The Contra Costa County Board of Supervisors (BOS) adopted the following policy for environmental justice in 2003: Contra Costa County will conduct its programs, policies and activities that substantially affect human health or the environment, and promote enforcement of all health and environmental statutes under County jurisdiction in a manner that ensures the fair treatment of people of all races, cultures and income levels, including minority populations and low-income populations of the County. The health department’s Public Health Division expanded this policy to include public health’s responsibility for identifying and responding to emerging public health threats, and developed this Framework to guide its work.
A PUBLIC HEALTH–BASED DEFINITION OF ENVIRONMENTAL JUSTICE

Environmental Justice (EJ) means the fair treatment of people of all races, cultures and incomes by: 1) identifying, advocating for, and adopting public health and environmental laws, regulations and policies that reduce disparity in the exposure to pollution; and 2) implementing and enforcing these policies. While recognizing that the “environment” encompasses both physical and social determinants, the focus of this Framework is on those programs that address the physical environment.

BACKGROUND

In September 2003, the Contra Costa BOS accepted a report from its Environmental Justice Ad Hoc Committee that outlined how county departments should address environmental justice issues. In that report, they adopted a countywide policy for environmental justice. The Board directed all county departments to implement and integrate the policy into their program activities and to develop internal procedures for overseeing projects related to environmental justice. The health department’s Public Health Division (PHD) established an internal workgroup that developed this Framework to guide the health department in its efforts to carry out the Board policy. The workgroup reviewed existing literature on environmental justice definitions, principles and strategies from state and federal sources and adapted the materials to reflect a local public health perspective. The workgroup solicited feedback from concerned residents, activists and industry representatives through focus group discussions with the Public and Environmental Health Advisory Board (PEHAB), Contra Costa Asthma Coalition, Hazardous Materials Commission and the Contra Costa Council’s Environment Task Force. Their input was invaluable in helping clarify key terms and concepts in the document.

IMPORTANCE OF THE FRAMEWORK

This Framework offers a model for using a public health approach to work with communities to reduce disproportionate exposures to toxics in their environment. It was created to help Contra Costa Health Services (CCHS) comply with the Board directive and to ensure that our policy is consistent with current, accepted standards of EJ practice at both the state and federal level. The Framework can be used as a tool to guide, strengthen and help advance the health department’s EJ work by:

• Developing a common language to describe public health’s involvement in EJ work. For instance, if EJ issues such as disproportionate exposure to diesel emissions influences asthma rates in certain communities, and eliminating health disparities is a public health priority, then this EJ concern is a PH concern.

• Outlining a set of principles that can be used to measure accountability to the community for how the PHD will respond to their concerns about toxic exposures.

• Identifying EJ issues that have PH implications and link to the efforts to reduce health disparities. For example, if lack of transportation in certain low income communities leads to decreased access to health care, public transportation systems become a joint public health and environmental justice concern.

• Providing leverage to promote a broader PH approach to bring together diverse stakeholders and extend our impact.
PRINCIPLES FOR EJ WORK

The following principles can be used to assess whether the public health division is carrying out the spirit of this Framework:

• **Respect** for our community partners and the knowledge and resources they bring to our EJ efforts.

• **Early involvement** by the public in shaping the process of planning, prioritizing and responding to EJ issues.

• **Community participation strategies** that allow for meaningful involvement, empower residents to influence decisions, and build their capacity for effective involvement.

• **Transparent decision-making** that discloses who the decision-makers are, what information was provided to assist in the decision-making process, the rationale for decisions made, and identifies the influence of outside sources.

• **Coordination of efforts** across departments and jurisdictions.
VISION OF EJ PRACTICE IN CCHS

Environmental Justice practiced according to a public health perspective in CCHS will ideally incorporate a number of elements. As the PHD moves forward to develop this approach, we will establish and/or strengthen each of these components:

• **Community education** that is early, consistent, ongoing and culturally appropriate.

• **Ongoing access to information** and data that is understandable and meaningful to the community, ensuring that relevant information is widely distributed. Given the complexity of the field and its terminology, the health department can play a critical role in translating data and other information. The PHD can also advocate for research that will advance local health issues or emerging concerns.

• **Public participation** that is multi-level, mutually respectful, interactive, empowering and enables the health department, agencies, industries and others to work collectively and collaboratively with the community. Pathways will be in place for two-way, ongoing communication with existing community groups concerned about EJ, as well as with the broader community.

• **Resident capacity building** that provides impacted communities with the skills and knowledge to give meaningful input, and that emphasizes a long-term relationship with the health department that is distinct from short-term efforts to address specific problems.

• **Procedures that foster collaboration** among multiple agencies, including local city government. The PHD has a recognized role as a convener due to its long history of working within impacted communities.

• Criteria for **identifying, setting and responding** to EJ priorities that are shared and used within CCHS and with community. This process will need to be fluid and carried out in conjunction with health department leadership.

• **Appropriate accountability measures** and processes for community participation, input and advice. Resources are available to get the job done.

• **Written procedures** for ensuring that environmental justice is built into public health work.
STRATEGIES FOR CARRYING OUT EJ ACTIVITIES

• **Identifying** with the community their concerns and emerging issues, as well as gaps in existing regulations, laws and policies, and innovative approaches for consideration by CCHS leadership.

• **Advocating** for community concerns, through venues such as PEHAB, coalitions and commissions, Town Halls, and by building the capacity of residents to advocate on their own behalf. Support and tap existing advocacy groups for leadership.

• **Supporting** the adoption of laws, policies and regulations that reduce the disparity in exposure, such as those that decrease exposure to lead-based paint typically found in low-income housing. Work with organizations to change their policies to create healthier environments, looking at housing, health and safety issues, and land use planning through general plans.

• **Consulting** or educating about the enforcement of laws, policies and regulations. Activities include providing information, notification, training (including to health providers around assessment and public health advisories), facilitation and linking of issues back to health and public health consequences.

• **Involving** communities, including residents, health care providers, businesses, schools and others. Involvement activities include education and planning for public participation strategies that are early, consistent, ongoing, culturally relevant, mutually respectful and empowering of residents to influence decisions.
Contra Costa Health Services had not paid much attention to water quality issues in Bay Point, but the Healthy Neighborhoods Project Latina Action Team residents identified drinking water quality as a community concern in 2006. Through their research, they discovered their water was not fluoridated and had a higher concentration of trihalomethanes (which at high levels can increase the risk of getting certain cancers) than any other East County community. At the same time, the private water company serving the community proposed a major hike in the water rates. The Public Health Division was involved in the issue because it was clearly an environmental justice concern: highest cost of water service for poorest quality of water. Staff helped residents to access and understand the complex data they had received, and to view it in a public health context. The Public Health Director got involved, urging the Public Utilities Commission not to allow the rate increase.

The draft Framework was useful in determining that this was an appropriate issue for public health involvement, and justifying our role in bringing decision-makers and regulators to the table with the concerned residents. The residents were involved from the beginning in identifying the concern and in shaping the process of the community response. Technical assistance from staff enabled residents to understand the issues and to be able to participate in the rate hike hearing process in a meaningful way.
1960s – The Model Cities Movement, which included the Contra Costa cities of Richmond and Pittsburg, represents an early effort to engage communities, local government, and other stakeholders in broad planning for a healthy community environment.

1971 – Council of Environmental Quality report acknowledges racial discrimination adversely affects urban poor and the quality of their environment.


1987 – United Church of Christ study finds similar results to the GAO study on the national level.

1988 – Citizens for a Better Environment publishes “Richmond at Risk,” an examination of environmental justice issues in Richmond, California.

1991 – First National People of Color Leadership Summit adopts the “Principles of Environmental Justice.”

1994 – President Clinton issues Executive Order 12898, requiring all federal agencies to incorporate environmental justice into their missions.

1999 – SB 115 requires the Governor’s Office of Planning and Research to coordinate state’s efforts for environmental justice.

1999 – The North Richmond Center for Health is built in the middle of a community heavily impacted by a major chemical release, using penalty money from the incident. The Center becomes a focal point for EJ work in the community.

2000 – SB 89 requires Cal-EPA to develop an Environmental Justice plan.

2003 – Contra Costa County Board of Supervisors accepts a Hazardous Materials Commission report on Environmental Justice, endorses the application of Environmental Justice, and directs staff to develop policies related to Environmental Justice.
HOW WILL THIS FRAMEWORK BE USED?

The Framework will help the public understand the public health perspective on environmental justice and the commitment of the Contra Costa Public Health Division to addressing this issue. It provides guidelines to consider when public health programs get involved in environmental justice concerns. By outlining principles that underlie good environmental justice practice, it provides a tool that the public can use to hold the PHD accountable for our EJ work. Finally, it can be shared with regulatory, industry, local government, and other partners in order to advocate for community engagement and for the role of public health. This document describes the ideal that the PHD is working toward. We acknowledge that our efforts are a “work in progress.” As the Framework is shared internally and with community partners, it has the potential to help the PHD work more effectively with the community to determine the most critical emerging issues, make decisions about priorities and focus PH resources most effectively.

Definitions for the purposes of this document:

**Environment** as used in this document refers to the physical conditions in the community.

**Built environment** consists of the buildings, roads, utilities, homes, fixtures, parks and all other improvements that form the physical character of a city or community. (From National Association of County & City Health Officials (NACCHO) and the American Planning Association).

**Social determinants** of health include poverty, racism, housing, education and other social and economic influences.

CONTACT INFORMATION

The Public Health Outreach, Education and Collaboration unit (PHOEC) produced this Framework, with partial funding from the California Wellness Foundation. For further information, contact any of the following:
Roxanne Carrillo 925-313-6810
Mary Anne Morgan 925-313-6715
Michael Kent 925-313-6587

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