

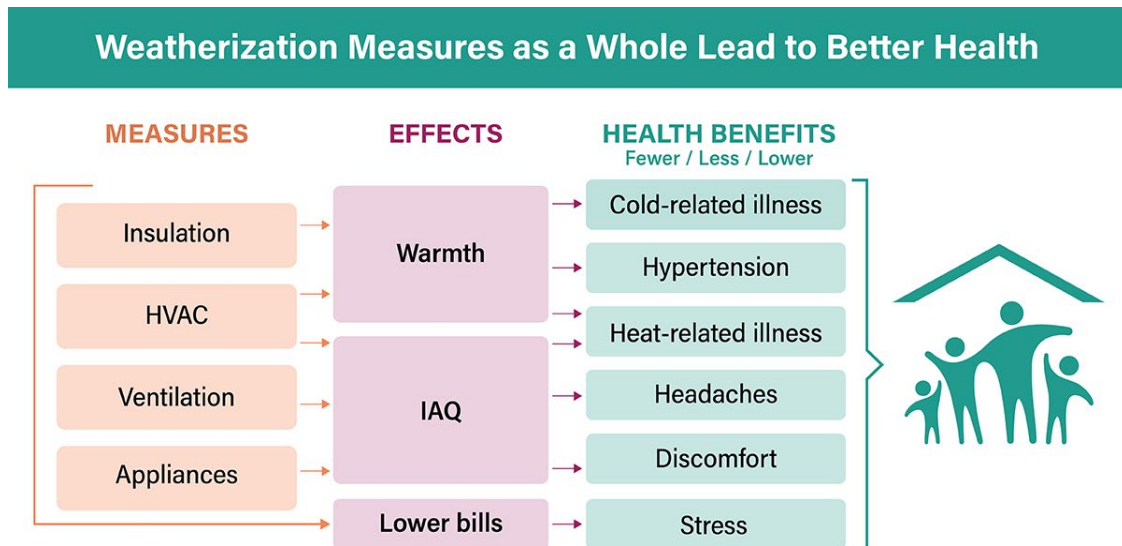
CenterPoint Energy Integrating Health and Energy Efficiency Research - July 2022

Project Summary

According to the Centers for Disease Control and Prevention, social determinants of health (SDoH) are “conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life-risks and outcomes.” Healthcare stakeholders are looking for ways to address SDoH and improve patient health. Two SDoH areas clearly intersect with energy: (1) improving the built environment, and (2) increasing economic stability by reducing energy burdens.

CenterPoint Energy’s (CNP) Integrating Health and Energy Efficiency Research project used primary and secondary research to investigate new, innovative approaches to reaching utility customers most in need of energy efficiency improvements by exploring ways to integrate energy efficiency and healthcare services to serve income-qualified families. While research¹ suggests that energy efficiency and weatherization services provide health benefits (Figure 1), historically little work has been done to integrate health and energy services.

Figure 1. Health benefits of weatherization related measures. Adapted from Figure 2 in VEIC’s [Energy-Plus-Health Playbook](#) (2019).



In 2021, the Minnesota legislature passed the ECO Act, which increased the requirements for utility energy programs’ minimum expenditure on low-income customer programs. With the

¹ Tonn, Bruce, Erin Rose, Beth Hawkins, and Brian Conlon. 2014. “Health and Household-Related Benefits Attributable to the Weatherization Assistance Program.” Oak Ridge National Laboratory. https://weatherization.ornl.gov/wp-content/uploads/pdf/WAPRetroEvalFinalReports/ORNL_TM2014_345.pdf.

increased interest for both energy and health stakeholders, now is a great time to explore ways to integrate health and energy services in Minnesota.

The needs are great in communities. Local healthcare stakeholders have seen the level of need within their communities increase with the pandemic, with one reporting an increase from 25 percent to 40 percent of patients needing SDoH-related support. However, when it comes to available energy programs and services, a general lack of awareness exists, particularly with regards to their connection to improved resident health. Our discussions and interviews with healthcare stakeholders (seven healthcare systems and the Minnesota Department of Health) revealed a variety of models the healthcare industry is using to address SDoH in serving low-income patients, including:

- SDoH screenings
- Resource navigators
- Community paramedicine (providing medical care outside of typical healthcare setting)
- Community health workers
- Clinic food pantries

All healthcare organizations we talked to are currently screening some or all their patients for SDoH and some organizations are also making inquiries about patients' ability to pay utility bills. Most healthcare stakeholders are aware of the Energy Assistance Program (EAP) and currently refer patients to EAP. However, the same stakeholders are less familiar with weatherization or utility energy efficiency programs. Healthcare stakeholders maintain lists of community organizations supporting various services, but face challenges in keeping those lists up to date.

Some targeted outreach by energy efficiency stakeholders to community health resources, such as social workers and community health workers, could build relationships and increase community awareness of utility and energy support resources. The main purpose of these outreach efforts would be to build off healthcare stakeholders' existing knowledge and experience with EAP, to add additional energy related resources to existing community resource lists, and to build a relationship between healthcare and energy stakeholders to better serve low-income families.

Healthcare stakeholders, such as community health workers, support patients in applying for services. It is critical that the process for residents is simple, with clear directions on the application steps and eligibility requirements. In addition, such information needs to be widely accessible (available in multiple languages, online, and on paper). Based on our interactions, it is clear that healthcare stakeholders do not wish to become energy experts and would rather receive guidance on simple questions to ask patients to enable them to direct patients to services that can support them in addressing energy related challenges.

