

US EPA ARCHIVE DOCUMENT

**MEMORANDUM OF UNDERSTANDING**  
**BETWEEN THE**  
**CENTERS FOR DISEASE CONTROL AND PREVENTION AND THE AGENCY**  
**FOR TOXIC SUBSTANCES AND DISEASE REGISTRY**  
**AND THE**  
**U.S. ENVIRONMENTAL PROTECTION AGENCY**

**I. Purpose**

This Memorandum of Understanding (MOU) serves to set forth the authorities, responsibilities, and procedures under which the U.S. Environmental Protection Agency (EPA) and the Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry (CDC/ATSDR) are expected to advance efforts to achieve mutual environmental public health goals. Activities conducted under this MOU will strengthen coordination between environmental protection and public health programs and thus enhance these agencies' overall performance in ensuring safety and promoting health.

As a cornerstone of this MOU, EPA and CDC/ATSDR will strive to build healthy communities in collaboration with state and local partners through a community-centered approach. Building community capacity at the local level is critical to achieving effective, sustainable solutions to environmental public health problems. Federal agency partnerships facilitate collaboration across organizational boundaries and foster the development of sustainable partnerships among the public, private and academic sectors. EPA and CDC/ATSDR can improve program coordination with community-based partnerships to characterize local needs, set appropriate priorities, and mobilize groups and individuals to take action.

This MOU is an important tool for accelerating implementation of collaborative activities called for by Executive Order 13352, "Facilitation of Cooperative Conservation." It reaffirms the direction for federal decision-making to be conducted in cooperation with tribal, state, and local governments; provides opportunities for local inclusion, as provided for in Executive Order 11514 (March 5, 1970 as amended by E.O. 11991 of March 24, 1977); and facilitates work across organizational lines to foster approaches that produce results through innovation and collaboration.

This MOU is intended to establish a substantive partnership between CDC/ATSDR and EPA by increasing management and staff interaction at national and regional levels. This partnership is expected to strengthen federal support through education, outreach, pilot programs, and other non-regulatory approaches for communities that are striving to build capacity to improve the health and environment of their members. By helping to ensure that the federally supported, community-based environmental health activities are

coordinated and non-duplicative, the partnership will create synergies between the participating agencies and optimize our return on investment into community-based environmental health programs.

We recognize the existence of other MOUs between EPA and CDC/ATSDR and will ensure, through regular communications and information exchange among program leads for all CDC/ATSDR-EPA MOUs, that the broad community-based activities conducted under the subject MOU are coordinated with activities carried out under other CDC/ATSDR-EPA MOUs. Further, we will ensure that information and knowledge gathered under this MOU is made available to other communities, parts of EPA and federal partners by making this information and knowledge available through systems such as the EPA Environmental Information Exchange Network and the CDC Environment Public Health Tracking Network.

## **II. Background**

A growing body of knowledge illustrates the important role that the environment plays in human health and development. Common goals and values of CDC/ATSDR and EPA include promoting healthy communities; addressing multiple public and ecologic health aspects of the built and natural environments; reducing health disparities; reducing environmental health hazards for vulnerable subpopulations, including children and the aging; improving health literacy; and ensuring environmental justice.

CDC/ATSDR and EPA recognize the importance of basing public health decisions on the best available science and increasing scientific knowledge to address gaps that could influence public health decisions. Also, EPA and CDC/ATSDR recognize that interaction and collaboration between their staff has many benefits as evidenced by ten years of collaboration with Pediatric Environmental Health Specialty Units (PEHSUs). The exchange of information on environmental health helps direct resources to the highest priority problems and opportunities. It also reduces the potential for program redundancies and overlap and optimizes resource investments by allowing both agencies to leverage each other's resources, e.g., expertise, capacity, and extramural funds.

EPA and CDC/ATSDR are committed to fostering better collaboration with mutual goals to strengthen and promote community-based programs and other work in such areas as community partnerships, smart growth, indoor environmental risk reduction, emergency response, land revitalization, children's environmental health, tribal concerns, and environmental justice.

Within EPA, this emphasis is reinforced by the Agency's Strategic Goal 4, *Healthy Communities and Ecosystems*, which focuses on communities as the places where we live and work, supported and enriched by the natural ecosystems and the services they provide. The 2004 EPA National Environmental Justice Advisory Council's report, "Ensuring Risk Reduction in Communities with Multiple Stressors," recommends that EPA should initiate collaborative cross-media risk reduction pilots, develop and use tools for targeting and prioritizing communities with high cumulative pollution burdens, and elevate the importance of community-based approaches.

EPA supports addressing multiple cross-media environmental concerns raised by local communities through programs like the Community Action for a Renewed Environment (CARE) program. CARE provides competitive grants directly to communities to create local collaborative partnerships to reduce emissions and minimize exposure to toxic pollutants. The CARE community partnerships will use meaningful public involvement to identify disproportionate environmental impacts, prioritize risks, and assist communities in developing action plans.

CDC's mission is to promote health and quality of life by preventing and controlling disease, injury, and disability. CDC's health protection goals include seven "place-based goals" designed to protect and promote health and safety in the places where people live, work, learn and play, especially those people at greater risk for health disparities. The "Healthy Communities" place-based goal is focused on increasing the number of communities that protect and promote health and safety and prevent illness and injury in all their members.

CDC/ATSDR supports community involvement in addressing the environmental concerns of local communities through programs such as the Protocol for Assessing Community Excellence in Environmental Health (PACE-EH), PEHSUs, public health work force development and training, capacity-building cooperative agreements, and public health assessments in communities affected by hazardous waste sites. Each of these programs reflects an emphasis on identifying disparities in environmental health services leading to disparities in health outcomes and supports EPA environmental justice activities. CDC/ATSDR places a high value on establishing and nurturing partnerships with federal, state, and local partners and national organizations and public, private, and nonprofit-sector groups.

### **III. Goals**

This MOU sets out EPA and CDC/ATSDR's intention to develop and improve cooperative working relationships that support local communities as they reduce exposure to toxicants and other environmental health hazards. This MOU serves as the basis for CDC/ATSDR and EPA to expand their cooperation in support of local environmental health projects by improving federal collaboration to:

1. Support communities with clear, concise, and consistent messages regarding environmental health threats and environmental health promotion

2. Share timely information with communities on community-level environmental health concerns
3. Provide support for selected community-led environmental health projects including exploring the feasibility of establishing a Community-based Environmental Health Leadership Academy
4. Collect and analyze data to address common environmental health issues, including environmental health indicators and outcome measures
5. Build supportive partnerships for community-based initiatives
6. Ensure broad stakeholder involvement in setting the national agenda for community-based environmental health initiatives

#### **IV. Roles**

EPA and CDC/ATSDR will endeavor to collaborate on activities that include:

1. Incorporating community-based environmental public health projects envisioned under this MOU into EPA and CDC/ATSDR planning and budgeting activities
2. Getting stakeholder input to ensure that our collaboration meets community needs
3. Providing joint support for community-based environmental public health activities through the establishment of pilot projects
4. Identifying communities where both agencies have already established community-based environmental public health programs, so that by collaborating the agencies can optimize resources, promote synergy, and, to the extent possible, provide a unified federal presence in those communities
5. Expanding our collaboration with local and state governments, tribes, and federal agencies
6. Developing joint information guidance and other tools for communities
7. Exploring the feasibility of developing a National Environmental Health Leadership Academy
8. Exploring the feasibility of developing a single Web site to provide easier access to federal resources for community-based environmental public health initiatives

#### **V. Programming, Budgeting, Funding, and Reimbursement Arrangement**

All commitments made by EPA and CDC/ATSDR are subject to the availability of appropriated funds and budget priorities.

- Nothing in this agreement, in and of itself, obligates EPA and CDC/ATSDR to expend appropriations or to enter into any contract, assistance agreement, interagency agreement, or incur other financial obligations.
- This agreement does not exempt EPA and CDC/ATSDR from agency policies requiring competition for financial assistance and contracts.
- Any endeavor involving EPA and CDC/ATSDR funding will be handled in accordance with applicable laws, regulations, policies and procedures and will be subject to separate agreements.

- This agreement does not create any right or benefit, substantive or procedural, enforceable by law or equity against EPA or CDC/ATSDR, their officers or employers, or any other persons.

**VI. Authorities**

**A. CDC/ATSDR:**

The Director of CDC has legislative authority under Section 301 of the Public Health Service Act; 42 U.S.C. Section 241. The Administrator of ATSDR has legislative authority under Section 104(i) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended by the Superfund Amendments and Reauthorization Act of 1986; 42 U.S.C. Section 9604(i).

**B. U.S. Environmental Protection Agency:**

The Administrator of EPA has statutory authority to cooperate with CDC/ATSDR to coordinate environmental activities between U.S. government agencies under the Clean Water Act, Section 104(b)(3), 33 U.S.C. 1254(b)(3); Solid Waste Disposal Act, Section 8001(a), 42 U.S.C. 6981(a); Clean Air Act, Section 103 (a) (b)(3), 42 U.S.C. 7403(a)(b)(3), Toxic Substances Control Act, Section 10(a), 15 U.S.C. 2609(a); Food Quality Protection Act Section 303, 7 U.S.C. 136r-1; Section 311(c) of the Comprehensive Environmental Response, Compensation, and Liability Act, 42 U.S.C. 9660(c).

**VII. Administration of the MOU**

CDC/ATSDR designates the following individual as the official point of contact for this MOU:

Name: Howard Frumkin, M.D., M.P.H., Dr.P.H.  
 Title: Director, National Center for Environmental Health/Agency for Toxic Substances and Disease Registry, Centers for Disease Control and Prevention  
 Address: 1825 Century Boulevard, MS E-28, Atlanta, GA 30329  
 Telephone: 404-498-0004

EPA designates the following individual as the official point of contact for this MOU:

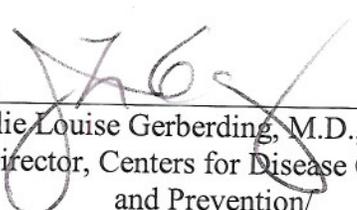
Name: James Gulliford, M.S.  
 Title: Assistant Administrator, Office of Prevention, Pesticides, and Toxic Substances  
 Address: 1200 Pennsylvania Avenue, NW, 7101M, Washington, DC 20460  
 Telephone: 202-564-2902

**VIII. Effective Date**

This MOU will become effective upon signature by the Director of the Centers for Disease Control and Prevention/Administrator of the Agency for Toxic Substances and Disease Registry and the Administrator of the Environmental Protection Agency and shall remain in effect through June 30, 2012, unless amended by mutual written consent of both parties or canceled. This agreement, or any of its specific provisions, may be revised by signature approval of both parties. Either party may terminate this MOU on 90 days written notice to the other party.

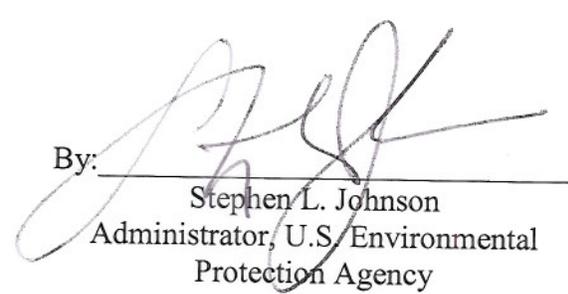
CENTERS FOR DISEASE CONTROL  
AND PREVENTION/AGENCY FOR  
TOXIC SUBSTANCES AND DISEASE  
REGISTRY

U.S. ENVIRONMENTAL  
PROTECTION AGENCY

By: 

Julie Louise Gerberding, M.D., M.P.H.  
Director, Centers for Disease Control  
and Prevention  
Administrator, Agency for Toxic  
Substances and Disease Registry

Date: 7/18/07

By: 

Stephen L. Johnson  
Administrator, U.S. Environmental  
Protection Agency

Date: 7/18/07