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June 18, 2022

The Honorable Xavier Becerra  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

*Submitted via e-mail to [OASHcomments@hhs.gov](mailto:OASHcomments@hhs.gov).*

**Re: Request for Information (RFI); 2022 HHS Environmental Justice Strategy and Implementation Plan Draft Outline**

Dear Secretary Becerra:

I am writing from First Focus on Children in response to the request for information on the 2022 Department of Health and Human Services (HHS) Environmental Justice Strategy and Implementation Plan Draft Outline.

First Focus on Children is a bipartisan child advocacy organization dedicated to making children and families the priority in federal policy and budget decisions. As advocates for children, we are committed to ensuring that all children have an equal chance for success. Unfortunately, too often children of color, children in low income communities, and children in other marginalized communities bear the brunt of environmental pollution, climate change, poor air and water quality, toxic pollutants, and their subsequent health outcomes.

We urge HHS to ensure that children are meaningfully included in the development of the Environmental Justice Strategy, and that their unique needs are included in each of the six proposed strategic elements.

Children are not just “little adults.” They are impacted differently, and sometimes more harshly, by the negative implications of climate change. Their bodies react differently to toxic environmental exposures because of differences in physiology and behavior. Children drink more water, eat more food, and breathe more air in relation to their body weight than adults. They also exhibit hand-to-mouth behavior frequently and live and play closer to the ground. These differences put them at a much higher risk of being exposed to environmental threats, such as air pollution, water pollution, and toxic substances.

Children in marginalized communities are unfortunately more likely to be exposed to and suffer from negative health outcomes due to their environment. Children in low-income communities and in certain racial and ethnic groups, such as Black and Hispanic children, are disproportionately exposed to air pollution, the impacts of climate change, extreme heat, and severe storms.<sup>1</sup> Unfortunately, that means that Black and

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<sup>1</sup> Perera, F., & Nadeau, K. (2022). Climate change, fossil-fuel pollution, and children’s health. *New England Journal of Medicine*, 386(24), 2303–2314. <https://doi.org/10.1056/nejmra2117706>

Hispanic children are more likely to have asthma and have a greater risk of elevated blood lead levels compared to white children.<sup>2,3</sup>

Below are our suggestions on how children can be meaningfully included in the six proposed strategic elements, including our thoughts on possible priority actions that could be included to address the needs of children and their families, and also what we feel is missing and needs to be addressed. For example, it is important that HHS clearly describe how the department will be determining what a “disadvantaged community” is, and the benchmarks for that determination.

## **Strategic Elements**

### *I. Services*

We agree with the priority actions in the Services strategic element, and want to highlight the importance of linguistic and culturally appropriate outreach and assistance. In addition, we suggest these services should also highlight funding for technical assistance that is specific to children, and has outreach materials that instructs the public on the dangers that are specific to children when they are exposed to environmental toxins and other related hazards.

We also suggest another priority action under the Services strategic element. To address environmental racism, the policies and practices that contribute to the perpetuation of structural racism need to be addressed. We suggest providing technical assistance to communities, using appropriate cultural and linguistic outreach materials, on other existing HHS funding opportunities that contribute to economic development and social services, in addition to expanding funding opportunities in this area.

### *II. Partnerships and Community Engagement (Public Engagement)*

We suggest including a priority action that specifically mentions how HHS will be establishing partnerships with disadvantaged communities. To reach as many children as possible, we suggest establishing partnerships through community centers, health care settings, especially pediatric health care settings, and schools. This will help to ensure that children and their families are being educated by trusted figures in their community, such as doctors and nurses.

### *III. Research and Data Collection, Analysis, Utilization*

We suggest including a priority action that is specific to supporting research related to child environmental health and the factors contributing to health disparities among children, as the health impacts on children can vary greatly from adults.

We also suggest disaggregating data by age, race, and other demographic factors to be displayed in the environmental justice and social vulnerability data dashboard and index.

### *IV. Education and Training*

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<sup>2</sup> Zanolotti A, Ryan PH, Coull B, et al. Childhood Asthma Incidence, Early and Persistent Wheeze, and Neighborhood Socioeconomic Factors in the ECHO/CREW Consortium. *JAMA Pediatr*. Published online May 23, 2022. doi:10.1001/jamapediatrics.2022.1446

<sup>3</sup> QuickStats: Percentage of Children Aged 1–5 Years with Elevated Blood Lead Levels, by Race/Ethnicity — National Health and Nutrition Examination Survey, United States, 1988–1994, 1999–2006, and 2007–2014. *MMWR Morb Mortal Wkly Rep* 2016;65:1089. DOI: <http://dx.doi.org/10.15585/mmwr.mm6539a9>

We suggest that when providing data, training, and technical assistance to disadvantaged communities and vulnerable populations, there should be specific information related to the health impacts on children. As we have stated, environmental and health hazards impact the bodies of children very differently than adults. There cannot be a catchall training program, and the needs of marginalized children need to be broken out and addressed.

We also suggest that in the guidance and templates provided to states and tribes to assist in the communication of environmental and health risks, the impacts to children be specifically highlighted. For example, in providing information to households on lead contamination, the impacts that lead has on children should be made abundantly clear.

*V. Performance Measures (Evaluation)*

It is incredibly important to evaluate the progress of this strategy. HHS should clearly outline what milestones and benchmarks they will use to ensure this work is helping the communities that need it. We suggest including milestones that are specific to outcomes related to child environmental health.

To conclude, we want to ensure that children and their unique needs are included in every single step of the strategy and implementation plan. We look forward to working with HHS as this plan continues to be developed. For any questions or concerns, please reach out to Olivia Gomez ([OliviaG@firstfocus.org](mailto:OliviaG@firstfocus.org)), Director of Health and Nutrition Policy.

Sincerely,

A handwritten signature in blue ink that reads "Bruce Lesley". The signature is written in a cursive, slightly slanted style.

Bruce Lesley  
President