

Native American Communities Webinar on the Draft California Communities Environmental Health Screening Tool (CalEnviroScreen)

Tuesday, October 9, 2012

The tenth workshop was presented as a webinar and focused on how the CalEnviroScreen tool might be useful to California's Native American communities. It attracted a group of about 27 participants, some from California's Tribal Communities, some from government, and a few business representatives.

Staff sought comments and suggestions related to the overall approach taken and specifically on proposed indicators, data sources, and the methodology. Numerous comments were made at the workshop and are grouped and described below. Comments made more than once were consolidated and placed in the most appropriate category.

Methods/General:

- Is the proposed relationship for calculating the cumulative impacts score the usual type of calculation for figuring cumulative impacts?
- Tribal information from local Tribal health consortiums could help inform indicators that have data gaps
- How will an overlay of all data be looked at for cumulative impacts?
- Weighing things a certain way will give different outcomes
- Are you going to be following the study being done by Fraser Shilling through UC Davis?
- Was consideration given to those tribal populations whose diet contains a significant amount of fish?
- Has this methodology been vetted by the Department of Toxic Substances Control (DTSC)?
- In just about all of the indicators, there exists a data gap for tribal members living in rural areas—what specific tribal data can you use to supplement?
- A lot of California databases do not include tribal lands—tribes report things like brownfields to federal databases—are these things factored in?

Geographic Scale:

- Since many of the environmental and public health data are tied to a given location and a buffer zone around a site, it seems to “broad brush” to use ZIP codes

Exposures:

- County level pesticide data applied to all ZIP codes in that county will cause problems when there is a large difference between urban and rural areas like in Riverside County
- Why was 2004 Caltrans data used instead of more recent data?
- What components of pesticide use are considered? Agricultural use? Timber Harvests? Building fumigation?
- There are several tribes that collect PM data, funded either through EPA or through their own funds
- Can forest fires be captured in PM data? There are no monitors within 50km of most tribal communities but exposure to forest fire smoke is high

Public Health Effects:

- Why not include pesticide illness reports in the public health effects component?
- Should consider cancer incidence, not mortality
- Consider diabetes rates
- Consider chronic obstructive pulmonary disease (COPD) rates
- Could talk to Indian Health Service Clinics or hospitals that contract with them for more information about ER visits due to asthma and other respiratory conditions in the Native American population
- Should consider obesity rates

Socioeconomic Factors and Sensitive Populations:

- Consider access to healthcare by looking at percentage of practitioners in the area or proximity to healthcare facilities
- Why was the age cutoff for children 5 years old? This is not consistent with at risk population definitions for OEHHA fish advisories

Use of Tool:

- As a screening tool this has some worth but could result in misinterpretation or misuse by unskilled users
- Should not be used to replace risk assessment
- If online access is allowed then all data should be provided online as well
- How can we remain on an emailing list for updates on this tool?
- What kind of access and training will citizen monitors have for this tool?

- Prioritize the need for water and waste-water infrastructure on many tribal lands
- What are next steps for a community that receives a high score?
- Will there be an effort to validate the tool? Would be beneficial to compare screening results to actual exposures where high quality data exists
- Presence of contaminants beneath a location does not necessarily confirm that a complete risk pathway exists—how will complete or incomplete exposure pathways be addressed in the tool?