

A Working Document for Discussion and Review [Not Agency Policy or Guidance]

REGION 5 COMMUNITY ACTION ROADMAP

December 2023 Update



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A. WHY THIS DOCUMENT?

A version of this document was circulated within the Agency and among partners starting in March 2023. This December 2023 version responds to feedback and experience. It is offered as a starting point for further dialogue and application.

A.1 BACKGROUND

EPA has decades of experience working with communities and their partners for place-based, systemic change, and has developed extensive tools and approaches to help programs reduce disproportionate and cumulative impacts. As individual programs continue to integrate these principles into their program-specific functions, the Office of Environmental Justice and External Civil Rights (OEJECR) and its Regional programs must help to build the cross-program “connective tissue” of shared processes and practices that are supported by routine procedures and project management systems; and systematically integrated into planning and operations.

In FY23, under its Goal 2 Implementation Plan, Region 5 sought to apply this experience by developing the Community Action Roadmap. We started from two cross-cutting strategies: (1) Better identify, assess and/or address cumulative and disproportionate impacts in our decisions; and (2) Enhance community engagement. Carrying out each strategy involves its own set of priority actions, but they cannot be separated in practice. In communities across Region 5, disproportionate and cumulative impacts result from inequitable environmental conditions and exposure to multiple stressors; and are being exacerbated by climate change. Identifying community needs and concerns involves gaining understanding of the physical, social, economic, and environmental context of neighborhoods through the lens of the people who live there. This helps us make better decisions that are more responsive to the context and consequences of our work. Environmental programs need the tools and capacity to carry out these strategies during day-to-day program implementation; and to join effectively in more systemic, sustained response to these systemic challenges. Adverse and disproportionate impacts in communities are shaped by long histories of decision-making across all levels of government and in the private sector. These impacts will rarely be addressed through a single program’s actions, but rather through collaborative and sustained attention to specific places over time, so it must be embedded in EPA’s DNA¹ to truly advance environmental justice and equity.

Since the initial draft of this document, the priority of this work has been reinforced by Executive Order 14096² that requires EPA and other federal agencies to “identify, analyze, and address disproportionate and adverse human health and environmental effects” including “cumulative impacts of environmental and other burdens on communities with environmental justice concerns” for both Federal and non-Federal activities “as appropriate and consistent with applicable law.”

¹ Administrator Regan: “Since my earliest days on the job, I committed to embedding environmental justice into EPA’s DNA. For decades, too many communities—particularly low-income communities and communities of color—have suffered unjustly from pollution and the worsening impacts of climate change.” [Two Years of Delivering Real Results to Real People](#), Jan. 24, 2023

² April 21, 2023 - Revitalizing Our Nation’s Commitment to Environmental Justice for All. See <https://www.federalregister.gov/documents/2023/04/26/2023-08955/revitalizing-our-nations-commitment-to-environmental-justice-for-all>.

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Furthermore, the August 2023 Office of Inspector General Report reiterated the need for this work stating that “The EPA lacks agencywide policies and guidance to address cumulative impacts and disproportionate health effects on communities with environmental justice concerns.”³

A.2 PURPOSES

This document describes a systematic, general process to assess and address disproportionate and cumulative impacts grounded in the vision of a routine, fully integrated, community-focused approach to advance environmental justice and equity. This approach is called the “Community Action Roadmap,” “Roadmap,” or “CAR”. It establishes a place-based, cross-program focus, with distinct but iterative phases; builds in authentic engagement with communities; and facilitates joint planning and coordination with governmental and non-governmental partners, with a bias for action.

This general approach can be tailored and focused to meet multiple purposes that are interconnected in the context of working with a particular community. Therefore, shared understanding and collaboration is possible by aligning around a common process designed to address the following purposes:

1. Inform EPA program implementation and continuous improvement

To meet this purpose, we ask questions like: *What is relevant for establishing a routine, community-focused approach that can be integrated into the Agency’s work? How can this Roadmap inform protocols and practices supported by systems that ensure appropriate levels of management review and meaningful community engagement in each phase? What shared understanding of organizational roles and responsibilities needs to be established?*

During fiscal year 2023, Region 5 began applying this approach to ongoing community-focused work so that this experience could inform investments in program capacity. Region 5 also started the following program improvement activities focused on the longer-term sustainability of this work:

- development of Standard Operating Procedures
- development of a supporting program management system in SharePoint that includes a GIS-based tool as a shared workspace for community-focused work – an “EJ Docket” system.

Moving forward, we will continue to apply EPA’s continuous improvement tools while seeking opportunities to gain efficiencies of scale and greater consistency by implementing this approach more broadly within EPA. While this framework seeks to provide structure for collaboration, protocols and practices should be “fit for purpose,” which can vary depending on the organizational context but still align with the Roadmap.

2. Inform community engagement and collaboration

Along with program integration, we need to build our capacity to conduct effective community engagement across program offices. Government programs have often worked with communities in silos that result in missed opportunities to learn, collaborate, and build mutual

³ U.S. EPA Office of Inspector General Report. See <https://www.epaoig.gov/reports/audit/epa-needs-further-refine-and-implement-guidance-address-cumulative-impacts-and>.

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understanding and trust. However, we can build a different culture and method of operating by establishing best practices that help us understand community concerns and visions more clearly and comprehensively.

As noted above, this Roadmap, as drafted by EPA Region 5, is driven by our program needs and priorities; builds on long histories of community-led and community-centered practice; and considers the lived experience and recommendations of community partners shared during our ongoing engagement with community partners. Yet it will be greatly enriched through further dialogue internally and externally.

Below are a few important points captured from dialogues about community engagement as part of the Roadmap process:

- The need to be explicit and clear on the “community engagement” aspects within each Phase, including the roles and responsibilities of each partner.
- The value of applying the CAR to help EPA integrate more seamlessly into community-led collaborative problem-solving processes as a participant (i.e., not only for processes that EPA may lead).
- Recognizing that meaningful involvement should be led by relevant regional programs and tailored to their decisions; and that decision-specific community engagement can benefit from the context of a broader EJ program-led, cross-program engagement as part of a CAR process.
- Recognizing that upfront community engagement is important to build partnerships and our collective capacity to apply the CAR approach in specific locations.
- This collective capacity should be sustained, building long-term partnerships that foster resilient, thriving communities. While the Phases are presented in a linear fashion, more suited to informing the design of regulatory and non-regulatory environmental programs, we must also recognize that it is highly iterative. Meaning each concern resolved through effective action could open up new possibilities for collaboration with different governmental and community partners, as the work varies from alleviating harm to asset-based investments in resilience. There is no endpoint in thriving; and place-based, sustained relationships with partners are essential to helping EPA better serve communities over the long run.

3. Support discussion and coordination with partners.

Success depends not only on how we work across Agency programs, but also with community residents and advocates. We must effectively communicate and coordinate with all our partners in the shared endeavor of equitably protecting human health and the environment. Each partner will have limits to their authority, resources, and knowledge; but we can overcome these limitations together through strategic collective action. This approach, through dialogue, builds common purpose and shared understanding while also helping us establish better ways of working together.

B. SOURCES

This Community Action Roadmap builds on existing tools and approaches and this section identifies key sources. The Roadmap, as a whole and with the sources selected, reflects EPA's goal of contributing to the development of Cumulative Impacts policy and practice.

The Roadmap's key sources are Health Impact Assessment, the Protocol for Assessing Community Excellence in Environmental Health (PACE-EH), and the EJ Collaborative Problem-Solving (CPS) model. This section is expected to evolve as progress is made in developing and implementing EPA's Cumulative Impacts Framework.

B.1 HEALTH IMPACT ASSESSMENT (HIA)

The six phases of this Roadmap track those of a Health Impact Assessment (HIA). This aligns Region 5's practice with EPA's national policy direction and investments.⁴

An HIA provides a current, consistent set of [minimum elements and practice standards](#) and a six-phase process based on an extensive body of practice (see Attachment D.1 for the minimum elements). It can be applied to a wide range of decision-making contexts while recognizing there may be differences in timelines, authorities, etc. For example:

- Where an agency regularly makes decisions through a rule-based process (e.g., permitting), the HIA approach can inform the development of a standard protocol for consistent reviews of impacts to inform decision alternatives for that process, as appropriate.
- Where an agency wants to take place-focused (including multiple jurisdictional) action to reduce adverse disproportionate impacts, the HIA approach can be used to convene partners (public and private) who are essential to accomplishing these goals; and identify concrete next steps toward solutions (e.g., identifying strategies to minimize burden and maximize benefits for impacted community).

The Community Action Roadmap can be carried out through a standalone HIA that meets the minimum elements and practice standards noted above. This should be considered when the existing regulatory framework allows;⁵ and when doing so is appropriate to support adequate community engagement, data collection and assessment, and/or commitments to act upon findings of disproportionate and cumulative impacts.

An HIA could also be performed in the context of other voluntary and mandatory assessments performed by EPA, such as the National Environmental Policy Act's Environmental Impact Statement (EIS) assessments; or to support good neighbor agreements between communities and regulated facilities. For more information on HIAs including the integration of HIAs into EIS assessments, see EPA's website on HIAs at <https://www.epa.gov/healthresearch/health-impact-assessments>.

⁴ For example, both the EJ Government-to-Government Grant (EJG2G) and Environmental Justice Collaborative Problem-Solving (CPS) Cooperative Agreement Programs prioritize projects that perform HIAs.

⁵ For a thorough analysis of how the existing regulatory framework allows for consideration of health impacts, see the Office of General Counsel's Cumulative Impacts Addendum to EPA Legal Tools to Advance Environmental Justice (January 2023): <https://www.epa.gov/system/files/documents/2022-12/bh508-Cumulative%20Impacts%20Addendum%20Final%202022-11-28.pdf>

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Tracking the HIA phases in the Roadmap is useful whether or not a formal HIA is conducted. It helps to organize community-focused planning and action around a consistent set of steps with a shared vocabulary and draws from a long history of practice.⁶ For example, permitting decisions are made within a specific regulatory framework, with specific risk assessment requirements. But as noted in FAQ #10 of the [Interim Environmental Justice and Civil Rights in Permitting Frequently Asked Questions](#): “A permitting program may find it helpful to organize an EJ analysis by applying HIA practice standards and elements, including by adapting the six key steps that guide the HIA process.”

B.2 EPA’S EJ COLLABORATIVE PROBLEM-SOLVING (CPS) MODEL

The [Collaborative Problem-Solving Model](#) (CPS) was created in response to an [evaluation](#) of how partnerships can be used to address EJ issues in communities. It is fundamental to the Agency’s EJ work. For example, it supports the Collaborative Problem-Solving Grants program and the EJ Academy.

The CPS model includes seven elements that organize a “toolbox” of ways to advance collaborative problem-solving: “proactive, strategic, and visionary community-based processes that bring together multiple parties from various groups ... to develop solutions to address local environmental and/or public health issues.”

Investments in our collective capacity to support collaborative problem-solving are essential at every phase -- see Table 1 below. This crosswalk can be used to help us diagnose what investments in government, community, and other partners’ participatory capacity are necessary to make progress in addressing disproportionate and cumulative impacts.

⁶ EPA’s [HIA Resource and Tool Compilation](#) “includes tools and resources related to the HIA process itself and those that can be used to collect and analyze data, establish a baseline profile, assess potential health impacts, and establish benchmarks and indicators for monitoring and evaluation. These resources include literature and evidence bases, data and statistics, guidelines, benchmarks, decision and economic analysis tools, scientific models, methods, frameworks, indices, mapping, and various data collection tools.” See also the American Planning Association’s [Health Impact Assessment Toolkit for Planners](#).

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Table 1: Crosswalk of Roadmap/HIA Phases with Collaborative Problem-Solving Model Elements

CPS ELEMENT/ HIA PHASE	SCREENING	SCOPING	ASSESSMENT	RECOMMENDATIONS	REPORTING	MONITORING
1. Identify Issues; Understand Community Vision; Set Strategic Goals	X	X				X
2. Build Community Capacity; Develop Leaders	X	X	X	X	X	X
3. Build Consensus; Resolve Disputes		X	X	X	X	X
4. Create Multi-Stakeholder Partnerships and Leverage Resources		X	X	X	X	X
5. Support Constructive Engagement by Stakeholders		X	X	X	X	X
6. Manage for Results				X	X	X
7. Evaluate; Learn Lessons and Replicate Best Practices					X	X

B.3 PROTOCOL FOR ASSESSING COMMUNITY EXCELLENCE IN ENVIRONMENTAL HEALTH (PACE-EH)

Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) is an approach to evaluating and addressing disproportionate and cumulative impacts through community-based environmental health assessment. PACE-EH guides local public health officials and communities through a process to explore the broad physical and social environments that impact health and safety. The assessment process engages communities in a series of thirteen tasks to investigate the relationships among what they value, how their local environment impacts their health, and what actions are necessary to live safer and healthier lives (see <https://www.cdc.gov/nceh/ehs/docs/pace-eh-guidebook.pdf>).

PACE-EH is based on four principles:⁷

1. A community-based environmental health assessment supports the core functions of public health.
2. Strengthening leadership abilities in the field of environmental health will make local health officials more effective in ensuring the health of the community.
3. Community collaboration is the cornerstone of a useful environmental health assessment process and effective community planning.
4. Principles of environmental justice, whether explicit or implicit, underlie the practice of sound local public health and environmental health.

While a distinct approach, PACE-EH tasks correlate closely with the HIA Phases -- see Table 2 below. This means that investments in collaborative problem-solving capacity, as well as implementation of the Community Action Roadmap, will also increase our capacity to be effective partners in a PACE-EH approach.

⁷ [https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/PACE-EH/main#:~:text=PACE%20EH%20\(Protocol%20for%20Assessing,address%20threats%20and%20create%20improvements.](https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/PACE-EH/main#:~:text=PACE%20EH%20(Protocol%20for%20Assessing,address%20threats%20and%20create%20improvements.)

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Table 2: Crosswalk of PACE-EH Tasks with Roadmap/HIA Phases

PACE-EH TASK/ HIA PHASE	SCREENING	SCOPING	ASSESSMENT	RECOMMENDATIONS	REPORTING	MONITORING
1. Determine community capacity to undertake the assessment	X					
2. Define and characterize the community	X					
3. Assemble Community Environmental Health Assessment Team		X				
4. Define the Goals of the Assessment		X				
5. Generate the Environmental Health Issue List		X				
6. Analyze Issues with a Systems Framework			X			
7. Develop Community Environmental Health Indicators			X			
8. Select Standards			X			
9. Create Environmental Health Issue Profiles			X			
10. Rank the Environmental Health Issues			X			
11. Set Priorities for Action				X		
12. Develop an Action Plan					X	
13. Evaluate Progress and Plan for the Future						X

C. ROADMAP OUTLINE

The Community Action Roadmap is a six-phase process. These phases are iterative; and work may be happening on multiple phases at the same time.⁸ Each phase involves specific actions and outputs, identified below.

In general, the process can be summarized as:

1. evaluate the nature and extent of disproportionate and cumulative impacts, taking a fit-for-purpose approach (screening, scoping, and assessment phases); and
2. commit to and carry out meaningful actions, determined collectively with project partners as applicable, to prevent or mitigate such impacts, and communicate outcomes (decisions and actions/recommendations, reporting, and monitoring phases).

This section also includes some notes for each phase, drawing from the source material, experience, and partner input. These notes are not exhaustive and focus on the first purpose noted above (“inform EPA program implementation and continuous improvement”).

C.1 SCREENING PHASE

Action: Identify Concerns – Applying a consistent screening approach, identify a place or set of places where indicators or other readily available information suggest that a cross-program, community-focused approach may be needed to assess and address disproportionate and cumulative impacts (EJ/equity concerns) and to invest in opportunities to create thriving and resilient communities (EJ/equity opportunities).

Output: Decision on whether to proceed to the Scoping Phase for identified place(s) based on a draft preliminary evaluation.

Notes:

- Proactive Region-wide screening helps us see every place where our data indicates potential need for action or opportunity for investment. The screening process should help ensure that no community is left behind – including in places where our screening-level data is known to be more limited, such as rural and Tribal areas.
- Consider information from both community and agency sources when conducting a screening analysis for an area. EJ concerns raised by community members and advocates are readily available and initial review of those concerns should be incorporated into the screening process, whenever possible. The screening process may be informed by screening tools – but screening-level indicators should not override available information from local sources and should involve a set of procedures to weigh these considerations along with other relevant factors (e.g., the set of program functions available to Region 5; and available resources across those programs).

⁸ See Bever E, Dills J, Lindberg R, Whitehead S. Society of Practitioners of Health Impact Assessment (SOPHIA). Minimum Elements and Practice Standards for Health Impact Assessment, Version 4. August 2022. <https://hiasociety.org/MEPS/> (“HIA MEPS v.4”) (“This version of the Minimum Elements and Practice Standards intentionally shifts to the use of the term “phases” to describe the HIA process to emphasize the iterative nature of the process, make clear that practitioners will often be working on multiple phases at the same time, and to more clearly delineate that each phase consists of specific actions and outputs.)

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- Coarse-level, systematic screening is easily done at a regional scale using national tools (EJSCREEN, CEJST), to set the table for ongoing refinement.
- Additional screening information should be considered as relevant to the work. For example, partners may have their own screening tools. Rather than seeking the “perfect” screening analysis, use the tools that are available and relevant to the partners and the geographical locations, keeping in mind that their purpose is to establish consensus on places to prioritize for further attention (including refined analysis of the need for collective action in these places).

C.2 SCOPING PHASE

Action: Characterize concerns and resources – Convene EPA programs and partners to identify a set of concerns and opportunities to assess and address in the selected place.⁹ Recommend further assessments considering what outcomes could be achieved (based on public and private actions that could be taken in response to that assessment). Engage with EPA programs and partners, including community representatives as relevant and appropriate to establish an associated collaboration strategy that provides shared understanding of program, partner, and community roles (including roles in community engagement) in this and subsequent phases.

Output: An Assessment Workplan¹⁰ and a Collaboration and Engagement Strategy.

Notes: Questions to consider include:

- What is the geographic extent and timeline for focused action and involvement by EPA? What outcomes are being sought, in what place(s), over what period of time?
- What upcoming decisions and action alternatives are within this scope? How will information collected from the evaluation influence these decisions and actions? How can multiple actions be aligned? *[The more comprehensive and systemic the total set of actions, the more likely they will result in outcomes that significantly reduce cumulative impacts.]*
- What program-specific tools, within our authority, are available for use in evaluating risks and impacts in ways that inform specific program decisions?
- What environmental, public health, and quality of life impacts will be evaluated, and through what assessment methods? *[Multiple health determinants and indicators of health status should be considered whenever possible along with information about environmental risks and impacts on public health, recognizing that disproportionate and*

⁹ Where the Roadmap is being applied to improve internal management of cross-program work, the first iteration of the scoping phase will be internal. However, further iterations should include other partners (including community leaders or advocates) who can help to establish an appropriate scope that brings NON-EPA capabilities and resources to the table; and to form a team that can work together throughout the process.

¹⁰ See HIA MEPS v.4, section 3.5 (identifying minimum elements of an HIA work plan). This list of elements can inform development of assessment and engagement plans that are fit for purpose: that is, appropriate to the nature and extent of the EJ/equity concerns. At page 8, HIA MEPS v.4 emphasizes the range of scale available even within formal HIA practice: “HIAs can be quick using a “rapid” model that uses available data and is conducted over a few weeks or months or can take longer (several months to over a year), employing either an “intermediate” or “comprehensive” approach that often involves primary data collection and includes a more thorough and detailed assessment of potential effects. During the scoping phase, the HIA team should take stock of available resources, partner capacity, the decision-making timeline, and other factors to determine the appropriate scale for the HIA.”

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cumulative impacts result from a combination of pollution burden and population vulnerability/susceptibility.]

- What sources of information can we develop and draw upon to help identify regulatory and non-regulatory solutions? For example:
 - Encourage the community to maintain a list of ‘wants’ that might be useful in permitting mitigation measures, SEPs, mitigation as injunctive relief, environmentally beneficial projects, etc. This can help identify the outcomes that are of the highest priority to the community members.
 - Encourage local industry to directly engage the community to address public health and quality of life concerns; and incorporate “good neighbor” actions that would mitigate or eliminate such concerns through community benefits agreements or other mechanisms.
 - Consider participatory science to fill informational gaps.
- How will both cumulative impacts and cumulative risks be assessed?
- How will equity be addressed while considering the distribution of benefits and burdens from decision and action alternatives?¹¹
- Who should be notified and engaged?
 - Identify who at the local level can help determine public health and quality of life concerns and have a dialogue on whether to further assessments are needed.
 - Bring in local partners at the beginning of process for shared ownership (as called for in the Collaborative Problem-Solving Model).
 - Identify what other organizations, agencies (federal, state, local) or Tribal nations may have ongoing or planned to address these concerns.

C.3 ASSESSMENT PHASE

Action: Execute the Assessment Workplan – Conduct any additional analyses of cumulative and disproportionate impacts to provide a holistic understanding of the concerns/needs; and update the assessment workplan as needed to fill in remaining knowledge gaps.

Output: A collaboratively approved summary of existing (baseline) conditions; an assessment of potential positive and negative health impacts, considering their likelihood, magnitude, severity, and distribution within the population; and a summary of findings based on the assessment to inform next steps and recommendations.

Notes:

- As noted above in this phase and subsequent phases, the Collaboration and Engagement Strategy established during Scoping should be applied and updated, as needed. At the Assessment phase, this strategy should inform how we characterize and communicate concerns about disproportionate and cumulative impacts, based on the available evidence, and adjusted, as needed, for continuous learning and to ensure effective collaboration and engagement.

¹¹ SOPHIA’s [Equity Working Group](#) offers a set of resources to advance equity through HIA practice.

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- Each program has distinct functions, authorities, and resources – as well as distinct needs for evidence to support action. The goal is to integrate data analysis at the Screening phase as practicable and additional program-specific data analyses needed to inform decisions at the Scoping and Assessment phases.
- SOPHIA’s standards for HIA practice elements pertaining to the Assessment phase:¹²
 - “Evidence used in the assessment should come from multiple sources that may vary based on the context ... and available resources.”
 - “The expertise and lived experience of stakeholders, including populations affected by the proposal, whether obtained via the use of participatory methods, collected via formal qualitative research methods, or reflected in public testimony or other public sources, also comprise a legitimate source of evidence.”
 - “Existing conditions present a summary of relevant population health status and health determinants within the communities affected by the proposal, when possible, using established resources such as community health assessments or existing government databases and reports. The existing conditions should also document known barriers to health and wellbeing, including evidence of poor health status among populations affected by the proposal.” *[For EPA programs, we would benefit from the availability of community environmental health assessments; but in current practice, local health departments generally do not consider environmental risk/impact factors pertinent to EPA programs when conducting these assessments.]*
 - “Assessment of potential health impacts is based on a synthesis of the best available quantitative and qualitative evidence.” *[We do what we can with the information we have and can collect during the assessment process.]*

C.4 DECISIONS AND ACTIONS (RECOMMENDATIONS) PHASE

Action: Identify and execute potential solutions – Based on assessment findings: (a) provide feasible, evidence-based, and prioritized recommendations on actions to protect human health and the environment by mitigating negative outcomes and/or enhancing beneficial outcomes in the impacted community; (b) establish EPA program commitments to take action that addresses recommendations, as appropriate; and (c) include partner commitments to take actions that address recommendations, where possible.

Output: A set of recommended actions endorsed by internal and external partners.

Notes:

- SOPHIA notes: “A primary goal of completing an HIA is informing decision makers to take actions to protect and promote health; recommendations help achieve this goal.”¹³ Standards of HIA practice suggest:¹⁴
 - “Recommendations should consider both how to mitigate adverse impacts and how to enhance positive impacts on health and equity.”

¹² See HIA MEPS v.4, Section 4.

¹³ HIA MEPS v. 4, p. 12.

¹⁴ See HIA MEPS v.4, Section 5

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- It is important to have documented criteria for developing and prioritizing recommendations. Suggested criteria: “responsiveness to predicted potential impacts, specificity, technical feasibility, cost feasibility, potential alignment with existing health-promoting strategies, and how actionable recommendations are under the authority of the targeted decision-makers.”
- Recommendations should reflect input from:
 - “Communities affected by the proposal to ensure that the recommendations are responsive to community needs and appropriately address community concerns.”
 - “Decision-makers and potential implementers to ensure the recommendations are feasible. Recommendations are effective only if they are adopted and implemented.”
 - “Where needed, experts to ensure recommendations are technically feasible.”
- “Each recommendation should be targeted toward a specific decision-maker or entity that has the authority to implement it.”

C.5 REPORTING PHASE

Action: Compile and disseminate outputs and develop a Management Strategy -- Share final¹⁵ outputs from the Screening, Scoping, Assessment and Decisions and Actions/Recommendation phases, along with a plan for executing, evaluating, and sustaining recommendations and partnerships.

Outputs: (1) A “Community Action Plan” (CAP) that: includes a findings report documenting outputs from the Screening, Scoping, and Assessment phases; documents partner commitments based on the recommendations; and (2) a co-designed Management Strategy to ensure proper communication, joint planning, coordination, and utilization of resources.

Notes:

- The Reporting and Monitoring phases are initiated simultaneously. Partners should devise a plan that addresses how progress will be measured and communicated during the Roadmap process, as identified in the Collaboration and Engagement Strategy. While the Management Strategy is developed at this phase it considers both Reporting and Monitoring commitments. The Monitoring phase is distinguished from Reporting because it may include process-, impact- and outcome-based evaluations.
- A Community Action Plan has functions that go beyond a final HIA report (which is the output at this stage in the HIA approach). However, it should include a comparable communication product, identified in this framework as the Management Strategy.
 - SOPHIA notes: “The HIA team should document, at a minimum, the HIA purpose, findings, and recommendations, and share these publicly. The length and detail level of any final HIA report (or comparable communication product) will vary based on the scale of the HIA (rapid, intermediate, comprehensive). The HIA team should intentionally collaborate with stakeholders to revisit the plan for

¹⁵ “Final” would be as determined by the agreed scope for a given round of planning.

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communicating results and disseminating findings and recommendations created during Scoping.”¹⁶

- In documenting commitments and their progress, we must be transparent about capacity limitations and clearly state what *can* and *cannot* be accomplished. Therefore, commitments and actions should be established using a consensus decision-making process (a critical step in the Assessment and Decisions and Actions/Recommendations phases) to ensure we do not overpromise and underdeliver based on unclear communication regarding the scope or an unclear understanding of capacity in terms of law, science, and resources.
- This phase can be carried out without a pre-existing set of protocols and systems however, management approaches and inter-agency partnerships that facilitate joint planning and coordination should be established, where they do not already exist – and especially when it helps.
- Although a CAP in the form of a static document, supported by partners committed to joint planning and coordination, could fulfill the purposes mentioned above; shared action registries, dashboards, or other dynamic tools for managing and coordinating community-focused activities would be helpful in supporting project management and reporting activities.

Questions to consider include:

- How will progress on executing the committed actions and how they will be evaluated and communicated to internal and external partners including timelines and points of contact.
- How should reporting be included in the public decision-making record for regulatory actions that address recommendations?
- What will most effectively communicate the steps we (and other partners) have taken to identify and address disproportionate and cumulative impacts?
- Are there additional partners, including community leaders and advocates, state and local government, and other federal entities, that should be engaged due to changes in concerns, assessments, and/or action items?
- How can reporting and communication be integrated as much as possible with existing program and project management systems? What investments are needed to better connect these systems to cross-program and inter-agency planning?
- How will partnerships formed during this process be maintained and strengthened as actions are implemented?

C.6 MONITORING PHASE

Action: Implement the Management Strategy and evaluate the execution and implementation processes of the Roadmap – Execute an agreed upon process to track/report on the progress and completion of commitments made in the CAP. Also perform process and outcome evaluations and document lessons learned and best practices.

¹⁶ HIA MEPS v. 4 at p. 14.

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Outputs: A CAP that (1) tracks and reports on the progress and completion of commitments and (2) incorporates feedback received regarding the Roadmap process, as well as evaluations on outcomes and community impacts from decisions and actions taken.

Notes:

- As discussed previously, during the CAP process the Monitoring and Reporting phases occur simultaneously. An important part of the EJ program’s “continuous improvement” work is to build EPA’s cross-program infrastructure to support individual programs as they make decisions; while minimizing the friction while executing larger, sustained efforts to produce systemic improvement in a given place over a given period of time.
- SOPHIA’s Standards for HIA practice notes:
 - “Evaluation and Monitoring is the HIA phase that considers sustainability beyond an initial project period. This includes evaluation of the HIA in terms of process, impacts, and outcomes, all of which can contribute to sustainable improvements in practice for a given HIA team, and for the larger field of practice. Monitoring also includes the development and implementation of a strategy to sustain the relevance of HIA recommendations and relationships over time and track the predicted potential impacts on health determinants and outcomes over time.” *[The “project period” for a CAP may vary from weeks to years with varying levels of joint planning, coordination, and communication needed during that time. Therefore, the nature and extent of evaluations should also be “fit for purpose.”]*
 - “Because HIA is a forward-looking tool, used at a point in time during the decision-making process, the monitoring plan should allow for changes as conditions in the community and decision-making context evolve over time. To support HIA transparency, the monitoring plan should be shared with relevant stakeholders, especially decisionmakers, recommendation implementers, and organizations tracking indicators.”
 - “Process evaluation attempts to determine the fidelity of an HIA to these Minimum Elements and Practice Standards and/or to project-specific criteria defined during the Scoping phase.”
 - “Process evaluation may be conducted either after the HIA is complete, or during the HIA to facilitate adaptations to the ongoing HIA process.”
 - “Items to consider in a monitoring plan or strategy include:
 - a. goals for short- and long-term monitoring;
 - b. indicators for monitoring and who might be best positioned to track them;
 - c. which audiences (e.g., decision-makers, community members, etc.) should receive monitoring updates and the mechanisms for reporting to them (e.g., listservs, community newsletters, etc.);
 - d. relationships critical for maintaining ongoing relevance of findings, recommendations, and accountability to affected communities;
 - e. identification of new partners or relationships to pursue as a result of the HIA;

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- f. opportunities for mutual learning to strengthen relationships post-HIA process;
- g. triggers or thresholds that may lead to review and adaptation in decision implementation;
- h. resources required to conduct, complete, and report monitoring activities; and
- i. possible new funding supports for sustaining efforts that promote health and equity in
- j. alignment with HIA findings and/or recommendations.”
- “Items to consider in a process evaluation conducted during or immediately after each phase, or at the end of the HIA process include:
 - a. how the HIA topic was selected (Screening)
 - b. achievement of defined HIA goals (Scoping)
 - c. effectiveness of stakeholder engagement strategy (Scoping)
 - d. adherence to research plan and/or how any adaptations were created and documented (Assessment)
 - e. how well assessment findings informed the development of recommendations (Recommendations)
 - f. how well the HIA process and outputs addressed equity
 - g. a summary of lessons learned, successes, challenges, strengths, and weaknesses with an eye toward ongoing process improvement.”

Questions to consider:

- How are environmental and public health conditions changing?
- How is action on commitments making a difference?
- What will be done to monitor outcomes, including changes in environmental and public health conditions?
- How and when will results be communicated? (Clear timeframes (e.g., quarterly, every 6 months, annually) should be established.)
- How will communication approaches adapt in response to feedback during CAP implementation?

D. ATTACHMENTS

D.1 MINIMUM ELEMENTS OF HIA

This crosswalk with HIA/Roadmap phases is based on discussion in HIA MEPS v.4, and shows which minimum elements are to be met at each phase:

MINIMUM ELEMENT / PHASE	SCREENING	SCOPING	ASSESSMENT	RECOMMENDATIONS	REPORTING	MONITORING
1	X					
2		X				
3		X				
4			X			
5			X			
6				X		
7					X	
8					X	
9						X
10						X

From HIA MEPS v. 4:

1. The following minimum elements apply to all rapid, intermediate, and comprehensive HIAs. Together, these minimum elements distinguish HIA from other processes used to assess and inform decision making.
2. HIA assesses the potential health and equity consequences of a proposed policy, plan, program, or project under consideration by decision-makers, and is conducted proactively, with sufficient time to inform the proposal in question. In some cases, HIAs are conducted concurrently with the decision-making process, but are completed before the decision is made.
3. HIA involves and engages partners affected by the proposal, particularly populations facing inequities and significant barriers to health and wellbeing who may be disproportionately affected by the proposal.
4. HIA systematically considers a range of potential impacts of the proposal on multiple health determinants, indicators of health status, and dimensions of health equity.
5. HIA provides a baseline summary of existing conditions relevant to the proposal, including but not limited to the policy environment; relevant historical context; and relevant social, economic, environmental, and structural factors. HIA also catalogs baseline health outcomes for populations affected by the proposal, particularly populations that may be disproportionately impacted.
6. HIA characterizes the proposal’s potential impacts on health, health determinants, and health equity and documents the process followed.

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7. HIA provides feasible, evidence-based recommendations to promote potential positive health impacts and mitigate potential negative health impacts of the proposal, identifies responsible parties for implementing recommendations and, where appropriate, suggests alternatives or modifications to the proposal. Recommendations should be responsive to the results of the assessment.
8. HIA produces a report (or comparable communication product) that includes, at a minimum, documentation of the HIA's purpose, findings, and recommendations, and provides reasonable access to documentation of the processes, methods, and partners involved.
9. The HIA report (or comparable communication product) should be publicly available and shared with decision-makers and other partners including populations affected by the proposal.
10. HIA proposes indicators, actions, and responsible parties to monitor and evaluate the implementation of recommendations.
11. HIA proposes indicators, actions, and responsible parties to evaluate the outcomes of the proposal, including changes to health determinants and health status.