Health and climate. From environmental sustainability to economic sustainability

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Overview

- Who we are
- The Health and Climate Project of La Unió
- Conceptual framework
- Sectorial sustainability dimensions
- Lines of action
- Examples of some actions
LA UNIÓ Catalan Hospital, Health & Social Services Association

We are an association of health and social care entities

Plurality
+115
Associated entities with diverse public and private ownership
- Associations
- Cooperatives
- Publicly-owned corporations
- Foundations
- Mutual insurances
- Religious orders
- Commercial companies

Transversality
+750
Health and social care centres
- Primary and community care
- Acute hospital care
- Sociosanitary care
- Care of mental health and addictions
- Social services care
- Outpatient rehabilitation
- Other

Territoriality
We are present throughout Catalonia

- 8 million inhabitants
- 65% Public health system
- 81% Provide services to the public system
- 64% Dependency
- 45% Companies of the innovation forum
- 70,000 Professionals
- 95% of state-subsidised private health centres

WE MOVE FOR PEOPLE - WE FACE THE FUTURE WITH AN OUTLOOK OPEN TO THE WORLD
The Health and Climate Project of La Unió (I)

**MOTIVATION**

- Climate change is one of the most serious threats facing humanity.
- The health and climate binomial is inseparable and bidirectional. As a health and social sector, we care for people’s health, on which climate change becomes a very relevant determinant, and we are generators of carbon emissions and other negative impacts.
- To reduce carbon footprint and negative impacts, organizations need to adopt a holistic approach that considers the direct and indirect implications of their activity.
- As La Unió, we promote the commitment to go beyond and set an example to raise awareness, understand, and minimize the effects of climate change.
- It is time for all professionals individually and, of course, from the governance of organizations, to demonstrate with actions that we are concerned and move forward together with tangible efforts.

**OBJECTIVES**

- Promote initiatives for raising awareness within organizations and their stakeholders.
- Inform about regulatory frameworks and promote knowledge.
- Monitor outcome and cross-cutting impact indicators and share best practices.
- To be present and act as a spokesperson representing La Unió’s associates with the Administration and stakeholders, as well as in national and international organizations and initiatives.
The Health and Climate Project of La Unió (II)

**Conceptual framework**

**Health and Climate Dual Vision**

- **Sustainability dimensions**
  - Transportation
  - Green pharmacy
  - Supply chain
  - Resources
  - Food and nutrition
  - Research and innovation
  - Professional involvement
  - Facilities & buildings
  - Governance
  - Climate change adaptation
  - Digitalization
  - Care models

**Results and tools**

**Lines of action**

- **Knowledge & best practices**
- **Partnerships and international relations of value**
- **Awareness and dissemination**
- **Intervention levers**
- **Training and research**
Conceptual framework

Objective: low carbon, climate resilience and environmental sustainability

Power health care with 100% clean, renewable electricity
Invest in zero emissions buildings and infrastructure
Transition to zero emissions, sustainable travel and transport
Provide healthy, sustainably grown food
Incentivize and produce low-carbon pharmaceuticals
Implement circular health care and sustainable health care waste management
Establish greater health system effectiveness

Impact of Climate Change on Human Health

Source: Global Road Map for Health Care Decarbonization, Health care without harm (2021)
Source: Climate Effects on Health, National Center for Environmental Health
Source: Healthcare facilities resilient to climate and environmental sustainability, WHO. (2021)
1. Facilities & buildings
- Improve and optimize the use of water and energy resources.
- Include the sustainable vision into infrastructure reform, rehabilitation, and construction processes.

2. Transportation
- Promote sustainable mobility among workers, customers, suppliers, and patients and reduce unnecessary transport to reduce the carbon footprint.

3. Green pharmacy
- Optimizing and improving the efficiency of medication prescription and supply.
- Seeking the best environmental practices to minimize carbon footprint.

4. Supply chain
- Understand the supply and certification conditions offered by suppliers to minimize the carbon footprint.

5. Resources
- Optimizing the use of resources and reducing and properly managing waste.
- Promoting circular economy.

6. Food and nutrition
- Create guidelines focused on the provision of healthy and sustainable food.
- Raising awareness among citizens about the benefits of a healthy diet.
- To reduce food wastage.

7. Research and innovation
- Study and generate scientific evidence linking climate change with the increase of health problems in the population.

8. Professional involvement
- Involving professionals in environmental sustainability through the implementation of climate policies and strategies with achievable objectives.
- Training and support.

9. Care models
- Evolving healthcare practices towards more sustainable and efficient models.
- Focusing on co-benefits, emphasizing the relationship between good health and combating climate change.

10. Digitalization
- Promoting and enhancing the use of digital resources to optimize patient relationships.
- Automating the monitoring of resource consumption and data accessibility.

11. Climate change adaptation
- Adapt facilities for potential adverse weather events.

12. Governance
- The success of all depends on the responsibility of each one of us.
- Create a communication network to collaborate from proximity and trust with the aim of promoting, supporting, and building greener organizations.

12 sectorial sustainability dimensions
Lines of Action

1. Knowledge and best practices
   • Health and Climate Barometer
   • Best Practices
   • Progress Guideline
   • Generation of comparable and standardizable standards

2. Awareness raising and dissemination
   • Annual conference
   • Workshops and Webinars
   • Presence at national and international conferences
   • Publications

3. Training and Research
   • Deshealth Project
   • Health and Climate Change Chair of Mutua de Terrassa and the University of Barcelona

4. Intervention levers
   • Accreditation requirements
   • Results Center
   • Incentives in payment systems
   • Measurable economic return and impact

5. Valuable international partnerships and relations
Training: Deshealth Project

DESHEALTH. Systemic design for education and training in sustainability

**Objective.** Improve the quality and relevance of organizations’ educational activities, strengthen collaborative networks and address the educational gap in sustainability by increasing capacity for transnational and cross-sectoral work.

**Ongoing activities**
- Identify emerging skills needs through mapping best practices in environmental sustainability.
- Survey on required skills by contacting some partners.
1st Health and Climate Barometer

Description of the sample

- Data for 2022
- 50 buildings from 28 associates
- 99% of the centers have a contract with CatSalut
- 64% of the centers have a contract with the Social Rights Department
- 88% of the centers are urban, 10% are semi-urban and 2% are rural.
- 90% of the centers calculate their carbon footprint
- 34% of the centers have an ISO energy certification system
In 2022, on average, ...

**Scope 1**: These are emissions directly emitted from healthcare or social establishments through the consumption of fuels in buildings (natural gas, diesel), leaks of fluorinated refrigerant gases in air conditioning/refrigeration equipment (RF-O2), caused by the consumption of electricity, steam, refrigeration and heating.

- 22,222,46 tCO2e per worker
- 6,15 KgCO2e per square meter built
- 66,021,65 tCO2e

**Scope 2**: These are indirect emissions from purchased energy (electricity, steam, refrigeration and heating).

- 21,32 KgCO2e per care event
- 6,15 tCO2e per hospital bed

**Scope 3**: The majority of emissions originated from the healthcare sector’s supply chain through the production, transportation, and disposal of goods and services. These include pharmaceuticals and other chemicals, food and agricultural products, medical devices, hospital equipment and instruments. Also included in this scope are work trips using external means of transportation and subcontracted services (waste management, cleaning, security, etc.).

- 16,441,00 tCO2e
In the year 2022...

**ELECTRICITY**
- The annual average electricity consumption was 527.37 kWh per m².
- The clean electricity consumption ratio was 70%.
- The average consumption of a household with 4 people is 3,240 kWh/year, about 36 kWh/year per m².

**RESOURCES**
- The annual average paper consumption was 22.70 kg per worker.
- The recyclable waste ratio was 22%.
- In Catalonia, the average paper consumption per capita was 147 kg/year...
- ... and 46.6% of municipal waste was segregated (2021).

**WATER**
- The annual average water consumption was 24.29 m³ per worker.
- The annual average water consumption was 48.5 m³ per inhabitant.

Clean electricity consumption ratio (in %). Percentage of electricity (supply and production) from clean electricity in each center.
Recyclable waste ratio (in %). Percentage of recyclable waste from the total waste generated. Recyclable waste includes the sum of paper (confidential and non-confidential), cardboard, clean or non-hazardous plastic packaging, glass, and organic fraction. Total waste generated includes the sum of recyclable waste (as described above) + Group I + Group II hazardous waste (Group III – Biological Contamination, Group IV – Chemical Contamination, and expired medication) are excluded from the total.
Thank you!

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