

Office of Environmental Justice
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 716G
Washington, DC 20201

RE: Request for Information (RFI): 2022 HHS Environmental Justice Strategy and Implementation Plan Draft Outline

Dear Secretary Becerra,

The National Rural Health Association (NRHA) is pleased to respond to the Department of Health and Human Services' (HHS) Request for Information (RFI) on its environmental justice strategy. We appreciate CMS' continued commitment to the needs of the more than 60 million Americans that reside in rural areas, and we look forward to our continued collaboration to improve health care access throughout rural America.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including rural community hospitals, critical access hospitals, doctors, nurses, and patients. We work to improve rural America's health needs through government advocacy, communications, education, and research.

NRHA commends HHS' work on recognizing environmental justice as a part of public health. Many environmental risk factors are also social determinants of health (SDOH), which are conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Environmental risk factors and SDOHs contribute to health disparities and inequities. NRHA is primarily concerned with the prevalence of SDOHs in rural communities and how they affect rural residents.

Priority Actions Questions

NRHA calls on HHS to focus on environmental risk factors that pose threats to the health and safety of rural residents. NRHA would like to flag that rural, and/or geography as a disparity, is not mentioned in the 2022 Environmental Justice Strategy and Implementation Plan Draft Outline (Outline). In the final Environmental Justice Strategy, NRHA asks that rural communities are mentioned explicitly as we believe it is incredibly important to ensure that our communities receive the attention and resources required to address environmental health challenges. When HHS refers to "disadvantaged communities" in its Outline, it is crucial to specify which communities this includes, like rural and other areas with geographic disparities.

Highlighting rural is crucial as rural communities face unique environmental health challenges compared to their urban counterparts. Some environmental hazards affecting rural communities are related to specific industries that are more prevalent in rural areas, such as agriculture, logging, and mining.¹ These industries pose risks to surrounding communities. For example, agriculture is a

¹ <https://www.ruralhealthinfo.org/topics/social-determinants-of-health#environmental-hazards>

primarily rural industry and creates environmental health hazards through use of pesticides and other toxins, which leach into groundwater.²

To illustrate, water quality generally grows worse as an area becomes more rural, likely due to differences in water management practices in rural vs. urban areas.³ Clean, safe drinking water is important to overall health and polluted water is considered a social determinant of health. The discrepancy between rural and urban water quality is an example of environmental injustice and a public health issue.

HHS should also address the pressing effects of climate change and how it disproportionately burdens disadvantaged communities in its Priority Actions. One impact of climate change is extreme weather events, like record temperatures. NRHA thanks HHS for working towards providing individual homes with the infrastructure to withstand extreme weather events. However, for rural areas, these events upset life at the community level, not just the individual level. Agriculture will be affected as crop yields decrease over time due to higher temperatures, water availability issues, erosion, and disease and pest outbreaks.⁴ In turn, this affects rural livelihood and financial stability, opening the door to other SDOH that could signal danger to overall health and well-being, like lack of access to nutritious food or housing insecurity. Natural disasters and extreme weather events are of concern as they can quickly devastate communities and have immediate effects on health. For instance, wildfires contribute to declining respiratory and cardiovascular health due to the associated air pollution.

Within its Priority Actions, HHS must also address infrastructure and resource limitations. Health concerns associated with environmental risks, like climate change, require responsive and flexible solutions. Rural communities are less adaptable to changing circumstances, such as the effects of climate change, because of more limited internet access, resources, infrastructure, political influence, and economic diversity.⁵ Yet, rural areas may be more vulnerable to these changes. NRHA asks that, under its Services Priority Actions, HHS target funding opportunities, technical assistance, and partnerships at rural communities to help troubleshoot and address the unique environmental health challenges that they face.

Relatedly, another aspect of environmental health is disaster preparedness. As droughts, fires, tornadoes, heat waves, and floods become more frequent due to climate change, rural communities need support for disaster preparedness.⁶ NRHA has heard from members that increased frequency of natural disasters is a threat to their communities. Again, natural disasters have an immediate impact upon health and infrastructure. Recently, historic flooding at Yellowstone National Park resulted in nearby towns being evacuated or isolated without electricity or safe drinking water.⁷ These events require swift responses to save lives and HHS must consider setting aside resources for preparedness and relief for communities that are likely to be impacted by climate change-related natural disasters. Part of HHS' Education and Training Priority Actions

² <https://www.ruralhealthinfo.org/topics/social-determinants-of-health#environmental-hazards>

³ Strosnider, et al., *Rural and Urban Differences in Air Quality, 2008-2012, and Community Drinking Water Quality, 2010-2015, United States*, 66 Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report 16 (June 23, 2017) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5829865/pdf/ss6613a1.pdf>.

⁴ <https://nca2018.globalchange.gov/>

⁵ <https://nca2018.globalchange.gov/chapter/10/>

⁶ <https://www.nrdc.org/sites/default/files/costs-inaction-burden-health-report.pdf>

⁷ <https://apnews.com/article/floods-travel-montana-obituaries-evacuations-3753caa39435d9f3f45d8b582381a0c6>

should include resources, education, and technical assistance for disaster relief and preparedness in health care settings.

Research and Data Tools

NRHA asks that HHS recognize the direct health care costs associated with environmental public health, including climate change impacts. As environmental risk factors continue to burden rural communities, there are directly related medical costs. Climate change-related disasters lead to hospital, emergency room, and clinic visits. For example, heat waves can induce heatstroke, which would require an emergency room visit. Recovery may also necessitate more long-term rehabilitation after, like a stay in a skilled nursing facility or home health care. This is troubling for rural communities that have less access to health care. Rural residents must travel further to get to a hospital or see a doctor.

One action HHS should take is supporting research into how environmental public health affects rural communities specifically, including the health care costs associated with environmental factors. Stratifying between rural and urban areas is important as both locations feel the impacts of environmental health and climate change in different ways. Rural as a variable must be included in HHS' plan to explore the factors that contribute to minority health disparities and in the environmental justice and social vulnerability dashboard. Rural communities and health care settings would greatly benefit from access to this data.

Thank you for the chance to offer comments on this growing issue facing rural communities and for your consideration of our comments. We very much look forward to continuing our work together to ensure our mutual goal of ensuring high quality of life in all communities across America. If you would like additional information, please contact Alexa McKinley at amckinley@ruralhealth.us or 202-639-0550.

Sincerely,



Alan Morgan
Chief Executive Officer
National Rural Health Association