

2022 Inflation Reduction Act: Climate Investments Are Public Health Investments



The Inflation Reduction Act (IRA) of 2022, which was signed into law on August 16, has multiple components important to public health, including the ability to negotiate drug prices within Medicare and an extension of subsidies within the Affordable Care Act. But the public health benefits of the IRA are not limited to improvements to the health care system. The sections of the bill related to clean energy and climate change will also improve public health in the short term and long term.

It is widely recognized that climate change has a direct impact on human health. For example, heat waves, wildfires, and hurricanes increase in frequency and intensity with a warming climate, and all are associated with adverse health effects. Reducing greenhouse gas emissions will help to mitigate climate change, although it will take many years for the benefits to manifest.

Importantly, many of the clean energy and climate change provisions in the IRA will improve public health along pathways other than climate change itself, with shorter-term benefits. For example, investments in clean electricity will reduce emissions of air pollutants from fossil fuel power plants, which will confer health benefits. Investments in cleaner fuels and vehicles will also lead to less air pollution, providing health benefits, especially to those who live close to busy roads. Transportation investments go beyond cleaner vehicles, including competitive grants that improve walkability, which will improve public health through increased physical activity.

In addition, the IRA includes multiple provisions to make homes more energy efficient, such as rebate programs and tax credits for energy-efficiency retrofits and improved technology like heat pumps. Funding is appropriated to increase energy efficiency of affordable housing, with a specific call-out to also enhance indoor air quality, a critical inclusion to center the health of residents. Along with the outdoor air pollution benefits from using less electricity or reducing household fuel combustion, the residential energy efficiency provisions will help reduce energy insecurity for

lower-income households. This will also improve public health, as energy-insecure households often lack thermal comfort, have higher stress, and lack the resources needed to pay for healthy foods ("heat or eat") or preventive health care.

There is also funding to make coastal communities more resilient to extreme weather events, to mitigate the impacts of drought, and to otherwise help communities protect themselves given a changing climate. These are ultimately public health investments as well, helping communities put adaptation measures in place to protect vulnerable populations.

Multiple provisions direct investments toward communities that have been historically overburdened by pollution, which will both address environmental injustice and yield public health benefits. For example, the IRA encourages solar and wind investment in lower-income communities. It also includes environmental justice block grants that can address an array of topics, including climate resiliency, mitigating urban heat islands, and reducing both indoor and outdoor air pollution. The IRA also reinstates Superfund, charging a tax on petroleum and oil to provide resources to clean up hazardous waste sites when a responsible party is not identified. Along with incentivizing the transition to cleaner fuels, this will accelerate the rate of clean-up of hazardous waste sites and bolster the health of surrounding communities.

The IRA does not complete the clean energy transition or fully address all issues of environmental injustice, and city and local climate action plans will continue to be needed. But it provides much-needed investments that reduce greenhouse gas emissions while centering the health and well-being of historically overburdened communities. The public health community should regularly draw the connections between climate action and local health to ensure that health is centered in climate policy development. **AJPH**

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10 Years Ago

Social Justice in Pandemic Preparedness

Historically, socially disadvantaged groups have fared the worst of any population during influenza pandemics. They will most likely continue to do so; this certainly held true for the 2009 influenza A (H1N1) pandemic. . . . Although that pandemic was relatively mild, its disparate impact on certain populations raises significant ethical concerns. The US Centers for Disease Control and Prevention (CDC) acknowledges, "[I]t's clear that minority groups have consistently had higher rates of serious 2009 H1N1 disease, including hospitalizations, than non-minority groups. In fact, hospitalization rates among minority groups have consistently been more than double those of White, non Hispanics." . . . To counter the social injustice of structural inequalities and adequately meet the needs of vulnerable groups, pandemic preparedness efforts must address both health disparities and access barriers.

From AJPH, April 2012, p. 586

20 Years Ago

The Global HIV/AIDS Pandemic, Structural Inequalities, and the Politics of International Health

Structural inequalities continue to fuel the epidemic in all societies, and HIV infection has increasingly been concentrated in the poorest, most marginalized sectors of society in all countries. The relationship between HIV/AIDS and social and economic development has therefore become a central point in policy discussions about the most effective responses to the epidemic. Important progress has been made in recent United Nations initiatives. Maintaining long-term commitment to initiatives such as the Global Fund to Fight AIDS, Tuberculosis and Malaria is especially important in the wake of September 11 and ensuing events, which threaten to redirect necessary resources to seemingly more urgent security concerns.

From AJPH, March, 2002, p. 343