

LAW COURT BROWNFIELDS  
STATES COMPLIANCE RCRA  
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COMMUNITY HEALTH  
BROWNFIELDS PUBLIC LAW  
ENVIRONMENTAL

healthy  
people

brownfields

building sustainable  
communities:

from brownfields to  
healthy people

june 16, 2004  
*clearwater, florida*

# Building Sustainable Communities: From Brownfields to Healthy People

Convened by Environmental Law Institute & Florida Brownfields Association

## Agenda

### session 1 : laying the foundation

MODERATOR - SUZI RUHL, ENVIRONMENTAL LAW INSTITUTE

**8:15AM** WELCOME

Bill Horn, *City of Clearwater*

**8:30AM** BROWNFIELDS & PUBLIC HEALTH: A MATCH MADE IN THE COMMUNITY

Suzi Ruhl, *Environmental Law Institute*

Philip Vorsats, *U.S. EPA, Region IV*

**9:00AM** BUILDING ON SUCCESS: THE GREENWOOD COMMUNITY HEALTH  
RESOURCES CENTER STORY

Miles Ballogg, *TBE Group, Inc.*

Ayakao Watkins, *Greenwood Community Health Resources Center*

Muhammad Abdur-Rahim, *Greenwood Community Health Resources  
Center*

**9:45AM** BREAK

### session 2 : back to basics

MODERATOR - NICOLE KIBERT, CARLTON FIELDS, P.A.

**10:00AM** BROWNFIELDS 101 FOR COMMUNITY HEALTH STAKEHOLDERS

Michael Goldstein, *Florida Brownfields Association/Akerman  
Senterfitt*

**10:20AM** PUBLIC HEALTH 101 FOR BROWNFIELDS STAKEHOLDERS

Richard Polagrin, *Department of Health*

Bart Bibler, *Department of Health*

Karen Pelham, *Florida Association of Community Health Centers*

**11:00AM** APPLIED EXERCISE 1 : STATEMENT OF THE PROBLEM & NEED

David Gerard, *Pinellas County Health Department*

**12:00AM** LUNCH

*Sponsored by the Florida Association of Community Health Centers and  
the Environmental and Land Use Law Section of The Florida Bar*

## session 3 : turning ideas into reality

MODERATOR - KEITH DAW, PALMER AND CAY

### 12:45PM FINDING OPPORTUNITIES : MODELS AND METHODS

- Establishing federally qualified community health clinics  
Karen Pelham, *Florida Association of Community Health Centers*
- Developing a multipurpose health facility  
Charles Ray, *City of St. Petersburg*
- Creating partnerships between community based organizations and local health providers  
Jeanne Zokovitch, *WILDLAW*

### 1:30PM APPLIED EXERCISE 2 : STATEMENT OF VISION

Mike Schackne, *QORE Property Sciences*

### 2:00PM FUNDING OPPORTUNITIES : SOURCES AND RESOURCES

- Setting the stage with funding for assessment and clean-up of brownfields and UST properties  
Roger Register, *Florida Department of Environmental Protection*
- Accessing Private Foundations  
Joanne Lighter, *Allegany Franciscan Foundation, Tampa Bay*
- Innovative Approaches to Sustainability  
Mike Flanery, *Pinellas County Health Department*  
e.g. Bank of America  
e.g. Funders' Network for Smart Growth and Livable Communities
- Brownfields Minority Worker Training  
Sharon Beard, *NIEHS* (invited)

### 3:00PM APPLIED EXERCISE 3 : IDENTIFYING RESOURCES

Cynthia Valencic, *Legal Environmental Assistance Foundation*

## session 4 : taking the next step

MODERATOR - SUZI RUHL, ENVIRONMENTAL LAW INSTITUTE

### 3:30PM WRAP-UP

Michael Goldstein, *Florida Brownfields Association/Akerman Senterfitt*

### 4:30PM TOUR OF THE JOHNNIE RUTH-CLARKE/ MERCY HOSPITAL BROWNFIELDS PROJECT

### 6:00PM RECEPTION AT THE BAYFRONT MEDICAL CENTER

*Sponsored by the City of St Petersburg and Bayfront Medical Center*

# Planning Committee

**T**hank you to all of our planning committee members for their support of the Building Sustainable Communities: From Brownfields to Healthy People Workshop!

Miles Ballogg, TBE Group

Ann Carroll, US EPA

Keith Daw, Palmer Cay

Mike Flanery, Pinellas County Health Department

Michael Goldstein, Akerman Senterfitt/Florida Brownfields Association

Rev. Ted Greer, Health Choice Network

Terisa James, Health Choice Network

Nicole Kibert, Carlton Fields

Karen Pelham, Florida Association of Community Health Centers

Charles Ray, City Of St. Petersburg

Suzi Ruhl, Environmental Law Institute

Mike Schnacke, Qore Properties

Cynthia Valencic, Legal Environmental Assistance Foundation, Inc.

Ayakao Watkins, Greenwood Community Health Resources Center

Jeanne Zokovitch, WILDLAW

# Case Statement

**I**n order to achieve a goal through a particular endeavor, it is useful to prepare a case statement. The case statement is the expression of the cause and the reasons why others may want to contribute to the advancement of the cause. It provides phases and functions of activities to guide achievement of the goal. Elements of a case statement are provided below.

## GUIDING PRINCIPLES

- Listens to and reflects the community and its needs
- Expressed in a manner to secure financial support
- Seeks investment not charity
- Makes the case larger than any particular organization
- Optimistic and builds on the future
- Both rational and emotional
- Brief and easy to articulate and remember
- Motivates people to get involved and act

## COMPONENTS

- Mission & objectives
- Need for the program & value to society
- Methodology- services and programs
- Fund-raising capacity & case for donor support
- Plan for remaining productive

## USES

- Securing feedback
- Creating ownership
- Recruiting volunteer leadership
- Testing the market
- Forming a basis for organizational materials

## preparing a case statement

BY INSTITUTE FOR CONSERVATION LEADERSHIP

1. Who are you? Why do you exist? What are your organization's mission and goals?
2. What is the compelling need? What problems need solving? What opportunity exists?
3. What is your proposed solution or activity? How will you measure your progress in solving the problem?
4. What are your organization's qualifications to carry out the project? Why are you the group to solve the problem?
5. What will the proposed solution or project cost? Over what period of time?
6. How much are you asking for from the various sources and donors? Why? Why is each specific donation or contribution special to this effort?



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ELI FACT SHEET 2004

PUBLIC GOAL ACTION  
RESULTS PARTICIPANTS  
FACTS PRESENT GROUP  
POPULATIONS FOLLOW-UP  
LAW TEAM LEGISLATURE  
CASE GOALS STATEMENT  
I N T E G R A T E  
UNDERSTANDING APPLIED  
PROCESS HEALTH ENGAGE  
ACCESS ACTION PROGRAMS  
HEALTH COMMUNITY  
EXERCISES INITIATIVES

# applied

# exercises

## **purpose & process**

### **PURPOSE:**

The purpose of the practical exercises is to increase understanding of mutual interests and opportunities for collaboration in specific geographic areas. The exercises will enable participants to:

Apply the information they have received from the speakers;  
Engage with other stakeholders from their community; and  
Commence the process of preparing a “case statement” for follow-up action in their community by responding to questions presented in the exercises.

### **PROCESS:**

The participants in the workshop will be divided into groups based on their geographical location. The groups will include representatives from the brownfields, health, local government, and community-based-organization backgrounds. These groups will participate in three practical exercises throughout the day. The results of each applied exercise will be compiled to form the basis of a case statement. Each group will select a recorder who will list findings and conclusions of the group. Each group will also select a reporter who will present conclusions of the group’s deliberation to the entire audience during the workshop wrap-up. The report will address the most innovative concept developed by the group.

# Applied Exercise 1

statement of the problem and need

1. Questions on Brownfields (10 minutes):

How can brownfields be identified that may be suitable for health care land uses?

Are there brownfields areas in our community that provide the potential for redevelopment in support of community health?

2. Questions on Health (10 minutes):

How do we determine the health care needs of people living near brownfields?

Are there specific health care gaps that require new or expanded facilities?

3. Group prepares response to Case Statement component on Statement of the Problem (10 minutes).

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

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## Applied Exercise 2

## statement of the vision

1. What are objectives for a collaborative effort?
2. Do we have enough information to identify an end-use?  
If not, what do we need to do to determine that end- use?  
If yes, describe that end use.
3. What organizations, institutions, businesses, and individuals should be included in the effort?
4. Group prepares Case Statement section on objectives.

[illegible]

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# Applied Exercise 3

## statement of funding and other resources

1. What are objectives for a collaborative effort?
2. Are private foundation grants available? How do we locate them?
3. Are government agency (federal, state and local) resources available? How do we access them?
4. Can legislative funding (Congressional and state) be leveraged?
5. Are there private sector interests that could benefit from supporting projects?
6. Are there opportunities for augmenting operating resources through linkages with related programs?



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PUBLIC GOAL FEDERAL  
MEDICAL CONGRESS FACTS  
NEEDS POPULATIONS LAW  
TEAM LEGISLATURE GOALS  
GOVERNANCE INTEGRATE  
UNDERSTANDING CENTERS  
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A C T I O N  
C O M M U N I T Y

# community health

# redevelopment

The social determinants of health and the social determinants of community vitality are similar. A healthy population requires disease prevention and health promotion. A healthy community requires jobs, education, transportation, affordable housing, a safe environment, and health care. Neither can thrive without the other. Brownfields redevelopment offers an opportunity to revitalize communities that are beleaguered with pollution, poverty, and disease. Connecting health and brownfields offers a new strategy to reduce pollution and disease disparity by leveraging the Nation's commitment to redevelopment of contaminated sites with its commitment to community health.

HEALTH: A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. -*World Health Organization*

PUBLIC HEALTH: Organized community efforts aimed at the prevention of disease and promotion of health. -*National Institute of Medicine*

BROWNFIELDS REDEVELOPMENT: Multi-stakeholder approach to environmentally assess properties, prevent further contamination, safely clean-up polluted sites, and design plans for re-use. -*U.S. Environmental Protection Agency*

## the health plight of racial and ethnic minorities

The health status of racial and ethnic minorities is often lower than for other groups, and minorities experience higher rates of morbidity and mortality in many of the leading health conditions. African American, Native American, and Hispanic racial and ethnic groups suffer disparities in major health indicators, such as disease incidence, mental illness, morbidity and mortality. The most striking health disparities result in shorter life expectancy as well as higher rates of most cancers, birth defects, infant mortality, asthma, diabetes, and cardiovascular diseases.

## the environmental plight of racial and ethnic minorities living on brownfields

The low\_income and minority populations living in brownfields areas often bear the double burden of pollution and disease. They are exposed to contamination from a variety of sources, including abandoned industrial sites and leaking underground storage tanks. People of color and low\_income who suffer a disproportionate burden of disease are often exposed to greater levels of contamination than the majority population. This is evidenced by anecdotal data, Toxic Release Inventory Data, and studies performed by environmental justice commissions. This same population coincides with many of the people who live on existing or future brownfields.

## access to health care and health education on brownfields sites

According to the American Public Health Association, one of the major causes of these health disparities is the lack of access to quality health care. People living in brownfields areas are often not getting health care from the current system. Even though health care may be available, it is often not accessible. Hurdles include transportation, third party payment opportunities, cultural sensitivities, and racial history. Without access to health care, people living near brownfields are left without the ability to address health issues affecting their community.

## revitalizing communities through brownfields redevelopment and public health

Benefits of linking public health with brownfields redevelopment extend to individuals, families, and the community. Benefits include:

- Providing health services to disadvantaged people; maintaining a healthy workforce;
- Attracting health related businesses (e.g., pharmacies) to the brownfields area; and,
- Accessing federal community health resources for medically underserved areas;

Community revitalization can be sustained by integrating public health with brownfields redevelopment. Maximizing the inherent synergy in contaminated site redevelopment and public health, can:

- Increase understanding of the community health issues associated with brownfields redevelopment.
- Increase awareness of opportunities and resources available to promote community health as part of brownfields redevelopment; and
- Strengthen community engagement in brownfields redevelopment.

Environment and health are intimately connected both to each other and to the fabric of communities. Drawing artificial boundaries around them thwarts true community revitalization. Individual, family and community health can be better achieved by engaging diverse stakeholders in addressing the environmental, behavioral, cultural and social determinants of health. Brownfields redevelopment provides the opportunity for this progress toward sustainable communities.



For more information please contact Suzi Ruhl, Director of Environmental Law Institute's Center for Public Health and Law at [ruhl@eli.org](mailto:ruhl@eli.org), or visit [www.eli.org](http://www.eli.org).

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# center for public health and law

## environmental law institute

**T**he **Brownfields and Public Health Initiative** is the Environmental Law Institute's major new national campaign to integrate public health with economic development, environmental protection and good governance. ELI seeks to improve the well-being of low-income citizens and people of color in communities affected by brownfields by taking advantage of the window of opportunity presented by recent passage by the U.S. Congress of the Small Business Liability Relief and Brownfields Revitalization Act.

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### the brownfields and public health initiative

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**PROJECT GOAL :** To produce tangible community health benefits for low-income citizens and people of color by leveraging economic opportunities provided by brownfields redevelopment in their communities.

**INTEGRATIVE APPROACH :** A dynamic, integrative approach is the best way to address the complex web of health and environmental concerns faced by residents of communities eligible for brownfields redevelopment. An integrative approach takes advantage of the inherent synergy between environmental and health issues. ELI's paradigm, now being applied in Massachusetts and Florida, is based on the understanding that intrinsically connected problems are best approached in a coordinated way.

# the brownfields and public health initiative

## FIVE ACTION STEPS :

### 1. *Assess Community Environmental Health*

ELI will facilitate a community team to assess environmental health challenges and develop a comprehensive plan to address them with a vision and clear goals. ELI will conduct community workshops and provide leadership, educational materials and technical assistance.

### 2. *Collaborate with Existing Health Providers*

ELI will identify current health care capacity, assess gaps in the area of the brownfields site, provide models for approaching the problem and identify opportunities.

### 3. *Engage Local Government and the Private Sector*

ELI will work with its partners to engage local government agencies and private sector leaders to help insure “buy in” at all levels of the community.

### 4. *Create Future Land Use to Improve Community Health*

ELI will facilitate a community decision about desired future land use, develop a business plan to achieve it and assist with implementation and follow-through.

### 5. *Identify and Provide for Long-Term Sustainability*

ELI will identify and develop long-term funding mechanisms (e.g. brownfields worker training) and link with environmental health tracking.

## PROJECT SUPPORT :

Florida Brownfields Association  
Elizabeth Ordway Dunn Foundation  
National Oceanic and Atmospheric Administration  
U. S. Environmental Protection Agency

**ABOUT ELI :** ELI, a global leader in protecting the environment through law, policy and management, provides information services, advice, publications, training courses, seminars, research programs and policy recommendations to engage and empower environmental and community leaders. ELI is widely recognized for expertise in state and federal brownfields programs. Its on-line Brownfields Center ([www.brownfieldscenter.org](http://www.brownfieldscenter.org)) brings together a wide array of resources designed to increase collaboration to ensure tangible benefits to community health and the environment.

**PROJECT LEADERSHIP :** B. Suzi Ruhl, Director, Public Health and Law Program, ELI; Before joining ELI, Suzi founded and served as President of the Legal Environmental Assistance Foundation (LEAF) a Florida-based organization that protects human health and the environment with impact at local, national and international levels. She holds degrees from the University of Florida (B.A.), Samford University (J.D.) and the University of Alabama at Birmingham (M.P.H.).



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This fact sheet provides a summary of information on ELI's Center for Public Health and Law.

For more information please contact Suzi Ruhl, Director of Environmental Law Institute's Center for Public Health and Law at [ruhl@eli.org](mailto:ruhl@eli.org), or visit [www.eli.org](http://www.eli.org).

# best management practices for achieving community health and revitalization through brownfields redevelopment

## best practices

There is a growing recognition at the national, state and local levels of the complexity of health, economic, and environmental issues faced by neighborhoods eligible for redevelopment of property with perceived or actual contamination. While the focus of such redevelopment has been on economic development, there remains an urgent opportunity to integrate public health into the core mission of community revitalization in order to achieve environmental justice. This opportunity is based on the recognition that the social determinants of health and the social determinants of community revitalization are similar. When the root causes and social determinants of ill health, such as poverty, lack of education and employment, adequate housing, and contamination are addressed, the success of brownfields redevelopment is enhanced.

Despite recent progress in improving public health in the United States, serious problems remain. Minority and low-income populations continue to bear a disproportionate burden of disease and pollution. Further, low-income and minority Americans are often exposed to greater amounts of contamination than the majority population. For example, low-income, African American children have higher than normal levels of lead in their blood. In addition, working class families are more likely than other groups to live near landfills, incinerators, and hazardous waste treatment facilities. The same neighborhoods with high risk for environmental contamination are also severely lacking in health services to treat residents who become sick. Services that are available are often beyond the reach of many low-income residents who lack health insurance, transportation to access existing health capacity, or who suffer from cultural or language barriers.

An unprecedented opportunity for communities bearing the dual burden of disease and pollution is made possible by Congress and the Bush Administration's recognition of the importance of public health in the federal brownfields redevelopment, and the need to expand health care to under-served communities. The *Small Business Liability Relief and Brownfields Revitalization Act* promotes the inclusion of health effects monitoring as a means of ensuring measurable improvements to health through brown FIELDS. At the same time, the *Health Care Safety Net Amendments Act* appropriated \$1.34 billion for community health centers. Promoting the inherent synergy in these two programs presents an important opportunity to achieve tangible benefits for disadvantaged people living in brownfields areas and thereby ensure successful redevelopment.

# best management practices

Leveraging the connections between brownfields redevelopment and public health presents an opportunity to engage communities living in contaminated areas. Public health is a priority concern for community members, and provides a positive vehicle to engage diverse stakeholders in complex community problem solving. Efforts to address public health through brownfields also teaches community members how to participate effectively in government decision-making. Several hurdles preclude community members' positive involvement in resolving complex environmental health problems.

## **COMMUNITY MEMBERS**

- often lack understanding of the legal, technical, and health issues associated with brownfields and their redevelopment;
- are generally unaware of the parameters governing site remediation and the opportunities to address environmental, economic, and health concerns; and
- are often limited in their ability to form alliances with other stakeholders from the government and private sector due to their lack of understanding of procedural processes made available through brownfields redevelopment.

To ensure effective participation by community members, the following elements of community participation and community health and revitalization should be considered.

## **COMMUNITY PARTICIPATION**

- Provide opportunities for front-end participation by people living in the brownfields area
- Provide training and capacity building for community organizations
- Ensure access to technical and legal expertise to facilitate participation in decision-making
- Present appropriate information to community groups so that they can make informed decisions
- Work with many community groups covering a broad range of issues
- Utilize a democratic, open process
- Initiate public dialogue on the issues

## **COMMUNITY HEALTH AND REVITALIZATION**

- Prepare social and community impact statements
- Work with others on the root causes and social determinants of community health
- Ensure that public health is part of the redevelopment efforts
- Provide technical expertise about health effects of redevelopment for communities
- Work with the community to find alternative sources of capital investment that can support community opportunities and address local needs



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This fact sheet provides a summary of information on best management practices for achieving community health and revitalization through brownfields redevelopment.

For more information please contact Suzi Ruhl, Director of Environmental Law Institute's Center for Public Health and Law at [ruhl@eli.org](mailto:ruhl@eli.org) or visit [www.eli.org](http://www.eli.org).



# The Basics on Brownfields

## what are brownfields?

Brownfields are defined as real property, the expansion, redevelopment, or reuse of which may be complicated by the presence or potential presence of a hazardous substance, pollutant, or contaminant. *Small Business Liability Relief and Brownfields Revitalization Act, 24 USC 9601(39), enacted January 11, 2002.* Brownfields redevelopment seeks to environmentally assess existing brownfield properties, prevent further contamination, safely clean up polluted properties, and design plans for reuse.

## how did the term "brownfields" develop?

The term "brownfields" can be traced, in part, to the passage of the Comprehensive Environmental Response, Compensation and Liability Act of 1980 (CERCLA or Superfund). CERCLA addresses the cleanup of sites contaminated with hazardous substances and liability for the costs of remediation. Brownfield sites can be distinguished from greenfield sites. Greenfields describe unused suburban and rural land. As part of the efforts to promote sustainable or "smart" growth, a comparison is made between "brownfields" and "greenfields."

## how common are brownfields?

The Government Accounting Office has estimated that there are 400,000 to 600,000 brownfield sites across the United States. In Florida, there are over 50 state-designated brownfields and almost 10,000 confirmed contaminated petroleum sites awaiting clean-up.

## why are brownfields important?

Road, sewer, water and other infrastructure lay completely idle on brownfields sites. Abandoned property can attract crime and violence and are an eyesore for the community.

Contaminated sites breed disease and illness.

Brown-fields prevent increases in property value and inhibit job growth.



NeighborWorks' website at [www.nw.org](http://www.nw.org) is an excellent resource for brownfields materials.

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# 1 laws

# Brownfields

**F**ederal and state laws substantially influence brownfields and brownfields redevelopment. Certain laws affect funding and location decisions for brownfields redevelopment projects while others concern contamination found on the property. Community health issues at brownfields sites are also among the many factors affected by legislation for brownfields.

## florida laws and brownfields

### BROWNFIELDS REDEVELOPMENT ACT

The Florida Legislature created the Brownfields Redevelopment Act in 1997. The primary goals of the Act are to reduce public health and environmental hazards on existing brownfields sites; create financial and regulatory incentives to encourage voluntary cleanup and redevelopment of sites; derive a cleanup process and establish target levels; and provide the opportunity for environmental equity and justice.

### COMMUNITY ENVIRONMENTAL HEALTH ACT

The Florida legislature adopted the Community Environmental Health Act in 1998 as a companion to the State's brownfields law. The Community Environmental Health Act links health issues with economic development and environmental protection through systematic and site-specific measures. For example, the Act established a Community Environmental Health Program and Advisory Board within the Florida Department of Health.

The Florida Legislature has also addressed brownfields redevelopment through economic incentives and other measures.

# federal laws and brownfields

## SUPERFUND

In 1980, Congress passed the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA), commonly known as Superfund. CERCLA provides federal money to clean-up uncontrolled or abandoned hazardous waste sites, as well as accidents, spills, and other emergency releases of pollutants and contaminants into the environment. CERCLA has a comprehensive liability plan that holds owners, operators, and other parties who are responsible for the pollution “jointly and severally” liable for clean-up.

## RESOURCE CONSERVATION AND RECOVERY ACT

RCRA regulates the management of hazardous waste from waste production to final disposal. Some brownfield properties contain facilities that have been hazardous waste treatment, storage, or disposal facilities under RCRA. Or, while a brownfield property may not be regulated currently under RCRA, the land may be contaminated with hazardous wastes that may make the site subject to RCRA requirements when cleaned-up.

## PETROLEUM LAW

Underground storage tanks (USTs) that contain petroleum or certain hazardous substances may be subject to RCRA’s Subtitle I UST regulations. RCRA’s Subtitle I regulations establish standards for installation, operation, release detection, corrective action, repair, and closure for USTs.

## FEDERAL BROWNFIELDS LAW

In January of 2002, Congress passed the Small Business Liability Relief and Brownfields Revitalization Act. The Act provides the U.S. Environmental Protection Program (EPA) with a congressional mandate, increased funding, and meaningful opportunities to advance brownfields reuse across the country. This Act was the first federal law specific to brownfields.

## HEALTH CARE SAFETY NET AMENDMENTS ACT

The Health Care Safety Net Amendments Act of 2002 appropriated \$1.34 billion for community health centers in high-need areas, which often include brownfields properties.



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This fact sheet provides a summary of information on state and federal brownfields laws.

The following websites also serve as excellent resources for brownfields law:

<http://www.epa.gov/brownfields>

<http://www.epa.gov/epaoswer>

<http://www.epa.gov/superfund/>

For more information please contact Suzi Ruhl, Director of Environmental Law Institute's Center for Public Health and Law at [ruhl@eli.org](mailto:ruhl@eli.org) or visit [www.eli.org](http://www.eli.org).

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# laws

# health care

**H**ealth centers have been in existence for over 35 years. They were initially established to provide access to quality preventive and primary health care for the medically under-served people of the United States. These people include the millions of Americans without health insurance, low income working families, members of minority groups, rural residents, homeless persons, and agricultural farm workers. Congressional action with respect to health centers is discussed below.

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## federal community health laws: an overview

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### PUBLIC HEALTH SERVICE ACT, SECTION 330

Original statutory authorization for the Community Health Centers Program. The act defines the term “community health center” as meaning under the Public Health Service Act, an entity which provides primary health services and referral to providers of supplemental health services for all residents of the area it serves. The act also authorizes the Secretary to make grants to public and nonprofit private entities for projects to plan and develop community health centers which will serve medically under-served populations. Senator Kennedy sponsored the bill, which became Public Law 94-63 in July of 1975.

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## health care safety net amendments of 2002

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Re-authorizes and amends the Community Health Centers, National Health Service Corps and the Rural Health Outreach and Network Development Grant Programs. Creates new programs including the Rural Emergency Medical Service Training and Equipment Assistance program, Healthy Communities Access Program, and a program authorizing Mental Health Services via Telehealth.

Authorizes funding for Community Health Centers until 2006 and provides grants to communities to better organize and deliver care to the poor and uninsured.

Retains the four core statutory requirements for all health centers:

- Targeting of resources on high need areas;
- Assurance of openness to all regardless of ability to pay;
- Access to comprehensive primary care services; and
- Governance by the community being served;

Strengthens the Community Health Center program through a variety of approaches, including loan guarantees to acquire, build, lease or modernize clinics. It also makes available mental health and substance abuse treatment at the centers.

Identifies four types of Section 330 Health Centers: Community and Migrant Health Centers; Health Care for the Homeless Programs; Healthy Schools, Healthy Communities Program; and Public Housing Primary Care Programs.

Clarifies the eligibility of certain farm workers and homeless individuals to receive services at 330funded health centers.

Creates a new Healthy Communities Access program (at Section 340 of the PHS Act) to develop community health care delivery systems that coordinate care for uninsured or underinsured individuals. Grants may be made to entities that represent a consortium of local providers (including local health centers, disproportionate share hospitals, public health agencies, and other providers that have traditionally served the uninsured and underserved);

Allows for grants to establish telehealth resource centers, and for expanded delivery of health care services in rural areas.

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## federal health center regulations (42 CFR Ch I, Part 51c)

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Regulates project grants authorized under Section 220 of the Public Health Services Act.

Project funds awarded may be used for any of the following:

- Acquiring and modernizing existing buildings;
- Obtaining technical assistance to develop the management capability of the project;
- Delivering health services;
- Insurance for medical emergency and outofarea coverage; and
- Providing training related to the provision of health services provided or to be provided by the project to the staff and governing board.



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This fact sheet provides a summary of information on federal community health laws.

For more information please contact Suzi Ruhl, Director of Environmental Law Institute's Center for Public Health and Law at [ruhl@eli.org](mailto:ruhl@eli.org), or visit [www.eli.org](http://www.eli.org).

SERVICE PHHC FEDERAL  
MEDICAL FEDERAL FACTS  
NEEDS POPULATIONS LAW  
INSURANCE AGENCIES  
GOALS CONGRESS PRIMARY  
FACILITIES AMERICANS  
CENTERS HHS HEALTH  
QUALITY ACCESS HRSA LAW  
SAFETY PREVENTITIVE CHC  
PUBLIC PEOPLE ACTION  
C O M M U N I T Y

# agencies

# Health Care

The primary federal agency governing the Nation's public health is the United States Department of Health and Human Services (HHS). As the guardian of the federal health care system, the mission of the HHS is to "lead Americans to better health, safety, and well-being." Within HHS, there are agencies, bureaus, and programs that address the delivery of health care to the American people.

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within HHS is the Health Resources and  
Services Administration (HRSA)

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MISSION: Improve and expand access to quality health care for all.

GOAL: Move toward one-hundred percent access to health care and zero health disparities for all Americans.

VISION: Assure the availability of quality health care to low income, uninsured, isolated, vulnerable and special needs populations and meet their unique health care needs.

STRATEGY: Eliminate barriers to care; eliminate health disparities; assure quality of care; improve public health and health care systems.

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## within HRSA is the Bureau of Primary Health Care (BPHC)

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**MISSION:** To increase access to comprehensive primary and preventive health care and to improve the health status of under-served and vulnerable populations.

**GOAL:** Continuously improve the quality of patient care, service delivery, the health care workforce, and health outcomes in the delivery systems that BPHC supports through use of quality management systems.

**OBJECTIVES:** The BPHC strives to achieve the following objectives:

- Continuous Improvement through developing systematic processes that measure and improve performance through team building, data collection, analysis, and feedback;
- Performance Measurement through setting the best practices, guidelines, standards, and benchmarks for the delivery of health care to under-served and vulnerable populations; and,
- Customer Satisfaction through designing systematic evaluations to ensure that customer's expectations of service, performance and results are met.

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## within BPHC is the Community Health Center (CHC) Program

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**HISTORY:** CHC's were first funded by the Federal Government as part of the War on Poverty in the mid 1960s. By the early 1970s, about 100 neighborhood health centers had been established under the Economic Opportunity Act (OEO).

**MISSION:** Continuously improve the quality of patient care, service delivery, the health care workforce, and health outcomes in the delivery systems that BPHC supports through use of quality management systems.

**AUTHORITY:** Currently, the CHC Federal grant program is authorized under section 330 of the Health Centers Consolidation Act of 1996.

**ACTIVITIES:** Provide primary and preventive health care, outreach, and dental care; Provide essential ancillary services such as laboratory tests, X ray, environmental health, and pharmacy services; Provide as health education, transportation, translation, and prenatal services; Provide links to welfare, Medicaid, mental health and substance abuse treatment, WIC, and related services; Provide access to a full range of specialty care services.

**FUNDING:** In Fiscal Year (FY) 1996, the community and migrant health center appropriation was consolidated to include the homeless and public housing programs. Funding for CHCs is approximately 85 percent of the consolidated appropriations, which were \$1.62 billion in FY 2004.



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This fact sheet provides a summary of information on federal health care agencies.

The U.S. Department of Health and Human Services' website, [www.hrsa.gov](http://www.hrsa.gov) serves as an excellent reference for health care agencies.

For more information please contact Suzi Ruhl, Director of Environmental Law Institute's Center for Public Health and Law at [ruhl@eli.org](mailto:ruhl@eli.org), or visit [www.eli.org](http://www.eli.org).



# Community Health Resources in Florida

**T**he need for health care capacity in Florida is documented by data and information maintained by the Florida Department of Health. This information on health care needs can be correlated to the availability of funding made available by the federal and state government. An understanding of the programs, designations, planning efforts, special needs for rural areas, and local initiatives can clarify the opportunities for using brownfields sites as locations for health care facilities to meet the needs of the people of Florida.

## Addressing Health Professional Shortages

### **OFFICE OF HEALTH PROFESSIONAL RECRUITMENT**

The Office of Health Professional Recruitment receives federal funding from the Department of Health and Human Services, Health Resources and Services Administration, to act as the Primary Care Office (PCO) for the state. The PCO reviews and maintains the health professional shortage areas of the state and assists in recruiting health professionals to underserved areas. Health professionals are recruited to employment opportunities in under-served areas of the state through the National Health Service Corps Loan Repayment and Scholarship Programs and through the J-1 Visa Waiver (State 30) Program. In addition, the PCO serves as the state liaison with the federal Community Health Centers, which are funded under Section 330 of the Public Health Service Act, as well as the liaison with the Florida Association of Community Health Centers, and the office encourages local communities to improve access to primary health care.

A major barrier to accessing health care is health care provider availability and distribution. In Florida, more than 3 million people live in areas with insufficient health care providers, called health professional shortage areas (HPSAs) or medically underserved areas (MUAs) or medically underserved populations (MUPs). Inner city and rural communities are the hardest hit communities when it comes to lack of health care providers. Some areas, called geographically designated health professional shortage areas, do not have enough physicians to meet the needs of the total population. In many communities health care practitioners, such as physicians and dentists, are available but do not serve the low-income population.

### **OFFICE OF HEALTH PROFESSIONAL RECRUITMENT**

The Department of Health's Office of Health Professional Recruitment works with the federal Shortage Designation Bureau to determine areas of the state that are shortage areas with regard to health care providers (primary care, dental or mental health). Federal designation as an HPSA documents a shortage of health care providers as well as the existence of barriers to accessing care, including lack of public transportation, travel time and distance to the next source of undesignated care and high poverty. To be eligible for designation, a geographic area or a population group (e.g., a low income or migrant population) must have a physician to population ratio greater than 3000 to 1. There are currently 116 areas in Florida designated as HPSAs. Information pertaining to HPSAs and a map showing these locations can be found at <http://www.doh.state.fl.us/workforce/recruit1/Communitydevelop.html#professional>.

### **MEDICALLY UNDERSERVED AREAS AND MEDICALLY UNDERSERVED POPULATIONS**

Medically underserved areas or populations (MUAs/MUPs) are measures used by the U.S. Department of Health and Human Services, as introduced above. These designations are determined by the Index of Medical Underservice (IMU) which uses the following variables: 1) percent of the population below 100 percent of the Federal Poverty Level; 2) percent of the population over age 65; 3) infant mortality rate (5 year average); and 4) primary care physician to population ratio. An IMU score of below 62 is required for designation; the lower the score, the higher the level of need. There are 113 areas in Florida that are designated as MUAs or MUPs. Information regarding MUAs and MUPs, including a county listing, can be found on the website at <http://www.doh.state.fl.us/workforce/recruit1/Communitydevelop.html#Underserved>.

### **J-1 VISA WAIVER (STATE 30) PROGRAM**

The State 30 J-1 Visa Waiver Program allows foreign medical graduates of U.S. residency programs to remain in the United States, provided they agree to work for three years in a Health Professional Shortage Area, a Medically Underserved Area, or a Medically Underserved Population area. Under J-1 Visa requirements, foreign doctors must return home for two years after completing their residencies in the U.S. The J-1 Visa Waiver Program allows the state to recommend waivers of this two year home residence requirement for 30 physicians annually. Guidelines for Florida's J-1 Visa Waiver Program are posted on the Office of Health Professional Recruitment website at [www.doh.state.fl.us/Workforce/Recruit](http://www.doh.state.fl.us/Workforce/Recruit).

# Addressing the Needs of Rural Areas

## **STATUTORY RURAL HOSPITALS**

Section 395.602 (2)(e), F.S., provides the definition of a “rural hospital.” This definition primarily includes hospitals with 100 or fewer beds that are located in counties with population densities of 100 persons or less per square mile. Currently, there are 29 statutory rural hospitals in Florida. Statutory rural hospitals are eligible for Certificate of Need preferences for swing beds, home health services, and hospice services. Rural hospitals are usually the only source of emergency medical care in rural areas for life-threatening situations and they play a crucial role in attracting physicians to rural areas. In addition, rural hospitals enhance their communities beyond the scope of health care as they are among the largest employers in rural areas and they foster economic development and growth.

## **RURAL HEALTH NETWORKS**

Rural health networks are created by Section 381.0406, F.S., to improve the efficiency and effectiveness of health care services. Rural health networks consist of hospitals, physicians, county health departments and other health care providers who agree to form a cooperative system of health care that provide preventive, primary and hospital care. Networks establish standard protocols, coordinate and share patient records, and develop patient information exchange systems. The ultimate goal of the networks is to ensure that health care is available to everyone in rural areas. Currently, there are nine networks that cover 44 counties.

## **RURAL ECONOMIC DEVELOPMENT INITIATIVE**

While not part of the Department of Health, there is one other resource to be referenced that may be of interest to the Center for Public Health and Law. The Rural Economic Development Initiative (REDI) is created by Section 288.0656, F.S. Located within the Executive Office of the Governor, REDI is composed of state agencies that have programs and responsibilities in rural areas. The purpose of REDI is to assist rural communities resolve problems such as transportation, job placement, and economic development. Over the past year, the Office of Rural Health in DOH has worked closely with REDI staff to assist in addressing health care needs in rural communities. Examples include: inclusion of the rural health capital improvement program as part of the Governor’s rural initiative; provision of technical assistance to the Franklin County Economic Development Agency related to Gulf Pines Hospital; and coordination of County Health Department assistance to laid off employees in Jefferson County.

### *Addressing Health through Local Health Councils*

Florida’s local health councils (LHCs) were established in 1983 to perform the regional health planning activities previously performed by the federally funded health systems agencies. According to section 408.033(1)(b), F.S., LHCs are authorized to:

- Develop a district or regional health plan;
- Advise the Agency for Health Care Administration on health care issues and resource allocations;
- Promote public awareness of community health needs;
- Collect data and conduct analyses and studies related to the health care needs of the district;
- Monitor on-site construction of Certificate of Need approved projects;
- Advise and assist regional planning councils and entities of local government that have elected to address health issues in their comprehensive plans;
- Provide data for use in reviewing Certificate of Need applications;
- Monitor and evaluate use of government funds to meet the needs of medically indigent and underserved populations; and
- In conjunction with the DOH, plan for services to persons with or at risk of HIV/AIDS.

More information regarding Local Health Councils, including a map of service areas, can be found at [http://www.doh.state.fl.us/workforce/healthcouncils/lhc\\_index.html](http://www.doh.state.fl.us/workforce/healthcouncils/lhc_index.html).

This fact sheet was prepared with the assistance of the Florida Department of Health's Division of Health Awareness and Tobacco.



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# Health Care Models

People living near brownfields sites often lack access to health care. The people also are faced with diseases and other health problems. They suffer high rates of disease, such as diabetes and cancer, infant mortality and low birth weight babies. The brownfields and public health initiative seeks to increase access to health care for the people living near brownfields by integrating public health with brownfields redevelopment. Several models for accomplishing this have been developed.

These include:

## collaboration with federally qualified health centers

E.G. GREATER NEW BEDFORD COMMUNITY HEALTH RESOURCES CENTER (GNBCHC)

The City of New Bedford, Massachusetts, is a national Brownfields Showcase Community. The City's brownfields sites are predominantly located in medically under-served areas. Accordingly, the GNBCHC, the City, community based organizations, academia and the National Oceanic and Atmospheric Administration are working together to expand health care to the populations living near brownfields sites.

## independent free health centers

E.G. GREENWOOD COMMUNITY HEALTH RESOURCES CENTER

As part of the City of Clearwater's Brownfields Assessment Demonstration Pilot, a free health center was built on a former gas station site. The Center is located in one of the city's most disadvantaged areas. It provides immunizations, physicals, tests and screenings, flu shots, and counseling to residents of the neighborhood.

## multi-party medical facilities

E.G. JOHNNIE RUTH-CLARKE/ MERCY HOSPITAL

The City of St. Petersburg, Florida, redeveloped a six acre site as part of its brownfields redevelopment. Through this effort, a former African American Hospital that is designated a Local Historic Landmark, was converted and combined with a federally qualified health center to create a multi-purpose medical complex that serves low-income, people of color in South St. Petersburg.

## diabetes education and research centers

E.G. GILA RIVER INDIAN COMMUNITY

Located near Phoenix, Arizona, the Gila River Indian Community is redeveloping a brownfields site to include a diabetes education, treatment and research center. The prevalence of diabetes in the community is one of the highest in the world. The Center will also employ 40-50 people.



For more information on health care models and related issues, please contact Suzi Ruhl, Director of Environmental Law Institute's Center for Public Health and Law at [ruhl@eli.org](mailto:ruhl@eli.org) or visit [www.eli.org](http://www.eli.org).

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# achieving brownfields and public health in st. petersburg, florida

## st. petersburg

**T**he Johnnie Ruth-Clarke/Mercy Hospital Brownfields Project offers the unprecedented accomplishment of integrating public health with economic redevelopment, environmental protection, and good governance through brownfields redevelopment. It represents an expansive effort to improve the health of the community while concurrently producing economic benefits through employment in the health care field.

### **background on the project**

The City of St. Petersburg has redeveloped a six acre site as part of its brownfields redevelopment. Through this redevelopment, a former African American hospital has been converted and combined with a Federally Qualified Health Center to create a multipurpose medical complex that serves low-income, people of color in the City of St. Petersburg.

The Johnnie Ruth-Clarke Center is a Federally Qualified Health Center, which has been operational since 1985 and has received Bureau of Primary Health Care 330(e) support funding since 1984. It was originally a project supported by the Lakeview Presbyterian Church and the African American community, and located in the church. The basement of the church was converted into an adult clinic, and the Fellowship Hall was remodeled and converted into a pediatric and obstetric clinic. The building is in a flood zone, with flooding of the clinic a common occurrence during the rainy season. Additionally, because the building was not originally intended to be a medical clinic, design constrains limited the effectiveness and efficiency of the operation. In the brownfields area is the Mercy Hospital, a former African American hospital, that is now designated a Local Historic Landmark under the City of St. Petersburg Historic Preservation Ordinance.

Through brownfields and City redevelopment, the Johnnie Ruth-Clarke Health Center has been relocated and combined with the Mercy Hospital, which has been restored and renovated to create a modern primary health care facility. The Mercy Hospital is also being used as a community resource and a learning center, and is contiguous to the new Johnnie Ruth-Clarke Medical Center.

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# improved delivery of health care through brown fields redevelopment

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The population in South St. Petersburg, where the Health Center is located, is experiencing a disproportion in health issues in comparison to the County and State. For example, mortality due to diabetes in South St. Petersburg is over double the state and county average. The new primary health care facility is expected to improve health outcomes in the low-income, African American community in a number of ways, including expanded access, modern facilities, and increased services.

With its increased capacity, the health care facility will now address:

Behavioral health (e.g. family therapy, adolescent therapy, crisis therapy);  
Community resources (e.g. medicaid services, case management);  
Dental care (e.g. preventative, general, emergency); and  
Patient education (e.g. nutritional services, health library, screenings, immunizations).

The Health Center has 80 employees and 5 volunteers, and projects the staff level to reach 150 within the next 24 months. The center is serving 125 patients per day and projects future growth to reach 300 per day.

The success of the project is due in large part to the cooperative efforts of multiple parties. Partners in the project include the Johnnie Ruth-Clarke Health Center, Community Health Centers of Pinellas, Inc., the City of St. Petersburg and Bayfront Health System which includes Bayfront Medical Center, Florida A&M University School of Pharmacy, and the University of Florida School of Dentistry. The project provided the vehicle for collaboration between both traditional and unique allies to join forces and leverage resources from multiple areas.

Ultimately, the Johnnie Ruth-Clarke/Mercy Hospital Brownfields Project has increased health care capacity through brownfields redevelopment. In this manner, it continues to provide tangible benefits to the people who bear the dual burden of pollution and disease. As such, it serves as a exemplary brownfields project model.



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This fact sheet provides a summary of information on one city's success with achieving community health and revitalization through brownfields redevelopment.

For more information please contact Suzi Ruhl, Director of Environmental Law Institute's Center for Public Health and Law at [ruhl@eli.org](mailto:ruhl@eli.org) or visit [www.eli.org](http://www.eli.org).

# Specialty Clinic Model

**B**rownfields redevelopment can produce end uses that provide tangible health benefits to people living near the brownfields sites. The end uses can take a variety of forms. One type is the Specialty Clinic. This type of clinic responds to a particular health concern (e.g. diabetes, asthma) of the neighboring population. To illustrate this model, redevelopment of an UST field site on the Gila River Indian Community is provided.

**LOCATION/COMMUNITY PROFILE:** The Gila River Indian Community (GRIC) is located near Phoenix, Arizona. It was established in 1859 by Executive Order and covers 640 square miles. The area is home to 14,000 members, mostly from the Akimel O-odham (Pima) and Pee Posh (Maricopa) groups. The site was owned and operated by the Catholic Phoenix Diocese and encompassed a church, convent, monastery, and boarding school. In 1997, most of the property was reverted back to the tribe, and part was turned into a Boys and Girls Club of America. The Roman Catholic Church and Boys and Girls Club continues to operate the ten-acre site.

**NATURE OF CONTAMINATION:** Located on the site were Underground Storage Tanks (UST) and a former landfill. Both the soil and groundwater were contaminated. The groundwater contains benzene at concentrations exceeding the Safe Drinking Water Act maximum contaminant levels.

**SITE ASSESSMENT AND CLEANUP:** The groundwater contamination is planned for removal. This will improve the private wells which serve the Gila River Indian Community members. In 1998, two 1,000-gallon underground storage tanks were removed from the site. During removal, a release was found from one of the tanks. A Phase II site assessment was performed. The samples resulted in levels below Arizona DEQ soil remediation levels. A vapor barrier is being installed.

**END USE:** With the cleanup of the site, the Gila River Indian Community plans to build a Diabetes Education Center (DEC) to benefit the community. The Center will conduct outreach on diabetes as well as research. The prevalence of diabetes in the Community is one of the highest in the world. The Diabetes Education and Research Center is expected to employ 40-50 people full time. The DEC will be crucial for preventing and treating diabetes within the Tribe.

**SOURCES OF FUNDING:** Funding for the project was obtained from multiple sources. Funding for the site assessment was secured through the UST fields grant program in the amount of over \$170,000. \$6 million was raised for the Diabetes Education and Research Center. Funds were obtained by the Gila River Indian Community's Health and Social Services office from the U.S. Congressional appropriations provided by Speaker of the House Dennis Haskert (Illinois) and the GRIC Tobacco Tax Office.

**CONTACTS:** Mike Daniel, GRIC, (520)562-2234 and Steven Linder, EPA, (415)972-3369



For more information, contact Suzi Ruhl, Director of ELI's Center for Public Health and Law at [ruhl@eli.org](mailto:ruhl@eli.org) or visit [www.eli.org](http://www.eli.org).

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# EPA Funding Sources

## brownfields assessment grants

Assessment grants provide funding for a grant recipient to inventory, characterize, assess, and conduct planning and community involvement related to brownfield sites.

**AWARD:** An eligible entity may apply for up to \$200,000 to assess a site contaminated by hazardous substances, pollutants, or contaminants (including hazardous substances comingled with petroleum) and up to \$200,000 to address a site contaminated by petroleum. Applicants may seek a waiver of the \$200,000 limit and request up to \$350,000 for a site contaminated by hazardous substances, pollutants, or contaminants and up to \$350,000 to assess a site contaminated by petroleum. Such waivers must be based on the anticipated level of hazardous substances, pollutants, or contaminants (including hazardous substances comingled with petroleum) at a single site. Total grant fund requests should not exceed a total of \$400,000 unless such a waiver is requested. Due to budget limitations, no entity may apply for more than \$700,000.

**MATCH :** No matching share required.

**TIME :** The performance period for these grants is two years.

**ELIGIBILITY:** Local governments, Land clearance authorities, Government entities created by State legislatures, Regional Councils, Redevelopment agencies, and Tribes.

**PRIORITIES :** Projects that: stimulate availability of other funding, stimulate economic development, facilitate the reuse of exiting infrastructure, preserves space for non-profit use, meets the needs of population and resource deficient communities, reduces threats to the health and welfare of people.

## brownfields cleanup revolving loan fund grants

A major component of the Brownfields Economic Redevelopment Initiative is the award of pilot cooperative agreements to States (including U.S. territories), political subdivisions (including cities, towns, and counties), and Indian tribes to capitalize Brownfields Cleanup Revolving Loan Fund (BCRLF). The purpose of the pilots is to enable States, political subdivisions, and Indian tribes to make low interest loans to carryout cleanup activities at brownfields properties.

**AWARD :** Awards of up to \$1 million per eligible entity.

**MATCH :** 20% Matching Share required.

**ELIGIBILITY :** States, political subdivisions, and Tribes that have established and can demonstrate the progress already made in the assessment, cleanup and revitalization of brownfields in the community. Proposals from coalitions, formed among eligible entities, also are permitted to apply, but a single eligible entity must be identified as the legal recipient.

**PROPERTIES :** Use of BCRLF loan funds is limited to brownfields properties that have been determined to have an actual release or substantial threat of release of a hazardous substance. Loans may also be used at sites with a release or substantial threat of release of a pollutant or contaminant that may present an imminent or substantial danger to public health or welfare. BCRLF loans may not be used for activities at any site: (1) listed (or proposed for listing) on the National Priorities List; (2) at which a removal actions must be taken within six months; or (3) where a federal or state agency is planning or conducting a response enforcement action.

**PRIORITIES :** Same as in Brownfields Assessment Grants

## brownfields cleanup grants

Cleanup grants provide funding for a grant recipient to carry out cleanup activities at brownfield sites.

**AWARD** : An eligible entity may apply for up to \$200,000 per site. Due to budget limitations, no entity should apply for funding cleanup activities at more than five sites. These funds may be used to address sites contaminated by petroleum and hazardous substances, pollutants, or contaminants (including hazardous substances comingled with petroleum).

**MATCH** : Cleanup grants require a 20 percent cost share, which may be in the form of a contribution of money, labor, material, or services, and must be for eligible and allowable costs (the match must equal 20 percent of the amount of funding provided by EPA and cannot include administrative costs). A cleanup grant applicant may request a waiver of the 20 percent cost share requirement based on hardship.

**ELIGIBILITY** : An applicant must own the site for which it is requesting funding at time of application or demonstrate the ability to acquire title. The performance period for these grants is two years.

**PRIORITIES** : Same as in Brownfields Assessment Grants

## job training and workforce development grants

These Grants will bring together community groups, job training organizations, educators, labor groups, investors, lenders, developers, and other affected parties to address the issue of providing environmental employment and training for residents in communities impacted by Brownfields.

**AWARD** : The Brownfields Job Training Grants will each be funded up to \$200,000 over two years. EPA's Brownfields Program is an organized commitment to help communities revitalize Brownfields properties both environmentally and economically, mitigate potential health risks, and restore economic vitality to areas where Brownfields exist.

**MATCH** : No matching share required.

**ELIGIBILITY** : EPA, other federal agencies, local job training organizations, community colleges, labor groups, Tribes, states, cities, and towns.

**PRIORITIES** : Projects that develop longterm plans for fostering workforce development through environmental training, ensure the recruitment of trainees from socioeconomically disadvantaged communities, provide quality workertraining, and allow local residents an opportunity to qualify for jobs developed as a result of Brownfields efforts.

For more information, please contact Suzi Ruhl, Director of Environmental Law Institute's Center for Public Health and Law at [ruhl@eli.org](mailto:ruhl@eli.org), or visit [www.eli.org](http://www.eli.org).



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PUBLIC GOAL FEDERAL  
BROWNFIELDS TOXICITY  
MANAGEMENT EXPOSURE  
RISK ASSESSMENT ENGAGE  
POPULATIONS LAW TEAM  
EXPOSURE GOALS PUBLIC  
GOVERNANCE INTEGRATE  
REDEVELOPMENT RISK  
LHEALTH ENGAGE PUBLIC  
DISPARITIES PROGRAMS  
HEALTH ENVIRONMENT  
TOXICOLOGY ACTION  
C O M M U N I T Y

# glossary

## brownfields and public health

**BROWNFIELDS :** Real property, the expansion, redevelopment, or reuse of which may be complicated by the presence or potential presence of a hazardous substance, pollutant, or contaminant.

**BROWNFIELDS REDEVELOPMENT :** Multi-stakeholder approach to environmentally assess properties, prevent further contamination, safely clean-up polluted sites, and design plans for re-use.

**ENVIRONMENTAL HEALTH :** Environmental health comprises those aspects of human health, including quality of life, that are determined by physical, chemical, biological, social and psychological processes in the environment. It also refers to the theory and practice of assessing, correcting, controlling and preventing those factors in the environment that can potentially affect adversely the health of present and future generations.

**EXPOSURE :** Actual contact that a person has with a chemical. It can be onetime, short term, or long term.

**HEALTH :** A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

**HEALTH DISPARITIES :** Differences that occur by gender, race and ethnicity, education level, income level, disability, geographic location, and/or sexual orientation.

**HEALTHY PEOPLE 2010 :** Healthy People 2010 is the prevention agenda for the Nation. It is a statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats.



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# brownfields and public health glossary, continued

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**HEALTH PROFESSIONAL SHORTAGE AREAS :** A geographic area or a population group (e.g., a low income or migrant population) with a physician to population ratio greater than 3000 to 1.

**MEDICALLY UNDER-SERVED AREA :** These designations are determined by the Index of Medical Underservice (IMU) which uses the following variables: 1) percent of the population below 100 percent of the Federal Poverty Level; 2) percent of the population over age 65; 3) infant mortality rate (5 year average); and 4) primary care physician to population ratio. An IMU score of below 62 is required for designation; the lower the score, the higher the level of need.

**PUBLIC HEALTH :** Organized community efforts aimed at the prevention of disease and promotion of health.

**RISK :** The probability of undesirable effects (or health outcomes) arising from exposure to a hazard.

**RISK ASSESSMENT :** The use of available information to evaluate and estimate exposure to a substance and the resulting adverse health effects. In public health terms, it includes individual and community level assessment.

**RISK MANAGEMENT :** The process of evaluating alternative strategies for reducing risk and prioritizing or selecting among them.

**TOXICITY :** Ability of a chemical to damage an organ system to disrupt a biochemical process, or to disturb an enzyme system.

**TOXICOLOGY :** The study of adverse effects of chemicals or physical agents on living organisms.

This glossary provides a summary of terms relevant to brownfields and public health issues.

For more information please contact Suzi Ruhl, Director of Environmental Law Institute's Center for Public Health and Law at [ruhl@eli.org](mailto:ruhl@eli.org), or visit [www.eli.org](http://www.eli.org).



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# Participants

**Muhammad Abdur-Rahim**

President of the Board  
Greenwood Community Health Resource Center  
1108 N. Martin Luther King  
Clearwater, Florida 33755  
727.467.9411

**Miles Ballogg**

Brownfields & Economic Development Manager,  
TBE Group Inc.  
380 Park Place Blvd., Suite 300  
Clearwater, Florida 33759  
727.431.1555  
mballogg@tbegroup.com

**Andy Bell**

Abell47323@aol.com

**Evelyn Bethell**

Pinellas County Human Services Department  
1100 Cleveland St., #1500  
Clearwater, Florida 33755  
727.464.8444  
ebethell@co.pinellas.fl.us

**Yvette Birdsong**

yhbirdsong@hotmail.com

**Bart Bibler**

Fl. Dept. of Health, Bureau of Water Programs  
4052 Bald Cypress Way, Bin #C-22  
Tallahassee, Florida 32399-1742  
850.245.4241  
Bart\_Bibler@doh.state.fl.us

**Charles Bottoms**

Tampa Community Health Centers, Inc.  
P.O. Box 82969  
Tampa, Florida 33612  
813.866.0930  
cbottoms@tampabay.rr.com

**Chris Brimo**

City of Tampa, East Tampa Development  
2105 N. Nebraska Ave.  
Tampa, Florida 33602  
813.274.8187  
christopher.brimo@tampagov.net

**Ann Carroll**

carroll.ann@epa.gov

**Willa Carson**

Founder  
Greenwood Community Health Resource Center  
1108 N. Martin Luther King  
Clearwater, Florida 33755  
727.467.9411  
willacarson@aol.com

**Naomi Cooper**

5020 Silver Star Rd  
Orlando, Florida 32808  
407.925.3858  
COOPER.NAOMI.S19@FLSENATE.GOV

**Keith Daw**

Practice Leader  
Environmental, Palmer & Cay  
76 South Laura Street, Suite 1400  
Jacksonville, Florida 32202  
904.630.0134  
Keith\_Daw@palmercay.com

**Claude Dharamraj, MD, MPH**

Pinellas County Health Department  
205 Dr. M. L. King Street North  
St. Petersburg, Florida 33701  
727.824.6931  
Claude\_dharamraj@doh.state.fl.us

**Philip Elson**

Aerostar Environmental Services, Inc.  
11181 St. Johns Industrial Pkwy North  
Jacksonville, Florida 32246  
904.565.2820  
pelson@aerostar.net

**Mike Flanery, P.E.**

Environmental Engineering Division  
Pinellas County Health Dept.  
4175 East Bay Dr. Suite 300  
Clearwater, Florida 33764  
mike\_flanery@doh.state.fl.us

**Joan Flocks**

Center for Governmental Responsibility, University  
of Florida College of Law  
PO Box 117629  
Gainesville, Florida 32611-7629  
352.392.2237  
Flocks@law.ufl.edu

# participants, continued

**Willy Foster**

Citizen's Task Force on Brownfields  
3000 Desota Way South  
St. Petersburg, Florida 33712  
727.864.4535  
will33712@aol.com

**Winnie Foster**

Citizen's Task Force on Brownfields  
1621 16th St. South  
St. Petersburg, Florida 33705  
727.895.3500  
wfoster26@hotmail.com

**David Gerard, P.E.**

Environmental Engineering Division  
Pinellas County Health Dept.  
4175 East Bay Drive, Suite 300  
Clearwater, Florida 33764  
727.538.7277 ext. 1112  
David\_Gerard@doh.state.fl.us

**Joyce Gibbs**

Pinellas County Economic Development Department  
14010 Roosevelt Blvd., Suite 704  
Clearwater, Florida 33762  
727.464.7319  
jgibbs@co.pinellas.fl.us

**Michael Goldstein**

Florida Brownfields Association/  
Akerman Senterfitt  
One Southeast Third Avenue, Twenty Eighth Floor  
Miami, Florida 33131-1714  
305.982.5570  
MGoldstein@akerman.com

**Charlene Hoag**

3145 Crenshaw Ct.  
New Port Richey, Florida 34655  
727.372.0048  
chgreenhope@ij.net

**William Horn II**

City Manager  
City of Clearwater  
112 South Osceola Avenue  
Clearwater, Florida  
727.562.4046

**Diane Hufford**

City of Clearwater, Economic Development  
Brownfields Coordinator  
P.O. Box 4748  
Clearwater, Florida 33758-4748  
727.562.4054  
Diane.Hufford@myClearwater.com

**Ryley J. Hunter**

Pinellas County Health Department  
4175 E. Bay Drive, Suite 300  
Clearwater, Florida 33764  
727.538.7277 ext. 1154  
ryley\_hunter@doh.state.fl.us

**Teresa James**

Health Choice Network, Inc.  
3900 NW 79 Avenue, Suite 500  
Miami, Florida 33166  
305.599.1015, ext. 8024  
tjames@hcnetwork.org

**Carla Jones**

Citizens Against Toxic Exposure  
3603 North Palafox Street  
Pensacola, Florida 32505  
850.436.4494  
cjon@cate.gccoxmail.com

**David Jones**

Duval County Health Department  
Environmental Health & Safety  
900 University Blvd. North, Suite 300, MC-45  
Jacksonville, Florida 32211  
904.630.3259  
DAVID\_JONES@DOH.STATE.FL.US

**Nicole Kibert**

Carlton Fields, P.A.  
P. O. Box 3329  
Tampa, Florida 33601-3239  
813.229.4205  
NKibert@CarltonFields.com

**Edward Kucher**

Tampa Community Health Centers, Inc.  
P.O. Box 82969  
Tampa, Florida 33612  
813.866.0930  
ekucher@tampabay.rr.com

# participants, continued

**Joanne Lighter**

Allegany Franciscan Foundation, Tampa Bay  
19329 U.S. Highway 19, N, Suite 100  
Clearwater, Florida 33764  
727.507.9668  
jolighter@franciscanfdn.org

**Judy Nelson**

Citizen's Task Force on Brownfields  
1257 63rd Terrace South  
St. Petersburg, Florida 33705  
727.867.3176

**Richard Oldacre**

Chief Development Officer for the Economic  
Opportunity Family Health Center, Inc.  
700 S. Royal Poinciana Blvd, Suite 300  
Miami Springs, Florida 33166  
305.805.1700  
CCLinch@HCNetwork.org

**Karen Pelham**

FACHC  
433 North Magnolia Drive  
Tallahassee, Florida 32308  
850.942.1822 ext 202  
karen@fachc.org

**Denise Perry**

Power U Center for Social Change  
212 NE 24th St.  
Miami, Florida 33137  
305.576.7449  
dperry@mail.poweru.org

**Richard Polangin**

Florida Department of Health  
Division of Health Access and Tobacco  
4052 Bald Cypress Way, BIN C-15  
Tallahassee, Florida 32399-1735  
850.245.4444 ext 2471  
richard\_polangin@doh.state.fl.us

**Charles Ray**

City of St. Petersburg  
Economic Development & Property Management  
P.O. Box 2842  
St. Petersburg, Florida 33731  
727.892.5288  
charles.ray@stpete.org

**Roger Register**

Brownfields Liaison  
Florida Department of Environmental Protection  
2600 Blair Stone Road, MS 4505  
Tallahassee, Florida 32399-2400  
850.245.8934  
Roger.Register@dep.state.fl.us

**Angela Rose**

Century 21  
1645 W. Main St.  
Inverness, Florida 34450  
352.726.6668  
michael.smallridge@century21.com

**Brantz Roszel**

Suncoast Community Health Centers, Inc.  
2814 14th Ave., S.E.  
P.O. Box 1349  
Ruskin, Florida 33570  
813.349.7568  
BROSZEL@suncoast-chc.org

**Suzi Ruhl, J.D., M.P.H.**

Environmental Law Institute  
757 Derbyshire Road  
Tallahassee, Florida 32312  
850.445.6990  
ruhl@eli.org

**Okea Ryan**

Interim Director  
Community Health Centers of Pinellas County  
1344 22nd St. South  
St. Petersburg, Florida 33712  
727.824.8100  
eherichl@tampabay.rr.com

**Michael Schackne**

QORE Property Sciences  
1211 Tech Blvd. Suite 200  
Tampa, Florida 33619  
813.623.6646  
mschackne@qore.net

**Michael Smallridge**

Century 21  
1645 W. Main St.  
Inverness, Florida 34450  
352.726.6668  
michael.smallridge@century21.com

# participants, continued

**Robyn Snead**

Power U Center for Social Change  
212 NE 24th St.  
Miami, Florida 33137  
305.576.7449  
RBSnead@hotmail.com

**Peggy Underbrink**

Florida Rural Legal Services, Inc.  
FRLS, Inc., 423 Fern St. #220  
West Palm Beach, Florida 33401  
561.820.8902  
peggy.underbrink@frls.org

**Cynthia Valencic**

Legal Environmental Assistance  
Foundation  
1114 Thomasville Road, Suite E  
Tallahassee, Florida 32303-6290  
850.681.2591  
cvalencic@leaflaw.org

**Philip Vorsatz**

Chief, Brownfields/State Support  
Section  
USEPA, Region 4  
61 Forsyth ST.  
Atlanta, Georgia 30303  
404.562.8789  
VORSATZ.PHILIP@EPA.GOV

**Ayakao Watkins**

Greenwood Community Health  
Resource Center  
1108 N. Martin Luther King  
Clearwater, Florida 33755  
727.467.9411  
Ayakao913@aol.com

**Patricia Watts**

Citizens Against Toxic Exposure  
3603 North Palafox Street  
Pensacola, Florida 32505  
850.436.4494  
Patriciawatts\_45@hotmail.com

**Toni Watts**

Corporation to Develop  
Communities of Tampa, Inc.  
1920 E. Hillsborough Avenue  
Tampa, Florida 33610  
813.232.1419 ext. 12  
toni.watts@cdcoftampa.org

**Marva Wiley**

mwiley@ci.miami.fl.us

**Cynthia Williams**

Escambia County Community Redevelopment  
Agency  
1190 W. Leonard St.  
Pensacola, Florida 32501  
850.595.3538  
cynthia\_williams@co.escambia.fl.us

**Lena Young**

President  
Clearwater Community-Based Development  
Organization & Projects Manager, the University  
Partnership  
3406 N. Avon Ave  
Tampa, Florida 33603  
813.229.3403  
lena.young2@verizon.net

**Jeanne Zokovitch**

Staff Attorney  
WildLaw  
ACES - Assisting Communities with Environmental  
Solutions Project  
1415 Devils Dip  
Tallahassee, Florida 32308  
jeannezp@comcast.net

## **WORKSHOP EVALUATION**

To improve the Building Sustainable Communities: From Brownfields to Healthy People workshop we rely on participant's feedback. Please complete this form and return it at the end of the training workshop to a workshop moderator. Or, send the completed form to:

Katie Wells  
Environmental Law Institute      Phone: (202) 939-3800  
1616 P Street, N.W., Suite 200      Email: [Wells@eli.org](mailto:Wells@eli.org)  
Washington, D.C. 20036

What is your background? community health\_\_\_\_; brownfields redevelopment\_\_\_\_;  
community organization\_\_\_\_; government \_\_\_\_; financial/funding institution; \_\_\_\_other

1. What about the workshop is being done well and should be continued?
2. What can we do better?
3. What, if anything, should not be included in subsequent workshops?
4. Which session topics did you find most relevant and/or informative?
5. Please rate each activity from 1(lowest) to 5 (highest).
  - Workshop Registration Process... 1 2 3 4 5
  - Organization of the Workshop... 1 2 3 4 5
  - Food... 1 2 3 4 5
  - Facilities... 1 2 3 4 5
  - Toolkit/Training Materials... 1 2 3 4 5
  - Presenters/Panelists.... 1 2 3 4 5
  - Tour... 1 2 3 4 5
  - Reception... 1 2 3 4 5
6. What are your overall workshop impressions?
7. Would you be interested (or know of someone who might be interested) in attending or helping to create another similar interactive workshop in the future?

# Co-Sponsors

Thank you to all of our co-sponsors for their support of the Building Sustainable Communities: From Brownfields to Healthy People Workshop!



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Florida Association of Community Health Centers  
(FACHC)



Florida Brownfields Association

Greenwood Community Health Resource Center



Legal Environmental Assistance Foundation, Inc. (LEAF)

LEAF

United States Environmental Protection Agency