April 25, 2022

White House Council on Environmental Quality

Re: Comments on Council on Environmental Quality Climate and Economic Justice Screening Tool, Docket: CEQ-2022-0002

Sent via Regulations.gov

On behalf of the undersigned public health, health professional, and science organizations, thank you for the opportunity to comment on the Council on Environmental Quality's Climate and Economic Justice Screening Tool (CEJST). We strongly support the Justice40 Initiative and its stated commitment to ensure 40% of the overall benefits from federal investments to mitigate climate change go to disadvantaged communities.[1] Further, we see 40% as a floor rather than a ceiling, and call for it to cover investments, not just the benefits of investments. Too often, disadvantaged communities are disproportionately impacted by climate change, including higher rates of associated health conditions, and are at higher risk of exposure to pollution and natural disasters. Targeting investments to clean up the most polluted communities first is critical to securing clean air, addressing climate change and advancing environmental justice.

The CEJST aims to offer a national assessment to identify people at risk from environmental justice and climate threats on a hyper-local scale. We applaud this effort and these results. Overall, this tool is a major step forward in prioritizing the most impacted communities for funding around climate and health.

We offer the following comments and suggestions to optimize the tool for its intended purpose:

The Tool Should Include Race as a Key Indicator

Currently the tool considers only relative income in addition to relevant climate and health factors as indicators of disadvantage. It should specifically include the racial make-up of the population as an additional independent factor in determining whether a tract is disadvantaged, especially as it pertains to health. Studies show that race is a social determinant of health, with people of color suffering worse health outcomes than others even when controlling for income,

[1] Office of Management and Budget, Interim Implementation Guidance for the Justice40 Initiative (July 21 2021). Found at https://www.whitehouse.gov/wp-content/uploads/2021/07/M-21-28.pdf.

environment and other factors.[2] According to the Center for Minority Health, the death rate for Black people/African Americans is generally higher than whites for heart diseases, stroke, cancer, asthma, influenza and pneumonia, diabetes, HIV/AIDS, and homicide.[3] Compared to white women, Black women are three to four times more likely to die in pregnancy, childbirth or within a year of giving birth.[4] Black and Latino adults disproportionately report being treated unfairly in healthcare settings because of their race or ethnicity and Black people experience adverse patient safety events more frequently, even in the same hospital and with comparable insurance coverage.[5]

In addition, the burden of air pollution is not evenly shared.[6] Poorer people and some racial and ethnic groups are among those who often face higher exposure to pollutants and who may experience greater responses to such pollution. Studies looking at the differences in harm from air pollution have found that race is an independent risk factor, and is not fully explained by the differences in socioeconomic position, education level, or proximity to pollution.[7] A recent study's attempts to quantify this estimated the difference in average exposure between people from racial and ethnic minority groups and white people is 2.4 times larger than the range in average minority exposure among income levels.[8]

Recent studies have looked at mortality in the Medicaid population and found that those who live in predominately Black or African American communities suffered greater risk of premature death from particle pollution than those who live in communities that are predominately white. Another large study found that Hispanic and Asian people, but especially Black people, had a higher risk of premature death from particle pollution than white people did. Other researchers have found greater risk for African Americans from hazardous air pollutants, including those pollutants that also come from traffic sources.[9]

This disparity appears to be the result of systemic racism and bias, rather than any genetic or physical differences. In addition, several studies suggest that the difference in income that systemic racism induces between different populations is not the sole driver of the effects. Black people of high income face greater risk than lower income white people. In addition, stress due

---

[2] Williams, David R et al. "Race, socioeconomic status, and health: complexities, ongoing challenges, and research opportunities." Annals of the New York Academy of Sciences vol. 1186 (2010): 69-101. doi:10.1111/j.1749-6632.2009.05339.

[3] US Department of Health and Human Services Office of Minority Health. Profile: Black and African Americans (October 12, 2021). Found at https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=61.

[4] Petersen EE, Davis NL, Goodman D, et al. Racial/ethnic disparities in pregnancy-related deaths — United States, 2007–2016. MMWR Morb Mortal Wkly Rep. 2019;68:762–765.

[5] Gangopadlhyaya, A. Do Black and White Patients Experience Similar Rates of Adverse Safety Events at the Same Hospital? (July 2021). Found at https://www.urban.org/sites/default/files/publication/104559/do-black-and-white-patients-experience-similar-rates-of-adverse-safety-events-at-the-same-hospital_0.pdf.

[6] Seltenrich, N. The One Two-Three Punch: Exposure, Susceptiility, and Disease Burden among US Populations of Color, 2022. Environ Health Perspect 130 (3). Found at: https://ehp.niehs.nih.gov/doi/10.1289/EHP10904.

[7] Tassem, et. Al. PM2.5 polluters disproportionately and systemically affect people of color in the United States (2021). Science Advances 7 (18). DOI: 10.1126/sciadv.abf4491.

[8] Liu J, Clark LP, Bechle M, Hajat A, Kim S, Robinson AL, et al. Disparities in air pollution exposure in the United States by race-ethnicity and income, 1990–2010. Environ Health Perspect 129(12):127005, 10.1289/EHP8584.

[9] American Lung Association. Urban air pollution and health inequities: A workshop report. Environ Health Perspect. 2001; 109 (suppl 3): 357-374.

to experiences of racism can contribute to adverse birth outcomes when combined with the effects of general maternal stress.[10]

Years of deliberate and racially discriminatory policies such as redlining and other policies regarding housing, finances and zoning have led to inequities that can only be undone if they are acknowledged and considered in the tool's assessment of disadvantaged populations.

The Tool Should Adopt a Maternal Health Indicator

Rates of preterm births or low-birth weight are internationally accepted indicators of a population health status. We suggest the tool add one or more of these to its relevant criteria.

> **Preterm birth:** Reducing preterm births (births before 37 weeks' gestation) is a U.S. Centers for Disease Control and Prevention (CDC) national health priority.[11] Preterm birth is a leading cause of infant mortality and is linked with lifelong poor mental and physical health.[12] Preterm birth is also a significant financial burden on families and government, both in the immediate term and because of lifelong health consequences. Rates of preterm/premature birth increased between 2013 and 2019 in the U.S. The increases in recent years in preterm birth rates in the U.S. is not fully understood but is linked to racism[13] and environmental health factors.[14]
>
> **Low birthweight:** Low birthweight (infants born at less than 2,500 grams or 5 pounds, 8 ounces) is among the leading causes of infant death in the U.S., and low birth weight infants are more likely to have health problems.[15] The low birthweight rate (at 8.31 percent) has risen since the most recent low in 2014 (8.00 percent), and in 2019 was the highest rate reported since the 2006 peak. Since 2016, low birthweight rates declined 1 percent for non-Hispanic white women, but are up 3 percent for non-Hispanic Black (13.68 percent) and Hispanic (7.32 percent) women.

The Tool Should Adopt a Child Blood Lead Level Indicator

The number of children with elevated lead blood levels should be considered as a key indicator of disadvantaged status because having high levels of lead in the blood is both indicative of a disadvantaged home and perpetuates the cycle of disadvantage. During pregnancy, a portion of the mother's stored lead load is mobilized and transferred to the fetus. Elevated childhood blood lead levels is therefore an indicator of maternal lead levels. Unabated lead paint is found mostly

---

[10] Nuru-Jeter A, Dominguez TP, Hammond WP, et al. "It's the skin you're in": African-American women talk about their experiences of racism. an exploratory study to develop measures of racism for birth outcome studies. Matern Child Health J. 2009;13(1):29-39. doi:10.1007/s10995-008-0357.

[11] Centers for Disease Control and Prevention, "Reproductive Health – Preterm Birth," November 1, 2021, available at: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm.

[12] Centers for Disease Control and Prevention, "Reproductive Health – Preterm Birth," November 1, 2021, available at: https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pretermbirth.htm.

[13] Explaining the Black-White Disparity in Preterm Birth: A Consensus Statement From a Multi-Disciplinary Scientific Work Group Convened by the March of Dimes Front. Reprod. Health, 02 September 2021. https://doi.org/10.3389/frph.2021.684207.

[14] Burris HH, Lorch SA, Kirpalani H, et al. Racial disparities in preterm birth in USA: a biosensor of physical and social environmental exposures. Archives of Disease in Childhood 2019;104:931-935.

[15] America's Health Rankings. Analysis of CDC WONDER, Natality Public Use Files, United Health Foundation, AmericasHealthRankings.org, 2022. Available at: https://www.americashealthrankings.org/explore/annual/measure/birthweight/state/ALL.

in substandard housing.[16] Taken together, elevated lead levels also indicates poor nutrition and physical vulnerability.[17] Additionally, having elevated levels of lead in blood causes a host of problems including neurological damage, kidney, lower levels of education, and higher rates of incarceration, thus increasing the likelihood that a person will remain poor and disadvantaged.[18]

Not All Disadvantaged Communities Have the Same Level of Need
Simply designating an area as disadvantaged or not fails to acknowledge the scale of the problem. Using three levels of need instead, indicating the number of risk threshold categories exceeded, would assist the government in more equitably investing in those places with the most need. Please consider thresholds of medium, high, and very high need. This will arm agencies with additional information that could help them target funds more carefully depending on the needs and aim of the program or grants being funded.

Agencies Should Consider Cities or Towns with Substantial Disadvantaged Areas as Fully Disadvantaged in Funding Decisions
The tool designates very small areas as disadvantaged based on listed factors. However, during its operation by agencies making funding decisions, care should be taken to consider the larger city or town's tax base, rather than the specific plot of land or neighborhood under consideration. Cities with many disadvantaged areas or neighborhoods are likely to have underinvested in infrastructure and services overall. A properly used tool should assist agencies in this analysis and help identify chronically financially distressed municipalities.

In addition, currently the tool designates communities with high student populations as not being low income since they consider them as "voluntarily poor" student populations. Census tracts that are not considered disadvantaged because of their high student population should be labeled separately, as the full-time residents of the city may or may not be disadvantaged.

Thank you for the opportunity to comment.

Allergy & Asthma Network
Alliance of Nurses for Healthy Environments
American Lung Association
American Public Health Association
Center for Climate Change and Health
Children's Environmental Health Network
Climate Psychiatry Alliance
Health Care Without Harm
Medical Students for a Sustainable Future
National Association of Pediatric Nurse Practitioners
National League for Nursing
National Medical Association

---

[16] Jacobs DE, Clickner RP, Zhou JY, et al (2002). The prevalence of lead-based paint hazards in U.S. housing. Environmental health perspectives, 110(10), A599–A606. https://doi.org/10.1289/ehp.021100599.
[17] Raihan MJ, Briskin E, Mahfuz M, et al. Examining the relationship between blood lead level and stunting, wasting and underweight- A cross-sectional study of children under 2 years-of-age in a Bangladeshi slum. PLoS One. 2018;13(5):e0197856. doi:10.1371/journal.pone.0197856
[18] Wallace, J. Decrease in Lead Exposure in Early Childhood May be Responsible for Drop in Crime Rate (2017). Found at: https://spia.princeton.edu/news/decrease-lead-exposure-early-childhood-may-be-responsible-drop-crime-rate.