MEETING SUMMARY

of the

HEALTH AND RESEARCH SUBCOMMITTEE

of the

NATIONAL ENVIRONMENTAL JUSTICE ADVISORY COUNCIL

May 25, 2000
ATLANTA, GEORGIA

Meeting Summary Accepted By:

Lawrence Martin
Co-Designated Federal Official
Office of Research and Development
U.S. Environmental Protection Agency

Aretha Brockett
Co-Designated Federal Official
Office of Pollution Prevention and Toxic Substances
U.S. Environmental Protection Agency

Chen Wen
Co-Designated Federal Official
Office of Pollution Prevention and Toxic Substances
U.S. Environmental Protection Agency

Marinelle Payton
Chair

CHAPTER FIVE
MEETING OF THE
HEALTH AND RESEARCH SUBCOMMITTEE

1.0 INTRODUCTION

The Health and Research Subcommittee of the National Environmental Justice Advisory Council (NEJAC) conducted a one-day meeting on Thursday, May 25, 2000, during a four-day meeting of the NEJAC in Atlanta, Georgia. Dr. Marinelle Payton, School of Public Health, Harvard University Medical School, continues to serve as chair of the subcommittee. Mr. Chen Wen, U.S. Environmental Protection Agency (EPA) Office of Pollution Prevention and Toxic Substances (OPPTS), and Mr. Lawrence Martin, EPA Office of Research and Development (ORD), continue to serve as the co-Designated Federal Officials (DFO) for the subcommittee. Exhibit 5-1 presents a list of the members who attended the meeting and identifies those members who were unable to attend.

This chapter, which provides a summary of the deliberations of the members of the Health and Research Subcommittee, is organized in five sections, including this *Introduction*. Section 2.0, *Remarks*, summarizes the opening remarks of the chair. Section 3.0, *Activities of the Subcommittee*, summarizes the reports on and discussions of the activities of the subcommittee, such as the development of the decision tree framework for community-directed environmental health assessment. Section 4.0, *Interagency Forum on Partnerships in Public Health*, presents an overview of discussions held between the subcommittee and representatives of various government agencies about building partnerships between such agencies and communities to address public health issues. Section 5.0, *Resolutions and Significant Action Items*, summarizes the resolutions forwarded to the Executive Council of the NEJAC for consideration and the significant action items adopted by the subcommittee.

The members of the subcommittee also participated in a joint session with the Waste and Facility Siting Subcommittee of the NEJAC to discuss the exposure investigation of Mossville, Calcasieu Parish, Louisiana, conducted by the Agency for Toxic Substances and Disease Registry (ATSDR) in November 1999. Chapter Nine of this document provides a summary of the deliberations of the joint session.

Exhibit 5-1

HEALTH AND RESEARCH SUBCOMMITTEE

Members
Who Attended the Meeting
May 25, 2000

Dr. Marinelle Payton, **Chair**
Ms. Rose Augustine, **Vice-Chair**
Mr. Lawrence Martin, **co-DFO**
Mr. Chen Wen, **co-DFO**

Mr. Lawrence Dark
Dr. Michael J. DiBartolomeis
Mr. Carlos Porras
Ms. Peggy Shepard
Ms. Jane Stahl

Members
Who Were Unable To Attend

Mr. Philip Lewis
Mr. Jess Womack

2.0 REMARKS

Dr. Payton opened the subcommittee meeting by welcoming the members present, as well as Mr. Wen and Mr. Martin. Dr. Payton also welcomed the representatives of various government agencies present for the meeting and explained that those individuals would participate in the interagency forum on partnerships in public health to be conducted as part of the meeting of the subcommittee.

3.0 ACTIVITIES OF THE SUBCOMMITTEE

This section discusses the activities of the subcommittee, which included a report from the subcommittee's Working Group on Community Environmental Health Assessment on the evaluation of and recommendations for the decision tree framework for community-directed environmental health assessment and a discussion of concerns expressed during the public comment period of the NEJAC about environmental justice issues related to Federal facilities.

3.1 Report of the Working Group on Community Environmental Health Assessment on the Decision Tree Framework for Community-Directed Environmental Health Assessment

Dr. Payton stated that the goal of the Decision Tree Framework for Community-Directed Environmental Health Assessment is to develop a framework to provide communities with an approach to identify, prevent, and solve direct and indirect environmental problems. She indicated that its structure is a step-wise framework to assess and prioritize environmental health concerns and evaluate possible options and actions. At each step, the user is referred to a repository to determine available tools, models, and data for each problem formulation and assessment strategy, Dr. Payton stated.

Dr. Payton presented the past and present developmental stages as well as the next steps in the development of the decision tree framework. She mentioned that the past activities included the formulation of the subcommittee's Working Group on Community Environmental Health Assessment and a Sample Draft Decision Tree; the present activities include beginning the actual writing with close emphasis on its language, content, and complexity, as well as to incorporate the working group's recommendations and advice.

She further stated that the next steps include: developing a prototype for community trials, identifying community and government resources; linking with local, state, federal, tribal, and regional resources, universities, and health departments; promoting the product to community users; providing technical assistance to communities in implementation of tool; evaluating the tool by both the users and the agencies; and building mechanism that provide feedback to government agencies regarding research and data gaps, needs and prioritization.

Continuing, Dr. Payton, emphasized the key outcomes of the Decision Tree Framework:

- Empower communities for effective leadership.
- Strengthen linkages between agencies (environmental and public health) and affected communities.
- Identify deficiencies in the existing repository.
- Guide subsequent research and related work.

Mr. Carlos Porras, Communities for a Better Environment, presented the report of the Working Group on Community Environmental Health Assessment on that group's evaluation of the decision tree framework. Mr. Porras explained that the working group had met to assess the structure, content, and language of the decision tree framework and to discuss the next steps in the development of the decision tree framework.

Mr. Porras listed the crucial issues that the working group had identified and discussed during its evaluation of the decision tree framework. Those issues, he reported, had included:

- The Health and Research Subcommittee and Working Group on Community Environmental Health Assessment should maintain direct control of the development and design of the decision tree framework.
- Once completed, the decision tree framework should be made accessible to all communities.
- The decision tree framework should be provided to communities both as hard copy and in electronic format.
- The draft design and language of the decision tree framework in its present form are too complex and technical for communities to use easily.
- The appropriate applications and limitations of the decision tree framework must be communicated effectively to users of the framework. The target audience also must be identified more clearly.
- The level of resources available for the design and development of the decision tree framework should be determined.
- A plan for "piloting" the decision tree framework should be specified explicitly during the development of the framework.

Continuing, Mr. Porras stated that the working group had made the following recommendations to the Health and Research Subcommittee for the next phase of development of the decision tree framework.

- The Health and Research Subcommittee should establish a time line for the development and completion of the decision tree framework.

- The Health and Research Subcommittee should identify and secure from EPA the resources necessary for the future development of the decision tree framework. Further, the subcommittee should develop and recommend a budget for the development of the decision tree framework.

- The Health and Research Subcommittee should invite representatives of communities and of agencies other than EPA to become involved in the development of the decision tree framework.

- The Health and Research Subcommittee should evaluate the level of language used in the decision tree framework to ensure that it is community-friendly and appropriately revise the language presented in the draft version of the decision tree framework.

- The Health and Research Subcommittee should develop a strategic plan for "piloting" the decision tree framework.

- The Health and Research Subcommittee should recommend that EPA support the decision tree framework as a priority issue.

- The Health and Research Subcommittee should recommend that EPA extend the terms of Dr. Payton and Mr. Porras and the term of the working group to ensure continuity in the development of the decision tree framework.

Members of the subcommittee agreed to prepare for consideration by the Executive Council of the NEJAC a proposed resolution to make recommendations to EPA for the future development of the decision tree framework as a priority for EPA.

A member of the audience requested that the decision tree framework be culturally sensitive. She cautioned that cultural sensitivity should be incorporated into the framework, inclusive of all cultural differences, before introducing the framework to communities. Dr. Payton assured the participant that the development of the prototype of the framework had taken cultural differences into consideration.

3.2 Discussion of Federal Facilities

In light of comments submitted to the Executive Council of the NEJAC about Federal facilities, the members of the subcommittee agreed to establish a work group on Federal facilities. The members of the subcommittee agreed to invite members of other subcommittees of the NEJAC; representatives of communities that have environmental justice concerns related to Federal facilities; representatives of EPA Federal Facilities Enforcement Office (FFEO); and ATSDR's Office of Federal Facilities to participate in the work group.

The members of the subcommittee also agreed to develop separate resolutions to recommend that EPA (1) include criteria in permitting processes to protect communities struggling with comparatively poor health from the further burden of additional facilities that release pollutants and (2) establish an effective national facility registration system for all operating facilities that emit toxic chemicals and make information about such facilities both accessible and understandable to the public. The subcommittee also resolved to recommend that the next meeting of the NEJAC be focused on issues related to environmental justice concerns at Federal facilities.

4.0 INTERAGENCY FORUM ON PARTNERSHIPS IN PUBLIC HEALTH

This section summarizes the discussions conducted during the interagency forum, "Healthcare: Establishing Partnerships with Minorities, Tribal, and Low-Income Communities," held to explore the establishment of partnerships between government agencies and communities to address public health issues. During the discussions, the members of the subcommittee and representatives of government agencies examined the role of each agency in addressing public health issues; research needs; a strategic plan to consider the next steps in making public health a priority of government agencies; community-based health assessment; and pollution prevention and intervention in minority and low-income communities. Exhibit 5-2 presents a list of agency representatives who participated in the forum.

Dr. William Sanders, Director, Office of Pollution Prevention and Toxics (OPPT), EPA OPPTS, began the interagency forum by sharing some observations that he had made during the panel sessions presented at the meeting of the Executive Council of the NEJAC on May 24, 2000. He made the following points:

- In general, government agencies make an effort to fit public health problems into the existing scientific structure, rather than structure the science to address public health issues.

- Agencies must manage public expectations better.

Exhibit 5-2

AGENCY REPRESENTATIVES WHO PARTICIPATED IN THE INTERAGENCY FORUM ON PUBLIC HEALTH

Dr. Henry Falk, Agency for Toxic Substances and Disease Registry (ATSDR)
Mr. Francisco Tomei, ATSDR
Dr. Ruben Warren, ATSDR
Ms. Rebecca Lee-Pethel, Center for Disease Control and Prevention
Mr. Richard Gragg, Florida A & M University
Dr. Jeanean Willis, Health Resources and Services Administration
Dr. John Kerner, National Cancer Institute
Dr. Charles Wells, National Institute of Health
Dr. William Sanders, U.S. Environmental Protection Agency (EPA) Office of Pollution Prevention and Toxic Substances
Dr. Harold Zenick, EPA Office of Research and Development

- Government moves too slowly. Agencies must improve the conditions that affect public health, rather than merely studying those conditions. If government remains content with the status quo, such as random samples, court challenges, and peer reviews, much time will pass before there is improvement in public health.

- In addition to research, government agencies should focus their activities on action. For example, regulatory agencies must look beyond compliance and work with representatives to encourage industry to be cleaner within operations. He noted as an example OPPT's voluntary cleanup program.

Mr. Charles Lee, Associate Director for Policy and Interagency Liaison, Office of Environmental Justice (OEJ), EPA Office of Enforcement and Compliance Assurance (OECA), agreed with Dr. Sanders' observations, stating that some concrete recommendations related to public health had been made during the panel sessions. Mr. Lee also stated that he would like the members of the Health and Research Subcommittee to address the comments and recommendations made by the panelists to develop solutions to address issues related to public health and environmental justice. He also urged the members of the subcommittee to identify possible solutions to such questions as, "If existing science does not 'fit' the problem and government moves too slow, then how can the NEJAC affect change related to environmental health issues?"

Dr. John Kerner, Assistant Deputy Director, National Cancer Institute (NCI), National Institutes of Health (NIH), encouraged the participants to visit NCI's Internet homepage to view that agency's priority list related to environmental justice. He stated that NCI would welcome comments about how environmental issues and disparities in health conditions are related.

Continuing, Dr. Kerner agreed with Dr. Sanders that agencies should determine how to best apply scientific methods to environmental justice situations. He added that government agency scientists should visit and work directly with communities. He commented that there are more communities than there are people working in the agencies. Therefore, he said, agencies must work together to develop effective systems for addressing various public health issues. Such systems, he said, then could become "models" for implementation in other communities. Dr. Kerner suggested that agencies form what he called a "collaborative SWAT team" for evaluating deficiencies in current agency programs; give priority to environmental justice communities and the issues those communities face; and develop appropriate public health systems. Dr. Kerner also suggested the development of a data base of environmental justice communities and their public health problems. Such a tool, he observed, would help the agencies to set priorities among public health issues, as appropriate to their roles in government.

Dr. Harold Zenick, Acting Deputy Assistant Administrator for Science, EPA ORD, explained that ORD primarily serves regulatory and program offices at EPA. However, he continued, ORD could address public health care issues by (1) providing funding to communities through its competitive request for application (RFA) process for public health research (recent efforts in this area have included co-sponsoring community-based RFAs with the National Institute of Environmental Health Sciences [NIEHS]); (2) exploring public health issues that plague a number of communities and creating opportunities in some of those communities to conduct research; and (3) providing expertise and recommendations to regulatory offices that work directly with communities. He also added that the subcommittee should understand that the Agency uses available tools to meet research needs.

Ms. Rose Augustine, Tusconans for a Clean Environment, stated that she was encouraged to hear that the agencies agree that scientists should work directly with communities, commenting that local health departments are "dinosaurs" that do not have the resources or expertise necessary to

address extensive public health issues. She added that Federal agencies seem to "walk away" when a public health problem is identified in a community, referring the community to its local health department. Ms. Augustine stressed that communities need increased resources and assistance after a public health problem is identified.

Dr. Henry Falk, Assistant Administrator, ATSDR, acknowledged Ms. Augustine's comments, adding that ATSDR could serve as a bridge between local health departments and Federal agencies. He also commented that ATSDR provides funds to state health departments to address environmental health issues. Continuing, he stated that EPA probably would never have the financial resources to add a large number of physicians and epidemiologists to its staff, and must rely heavily on state and local health departments. Referring to Dr. Kerner's suggestion that an interagency SWAT team be formed to tackle the public health crisis, Dr. Falk stressed that any interagency collaboration should be designed to be sustainable. He also suggested that the types of partnerships developed between agencies be broadened to include issues beyond physical health (for example, education), stating that medicine "can only go so far." Dr. Michael DiBartolomeis, California Office of Environmental Health Hazard Assessment, added that the issue of prevention also should be included.

Dr. Kerner agreed that a strategic plan for interagency partnerships would be useless if financial resources were not available to fund and sustain the plan. He noted that community-based research is one of the most difficult areas of research to formulate, secure funds for, and submit for peer review. Dr. Kerner stated that Federal agencies must take the lead in changing that system. He also suggested that agencies encourage and facilitate better partnerships between university health care institutions and communities.

Responding to Dr. Kerner's statements, Mr. Richard Gragg, Environmental Sciences Institute, Florida A&M University, said that many communities distrust both local and Federal government agencies. He suggested that university systems often can play an intermediary role between communities and government agencies and can facilitate the implementation of agency programs. He also stated that universities can play the role of educator for communities, as well as for students.

Dr. Jeanean Willis, Health Resources and Services Administration (HRSA), Office of Minority Health, commented that ATSDR and HRSA have training partnerships with medical universities to train primary health-care providers to recognize the symptoms of environmental health hazards.

Ms. Augustine suggested that HRSA add environmental justice issues to its "formula" for funding health clinics, adding that health clinics should provide services to support emotional and mental health, as well as physical health. Ms. Augustine also suggested that partnerships can be established between agencies and public school districts, stating that schools could serve as great resources in documenting illnesses and symptoms for a needs assessment.

Dr. Charles Wells, Director of Environmental Health Sciences, NIEHS, NIH, stated that NIEHS had been sponsoring community-based grants for partnerships between communities and academic institutions. However, he added, more grants focused on health care are needed.

Mr. Lee pointed out that many researchers are directed to isolate and research one aspect of a health problem in a community. He asked how agency programs can be structured to assess community health needs more holistically.

Ms. Peggy Shepard, West Harlem Environmental Action, commented that prevention is enforcement and that most environmental justice issues are enforcement issues or issues related to Title VI of the Civil Rights Act of 1964. She asked why the Federal government did not mandate that state governments perform community health assessments and form community partnerships, adding that public hearings should be a part of such a process. Continuing, Ms. Shepard asked why a definite protocol for responding to environmental justice communities that struggle with public health issues had not been established. Ending her remarks, Ms. Shepard suggested that Federal agencies use partnerships to leverage resources for local governments. For example, she added, the U.S. Department of Housing and Urban Development (HUD) could be a key partner in urban settings, where maintenance of housing is a major issue.

Dr. Zenick suggested that the U.S. Department of Health and Human Services (HHS) could add a provision to its center grants program that requires that projects funded by the grants include a community dimension.

Dr. Kerner responded that he believed that communities, not Federal agencies, should perform

community health needs assessments. Once a community has performed an assessment, he continued, local and Federal agencies should assist the community in meeting its health needs.

Referring to Ms. Shepard's statement identifying the need for a protocol for responding to communities, Dr. Kerner stated that risk assessment is the only current, standard model. However, he stated, the protocol for risk assessment should be revised to include economic disparities, social problems, and other factors that also contribute to community health risks, both current and potential.

Dr. Falk suggested that recommendations be categorized in four levels so that the recommendations can be managed and a strategic plan developed. The levels of recommendations included recommendations at (1) the community level, (2) the level of state and local governments, (3) the Federal level, and (4) the systemic level. Dr. Falk suggested that recommendations or suggestions for involving universities be combined with recommendations at the community level.

After a brief break in the proceedings, Dr. Payton suggested that the members of the subcommittee and representatives of the agencies focus the rest of their discussion on identifying specific areas of research that should be pursued to improve community-based research programs. She asked that each agency representative comment on the agency's research priorities.

Dr. Falk stated that ATSDR focuses its research and efforts on improving the following systems:

- The ability to document exposures to humans.
- The availability of documented information to communities and other entities so that ATSDR can serve as a clearinghouse for information related to diseases and the environment.
- Methods of working with local medical professionals to collect local health data effectively.

Dr. Sanders said that OPPT's priority is pollution prevention. Referring to the phrase "I'm sick and tired of being sick and tired," Dr. Sanders noted that action rather than research is OPPT's first priority. He said that OPPT was to focus on developing methods of working with industry to remedy conditions that are making people sick, for example, through source reduction and pollution prevention.

Dr. Zenick first stated that ORD was exploring ways to organize, inventory, and disseminate information to the public, rather than focusing only on research. However, he said, ORD had focused on the following research areas: (1) developing an interagency, human exposure program to characterize the types of chemicals to which the country, as a whole, is exposed; (2) developing a protocol for cumulative and aggregate risk assessment; and (3) assessing the types of environmental exposures that affect children and how children's health is affected. Dr. Zenick added that the challenge that faces ORD is to "think multimedia" and cultivate a multimedia approach when researching sources of contamination.

Mr. Reuben Warren, ATSDR, stated that establishing partnerships with communities to document environmental hazards and developing better methods for collecting data from communities would help to identify areas of need and improve methods of providing health care.

Dr. Wells stated that priority areas for NIEHS are (1) designing programs that are more quantitative than those pursued in the past; (2) working to increase the awareness, empowerment, and research capabilities of communities by working with and training university scientists and medical doctors; (3) communicating the value of such research to academia so that university officials will support that research and those programs; and (4) identifying sources of funds available to communities for disease prevention and awareness.

Mr. Francisco Tomei-Torres, ATSDR, commented that Federal agencies are involved in many activities and services focused on public health, but that agencies should work together to build a unified system for meeting the needs of the community.

The members of the subcommittee and the agency representatives then discussed at length a resolution to request that the NEJAC establish an Interagency Working Group on Public Health to be made up of members of the subcommittee and representatives who had participated in the interagency forum. Ms. Augustine moved that the members of the subcommittee formulate a work group. Mr. Lawrence Dark, Columbia Williamette Area Health Education Center, seconded the motion.

5.0 RESOLUTIONS AND SIGNIFICANT ACTION ITEMS

This section summarizes the resolutions forwarded to the Executive Council of the NEJAC for

consideration, as well as significant action items adopted by the Health and Research Subcommittee.

The members agreed to forward to the Executive Council of the NEJAC the following resolutions, in which the NEJAC requests that EPA:

- Create a work group to address issues related to environmental justice at Federal facilities.
- Support the Decision Tree Framework as a priority issue and extend the terms of the Working Group on Community Environmental Health Assessment.

The members also adopted the following significant action items:

✓ Establish an Interagency Working Group on Public Health, which will include members of the Health and Research Subcommittee of the NEJAC and representatives of Federal agencies and medical universities, to develop a strategic plan for implementing an integrated, collaborative, community-based public health agenda.

✓ Develop a resolution that recommends that the next meeting of the NEJAC focus on issues of environmental justice related to Federal facilities. In addition, the resolution recommends EPA prepare and submit for signature by President Clinton an Executive Order that requires that all Federal agencies ensure compliance with EPA or state standards, whichever are more stringent, governing site remediation and pollution control and abatement at all Federal facilities, active or inactive, and to further authorize EPA to monitor and enforce the compliance by Federal agencies with all environmental laws and standards.

✓ Adopt recommendations from the Working Group on Community Environmental Health Assessment. The recommendations include (1) proposing a resolution to the NEJAC that recommends that EPA support the Decision Tree Framework as a priority issue and (2) extending the terms of the members of the workgroup and the chair of the subcommittee to maintain continuity in the development of the Decision Tree Framework.

✓ Establish a working group on Federal facilities. The members of the subcommittee agreed to invite members of other subcommittees of the NEJAC, representatives of the environmental justice community, and representatives of EPA FFEO and ATSDR's Office of Federal Facilities to participate in the work group.

✓ Develop a resolution that recommends that EPA include criteria in permitting processes that protect communities struggling with comparatively poor health from the further burden of additional facilities that release pollutants.

✓ Develop a resolution that recommends that EPA establish an effective national registration system for all operating facilities that emit toxic chemicals and make information about such facilities both accessible and understandable to the public.

✓ Develop a resolution that recommends that EPA support the formation of a NEJAC working group on the Mossville dioxin exposure assessment study.

CONTENTS

Section **Page**

CHAPTER FIVE MEETING OF THE HEALTH AND RESEARCH SUBCOMMITTEE 5-1

1.0 INTRODUCTION 5-1

2.0 REMARKS 5-1

3.0 ACTIVITIES OF THE SUBCOMMITTEE 5-1

3.1 Report of the Working Group on Community Environmental Health Assessment on the Decision Tree Framework for Community-Directed Environmental Health Assessment . . . 5-2

3.2 Discussion of Federal Facilities 5-3

4.0 INTERAGENCY FORUM ON PARTNERSHIPS IN PUBLIC HEALTH 5-3

5.0 RESOLUTIONS AND SIGNIFICANT ACTION ITEMS 5-6