April 25, 2022

Chair Brenda Mallory
Council on Environmental Quality
722 Jackson Place NW
Washington, DC 20503

RE: Climate and Economic Justice Screening Tool Beta Version, CEQ-2022-0002

Dear Chair Mallory:

America's Essential Hospitals appreciates the opportunity to submit comments on the Council on Environmental Quality's Climate and Economic Justice Screening Tool. This tool will help to address many social determinants of health (SDOH) as federal agencies guide investments to disadvantaged communities through the Justice40 Initiative to address climate, clean energy and energy efficiency, clean transit, affordable and sustainable housing, training and workforce development, clean water infrastructure, and the remediation of legacy pollution. However, we recommend modifying the tool to display aggregate data at the state and county levels, which we believe would enable necessary cross-sector collaborations to make meaningful change.

Communities across the country depend on essential hospitals for high-quality care across the continuum, health care workforce training, research, public health and health equity, and other services. Essential hospitals innovate and adapt to lead all of health care toward better outcomes and value. Our member hospitals serve patients and communities at heightened risk for the health effects of climate change and economic inequity—i.e., those that are disproportionately low-income, uninsured, racially and ethnically diverse, and complex in their clinical needs.[1] These communities include about 370,000 people experiencing homelessness and 10 million people with limited access to healthy food. Almost 23 million families in these communities fall below the poverty line, and more than 14 million individuals lack health insurance.[2] When considering the range of threats from climate change, these groups are among the most exposed, most susceptible to health and economic problems, and have the fewest individual resources to prepare for and respond to health threats.[3] For example, in the long term, some communities of color face higher-than-normal exposure to pollutants that

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[1] U.S. Global Change Research Program. The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment. Editors: Crimmins A, Balbus J, Gamble JL, Beard CB, Bell JE, Dodgen D, Eisen RJ, Fann N, Hawkins MD, Herring SC, Jantarasami L, Mills DM, Saha S, Sarofim MC, Trtanj J, and Ziska L. 2016. http://dx.doi.org/10.7930/J0R49NQX. Accessed April 4, 2022.

[2] Clark D, Roberson B, Ramiah K. *Essential Data: Our Hospitals, Our Patients—Results of America's Essential Hospitals 2019 Annual Member Characteristics Survey*. America's Essential Hospitals. May 2021. https://essentialdata.info. Accessed April 4, 2022.

[3] U.S. Global Change Research Program. Impacts, Risks, and Adaptation in the United States: Fourth National Climate Assessment, Volume II. Editors: Reidmiller DR, Avery CW, Easterling DR, Kunkel KE, Lewis KLM, Maycock TK, Stewart BC. 2018. https://nca2018.globalchange.gov/. Accessed April 4, 2022.

cause health problems, and during flooding or a hurricane—events that often cause stays at crowded shelters—low-income communities are exposed to higher physical and mental stress.

Essential hospitals also are vital anchor institutions profoundly connected to the well-being of the people and communities they serve. This connection extends beyond the treatment of illness and disease and into work to influence the social factors and lived environment that impact health. As climate change alters that lived environment, essential hospitals recognize the importance of their role in addressing this crisis. As hospitals upgrade systems and facilities to support climate resilience, they require special considerations related to costly infrastructure changes, which are complicated by regulations and unique resource constraints. Essential hospitals provide a disproportionate share of the nation's uncompensated care, and, on average, operate with little or no margin, affecting their ability to fund practices that mitigate climate change or build climate resilience.[4] While hospitals perform mandated upgrades that support climate resilience, strategies to support essential hospitals and their special constraints are lacking. Further, hospitals have limited ability to remedy the root causes of economic and environmental injustices in the communities they serve yet treat patients experiencing negative health outcomes due to injustices.

Despite this, essential hospitals are working to become more energy efficient and reduce their waste while addressing SDOH, such as food insecurity and the lack of affordable housing. Here are examples:

- A member hospital in Ohio has diverted nearly 100 tons of single-use medical devices from landfills through a reprocessed medical device program; and reduced the use of the anesthetic desflurane in the operating room, which has 10 times the global warming potential as sevoflurane, a similar alternative. Further, during the COVID-19 pandemic, the hospital partnered with a community-based organization to provide meals to community members.
- A North Carolina health system was awarded the U.S. Environmental Protection Agency's Energy Star Partner of the Year for three consecutive years, operating and maintaining Energy Star certification at 13 facilities, including its four largest hospitals, while donating $10 million toward affordable housing.
- A New York hospital has changed the way it bathes patients to reduce wastewater and the need for plastic wash basins. It now uses pre-moistened towels, made from recycled paper, that decompose. The hospital also has its own farm, which supplies food to patients; the Women, Infant, and Child Nutrition Program; the campus food pantry; and local charities.

But essential hospitals cannot do this alone. While our member hospitals work to decrease their environmental impact and address SDOH in their communities, hospitals and health care systems do not have the financing or the expertise to address root causes of climate and economic injustices. America's Essential Hospitals supports the Justice40 Initiative and the investment it will bring to disadvantaged communities. We believe the tool will help invest resources in communities most in need; however, we encourage the Council to make important modifications to promote cross-sector collaboration.

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4 Clark D, Roberson B, Ramiah K. *Essential Data: Our Hospitals, Our Patients—Results of America's Essential Hospitals 2019 Annual Member Characteristics Survey*. America's Essential Hospitals. May 2021. https://essentialdata.info. Accessed April 4, 2022.

The Climate and Economic Justice Screening Tool should show aggregate data at the state and county levels, allowing for broad community-level assessment.

As the screening tool now exists, users can assess only one community at a time when screening for climate or environmental indicators that designate a community as disadvantaged. While this is useful to identify communities experiencing multiple climate and environmental injustices that will support community-based solutions, it is harder to identify larger areas within a state that might benefit from a single, targeted investment. For example, just as a hospital is located in one community, it provides services to and employment for residents in surrounding communities and counties. Similarly, investments in cleaner energy, transit, water and waste infrastructure, sustainable housing, and workforce development likely will provide benefits to neighboring communities. But the current format of the tool makes it difficult to identify these broader areas without reviewing communities one by one. The map would be more informative and the tool much easier to use for a wider range of stakeholders if aggregate data could be displayed at the state or county levels, so that clusters of disadvantaged communities by any indicator could easily be identified. This is especially important if federal agencies intend to require the use of this tool in future contract or grant applications for Justice40 initiatives. This modification would allow for state and local policymakers to target public policies more comprehensively.

Providing this level of information in the map would enable more targeted funding through the Justice40 Initiative, as well as cross-sector collaboration within affected communities. For example, federal agencies using the tool to invest in disadvantaged communities might want to fund new affordable and sustainable housing in an area with high housing cost burden. But the map does not indicate this information; it is available only by individual communities. Further, it is possible the same area also is considered disadvantaged due to health burdens, such as asthma. If this is the case, the communities might be best served collectively, not only with new housing but also through partnerships the Justice40 Initiative could consider, such as with a health care provider to invest in an asthma outreach program (because construction can trigger asthma). Potential program activities could include monitoring asthmatic conditions during construction, community education, and diagnosing and treating newly asthmatic patients. Modifying the tool would enable more efficient, wider-reaching investments.

To add another layer to this example, building new housing often requires tearing down current affordable housing and displacing current residents. This would be an opportunity to partner with a community-based organization to help residents find affordable housing during construction close to their neighborhood. However, surrounding communities also might be experiencing high housing cost burden, making it more likely residents will be housed far from their own community. Knowing this, investors could take more time to plan and implement the new housing project to reduce significant displacement or choose to invest in multiple sustainable housing projects that will better serve more neighboring communities.

Given the number of environmental, climate, and socioeconomic factors assessed in this tool, there are many ways a single community or a group of neighboring communities could be considered disadvantaged. To best serve these residents through the Justice40 Initiative and use federal investments efficiently, project investors and planners should be aware of the climate and environmental injustices affecting both a community and its neighbors. With the recommended modification to display aggregate data on the map, areas with adjoining disadvantaged communities could easily be identified, and Justice40 Initiatives could invest in communities collectively rather than piecemeal (the latter could worsen conditions in the area).

While the map might not be able to indicate specific burdens, such as asthma versus general health burdens, it should at least prompt additional research into the community's needs.

As essential hospitals work to limit their own impact on climate, they also partner with other agencies in the community to address SDOH. For example, an essential hospital in Vermont works with local agencies and housing organizations to provide temporary housing and wraparound case management to patients discharged from the hospital who need a place to stay. Another essential hospital, in Minnesota, works with a local food bank and other community partners to stock and distribute bags of nutritious groceries to patients and families in need of food assistance. Also, a partnership between an essential hospital in Pennsylvania and a local employment services organization provides job and training opportunities in the health care field, cultivating career opportunities and financial stability. Essential hospitals are eager to address climate and economic injustices in their communities and positioned to make ideal partners in efforts associated with the Justice40 Initiative. The modified screening tool will be a critical first step to addressing health, climate, and economic injustices holistically.

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America's Essential Hospitals appreciates the opportunity to submit these comments. If you have questions, please contact Senior Director of Policy Erin O'Malley at 202-585-0127 or eomalley@essentialhospitals.org.

Sincerely,

Bruce Siegel, MD, MPH
President and CEO