STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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February 14, 2025

Lee Zeldin
Administrator
U.S. Environmental Protection Agency
William J. Clinton Building
1200 Pennsylvania Avenue, NW
Washington, DC 20460
Submitted via the Federal eRulemaking Portal: https://www.regulations.gov/

RE: Comments on "Interim Framework for Advancing Consideration of Cumulative Impacts"
Docket No. EPA-HQ-OLEM-2024-0360

Dear Administrator Zeldin,

The Connecticut Department of Public Health (CT DPH) appreciates the opportunity to comment on the proposed framework to operationalize cumulative impacts (CI) analysis in EPA's programs, policies, and practices. Our agency is a proud recipient of several EPA grants which fund various regulatory and programmatic functions related to improving public health. CT DPH recognizes how including CI in our decision-making processes will greatly contribute to our work regarding health equity, environmental justice, and climate change and health.

One of CT DPH's primary missions is to promote health equity throughout our state, central to which is understanding the role that social and structural determinants of health--particularly those related to the environment, play in the development of health and well-being. Our Environmental Health and Drinking Water (EHDW) Branch is primarily responsible for administering and implementing public health-focused laws and regulations related to drinking water and environmental contaminants known to adversely affect health. EHDW works closely with our Office of Health Equity (OHE) to ensure that CT DPH resources target communities and populations with the greatest need, which requires identifying areas already facing the greatest health and social inequities.

Given the tremendous overlap of the foci of EHDW and OHE, the agency recently hired an Environmental Justice Project Manager whose responsibilities include developing CT DPH's

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environmental justice efforts by identifying environmental inequities—unfair distributions of both environmental hazards and benefits—and working alongside affected communities to eliminate them. In addition, OHE works with our Office of Climate and Health (OCH) to ensure communities in Connecticut that are the most vulnerable to current and future climate-related events and disasters are protected.

CT DPH generally supports EPA's principles, goals, and initial guidance to incorporate CI considerations into EPA decisions and provides the following comments:

CT DPH strongly supports the measurement of CI to operationalize vulnerability at the local level due to the elusiveness and difficulty in selecting the most accurate measure for "vulnerability". Literature on health inequities makes clear that a population's health is closely related to a myriad of factors—pollution, socioeconomic status, access to housing, availability of nutritional foods—and that these factors tend to be clustered geographically at scales as small as the neighborhood level. CI are of particular interest because they capture the ways in which disadvantage can accumulate over time at the local level to contribute to health and social inequalities over the lifespan and across generations. By understanding this accumulation and identifying where communities have faced the greatest concentration of such burdens, it is CT DPH's goal to make sure our resources reach the areas of greatest need.

CT DPH appreciates how CI has captured the ways in which public health and environmental health advocates have moved beyond traditional notions of environmental hazards—largely polluted air and water—to include broader considerations for how built and social environments can adversely affect health. We hope this broader consideration will influence the guidance for selecting indicators included in CI analyses.

CT DPH supports the emphasis that EPA has placed on a "fit-for-purpose" application of CI as it honors the immense complexity and specificity of the health, environmental, and social burdens a population faces. By highlighting the need to tailor this approach to focus on "exposures and effects of greatest relevance", consideration of CI can be of maximal benefit to communities and their particular needs. It also reflects the principle of community engagement whereby communities have a legitimate role in identifying and prioritizing the health, environmental, and social burdens of greatest concern in the CI analysis.

CT DPH feels that augmenting the "informing decisions" section of the CI assessment is an important opportunity to provide guidance on ways to more meaningfully translate the findings of CI analyses into tangible action. Due to growing literature on CI, mapping tools created in the past decade have contributed tremendously to the ability to identify environmental injustice at the local level. Many of these tools incorporate insights from CI analyses specific to state and local level environmental health inequities; however, a critical gap exists between identifying these inequities and working to eliminate them. There must be thorough guidance on how to utilize insights from these data to guide impactful public health and environmental action. Not only will this be helpful for CT DPH in the implementation

of future EPA grant funds, but it could also inform the state's upcoming development of a CI tool as mandated by a recently amended state environmental justice law.

As CT DPH looks to increase its health equity and environmental justice efforts, having tools that reliably identify vulnerability throughout the state will be important, and bridging this identification process to effective action will be invaluable to the health of communities. We look forward to learning from how EPA will utilize CI analyses in funding, programming, rulemaking, planning, and other decision-making that prioritizes the most vulnerable populations.

CT DPH strongly supports including community engagement as a guiding principle in this process. Meaningful involvement helps to ensure that the lived experiences of those most directly impacted by environmental burdens can complement other data sources to inform decision-making, ensuring action that is tailored to the specific needs and experiences of people in a locale. We recommend ensuring that this principle remains at the forefront in each step (initiation, scoping and problem formulation, assessment, informing decisions). Because of the great sensitivity and trust required when engaging affected communities, the finalized guidance should include clear parameters for what "meaningful involvement" entails and how lived experiences can be included in decision-making processes. Including successful examples of meaningful involvement, as is done in the Interim Framework, provides practical insights into successful engagement. CT DPH recommends distilling a general community engagement protocol regarding CI from other successful experiences to provide future teams with an engagement guide that can be tailored to their specific projects.

This framework's greatest utility is in its ability to inform and guide action that improves the health of the most vulnerable and overburdened populations, protects the environment, and ensures a more equitable distribution of environmental burdens and benefits in the future. CT DPH looks forward to seeing EPA's continued progress in taking a comprehensive view of cumulative impacts in agency policies, programs, and practices. We appreciate the opportunity to share these comments.

Sincerely,

Manisha Juthani, MD
Commissioner
Connecticut Department of Public Health