



HOW HEALTHCARE LEADERS INCORPORATE ENVIRONMENTAL SOCIAL AND GOVERNANCE PRIORITIES INTO PRACTICE

VIDEO TRANSCRIPT

Emma Valinski Lloyd: All right. Hello, Hello, everybody! Thank you so much for joining today. We will just take a minute. Let everybody join us. We have A.

Jen Covich Bordenick - EHI: We're very big group joining today, and i'm very excited to hear from you guys. Um, I am Emma Valinski, Lloyd. I'm. The director of policy and programs for the executives for health innovation, and I'm. Jen Covid, Chordmic on the Ceo of eh? I? And delighted to be here today.

Emma Valinski Lloyd: Yes, I'm. I'm really excited for this topic. I can't say it's new. The industry body means, but it is new to me, and it is it's exciting, and i'm really glad that we're going to be able to have such fantastic speakers talk about it today.

Jen Covich Bordenick - EHI: You know what they'll be cool to know where everybody is.

Jen Covich Bordenick - EHI: You in from

Jen Covich Bordenick - EHI: absolutely. Jen. Where are you logging in from?

Jen Covich Bordenick - EHI: I'm walking in from outside of Washington, Dc. In beautiful Maryland? How about you, Emma?

Emma Valinski Lloyd: I'm in Arlington, Virginia? How about you, Alyphia?

Jen Covich Bordenick - EHI: Thank you,



Jen Covich Bordenick - EHI: Ireland. I'm: looking in from Europe right now. I'm In London, usually in the Netherlands.

Yeah,

Jen Covich Bordenick - EHI: okay, you win as the coolest place to be logging in from encore. How about you

Shah Ankoor: now? I am in Georgia, Jen Covich Bordenick - EHI: all right.

Jen Covich Bordenick - EHI: Um. And folks online. If you want to just put in the chat box where you are in the comment box where you are logging in from. That would be great. We would love to know where you're logging in from here we go. Actually,

Emma Valinski Lloyd: we just made it so we can chat with everyone Jen Covich Bordenick - EHI: perfect. Let me just fix that. Also. I

Jen Covich Bordenick - EHI: Yeah, I was like to like to add, if there's anybody from New Hampshire that's joining. I grew up on the sea coast, and so I just have to wave to everybody in New Hampshire. Um, but I get all right, and then let's just hear real quickly from Joe and Sima, where you guys are logging in from

Seema Wadhwa: Great, but it looks like we have a strong presence from the Nation's capital. I'm. Logging in from Dc. Today as well.

Jen Covich Bordenick - EHI: Wonderful sema great well oncourse going to introduce our um prestigious speakers in just a moment, and Ah was going to get us started with some introductions. So yeah, i'm. Ah, i'm going to turn it over to you.

Emma Valinski Lloyd: Yeah. So um, i'm hoping many of you have been to our Webinars before. But if you haven't, we are the executives for health innovation we have to do on that slide.

Emma Valinski Lloyd: Yeah. So we are a nonprofit based out of Washington, Dc: We are a convener of experts and executives from across the entire health

Emma Valinski Lloyd: care industry. I think what makes e-high so great is that we are able to bring voices from every section of an issue. And when I think when you bring those together, you're able to find you know more thoughtful, real solutions. And so that's what we are, and that's why we have this Webinar today, next slide.

Emma Valinski Lloyd: So we are a convener. So we do collaborative learning like roundtables work groups, task force. We help shape policy through educating policymakers in their offices, and we help build a network of like minded thought leaders.



Emma Valinski Lloyd: Um! But we also have been at this for a while, Vianca, if you want to just go to the next slide, so you can see everything we've been doing. I really just want to point out that that we are a group that wants to get people involved. You can see that we have been

Emma Valinski Lloyd: through all the different health it issue areas, and we continue to work on the most current most pressing issues today. So you can see we've done e-prescribing value-based care digital health innovation, and that's communication experience. So next one

Emma Valinski Lloyd: and I think honestly, we we do a patient experience, and we've been working on patient experiences at the beginning. But along with that we've done, we're working on health, equity and access, privacy and cybersecurity and digital care. And I say that

Emma Valinski Lloyd: these are our focus areas. But we really do work on all different types of issues, not just those, but also we are a multi-stakeholder group. So if you know nothing,

Emma Valinski Lloyd: so you can see just like I was saying, we were a vast and a wide variety of members as well. Um, if you see your name up there, know that you, and not just your company as a member behind, so we would love to get you involved if you don't see your company, name up there,

Emma Valinski Lloyd: but would like to see your company name up there. We would love to have you, and if you would like to get involved, you can just send me a message in the chat. Um next. I just want to quickly remind everybody that as an educator we do have

Emma Valinski Lloyd: quite a lot of research and reports. We do a lot. You can see here how many we've done recently with our members, but we also have a resource center that i'd like to direct you to, and I will put in the chat in a second.

Emma Valinski Lloyd: We'll bring you to not only the resources and reports that we have, but also all of the Webinar recordings and slides that we will have from today you can find those as well in the resource center.

Emma Valinski Lloyd: All right, and then we have upcoming events, as the summer has come to a close e-high is really starting to ramp back up. So these are just the ones that are happening this week. We have quite a lot coming up.

Emma Valinski Lloyd: Ah, we have our policy briefing with Dr. John Holanka from Mayo Clinic platform. He will be doing our September policy, briefing. Know that a high does policy briefing every single month. So look forward to October and November,



Emma Valinski Lloyd: and then on Thursday we have defining your organization's, path and analytics with one of our members. Norman. So if you want to register for those events, you can go to our website, you you you'll have ah events, and you can join us there.

Emma Valinski Lloyd: And lastly, of course, a big big Thank you to a center one of our members, Without our members being so supportive we wouldn't be able to do such great work with such great speakers. And so before I hand it over to encore

Emma Valinski Lloyd: Yeah, before I hand it over, I just want to remind everybody how lucky we are to have encore here today to moderate our discussion. And not only is he and a provider with a whole lot of knowledge and experience. He's also incredibly passionate about this work, and you can really see it in the in the stuff that he does with his team at the center. And I think you'll all see here today in the discussion. So with that I will hand it over to you.

Shah Ankoor: Thank you so much. Uh am I? And I Hi! And hello to everyone uh out there in the virtual world. My name's all for Shaw. I lead our publicity practice at the center, and a pediatrician best practicing as well. But we have an incredible panel today. Uh, I want to introduce you to Uh,

Shah Ankoor: who is a the health care leader and uh, senior adviser in the office of climate change and health equity at Hhs, Uh Sima Vadwa, who is the executive director of environmental stewardship for Kaiser Permanente and Alicia Sturke, who is a group sustainability senior director

Shah Ankoor: globally at the So we have

Shah Ankoor: a incredibly passionate and knowledgeable group that i'm looking forward to having a great discussion, and really, uh hearing from you all an audience as well. So let me just take a step back and talk about why we're here.

Shah Ankoor: I think, as many of you in the audience as our panelists and myself. We've been hearing a lot. A heightened interest in understanding what our healthcare organization. Stakeholders are interested in ensuring their company. Does my stakeholders. We're not only time, i'm, shareholders any more about your patients,

Shah Ankoor: your workforce and your community. And What is your organization doing to advance justice for its people and planet,

Shah Ankoor: and through its central research? Or, let's say, the topic of Health equity. We know nine out of ten healthcare leaders say it's a top priority.



Shah Ankoor: That number drops down to about thirty, five percent. When we ask if there's a plan in place or a budget to actually actualize that.

Shah Ankoor: So there's a gap. And how do you get started?

Shah Ankoor: How do we make it uh long lasting?

Shah Ankoor: How do we tie to business value. I think these are the questions that all of us are hearing. And this is a conversation where We' to get some of those dots and answers as well

Shah Ankoor: before. Ah, I pass it over that tech panelists I just wanted to give. Make sure we all are on the same page. When we talk about health equity, what that means so really, briefly, health equity as a definition is essentially the opportunity for every single person to meet their health potential, often like outcome potential,

Shah Ankoor: but inherent in that is the acknowledgment that there are historic and structural barriers Shah Ankoor: create communities that have unequal access and and have unequal outcomes. So Shah Ankoor: the acknowledgment does something just generally unjust about my new outcomes.

Shah Ankoor: So, for example, there is something unjust that rural rural Americans have higher likelihood to death from more disease in cancer than urban Americans. There is something unjust that black women have a three times more entire likelihood to die during pregnancy than what,

Shah Ankoor: so, in order to advance, justice

Shah Ankoor: can take an equal intervention approach, we can't just have the same thing for everyone, because that will continue to have unequal outcomes.

Shah Ankoor: Equitable way is through differentiation, personalization

Shah Ankoor: of the intervention. So you actually have. You start narrowing that disparity and have equal outcomes as well.

Shah Ankoor: And now, in this conversation

Shah Ankoor: it's really well. How does health equity really tie to environmental sustainability into climate change into a health system's role

Shah Ankoor: in that?



Shah Ankoor: And that's actually what I would love to start our conversation with. So, Sima, if uh why, Don't, we start with you uh a for all of our rounds. I think the audience would love to learn a little bit more about you and what you do, and then I would love your perspective on

Shah Ankoor: the intersectionality between Shah Ankoor: sustainability and health equity.

Seema Wadhwa: Great. Thank you so much. Thank you. Th and I, for hosting this, and for putting together such a great panel, so to share a little bit about myself. I'm the executive director of environmental stewardship for Kaiser, perman and ante, and to

Seema Wadhwa: to pull that out a little bit to explain what that means. I act as a hub for the organization when it comes to our sustainable operations. Hospitals in the healthcare industry provide a significant portion of greenhouse gases and carbon into into the world, and we account for between eight to ten percent of greenhouse gases for the health for industry. So really looking at what we're doing to reduce our own impact. Secondly, I am focused on our stress

Seema Wadhwa: to make investments in the community related to community health through that lens of environmental stewardship. What are the things that we can make investments in through our community? Health and community benefit work one hundred and fifty

Seema Wadhwa: to improve on the upstream side, the health of our communities. And then honestly, how are we catalyzing change through leading and engaging through coalitions, policy and advocacy and stakeholder engagement.

Seema Wadhwa: And so you know the way I come at this work is, you know, I started my career, and I trained as a civil engineer,

Seema Wadhwa: And when I look at

Seema Wadhwa: what can we do to make? You know, I started with building communities and roads. Now, i'm really focused on How can we actually improve the health of those communities we're serving. And you know oftentimes people, when they think about climate change, their first image goes to polar bears. Not enough people are making the connection that climate change is impacting health,

Seema Wadhwa: and unfortunately it's impacting the health disproportionately of communities that have already been socially disadvantaged and discriminated against. So you know, that's the lens in which we are looking to take action and thinking through the solutions and support we can provide.

Thanks.



Shah Ankoor: Thank you, Sam. Same question to you, Joe. I think we'd love to learn a little bit more about yourself and your perspective on uh sustainability, and how that we

Mccannon, Joseph: thanks anchor and and thank you to, eh? I Ah! And and thank you to the other panelists. It's really um, you know, when I think of of cutting edge, thinking in the space. I think of Kp. And I think of Phillips, and so

Mccannon, Joseph: at the center. So you know it's a pleasure to be a part of this conversation,

Mccannon, Joseph: as was mentioned earlier. I'm. The health care sector. We at the Department of Health and Human Services, new Office of climate, change and health equity. So um! My background is actually in large-scale systems, improvement or scaling. So essentially, how do we take

Mccannon, Joseph: evidence-based solutions and bring them to to everyone who could benefit from them. And I started doing this kind of work as as part of something called the three by five initiative with the World Health Organization,

Mccannon, Joseph: which was an attempt to get three million people on against our retroviral for Hiv and A. By the end of two thousand and five I did similar work on patient safety. I directed something called the One Hundred Thousand Live Campaign for the Institute for Health Care Improvement, which which focused on getting us hospitals to reduce infection and

Mccannon, Joseph: medication, surgical complication. And then I was in the the Obama administration, working on, rolling out the affordable care act spreading new models of of payment and care delivery,

and about five years ago I I began to work with some organizations that were were trying to figure out how to spread best practice on climate change and health equity, and and I felt that this was, you know, probably the most important area out there. That sort of existed as a confluence of my skills and interests. And

Mccannon, Joseph: so, yeah, I I joined this office a little over a year ago, and the office's overall remit is to protect the health of Americans from threats presented by climate change,

and the specific part of that work that i'm involved with is our work with health care, facilities, and healthcare institutions. How do we help them

Mccannon, Joseph: both become more ready for the impacts of climate change, especially on the most vulnerable communities, and how do we help them take a leadership role in reducing their emissions?



Mccannon, Joseph: Um,

Mccannon, Joseph: you know, I think Seam has answered the question really Well, when it comes to the relationship between the

Mccannon, Joseph: um, sustainability and equity. You know, I think, when we think about the origins of the fact that vulnerable populations are impacted disproportionately by climate change

Mccannon, Joseph: You know

Mccannon, Joseph: this is something that we see kind of with most major public health challenges in the Us. As we have with the pandemic, and at the root of that is discrimination, disenfranchisement

Mccannon, Joseph: underinvestment in communities that's happened over decades. And so when climate crisis hit that means they're less resilient, and at a huge disadvantage. And I think what we've seen in Jackson fifty in the last month. Is it's kind of a case to point there where you have

Mccannon, Joseph: chronic underinvestment in a community infrastructure combined with a climate crisis, and that leads to a health crisis of major proportions and lots of suffering. So you know, I think

Mccannon, Joseph: um,

Mccannon, Joseph: you know, and in places where climate change is really persistent, or where the man of the session manifestations of it are really persistent. If we think of

Mccannon, Joseph: storms, wildfires, extreme heat,

Mccannon, Joseph: it exacerbates social determinants of health, you know, and it's It's housing insecurity, Transportation challenges access to education and economic opportunity. But I think increasingly you start to view it as a social determinant of health in and of itself. If you're in an area that's constantly being hammered by climate related impacts.

Mccannon, Joseph: It is a social determinant of your health. And so you know, people who are living on the Gulf coast. Now experience that the people living in wildfire areas experience that so that, I think is kind of a critical perspective to take on this as well.



Olesya Struk - Philips: especially in the disadvantage communities. So in Phillips we are quite commuted to environmental, social and governance framework. So on an environmental side, we already reached the carbon neutrality in our operations two years ago,

Olesya Struk - Philips: and also in our market in the United States, our team and government, the first public of personal research innovation in services are working closely across the stakeholders on the environment and also social contributions.

Olesya Struk - Philips: Um, and therefore it's a um Sima and Joe, already very nice, outlined the the connection between environmental um effectors. But your climate change, and also how it industry is one of the largest emitters of the Ah, it's about four point four point six percent. It's more than aviation or shipment in the

Olesya Struk - Philips: while on the global scale, around the half of the global which lacks access to basic healthcare services. Right? So therefore, some things go to go to change. And we believe, for example, the digital technology is one of the key neighbors to extend access to health care while reducing its environment of food,

Olesya Struk - Philips: maybe also on a on a practical matter

Olesya Struk - Philips: Uh. So we believe in partnership is absolutely essential for it. And um, we, for example, partners with the world become a forum to design principles for every Zealand healthcare system That includes also the collection services that we major health around the patients, but also the governance around it, health workforce uh support data innovation and also um making health care



Shah Ankoor: Thanks so much, Joe, and then i'll pass over to

Shah Ankoor: Lucia. Tell us a little bit more about yourself what you do, and then any thoughts you have. I guess that's spanning on what I see when Joe

Olesya Struk - Philips: Sure, thank you, i'm Kore. And thank you very much. He hi for organizing such an event as such a discussion, this important topic. That's the right pleasure to to contribute to it. So my name is Sis. Look, i'm working for Felix Health to Company, where we provide technology software services around the house continue. And then my role is the stability business partner to joke this, to mark this by law, Of course, America and leading one of the programs which is access to care also to improve and health care outcomes,

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Olesya Struk - Philips: and financially resilient through the financing systems. And therefore we are open to partner to collaborate about the carbon food and reduction in health care, and also and expanding the services to to a big rich of actions.



Olesya Struk - Philips: Thank you.

Shah Ankoor: Thank you. I love that juxtaposition of healthcare industries are a large part of a large carbon footprint, and also

Shah Ankoor: well, we were not doing a good job of having access to care. Is there a way we did? How can we solve both? And then time on what Seam was talking about about making those community partnerships to get it done. What's the role of technology? And then how do you factor that in understand, these are non medical learners for help that Joe mentioned as well. Um,

Shah Ankoor: I wonder, Joe, if you can give us a perspective. I mean you have such an interesting purview within the Federal Government.

Shah Ankoor: If there is

Shah Ankoor: uh kind of what is the office uh thinking about or working on right now? That is, both on the incentivizing, enabling healthcare delivery systems, for example, to

Shah Ankoor: to advance their sustainability, agenda, environmental, sustainable agenda and health equity, agenda,

Shah Ankoor: and then a little bit about what is coming in the future, and your thoughts on enabling incentives versus a regulatory lever as well. That might be in the works.

Mccannon, Joseph: Sure. Yeah. Happy to discuss that. And I think you know, to start, I think this Administration and Hhs in our office

Mccannon, Joseph: are

Mccannon, Joseph: we're, we're mobilizing healthcare institutions and and other health care stakeholders to to focus on climate change and and health equity through our own aims and commitments.

Mccannon, Joseph: So we're we're basically saying that you know we're trying to say this is what success looks like. This is where we need to get as a sector and and see you to gain some some industry-wide consensus on that so that we're all critical clear on what success looks like for all of us.

Mccannon, Joseph: So that starts with the biden administration commitment made on Earth Day two thousand and twenty-one to reduce emissions fifty percent by two thousand and thirty, and get to that zero by two thousand and fifty, and then it includes executive order, one thousand four hundred and five, seven, which



Mccannon, Joseph: came out last December, and obligates all Federal facilities, including Federal health care providers. So to the a Department of Defense Indian Health Service to to meet those same goals of the same emission reduction goals,

and it also includes the commitments we made at Hhs last year to joining the health program at the Un Climate Conference just to developing a low carbon and resilient health system.

Mccannon, Joseph: It involves an explicit strategy. We created at Hhs for the first time, which focuses on environmental health and climate health. And then what we did last spring on Earth Day is, we announced, this thing: The White House, Hhs healthcare sector climate pledge,

Mccannon, Joseph: where we invited private sector stakeholders to share those commitments. So sixty-one organisations, including Phillips and Kp. And groups representing providers who themselves represented more than six hundred and fifty hospitals,

Mccannon, Joseph: fires, arma Gpo. Ensures others they all sign on and and more are actually signing on. Now, since we've reopened this pledge through October the twenty eighth, if anyone on the line is interested. So that's kind of the

Mccannon, Joseph: the aim setting piece of it in terms of how we help the sector achieve those commitments which I think is what your question is really getting at. In our first year we've been mainly focusing on sports and offenses. So we introduced a Webinar series on kind of the financial and the financial or financing opportunities that are already available.

Mccannon, Joseph: We introduced last week a toolkit from age. Rq. On on Organizational approaches to decarbonization and decarbonization measures.

Mccannon, Joseph: We're about to launch a collaborative on the relationship between climate change and cardiovascular disease. And November And then you know most recently and most significantly, you have the inflation production that bill, this massive investment in combating the impact of climate change

Mccannon, Joseph: and well, we're still digesting it. You know it's. It's pretty clear that there's a lot in there that's going to be of relevant to facilities and communities

Mccannon, Joseph: to to help find their sustainability work, and we'll say, you know, Secretary for Sarah, when he launched our office, said that we're going to use every lever at our disposal. To try to stimulate and support. Change in the country,

Mccannon, Joseph: you know, is a nice way of saying we are exploring regulatory options with with the agencies within the



Mccannon, Joseph: Hhs, and you know we we feel responsible to do that. But again, we're focusing first and foremost on helping organizations kind of find ways to finance their investments in this work so that they can get the the leadership commitment they require and do the initial work they need to do to to build internal momentum. One last note i'll share is that every agency within Hhs is currently developing its own kind of detailed strategy on our climate change in equity.

Mccannon, Joseph: So I think that each is thinking about the combination of intensive programmatic supports, other levers that are available. So there should be much more to come in the next year.

Shah Ankoor: Thanks so much, Joe. You know. So what what I'm hearing is that your your office is not only providing technical assistance there's going to be, if not already, soon, uh financial support. But from the business perspective, it's not only the right thing for the people on planet, but it's going.

Shah Ankoor: There is a future we could envision in that it's a must to do as well to be a a good steer within the system within our healthcare ecosystem as well.

Shah Ankoor: Um! So

Shah Ankoor: I've seen we're seeing that kind of perspective from from from the Federal Government. Shah Ankoor: You know, Sima, you're I I love that your experiences.

Shah Ankoor: We're doing this work within large health care delivery systems,

Shah Ankoor: and I would love to hear your perspective on other value streams for the organization

Shah Ankoor: that if you as you're pursuing your environmental sustainability agenda, or in a a health equity lens to work outside just It's the right thing to do for your people and the planet. Are there other value strings that

Shah Ankoor: delivery system in the business is thinking about, Shah Ankoor: and should be thinking about

Seema Wadhwa: It's a great question. So you know. I mean, I think, that there has been this, this notion, this preconceived notion that making environmentally sustainable choices and thinking about environmental stewardship

Seema Wadhwa: always cost more. And you know, I think what we can say is that we've seen evidence to the contrary. You know, specifically thinking about our energy and our electricity.



Seema Wadhwa: We were very early adopters when it came to renewable energy. Right now, all of our energy, all of our electricity is sourced from renewable sources, whether that's wind farms or through utility skills, solar farms, and you know that was an investment we made

Seema Wadhwa: many, many years ago. Now the

Seema Wadhwa: but the reason, I say, that is, if you look back over this last year, and you have all of this energy pricing volatility that came from the the geopolitical destruction. War in Ukraine

Seema Wadhwa: that gave us the opportunity to be insulated from that and realized cost savings through that. And you know

Seema Wadhwa: well that was a choice that was made previously. Looking at where we are now, and leveraging some of the great funding opportunities that are available through the Ira. Ah! Geared towards healthcare institutions, nonprofits which typically has not been the case. You know there are

Seema Wadhwa: opportunities to really change the dynamic of how the financial dynamic of environmental stewardship and sustainability.

Seema Wadhwa: Um.

Seema Wadhwa: And you know, I think, in the same way that Joe mentioned this. This really is an all of Government

Seema Wadhwa: opportunity to act. It's an all of institution for health care for individual health care organizations, but also an all of health care requirements

Seema Wadhwa: to drive change. Right. So if you think about supply and demand, if we're able to create enough demand for products that are environmentally preferable. That cause less harm, You know, if we we leverage the force of the health care

Seema Wadhwa: economy, It's about eighteen percent of the Gdp that really has the opportunity to shift markets.

Shah Ankoor: Thank you. That's a great perspective.

Shah Ankoor: No. But Alicia, I would love for you to help widen our aperture. You know, I I've been focused on health care delivery systems in the Us.

Shah Ankoor: Let's take a global perspective. Let's think about the whole health care ecosystem, especially nontraditional players in the health care, ecosystem.

Shah Ankoor: Why,



Shah Ankoor: why are these companies getting into health care

Shah Ankoor: in? In? Why, uh, trying to, or where are they trying to address, or why is Phillips really trying to address that intersectionality between uh sustainability

Shah Ankoor: and health equity?

Olesya Struk - Philips: Sure, thanks! So thanks for a great question. So, first of all, I still would like to acknowledge that we uploaded the kind of permanent effort to move to renewable energy. And that's also great example of resilience, and uh and sustainable Um! We'll negotiate our participation. The Hhs are much to to support it, because it takes er it takes really movements and the collaboration.

Olesya Struk - Philips: And so in Phoenix, Hg. Is embedding, we embedded in in across the valley chain, and specifically it starts also with the company purpose to improve a health and longing of ah! To doing people lives to ah! By two thousand and twenty-five, including three hundred million people in the community, and that sense of purpose also helps to, of course, to make the company's strategy a little bit more strong and more outspoken,

Olesya Struk - Philips: and also striving for health. Equity in such a way is embedded from the very beginning, and also part of the company's purpose is to cater towards our planet, and the wider range of the stakeholders in our work.

Olesya Struk - Philips: Um! Why, this is the good approach it's a transformational, actually actually uh efforts to environmental um um efforts and uh health, equity, efforts and transformations. They're they're for embedding them across with the help of embedding them in the vision and sending the kpis. So we are sending Gpis to Ah, you know, on those efforts,

Olesya Struk - Philips: and also our Ceo is reading that, and we are working with our teams, and we are also building a lot of awareness of our employees of uh seventy-eight thousand ways building awareness, education, um engagement around the topic of access to care, and the starting of a health equity is one of the strong

Olesya Struk - Philips: also. What is important is the collaboration, research, research, collaboration results in more data improvements and facts to build the future business cases. For example, we all go into the needs of environments on the search communities in the United States, and how they want them in the innovation process,

Olesya Struk - Philips: and and also an energy framework. Now, on the support in the environment and the stakeholders, we see the increase in increasing interest of investors. That's also what I referred to.



Olesya Struk - Philips: Uh, also customers and uh large has the delivery systems. Also, private offices are asking us to help within our scope to improve their carbon, footprint and sustainability.

Olesya Struk - Philips: Ah, consumers are very outspoken, as we have also personal health, consumer facing division, and also patients voice is becoming more prominent about environmental part, and especially about the health health.

Olesya Struk - Philips: So but the last one, and not the least. But employees are uh it's. It starts with them building on the e-based moment, and the increase ideas as an example of it's designed as part of the initiative in the quest for more inclusive design for health equity in our design,

Olesya Struk - Philips: so I hope it gives you some color. Maybe one more item is also, for example, partnerships that we are collaborating, for example, with an Ngo uh with a mature and not for profit, and a organization dedicated to improving the quality of life for people communities by sourcing and directly delivering medical supplies and equipment to communities around the world. For example, this past year material delivered much needed

Olesya Struk - Philips: from Phillips to access community health, as if a genetic clinic in the in the bay area.

Olesya Struk - Philips: I hope that's a Shah Ankoor: Thank you a little bit more.

Shah Ankoor: That's very, and that's a nice segue, because I you know you mentioned inclusive design research, Kpis,

Shah Ankoor: and

Shah Ankoor: it goes into really the how. So we've We've discussed it a little bit a lot around the why, from the Federal Government point of view from the importance of people on the planet to even ah important financial levels that

Shah Ankoor: that shares it. Why, but

Shah Ankoor: I talked about a little bit on the central research. There's a real gap between. Yes, i'm one. It

Shah Ankoor: pursue this agenda versus actualizing it.

Shah Ankoor: There's that gap. So where do you start? Shah Ankoor: Um!

Shah Ankoor: And how would you advise a lot of our organizations who are aligned with the mission with the stakeholders?



Seema Wadhwa: Ah, two things. One.

Seema Wadhwa: Are you engaging the leadership within your organization. Um to to really drive this because that is going to be the most effective way to to make a change as quickly as a change is needed. And then the second thing is to be thoughtful about talking about this in a

Seema Wadhwa: multilingual way, and what I mean by that is that

Seema Wadhwa: climate, change and health equity, and addressing this work, There are a lot of different route reasons to do this work, and to be engaged

Seema Wadhwa: and understanding who it is you're speaking with and connecting the why to them really can make things move quickly. So you know, I think, breaking it down to making sure you have the driving force by leveraging the right wise,

Seema Wadhwa: and then connecting with the right leaders to make that happen, and then, lastly, connecting to the resources that already exist, so that you realize there is. There is already a strong movement around this work, and you're not starting and trying to figure out from from you know from scratch.

Shah Ankoor: Is that How is that? How you think about it as well, Joe, Because I you know your experience, especially launching.

Shah Ankoor: I remember the one, the first thing he says is scaling. So Shah Ankoor: do you? Um?

Shah Ankoor: Sima talked a little bit about the strategic focus at the end of the you know we have to align what we're trying to do? Who are the leaders? What is the accountability? What are we doing? And where can we make the most impact

Shah Ankoor: to align that which I think we would all agree. And then

Shah Ankoor: what would be that? What would be the next step to moving it forward. Joe.

Mccannon, Joseph: Yeah, I mean, I You know, I think Fema is really

Mccannon, Joseph: that it will. It starts at the top within organizations that we've seen that are really successful. It starts at the top with the Executive and the board, and them making kind of a clear assessment of risks and understanding opportunities.

Mccannon, Joseph: Um, from a business case standpoint. Ah, and really kind of benchmarking other organizations, You know. We know that that it's helpful to study what other c suites and other boards are doing what other health systems are doing. That seems to



stimulate a lot of action, and and you know it's not just peer pressure, but it's It's a question of sort of building confidence that that action can be taken in. Ah, in a meaningful way,

Mccannon, Joseph: I mean from the standpoint of of scaling, You know if we, if we zoom out and sort of say, what are we trying to orchestrate at a national level? I think we just have to acknowledge that we operate in a a health system that is very different than a lot of the health systems in the world. So you know,

Mccannon, Joseph: when I think of sort of great success stories from around the globe. I think of the National Health Service in the UK. They've done a fabulous job,

Mccannon, Joseph: and it's mobilising their entire system and getting all of their trust into action on addressing the impact of climate change and anticipating the impact of climate change. And, you know, reducing emissions in really thoughtful and powerful ways. But we don't quite have that luxury here, because the vast majority of our health care provision, comes from the private sector. We do have Federal providers that I mentioned veterans, administration, and the military health system,

Mccannon, Joseph: the Indian Health Service, and a few others. But

Mccannon, Joseph: and you know that the care is coming from lots of different organisations at lots of different levels of readiness and experience. So a big academic health system, with, you know lots of resources is going to be in a very different position than a small rural

Mccannon, Joseph: pipes and different levels of readiness. And where can they begin? What's kind of the the low-hanging fruit for action for each of them. So that's part of what we're trying to do right now to really kind of understand what an initial

Mccannon, Joseph: action look like on both kind of preparedness and resilience and decarbonisation. And so some of these toolkits that I mentioned are kind of about that about trying to find the starting point for organisations at different stages of readiness

Mccannon, Joseph: really to skill the the best practices. And then, you know, support organizations and substantial ways on actually introducing those. And again, that's not just technical assistance, but it's finding

Mccannon, Joseph: and opportunities. So, as Sima said, you know, if you make that initial investment. With some help you begin to actually see that saving. And, you know, see the long term efficiency to the organization.

Shah Ankoor: What's an example of a less mature organization, you would recommend taking their first step



Shah Ankoor: as a use case. You alluded to it a little bit, whether it's in decorization or something else. Shah Ankoor: What? What would that look like?

Mccannon, Joseph: I think it starts with with sort of assessment of risk. So for a lot of these organizations, you know, there. If we think of a community health center or a rural hospital or a safetyiness facility, they're kind of at the crux

of care in these communities that we know are the most vulnerable, and are being hit the hardest by

Mccannon, Joseph: either catastrophic climate, events, or kind of the chronic impact of climate change. And so for them. I think it's a question of assessing where the greatest risk lies, and thinking about what are the anticipatory actions that they can take

are the most vulnerable parts of their community. We have a tool which is called the sustainable healthcare facility, resilient initiative toolkit. The most we sometimes call it the scruffy, and it's a tool We're actually working on updating right now. But it's for exactly that purpose,

Mccannon, Joseph: you know, so that organizations can just start to understand. Well, these are the three or four likelihood things to happen that could either disrupt our operations or cause great harm to the people that we serve. So Let's get ahead of that and develop into the security plans. There, I think that's you know. That's

how we're thinking about starting

Shah Ankoor: that that's very helpful. And Actually, we have a question from uh one of our uh audience members as well. Uh Lancel and I apologize if i'm just pronounced for

Shah Ankoor: uh, the question is. I wonder if the panel has any sector-specific advice around evaluating various standards and certifications

Shah Ankoor: sasb be cork, et cetera,

Shah Ankoor: and how to know which best aligns with your organization or the roi of aligning with one versus the other. So basically, any insight on evaluating different standards and certifications.

Mccannon, Joseph: And I mean, I' to offer, you know. Mccannon, Joseph: Okay, three, please,

Mccannon, Joseph: please, Don't,



Olesya Struk - Philips: and maybe i'll. I'll just quickly jump in, because this is something that we do a lot of. So, in fact. So we collaborate with Jri. And we here in in those discussions basically work as well. And we look at those standard certification pro two, and those first of all, we just making sure that we are in line, that we are not lugging behind and itself and the some dimensions where we can be ahead of this, so monitoring more the how our comprehensive program, and that we are also able to join those, and as well

Olesya Struk - Philips: where we can, to join the different brand game, et cetera, and collaborate on creating those

Olesya Struk - Philips: A and then and this because of the effect of of joining a um, also medical investors for wider by just stakeholders, but for the company itself for us. We, um, you know, manage our our prey, one, of course. So we are. Ah joined by. And we such a organization on the specific topics.

Olesya Struk - Philips: Yeah, so we wouldn't evaluate on them, one versus the other. But we would rather see to to keep them monitoring and align in, and also discussing with them how to bring those standards and frameworks forward.

Shah Ankoor: Thanks, Joe. I think you have a comment as Well,

Mccannon, Joseph: yeah, yeah, I was just going to quickly Say, you know, in our position in the government. So we we're not in a position to sort of endorse a specific framework or a specific approach. But I will say that in introducing this pledge initiative, you know, one of the things that was really important to us was to make sure it was aligned with, and could basically absorb

Mccannon, Joseph: the work of organizations working on any of the initiatives or working within any of these frameworks, because I think our view is, you know the starting point is, have go and have objective,

Mccannon, Joseph: and as long as they're kind of generally aligned with what we're trying to accomplish in this administration. You know It's a positive thing and that that we co-chair, the National Academy of Medicine, to actually collaborative on decarbonizing the Us. Health sector, which is a public private collaborative that brings together stakeholders. And I think what we're finding in that group is that the important thing is having goals and objectives, and being transparent about measuring progress against those. And I think that's really what the

Mccannon, Joseph: what the future needs to be for for the sector and just. It's not just a question of kind of exposing people and ranking people and accountability, although I suppose accountability is part of it. But it's been learning to, you know. So how can we learn from the bright thoughts and and performers that are are getting results quickly, and and study from one another in that way.



I think that type of

Mccannon, Joseph: learning environment we want to create.

Seema Wadhwa: I can add to that. I think there's been a recent rise of Esg. And this term that relates to measuring all of this,

Seema Wadhwa: I think that the healthcare industry has been doing a lot of what's considered Esg. And you know, thinking of the ring ratings related to, for instance, Gri and Sasby that were mentioned. And you know I I think i'm going to I'm going to agree with with the colleagues on the line here.

Seema Wadhwa: I think it's a little less important which framework you use to a certain degree, and more important that you are looking at all of the different elements in those frameworks, whether it's your I or sasbe, and you're you're measuring in your benchmarking, and you're setting targets, and you're improving in those areas.

Seema Wadhwa: Um. So I think that's really the important exercise,

Shah Ankoor: you know, related related to that question or that response. Actually, I think it's a theme that everyone mentioned. Um! When the audience members asks. For many years financial credit industries have tried to resolve matters related to our access and equity.

Shah Ankoor: Uh, what can the health care, industry learn and apply in use cases, and in my mind a lot. A different

Shah Ankoor: multiple differences between the two industries, but

Shah Ankoor: one is the application and use of technology in that technology infrastructure.

Shah Ankoor: I would love to hear from our panelists, you know

Shah Ankoor: A. Do you agree? Or And then what is the role of technology as kind of the last common that's even made around

Shah Ankoor: you? Measure what's important?

Shah Ankoor: How do we kind of develop this framework of Pds. A cycles Shah Ankoor: of actually having improvement in

Shah Ankoor: intern metrics?

Shah Ankoor: I I think you're on mute.



Seema Wadhwa: Sorry, thanks. I'll start with a general statement. I'm sorry. I think the automatic lights went off here so a little bit darker here, but i'm sort of the general theme that I do think there's a lot for the healthcare industry to learn from

Seema Wadhwa: from the private sector, from other sectors when it just broadly comes to environmental sustainability and stewardship. I think a lot of work has been happen happening in those sectors, and I think that a lot of people have not

Seema Wadhwa: put the focus or attention, or even the consideration that the health care industry has a broad impact there,

Seema Wadhwa: such as broadly, I think there's a lot to learn. And then, in terms of the role of technology that it's another area where I feel like we have been behind. I think that Ah Covid accelerated the adoption of telemedicine. And you know

Seema Wadhwa: there are other technologies out there that that can really drive action.

Seema Wadhwa: But I will also still caveat that with it's not just a technology issue. When we look at the solutions for climate change, there are a variety of technologies out there to help us get there right now. It's around not only policy, it's politics, it's culture. It's talking about these issues, you know.

There's There's so much data that shows that

Seema Wadhwa: so many more people are worried about climate change, you know. I think it's somewhere around eighty percent. Yet

Seema Wadhwa: they have this perception that a much smaller grouping is worried, and it's because not enough people are talking about it. So you know, if there's if there is one thing that everybody on this call can leave with and do. Independence of their organization is to go talk to somebody, talk to your neighbor, talk to your organization and make it real

Seema Wadhwa: and leverage. Then we can start leveraging the technology and the shared learnings from other sectors as well.

Mccannon, Joseph: I would just say, you know here here to that, you know, I mean

Mccannon, Joseph: one of the words we use a lot in our team is is latency There's so much latent Mccannon, Joseph: energy and concern, and will around addressing

Mccannon, Joseph: climate-related challenges, and and that exists in the workforce, especially in the I think you know, organizations that are having success are



Mccannon, Joseph: tapping into that energy. And those work forces are making it clear to leadership, too, that you know they want to take meaningful action in these areas. Um, I mentioned, I think, at the start, you know. So I've kind of worked on large scale, change and movement, and and

Mccannon, Joseph: there are lots of things that successful movements have in common. You know. One is, they have really clear aims. You know they limit fear, and and, you know, try to sort of create an encouraging learning environment. But you know, another really critical

Mccannon, Joseph: piece is that They are

Mccannon, Joseph: kind of exemplars of teamwork, you know, and and there's

Mccannon, Joseph: just great transparency and and collaboration, and I think that's what we need in the Us. Especially again, it's. It's easier in some ways if you are in a national health system to mobilize action and activity harder in others, but but easier in many ways.

Mccannon, Joseph: So you know, we have to say in the same way. At the start of the pandemic people came together selflessly and shared everything that they knew. We've got to do the same thing here with climate to accelerate the learning.

Mccannon, Joseph: Another just last thought about sources of energy, and and

Mccannon, Joseph: how to simulate activity is is living in and being connected to the community. And I know Kp. Does that in such an exemplary way. But if you really are seeing what's happening, and we have,

Mccannon, Joseph: you know, the experience of this and the government on a daily basis. If you hear about the suffering that's happening in the community. If you hear about the experience of living through, you know

Mccannon, Joseph: an extreme heat wave, or fires, or or flooding from the families and the people that are experiencing it, and the health centers that are experiencing it, and either rural hospitals that are experiencing it. It's a huge source of energy, and and

Mccannon, Joseph: it makes very vivid just how serious the challenges are, Shah Ankoor: hey? Thanks, Uh

Shah Ankoor: Alicia. Any additional thoughts or final thoughts that you'd like to share as well.



Olesya Struk - Philips: I'm: sure. Yeah, great great ones have been mentioned, and also as a source of energy. I would like to add to this, so I also work in the community. We encourage volunteering um, and that's uh. That also helps to to drive to, to bring more energy also to on the subject. And and now the part we'd like to add, is also like um. I think I already mentioned earlier. There is also a mobile,

Olesya Struk - Philips: and then so first you build the Y, and then the second is also good to get the grip on the scope of what? Something below hanging through with something which is in our own scope.

Olesya Struk - Philips: And they're hoping that says we are. I'm going to actually also medical equipment, large, medical, And therefore we looked into this as an example. We look into circularity as a circularity. Actually, our materials generate. About forty percent of all practices are required to to be established in that collaboration. At the same time, because we are servicing our equipment,

Olesya Struk - Philips: and we can pull that lifecycle, and then it's. For example, the service number is the all parts that we have also in the United States. And then um! There's about three to two thousand pieces of parts of equipment, and they established that circular practices. This is something that we can manage within our own school, and yes, they see the contribution, in addition, also to part in on some other initiatives, or broader across the value.

Shah Ankoor: Thank you. I

Shah Ankoor: you know I from what i'm hearing it's there's I mean just the themes i'm hearing is if the audience could come away with one action. Item: from this conversation

Shah Ankoor: to talk about

Shah Ankoor: health, equity, and climate change,

Shah Ankoor: environmental sustainability within your organization. But to your neighbors, to your within, your community, You,

Shah Ankoor: And then how are we? We know the why and the what it's overwhelming, but we can just get started, because, as Joe mentioned, while our research shows as well, the workforce is engaged. People are engaged and and are looking to their organizations for action.

Shah Ankoor: It's going to be a must have very soon as well.



Shah Ankoor: I Ah want to thank. Thank thanks so much. Ah! Our amazing panelists as well. Ah, Sima,

Joe! And overcia, and thank you all for eyes for joining. I'll actually

Shah Ankoor: pass it over to Jen. Let's see if we can close this out. But thank you all

Jen Covich Bordenick - EHI: on core. This is fabulous and beautifully moderated. Really wonderful. Thank you so much. It's been great to have you today, and I think um on board made some great points about what we can take away from today. So thank you so much. Um! I We will send the links out um any link to the Webinar today to everybody within the next twenty-four hours. Thank you for joining us today, and to our wonderful moderator and speakers today, we greatly appreciate it and have a wonderful opportunity.

Emma Valinski Lloyd: Thank you so much. Guys.