

President’s Task Force on Environmental Health Risks and Safety Risks to Children



Priority Activities

2024-2028

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President’s Task Force on Environmental Health Risks and Safety Risks to Children

Priority Activities 2024-2028

Introduction

The President’s Task Force on Environmental Health Risks and Safety Risks to Children (Task Force) is the focal point for the federal government to scope, plan, and act together for the betterment of children’s environmental health and safety. The Task Force engages the 17 departments and agencies named in Executive Order 13045¹, along with other federal partners who have expressed interest in participating, to coordinate federal efforts to address the array of environmental and social stressors that threaten the health of children.

In October 2021, the Task Force co-chairs—HHS Secretary Xavier Becerra and EPA Administrator Michael S. Regan—convened the Task Force to renew the federal commitment to children’s environmental health and safety and endorse future interagency actions that promote children’s health and wellbeing. Building on that momentum, the Task Force began to identify activities to further the protection of children in four priority areas:

1. Lead Exposures
2. Climate Change, Emergencies, and Disasters
3. Chemical Exposures
4. Asthma Disparities

For each of the priority areas, the Task Force has a subcommittee that has identified short- and long-term actions under the categories of 1) Identifying and Addressing Data Gaps, 2) Regulations and Policy, 3) Communication and Engagement, and 4) Interagency Coordination. The short-term actions are to be completed in two years (2024 and 2025) while the long-term actions are to be completed in three to five years (2026 to 2028).

¹ Executive Order 13045 - Protection of Children from Environmental Health Risks and Safety Risks.
<https://www.govinfo.gov/content/pkg/FR-1997-04-23/pdf/97-10695.pdf>

Priority Areas:

The following are the four priority areas for the Task Force from 2024 to 2028:

I. Lead Exposures

Childhood lead exposure has decreased dramatically over the past 30 years. In November 2016, the Task Force released the *Key Federal Programs to Reduce Childhood Lead Exposures and Eliminate Associated Health Impacts*² report which catalogs federal efforts to understand, prevent, and reduce various sources of lead exposure among children. This report also served as the starting point for the development and release of the *Federal Action Plan to Reduce Childhood Lead Exposures and Associated Health Impacts (Federal Lead Action Plan)* in December 2018.

The *Federal Lead Action Plan* outlines how to reduce children’s lead exposure through collaboration among federal agencies and with a range of stakeholders, including states, territories, Tribes, and local communities, along with businesses, property owners, and parents. The *Federal Lead Action Plan* helps federal agencies work strategically and collaboratively to further reduce exposure to lead and improve children’s health³. The Lead Exposures Subcommittee continues to track, monitor, and report on the status of activities.

Through this and other efforts, the Task Force continues work to protect children from lead hazards, including reducing exposure to lead in all media (*i.e.*, dust, soil, drinking water, and air), that may come from various sources (*e.g.*, paint, food, cultural, and consumer products), with a focus on children living in disproportionately affected and overburdened communities.

II. Climate Change, Emergencies, and Disasters

A broad array of federal assessments as well as experience have demonstrated the disproportionate and unique impact of events such as disasters, public health emergencies, and extreme weather events on children^{4,5}. The primary purpose of the Task Force’s work in climate change, emergencies and disasters is to convene and coordinate federal partners to collectively assess and address gaps and inequities in children’s safety and health, including pregnant and lactating persons, as it relates to these topics.

² President’s Task Force on Environmental Health Risks and Safety Risks to Children. [Key Federal Programs to Reduce Childhood Lead Exposures and Eliminate Associated Health Impacts](#). November 2016.

³ EPA developed the [Strategy to Reduce Lead Exposures and Disparities in U.S. Communities](#) to advance EPA’s work to protect the public from lead with an emphasis on high-risk. This first-ever, EPA-wide strategy promotes environmental justice for all, including in communities saddled with lead contamination and exposure, and supports the goals of Executive Order 14096, *Revitalizing Our Nation’s Commitment to Environmental Justice for All*. This strategy also supports the President’s equity goals as outlined in [Executive Order 13985, Advancing Equity and Support for Underserved Communities Through the Federal Government](#).

⁴ U.S. Global Change Research Program. [Fifth National Climate Assessment](#).

⁵ National Advisory Committee on Children and Disasters. [Pediatric Disaster Training Report](#).

III. Chemical Exposures

Diseases caused by environmental factors in United States children are estimated to account for more than \$76.8 billion (2008 dollars) in direct and indirect costs annually⁶, which can cause particular hardship for low-income families and communities. Further, the burden of exposure and disease is generally higher for communities of color⁷.

The Task Force is committed to limiting chemical exposures that cause or are associated with childhood illness through the use and promotion of evidence-based prevention measures such as Integrated Pest Management, the identification and reduction of contaminants in children's food and drink, and by collaborating with partners such as the Pediatric Environmental Health Specialty Units (PEHSU).

IV. Asthma Disparities

Nearly four and one half million children aged 0 to 17 years in the United States have asthma, with poor and minority children suffering a greater burden of the disease. Decades long trends persist with minorities such as Black children experiencing approximately six times the rate of emergency room visits and hospitalizations for asthma as White children. Additionally, childhood asthma disparities can be greater in disadvantaged communities and other communities with environmental justice concerns, often facing cumulative impacts from pollution and other burdens.

Since the formal launch of the *Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities* in 2012, the Task Force has been committed to reducing asthma disparities in children. The comprehensive plan remains at least as pertinent today as it was in 2012. As federal agencies have drawn national attention to the importance of the social determinants of health⁸ the relevance of the *Coordinated Federal Action Plan's* strategies to improve the lives of all children with asthma and their families remains a high priority.

Common Elements of Short- and Long-Term Actions

Short- and long-term actions for the Task Force's four priorities areas, while reflecting the unique needs of each area, share common elements. External engagement and public communication are critical to ensuring the work of the subcommittees is disseminated and amplified to those communities with the highest needs. Interagency coordination is key to ensure agencies are aware of each other's work and can share unique perspectives based on their missions and priorities. Identification of data gaps ensures that limited federal resources are targeted to communities most in need and in an efficient manner. Regulations and policy are key to national progress, enforcement, and sustainability of approaches to improving children's environmental health.

⁶ Trasande L, Liu Y. [Reducing the staggering costs of environmental disease in children, estimated at \\$76.6 billion in 2008.](#)

⁷ Attina TM, Malits J, Naidu M, Trasande L. [Racial/ethnic disparities in disease burden and costs related to exposure to endocrine-disrupting chemicals in the United States: an exploratory analysis.](#)

⁸ Journal of the American Medical Association. [Addressing Social Determinants of Health in Federal Programs.](#) March 2022.

Priority Actions

Short-term Actions (2024-2025)

The short-term actions developed by each subcommittee for the four priority areas include a combination of communication and engagement with external stakeholders; interagency coordination; identification and action to address data gaps; and regulatory and policy action. While these actions are described as short-term, some will require continuous engagement and support over the coming years and may overlap with the long-term actions described.

Long-term Actions (2026-2028)

The long-term actions for each subcommittee will address the four priorities areas through a combination of working with federal, state, local, territorial governments, Tribes, and international governments and partners to reduce children’s exposure to environmental health risks and safety risks; comprehensive integration of children’s environmental health in outreach tools and programs; and conducting research to fill vital children’s environmental health knowledge gaps.

- **Lead Exposures**

- a. **Identifying and Addressing Data Gaps**

- *Short-term Actions*

- Identify critical research gaps for reducing uncertainty in lead modeling and mapping for exposure, risk, and benefit-cost analyses.
 - Collaborate on a U.S. lead hotspots⁹ analysis and “blueprint” for identifying high lead exposure risk locations using available data, methods, maps, and mapping tools.
 - Collaborate on pilot studies applying lead data mapping approaches to identify and address high lead exposure risk locations.

- *Long-term Actions*

- Implement research program to address take-home lead exposure.
 - Expand lead hotspot mapping research and results dissemination.
 - Develop advanced lead mapping tools for rural areas.
 - Update the evaluation of the effectiveness of lead hazard reduction programs.
 - Investigate cross-government indices and tools for lead exposure source identification and exposure reduction.

⁹ In this context, hotspots refer to geographic locations with a higher prevalence of children’s lead exposures, based on the percentage of higher Blood Lead Levels among children and/or identification by lead exposure indices using two statistical methods: top 20 (80th–100th) percentile and Getis-Ord G_i^* geospatial cluster hotspot analysis (ESRI ArcGIS Desktop v.10.8.2 and Pro 3.1 Hot Spot Analysis tool).

- Incorporate collaboration with non-federal partners, including participatory science, as appropriate in meeting research needs.

b. Regulations and Policy

• *Short-term Actions*

- Revise dust-lead regulations and associated policy guidance covering pre-1978 housing and child-occupied facilities.
- Improve and enforce the EPA Lead and Copper Rule to better protect communities from exposure to lead in drinking water.
- Increase the focus of lead hazard reduction grants on high lead exposure risk areas.
- Update EPA's soil lead policy for Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) and Resource Conservation and Recovery Act sites and complete 225 soil lead actions under CERCLA.
- Release EPA endangerment determination regarding leaded aviation gas and propose and promulgate regulatory emission standards. The FAA will establish new standards for the composition or chemical or physical properties of aircraft fuel to control or eliminate aircraft lead emissions.
- Prioritize enforcement and compliance assurance actions relating to lead safety regulations.
- Increase lead screening rates and improve surveillance in communities with high lead exposures.

• *Long-term Actions*

- Build on U.S. international cooperative activities, including by leveraging existing and new multi-stakeholder international partnerships (such as the Global Alliance to Eliminate Lead Paint) to help low- and middle-income countries establish, enhance, and implement targeted national and local prevention interventions to reduce and eliminate key lead sources and exposures¹⁰.
- Expand inclusion of lead monitoring in home visit inspection programs.

c. Communication and Engagement

• *Short-term Actions*

- Finalize and publish the *Compendium of Federal Government Lead-Related Resources, Programs, and Assistance*, on the Task Force's website (<https://ptfcehs.niehs.nih.gov>).
- Conduct outreach to help water systems develop lead service line inventories to begin replacement programs promptly.
- Develop community tool kits to facilitate community outreach and education programs.

¹⁰ Note: This work aims to reduce and eliminate the effects of lead exposure through primary prevention (i.e., addressing conditions that cause exposure before an individual is exposed), and secondary prevention (i.e., addressing the management of an individual's case after exposure has caused elevated blood lead levels).

- Provide local government officials with tools, best practices, and policy approaches to facilitate their identification of high lead exposure risk communities for interventions. For instance, EPA uses its Local Lead Action Plan Guide; CDC uses its upcoming CDC Lead Free Communities Initiative.
- Solicit input from children’s health experts on increasing awareness about lead through effective outreach and education, and on strategies for engaging community members in a meaningful and long-term way when conducting participatory science research to reduce lead exposures.
- Facilitate and provide regular status updates on the implementation of the *Federal Lead Action Plan*.
- *Long-term Actions*
 - Develop lead exposure prevention and intervention communication materials and disseminate them through new and existing channels, including the Children’s Environmental Health and Disease Prevention Research Centers and the Pediatric Environmental Health Specialty Units.
 - Create an online portal to enhance, consolidate and streamline federal-wide communication on lead topics to the public.

d. Interagency Coordination

- *Short-term Actions*
 - Continue to convene the Take-Home working group¹¹ to finalize a take-home guidance document for the public.
 - Convene an International Lead Exposure Working Group within the Lead Exposures Subcommittee and identify and leverage existing federal efforts (e.g., technical expertise, lessons learned, and best practices) to help build and/or enhance capacity in low- and middle-income countries to address lead exposures.
- *Long-term Actions*
 - Expand community engagement, collaborations and coordination on communications and messaging on public facing lead data hotspots maps and tools.
 - Expand collaborations and coordination on approaches and demonstration projects utilizing and enhancing data mapping science to identify hotspots and build capacity among states.

¹¹ This working group focuses on reducing [take-home](#) lead exposures to children. Typically, lead from occupational sources may be carried from the workplace to a residence where a child may be living on articles of clothing, shoes, or other personal affects by a parent or other caregiver.

- Climate Change, Emergencies, and Disasters

- a. Identifying and Addressing Data Gaps

- *Short-term Actions*

- Conduct quantitative and qualitative analysis of the data collected using a systematic approach to identify federal activities and perspectives on climate change, public health emergencies, and disasters, as they concern children’s health and health disparities¹².
 - Such analysis will help to identify spaces where the Task Force can add value, amplify messages, fill gaps, provide unique expertise, support policies and partner efforts, etc.
 - Develop tools and materials to communicate the results of this analysis to federal agencies and disseminate through appropriate channels.

- *Long-term Actions*

- Facilitate actions to address the needs and gaps for children (and in relation, pregnant/lactating persons) in federal research agendas, strategic plans, policies, and program initiatives related to climate change, public health emergencies, and disasters.
 - Work to identify research gaps, improve data collection processes, and better integrate available knowledge into such documents and resulting programs through language that specifically advocates for and prioritizes action on children’s health, safety, and resilience, with emphasis on children who experience health disparities.

- b. Regulations and Policy

- *Short-term Actions*

- Provide guidance and foster interagency information sharing to enhance regulations and policy efforts that promote children’s health and safety within the context of climate change, public health emergencies, and disasters.
 - Support and promote broad implementation of regulations and policies that decrease the risk and effects of climate change, public health emergencies, and disasters on children (and in relation, pregnant/lactating persons).

¹² This is referred to as the “Federal Needs Assessment” elsewhere in this document.

c. Communication and Engagement

• *Short-term Actions*

- Enhance public awareness and understanding of the impact of changing climate conditions, public health emergency and disaster status on children’s safety and environmental health through dissemination of credible, evidence-based information focused on protecting children (and in relation, pregnant/lactating persons).
- Forge partnerships among federal agencies; state, territorial, local, and Tribal partners; and health care, education, and other stakeholders to extend the reach and effectiveness of both federal and stakeholder efforts aimed at improving understanding of risks to children, including pregnant and lactating persons, from climate change, public health emergencies, and disasters.
- Improve the ability of those who engage and care for children to prevent and mitigate the risks posed by climate change, public health emergencies, and disasters.

• *Long-term Actions*

- Take advantage of the diverse tools, networks, and opportunities provided by the Subcommittee on Climate, Emergencies, and Disasters and overall Task Force membership, including through sharing of outcomes of the Federal Needs Assessment to engage with stakeholders and to mutually inform priorities and activities; increase opportunities for collaboration and partnership; and maximize the success of efforts to protect children’s safety and environmental health.

d. Interagency Coordination

• *Short-term Actions*

- Foster interagency information sharing, coordination, and collaboration that enhance research, outreach, and policy efforts to protect children’s environmental health and safety in the face of climate change, public health emergencies, and disasters.
- Provide expert consultation to other federal and partner activities, including for example:
 - *Climate:* HHS Office of Climate Change and Health Equity, EPA Office of Children’s Health Protection.
 - *Disasters and Public Health Emergencies:* National Advisory Committee on Children in Disasters, the National Advisory Committee on Individuals with Disabilities and Disasters, the National Academy of Sciences, Engineering and Medicine Forum on Medical and Public Health Preparedness for Disasters and Emergencies and the Action Collaborative on Disaster Research; Health Resources and Services Administration, Pediatric Pandemic Network, and Administration of Strategic Preparedness and Response Pediatric Disaster Centers of Excellence.
- Provide guidance and input to agency ad hoc informal and formal requests for information on relevant issues.

- Chemical Exposures

- a. Identifying and Addressing Data Gaps

- *Long-term Actions*

- Coordinate the development of methods and models to enhance exposure assessment and exposure research relevant to public health.

- Facilitate planning for the future of children’s environmental health research, including standardizing exposure measures, ensuring cross-agency collaboration on sample collection and processing, and capturing data for diverse populations.

- Identify gaps in knowledge that would inform regulation and policy and coordinate across agencies to develop and implement plans to fill those gaps.

- b. Regulations and Policy

- *Long-term Actions*

- Promote broad implementation of regulations and policies that decrease chemical exposures and enhance children’s health and safety.
 - Coordinate future commitments to action from agencies across the federal family to address and reduce specific chemical exposures.

- c. Communication and Engagement

- *Short-term Actions*

- Build the children’s environmental health capacity in the health professions by working with PEHSUs, the Children’s Centers¹³, the National Institute of Environmental Health Sciences (NIEHS) Pediatric and Reproductive Health Scholars and other partners to support fellowships, provide training, and promote the translation of children’s environmental health science from research to practice.
 - Generate and disseminate information on existing and emerging chemical exposures. These may include dietary exposure to contaminants through collaboration with the Food and Drug Administration’s Closer to Zero initiative and contaminants of emerging concern in drinking water through collaboration with the Joint Subcommittee on Environment, Innovation, and Public Health.

- *Long-term Actions*

- Promote programs that encourage sustainable chemicals management, the use of products containing low toxicity/non-toxic chemicals, and the safe use of chemicals in all settings where children are present.
 - Partner with regional, state, and local organizations to build children’s health capacity for responding to acute chemical exposure events.

¹³ Including the National Institute of Environmental Health Sciences (NIEHS) Collaborative Centers in Children’s Environmental Health Research and Translation and EPA Science to Achieve Results (STAR) Centers focused on early lifestages.

d. Interagency Coordination

- *Short-term Actions*

- Enhance alignment between federal agencies on messaging and ongoing activities related to chemical exposures.
- Foster interagency information sharing, coordination, and collaboration that enhances policy efforts to protect children's health and safety from exposure to chemical contaminants in the environment.

- **Asthma Disparities**

- a. Identifying and Addressing Data Gaps

- *Long-term Actions*

- Address structural racism in asthma diagnosis and management through improvement in spirometry reference equations.

- b. Regulations and Policy

- *Long-term Actions*

- Encourage and support sustainable financing for home-based asthma care.
 - Support equitable expectations for asthma care.
 - Support equitable expectations for indoor air quality and environmental management in schools (i.e., all children deserve a healthy school environment).

- c. Communication and Engagement

- *Short-term Actions*

- Provide leadership to the Asthma Disparities Community of Practice to expand the opportunities for reimbursement for home care services for all children in the U.S.
 - Continued surveillance of the impact of the COVID-19 pandemic on children with asthma in communities disproportionately affected, with expansion of school-based programs to address indoor air quality.

- *Long-term Actions*

- Address barriers to communication and engagement of communities with highest needs.

- d. Interagency Coordination

- *Short-term Actions*

- Augment the efforts of the Indian Health Service in their recently announced, Asthma Control in Tribal Communities¹⁴ by leveraging the resources created by federal partners to serve the needs of tribal communities.

- *Long-term Actions*

- Expand research coordination across federal agencies to leverage resources to reduce disparities in childhood asthma.

¹⁴ <https://www.ihs.gov/nptc/strategic-initiatives/>

Task Force-Wide Efforts

In addition to the short- and long-term goals for each subcommittee, the Senior Staff Steering Committee will be responsible for advancing children’s environmental health through research, communication, outreach coordination efforts, and leveraging existing federal policies and Executive Order 13045 across all four priority areas.

I. Research

- Explore how the research findings of the Children’s Centers¹⁵ and the NIH ECHO¹⁶ program can be most effectively translated to clinical practice, prevention, interventions, formal and non-formal education, and policy and regulations through work with the PEHSUs, the NIEHS Pediatric and Reproductive Health Scholars, and other governmental and nongovernmental partners.
- Continue work to extend children’s health and safety data collection, including through the National Health and Nutrition Examination Survey and the National Survey of Children’s Health.

II. Coordination and Implementation

- Enhance consideration of social determinants of health in Task Force activities, as discussed in the new U.S. Playbook to Address Social Determinants of Health¹⁷, especially in communities that have faced persistent and entrenched disparities¹⁸.
- Identify how federal agencies are addressing environmental health risks and safety risks disproportionately affecting children as required in Executive Order 13045.
- Promote and foster interest in the economic impacts of children’s environmental health relevant regulations.
- Facilitate discussion, identification, and promotion of effective injury prevention interventions for children in high-risk households.
- Facilitate cross-government conversation and collaboration on priority regulations and policies impacting children’s exposure to chemicals.

III. Communication and Outreach

- Leverage existing resources and stakeholder networks of Task Force participants to enhance dissemination of children’s environmental health education and outreach materials during relevant public health emergencies such as heat waves, natural or man-made disasters, wildfires, and poor air quality days.
- Ensure that communication tools such as the Task Force’s website, email listserv, and newsletter are a source of the most up-to-date federal webinars, trainings, news releases, etc directly relevant to children’s environmental health. These communication tools will be used to amplify materials for awareness months particularly Children’s Health Month. Others may include Radon Awareness Week and Extreme Heat Awareness Month.

¹⁵ Including the NIEHS Collaborative Centers in Children’s Environmental Health Research and Translation and EPA Science to Achieve Results (STAR) Centers focused on early lifestages.

¹⁶ ECHO is NIH’s [Environmental influences on Child Health Outcomes Program](#).

¹⁷ [The U.S. Playbook to Address Social Determinants of Health](#). November 2023.

¹⁸ E.O. 14096, [Revitalizing Our Nation’s Commitment to Environmental Justice for All](#). April 2023.

Task Force Membership Per Executive Order

U.S. Consumer Product Safety Commission www.cpsc.gov

U.S. Department of Agriculture www.usda.gov

U.S. Department of Defense www.defense.gov

U.S. Department of Education www.ed.gov

U.S. Department of Energy www.energy.gov

U.S. Department of Health and Human Services www.hhs.gov

U.S. Department of Homeland Security www.dhs.gov

U.S. Department of Housing and Urban Development www.hud.gov

U.S. Department of Labor www.dol.gov

U.S. Department of Justice www.justice.gov

U.S. Environmental Protection Agency www.epa.gov

U.S. Department of Transportation www.transportation.gov

Council of Economic Advisers www.whitehouse.gov/administration/eop/cea

Council on Environmental Quality www.whitehouse.gov/administration/eop/ceq

Domestic Policy Council www.whitehouse.gov/administration/eop/dpc

National Economic Policy Council www.whitehouse.gov/administration/eop/nec

Office of Management and Budget www.whitehouse.gov/omb

Office of Science and Technology Policy www.whitehouse.gov/administration/eop/ostp

Department or Agency Participation by Subcommittee

Lead Exposures Subcommittee

- CPSC, DoD, EOP (CEQ), EPA, HHS (ATSDR, CDC, FDA, NIH), HUD, DOL (OSHA)

Climate, Emergencies, and Disasters Subcommittee

- DOT, EPA, Ed, DHS (FEMA), HHS (ATSDR, CDC, SAMHSA), HUD, NASA, Commerce (NOAA), EOP (OMB), USDA

Chemical Exposures Subcommittee

- DOL (OSHA), EOP (CEQ), CPSC, EPA, HHS (ATSDR, NIH, SAMHSA, FDA), HUD, USDA

Asthma Disparities Subcommittee

- CPSC, DOE, DOT, Ed, EPA, FDA, HHS (ACF, NIH, CDC, CMS), HUD

ACF: Administration for Children and Families

ATSDR: Agency for Toxic Substances and Disease Registry CDC: Centers for Disease Control and Prevention

CEQ: Council on Environmental Quality

CMS: Centers for Medicare & Medicaid Services

Commerce: Department of Commerce

CPSC: Consumer Product Safety Commission

DHS: Department of Homeland Security

DoD: Department of Defense

DOE: Department of Energy

DOL: Department of Labor

DOT: Department of Transportation

Ed: Department of Education

EOP: Executive Office of the President

EPA: Environmental Protection Agency

FDA: Food and Drug Administration

FEMA: Federal Emergency Management Agency

HHS: Department of Health and Human Services

HUD: Department Housing and Urban Development

NASA: National Aeronautics and Space Administration

NIH: National Institute of Health

NOAA: National Oceanic and Atmospheric Administration

OMB: Office of Management and Budget

OSHA: Occupational Safety and Health Administration

SAMHSA: Substance Abuse and Mental Health Services Administration

USDA: Department of Agriculture

Task Force Organizational Chart

17 Task Force Members

- 11 Federal Agencies
- 6 White House Offices
- Co-chairs: HHS Secretary, EPA Administrator

Senior Staff Steering Committee

- Oversees Task Force subcommittees and workgroups
- Share information and coordinate Task Force efforts
- Co-Chairs: EPA, HHS.

Subcommittees

**Asthma
Disparities**

**Climate Change,
Emergencies
and Disasters**

**Chemical
Exposures**

**Lead
Exposures**