

The Environmental Public Health Tacking Program Environmental Justice Needs Assessment Summary

The Berkeley Center for the EPHT Program decided to explore the feasibility of conducting community based training for environmental justice and other community-based activist groups as a vehicle for bringing the message EPHT Program to the lay audience. The decision was based on the results of a limited needs assessment conducted at the Chicago meeting held in July and the agreement of the other two centers at Tulane and Johns Hopkins.

As part of the Berkeley Center, The Labor Occupational Health Program, undertook a project of conducting the needs assessment by identifying several representative environmental justice organizations to serve as “key respondents” in a short, telephone needs assessment. The needs assessment was conducted in October 2003 with a total of seven respondents. The following is a summary of the findings.

Not surprisingly, the EJ community has either not heard of the EPHT Program or has only vague familiarity with it. To help the respondents answer the rest of the questions a brief explanation of the program was delivered.

Participants were asked to identify environmental hazards and public health issues that were of concern for them. Environmental hazards identified included:

- Polluting industries located within residential communities, like petrochemical plants, cement factories and electroplaters
- “Mobile polluters” like diesel powered vehicles that travel through their communities, or along major transportation corridors in their communities
- Concentration of “Brownsfields” within their community
- Soil pollution issues, especially chromium and other heavy metals
- Lead hazards from deteriorated housing and other sources
- Mercury pollution from the paper/pulp industry
- Water pollution
- Asthma triggers
- Pesticide usage

Public Health issues of concern include:

- Asthma and other respiratory diseases
- Cancer rates
- Lead poisoning
- Number of miscarriages and fertility problems
- Hypertension
- Occupational health issues
- Rising autism rates
- Learning disabilities
- Cumulative impact of multiple exposures (including occupational exposures)
- Unique vulnerability of children to toxic exposures.

Participants were than asked if they had ever accessed any public health or environmental data relevant to their concerns and what their experience was with the data. Results indicate:

- Participants often tried to access tracking information, with varying degrees of success. Those most likely to succeed in accessing tracking information include the more educated, experienced staff members of the community or EJ groups, those with experience using computers and the Internet. This type of data is largely inaccessible for many lay community members either for lack of access to a computer or more importantly due to language and literacy barriers.
- The usefulness of the data, even if it could be accessed, was a common complaint. Respondents frequently cited that even if tracking data was found that it often was not specific enough to be truly useful. For example, results of different health indicators are frequently broken down by broad racial categories like, White, African American, Hispanic, Asian/Pacific Islander, etc., but not down to the sublevel like Laotian or Hmong, necessary to identify specific health risks within a specific community. In another example, environmental hazard indicators were cited as covering too large a geographic area, thereby “burying” the degree of the hazards or preventing “hot spots” from being captured. Data specific to a particular community is not available.

Other problems with tracking data that were identified include:

- Reliability or trustworthiness of the data: respondents often noted that environmental data like toxic release data is frequently “self reported” by the source, putting in question its reliability. “Study data” is frequently suspect because it is not disclosed who financed the study. Results obtained from questionnaires are doubted especially if it is not known if the questionnaire was administered in the language of the respondents. Government or agency collected data on environmental toxics was also described as being only “9-5” data, meaning available data only represent what can be collected during normal business hours. The methods used to collect environmental samples were also questioned.
- Delays in reporting: community groups often are made aware of an environmental exposure or hazard long after the fact, only after the polluter has been cited and fined by the EPA. Only then is the data released to the public.
- Privacy Issues: health data specific to a community is now very closely protected and not accessible to community groups.
- Data is often not made available or is unpublished: data collected by corporate groups is often hidden or made unavailable. University study data and data collected by government agencies is also often not made available to the community groups, even when the community group cooperated with the study.

Despite these problems, all the respondents indicated a willingness to learn more about the EPHT Network, via a workshop presented by a combination of community/EJ leaders, university groups like LOHP or LOSH, and “trusted” scientists, those who have worked with a community group before, and have gained the trust of community groups. Topics that should be included in the workshop include:

- What is tracking? What kind of data is available, at what level of specificity and how do you access it? Training must be provided on how to use the information. What are the gaps in the data and how are the gaps going to be filled and by whom?
- How does a community group collect it's own public health and/or environmental data, codify the data so that it is useful? Are there examples of community groups that have successfully collected data? What resources are there for community groups to fund their own data collection?
- What are the health effects of know environmental hazards like diesel exhaust exposure and other chemicals used in industries found within a community, such as electroplating shops and body shops. What are the hazardous components of the diesel exhaust and the chemicals used in their neighborhood? Who is reporting these health effects (a trusted university study or an industry group)? What is the synergistic affect or cumulative impact of multiple exposures, including community and occupational exposures?
- Risk communication and the “jargon of science”: community members, especially immigrant groups, need to know the language that is associated with tracking and risk communication and how to use it in order to be credible. Conversely, risk communicators need to learn to present risk information in a culturally and linguistically appropriate way for a particular area, keeping in mind that not all cultures use a written language. In one example cited, signs warning fishermen not to eat mercury-contaminated fish are posted in English, when the fishing and consuming population of the fish do not read or understand English.
- Primary prevention: how do you get more resources and efforts directed at preventing toxic exposures? While tracking is important, resources must be directed at reducing or eliminating known hazards. For example, there are many resources being allocated for testing children for lead, but not as many for controlling the sources of lead exposure. If more resources were directed at controlling lead sources now, there would be no need to spend the resources on blood lead testing or tracking in the future. The problem would be eliminated and the need for tracking blood lead levels would be reduced or eliminated.
- Community rights to prevention and protection, and “right to know”: teaching communities about their rights to report and how to report environmental contamination or toxic exposures, as well their right to know about what toxic materials are and were being used in their communities and the health effects of exposure to these materials.
- Capacity building: training community members to be effective leaders, in a way that will truly empower them to promote change. Requires cross sector collaboration, technical assistance and most importantly funding.
- Case studies of how other EJ/community rights groups have used tracking information to organize, change and educate their communities.

Some other thought and comments generated through the needs assessment include:

- Grass roots organization's knowledge of the environmental and public health issues must be tapped for the EPHT Network to be successful. Funding needs to be made available for these groups to fully participate. (Many of these organizations operate on volunteerism.)
- The voice of the EJ movement must be heard for the EPHT Network to be effective.
- Need recognition that there is an economic relationship to health in many communities. If the economics are improved in the most impacted communities (the poorest, the neighborhoods of color) the health will also be improved. There is an economic solution to many of the health problems.
- We need a tracking system, but we need to take it a step further, how do you eliminate the hazard? What is the solution to the problem and/or how do we phase it out? How do we connect the information obtain from the database with decision-making?
- Must instill the "precautionary principle" in all the efforts.

Telephone Scrip: Needs assessment for EJ Groups

About the National Environmental Public Health Tracking Program

As you know, environmental hazards play an important role in human health and development.

Links have been established between environmental exposure to toxic substances and specific diseases. One example is the link found between exposure to asbestos and lung cancer. In another example, childhood lead exposure has been linked to learning disabilities in young children.

Right now few systems exist to track many of the exposures and health effects that may be related to environmental hazards. Tracking systems that do exist are usually not compatible with each other, and the data linkage is extremely difficult. The CDC's Environmental Public Health Tracking Program's goal is to develop a national data collection network that is standards-based and that will allow for all direct electronic data reporting and linkage between health data, exposure data and hazard data. And it will interoperate with other public health systems.

The Environmental Health Tracking Program's mission is to improve the health of communities. Using information gathered from the environmental public health tracking network, federal, state and local government and health agencies will be able to monitor and distribute information about environmental hazards and disease trends, advance research on possible linkages, and help develop regulatory and public health actions to prevent or control diseases that can be linked to hazards in the environment. Healthcare providers in turn can provide better and targeted preventive services and the public should have a better understanding of what is occurring in their communities and what actions they may take to improve or protect their health.

We are conducting this survey to learn about your interests in relating to the Environmental Public Health Tracking Program.

Environmental Justice/Community Group Respondents

Vivian Chang

Asian Pacific Environmental Network
(APEN)

Ted Smith

Silicon Valley Toxics Coalition

Augustine "Cheno" Eichwald

Community for a Better Environment

Bhavna Shamasunder

Urban Habitat

Robina Suwol

California Safe Schools

Linda Kite

Health Homes Collaborative

Jose Bravo

Just Transition Alliance

Needs Assessment Questionnaire for EJ Groups

Name:

Contact info:

- 1) Are you aware/have you heard of the National Environmental Public Health Tracking Program.
 Yes
 No (If no, explain the program from attached script)

- 2) What environmental hazards/public health issues are of concern in your organization/community? (e.g. soil pollution, diesel exhaust, ozone levels, asthma, cancer rates, etc.)
 - a. Has your organization accessed public health data or environmental data specific to your community? Who lead this effort?

 - b. How successful was the effort? How useful was the information? What obstacles did you encounter?
 We don't know how to find this information
 The information is too difficult for us to understand
 We don't have the resources to look for this information
 We don't trust the information
 Other: _____

 - c. What do you need to help overcome these obstacles?

- 3) Would you be interested in relating to the NEHTP initiative?
 Yes
 No
If no, why not?
 - a. Are you interested in influencing what data sets might be available in the future/ be prioritized for tracking? What for example?

 - b. Would a workshop about tracking and how it relates to the EJ movement benefit your organization/community members? What should be addressed?

 - c. Who would you like to see present this type of workshop?

 - d. Would you be willing to be part of a planning group to help shape form a workshop/ decide on next steps? Or who would you recommend?

- 4) Would you like to learn/share about how other communities/EJ groups have successfully used public health and/or environmental data (tracking info) to organize/improve/educate their communities?