Big Cities Health Coalition

CHAMPIONS FOR ENVIRONMENTAL JUSTICE

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NACCHO - Big Cities Health Coalition
I. Big Cities Health Coalition

II. Environmental Justice Lead/Working Group

III. Coalition Member Survey

IV. Los Angeles County Department of Public Health Case Study

V. Baltimore City Health Department Case Study

VI. Questions & Comments
About 55 million – or 1 in 6 – Americans covered by BCHC-member LHDs

About the Big Cities Health Coalition (BCHC)

- Austin
- Baltimore
- Boston
- Charlotte (Mecklenburg Cty)
- Chicago
- Cleveland
- Columbus
- Dallas
- Denver
- Detroit
- Fort Worth (Tarrant Cty)
- Houston
- Indianapolis (Marion Cty)
- Kansas City
- Las Vegas (S. NV Hlth District)
- Los Angeles (Cty)
- Long Beach
- Miami (Miami-Dade Cty)
- Minneapolis
- New York City
- Oakland (Alameda Cty)
- Philadelphia
- Phoenix (Maricopa Cty)
- Portland (Multnomah Cty)
- San Antonio
- San Diego (Cty)
- San Francisco
- San Jose (Santa Clara Cty)
- Seattle (Seattle-King Cty)
- Washington, D.C.
• **Mission**: Advancing equity and health for present and future generations.

• **Vision**: Healthy, more equitable communities through big city innovation and leadership.
➢ Create, promote, and disseminate innovative best and/or promising policies and practices to address shared urban health challenges.

➢ Provide shared value to BCHC membership to improve local health department infrastructure, build a strong organization that is a resource to members, and foster leadership development.

➢ Advocate, primarily at the national level, for policies and funding to protect and improve the health of urban America.
BIG CITIES HEALTH COALITION: ENVIRONMENTAL JUSTICE/LEAD WORKGROUP
Scan of Member Jurisdictions

BC HC E J WORKGROUP:
ENVIRONMENTAL JUSTICE/LEAD WORK GROUP SURVEY
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

EPA
Many LHDs do not have staff or resources specifically dedicated to EJ work.

LHDs face different environmental justice related challenges and threats.
MEMBER SCAN

KEY CHALLENGES:

RESOURCES

LEGAL/POLITICAL

Lack of dedicated **resources/funding**

Outside of **legal jurisdiction** of local health departments

Decisions determining how to prioritize **land use** and **environmental resources** exist in politically charged contexts

Inherent difficulty working with **external** federal, state and local **regulatory** and **enforcement** agencies
➢ LHDs Are Placing Importance on Community Engagement

➢ LHDs Are Looking at Environmental Justice Holistically
Big City Health Departments: Local Champions for Environmental Justice

Local health departments are key partners in identifying environmental hazards that affect human health and applying community-centered approaches to effectively and equitably address them. They implement programs and policies that improve air, water and soil quality, educate the public, reduce toxic exposures, and help to create healthy and sustainable living environments where children and families live, work, learn, worship and play.

Funding allows public health departments to identify environmental hazards and respond, particularly to those that disproportionately affect vulnerable populations and communities.

**Built Environment and Healthy Homes**
Healthy communities start with indoor and outdoor environments that protect residents from hazards and promote healthy choices. Local health departments work to protect vulnerable resident families from toxic pollutants emitted by hazardous industrial sites, reduce exposures to lead, and quickly determine where they can lawfully be located relative to vulnerable residents.

**Sustainable Infrastructure & Green Transportation**
Residents located near areas with high rates of automobile traffic (i.e., highways and stations (i.e., bus depots) experience higher concentrations of air pollutants and experience higher rates of respiratory-related illnesses. Local health departments partner with city agencies to improve access to affordable housing that promotes health, provide services to mitigate exposure and reduce the geographic clustering of high pollutant traffic nearby vulnerable populations.

**Climate Change**
Changing climate patterns, the possible increased potency and frequency of natural disasters and sea level changes pose challenges for the health and safety of communities. Populations living in or near communities in flood-prone areas, vulnerable infrastructure or insufficient resources are yet more susceptible to an uncertainly changing climate. Local health departments investigate and stamp out the spread of infectious diseases that surface, help preserve vulnerable communities for emergencies and assure populations on the health risks of changes to the climate.

"Environmental justice is 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."

--U.S. Environmental Protection Agency

<table>
<thead>
<tr>
<th>Key Federal Funding Streams</th>
<th>Agency</th>
<th>Programs (5 in millions)</th>
<th>FY2018</th>
<th>President's Budget FY2019</th>
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<tr>
<td>CDC</td>
<td>Childhood Lead Poisoning Prevention Program</td>
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<td>Lead Carpal Tunnel Grant</td>
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<td>Climate Change Impact</td>
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<td>HUD</td>
<td>Lead Hazard Control and Healthy Homes</td>
<td>230</td>
<td>145</td>
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Local Health Departments Addressing Environmental Justice

Stories from the Field

Situation
Provide 1-2 sentences explaining what the issue entailed.

Intervention/Program
Provide 1-2 sentences explaining what the resources from a particular program or funding stream allowed your jurisdiction to do in response to the particular environmental issue.

Impact
Provide 1-2 sentences explaining the impact of the environmental justice related grant or funding source in your jurisdiction.

Environmental Justice in Action

Provide key data (charts, graphs, etc) that depict how state and local funding has impacted the capacity of your health department to conduct and execute environmental justice related activities. [ex. A bar graph detailing how much of your funding comes from local vs state vs federal sources]

And/or

Outline and describe the scope of environmental justice related activities and programs your health department leads and plays an important role in carrying out.

Critical Needs/Wish List

Describe 1-3 ways in which additional funding would IMPROVE capacity to address environmental justice issues in your community

AND/OR

how funding cuts would hamper your local health department’s ability to meet the environmental health needs of your community
POST MEMBER SCAN:

TOOL DEVELOPMENT:

Childhood Lead Poisoning Prevention Policy Web Page

http://www.bigcitieshealth.org/lead
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.

STATEMENT OF POLICY

Child Lead Poisoning

Policy
The National Association of County and City Health Officials (NACCHO) promotes primary prevention and advocates for the removal of lead sources from the environment prior to exposure, particularly in water and housing, in order to prevent the potential for adverse effects. Until this is accomplished, NACCHO supports the use of the Centers for Disease Control and Prevention (CDC) reference level of 5 μg/dL to identify children with elevated blood lead via the following:

- Continued federal, state, and local funding and implementation of cost-effective, community-specific preventive measures to prevent and mitigate health hazards that potentially cause lead exposure in the home and in other settings, such as schools, childcare centers, recreational facilities, and workplaces that may result in disease and illness in children.
- Active local health department efforts to develop and implement community-oriented collaborative coalitions targeting efforts at children and their families who remain at risk for lead exposure and poisoning.
- Aggressive efforts by localities to screen and identify lead-poisoned children, as well as services for these children and their families.
- Healthcare providers and health plans that provide blood lead screening and diagnostic and treatment services for children enrolled in Medicaid, consistent with federal law, and refer children with elevated blood lead levels for environmental and public health follow-up services.
- Efforts by local health departments to develop partnerships with local water utilities and other organizations to provide public education and outreach regarding drinking water quality, including lead content, toward the Healthy People 2020 goal of reducing childhood lead poisoning.
- The continued identification by the Consumer Product Safety Commission (CPSC) of lead containing imported products from countries with lax, not enforced, or non-existent environmental lead regulations.

Justification
The CDC estimates that about half a million U.S. children one to five years of age have high levels of lead in their blood (above 5 μg/dL equals “the reference level at which CDC recommends public health actions to be initiated”). Children are particularly vulnerable to the effects of lead, which can cause permanent adverse health outcomes, including damage to the brain and nervous systems, slowed growth and development, learning behavior problems, and
CASE STUDIES FROM THE FIELD:

CHALLENGES AND VICTORIES

• Los Angeles County, CA
• Baltimore, MD
EXIDE TECHNOLOGIES BATTERY RECYCLING PLANT:
A BRIEF HISTORY

1920s
Smelter in operation at plant

1980s
Battery recycling plant permitted with ‘interim status’

2000s
Exide takes over plant
Ordered to cut production in half

2010s
Ordered to suspend operations
Ordered to shut down operations & clean up site

30 years of community exposure to toxins
WIDESPREAD LEAD CONTAMINATION IN SOIL

10,000 homes within radius
Priorities:

1. Test soil of 10,000 affected properties
2. Clean up yards and inside of homes
3. Provide risk information, health screenings, and other resources
EXID SOIL TESTING RATE COMPARISON BY DAY
DTSC: PARCEL-BY-PARCEL

- Parkways excluded from cleanup
- Insufficient interior cleaning
- Scattered parcel-by-parcel cleanup in the 1.7 mile Preliminary Assessment Area (PIA)

LA COUNTY: BLOCK-BY-BLOCK

- Parkways included in cleanup
- Extensive interior cleanup
- Comprehensive block-by-block cleanup in the PIA
- **Increased efficiency; reduced risk of recontamination; less community impact; cost effectiveness**
EXIDE COMMUNITY HEALTH OUTREACH
**Types of Community Engagement**

- Community Engagement
  - Door-to-door
  - Health Fairs and Civic Events
  - Community Partners

- School Engagement
  - Parent Meeting
  - Teacher Meeting
  - School District Meeting

- Medical Provider Engagement
  - Insurance Providers
  - Health Centers
  - Los Angeles Health Alert Network

- Clinical Services
  - Department of Health Services
  - Department of Mental Health
  - Blood Lead Testing
SURVEY RESULTS

LET’S TALK ABOUT EXIDE
COMMUNITY SURVEY

JUNE 2017

COMMUNITY RESPONSE SURVEY

HEALTH CONCERNS FROM EXIDE

48% reported that one or more children under 6 years old live in the home or spent time in the home or yard.

28% reported that one or more persons in the home had their blood tested for lead.

85% reported they were concerned or somewhat concerned about their health or the health of others in their home due to exposure to contamination from Exide.

78% said they were concerned that they or someone would get cancer.

75% said they were concerned that they or someone would get lead poisoning.

65% reported that their yards had been tested for lead.

52% were not satisfied with the progress of the clean-up.

55% reported that they had not received the results from soil testing done in their yards.

COUNTY OF LOS ANGELES PUBLIC HEALTH

Baltimore City Health Department

Big Cities Health Coalition
A proactive approach to address common factors in recent events:

- High-risk facility operating in close proximity to populated areas; and
- Substantial and prolonged regulatory non-compliance
Empowered communities

Strengthened regulations

Higher rates of compliance

Fewer and less severe emergency incidents

Reduced toxic emissions

Improved environmental conditions

Results-based Accountability
• Increase capacity to effectively prevent, prepare for, respond to, and recover
• Engage community and provide information needed to advocate for improved conditions
• Leverage the combined authorities and resources of regulatory agencies
• Promote policy change
## Conceptual Model

<table>
<thead>
<tr>
<th>Prevention</th>
<th>Emergency Response</th>
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<tr>
<td>• Strict Enforcement of Regulations</td>
<td>• Agency Coordination and Training</td>
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<tr>
<td>• Health-Protective Policies</td>
<td>• Sustainable Response Operations</td>
</tr>
<tr>
<td>• Community Empowerment</td>
<td>• Environmental Monitoring</td>
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Environmental justice is our cry of defiance against the onslaught of oppressive toxins and oppressions that threaten to submerge our homes.

Stand with frontline communities in our fight for environmental justice, against the ravages of toxic chemicals and climate change.

Image by Ricardo Levins Morales, scratchboard, ink and watercolor
CASE STUDIES FROM THE FIELD:

BALTIMORE CITY HEALTH DEPARTMENT
Office of Chronic Disease Prevention

• Tobacco Use Prevention and Cessation

• Cardiovascular Health Initiative

• Baltimarket (food deserts/ food justice)

• Healthy Homes (childhood lead/asthma)
CASE STUDIES FROM THE FIELD:

Baltimore City Health Department

• What we do
• Statewide Synergy
• Partnerships
• Innovative Approaches to Funding
What we do

- We serve children 0-6, siblings and pregnant mothers.
- We receive a positive blood level lead test via fax, computer from Maryland Department of the Environment (MDE) for Baltimore City children.
- Blood Lead level dictates the action that we take:
  - (5-9mg/dl or 10+mg/dl)
- Telephonic Case Management, Home Visits, Visual Inspections, Wrap around Services (Green Cleaning Supplies, CO2 detector), Community Outreach (health fairs & gatherings) and Environmental Home Inspections.
- Coordinate Hospitalization with MCO’s, Medical Professionals & Local Hospitals.
What we do

• Coordinate with Dept. of Housing & Community Development if dwelling is owner occupied (rehab loans & services)
  • Housing Authority of Baltimore City if it is Public Housing or Section 8
• Disseminate Supplies (Mat, Mousetraps, Green cleaner, Scrub Brush, bucket, educational packet, HEPA vacuum if warranted)
• Environmental and Medical Home visits conducted by trained Staff
• Both in home and telephonic visits are offered to our families with lead hazard health education infused throughout, referrals and other resources are shared with our clients
• Legal action against landlords and home owners that don’t make changes timely fashion
• Maintain partnerships with City & State agencies, Community organizations to ensure that families receive a multitude of services & assistance.
Enforcement

- Our Environmental Sanitarians/Specialists have special police powers bestowed upon them by the Baltimore City Police Commissioner.
  - They are sworn in & have badges.
  - They can issue legally binding violation notices that are attached to the property and must be abated/corrected.
- We place liens on property.
- We coordinate our violations, & our efforts with our local housing authority and the Maryland Department of Environment.
- We have an attorney on staff who pursues legal remedies in court weekly (Fines $$$$).
Statewide Synergy

Universal testing.

• Effective March 28, 2016, all children born \textbf{on or after} 1/1/15 must be tested for lead at ages 12 and 24 months.

• Health in All Policies enacted in May 2017
  • The bill emphasizes the “Health in all Policies” collaborative approach outlined by the American Public Health Association, which aims to ensure that policymakers and stakeholders include health considerations in their decision making across sectors and policy areas

Statewide Commissions

• Lead Poisoning Prevention Commission
• Commission on Environmental Justice & Sustainable Communities-Joint meeting
• Children's Environmental Health and Protection Advisory Council-Joint Meeting
Partnerships

- Referrals to all Baltimore City Agencies
- To name a few of our partners:
  - BCHD B-More for Healthy Babies-Safety Net
  - BCHD Infants & Toddlers (Youth who may be developmentally Delayed)
  - WIC
  - Head Start (New Integration of Chronic Disease Curriculum)
  - Early Head Start
  - Healthcare Access
  - Community Asthma Program
  - Baltimore Neighborhoods Inc. (Tenant /Landlord issues)
  - Office of Home Energy Programs
  - People’s Counsel (legal representation)
  - Legal Aid
  - Department of Social Services
  - Maryland One stop Career Center
  - Baltimore Reads (adult literacy)
  - Lead Hazard Reduction Program (Data Sharing MOU)
  - Dept. of Housing & Community Development (Weatherization Prog.)
  - Food Insecurity/Food Pantry
  - Intimate partner Violence
  - Green & Healthy Homes Initiative (Relocation & Legal Representation)
Innovative Approach to Funding

- Legal fines, Subpoenas & Document reproduction
  - Occasionally we may receive fines from court proceedings. We put those fines right back into the program.
- Subpoenas & Document reproduction
  - We house & maintain about 30,000 paper records onsite. Another 25,000 in archives
  - We have files dating back to 1940’s
  - Our files cover both the child and the address.
  - We receive quite a few requests for all addresses on an entire block or all addresses on an entire street.
  - We provide redacted copies to law firms for a fee. We charge even if there is no file for the search.
  - There is an administrative fee and a fee for each copy provided. Some files are small and some are very large.
Innovative Approaches to Funding

- **Lead Hazard Reduction Program at the Department of Housing & Community Development. (HUD Grant)**
  - BCHD is paid to provide the Lead Hazard education to their clients who are receiving services related to lead abatement.
  - BCHD is paid per home visit & this supports one full time staff member.

**Medicaid**

- Since 2009 in Maryland Medicaid reimburses for environmental lead investigation activities performed by MDE-accredited vendors with enforcement authority which is billable by LHDs.
  - One on-site lead inspection per primary dwelling for enrollees under age 21 with a BLL greater than or equal to 5mg/dL, billable by LHDs.
  - Maryland reimburses for these assessments using existing Medicaid funds (procedure code T1029). **Rate of $358.91 per visit**

- **Point of Care Testing $16.47 per test**
Innovative Approaches to Funding

- Maryland Medicaid, in collaboration with Environmental Health Bureau (EHB) and the Department of Housing and Community Development (DHCD), worked to secure CHIP administrative funds from Centers for Medicare and Medicaid Services (CMS) to support two new initiatives:
  - Healthy Homes for Healthy Kids
    - Expansion of lead identification and abatement programs for low-income children through programs delivered by the Maryland Department of Housing and Community Development (DHCD)
    - When lead is detected in the residential property occupied by the eligible child, DHCD will provide lead abatement services to eligible properties reducing the overall risk of lead poisoning among low-income children in Maryland.
    - If the lead abatement work requires families to vacate the premises following HUD guidelines, DHCD will provide relocation support for families.
  - Childhood Lead Poisoning Prevention and Environmental Case Management
    - Expansion of county level programs to provide environmental case management and in-home education programs with the aim of reducing the impact of lead poisoning and asthma on low-income children.
    - The program will be conducted by environmental case managers and community health workers seated in Local Health Departments (LHDs) and conducted in nine counties. Funding for LHDs to hire and train environmental case managers and CHWs to provide environmental case management and educational support to the parents and guardians of low-income children with asthma and/or lead poisoning.
    - Home visiting program (3-6 visits)
    - In January 2017, Medicaid submitted the Health Services Initiative State Plan Amendment (HSI SPA) to CMS to leverage CHIP funds.
    - The HSI SPA was approved in June 2017.
CASE STUDIES
FROM THE FIELD:
BALTIMORE CITY
HEALTH DEPARTMENT
QUESTIONS OR COMMENTS?
THANK YOU!

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