Energy to Care Talking Points
For use with the ASHE Energy to Care Benefits Calculator:

Description of the Tool

The ASHE Energy to Care Triple Bottom Benefits estimating tool uses actual results and data provided by participants of the ASHE Energy to Care program to highlight a range of program benefits. Hospitals that haven't yet joined the program can select from a simple set of inputs to estimate some of the benefits that would come from participating in the Energy to Care program such as money saved, pollution reduced, and health harms avoided through reduced fossil fuel consumption. The results of the tool are designed to be used in combination with a variety of talking points that help make the case for program participation. The development of this tool was supported by the American Council for an Energy-Efficient Economy.

Instructions

Talking points A-D below can be customized using the results of the ASHE Energy to Care Estimating Tool. The tool provides estimates of possible outcomes from your hospital's participation in the ASHE Energy to Care program, which can be used to fill in the blanks for the talking points below. Each blank has a letter and number that corresponds to an output cell from the tool. Talking point E encompasses several additional persuasive arguments, many with examples and supporting studies to help you make your case.

Talking Points

A.   Through participation in the ASHE Energy to Care program, we could reduce our hospital's energy consumption by **[insert D21]**, reducing operating costs by **[insert D22]** dollars per year. Over 10 years, participation in the program could save us close to **[insert D23]** dollars.

B.   By participating in the ASHE Energy to Care program, our hospital can protect the health of our community by reducing air pollution. Over time, we could eliminate **[insert D24]** pounds of fine particulate pollution, **[insert D25]** pounds of ozone pollution, and **[insert D26]** pounds of greenhouse gas emissions. Health benefits from the avoided fine particulates alone could amount to **[insert D27]** dollars in health benefits.

C.   In our region coal makes up **[insert D28]** of electric generation. Coal pollution contributes to four of the leading causes of death in the United States: cancer, chronic lower respiratory diseases, heart disease, and stroke. By participating in the ASHE Energy to Care efficiency program we reduce pollution from coal and protect the health of our community.

D.   Participating in the ASHE Energy to Care program can help our hospital remain competitive. Another hospital in our region is already participating in the ASHE Energy to Care

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Greater efficiency supports patient care.

program. They have achieved **[insert D29]** energy savings, helping to lower their operating costs, create a more healthful space for patients, and protect the health of the community they serve.

E. Reducing energy consumption in hospitals can have health benefits for patients, employees, and the community. By participating in the ASHE Energy to Care efficiency program we can:

➢ Contain costs and strategically reduce risk. Energy management adds value to a hospital's bottom line by reducing operating costs and minimizing a hospital's vulnerability to energy price hikes. An EPA study shows that each dollar saved by a nonprofit healthcare organization through better energy performance is equivalent to generating up to $20 in new revenues for hospitals.[i]

➢ Increase reliability during times of stress on the electric system and increase our ability to respond to system emergencies by maintaining energy supply. Long Island's South Oaks Hospital relied fully on its combined heat and power (CHP) system when the hospital preemptively disconnected from its soon-to-fail local grid—a repeat of its successful reliance on its system during a 2003 blackout. Connecticut's 371-bed Danbury Hospital also kept critical facilities running with its CHP system. By contrast, New York University's Langone Medical Center did not have a CHP system and had to evacuate all 215 of its patients when its existing backup plants failed.[ii]

➢ Improve both patient and employee comfort, reducing the time it takes for patients to recover and improving employee productivity. Research finds that longer hours of daylight and higher illuminance, which can be provided by energy-efficient design and lighting measures, leads to shorter average length of hospitals stays.[iii] For some facilities, revenue generated from increased staff productivity can be 10 times as high as the energy cost savings received from performance upgrades.[iv]

➢ Reduce greenhouse gases and other harmful air pollutants. At Boulder Community Hospital in Colorado, high-efficiency, partial-load, low-emission boilers reduced annual emissions of nitrogen oxides (NO_x) by 70% and carbon dioxide (CO_2) by 50%, and energy fuel consumption by 20% over standard boilers.[v]

➢ Conserve water and help make our community more resilient. Hospitals are water-intensive and in many communities are among the top ten water users. A community hospital in Boston implemented a series of water conservation retrofits that now return more than 15 million gallons of water to their community annually. Hospitals operating in drought-prone regions can have a big impact on their communities by conserving water.[vi]

➢ Help to mitigate the effects of climate change on our community. Hospitals that make use of energy-efficient reflective roof technology reduce their energy use and costs associated with interior cooling while helping their communities. The annual mean air

temperature of a city with 1 million people or more can be 1.8–5.4°F (1–3°C) warmer than its surroundings. In the evening this "urban heat island effect" can result in temperatures that are 22°F (12°C) higher than surrounding areas. Heat islands can affect communities by increasing summertime peak energy demand, air conditioning costs, air pollution and greenhouse gas emissions, heat-related illness and mortality, and water quality. Climate change will lead to more extreme temperatures, resulting in higher temperatures particularly in urban environments. Hospitals employing efficient roof technologies can help to reduce the urban heat island effect on their surrounding communities.[vii]

F. The health benefits that energy efficiency can provide are real and substantial. The American Council for an Energy-Efficient Economy has estimated the health and environmental benefits that would come from a 15% reduction in electric consumption, a readily achievable goal that some states have already surpassed.[viii] In our state avoided health harms would total more than _____ dollars per person.

[i] https://www.energystar.gov/ia/partners/spp_res/Custom_Healthcare.pdf
[ii] https://aceee.org/blog/2012/12/how-chp-stepped-when-power-went-out-d
[iii] https://www.sciencedirect.com/science/article/pii/S0360132311003593?via%3Dihub
[iv] https://www.energystar.gov/ia/partners/spp_res/Custom_Healthcare.pdf
[v] https://www.boulderassociates.com/wp-content/uploads/2014/05/Case-Study9.pdfhttp://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No2May07/HealthyBuildings.aspx
[vi] http://www.mwra.state.ma.us/04water/html/bullet1.htm
[vii] https://www.epa.gov/heat-islands/using-cool-roofs-reduce-heat-islands
[viii] https://aceee.org/research-report/h1801