

December 15, 2023

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Submitted via webform at rfi.grants.nih.gov

Re: Environmental Justice Research Gaps, Opportunities and Capacity Building (Notice: NOT-ES-23-016)

The Association of American Medical Colleges (AAMC) and the AAMC Center for Health Justice (CHJ) appreciate the opportunity to comment on the National Institutes of Health (NIH) Request for Information (RFI) on the approaches NIH can take to “support research and capacity building efforts to advance environmental justice in the U.S. and globally.”¹ We applaud NIH for the steps it has already taken in furtherance of Executive Order 14096, *Revitalizing our Nations Commitment to Environmental Justice for All* (hereafter referred to as EO 14096) and appreciate the thoughtful topics raised in this RFI.

The AAMC is a nonprofit association dedicated to improving the health of people everywhere through medical education, health care, medical research, and community collaborations. Its members are all 158 U.S. medical schools accredited by the [Liaison Committee on Medical Education](#); 13 accredited Canadian medical schools; approximately 400 teaching hospitals and health systems, including Department of Veterans Affairs medical centers; and more than 70 academic societies. Through these institutions and organizations, the AAMC leads and serves America’s medical schools and teaching hospitals and the millions of individuals across academic medicine, including more than 193,000 full-time faculty members, 96,000 medical students, 153,000 resident physicians, and 60,000 graduate students and postdoctoral researchers in the biomedical sciences. Following a 2022 merger, the Alliance of Academic Health Centers and the Alliance of Academic Health Centers International broadened the AAMC’s U.S. membership and expanded its reach to international academic health centers. Learn more at [aamc.org](https://www.aamc.org).

The goal of the CHJ, founded in 2021, is for all communities to have an equal opportunity to thrive — a goal that reaches well beyond medical care. Achieving health equity means addressing the common roots of health, social, and economic injustices and implementing policies and practices that are explicitly oriented toward equal opportunity. The CHJ Justice partners with public health and community-based organizations, government and health care entities, the private sector, community leaders, and community members to build a case for health justice through research, analysis, and expertise. For more information, visit aamchealthjustice.org.

We appreciate NIH’s commitment to better understand how environmental factors impact our health and well-being and the tremendous effort the NIH Environmental Justice Working Group has dedicated to identifying opportunities that promote research and action. While great strides have been made, NIH

¹ National Institutes of Health, Request for Information (RFI): Environmental Justice Research Gaps, Opportunities and Capacity Building, NOT-ES-23-016 (Oct. 4, 2023).

acknowledges that “more transformative, solutions-oriented research is needed across the NIH on environmental justice [...]”² We agree and posit that now, more than ever, federal agencies must consider innovative ways to address current and historical environmental injustices, ensuring that *all* communities have an opportunity to thrive. However, while more work remains, we would be remiss not to recognize the considerable progress the government has made thus far — from the U.S. Department of Agriculture’s efforts to provide financial assistance to farmers who have experienced discrimination in USDA’s lending programs,³ the Department of Agriculture’s project to expand green spaces, especially in communities that do not have access to parks and nature,⁴ and the Environmental Protection Agency’s (EPA) \$2 billion fund to support community-led environmental and climate justice challenges which has been described as the “single largest investment in environmental justice history.”⁵

The AAMC is committed to helping the Federal government develop a whole-of-government strategy that prioritizes climate health with meaningful community engagement as a fundamental part of the process. For example, the AAMC joined the Biden Administration’s *Health Sector Climate Pledge*⁶ to reduce greenhouse gases by 50% by 2030.⁷ We have also conducted a study on climate action in academic medicine, which included interviews with CEOs of teaching hospitals and medical school deans, resulting in the report: *Climate Action in Academic Medicine: An Overview of How Medical Schools and Teaching Hospitals are Responding to Climate Change* (November 2022).⁸ One notable finding was that momentum and interest in climate action is growing among teaching hospitals and health systems. Specifically, 65% of CEOs at AAMC-member teaching hospitals and health systems (n=67) reported having discussions about reducing greenhouse gas emissions in the last 12 months, 47% are taking steps to prepare for climate change through educational research, clinical delivery, or community engagement, and 43% are engaging in discussions on the impact of climate change on environmental justice, health justice, and health equity.⁹

We also serve in a leadership capacity as a member of the *National Academy of Medicine Action Collaborative on Decarbonizing the U.S. Health Sector*¹⁰ and recently joined the *National Academy of Medicine Climate Communities Network* to co-develop solutions related to climate health inequities by amplifying community voices and lived experiences.¹¹

² Request for Information (RFI): Environmental Justice Research Gaps, Opportunities and Capacity Building <https://rfi.grants.nih.gov/?s=6508990aaec4ec015d06fb82>.

³ Supra Note 1.

⁴ Biden-Harris Administration Invests \$1 Billion for Nearly 400 Projects to Expand Access to Trees and Green Spaces in Communities and Neighborhoods Nationwide through Investing in America Agenda, <https://www.usda.gov/media/press-releases/2023/09/14/biden-harris-administration-invests-1-billion-nearly-400-projects> (Accessed Dec. 7, 2023).

⁵ Biden-Harris Administration Announces \$2 Billion to Fund Environmental and Climate Justice Community Change Grants as Part of Investing in America Agenda, <https://www.epa.gov/newsreleases/biden-harris-administration-announces-2-billion-fund-environmental-and-climate-justice> (Accessed Dec. 7, 2023).

⁶ Join Biden Administration’s Pledge to Reduce Greenhouse Gas Emissions 50% by 2030 <https://www.whitehouse.gov/briefing-room/statements-releases/2022/06/30/fact-sheet-health-sector-leaders-join-biden-administrations-pledge-to-reduce-greenhouse-gas-emissions-50-by-2030/> (Accessed Dec. 7, 2023)

⁷ AAMC Joins Biden Administration Pledge to Decarbonize Health Care Sector, <https://www.aamc.org/news/press-releases/aamc-joins-biden-administration-pledge-decarbonize-health-care-sector>.

⁸ <https://www.aamc.org/media/64106/download?attachment>

⁹ *Id.*

¹⁰ National Academy of Medicine Action Collaborative on Decarbonizing the U.S. Health Sector <https://nam.edu/programs/climate-change-and-human-health/climate-collaborative-members/> (Accessed Dec. 4, 2023).

¹¹ Network Focused on Community-Driven Climate Solutions Announces Members and Strategic Partners <https://nam.edu/network-focused-on-community-driven-climate-solutions-announces-members-and-strategic-partners/> (Accessed Dec. 4, 2023).

This month, the AAMC submitted detailed recommendations¹² to the White House Office of Science and Technology Policy (OSTP) in response to the request for feedback on a “coordinated environmental justice strategy to identify and address gaps in science, data, and research related to environmental justice.”¹³ In our letter, we urged OSTP to use data to inform policies that promote environmental justice; align new and existing guidance and communications with common environmental justice principles and terminology; and emphasized the need for the development of a coordinated multi-sector model for information and data sharing. Given the topical overlap with NIH’s RFI, we would like to share our letter to OSTP (attached) in addition to the recommendations below.

I. Transformative Environmental Justice Research and Action

The NIH has requested feedback on multi-disciplinary approaches that foster environmental justice research and action, including strategies that support community-level activities, inclusion of Indigenous Knowledge in decision-making, multi-level structural interventions.

Community Engaged Research

Incorporating community wisdom into all stages of the research process is a core component of community engaged research (CEnR), including community-based participatory research (CBPR). From identifying local environmental health risks, to developing research questions and analysis plans, to translating evidence into action (e.g., policy change, community-based interventions). Authentically partnering with individuals and organizations grappling with environmental injustice increases the relevance, buy-in, and sustainability of any proposed solution. Importantly, CEnR and particularly CBPR, also increases community empowerment, often challenging the normative power dynamics in traditional research processes¹⁴ — moving to a co-learning and co-development research paradigm.

Taking into account the government’s current efforts to increase opportunities for “every community, [...] to meaningfully participate in agency decision-making processes that may affect the health of their community or environment,” we recommend NIH initiate a comprehensive evaluation of new and/or existing CEnR initiatives (e.g., National Institute on Minority and Health Disparities CBPR Program,¹⁵ Community Partnerships to Advance Science for Society¹⁶) to identify and implement benchmarks that are *tailored* to environmental justice research. For example, in AAMC’s comments to the Office of Management and Budget on *Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government*, we emphasized potential issues and limitations related to the grant process such as broadband and telecom issues which often impede access to funding opportunities for low income and rural communities. We also note the limitations pertaining to the utility and accessibility of information for people with disabilities, low literacy, and/or language barriers that might require alternative communication formats such as auxiliary aids or video capabilities.¹⁷

¹² AAMC Comments to OSTP Request for Information to Support the Development of a Federal Environmental Justice, Science, Data, and Research Plan (OSTP-CE-2023-0012), <https://www.aamc.org/media/71691/download>.

¹³ *Id.*

¹⁴ Balazs CL, Morello-Frosch R. The Three R’s: How Community Based Participatory Research Strengthens the Rigor, Relevance and Reach of Science. *Environ Justice*. 2013 Feb;6(1):10.1089/env.2012.0017. doi: 10.1089/env.2012.0017. PMID: 24260590; PMCID: PMC3832061.

¹⁵ NIH Community-Based Participatory Research Program (CBPR), <https://www.nimhd.nih.gov/programs/extramural/community-based-participatory.html> (Accessed Dec. 8, 2023).

¹⁶ Community Partnerships to Advance Science for Society, <https://commonfund.nih.gov/compass> (Accessed Dec. 8, 2023).

¹⁷ AAMC Comment to Office of Management and Budget, *Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government*, OMB 2021-0005 <https://www.aamc.org/media/55326/download?attachment>.

If NIH takes steps to reassess its CEnR programs in the specific context of climate health and environmental justice, we underscore the importance for this to be done in partnership with federal agencies conducting CEnR; State, Tribal, territorial, and local governments; academic institutions; and other communities experiencing environmental injustices.

Traditional and Indigenous Knowledge

The NIH seeks guidance on the use of Traditional and Indigenous Knowledge to assess climate impacts and inform program development. We firmly support the prioritization of sustainable research partnerships with Tribal Nations and Indigenous Peoples, including ways to foster the co-creation and application of Traditional Knowledge through avenues like CEnR. We also strongly recommend the consideration of other Indigenous Knowledge (e.g., Native Hawaiians, communities unaffiliated with federally recognized Tribes).

We are pleased the Administration has formally recognized the importance of traditional ecological knowledge with the “*First-of-a-Kind Indigenous Knowledge Guidance for Federal Agencies*” (Dec. 2022), highlighting the need for agencies to incorporate Indigenous Knowledge into Federal decision-making.¹⁸ One immediate step NIH can take to support this Guidance, and develop an approach that is appropriate for NIH, is to update its *Strategic Plan for Tribal Health Research (2019-2023)*¹⁹ so that it incorporates considerations and practices that would benefit NIH decision-making (e.g., acknowledgment of past injustice, sustained engagement and trust building, respect for Tribal sovereignty and Tribal law). In addition to the Administration’s Guidance, NIH should take into consideration the recommendations received in response to this RFI as well as OSTP’s RFI on environmental justice. Notably, in October, the NIH Tribal Advisory Committee discussed the *Strategic Plan for Tribal Health Research FY (2024-2029)* and the development of potential guidance on Indigenous Knowledge and data sovereignty.²⁰ It would be prudent for NIH to begin discussions with the Advisory Committee to implement an approach that ensures efficient bi-directional sharing of relevant recommendations from this RFI.

II. Community Partnerships to Address Environmental Injustices

Central to the CHJ’s mission and a constant in all of our programs and research initiatives is community engagement. We build the case for health justice in collaboration with our health justice community, which includes health equity scholars, advocates, and champions from across the United States (see, *Collaborative for Health Equity: Act, Research, Generate Evidence, “CHARGE”*)²¹ and our *Multisector Partner Group*,²² consisting of national and local leaders from community-based organizations who represent the full spectrum of vital conditions for health and well-being all communities need to thrive.²³

We appreciate NIH’s fidelity to developing strategies to engage in effective, respectful, and trustworthy community partnerships, and note that almost all issues on community engagement that are presented in

¹⁸ White House Releases First-of-a-Kind Indigenous Knowledge Guidance for Federal Agencies <https://www.whitehouse.gov/ceq/news-updates/2022/12/01/white-house-releases-first-of-a-kind-indigenous-knowledge-guidance-for-federal-agencies/> (Accessed Dec. 8, 2023).

¹⁹ NIH Strategic Plan for Tribal Health Research, https://dpcpsi.nih.gov/sites/default/files/2019_THRO_StrategicPlan_508.pdf (Accessed Dec. 8, 2023).

²⁰ Tribal Advisory Committee October Meeting, <https://dpcpsi.nih.gov/thro/tac/monthly-call-agendas/october-2023-call-agenda> (Accessed Dec. 8, 2023).

²¹ AAMC CHARGE, <https://www.aamchealthjustice.org/get-involved/aamc-charge>.

²² AAMC Multisector Partner Group, <https://www.aamchealthjustice.org/multisector-partner-group>.

²³ Health Affairs, Organizing Around Vital Conditions Moves The Social Determinants Agenda Into Wider Action (Feb. 2023), <https://www.healthaffairs.org/content/forefront/organizing-around-vital-conditions-moves-social-determinants-agenda-into-wider-action> (Accessed Dec. 8, 2023).

this RFI are also covered in OSTP’s RFI (*see*, OSTP RFI, Q. 3, *Encouraging Participatory Science and Meaningful Engagement for Communities*). As noted above, AAMC submitted comments to OSTP and provided detailed recommendations on this topic. Since NIH is interested in “synergiz[ing] [its] efforts with other Federal Agencies [...] to advance environmental justice,” we encourage NIH review our recommendations to OSTP (*see*, AAMC Letter to OSTP, Section II). However, we would like to highlight two key issues here:

- **Bi-Directional Community Engagement**

As discussed supra, we respectfully reemphasize the need for NIH to implement *permanent channels* for public feedback, helping to build and sustain shared leadership of environmental justice activities across NIH Institutes, Centers, and Offices. Increasing the feasibility of community feedback across the spectrum of policy and program development is critical if NIH intends to meet the goals set forth in EO 14096. It also demonstrates transparency and accountability by creating consistent opportunities for public engagement early and often in the decision-making process — from the formulation of new policies and programs through implementation and retrospective evaluation of those activities using metrics that matter both to the Government and to diverse communities. As also mentioned in our comments to OSTP, we foresee several opportunities for synergy, including partnership on a *multi-sector model* for community engagement using the National Academies conceptual model for *Assessing Meaningful Community Engagement* as the primary evaluation framework for authentic and co-equal engagement.²⁴

We would also like to bring to NIH’s attention two recently issued guidance from EPA which we believe directly impacts NIH’s environmental justice activities: *Revised Technical Guidance for Assessing Environmental Justice in Regulatory Analysis* (88 FR 78358)²⁵ and *Draft Policy for Achieving Health and Environmental Protection Through EPA’s Meaningful Involvement Policy* (88 FR 78747).²⁶ The EPA’s *Draft Meaningful Involvement Policy* is especially applicable to NIH’s community engagement needs and suggest review of the proposed “Participation Model” which helps identify the level of community participation and appropriate tools and practices to enhance agency decision-making. The draft Guidance also articulates the important distinction between “consultation and coordination” with Indian Tribal Governments, also relevant to forthcoming updates to the NIH *Strategic Plan for Tribal Health Research* and potential Indigenous Knowledge guidance.

- **Demonstrating and Upholding Trustworthiness**

We appreciate NIH’s interest in developing strategies that build “trusting and equitable partnerships with populations [...] that are at risk from the health impacts of environmental injustices” and would like to highlight a current CHJ project to help guide organizations and government entities in their efforts to equitably partner with communities and build trust among members of those communities. To achieve this, the CHJ co-created with its health equity community (CHARGE) and community members from seven geographies across the U.S., the *Principles of Trustworthiness* and a corresponding toolkit which integrates local perspectives with established precepts for community

²⁴Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity through Transformed Systems for Health, <https://nam.edu/assessing-meaningful-community-engagement-a-conceptual-model-to-advance-health-equity-through-transformed-systems-for-health/> (February 14, 2022).

²⁵ EPA Technical Guidance for Assessing Environmental Justice in Regulatory Analysis, https://www.epa.gov/system/files/documents/2023-11/ejtg_revision_110823_508compliant_0.pdf.

²⁶ EPA Meaningful Involvement Policy, <https://www.epa.gov/environmentaljustice/epas-meaningful-involvement-policy> (Accessed Dec. 4, 2023).

engagement.²⁷ To apply and evaluate these Principles, we recently launched the *Principles of Trustworthiness Toolkit Pilot Project* that will award up to five multisector community partnerships with \$30,000 to formally use the Toolkit and contribute to its evaluation over one year. We believe the *Principles of Trustworthiness* would serve as an important resource as NIH develops new and refines existing community engagement strategies. If interested, we would be willing to help NIH better ensure meaningful and trustworthy partnerships facilitated by the Principles.

III. Diverse and Inclusive Workforce

Finally, we applaud the NIH for its interest in identifying training gaps and opportunities that bolster environmental justice workforce capacity, in addition to increasing diversity, inclusiveness, and accessibility in the NIH workforce. The AAMC has commented extensively on NIH's ongoing efforts to increase workforce diversity with our most recent response on the *Draft Chief Office for Scientific Workforce Diversity Strategic Plan for FY 2022-2026* and *Draft NIH Strategic Plan for Diversity* and are pleased to see both have been finalized. We believe the recommendations contained in the AAMC's letters are responsive to the workforce issues raised in this RFI and we offer those to NIH for review (AAMC comment letters on NIH Workforce cited below²⁸). In addition, we recommend the following for consideration:

- **Proposed Update to the Definition of Disability** — The AAMC recently commented on the Department of Health and Human Services (HHS) Office of Civil Rights' proposed amendments to Section 504 of the Rehabilitation Act of 1973, which marks the first time in nearly 50 years that the requirements have been updated.²⁹ In the proposed rule, HHS added new and clarifying requirements “prohibiting recipients of financial assistance from the Department [...] from discriminating on the basis of disability in their programs and activities, including in health care, child welfare, and other human services.”³⁰ Additionally, one of the most significant changes, and which AAMC supported, was the update to the definition of “disability” to ensure consistency with statutory changes to the Rehabilitation Act, the American with Disabilities Act (ADA), the Americans with Disabilities Amendments Act (ADAAA) of 2008, and the Affordable Care Act.³¹ We encourage NIH to closely follow the progress of this rulemaking to ensure NIH policies, programs, and strategic plans reflect the key changes in this proposed rule (if finalized). This will help ensure meaningful involvement of people with disabilities in the NIH workforce and advance equality, diversity, and inclusion.
- **Career Pathways**
We recommend the NIH's National Institute of Environmental Health Science increase opportunities for careers in the form of internships and fellowships focused on the recruitment of marginalized populations. Academic health centers would play an important role in this effort since many institutions have integrated climate health and environmental justice into their curriculum and support

²⁷ AAMC Center for Health Justice Principles of Trustworthiness, <https://www.aamchealthjustice.org/our-work/trustworthiness/trustworthiness-toolkit>

²⁸ AAMC Comments to NIH, Draft NIH Chief Officer for Scientific Workforce Diversity Strategic Plan for FYs 2022-2026 (NOT-OD-22-054), <https://www.aamc.org/media/58846/download?attachment>; See also, AAMC Comments Inviting Comments and Suggestions on a Framework for the NIH-Wide Strategic Plan for Diversity, Equity, Inclusion, and Accessibility, <https://www.aamc.org/media/60231/download?attachment>.

²⁹ AAMC Comments to HHS, Discrimination on the Basis of Disability in Health and Human Service Programs or Activities (88 FR 63392) <https://www.aamc.org/media/71091/download?attachment>.

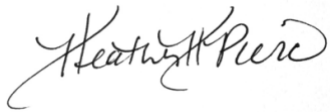
³⁰ 88 Federal Register 63392.

³¹ *Id.*

community-engaged scholarships and programs.³² This will help NIH build a diverse workforce that reflects the lived experiences of the communities experiencing environmental injustices.

We appreciate the opportunity to comment on such an important undertaking and would be happy to provide additional information on any of our recommendations, including the applicability of the CHJ's Principles of Trustworthiness to NIH's community engagement activities. For questions, please contact either of us or our CHJ colleagues, Daria Grayer, JD, MA, Director of Policy and Regulations (dgrayer@aamc.org) or Anthony Nicome, MHS, Environmental Justice Fellow (anicome@aamc.org).

Sincerely,



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cc: David J. Skorton, MD, President and Chief Executive Officer

³² Communities, Social Justice, and Academic Health Centers, Alberti PM, Sutton KM, Cooper LA, Lane WG, Stephens S, Gourline MA. Communities, Social Justice, and Academic Health Centers. Acad Med. 2018 Jan.