

Cecilia DeLoach Lynn:

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Announcer:

Environmental sustainability doesn't have to be divisive. As you will hear in this episode of Sustainable Health Care, our guest shares the many ways we can find common ground.

Tim Doak:

Welcome, podcast listeners, to season two of Sustainable Healthcare. I'm your host, Tim Doak. Sustainable Healthcare is part of our Healthy, Happy, and Wise podcast series designed to heal, inspire, and inform you. Thanks for being here.

As we look to kick off the second season of our podcast series, timing just felt right to tackle the topic of how we make the good work happening with sustainability in healthcare more accessible and appealing to the masses. In essence, how can we reframe the sustainability conversation in ways that may resonate more fully with a broader sector of the public? To help us navigate this topic, we are thrilled to have as our guest today, Cecilia DeLoach Lynn, Vice President of Sustainability for Advocate Health. Advocate is the third-largest nonprofit integrated health system in the US, based in Charlotte, North Carolina. And Cecilia is a nationally recognized leader, having spent most of her career really at the intersection between sustainability and healthcare. Cecilia, we are so pleased you're joining us today.

Cecilia DeLoach Lynn:

Thanks, Tim. I'm delighted to be here and have a conversation.

Tim Doak:

So people think about or react to the concept of sustainability differently based on their personal experiences, their own beliefs and values, and in some ways the context of the conversation. And yet generally speaking, work in sustainability has a benefit to nearly everyone. How do you think that the sustainability community can be more effective at engaging a broader audience in a way that does not alienate anyone and that really underscores the necessity and the value of this work to everyone?

Cecilia DeLoach Lynn:

Yeah, Tim, first of all, at its heart sustainability is change management work. We're always looking to frame sustainability as an advantage to different parts of the organization or to different communities. Internally, that message might be about efficiency or performance improvement, cost reduction, better environmental compliance, higher teammate satisfaction, reputation, recruitment and retention. Externally, that message might be different. It might be about the availability of healthy and nutritious foods. It might be about the rates of pediatric asthma in our communities and how air pollution contributes to that.

So at Advocate, our core driver for this work is health. We're really thinking about how the health of people are intrinsically connected to the health of the environment, and all of our messaging ties back to that. I tell you that in some cases, people don't yet really understand that link, and we talk to them about, we really make an effort to educate and engage in that space and talk about social drivers of health and how environment plays a role. At the most basic level, people understand that the food we eat, the air we breathe and the products we use have an impact on health, but showing them tangible examples of how that plays out in a healthcare environment is key and how in a community environment. So we're sort of engaging both internally and externally.

Tim Doak:

Sure. I love the focus on change management and education and really as I think about our work here at Northern Light Health, those are things that have really underpinned a lot of our efforts. Education of staff in particular from governance down to the folks that are on the front line, and it's been very, very important and I think kind of a linchpin to our success.

You have a much different organizational footprint than Northern Light. You're, gee, what seven times our size, roughly. Do you make an effort to tailor your sustainability message for different places and audiences, or do you instead use a more consistent voice for messaging across your system? How do you tackle that?

Cecilia DeLoach Lynn:

I would tell you a little bit of both. So first of all, Advocate Health currently operates in six states. We are based in the Midwest and in Wisconsin and Illinois, and then also have a Southeast footprint across North Carolina, South Carolina, and Georgia as well as Alabama. And there's a couple of different factors we take into account there. We do have a core set of messaging that we do use with our teammates, but we're also aware that different parts of the organization have been doing sort of deep sustainability in healthcare work for different lengths of time. Their level of education or expertise or familiarity with these concepts can be very different based on how long they've been doing the work. It can also change based on sort of local perceptions of the work, right? People come from different communities. Different communities have different kinds of conversations about the environment, about sustainability, about climate, and so we try to be conscious of that.

What we're not trying to do is force this down people's throat in a way that doesn't allow them to have thoughts or opinions or feelings. But I would tell you that we have found again and again that people are excited about this work. It doesn't matter if they're coming from communities that you might think of as politically polarized. Really, we're seeing them come to us with their own ideas. And when we explain some of the rationale for the strategies that we're trying to drive, almost always the teammates are just really excited that we're there, that we're listening, that we're trying to find solutions. And I think that sort of going in that active listening mode, understanding where they're coming from and what their perspectives are so that we can then tailor that message just a little bit to sort of help adapt to their own familiarity or even their own positioning or what they've been told on these issues and how that might differ from what we're telling them.

Tim Doak:

Sure. I love the notion that this really is not a one-size-fits-all type of discussion, and that the local perceptions of the work can be different. And just to dig into that a little more, what issues in healthcare sustainability are particular to different geographies or different regions of your organization?

Cecilia DeLoach Lynn:

Oh gosh, so much. I mean, it's interesting because we have a presence in very urban communities, and then we have a presence in very rural communities. And I'll tell you, poverty looks different in urban communities than it does in rural communities, but many of the issues they're facing are the same. It's just the framing that feels different and the kind of way we build examples. So first of all, I would tell you we know that poverty rates are a social driver of health and access to jobs, access to healthy food. Air quality is one that differs across our regions. We have hospitals that are in downtown Chicago and Milwaukee, and then we have hospitals that are sitting out in the beautiful countryside and have less of that industrial manufacturing, traffic congestion, et cetera. So I would tell you certainly air quality is one. Certainly food access is one.

I would also tell you climate resilience is playing out in ways that are very different based on the communities. We have some communities in North Carolina that were just very narrowly missed by Hurricane Helene. Our facilities in Illinois saw a record number of tornadoes come through in the last year. We've seen heat waves and sort of our high heat degree days affecting our Southeast market more than our Midwest. We're doing a pretty robust assessment of how, whether it's catastrophic weather events or higher temperatures on a daily basis, drought, flooding, things that impact communities, how does that look different across our footprint? And then how are we adequately preparing? And we're looking at that through three different lenses. We're looking at it through the lens of how do we support our infrastructure? Meaning our operational capability to be that anchor in a storm, so to speak. Also, on the clinical side, we're trying to educate our clinicians so that they better understand how these changes may impact patient health.

So if you have patients, for example, that have medications that need to be refrigerated and you're at a higher risk of electricity outages related to severe storms, then you've got to really prepare those patients. If you have patients who have conditions that are exacerbated by heat, for example, we know sort of respiratory, pulmonary diseases, cardiac cases are very significantly impacted by increases in heat. How are we training our clinicians upstream to recognize where that may be a threat and then how are we training our patients downstream to recognize that? So really reaching into our communities and bringing them along with us on this journey.

Tim Doak:

All locally nuanced things, but they certainly have a common thread running through them. Something we've been talking about increasingly lately is how are we thinking about and potentially reframing messaging a little differently, looking at generational differences? And I've seen some statistics lately. I think within the last few years, millennials have become the largest component of our workforce at something like 36%. Gen X-ers are still kind of a solid third, and then Baby Boomers as they're retiring out and Gen Z as they're starting to enter the workforce are kind of filling in that final third. What are your thoughts about how we should be thinking about messaging differently as we're targeting different ages of audience?

Cecilia DeLoach Lynn:

Yeah. I think you ask anyone in healthcare, and they'd recognize this one right out of the gates. So first of all, our newest generation of teammates, clinicians, doctors, nurses, are coming in with a mandate to do this work. They are asking us right out of the gate. In some cases, there's research going on right now about how healthcare organization's commitment to sustainability could play a role in residents choosing where they want to match. We feel that demand every day from the younger generation in our hospitals and health systems, an expectation that this work should be managed sustainably.

I would tell you, you run into different things with different people when you start to get into this slightly older generation. Some people come at it from the aspect of, some folks are, I am trying to think of the best way to frame it, set in their ways. And they've been delivering healthcare this way for 30 years and we don't need all that newfangled stuff. I would tell you that's as much about personality as it could be about age, because we also find folks who, we have a radiologist in one of our Wisconsin sites. We have a cancer physician in one of our southeast markets. As they near retirement, they really see this as a pivotal issue where they can make an impact and want to dig in deeper.

So I would tell you from a younger perspective, I think it has dramatically increased the demand for sustainability in our operations. When we talk about that older generation, to summarize it, I'd say it really comes down to sort of personal belief and personality, maybe what they've been exposed to, but for some they see it as their key retirement issue. This is the thing they're going to solve for in these last few years of working in practice is to really help drive innovation in the space and mentor younger folks.

Tim Doak:

Yeah, absolutely. We're seeing really, I think the same thing there. And to your last point, as I have aged and have had two daughters and they've now entered the workforce and thinking about the world that I'm leaving to them, it's definitely influenced my opinion along the way and my perspective on these things, and I think that's a shared experience really across our workforce and our footprint with folks of that same age.

We've tried in our messaging, really kind of on point with what you've talked about here a bit before, to tie sustainability initiatives to something that will personally resonate to the extent we can with every person that we serve, regardless of their background or their beliefs. Usually this involves how something may affect their own health or potentially their own personal finances. Does Advocate Health follow a similar approach? How do you tackle those kinds of things and how are you trying to, in many ways, personalize some of the messaging you do?

Cecilia DeLoach Lynn:

I think part of it is about, again, meeting people where they're at and finding out what it is they care about. So I think we do this, we're still building out our employee engagement program, truth be told. We just went through a giant merger in 2023, brought two very different organizations together, and now we're trying to create some unified messaging and some deep teammate education and engagement. And that's still in progress.

But I would tell you that part of this is about active listening. It's about, I sit, I'm lucky to sort of sit at an enterprise level and I meet with lots of different kinds of stakeholders. In one day, that might be a set of infection prevention leaders. In another day it might be the sterile processing leaders. On a third day, it might be nurses on a unit who want to do something, and on a fourth day it might be our food and nutrition services workers thinking about what we're going to do in our kitchen and in our food offerings. And in each of those places we try again and again to listen first. What are you seeing? Tell us where you see the sort of waste inefficiency in this process, and then let us tell you what we might bring to that, how we can help support you in doing those things.

And then some cases we're telling them things they didn't know. We are helping them... I'll give you a great example. A lot of teammates come to us and they want to recycle things. The lay person's understanding of sustainability tends to be turn off the lights, turn off the water, recycle the thing. And I would tell you that it is a learning curve for people to understand that not using it in the first place is more impactful than recycling it downstream. So when you open one less product, when you reformulate your surgical kits so it doesn't have a lot of ruffraff in it that you then end up paying for on the front end and throwing out on the back end, that that is a lot more impactful than trying to figure out how to recycle those open supplies at the end of life.

So that's a learning curve for folks though, is just to kind of understand where the true impact really lies from an environmental perspective. I think they have the right idea in mind. They want to help reduce our footprint. It's just helping them educate and engage around the places where they can really make a meaningful difference in their span of control.

Tim Doak:

Sure. So we've talked about kind of reframing some of this work to resonate more personally with people. Are there other links between healthcare sustainability initiatives and personal wellbeing that you think are likely to click or to resonate with a broad audience?

Cecilia DeLoach Lynn:

Yeah, we are very focused right now on food here at Advocate. We've stood up our first enterprise-wide sustainable food task force. We're looking at that through a number of lenses, but one piece we're doing is the Cool Food Pledge with Healthcare Without Harm in the World Resources Institute. So that plant-forward menu planning piece, helping folks understand how eating more produce, how sort of reducing the portion size in some cases for meat-based proteins and increasing things like black beans or healthy plant-based proteins. We're trying to figure out what resonates with our teammates. We're trying to figure out and educate them that there are tasty meals out there that don't feel a little bit like a sprig of fennel and a block of tofu. And so I would tell you food is one that's very connected to health.

And I would tell you one piece of messaging we hold here at Advocate, our teammates are our community. Right? The folks who are working in our EVS staff, in our kitchen, in our nursing units, they are also our patients and our families and our communities. And so helping them understand how healthy eating and more sustainable plant-forward eating, which to be clear, has a sustainability effect. We know that animal-based proteins are some of the largest contributors to greenhouse gas emissions. So there's a hook there, which is personal health, but at the end, it ties back to our larger sustainability aims.

I would tell you another one is resilience, right? Helping folks understand how they sit in this space and how they can ensure that they're paying attention to things that not only allow them to get, for example, to work in a crisis. What are you going to do with your pets in a crisis? What are you going to do with your kiddos in a crisis that's going to allow you to come and perhaps be a first responder in the middle where your healthcare organization needs you? But also just helping them understand how this sort of changing climate is going to impact them both in the short term and in the long term.

Tim Doak:

Sure. I think resiliency is a great example and it's something that is definitely top of mind for Northern Light Health and our communities. Within the last year, we've had three pretty major and very impactful storm events. And so a lot of discussion about how we can become more resilient as a healthcare sector and really focused on buildings and communities. And I think you're right, that's kind of a very good message that can resonate with folks.

Cecilia DeLoach Lynn:

And internally, we are building that into our hazard vulnerability analysis. We are looking at it as an aspect of our enterprise risk assessment process, but it's got to trickle down to our teammates.

Tim Doak:

Sure. Sure. Absolutely. So let's shift gears here just a little bit. The Inflation Reduction Act is something that we are trying to take better advantage of as an organization. We've got several applications we're tidying up and hope to get submitted soon. And really, if you step back and look at it's provided on an unprecedented level of financial support and incentive for clean energy projects, but also resiliency projects, I think, and specifically at nonprofit healthcare systems like ours. How do we communicate to a potentially skeptical audience about the value and importance of an investment like this?

Cecilia DeLoach Lynn:

Yeah, this is a great question, Tim, and I think we're really hoping in the next administration that they will see a lot of the value that the Inflation Reduction Act and the Infrastructure Investment and Jobs Act have brought to communities. I tell you, we know that together, these two pieces of legislation have catalyzed over 360 billion nationwide in clean energy manufacturing and deployment. There's more than 600 projects nationwide and more than 300,000 jobs. For us, in Georgia alone, there's been about 24 billion dollars worth of investment in clean energy projects and about 32,000 new jobs.

Now, again, going back to social drivers of health, we know that those jobs are critically needed in our communities to create financial stability and well-being. We know that our health systems are looking at things like AI, artificial intelligence, and quantum computing. We're looking at ways to take advantage of that in the years ahead. What we also know is that AI uses about 10 times the amount of electricity that sort of typical computing models do. So that's going to increase our electricity burden, and we need a resilient grid there with clean, healthy energy alternatives to help drive that grid resilience so that we again, can be an anchor in the storm.

So our messaging, I think, to our communities is this is not about partisan politics for us in any way, shape, or form. It is about health and it is about resilience. And so pieces of legislation like this that bring investment back to the community level, that help keep manufacturing jobs in the US and help sort of strengthen and drive that sort of sustainable supply chain here in the US, those are all sort of critical pieces of our communities being able to thrive. And that's the way we framed it.

I would tell you totally different angle on our finance side. Having the funding from IRA has opened doors for us with our finance team and helped us have a conversation about how to be able to leverage that federal investment to make deep investments here in our energy efficiency, in our resilience as an organization that supports the community in times of crisis. So we feel like this is a really critical tool and hope that it sticks around, and I think we hope that our legislators can understand where it's bringing this sort of economic growth to our communities and maybe finding ways to kind of thread that needle where it, again, if you think about the messaging that resonates with everybody, it's just a matter of understanding the sort of co-benefits that come from this work.

Tim Doak:

Certainly. One of the more impactful pieces of legislation of our time, I think. Cecilia, thank you so much for being our guest today and sharing your insights about more inclusive messaging for our sustainability work.

Cecilia DeLoach Lynn:

Tim, thank you so much for having me today. We really value the opportunity to collaborate with our peers in this space. This is not a competitive space. It's a collaborative space, and we've been really lucky to work with health systems like Northern Light and others in the healthcare climate council space within these communities of collaboration. So just a pleasure to be here today and continue to look forward to working together.

Tim Doak:

Thank you. We certainly appreciate the conversation and we feel the exact same way. Thank you to our podcast listeners as well. Until next time, I'm Tim Doak asking you to think sustainably.

Announcer:

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