



# Achieving Environmental Health Equity: The Need and Opportunities for Public Health Action

ENVIRONMENTAL HEALTH DISPARITIES are the result of current and historic systemic exclusion, disenfranchisement and disinvestment of specific communities and individuals in the U.S. If environmental and public health organizations and leaders want to provide effective environmental health services, they must take action towards health equity, using a comprehensive social justice paradigm, both internally and externally. This two-part issue brief provides a description and examples of health disparities and their systemic and structural causes and a series of opportunities for action for public health organizations.





**HEALTH DISPARITY:** A particular type of health difference that is closely linked with social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, mental health, cognitive health or disability, sexual orientation, geographic location, or other characteristics historically linked to discrimination or exclusion.<sup>1</sup>



**STRUCTURAL RACISM:** A system in which public policies, institutional practices, cultural representations and other norms work in various ways, often reinforcing or perpetuating racial group inequity.<sup>2</sup> Structural racism refers to the system by which racism is produced and reproduced by laws, rules and practices, sanctioned and even implemented by various levels of government and embedded in the economic system as well as in cultural and societal norms.<sup>3</sup> One way that structural racism is manifested is through environmental injustices—the disproportionate exposure to pollution and environmental hazards borne by people of color.



**ENVIRONMENTAL JUSTICE:** 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. This goal will be achieved when everyone enjoys the same degree of protection from environmental and health hazards and equal access to the decision-making process to have a healthy environment in which to live, learn and work.<sup>4</sup>

## THE NEED FOR PUBLIC HEALTH ACTION

Communities that have faced historic and systemic exclusion, disenfranchisement and disinvestment have always had to shoulder the disproportionate burden of preventable disease, illness, injury, disability and premature death as a direct result of extortionate environmental costs. Individuals in these communities live, work, learn and play while facing unequal access to environmental and public health services, as systems of inequality block access to safe and affordable housing free from environmental contamination, high-quality food, clean water and protection from the most devastating impacts of climate change. The resulting **health disparities** represent an immediate danger that deserves sustainable and long-lasting attention.

Systems of inequity transcend individual actors and instead is prevalent at the level of organizations, institutions, processes and policies. It permeates public policies, institutional practices, cultural representations and other norms to perpetuate, reinforce and reproduce inequality, lack of opportunity and oppression in these impacted communities.<sup>2</sup> These systems often act in unconscious, invisible, historically and culturally-sanctioned ways. A prominent example is **structural racism**.

**Environmental justice** is achieved by dismantling structural racism in the fields of environmental and public health. Achieving environmental justice requires that: meaningful action be taken within organizations and institutions at the individual and leadership levels; barriers to access are removed; and voices from historically impacted communities are empowered, uplifted and centered in conversations and actions that impact them.

Structural racism acknowledges the foundational role that oppression based on race plays in our social, economic and political systems. However, racism is related to, and amplified by, many other forms of oppression including classism, ableism, homophobia and xenophobia.<sup>5</sup> For this reason, the term **structural marginalization** is useful to recognize the other historically impacted groups that are also impacted by these same societal inequities and outcomes.

Structural marginalization, as opposed to individual or institutional marginalization, has the most profound and pervasive impact and creates the conditions for all other forms of marginalization to exist. This system is so deeply rooted that it does not require oppressive intent to continue to produce biased outcomes such as health disparities. In fact, focusing on racism at an individual level may distract attention and resources needed to achieve racial justice on a systemic level. A conscious effort at the institutional level is required to recognize, uproot and rebuild systems with equity at the center.

Eliminating barriers and dismantling structural marginalization requires a systemic approach. The time has come to move beyond documenting and defining the problem to working to make meaningful, impactful change in our institutions.



## HEALTH DISPARITIES EXAMPLES

- Non-Hispanic Blacks/African Americans have **2.3 times** the infant mortality rate, are **4 times as likely** to die from complications related to low birthweight and are **twice as likely** to receive late or no prenatal care as compared to non-Hispanic whites.<sup>6</sup>
- American Indian/Alaska Native adults are almost **3 times more likely** to be diagnosed with diabetes and **2.3 times more likely** to die from diabetes than non-Hispanic white adults.<sup>7</sup>
- Asian American men have higher incidence rates of liver cancer and are **60% more likely** to die from liver and Intrahepatic Bile Duct cancer, as compared to non-Hispanic white men.<sup>8</sup>
- Despite having lower case rates of hepatitis C, Hispanics were **40% more likely** to die from that disease than non-Hispanic whites, according to data from 2018.<sup>9</sup>
- American Samoan women are **twice as likely** to be diagnosed with and to die from cervical cancer, as compared to non-Hispanic whites.<sup>10</sup>
- In Hawaii, from 2013–2015, Native Hawaiians had the highest mortality rate (**404.8**) for all types of cancer, as compared to whites (**136.5**) in the state.<sup>10</sup>
- Higher levels of local approval of same-sex marriage **lowered the probability** that LGBT (and non-LGBT) individuals reported smoking and fair/poor self-rated health; further, LGBT disparities in smoking were lower in communities where residents were most likely to support same-sex marriage.<sup>11</sup>
- Americans with lower income have higher rates of physical limitation and of heart disease, diabetes, stroke and other chronic conditions compared to higher-income Americans. Americans living in families that **earn less than \$35,000** a year are **4 times as likely** to report being nervous and **5 times as likely** to report being sad all or most of the time, compared to those living in families **earning more than \$100,000** a year.<sup>12</sup>
- People in families that earn less than **\$35,000** a year are three times more likely to smoke as those in families with an annual income of more than **\$100,000**.<sup>12</sup>
- Communities with lower incomes also contend with other structural challenges that contribute to **higher rates** of obesity and chronic disease, including less access to fresh foods, a higher density of fast-food restaurants and a built environment with less open space and fewer parks and sidewalks that is not conducive to physical activity.<sup>12</sup>
- Rural Americans are **more likely** to die from heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke than their urban counterparts. Unintentional injury deaths are approximately **50% higher** in rural areas than in urban areas, partly due to greater risk of death from motor vehicle crashes and opioid overdoses.<sup>13</sup>
- Approximately **20,000** farm workers experience acute occupational exposure to pesticides each year.<sup>14</sup> Of the estimated **2.4 million** farm workers in the US, approximately **1.1 million to 1.7 million** are undocumented.<sup>15</sup>
- In Harris County, Texas, **people with disabilities are significantly more likely** to reside in neighborhoods with greater proximity to Superfund sites on EPA's National Priorities List and hazardous waste treatment, storage and disposal facilities than people without disabilities.<sup>16</sup>
- Having an intellectual or developmental disability was the **strongest independent risk factor** for a COVID-19 diagnosis and the second strongest independent risk factor for COVID-19 related death.<sup>17</sup>

## OPPORTUNITIES FOR PUBLIC HEALTH ACTION

**Public health organizations and their leadership must do the work — internally as well as externally — to exemplify and uphold principles of diversity, equity, inclusion, access and justice in order to ensure the health and safety of the communities they work with every day. Utmost vigilance and transparency are required for continuous improvement.**

No matter where you are in the process — whether you're still planning or already taking action toward advancing health equity in your community — we encourage you to use and share this resource.\*

### Essential Public Health Service



#### **Assess and monitor population health status, factors that influence health and community needs and assets.**

- Create spaces at organizational conferences and events that enable active community engagement.
- Ensure cultural competence when working with specific groups. For example, when working with LGBTQ+ communities, ensuring individuals are aware of and using culturally appropriate language, such as correct pronouns.
- Ensure outreach is accessible by holding virtual events, providing virtual options or traveling into communities rather than asking them to come to you.
- Formally acknowledge structural racism and the role public health agencies play in addressing health equity and achieving optimal health for all.
- Ensure access to culturally and linguistically appropriate approaches to community health (e.g., [Racial and Ethnic Approaches to Community Health \[REACH\]](#)) to help address social determinants of health.
- Ensure community health assessments include measures for tracking social determinants of health and engagement with communities and multi-sectoral partners.

### Essential Public Health Service



#### **Investigate, diagnose and address health problems and hazards affecting the population.**

- Lead internal organizational change efforts that support racial healing, racial justice and transformation within public health agencies.
- Ensure organizational transparency about how actions are being prioritized and implemented, and by whom.
- Engage with communities about their needs and ask about potential solutions from community that will be affected.
- Form partnerships with social justice leaders and organizations or groups already doing work in the same area.
- Meet with, listen to and work with and for communities impacted by environmental injustice to advance solutions to environmental health concerns.
- Implement equity-sensitive and specific environmental public health interventions and planning practices to ensure resources are allocated according to need.
- Integrate environmental justice criteria into funding requirements and prioritization at all levels.
- Promote and further develop analyses and tools to study cumulative risks and impacts of health hazards and make these resources publicly available.

\* The actions in this document are organized according to the [Essential Public Health Services](#). Many of these actions will support activities under more than one service and are therefore listed under the opportunities in multiple categories.

## Essential Public Health Service



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### **Communicate effectively to inform and educate people about health, factors that influence it and how to improve it.**

- Continuously reassess the effectiveness and impact of communication materials and update the materials as needed.
- Analyze your organization's reach and audience for gaps and develop plans to ensure all groups are included and communications are being sent using the most effective channels to reach the impacted groups.
- Disseminate data on your organization's demographics and structural, anti-oppression initiatives to address demographic gaps.
- Partner with impacted groups to co-develop communications to ensure they are culturally appropriate, effective and bias-free. Ensure that groups and individuals are always paid for this work.
- Stay up to date on preferred language used by the population in focus.
- Create and provide materials in multiple languages and provide translation services at public events.
- Ensure compliance with the Americans with Disabilities Act and section 508 requirements to ensure communications are accessible by all people within a community.
- Formally acknowledge structural racism and the role public health agencies play in addressing health equity and achieving optimal health for all.
- Ensure access to culturally and linguistically appropriate approaches to community health (e.g., [Racial and Ethnic Approaches to Community Health \[REACH\]](#)) to help address social determinants of health.
- Promote and further develop analyses and tools to study cumulative risks and impacts of health hazards and make these resources publicly available.

## Essential Public Health Service



### **Strengthen, support and mobilize communities and partnerships to improve health.**

- Uplift and partner with existing community groups or organizations. Offer them local, regional and national platforms and network connections to amplify their work, stories and/or models.
- Center community knowledge and experience, historical knowledge and cultural knowledge when designing interventions.
- Directly fund community-based organizations, groups and individuals as project consultants to lead the work in their communities. Assess which communities have not been supported with past funding and training opportunities and reach out to them, specifically.
- Form partnerships with social justice leaders and organizations or groups already doing work in the same area.
- Meet with, listen to and work with and for communities impacted by environmental injustice to advance solutions to environmental health concerns.
- Participate in partnerships and collaborations that support initiatives to address structural racism, promote health equity and achieve optimal health for all.



## Essential Public Health Service



# 5

### **Create, champion and implement policies, plans and laws that impact health.**

- Create space and opportunities for community members to inform local, state and federal policies and practices.
- Support jurisdiction-wide efforts to address and eliminate structural racism and advance health equity.
- Promote [Health in All Policies](#) as an approach to ensure that policy decisions have neutral or beneficial impacts on the social determinants of health.
- Implement equity-sensitive and specific environmental public health interventions and planning practices to ensure resources are allocated according to need.
- Integrate environmental justice criteria into funding requirements and prioritization at all levels.

## Essential Public Health Service



# 6

### **Utilize legal and regulatory actions designed to improve and protect the public's health.**

- Issue statements of support, including legal support, to public health workers.
- Ensure free or low-cost legal support is available to residents and communities, and support organizations that provide that service.
- Support communities in use of regulatory/enforcement actions, such as sharing information about available policy solutions.
- Ensure community health assessments include measures for tracking social determinants of health and engagement with communities and multi-sectoral partners.

## Essential Public Health Service



# 7

### **Ensure an effective system that enables equitable access to the individual services and care needed for improving health.**

- Ensure organization staff have equitable access to health insurance, paid parental leave and mental health services.
- Build health into organizational culture activities and structure. For example, block off time for lunch, build in breaks, have walking meetings, offer flexible remote work options or consider holding no meetings on certain days to encourage movement.
- Collect quantitative and qualitative data about the community's ability to access services.
- Ensure compliance with the Americans with Disabilities Act and section 508 requirements to ensure services and communications are accessible.
- Ensure access to culturally and linguistically appropriate approaches to community health (e.g., [Racial and Ethnic Approaches to Community Health \[REACH\]](#)) to help address social determinants of health.
- Form partnerships with social justice leaders and organizations or groups already doing work in the same area.
- Meet with, listen to, and work with and for communities impacted by environmental injustice to advance solutions to environmental health concerns.
- Ensure community health assessments include measures for tracking social determinants of health and engagement with communities and multi-sectoral partners.
- Participate in partnerships and collaborations that support initiatives to address structural racism, promote health equity and achieve optimal health for all.

## Essential Public Health Service



# 8

### **Build and support a diverse and skilled public health workforce.**

- Require justice, equity, diversity and inclusion training for staff.
- Use hiring practices that encourage diversity in the workforce, including at senior and executive leadership levels.
- Implement strong retention strategies.
- Integrate workforce diversity activities and goals into annual reporting and hold yourself and your staff accountable.
- Support development of people entering the environmental public health workforce through internships, mentorships, partnerships with schools and more.
- Build pathways for growth beyond the initial position individuals are hired for into the hiring process.
- Ensure supervisors have adequate training and resources to support their staff.
- Engage in environmental public health workforce development pipeline from middle school to college to professional, where possible and appropriate. For example, outreaching at public health fairs, providing environmental public health awareness visits to middle and high schools and community colleges.
- Nurture environments and opportunities for employees to discuss goals, interests, needs and growth opportunities. For example, connecting performance reviews to the employee's advancement or ensuring access to higher education as a form of professional development.
- Ensure environmental public health accreditation criteria include requirements related to exposure of the connection between environmental injustice and environmental health.

## Essential Public Health Service



# 9

### **Improve and innovate public health functions through ongoing evaluation, research and continuous quality improvement.**

- Develop strategies that value and integrate culturally appropriate feedback styles, mechanisms and avenues, and empower individual perspectives.
- Collect qualitative data, feedback and analysis in addition to quantitative data. Make sure there is enough time/space for people to provide the qualitative feedback.
- Develop environmental health metrics in partnership with the community.
- Engage experts to help research and evaluate staff needs and make an improvement plan with clear recommendations and accountability.
- Ensure mechanisms are in place to translate research findings into public health practices at the national, state, territorial, tribal and local levels.
- Form partnerships with social justice leaders and organizations or groups already doing work in the same area.

## Essential Public Health Service



# 10

### **Build and maintain a strong organizational infrastructure for public health.**

- Lead internal organizational change efforts that support racial healing, racial justice and transformation.
- Urge partners to communicate the importance of strong, supported federal, state, tribal, territorial and local environmental public health agencies that reflect the diversity of the communities served.
- Meet with, listen to and work with and for communities impacted by environmental injustice to advance solutions to environmental health concerns.
- Participate in partnerships and collaborations that support initiatives to address structural racism, promote health equity and achieve optimal health for all.

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