An Introduction to the HHS Office of Climate Change and Health Equity (OCCHE)

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Origins of the Office of Climate Change and Health Equity (OCCHE)

E.O. 14008 - "Tackling the Climate Crisis"

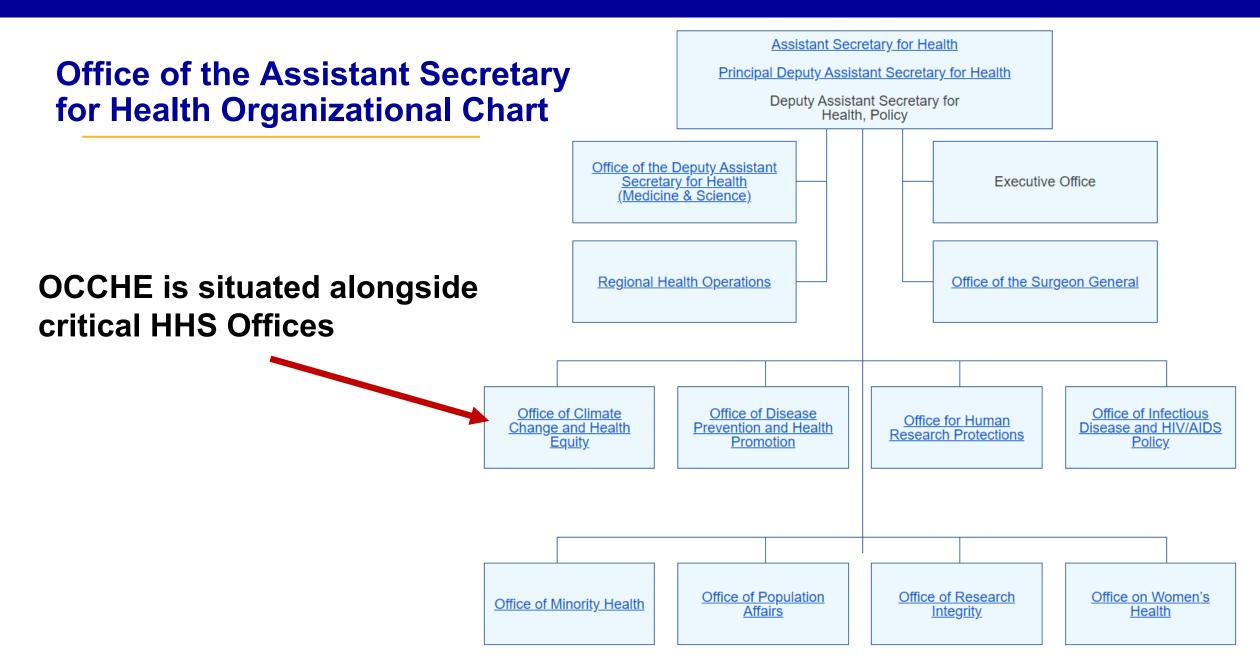
HHS mandates (Section 222(d))

Office of Climate Change and Health Equity

Interagency Working Group to Decrease Risk of Climate Change to Children, the Elderly, People with Disabilities, and the Vulnerable Biennial Health Care System Readiness Advisory Council









Office of Climate Change & Health Equity (OCCHE)

Priority 1: Climate & Health Resilience for Most Vulnerable

Priority 2: Climate Actions to Reduce Health Disparities

Priority 3: Health Sector Resilience & Decarbonization

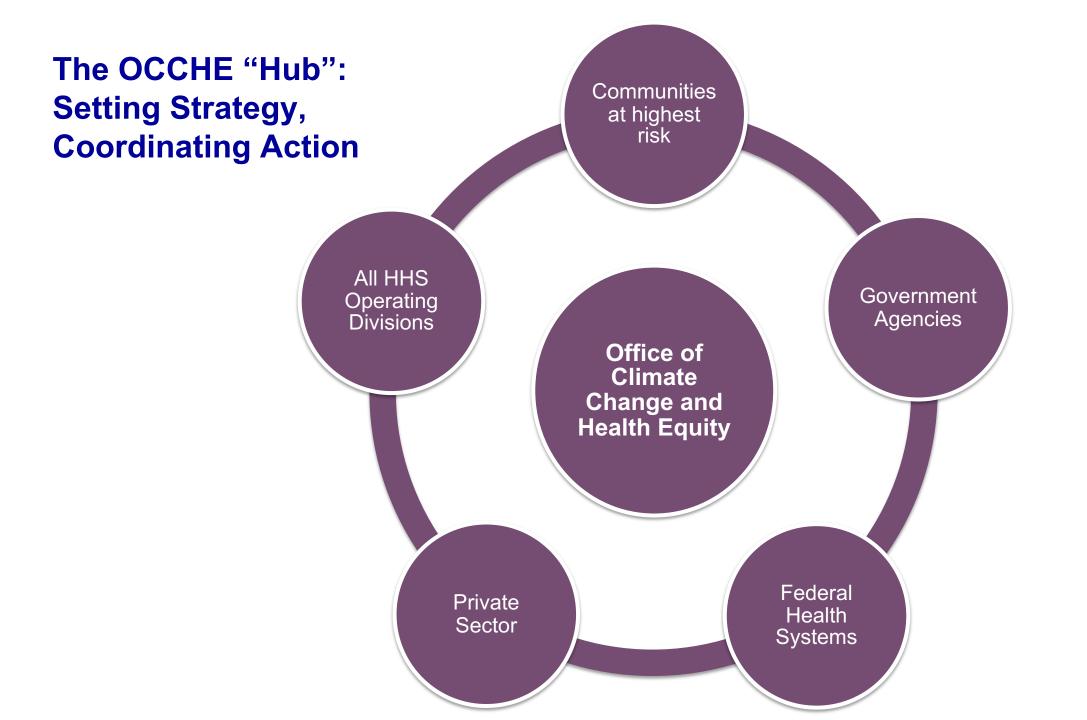


Resilient Health Systems

- Capturing community and health system vulnerabilities and logging adaptation gaps
- Enhancing the resilience of health systems and communities to climate change effects
- Building on existing networks and plans to develop a national plan for health adaptation

Low-Carbon Health Systems

- Coordinating Federal health system greenhouse gas accounting and reduction targets
- Partnership with private health sector to develop an action plan for reductions via incentives, technical assistance, policy guidance, applied research, toolkits, training, use of regulatory authorities as needed, etc.



Vision for Climate Health and Equity

In the next 5 years, communities and the healthcare organizations that serve them are transformed...

- Every community, health system and provider in every U.S. geography is prepared for both disruptive and chronic climate impacts on its most vulnerable patient populations.
- Every healthcare institution is prepared for long-term operation, and can support community resilience, in the face of climate catastrophes (emphasis on safety-net providers).
- Every hospital and health system in the United States is publicly tracking its greenhouse gas
 emissions and is on a path to net zero by tackling Scope 1, Scope 2 and Scope 3 emissions.
- Public sector investments to reduce greenhouse gas emissions and fossil fuel dependence address improvement of health and health equity.
- All HHS Operating Divisions and other relevant agencies are contributing toward these goals...

Highlights of the Last Year (OCCHE and HHS)

Launches

- WH-HHS Healthcare Sector Climate Pledge (102 signees)
- HHS Climate Change and Health Equity Working Group (all OpDivs)
- National Academy of Medicine Climate Collaborative
- Office of Environmental Justice (OASH)
- Extreme Heat Interagency Working Group
- Federal Health Systems Learning Network (VA, DoD, IHS)

Learning

- Six RFIs across HHS (NIH, AHRQ, CMS (2), OASH, SAMHSA; synthesis coming soon)
- Collaboration with HHS regions on state, territorial, tribal and local listening sessions
- Numerous Departmentwide webinars and education sessions
- NIH Climate Change and Health Initiative Strategic Framework

Supports

- LIHEAP expansion (ACF)
- Updated ASPR resources and tools (e.g., TRACIE, National Health Security Strategy)
- OCCHE Climate and Health Outlook
- AHRQ Decarbonization toolkit
- OCCHE compendium and webinar series on federal financial supports
- Ongoing CDC Climate and Health/BRACE programming

Healthcare Sector Pledge (announced by WH and HHS 4/22/22)

- 1. "At minimum, reduce organizational emissions by 50% by 2030 (from a baseline no earlier than 2008) and achieve net-zero by 2050, publicly accounting for progress on this goal every year.
 - a) Share publicly our strategies for reducing on-site emissions (where relevant addressing sources related to on-site energy usage, waste anesthetic gases, vehicle fleets and refrigerants).
- 2. Designate an executive-level lead for our work on reducing emissions by 2023 and conduct an inventory of Scope 3 (supply chain) emissions by the end of 2024.
- 3. Develop and release a climate resilience plan for continuous operations by the end of 2023, anticipating the needs of groups in our community that experience disproportionate risk of climate-related harm."

Climate and Health Outlook



Figure. The National Weather Service Climate Prediction Center's Monthly Drought Outlook is issued at the end of each calendar month and is valid for the upcoming month. The outlook predicts whether drought will persist, develop, improve, or be removed over the next 30 days or so. For more information, please refer to drought.gov

For February, drought is expected to improve over northern California and west-central Oregon, and to persist over the rest of the West, northern Rockies, and Great Plains, with potential drought development over parts of southern and western Texas. Existing drought is expected to improve in parts of eastern Texas to northern South Carolina, Oklahoma, and Arkansas. Drought improvement is favored across much of the Mississippi, Tennessee, and Ohio Valleys. Existing drought conditions across the Southeast are expected to persist with drought development likely throughout the Florida Peninsula by the end of the month. In Hawai'i, drought improvement or removal is anticipated across the Islands.

Drought can have direct and indirect impacts on health increasing incidence of illness among people living in the affected area and worsening mental health outcomes as livelihoods are challenged.

Who is at high risk in the counties projected to have drought in February?

As indicated in the map to the left, 1,083 counties across 26 states are projected to have persistent/remaining drought or drought development in February. In these counties, the total population at risk is 109,253,219 people and, of those, 1,325,890 people work in agriculture. Of these counties:

360 (33%) have a high number* of people aged 65 or over, living alone.

364 (34%) have a high number of people living in rural areas.

210 (19%) have a high number of people living in poverty.

129 (12%) have a high number of people with frequent mental distress.

78 (7%) have a high number of adults with asthma.

401 (37%) have a high number of people without health insurance.

513 (47%) have a high number of uninsured children.

137 (13%) have a high number of Black or African American persons.

227 (21%) have a high number of people with severe housing cost burden.

210 (19%) have a high number of people in mobile homes.

176 (16%) have a high number of people with one or more disabilities.

255 (24%) are identified as highly vulnerable by CDC's Social Vulnerability Index.

"A high number" indicates that these counties are in the top quartile for this indicator compared to other counties.

Drought Affects Health in Many Ways

Drought increases the risk for a diverse range of health outcomes. For example:



Low crop yields can result in rising food prices and shortages, potentially leading to malnutrition.



Dry soil can increase the number of particulates such as dust and pollen that are suspended in the air, which can irritate the bronchial passages and lungs.



Dust storms can spread the fungus that causes coccidioidomycosis (Valley Fever).



If there isn't enough water to flow, waterways may become stagnant breeding grounds for disease vectors such as mosquitos as well as viruses and bacteria.

- Drought's complex economic consequences
- 9 can increase mood disorders, domestic violence, and suicide.



Long-term droughts can cause poor-quality drinking water and leave inadequate water for hygiene and sanitation.

Previously Used CHO Vulnerability Indicators

- Aged 65 or over, living alone (heat, wildfire, drought, spring flooding, hurricane)
- People with diabetes (heat)
- Adults with coronary heart disease (wildfire, spring flooding)
- Adults with asthma (wildfire, drought)
- People without health insurance (heat, wildfire, drought, spring flooding, hurricane)
- Children without health insurance (heat, wildfire, drought, hurricane, spring flooding)
- People employed in construction (heat)
- **Living in rural areas** (heat, hurricane, drought, spring flooding)
- Living in poverty (heat, wildfire, hurricane, drought, spring flooding)
- High energy burden (heat, hurricane, spring flooding)
- HHS emPOWER (heat, wildfire, hurricane, spring flooding)
- Living in mobile homes (heat, wildfire, hurricane, drought)
- High housing cost burden (heat, hurricane, drought, wildfire, spring flooding)
- Poor tree cover (heat)
- Highly vulnerable using CDC SVI (heat, wildfire, hurricane, drought, spring flooding)
- % Black or African American (heat, hurricane, drought, spring flooding)
- Mental distress (heat, wildfire, hurricane, drought, spring flooding)
- One or more disabilities (hurricane, wildfire, drought, spring flooding)

HHS announces new office of environmental justice

BY ZACK BUDRYK - 05/31/22 1:33 PM ET





TWEET







Environmental Justice Index

HHS Tool Scores Communities for Cumulative Health Impact Risks

Aug. 11, 2022, 4:57 PM





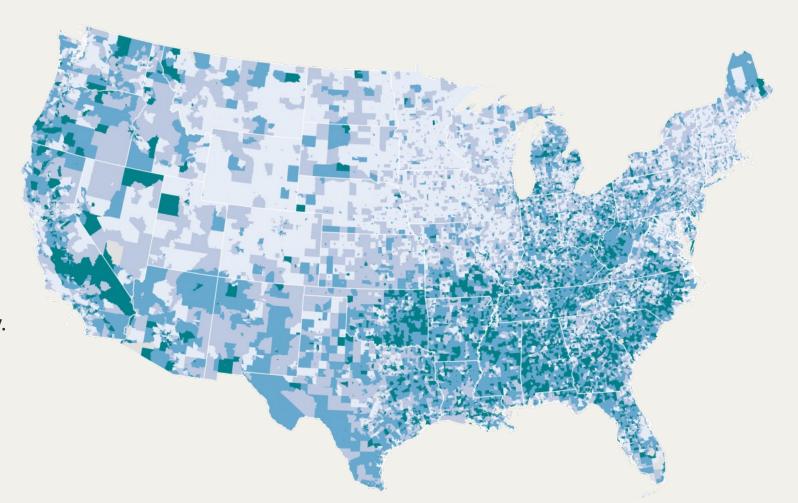






The Office of Environmental Justice partnered with CDC-ATSDR to release the Environmental Justice Index.

The Index is the first National, place-based tool designed to measure the cumulative impacts of environmental burden through the lens of human health and health equity.



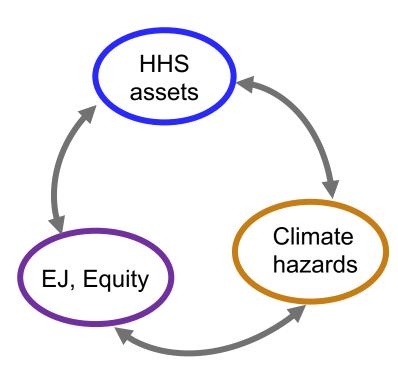
EJI indicators

Justice Rank	Social Vulnerability	Racial/ Ethnic Minority Status	Minority Status
		Socioeconomic Status	Poverty
			No High School Diploma
			Unemployment
			Housing Tenure
			Housing Burdened Lower-Income Households
			Lack of Health Insurance
			Lack of Broadband Access
		Household Characteristics	Age 65 and Older
			Age 17 and Younger
			Civilian with a Disability
			Speaks English "Less than Well"
		Housing Type	Group Quarters
			Mobile Homes
Overall Environmental Justice Rank	Environmental Burden Health Vulnerability	Air Pollution	Ozone
			PM2.5
			Diesel Particulate Matter
			Air Toxics Cancer Risk
		Potentially Hazardous & Toxic Sites	National Priority List Sites
			Toxic Release Inventory Sites
			Treatment, Storage, and Disposal Sites
			Risk Management Plan Sites
			Coal Mines
			Lead Mines
		Built Environment	Recreational Parks
			Houses Built Pre-1980
			Walkability
		Transportation Infrastructure	High-Volume Roads
			Railways
			Airports
		Water Pollution	Impaired Surface Water
		Pre-existing Chronic Disease Burden	Asthma*
			Cancer*
			High Blood Pressure*
			Diabetes*
			Poor Mental Health*



Examples of OCCHE data and analytics

- ➤ Partnership across HHS, federal government and private sector in assembling information on a range of climate hazards, environmental justice and health equity indicators, and HHS Human Services assistance
- > Collaborate on developing climate and health surveillance reports
- AHRQ report on heat-related illness (2022)
- Provide technical assistance in assessing health risks associated with climate hazards
- Ongoing SAMHSA collaboration in addressing relationship between mental health services and climate hazards
- ➤ Publish series of Climate Health Outlooks with health forecast associated with extreme heat, wildfire, hurricane and drought





Near-term Strategic Priorities for OCCHE

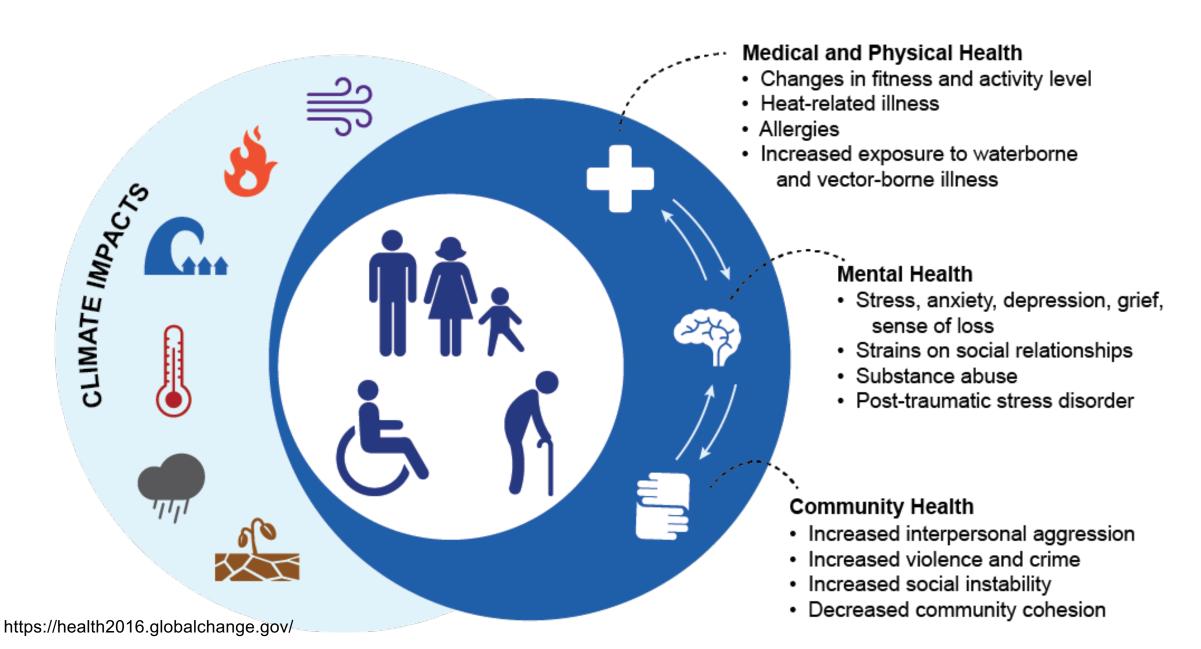
Direct OCCHE Actions

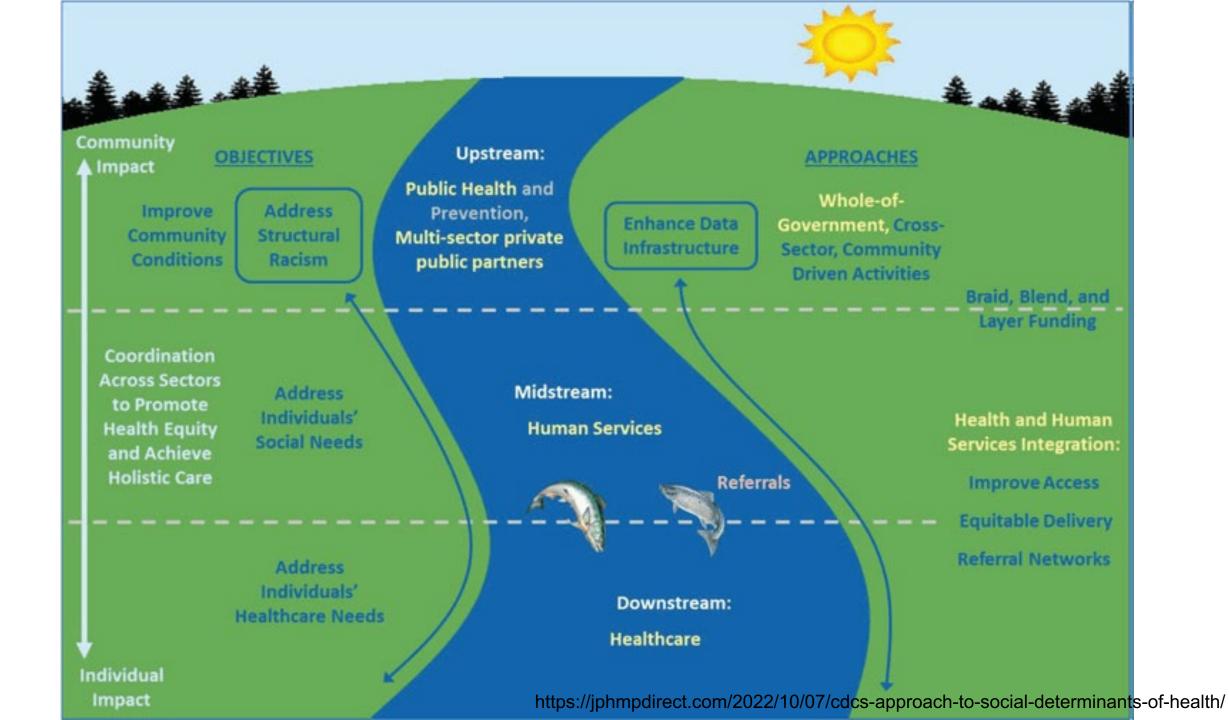
- Connect health sector to opportunities created by IRA, tracking uptake and supporting them on their journey
- Update OCCHE Federal Resource compendium
- Re-launch Sustainable and Climate Resilient Facilities toolkit
- Communicate supports for Medicaid recipients
- Complete international procurement agreements
- Support development of local resilience hubs (place-based initiatives)
- Develop and socialize measures of decarbonization and resilience (includes SDOH measures)
- Continue existing initiatives (pledge, Million Hearts Collaborative, federal health system learning network, Climate and Health Outlook)

Leverage through Other Divisions/Agencies

- Co-develop and support actions from every OpDiv (comprehensive departmental CCHE strategy/OCCHE-TAC)
- Support CMS Emergency Prep rule updates
- Support launch of EP section in forthcoming QIO Statement of Work (potential work on decarbonization in future)
- Clarify statutory authority for CMS and FDA action
- Customize data collection platform (EPA Portfolio Manager) for future use

Impact of Climate Change on Physical, Mental, and Community Health

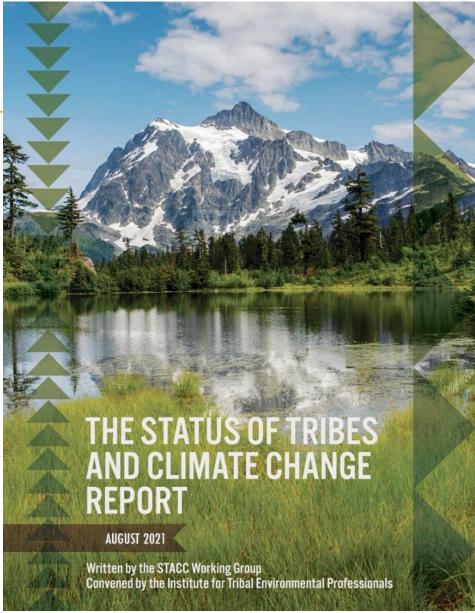




OASH

Some learnings from tribal plans

- Unity of water and food resources and health and wellbeing
- Enhanced data and monitoring of air quality, warnings for heat, etc.
- Cooling, housing improvements
- Special care to the elderly and those with chronic diseases



ITEP, Status of Tribes and Climate Change Report, 2021





Thank you!

Contact us: OCCHE@hhs.gov

Visit us online and sign up for our listserv at www.hhs.gov/ocche