

00-07

STATEMENT OF POLICY

Environmental Justice

Policy

The National Association of County and City Health Officials (NACCHO) supports national, state, and local resources, policies, regulations, programs, and research that will enhance the ability of local health departments to promote safe, healthy, productive, and sustainable environments in all communities. NACCHO supports the following:

- Local health departments' capacity to support access to safe places for physical activity, fresh and healthy foods, clean air and water, safe and healthy housing, adequate public transportation, and more through targeted interventions and community partnerships.
- Local health departments' efforts to identify and mitigate disproportionate exposures to environmental health hazards and to ensure nondiscriminatory compliance with all environmental, health and safety laws; including proper sitings of hazardous facilities, adequate payment for hazardous waste clean-up, and fair land use laws and policies.
- Public and corporate policies that prevent, mitigate, or eliminate environmental burdens that disproportionately affect the health of vulnerable populations.
- The right of all people potentially affected by harmful environmental exposures to participate as equal partners in decision-making (including conducting Health Impact Assessments, needs assessments, planning, implementation, enforcement, and evaluation) about the production, use, and disposal of hazardous materials.
- Policy-making at the local, state, and national levels that creates incentives for businesses and capital-seeking organizations to take an inclusive approach to community engagement and to minimize health inequities through public and transparent Health Impact Assessments.
- Ethical, balanced, and responsible use of land, water, air, human resources, and capital resources in the interest of equitability and sustainability in communities; including regenerative agricultural practices that provide nutritious, locally-sourced food.
- Local health department involvement in the identification and response to emerging environmental justice issues, such as the inequitable distribution of health effects related to climate change for people of color, low-income populations, and vulnerable transient populations.



- Programs to assist businesses and organizations in overcoming financial, technical, and administrative barriers to eliminate environmental hazards that disproportionately affect the health of overburdened communities and contribute to climate change.
- Local health departments' efforts to increase awareness among decision makers and other stakeholders about the environmental public health implications of policy decisions.

Justification

The fundamental prerequisites for population health are peace, shelter, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity.¹ The inequitable distribution of these prerequisites occurs, in part, due to intentionally and unintentionally discriminatory laws and policies. Vulnerable populations who are most affected by environmental hazards through inequitable policies include pregnant women, children, racial and ethnic minorities, the elderly, and the disabled.² For instance, penalties imposed under hazardous waste laws at sites located in communities with a greater proportion of white people were significantly higher than penalties imposed at sites in communities with a greater proportion of people of color.³ There is a delicate balance between adapting neighborhoods to address these health inequities, while preserving the communities and jobs that support the fundamental prerequisites for health.⁴ Policies that promote food access and sustainable food production can help alleviate the health effects of environmental hazards. Local communities have the ability to supplement their diets through regenerative agriculture, which provides access to healthy local food. While poor nutrition can heighten the consequences of toxic environmental exposures, improved nutrition has a protective effect for those exposed to environmental pollutants.⁵

Communities of color are disproportionately exposed to hazardous wastes, dioxin, and air pollution. Compared to other neighborhoods, the odds of locating commercial hazardous waste facilities are 1.9 times higher in neighborhoods that have a significant population of people of color.⁶ Native Americans and Indigenous populations have consistently poor health outcomes and are disproportionately exposed to hazardous wastes. For instance, the Tewa Pueblo community of New Mexico has seen polychlorinated biphenyl levels 25,000 times the established standards for human health.⁷ Black Americans are also 79 percent more likely than White Americans to live in neighborhoods where industrial pollution is suspected of posing the greatest health danger.⁸ Exposure to chemical and air pollutants are of particular concern for children of color, who have higher rates of asthma, lead poisoning, and obesity when compared to white children.⁹ In cities like Milwaukee, African American men and inner-city residents have been left without access to viable sources of income due to deindustrialization policies, gentrification, and segregation of communities.¹⁰

Immigrants and refugees are emerging populations of concern that often have limited resources in choosing where to live and work. As with communities of color, refugees may be more likely to see health issues related to children's health (including asthma, high blood lead, and obesity), poor ambient air quality, lack of healthy food resources, and occupational health risks.¹¹ Additionally, up to 200 million climate refugees are expected to be displaced by 2050, both in the U.S. and worldwide; these refugees may be disproportionately burdened by environmental strains on their livelihood and poor health outcomes.¹²

Disparities in the distribution of environmental burdens and community infrastructure can lead to inequitable health outcomes. Threats are posed by poor quality housing, lack of mass transit, unhealthy working conditions, poverty, and high levels of pollution production.¹³ Additionally, environmental justice and equitable growth requires attention to community engagement for planning land use, promoting clean and safe environments, strengthening communities, providing safe housing choices, providing transportation options, improving access

to basic needs (including healthy foods), and preserving a community's distinct features.¹⁴

Federal policies have incorporated health equity by requiring fairness and inclusion in access to transportation, housing, and other infrastructure projects. Title VI of the Civil Rights Act of 1964 prohibits discrimination in federally funded programs. In addition, Executive Order 13166 requires programs to provide documents and translations that are appropriate for the target population.¹⁴ Similar policies may be effective at the local level to strengthen and ensure environmental justice in communities. Through intentional outreach and partnerships, local governments have the ability to move beyond federal policies to ensure a foundation of fairness by implementing community programs and incentivizing businesses to promote environmental health.

Since decisions about land use, community planning, and transportation design can have a tremendous impact on the social, economic, and environmental vitality of communities, local health departments can promote environmental justice through local leadership and partnerships. Local health department involvement is paramount because local staff are knowledgeable about the vulnerabilities of the populations they serve. This provides opportunities for effective and appropriate interventions to promote and operationalize environmental justice and health in communities. Local health departments should work to empower communities and local businesses to help remediate existing inequities, influence policies and decisions to prevent future injustices, and stimulate more equitable environmental health benefits.

References

1. World Health Organization. (1986). Ottawa Charter for Health Promotion. Retrieved May 30, 2017, from <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/>.
2. U.S. Department of Health and Human Services. (2012). Environmental Justice Strategy and Implementation Plan. Retrieved May 30, 2017, from <https://www.hhs.gov/environmental-justice/strategy-2012/index.html>.
3. Kremer, J. (2016). Environmental Sentencing in the United States Pacific Northwest 2007–2011: A Story of Disparity. *Sociological Perspectives*, 59 (3): 528-542.
4. Curran, W. (2004). Gentrification and the Nature of Work: Exploring the Links in Williamsburg, Brooklyn. *The Sage Journals*, 36 (7): 1243-1258.
5. Hennig, B., Ormsbee, L., McClain, C., Watkins, B., Blumberg, B., Bachas, L., ... Suk, W.. (2012). Nutrition Can Modulate the Toxicity of Environmental Pollutants: Implications in Risk Assessment and Human Health. *Environmental Health Perspectives*, 120 (6): 771–774.
6. Mohai, P. (2007). Racial and Socioeconomic Disparities in the Distribution of Environmental Hazards: Assessing the Evidence Twenty Years after “Toxic Wastes and Race”. *Toxic Wastes and Race at Twenty: 1987-2007*: 38-48. Retrieved May 30, 2017, from <http://www.ejnet.org/ej/twart.pdf>.
7. Hoover, E. (2012). Indigenous Peoples of North America: Environmental Exposures and Reproductive Justice. *Environmental Health Perspectives*. Retrieved May 30, 2017, from <http://ehp.niehs.nih.gov/1205422/>.
8. Pace, D. (2005) AP: More Blacks Live With Pollution. *Associated Press, December 13, 2005*. Retrieved May 30, 2017, from <http://www.africanamerica.org/topic/ap-more-blacks-live-with-pollution>.
9. Landrigan, P., Rauh, V., Galvez, M. (2010). Environmental Justice and the Health of Children. *Mount Sinai Journal of Medicine*, 77: 178-187.
10. Levine, M. (2007). The Crisis of Black Male Joblessness in Milwaukee: Trends, Explanations, and Policy Options. *University of Wisconsin-Milwaukee Center for Economic Development*. Retrieved June 16, 2017 from <https://www4.uwm.edu/ced/publications/blackcrisis307.pdf>.
11. Eamranond, P., Hu, H. (2008). Environmental and Occupational Exposures in Immigrant Health. *Environmental Health Insights*, 1: 45-50. Retrieved May 30, 2017, from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3091353/>.
12. Tacoli, C. (2009). Crisis or adaptation? Migration and climate change in a context of high mobility. *Environment and Urbanization*, 21: 513. Retrieved May 30, 2017, from <http://journals.sagepub.com/doi/pdf/10.1177/0956247809342182>.
13. Braveman, P., Kumanyika, S., Fielding, J., et al. (2011). Health Disparities and Health Equity: The Issue is Justice. *Am J Public Health*, 101: S149-155.
14. Environmental Protection Agency. (2013). Creating Equitable, Healthy, and Sustainable Communities: Strategies for Advancing Smart Growth, Environmental Justice, and Equitable Development. Retrieved May 30, 2017, from <https://www.epa.gov/sites/production/files/2014-01/documents/equitable-development-report-508-011713b.pdf>.

Record of Action

Adopted by NACCHO Board of Directors, November 12, 2000

Updated November 2011

Updated October 2014

Updated October 2017