

TORONTO CLIMATE WEEK INAUGURAL EVENT



Sustainable by Design: Health Care Solutions for a Warming World

EVENT HIGHLIGHTS REPORT
OCTOBER 3RD, 2025



Delivery Partners



The Canadian Coalition
for Green Health Care
Coalition canadienne pour
un système de santé écologique



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Heather McPherson | President & CEO, Women's College Hospital

Heather shared that Women's College Hospital will be guided by a planetary health plan rooted in reconciliation. The hospital is already leading through actions such as improving waste sorting and landfill diversion, eliminating desflurane, and creating green spaces, including their rooftop garden with plants used for the spiritual well-being of First Nations, Inuit or Métis community members.


Dr. Myles Sergeant | Executive Director, Canadian Coalition for Green Health Care

We are celebrating the Coalition's 25th anniversary and Myles spoke to its decades of impact. Coalition team members shared their ongoing work, including: bringing people together to prepare health care buildings for net-zero; leading pilots to improve circularity in clinical care; improving food services to reduce emissions and bolster patient care; working with the community to understand and mitigate indoor heat-health impacts; providing implementation support for hospital decarbonization; and improving biodiversity in hospital facilities.


Pierre Iachetti | Executive Director, David Suzuki Foundation

Pierre emphasized that climate change is the greatest threat to human health in the 21st century, and highlighted the importance of recognizing the integral connection between planetary health and people's health. He spoke to the urgent need within the health care sector to scale energy efficiency solutions, renewable technologies, and supply chain innovations to reduce its sizeable emissions. Beyond this, Pierre urged health care workers to be the leading and trusted voice in climate action, and extend the circle of care to heal the ecosystems that sustain us.


Senator Joan Kingston | Senate of Canada

Senator Kingston shared insights drawn from her dual roles as a nurse and a policymaker. From leading waste reduction initiatives, to contacting local representatives to push for LED lighting in hospital renovations, her experience demonstrates that health care practitioners' voices matter. She also advocated for a stronger primary care system as one of the best strategies to reduce health care emissions, improve access—especially for vulnerable populations—and ease pressures and costs on tertiary care. Recounting her experience in the Senate, she encouraged health care workers to lend their expertise to politics, where change can be scaled.

Panel: Embedding Sustainability in Hospital Accreditation
Sustainability Key to Quality Care & Resource Savings

Sandra Young

Executive Director, Standards and Education, Health Standards Organization (HSO)


Dr. Myles Sergeant

Executive Director, Canadian Coalition for Green Health Care


Dr. Bhavini Gohel

Hospitalist Physician, Care of the Elderly Physician, and Section Chief for Medical Inpatients, Calgary Zone & Clinical Assistant Professor, University of Calgary


Karen Langstaff

VP, Redevelopment, Corporate Support Services and Chief Sustainability Officer, St. Joseph's Healthcare Hamilton

Accreditation Canada and the Coalition have partnered to embed climate action in HSO standards and accreditation processes. This partnership leads international efforts to support environmentally sustainable health care and social care, and has assembled a 16-expert Climate Action Advisory Committee with representation from across Canada and various specialties. The partnership's Climate Action Benchmarking Tool was piloted in the Summer of 2025 in 63 hospitals and received positive responses for further engagement.

The proposed approach includes several key components: corporate leadership and governance; climate change adaptation and resilience; education; supply chain management; clinical practices, medications and anesthetics; infrastructure; food services; transportation; and system design. This initiative aims to foster a proactive mindset while emphasizing the interconnections between quality, safety, and climate action.

Although hospitals are eager to implement sustainable practices, they encounter challenges related to resources, funding, and sustainability-specific education amidst competing priorities. There is a pressing need for dedicated sustainability offices to coordinate efforts and align initiatives with existing objectives, such as financial savings and access to funding.

Panelists also identified success factors, including adoption of tangible frameworks for quality improvement (e.g. UK's SusQI methodology), support for champions to facilitate collaboration, and leadership buy-in to remove barriers, define focus areas, and execute action plans.

Interactive Session: Advancing Sustainable Procurement
Supply Chain Impacts
Life Cycle Emissions
Prioritize Reuse
Deloitte.

Harsha David | Senior Manager, Deloitte

Sophia Wei | Business Analyst, Supply Chain and Network Operations, Deloitte

Ryan Henderson | Consultant, Healthcare Solutions, Deloitte

Supply chain experts from Deloitte facilitated an interactive workshop that put us in the perspective of a procurement lead trying to balance various requirements and evaluate 3 vendors with different propositions and claims about sustainability. The audience shared their views on potential evaluation criteria such as functionality, reusability, life cycle emissions, and supply chain impacts.

Participants pointed to life cycle assessments (LCAs) and peer reviewed literature as reliable data sources, and also highlighted the need to educate the workforce about the the nuances of sustainability data.

Lightning Talks: Health System



Dr. Fahad Razak: Rapid digitization of the health care system and growing availability of data can be leveraged to improve quality of care. The General Medicine Inpatient Initiative (GEMINI) delivers quality reports and insights for high-value, low-carbon care.



Dr. Sarah Cook: Accessible primary care enhances health outcomes and equity, while reducing environmental impact by preventing complications and unnecessary hospital visits. Family physicians play a critical role in promoting sustainable health care and resilient communities through approaches such as team-based care, Choosing Wisely good practices, and virtual services.



Hannah Permaul Flores: Stacking health and location data creates powerful communication tools for public health intelligence. For example, mapping Toronto's Air Quality Index, green spaces, and temperature reveals inequalities and visualizes the environmental and social determinants of health.



Dr. Diane de Camps Meschino: Climate change exacerbates Indoor Air Quality (IAQ) - a significant contributor to premature deaths. IAQ issues can arise from fire and smoke, hospital acquired infections, tightly packed spaces, volatile organic compounds (VOCs), forever chemicals, and radon. Risks and responses should be assessed based on control over the source, frequency, duration, and concentration.



Laura McGrath: 22 million Canadians are in the Canada Pension Plan and 478,000 Ontario health workers are in the Healthcare of Ontario Pension Plan. These funds invest long-term, are exposed to climate risk, own broad swaths of the economy, and are accountable to members. Shifting pensions is a powerful climate action accessible to health workers and now is the time to hold them accountable to a healthy future.



Dr. Sehjal Bhargava: Improving primary care leads to better prevention, which reduces the demand for emission-intensive ER visits and admissions. Health promotion begins with public policies that strengthen the social determinants of health, including access to education, jobs, a livable wage, food security, affordable housing, and a clean and safe environment.



Muse Laroyia: The Brain Climate Equity Collaborative is Canada's first initiative uniting neurologists, communities, and equity experts to confront neuro-climate risks. The initiative recognizes that brain health is climate health and systems often overlook neurological impacts. The Collaborative's blueprint for action is to generate evidence, raise awareness, drive policy change, and foster innovation through community-informed tools and prevention.



Decarbonization in Action Project Team: The *Decarbonization in Action* project is a joint effort between the Canadian Coalition for Green Health Care and MaRS Discovery District, and is made possible by the Peter Gilgan Foundation. One of the project outputs is *Solutions Atlas*, an online catalogue of sustainable health care solutions, consolidating relevant research, good practices and key data for business cases. It is envisioned to support health workers to identify, prioritize, and implement climate actions relevant to their specialties.

Lightning Talks: Clinical Action



Dr. Anita Rao: Operating rooms (ORs) drive 20-33% of hospital waste and ~5% of hospital GHG emissions via anesthetic gases. Perioperative services is a disproportionate polluter in the health care sector. Resources are available from Ontario's Anesthesiologists website and CASCADES for eliminating desflurane, mitigating nitrous oxide, and enabling sustainable perioperative care. Data from Trillium Health Partners demonstrated the triple-bottom-line benefits of many OR initiatives including Bring Your Own Reusable Bag and OR HVAC setback.



Tipu Islam: Canada's health care system can cut single-use plastics through circular clinical care. The Canadian Coalition for Green Health Care received funding from Environment and Climate Change Canada to identify and scale solutions tackling single-use plastics and the associated emissions. A recent study concluded that ~53% plastic and ~55% CO₂e reductions can be achieved with circularity measures. The project team showcased the cost and emissions savings from pilot projects and the potential for national adoption, including reusable surgical masks (~48% cost saving, >90% CO₂e savings), direct IV push, and bringing back tap water in endoscopy rather than using bottled sterile water.



Dr. Mili Roy: Ophthalmology has the highest surgical and procedural volumes in medicine. Over 50% of the emissions are associated with surgical materials. The Canadian Ophthalmological Society developed the Sustainability in Ophthalmology Toolkit - a first by a surgical specialty in Canada. The toolkit modules reflect emissions sources in eye care delivery, including waste, transportation of patients and staff, supply chain and procurement, drugs, diagnostics and devices.



Shellyza Sajwani: Pharmaceuticals account for ~25% of Canada's health care GHGs. Key levers for climate mitigation within pharmacy include: reviewing medication use (e.g. use of anesthetic gases, low-carbon alternatives to metered dose inhalers (MDIs), and deprescribing); medication waste reduction; and using LCAs to inform procurement decisions. Pharmacies can also support climate adaptation, through disaster plan recommendations, medication management, and strengthening supply chains. The Canadian Association of Pharmacy for the Environment (CAPHE) is working with various partners to advocate for system change, educate practitioners, and build champions.



Nicoletta Dini: The Health and Environment Adaptive Response Task force (HEART) is a group within the Canadian Federation of Medical Students (CFMS) that focuses on coordinating advocacy efforts regarding issues in environmental health and climate change. Only 15% of med schools currently teach planetary health, yet 83% of students want to learn about it. HEART has partnered with the Association of Faculties of Medicine of Canada (AFMC) to incorporate planetary health teaching into all Canadian medical schools' curricula. HEART has also organized a Planetary Health Day of Action, with 40 delegates from 12 schools across 7 provinces lobbying for climate policies.



Greg Allen: Displacement ventilation is an alternative to mixing ventilation commonly adopted in health care environments. Displacement ventilation works by feeding slightly cooler air at floor level. Heat from people, equipment, and other sources pulls it upward, carrying contaminants away. Hospitals can cut reheat/fan/cooling energy by ~40-60%, with lower operating and capital costs, less infection risk, and quieter, more comfortable spaces. Some barriers to wider adoption include limited engineering design guidelines and applications in North America for health care facilities. Nanaimo Regional General Hospital is an early proof point for the promise of displacement ventilation.



Pierrette Price-Arsenault: Ontario's Surgical Quality Improvement Network (50+ hospitals) is embedding sustainability into quality improvement (QI) scorecards. Teams targeted infections, opioids, low-value tests/transfusions, and OR waste, all leading to reduced emissions, costs, and harm. Tools from CASCADES and Choosing Wisely are built into scorecards to track progress. Sustainable care improves quality, cuts costs, and turns eco-anxiety into eco-action.



Dr. Laurie Houston: Only 9% of health care plastics are currently recycled. There is an urgent need to adopt reduce and reuse strategies for medical supplies and equipment. Many solutions were highlighted, such as reusable masks and face shields, reusable wraps and pouches, considering non-plastic scrubs, on-site laundering of linens to mitigate transportation emissions, adding filters on washing equipment to reduce the release of microplastics, and making distilled water on site. Plastic waste affects human health and ecosystem health, and the sector must reckon with its own impact and act to reduce plastic waste at source.

Panel: The Food System's Role in Climate Action



Amy Ford | Director of Planetary Health, Nourish

Wendy Smith | Sourcing Manager, MEALsource Program, Mohawk Medbuy

Dr. Zahra Kassam | Oncologist, Stronach Regional Cancer Centre & Assistant Professor, Radiation Oncology Department, University of Toronto

Brittany Maguire | Managing Director, Collaborative Centre for Climate, Health & Sustainable Care

Sarah Jarvis | PhD Student, University of Toronto

Food is a big climate lever in health care. It drives nearly 30% of global emissions and contributes to heavy ecological damage, much of which is associated with animal agriculture. Canadian hospitals spend almost \$4B a year on food, and up to 50% of the food goes to waste along the chain of food services and delivery. Better menus and buying strategies can not only cut carbon and costs, but also aid patient recovery.

Combined with thoughtful messaging, making plant-forward options the "green default" works. For example, NYC Health + Hospitals made flavourful plant-based meals the norm whilst preserving patient choices. This approach cut meal emissions by 30%, saving nearly \$500k per year and keeping a >90% satisfaction from patients. Hospitals can design menus with planetary health in mind, lead with taste, and extend these mindset shifts to cafeterias, catering, and patient education.

Procurement is the engine driving the change. Hospitals should map their food value chains, set key performance indicators (e.g. food miles, carbon emissions, waste), and use request for proposals (RFPs) to require engagement. Origin transparency and food miles can be a good start, as the average plate travels nearly 4,500 km. Hospitals are encouraged to commit volume to local suppliers and treat food as part of the care. This means engaging with staff, co-designing with patients, and joining collaboratives to learn with peers. The payoff will be healthier patients, lower emissions and waste, and stronger local economies.

Panel: How Funders are Shaping Climate and Health Action



Lucy Lu (moderator) | Climate Change Advisor, Peter Gilgan Foundation

Ed Rubinstein | Health Care Sustainability Leader, former Director, Environmental Compliance, Risk and Sustainability, University Health Network

Ari Campbell | Program Manager, Healthy Capital, Canadian Coalition for Green Health Care

Canada's top 50 hospital foundations collectively hold nearly \$10B, yet fewer than a quarter meaningfully apply environmental, social and governance (ESG) considerations. The Healthy Capital project run by the Coalition and funded by the Trottier Family Foundation aims to close this gap. The project focuses on educating boards and senior executives, encouraging updates to investment policies, and aligning portfolios with health missions. The main bottleneck is capacity and access. Most foundations will need to engage with external firms to push for ESG considerations. Internally, reviewing board competency and including sustainability-minded directors could shift board culture and build knowledge on impact investing.

Hospitals should seize the opportunity to invest and lock in low-carbon systems now. From a funder's perspective, building long-term relationships with grantees to track impact and reduce reporting burden was highlighted as a priority. As donor expectations shift, it is key to engage with fossil fuel-linked directors to highlight the long-term systemic risks posed by climate change, and articulate the implications for just transition and fiduciary duty.



Presentation: Lessons from Yellowknife on Resilient and Sustainable Healthcare

Closing Remarks

Dr. Courtney Howard | Emergency Physician & Clinical Associate Professor, Cumming School of Medicine, University of Calgary

Climate change is here and personal. Communities in Yellowknife are experiencing warming about three times faster than when today's elders were born. This has brought longer wildfire seasons, disconnection from the land, loneliness, and more health conditions such as asthma. The impacts go beyond lungs. Smoke and heat drive cardiovascular harm with gendered inequities in terms of exposure and attention. Wildfires reveal how hard it is to keep care running. Community members who prepared for disasters like wildfires felt better adjusted afterwards. Health care systems must also plan ahead and embed climate action into culture and leadership instead of treating it as a side project.

Dr. Howard compared planetary boundaries and planetary health to the human body—another complex and self-regulating system. Reaching climate tipping points are like delayed anaphylaxis—we must act fast or the system fails. The health care professionals may be drawn to empirical data, but progress needs head, heart, and hands. We should not only use research and evidence, but also acknowledge eco-anxiety and grief, and shift mindsets from "power over" ecosystems into "power with." Individual choices matter, but community influence multiplies impact, as people are happier when acting together. Dr. Howard concluded with a call to action: Canada needs to adopt a national adaptation strategy, establish sustainable health standards, and create a National Centre for Planetary Health to coordinate and fund preparedness.

Jérôme Ribesse | Co-fondateur et Directeur général, Synergie Santé Environnement (SSE)

Today's event highlighted a wide range of ideas and opportunities, ranging from viewing planetary health as part of care, embedding sustainability in everyday operations, to adopting an impact investing strategy, and bolstering emergency preparedness. Momentum is also building in Québec. Philanthropic leaders are aligning investments with climate action and shaping Québec's \$6B hospital rebuilds. Seven Montréal health systems are tracking and cutting Scopes 1-3 emissions. Going forward, we need more collaboration across provinces and territories. Partners are invited to the Interregional Forum for a Sustainable Health System, organized by SSE in Montréal on April 16, 2026, to close gaps and scale action.



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