public health professionals, and the general public include health in the community planning process. It was first piloted through an Atlanta MARTA transit stop area redevelopment plan. The current plans for redevelopment contain recommendations identified through the use of

the checklist. HCDI partnered with APA to expand the checklist into a toolkit:

<http://www.cdc.gov/healthyplaces/toolkit/default.htm>.

- CDC has also worked with the National Park Service to develop a healthy recreation checklist. This checklist will help engage health practitioners in parks, trails, and open space planning and will be a tool to introduce the concept of HIAs to parks and trail planners, in hopes of stimulating community dialogue about the health impacts of these projects. A draft version is available at:

[http://www.nps.gov/ncrc/programs/rtca/helpfultools/Parks,%20Trails,%20and%20Health%20Workbook\\_Final%20Draft.pdf](http://www.nps.gov/ncrc/programs/rtca/helpfultools/Parks,%20Trails,%20and%20Health%20Workbook_Final%20Draft.pdf).

- HCDI has developed toolkits to facilitate HIA on transportation and park decisions:

[http://www.cdc.gov/healthyplaces/parks\\_trails/default.htm](http://www.cdc.gov/healthyplaces/parks_trails/default.htm),

[http://www.cdc.gov/healthyplaces/transportation/hia\\_toolkit.htm](http://www.cdc.gov/healthyplaces/transportation/hia_toolkit.htm).

### **Electronic Health Records**

CDC's NIOSH has initiated several activities to establish the feasibility and utility of collecting patients' work information as part of electronic health records (EHRs). To ensure maximum utility for clinical practice and public health reporting, patient work information needs to be standardized. NIOSH defined an "Occupational Data for Health" information model and recommended and defined codes and value sets to be used by the model. To understand the challenges of collecting and standardizing work information, NIOSH funded a pilot project to collect patient's industry and occupation information in the EHR system of a network of community health clinics serving low income residents in Los Angeles. Another funded project tested various approaches to collecting industry and occupation information through patient portals.

NIOSH also initiated several projects to show the usefulness of the collected industry and occupation data to improve clinical care and public health reporting. One project is developing clinical decision support for use in EHRs that will use the collected industry and occupation information to deliver patient specific information to clinicians to assist with diagnosis and management of health conditions caused by or impacted by work. NIOSH is collaborating with federal and state partners to promote incorporation of work information in public health reporting. This is achieved through standards that require consistency across all types of reporting to make it easier for EHR users and vendors to share and compare data across program areas. Improvements in public health reporting of occupational conditions will help address the documented underreporting of work-related conditions, especially among low-income minority and immigrant workers.

### **Expanding Health Disparities and Environmental Justice Concepts on the National Center for Environmental Health's National Environmental Public Health Tracking System**

During the latter part of 2013, funded partners from the Tracking Network developed and implemented a project to: 1) obtain and organize a consensus database of social determinants of health (SDoH) variables available at sub-county geographies that can be used to develop social vulnerability indices as comparative metrics to better understand health outcomes and environmental conditions among vulnerable populations; 2) develop a prototype for application of geospatial tools and analysis for assessment of health or environmental disparities at the community level; and 3) use relationships established with tracking stakeholders to vet SDoH metrics and indices and to develop messaging and outreach materials about how to use tracking tools to support investigation of health disparities at the community level. CDC will work with the Agency for Toxic Substances and Disease Registry to use their social vulnerability index to further the work begun by funded partners.

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

In 2013, ANA provided funding to support 187 new and continuing projects through its Social and Economic Development Strategies, Native Languages, and Environmental Regulatory Enhancement (ERE) programs. ANA also continues to provide free trainings and technical assistance to grantees and applicants to help with project planning and development, pre-application assistance, and project implementation. 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, 2013, ANA funded the following four new ERE grantees:

- Grantee: Yukon River Inter-Tribal Watershed Council, Fairbanks, Alaska  
*Descriptive Title:* Enhancing Tribal Environmental Regulation in the Yukon River Watershed through Indigenous Knowledge and Tribal Soil & Water Conservation Districts
- Grantee: Aroostook Band of Micmacs, Presque Isle, Maine  
*Descriptive Title:* Aroostook Band of Micmacs' Continuous Atmospheric Mercury Monitoring Project
- Grantee: Match-E-Be-Nash-She-Wish Band of Pottawatomi Indians, Dorr, Michigan  
*Descriptive Title:* "Gde-nakwenamen nokmeskignan" Protecting Grandmother Earth through Natural Resource Protection Capacity Building
- Grantee: Lower Elwha Tribe Community Council, Port Angeles, Washington  
*Descriptive Title:* Examining mortality patterns and population demographics of Columbian black-tailed deer to improve the regulatory ability of the Lower Elwha Klallam Tribe

More detail regarding recently funded ERE projects can found at:

<http://www.acf.hhs.gov/programs/ana/resource/current-grantees-fy-2013>.

## OTHER HHS EJ ACCOMPLISHMENTS

### Addressing Environmental Justice within Prevention Programs and Policies

HHS continued to implement the National Prevention Strategy, with the goal of increasing the number of Americans who are healthy at every stage of life. Principles of environmental justice are reflected throughout the National Prevention Strategy, particularly within the Strategic Directions on Healthy & Safe Community Environments and Elimination of Health Disparities. Additionally, by supporting collaboration to improve health and eliminate health disparities across 20 federal departments (including Housing and Urban Development, Transportation, Education, and Labor, among others), the National Prevention Council supports Goal 3 of the 2012 HHS EJ Strategy (“Support and advance a “health in all policies” approach that protects and promotes the health and well-being of minority and low-income populations and Indian Tribes with disproportionately high and adverse environmental exposures”).

The Council’s 2013 Annual Status Report outlined federal actions to implement the National Prevention Strategy and announced the addition of the three federal departments (Department of Interior, General Services Administration, and Office of Personnel Management) to the Council. The National Prevention Council continues to engage partners from all sectors to support the recommendations from the National Prevention Strategy.

### Regional HHS EJ Collaborations

#### Healthier Housing and Environments

In 2013, the Region V Deputy Regional Health Administrator spoke to over 75 EPA and Department of Housing and Urban Development (HUD) grantees on the many steps that they can take with their environment and housing grants to build healthier communities via [Let’s Move resources](#) and the **Building a Healthier Chicago** (BHC) model. BHC is an emerging nonprofit dedicated to effectively improving the health of the Chicagoland area. Originally co-founded by the American Medical Association, the City of Chicago Department of Public Health, and HHS /Region V, Building a Healthier Chicago has successfully developed and expanded its city-wide partnerships and currently consists of hundreds of local and national stakeholders. Region V staff also worked with several parties to further smoke free housing communities.

### **HUD/HHS/EPA Collaboration on Insurance Coverage for Non-Clinical Asthma Interventions**

HHS continued its collaboration with HUD and EPA to promote sustainable coverage for non-clinical asthma interventions. The second of a series of regional meetings was held in Kansas City, MO (Region VII) in June 2013. The meeting brought together HHS, HUD, and EPA Regional staff, state health department leaders, insurers, health providers, and community leaders to discuss strategies for supporting residential asthma interventions in the region. Participants intend to continue collaborations after the meeting. The three agencies will work with other regions in 2014.

## **Community Engagement Activities**

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

Meeting	Location	Date
EJ IWG at the Council on Environmental Quality	Washington, DC	May 21, 2013
EJ IWG Meeting	Biloxi, Mississippi	March 1-2, 2013

### **2013 HHS-Sponsored Environmental Justice and Related Meetings**

#### **Community Engagement to Support Community-Based Organization Capacity Building**

*May 15, 2013, Atlanta, GA*

Region IV OASH staff and the NIEHS Worker Education Training Branch co-sponsored a session on Community Engagement to support Capacity Building of Community-Based Organizations. The session was held at the Sam Nunn Federal Building in Atlanta, GA, and timed to precede the Brownfields 2013 Conference. Highlights of NIEHS Minority Worker Training Program accomplishments were covered. There was also a facilitated sharing and exchange session on best practices and lessons learned in community engagement, capacity building, addressing environmental public health and environmental justice.

#### **Environmental Health Disparities and Environmental Justice Meeting**

*July 29-31, 2013, Research Triangle Park, NC*

The NIEHS, in partnership with the EPA, NIMHD, CDC, OMH, and IHS hosted a meeting focused on identifying priorities for action to address environmental health disparities (EHD) and environmental justice.

The Environmental Health Disparities and Environmental Justice Meeting brought together over 200 researchers, community residents, health care professionals, and funders to consider ways to address EHD and environmental justice issues and to identify actionable recommendations. During the three-day event, participants shared their own experiences and knowledge, showcased benefits of community-university partnerships, highlighted innovative research tools, emphasized the importance of dialogue, and identified collaborators with new skills for addressing EHD.

The meeting's overall success is highlighted by the demonstrated commitment of:

- Community groups and residents to research partnerships that examine and inform solutions to their environmental health concerns;
- Researchers to equitable community engagement in the research process and recognition of communities' local knowledge;
- Health care professionals to improving communication with patients about environmental health issues; and
- Funders to support projects that address both historical and emerging EHD and environmental justice issues.

The full meeting summary and meeting materials can be found online:

[http://www.niehs.nih.gov/about/visiting/events/pastmtg/2013/ehd\\_ej/index.cfm](http://www.niehs.nih.gov/about/visiting/events/pastmtg/2013/ehd_ej/index.cfm).

### **Other HHS Stakeholder Meetings**

#### **2013 Good Jobs, Green Jobs Conference**

*April 16-18, 2013, Washington, DC*

The NIEHS WETP conducted a meeting on "Making Green Jobs Safe Jobs on Monday, April 15, 2013, in collaboration with the Blue Green Alliance, prior to the start of the 2013 Good Jobs, Green Jobs Conference. Approximately 15 people attended the session to share updates on green jobs training activities with key updates from NIEHS WETP and their grantees, NIOSH, Occupational Safety and Health Administration (OSHA), and the Blue Green Alliance. On Wednesday, April 18, NIEHS staff made a presentation during a session entitled "Green Jobs, Good Jobs, Safe Jobs" along with OSHA colleagues in which panelists presented guidance materials to help implement safety and health programs in the green sector — including training strategies for younger workers — to ensure that green jobs are safe jobs for all.

### 2013 National Brownfields Conference

*May 15-17, 2013, Atlanta, GA*

At the Brownfields Environmental Justice Caucus meeting, Clara Cobb, Regional Health Administrator – HHS (Atlanta, GA) spoke about brownfields, economic development, and community engagement by sharing elements and activities of the HHS EJ Strategy.

For the Brownfields Conference, HHS organized and participated in various health related sessions at the conference.

- **The Agency for Toxic Substances and Disease Registry (ATSDR)-Hosted Four Affiliate Training and Workshops on May 14, 2013** on Creating a Brownfields Site Inventory, Using Videos to Improve Community Health, Leveraging Health Resources, and ATSDR Action Model and Health Impact Assessment.
- **Protecting Future Generations through Effective Public Health Approaches and Monitoring:** NIEHS staff Sharon D. Beard and ATSDR staff Dr. Laurel Berman provided overview of their mission and brownfields health related activities. These included NIEHS community based participatory research and training community residents to clean up contaminated properties, and ATSDR health information to prevent harmful exposures and diseases related to toxic substances, as well as health consultation, and tools and resources for the public. In particular, Dr. Berman described ATSDR Brownfields/Land Reuse Action Model. NIEHS and ATSDR grantees shared specific highlights from their activities to support public health approaches and monitoring in Los Angeles, Seattle, Atlanta, Ottawa County, Oklahoma, (Highland, Buffalo, Rochester, Niagara Falls, NY), and communities in Wisconsin.
- **Brownfields Redevelopment and Local Hiring:** Several job training awardees from EPA and NIEHS shared information about their successful training to focus on how to promote local hiring including NIEHS Awardee, CPWR and their partnerships and community engagement activities in St. Paul, MN, New Orleans, LA and especially East Palo Alto, CA.
- **Meet and Greet the Surgeon General:** Dr. Regina Benjamin spoke at the Economic Redevelopment Forum and the Brownfields Highway to Healthcare sessions.
- **Partnerships for Transforming Lives Through Workforce Development:** NIEHS Worker Education and Training Awardees of the Dillard University HBCU Consortium conducted a dynamic session on how partnerships are deployed within the workforce development arena can assist training program participants in receiving resources necessary to move them toward family sustaining employment.

### [Annual National Environmental Health Association Meeting](#)

*July 9-11, 2013, Washington, DC*

On July 11, 2013, HHS hosted a session at the National Environmental Health Association (NEHA) Annual Educational Conference and Exhibition entitled “Advancing Environmental Justice at the U.S. Department of Health and Human Services.” Approximately 15 NEHA members from across the U.S., including Mississippi, Kentucky, Illinois, California, and Nebraska attended the session. Panel members highlighted key actions outlined in the 2012 HHS EJ Strategy, the process by which it was developed, and progress to-date. The presenters described how environmental justice is being advanced through new policies, training and education, new research and data, and more effective services. Panelists also noted the critical importance of stakeholder engagement in defining the appropriate environmental justice actions to meet the needs of disadvantaged communities.

### [Environmental Justice Workshop](#)

*August 28, 2013, East Tampa, FL*

On August 28, 2013, OASH Region IV participated in the Environmental Justice Workshop sponsored by the Florida Brownfields Association Environmental Justice and Outreach Committees and National Association of Local Government Environmental Professionals (NALGEP) at the Ragan Park Community Center in Tampa, FL. Topics included: successful community health strategies, innovative strategies for neighborhood revitalization in environmental justice communities, HRSA funding and brownfields redevelopment, health impact assessments, healthier food access in brownfield communities; and health disparities and the National Prevention Strategy. Among the federal agencies represented were OASH, HRSA, EPA, HUD, and the United States Department of Agriculture.

### [HHS Environmental Justice Webinars](#)

The Partnerships for Environmental Public Health (PEPH) programs hosted a series of informative webinars related to a broad range of issues with environmental justice implications throughout 2013.

- **PEPH Webinar: “Addressing Historical Inequities - Environmental Justice for Native Americans”** (*August 21, 2013*)

The webinar highlighted several ongoing environmental justice issues that tribal groups have mobilized around for many years and highlight the environmental health disparities that continue to affect these populations. The case studies presented exemplify culturally sensitive approaches that have been successful to address environmental justice and move

towards greater incorporation of Tribal Ecological Knowledge. The webinar also highlighted key outcomes of the session on environmental justice and Native Americans held at the Environmental Health Disparities and Environmental Justice Meeting (July 29-31, 2013). A summary of this well-attended webinar was published in the NIEHS Environmental Factor (October/November 2013)

<http://www.niehs.nih.gov/news/newsletter/2013/10/spotlight-peph/index.htm>.

- **Environmental Health Chat Podcast: “Native American Health and the Legacy of Mining”**  
Through the PEPH, a podcast was developed to focus on the environmental public health issues resulting from mining operations in the desert southwest. In particular, this podcast highlights how a community university partnership has been working together to address the health legacy of abandoned mines on Tribal lands.  
The podcast can be found on line:  
<http://www.niehs.nih.gov/research/supported/dert/programs/peph/podcasts/mining/index.cfm>.
- **Environmental Health Chat Podcast: “Environmental Health in the Nail Salon”**  
This podcast focuses on workers in the booming nail care industry – and their customers – who may be exposed to compounds that have been linked with cancer, lung irritation, and reproductive health problems. In this podcast, we discuss the latest research on environmental exposures in the nail salon. The podcast features Thu Quach, Ph.D. who is a research scientist at the Cancer Prevention Institute of California. Her research focuses on the environmental and occupational risk factors for cancer, as well as health disparities in immigrant populations.  
[http://www.niehs.nih.gov/research/supported/dert/programs/peph/podcasts/nail\\_salon/index.cfm](http://www.niehs.nih.gov/research/supported/dert/programs/peph/podcasts/nail_salon/index.cfm).

## HHS Involvement in Federal EJ IWG Activities

The EJ IWG is working to facilitate the active involvement of all federal agencies in implementing EO 12898 by minimizing and mitigating disproportionate negative impacts while fostering environmental, public health, and economic benefits for overburdened communities. Federal agencies have made significant progress towards fulfilling the promise of EO 12898 under the leadership of EPA and the White House Council on Environmental Quality. Starting with a cabinet-level meeting and the first-ever White House Forum on Environmental Justice in 2010, federal agencies reinvigorated the EJ IWG. Seventeen cabinet members and White House offices signed the Memorandum of Understanding on Environmental Justice and Executive Order 12898 (EJ MOU) in 2011. In keeping with a commitment to hear from communities, the EJ IWG conducted 18

community listening sessions across the country in 2011-2012. Fifteen federal agencies issued final agency EJ strategies, implementation plans, and/or progress reports in 2013. In August 2011, the EJ IWG identified NEPA, Title VI of the Civil Rights Act of 1964, Goods Movement, and Climate Change as priority issues, and has initiated efforts to address them.

The EJ IWG will continue to focus its efforts on the four focus areas identified in the EJ MOU and continue to conduct listening sessions. The four focus areas identified are: (1) NEPA, (2) Goods Movement, (3) Climate Change and (4) Title VI. In addition, the EJ IWG established a committee on regional activities. The EJ IWG will also support the President's Climate Action Plan. Specific activities include the following.

### **Community Engagement**

Federal agencies will hold at least two listening sessions with communities to, among other things, evaluate the effectiveness of agency environmental justice strategies and seek recommendations on how agency efforts can be improved.

### **NEPA Committee**

The NEPA Committee is improving the effectiveness, efficiency, and consistency of the NEPA process to enhance consideration of environmental justice through the sharing of best practices, lessons learned, training, and other tools. Since its inception in May 2012, the NEPA committee has taken several steps toward achieving its mission. Initially, an electronic compendium of publicly-available NEPA and environmental justice-related documents from almost 20 federal agencies is provided on the IWG website; key references from this Environmental Justice and NEPA Agency Resource Compendium are also included on EPA's NEPA webpage. In addition, the NEPA Committee has conducted a cross-agency training series on existing tools, methods, and agency-specific focal areas. The Community of Practice Subcommittee is compiling a best practices approach that efficiently and effectively considers environmental justice in NEPA reviews. The Education Subcommittee has conducted a review of existing federal agency training materials on environmental justice and NEPA, and is using this assessment to produce a national NEPA training module on NEPA and environmental justice with the focus on effective environmental justice analysis in the NEPA process.

Moving forward, the Committee will continue to advance cross agency understanding of opportunities to advance environmental justice through increased understanding of challenges and opportunities, articulation of effective best practices, training on general and specific NEPA and environmental justice topics, and other measures. Altogether, these efforts will continue to provide federal officials, at all levels, with a foundational understanding of NEPA's role in addressing environmental justice through assessment, consideration of alternatives, avoidance and mitigation during the NEPA review process.

## Climate Change Adaptation

Across the U.S. and the world, climate change is already affecting communities, livelihoods, and the environment in significant ways. The impacts of climate change—including an increase in prolonged periods of excessively high temperatures, poor air quality, heavier downpours, increased flooding, an increase in wildfires, more severe droughts, permafrost thawing, ocean acidification, and sea-level rise—are already affecting communities, natural resources, ecosystems, economies, and public health across the nation. These impacts are often most significant for communities that already face economic or health-related challenges. Differing levels of vulnerability across countries, communities, and even households lead to uneven distribution of climate change impacts, with important implications for adaptive actions. In addition, non-climatic stressors can interact with and exacerbate the impacts of climate stressors. Social and economic factors (e.g., economic status, race, ethnicity, age, gender, and health) can significantly affect people’s exposure and sensitivity to climate change, as well as their ability to prepare and recover.

On June 25, 2013, President Obama announced his plan to cut carbon pollution and prepare the U.S. for the impacts of climate change. The President’s Climate Action Plan calls upon federal agencies to “continue to identify innovative ways to help our most vulnerable communities prepare for and recover from impacts of climate change” through annual federal agency Environmental Justice Progress Reports. This focus on building capacity in low-income, minority and tribal communities for climate adaptation comes from a number of policy mandates from both the White House and individual agency leadership. These include:

- On November 1, 2013, President Obama signed an Executive Order (EO), which called for the federal government to build on recent progress and pursue new strategies to improve the nation’s preparedness and resilience. The EO states that “adaptation measures should focus on helping the most vulnerable people and places reduce their exposure and sensitivity to climate change and improve their capacity to predict, prepare for, and avoid adverse impacts.”
- In its 2010 Progress Report, the Interagency Climate Change Adaptation Task Force, recommended actions in support of a national climate change adaptation strategy, and set forth among its guiding principles that agencies should “prioritize the vulnerable.” The report noted that adaptation plans should prioritize helping people, places, and infrastructure that are most vulnerable to climate impacts. These plans also should be designed and implemented with meaningful involvement from these same communities. Issues of inequality and environmental justice associated with climate change impacts and adaptation should be addressed.

To help address these issues, HHS is developing a sustainable climate-resilient healthcare infrastructure by creating a public-private partnership to develop tools and information related to

resilience of healthcare facilities in a context of climate change-exacerbated stressors. In addition, the CDC is supporting a public health professional training effort based on CDC's "Building Resilience Against Climate Effects (BRACE)" through its Climate Ready States and Cities Initiative. CDC will develop and disseminate best practices to assess and communicate climate change risks and resilience measure to ensure public health professionals, physicians, and clinical health care providers have the tools they need to prepare their communities for the health consequences of climate change.

### **Goods Movement Committee**

The Goods Movement Committee assists agencies: reduce environmental and health effects of goods movement efforts on overburdened communities; and increase opportunities for overburdened communities to benefit from goods movement efforts. In 2013, the Goods Movement Committee focused on identifying federal programs, policies, and activities that are related to goods movement and impact overburdened communities; developing better partnerships with community groups; and identifying issues that most concern impacted communities. Moving forward, the committee will continue developing partnerships with communities and begin supporting the integration of environmental justice into specific agency efforts.

### **Title VI Committee**

The Title VI Committee acts as a resource to help agencies connect their civil rights enforcement responsibilities with their efforts to achieve environmental justice. In 2013, the committee surveyed agencies to determine the extent to which Title VI complaints have included environmental justice issues, and evaluated the relationship between Title VI and environmental justice. Moving forward, the committee plans on posting a webpage on the EJ IWG website that articulates the interrelationship between Title VI and environmental justice and will identify opportunities for interagency collaboration.

### **Regional IWG Committee**

The Regional Interagency Working Group on Environmental Justice Committee (RIWG) responds to communities at the local and regional level. In 2013 the RIWG Committee finalized its concept to include its vision, goals, membership, organization, and key principles. This internal concept is designed to help guide the RIWG in the process of forming regional workgroups (designed around the EPA regional structure) and working with existing workgroups with the goal of better addressing issues, concerns, and recommendations that may result from public engagement at the local and regional levels, and to increase cooperation across federal agencies in support of Executive Order 12898. The committee's goals, in part, is to help respond to environmental justice issues or concerns in a more timely and unified manner, help build community capacity, and leverage resources of federal agencies and where appropriate, with state, tribal and local agencies,

as well as individual communities, the private sector and non-governmental organizations regarding environmental justice issues. The committee is moving forward with identifying and selecting cross-government collaborations to aid communities.

### **HHS EJ-Related Publications**

Baron S.L., Beard S., Davis L.K., Delp L., Forst L., Kidd-Taylor A., Liebman A.K., Linnan L., Punnett L., Welch L.S. (2013). Promoting integrated approaches to reducing health inequalities among low-income workers: Applying a social ecological framework. *American Journal of Industrial Medicine*. DOI10.1002/ajim.22174

CDC Morbidity and Mortality Weekly Report: CDC Health Disparities and Inequalities Report – United States, 2013. Supplement. Vol. 62. No. 3. (November 22, 2013)

<http://www.cdc.gov/mmwr/pdf/other/su6203.pdf>

[Steege A.L., Baron S.L., Marsh S.M., Menendez C.C., and Myers J.R. 2014. Examining occupational health and safety disparities using national data: A cause for continuing concern. \*American Journal of Industrial Medicine\*. DOI: 10.1002/ajim.22297](#)

**APPENDIX A: HHS EJ 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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Strategic Element	Strategies & Actions	Lead Agency	Status
<b>Policy Development &amp; Dissemination</b>	<b>A: Integrate EJ 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.	<i>HHS EJ WG</i>	Y
	A.2 Update existing public information materials on Title VI to include information and resources on environmental justice.	<i>OCR</i>	G
	A.3 Conduct outreach events to educate local communities on the purpose and functions of the HHS Office for Civil Rights.	<i>OCR</i>	G
	A.4 Update the HHS NEPA Policy to incorporate relevant environmental justice guidance and the principles of environmental justice.	<i>ASA</i>	Y
	<b>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 EJ actions into the HHS Strategic Sustainability Performance Plan (SSPP).	<i>ASA</i>	G
	B.2 Conduct a vulnerability assessment of HHS's programs to climate change and develop an adaptation strategy, as required by Executive Order 13514.	<i>ASA/NIEHS/OASH</i>	G
	B.3 Promote the consideration of factors such as health, environment, distributive impacts and equity in the development of Federal agencies' policies and program planning.	<i>ASA/ASPE</i>	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.	<i>NIEHS</i>	G

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Strategic Element	Strategies & Actions	Lead Agency	Status
	B.5 Support research on potential health impacts of climate change, including the impacts of climate mitigation and adaptation measures that includes methodologies such as community-based participatory research and incorporates environmental justice principles.	<i>NIEHS</i>	G
	B.6 Produce guidance for state, local, territorial, and tribal health departments on integrating extreme weather and public health surveillance systems with special emphasis on communities most vulnerable to changes in extreme weather patterns, including minority and low-income populations and Indian Tribes with disproportionately high and adverse environmental exposures.	<i>NCEH</i>	G
	B.7 Develop guidance on identifying the spatial and temporal extent of climate and extreme weather vulnerability and risk within communities containing existing environmental inequalities.	<i>NCEH</i>	Y
	B.8 Develop guidance on how state, local, territorial, and tribal public health departments can adopt policies and programs that minimize climate-related health impacts among vulnerable populations, including minority and low-income populations and Indian Tribes with disproportionately high and adverse environmental exposures.	<i>NCEH</i>	Y
	B.9 Build community resilience and sustainable, stronger health and emergency response systems in at-risk populations with disproportionately high and adverse environmental exposures to prevent or reduce emerging health threats and chronic health problems.	<i>ASPR/ CDC</i>	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.	<i>NCEH</i>	Y
	<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”	<i>OASH</i>	G

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Strategic Element	Strategies & Actions	Lead Agency	Status
	approach and reduce disproportionately high and adverse environmental exposures.		
Education & Training	<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.	OASH	G
	A.2 Partner with other Federal departments to develop and implement integrated educational outreach and intervention programs.	NIOSH	X
	A.3 Prepare guidance for HHS-funded worker training programs that are designed to assist disadvantaged communities.	NIEHS	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.	ATSDR/ HRSA	Y
	B.2 Incorporate environmental justice and environmental and occupational safety and health education in the training curricula.	OMH	Y
	B.3 Increase partnerships with Historically Black Colleges and Universities, Tribal Colleges and Universities, and Hispanic-Serving Institutions.	NIEHS/ NIMHD	Y
	<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.	OASH	Y
Research	<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	HHS EJ	Y

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Strategic Element	Strategies & Actions	Lead Agency	Status
	conducting or funding research in partnership with minority and low-income populations and Indian Tribes with disproportionately high and adverse environmental exposures.	WG	
	A.2 Host a Health and Environmental Justice Workshop periodically in conjunction with disproportionately impacted communities.	HHS EJ WG	G
	A.3 Increase public access to information about research and data by expanding HHS Environmental Justice web pages.	NLM	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.	NIMHD	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.	NIOSH	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.	NCEH/ NIOSH	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.	NCEH/ NIOSH	G

Strategic Element	Strategies & Actions	Lead Agency	Status
<b>Services</b>	<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.	SAMHS A	X
	<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	Y
	<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
	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</b>		

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Strategic Element	Strategies & Actions	Lead Agency	Status
	<b>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