



HEALTHCARE REDUCTION MANDATES: FACT VS. FICTION

Dispelling the Myths to Reducing Emissions by 2030

Last summer, the Biden Administration and the Department of Health and Human Services [issued a call](#) to all healthcare stakeholders to tackle the climate crisis through a new initiative and pledge aimed at reducing emissions across the healthcare sector. The Joint Commission, an accreditor, collaborator and evaluator of healthcare systems, as well as similar accrediting organizations, quickly moved to join what became known as the [Health Sector Climate Pledge](#). They pledged to reevaluate their criteria for hospital systems' environmental impact evaluations. Evolving state codes, accrediting body evaluations, and movement at the federal level have made it clear: healthcare systems and their stakeholders must commit to aggressive change in their carbon footprint. Some of the most impactful changes they can make are at the facilities level.

Many systems are behind in facility upgrades that would bring them up to code in other markets, let alone be prepared for an increase of commitments or requirements in carbon neutrality from operational or embodied carbon. The challenge is substantial, and for many systems, these waters have gone uncharted. Like anything unknown, myths have built up around what is and isn't possible.

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MYTH: SUSTAINABLE SOLUTIONS ARE EXPENSIVE

There is a misconception that sustainable design adds costs – one that is not just shortsighted, but potentially harmful in the long run. While some sustainable design features may result in additional initial cost, most high-performance design strategies are cost neutral. In fact, most high-performance design decisions will provide savings over the lifetime of the equipment systems or the facility itself. If enough foresight is applied, the right sustainable design choices up-front can avoid costly future renovations, particularly given the rapid pace of change within code compliance.

MYTH: HOSPITAL SYSTEMS ARE NOT ELIGIBLE FOR INCENTIVES TO MAKE SUSTAINABLE UPGRADES

Most healthcare systems are non-profits, and rely on their communities for support. Formally, they were not eligible for the tax incentives other entities receive for sustainable and carbon or energy use reduction initiatives. That is no longer the case. The [Inflation Reduction Act](#) has changed the regulatory framework around funding high-performance upgrades and sustainable elements and has made tax incentives available to non-profit entities like hospital systems for these changes.



MYTH: THE COMMUNITY AND DONORS EXPECT HEALTHCARE SYSTEMS TO BE GOOD STEWARDS OF FUNDING. THAT MEANS NO OR MINIMAL FRILLS IN OUR FACILITIES PROJECTS

First, sustainable and high-performance facilities aren't a luxury. They are the most responsible use of funds today to preserve, conserve, and optimize operational and maintenance costs tomorrow in addition to the impact on human health and the environment. Secondly, and perhaps more impactful, people want their communities and the organizations and businesses in them to be sustainable. It's important to communities to conserve resources and be responsible actors in the local environment. Polling data from global consulting firm McKinsey has shown overwhelming evidence that [consumers and community members value environmentally and ethically sustainable goods and services](#), and go out of their way to support causes and organizations that align with those values.

MYTH: MOST HEALTHCARE FACILITIES CAN ONLY AFFORD TO MEET THE CODE WHERE IT IS TODAY

Healthcare facilities can't afford not to be ahead of the code. Healthcare projects have long schedules, and the code continues to move the goalposts. It is crucial to advise clients to position themselves ahead of likely code changes. There is nothing worse than completing a project that is outdated the day it opens and soon enough, another renovation is needed.

MYTH: SUSTAINABLE DESIGN IS ONLY OPTICS

There is an argument to be made for the goodwill green facilities can generate in the community, but at the end of the day "sustainable" and "high-performance" are interchangeable terms. An energy-efficient building with high-performing systems will keep the lights on, the water heated, and the equipment running when other buildings fail.

Scientists have already [predicted a rise](#) in the number of extreme weather events and the environmental impacts to human health across the world. Demand for care is [going to rise](#) in part from the environment.

Due to climate migration, the pressure placed on our infrastructure is going to increase due to extreme weather events. A high-performance, well-planned building is resilient, as well as operationally efficient. In the mission-driven environment of healthcare where facilities are constantly changing, there's no excuse not to be considering the future and how facilities will perform in a crisis.

MYTH: SUSTAINABLE DESIGN IS INVISIBLE

Aligning sustainable goals and community engagement can support organizations. Demonstrating the impact (such as energy savings, carbon reduction, or water conserved) through interactive surfaces or signage (for example: "Our solar panels generate enough energy each year to power 200 homes") can make features that families and patients don't notice come into focus. Potential donor opportunities presented in adding sustainable enhancements and can also generate positive press.

MYTH: BUILDING NEW IS THE ONLY WAY TO FULLY OBTAIN THE BENEFITS OF A SUSTAINABLE DESIGN

Ensuring the longest possible life for a preexisting structure is the most environmentally responsible option. This requires creativity to apply new solutions in old spaces as well as the operational flexibility to accommodate the disruption of renovations.

If we are going to meet 2030 and 2050 goals for reducing carbon emissions, we must dispel the myths, dig into our planning and facility challenges, look forward, get creative, and make informed decisions.



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