May 19, 2022

Adm. Rachel L. Levine, MD  
Assistant Secretary for Health  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building, Room 715-G  
200 Independence Ave. SW  
Washington, DC 20201

RE: 2022 HHS Environmental Justice Strategy and Implementation Plan Draft Outline RFI

Dear Adm. Levine:

America’s Essential Hospitals appreciates the opportunity to comment on the Department of Health and Human Services (HHS) Environmental Justice Strategy and Implementation Plan Draft Outline. We support an increased focus on environmental justice and equity. Our main concern is that the final plan receives proper funding so it can be implemented effectively and sustainably.

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 adverse 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 many threats of climate change and environmental hazards, these groups are among the most exposed, most susceptible to health and economic problems, and those with 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

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pollutants that 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 mitigate their impact on the environment, 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. While hospitals perform upgrades that support climate resilience, strategies to support essential hospitals and their special constraints are lacking.

Despite this, essential hospitals are working to reduce their emissions and waste while addressing social determinants of health (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 provide high-quality care, address SDOH in their communities, and work to decrease their environmental impact, hospitals and health care systems do not have the financing or expertise to address root causes of environmental injustices. Further, they cannot be the only party within the health care sector to tackle this complex issue. We support including entities outside the health care system in this plan. This collective effort will improve the health of communities essential hospitals serve.

However, health care providers—in particular, essential hospitals—are at various stages of readiness to tackle their environmental impact. The COVID-19 pandemic compounded the financial strain on essential hospitals, hamstringing their ability to invest in and focus on

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climate-related initiatives. The public health crisis hit the patients and communities essential hospitals serve particularly hard, especially people of color and those with underlying health conditions. COVID-19 also exacerbated the health care provider shortage crisis, straining an already exhausted and overtaxed workforce.

This is the backdrop against which hospitals make decisions about climate initiatives and the critical factors our members must weigh when allocating their limited financial and personnel resources to organizational priorities. Without the proper on-ramps, resources, and funding, it will be difficult for many essential hospitals to address their contributions to climate change and their role in environmental injustice. The federal government must properly fund the environmental justice strategy and plan, prioritize education, and invest in capacity-building so essential hospitals and other stakeholders can participate fully.

1. **The 2022 HHS Environmental Justice Strategy and Implementation Plan must be sufficiently funded.**

As discussed above, hospitals will need substantial financial resources for the changes needed to make their facilities and operations climate resilient and to mitigate their environmental impact. But the plan envisions diverse stakeholders, at varying levels of understanding of environmental justice and capacity, starting or expanding work on this issue, which will require further financial support. Even with the Justice40 Initiative targeting federal investments related to climate, secure funding is needed to implement this strategy for all stakeholders.

Moving communities from understanding environmental exposures and health risks to taking action in a culturally appropriate way will take time and repeated efforts. Many priority actions in the plan will require adequate investment, such as outreach, education, research, training, and workforce programs. Technical assistance will be critical for effective implementation, but sustained funding will be necessary to make a significant and lasting impact.

Cost remains a significant barrier to addressing environmental injustices in disadvantaged communities. To that end, strategies with clear and immediate return on investment (ROI) will be critical to maximize the plan’s reach. Just as with essential hospitals, many community-based organizations working in disadvantaged communities have limited resources and competing priorities. Projects with immediate ROI will enable them to reinvest in the community, build trust, and increase community buy-in.

**HHS should work with Congress as needed and allocate funding outside of the Justice40 Initiative to ensure all stakeholders, including essential hospitals, receive ample financial support to implement this plan.** For example, replenishing the Hill Burton Act with a focus on climate resilience and mitigation would help essential hospitals address high upfront costs for infrastructure projects. Another vehicle to fund climate resilience and mitigation efforts across the U.S. health care system is through the Network of Quality Improvement and Innovation Contractors (NQIIC) program. This program allows preselected contractors to work with the health care field to address public health, behavioral health, patient safety, and chronic disease self-management, all of which are greatly impacted by climate change and environmental injustice. We encourage HHS to leverage this program as a critical tool for advancing the strategy and implementation plan.

**The HHS Environmental Justice Strategy and Implementation Plan must be sufficiently funded for effective implementation and to fully reach its goals.**
2. **HHS must prioritize education to get stakeholder buy-in.**

To be successful, the plan must have stakeholder buy-in, in which education is key. As discussed in the 2019 report, *The State of Climate Resilience and Climate Mitigation Efforts at Essential Hospitals,* hospital leadership buy-in was key for uptake and funding of new technology and practices to address climate change within health systems and hospitals. This also will be true for HHS plan partners. All stakeholders, including hospitals, communities, community-based organizations, providers, researchers, and state and federal agencies, are at varying levels of understanding, capacity, and readiness to pursue environmental justice. HHS will need to invest in time, resources, and secure funding to educate stakeholders, particularly community and organizational leaders, to do this work. As the plan notes, education must be linguistically and culturally appropriate. Awareness of the local political landscape and attitudes toward climate change also will be important, as some communities might not be ready to tackle environmental injustices and climate change but are eager to address community safety and preparedness for extreme weather events. **Educational materials and training must meet community and organizational leaders at their level of understanding and attitude toward environmental justice to secure buy-in to the plan for effective implementation.**

3. **HHS must invest in capacity building to support partnerships.**

America’s Essential Hospitals strongly supports the addition of partnerships and community engagement as a strategic element in the plan. As in the 2019 report,* partnerships are critical to mitigate the health care sector’s impact on climate change. They bring together climate expertise, community knowledge, and government resources to address local environmental injustice issues in a culturally appropriate way. This also will be true for other plan stakeholders. **HHS should provide funding, technical assistance, and general support for partnerships to ensure meaningful inclusion of disadvantaged communities and to build capacity for all stakeholders to engage in this work.**

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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,

/s/Bruce Siegel, MD, MPH
President and CEO

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6 Ibid.