How to Become a Good Ancestor Board: Reframing Governance for Global Health Stewardship

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Workforce morale is low and turnover is high; perceived value and public trust are low and prices and threats to non-profit status are high; margins are low and stress is high. When issues that were occasionally acute become chronic, boards must ask: "For how long will we treat these as one-offs versus symptoms of common underlying structural change?"

According to Jarrard, Inc.'s 2025 *National Consumer Survey*, "Even among those who aren't angry about healthcare there is a strong sense that the U.S. healthcare system needs major improvement. Well over half—57 percent—say it needs either significant reform or a complete redesign."[1] Patient experience scores are at historic lows as a result of the pandemic (e.g., levels not seen since 2014). An NRC Health Market Insights study showed that 47 percent of healthcare consumers find healthcare "very confusing" or "extremely confusing to navigate," and 46 percent of healthcare workers are citing burnout.[2]

Structural change refers to a dramatic shift in the way an industry or market functions, usually brought on by major economic developments, technological advancements, natural disasters, political upheaval or conflict—*or by a confluence of all of these*. The ramifications are felt by all: workers, businesses, and communities, as each struggles painfully to adapt to new circumstances with old thinking, systems, and culture. Because this shifting does not happen overnight, its impacts and implications are especially difficult to discern and decide when it becomes necessary to deviate from "what we have always done." When acute issues become chronic and tame problems become wicked, it's time to revisit how we approach them (see table, Crossing the Threshold: From Tame to "Wicked" Problems).

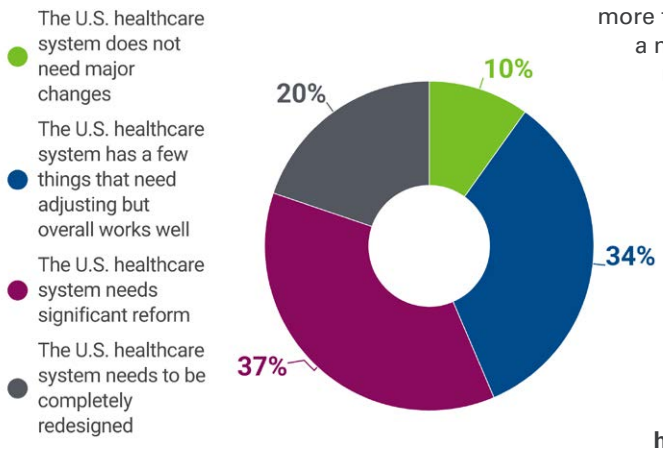
Asleep at the switch…or "Moneyball" moment? During such ground-shifting, boards are at extremely high risk for perpetuating management's focus on merely tightening up existing, if outdated, operating models, plans, and incentives. Boards become complicit in inadvertently enabling their organizations to suffer far too long in frog-in-boiling-water conditions; and potentially miss the opportunity to pull up and out of the nosedive in time. It is critical for boards to avoid being caught "sleeping-at-the-shift."

Yes, but incremental change is so much more convenient! Incremental change works…until it doesn't.

Success with structural change requires a fundamental reframing of context to see interrelated issues more broadly and in a further-down-the-road light. This reframing, like a Moneyball-esque revaluing, calls for re-examination of the business model, re-alignment of plans, and re-fashioning of the role of governance. It enables our challenges to be seen and addressed not in a "one more thing" additive way, but in a more holistic and integrated manner better matched to the intertwined root causes of what ails our organization. The good news: the result can also shift the organization's purpose-as-felt-by-associates-daily from head down "just survive" to heads up "build a healthier world."

Is governance the Achilles heel? Consider the broader context of perhaps the most fundamental issue your board has never discussed: *global health security.*

Forward-thinking leaders recognize that healthy people require a healthy planet and that climate change—a "wicked problem"—is a *health* crisis. Health is at the center of the of climate change, as HHS Secretary Xavier Becerra said in 2021,[3] and planet health is increasingly recognized as a key determinant of sustainable health. To mobilize effectively on this existential issue, aligned governance is needed—*a direct chain of understanding, accountability, and action is required between global and local health leader stewards*.



Source: Jarrard Inc., 2025 National Consumer Survey.

KEY BOARD TAKEAWAYS

- **Own.** Recognize the shifts happening and understand the board's role in reducing the harm caused to many people for generations by operating the organization, distinct from specific clinical harm to an individual patient today.
- **Account.** Assure that the CEO is accountable for his/her segment of the long-term environmental sustainability performance and that this is reflected or integrated in the organization's strategic plan and management's incentive compensation plan.
- **Evaluate.** Reframe your organization's purpose, plans, and processes; regularly review the specific KPIs and metrics of the carbon management plan (CMP), along with quality and financial metrics.
- **Resource.** Earmark specific resources in annual operating and capital budgets to support the carbon management plan that is integral to the organization's quality, workforce and economic sustainability.
- **Lead.** Get out in front of the top health crisis of our time and demonstrate transparency, progress, and partnership to be part of the solution, not just a contributor to the problem.

1 Jarrard, Inc., *2025 National Consumer Survey*, January, 2025.
2 NRC Health, *Next-Generation Human Understanding: A Playbook for Healthcare Experience Management,* 2024.
3 AHA, "New HHS Office to Take Public Health Approach to Addressing Climate Change, Health Equity," September 1, 2021.

Even when nations agree on desired health goals, the dynamic of sovereignty results in global governance mechanisms for health security that are clearly not as robust or effective as desired, as evidenced by the global pandemic agreement negotiations.[4] The legally-binding International Health Regulations (IHR)[5] are foundational for our global health governance, but they are dependent on the alignment of, and compliance with, each country's laws for successful implementation.[6] Thus, while we don't have a global health "system," we do have a degree of global health governance.

A **Good Ancestor Board** is a health-care governing board that prioritizes the well-being of future generations by making decisions and taking actions that benefit the planet and humanity, even if the directors won't personally see the results.

However, this governance—and the notion of aligned accountability for global health—is not well understood among most local health leaders. Historically, most have behaved as if the actions of their organizations (like their countries) are sovereign—not interconnected in the world of pathogens, cyberspace, and other global health threats. In short, it is incumbent upon local healthcare governance leaders to take the baton of global governance's limited reach to integrate the last mile and get health right. Below are key themes for your healthcare board to consider in the exercise of its global health security stewardship, to become a *good ancestor board*.

Look Up

The admonishment from the 2021 film "Don't Look Up" references a too-realistic human denial response in the face of an existential, asteroid calamity. Boards must look up and around at the environmental determinants of health and the root causes of growing health issues.

The evidence is clear that climate has an outsized impact on population health. However, this terminology de-personalizes the issue: climate change harms patients, individuals, and communities—*and this harm is accelerating*. One in four global deaths are linked to environmental conditions.[7] More alarming is the rate at which this harm is growing, given that greenhouse gases (GHGs) accumulate for centuries. The Institute of Health Metrics and Evaluation's 2023 global burden of disease study ranked air pollution as the second most deadly risk worldwide, based on the level 2 categorization of risk factors (behind high blood pressure). Globally, extreme weather events (EWEs) in the past decade cost about $2 trillion—roughly the impact from the 2008 global financial crisis. And EWEs have increased 83 percent from the last two decades of the 1900s to the first two decades of the 2000s.[8]

Hospitals have become too familiar with the "chronic emergency" nature of extreme weather events. With each climate event, a hurricane of heroic healthcare response is invoked, further taxing resources to survive—and reducing resources available to thrive. But beyond these acute emergency care needs, the deleterious impacts of CO_2 on soil nutrient density, wildfires on air quality, hurricanes on water quality, and heat, flood, and drought on vector-borne and emergent zoonotic pathogens create a confluence of spiraling stress on human health, economic, and environmental resources. Treating patient care needs from a hurricane only deals with some of

Crossing the Threshold: From Tame to "Wicked" Problems*

Dimension	Tame	Wicked
Examples	Dirty hands spread disease, so wash hands; games like chess and Go.	Complex social or cultural problems, e.g., pandemic, geopolitical conflict, climate change; mass transit.
Problem	Can be clearly defined.	No absolute statement of the problem; avoid nailing down the problem too soon.
Goal	Clear and agreed upon: e.g., checkmate.	If no agreement on the problem definition, then then no agreement on the solution.
Solution	Finite: judged to be correct or incorrect.	Infinite: judged to be between good and bad and not uniform agreement. Unique; never solved, only "addressed" (treated, not cured); "solutions" result in unintended consequences.
Means and methods	Familiar: can be solved with traditional linear problem-solving methods (data gathering, analysis, etc.); previously-used methods and principles can work.	Any implementation changes reality; lives are affected and the problem has changed; trial and error method is not possible without consequence. A unique approach is required to address; requires adaptive learning, significant collaboration, and compromise. Keep iterating and strive for adequate, not perfect outcome.
Problem Position	Stands alone; not a symptom of another problem; bounded, if not contained.	Transcends organization and responsibility boundaries; many interdependencies and causes; often can't see the higher-level problem.

*"Tame" does not mean easy. The term "wicked problem" was coined by design theorists Horst Rittel and Melvin Webber in 1973 due to the intractable uncertainties, values divergence, and complexities of these problems.

4 Chloe Searchinger, "Why Pandemic Agreement Negotiations Failed to Land," Think Global Health Governance Series, May 24, 2024
5 See World Health Organization, "International Health Regulations."
6 Hans Kluge, et al., "Strengthening global health security by embedding the International Health Regulations requirements into national health systems," *BMJ Global Health Journal,* Vol. 3, Issue Supplemental 1, January 19, 2018.
7 WHO, "Environmental Health."
8 International Chamber of Commerce report at the November 2024 UN Climate Change Conference.

the acute symptoms of climate change (excluding mental health) and does nothing to mitigate the chronic nature, nor the root causes, of the problem.

The reason *why* U.S. healthcare boards are critical in the global health accountability chain has to do with role and mission, as well as the outsized impact that hospitals in the U.S. have on climate:

1. While healthcare globally contributes about one in 20 kilotons (kt) of all GHG emissions (twice the size of the airline industry and ranking 5th in emissions if it were a country), healthcare in the U.S. represents double this global average, or nearly one in 10 kt of the emissions in the U.S. (GHG measures are converted into global warming potential, or GWP, to appropriately reflect the weight of methane's impact, which is 25 times more than CO2).

> **The biosphere does not belong to us; we belong to it.**
>
> —*E O Wilson,* Half-Earth: Our Planet's Fight for Life *(Liveright, 2016)*

2. While China is the largest emitting country on an absolute basis, *on a per capita basis, U.S. emissions are nearly double China's*. Further, U.S. healthcare emissions per capita are *seven times* that of China's healthcare industry.[9] Given their threat to the entire world, are one country's GHG emissions a violation of sovereignty?
3. More simply, as leaders in U.S. healthcare, should we lead or lag on the major health issue of the day? Despite some courageous and innovative bright spots among U.S. healthcare providers such as Kaiser Permanente, Gundersen Health, and Seattle Children's, our industry has a long way to go to be a leader on climate action, for which our communities are calling. While all sectors in all countries must contribute towards net negative in time to avoid climate calamity, scientists and global leaders are counting on the biggest-emitting countries and industries to achieve net negative sooner than 2050 for the math to work.

Look Out, Look Ahead

About three in four Americans support U.S. participation in international efforts to reduce the effects of climate change and two in three American adults say large businesses and corporations aren't doing enough to reduce the effects of climate change.[10] This strong support is in spite of indications that, although climate change is the greatest threat to human health, some Americans still do not recognize this.[11] If healthcare providers are to be leaders in their communities, then how can we help close the remaining gap in the connection of health and climate?

The board's challenge is to assure that its healthcare organization meets the care needs of today *and* tomorrow. This means addressing the care symptoms of climate change (e.g., by responding to care needs from EWEs) *and* robustly addressing the escalating root causes of EWEs to break the negative climate change–EWE feedback loop by confronting the harm impacts inflicted by their own organization. While boards *look out* to assure quality care for patients today, they must also *look ahead* to care for patients, people, and the planet tomorrow.

So, Where's the Rub?

1. Performance

Currently, U.S. health outcomes generally rank in the bottom (worst) quartile among high-income countries. On emissions reduction, experts point to the U.K.'s NHS, which has committed to achieve net zero by 2040, a full decade ahead of the original 2050 target, as the global standard-setter in climate action by a country's healthcare sector. In the U.S., taking action on the number one health issue need not wait for regulation, "voluntold-ism," or a different administration. In fact, the new U.S. Administration has made it clear that in order to respond successfully to climate change, leadership and action must come from the private sector.[12] To paraphrase leading political scientist and global affairs expert John Ikenberry,[13] the demand for global health governance has grown, but the supply has decreased. How can local health governance leaders fill this gap? Might U.S. health stewards aspire to improve our health performance status on the top health issue of climate change?

2. Excuses

Many healthcare boards will assert that they are committed to achieving carbon neutrality, but overall, the needed pace of action has lagged due in part to lack of the following:

- **Standardized metrics, reporting, and use of appropriate measurement tools**—e.g., the evolution of many standards organizations to the broadly applicable Global Reporting Initiative (GRI) and the effort to unify across borders with the International Sustainability Standards Board (ISSB).

> **Climate change is the greatest threat to human health.**
>
> —*World Health Organization (WHO)*

- **Awareness of scientific evidence** to appropriately prioritize the longer-term environmental impacts of today's actions. The significant time and emotional lag between emission cause and EWE effect adds to the attention challenge. To paraphrase Sonia Roschnik, Executive Director of the Geneva Sustainability Center, we aren't good at taking the future into account.[14]
- **Depth of understanding and climate literacy, if not fluency,** by enough board members to query management. It is a struggle for board leaders to stay on top of science that is recalibrating the risk-benefit calculus on healthcare's harm impact on people's health and the environment. As Seema Wadhwa, Kaiser Permanente's Executive Director of Sustainability, notes, sustainability work is hard, centered in the organization's mission or "why," and demands *collective* action.

9 Healthcare Without Harm Green Paper, 2019.
10 Pew Research Center, "What the data says about Americans' views of climate change," August 9, 2023.
11 "Global Warming's Six Americas," Yale Program on Climate Change Communication, 2021 study.
12 Valerie Volcovici, "Michael Bloomberg Steps In to Help Fund UN Climate Body after Trump Withdrawal," *Reuters,* January 23, 2025.
13 See G. John Ikenberry, Albert G. Milbank Professor of Politics and International Affairs, Curriculum Vitae.
14 Sonia Roschnik, "Building a Sustainable Future: Balancing Growth, Net-Zero Goals, and Public Health," *Economist Impact,* January 4, 2024.

3. Will

Initially, kicking the can further down the road on climate action seemed a convenient option due to the lack of scientific evidence linking cause and effect. Now, it is clear that insufficient action, while causing knowable harm, equates to willful ignorance. Perhaps for the first time in history, local health stewards have the opportunity to end—to fully amortize—this mortgaging of the health of future generations.

After looking up and around to gain understanding and perspective, it's time to go deep. If governance is the Achilles heel of global health security, then how can local health stewards, private and public, transform governance from a weakness into a strength?

> **Sustainability has become a proxy for enlightened and disciplined management, which just happens to be the most important factor that investors do and should consider in deciding where to buy a stock.**
>
> *—John Prestbo, President, Dow Jones Indexes*

Shift Happens: So, What's Different?
Distinction in Healthcare Harm, Roles

		Clinical Harm	*Structural Harm: Operational and Embodied**
What		Patient injury or illness while or from seeking care.	Direct and indirect illness and injury to patients, populations, and environment today and especially tomorrow, due to healthcare operation and embodied infrastructure poisoning (e.g., emissions as a determinant of illness).
Why		Preventable error or breakdown of the care system, regardless of intent (e.g., *clinical malpractice*).	Preventable harm from organizational operation that contributes to long-lasting poisoning directly to many patients and staff and especially indirectly to the community and environment (e.g., *leadership malpractice*).
Who	*Focus*	Patient	Patients, families, employees, providers, businesses, community members.
	Lead Role	Provider/team (part of care system)	Board and management as directed by the board.
Where		Usually within a defined visit, procedure, or care episode.	Includes many settings and facilities over supply chains, neighborhoods and centuries; has global impact (e.g., GHGs).
When		Today/now	Today and tomorrow, over generations.

*Embodied carbon includes the GHG emissions from the production, construction, maintenance, and disposal of a product, building, or infrastructure.

Look In

How can you as a board leader guide your organization's move from health problem contributor to health problem solver? The Good Ancestor Board short list of to dos includes the following questions about ownership, understanding, and commitment.

Ownership

How do we own our "first, do no harm" role in the broader context of the organization's impacts on health? The board is accountable for harm reduction, including emission reduction; addressing the organization's role in climate change is becoming the centerpiece—the "impact materiality" portion of the double materiality standard.[15] How do board leaders learn and embrace this enterprise role and responsibility—which is different from clinical harm reduction? (See table, "Shift Happens: So, What's Different?"). How can the board balance today's tyranny of perceived urgent care needs with stewardship for tomorrow's health? Consider the following:

- Based on the agendas of the last year of board meetings, how much time did the board allocate to dialogue, deliberation, and decision making on its root-cause analysis of EWEs, and your organization's part, with the health impacts and needs of your communities' next generation? Kaiser's Seema Wadhwa suggests that boards gain a deeper understanding of the organization's climate *risks* (e.g., losing a facility to a wildfire), and *opportunities*, including cost savings and employee empowerment and engagement.
- In the next three to five years, what is the aim for the board's time investment balance in order to avoid inadvertently harming its communities' children and grandchildren? See the International Hospital Federation Geneva Sustainability Centre's board guide[16] for ideas on how to integrate sustainability into your strategic decision making, oversight, and accountability structures.
- Through 2030, what is your organization's target capital investment to cut emissions by at least half and make desired progress on the metrics for the WHO Sustainable Development Goal (SDG) 3 Health for All?[17]

Understanding

Do we know our harm number(s)? In 1988, to create awareness on addressing the number one killer of heart disease,

15 Maris Zammataro, Jeff Barbieri, and Sahar Hassan, "Climate Change and Corporate Governance: Navigating 2025 and Beyond," NACD, December 11, 2024.
16 Geneva Sustainability Centre, "Governance for sustainable healthcare in hospitals."
17 WHO, "Targets of Sustainable Development Goal 3."

President Ronald Regan declared April as National KnowYour Cholesterol Month. Here are some important questions to ask:

- **What is our hospital's current GHG emissions number?** What was the baseline measure the first time it was measured? Do our employees and community leaders know our number, target, and progress? How can they be engaged in the campaign to help reduce it?
- **What are our 2030 and 2050 GHG emission targets?** If all hospitals were on our pace, would the world succeed in achieving the goal of Net Zero by 2050 (Net Negative after 2050), aligned with the IPCC-recommended less than 1.5 C (2.4 F) goal (now breached) and the U.S. nationally determined commitment (NDC)?[18] In contrast to governments calling on businesses to take action on climate action, We Mean Business, Geneva is an example of a business coalition that influences governments to step up their NDCs in the interest of businesses and their stakeholders. John Prestbo, President of Dow Jones Indexes noted, "Sustainability has become a proxy for enlightened and disciplined management, which just happens to be the most important factor that investors do and should consider in deciding where to buy a stock."[19]
- **How does our organization measure Scope 3 emissions?** Scope 3 emissions are estimated to account for about three-fourths of hospital emissions (71 percent per HCWH; over 80 percent per The Commonwealth Fund[20]); yet the EPA's Greenhouse Gas Reporting Program requirement does not yet include them (as of this writing, this program is also being changed by the new Administration; the proposed U.S. SEC climate rules include scope 3 emissions, as do the E.U.'s Corporate Sustainability Reporting Directive and California's Climate Corporate Data Accountability Act).

> **Some problems are so complex that you have to be highly intelligent and well-informed just to be undecided about them.**
>
> —*Laurence J. Peter, author of* The Peter Principle

Commitment

How are we demonstrating our commitment and accountability, internally and externally?

- **External: To whom does our organization publicly report our climate harm and progress? To what standards do we account?** How well are we complying? Globally, have we joined the UN's Race to Zero,[21] which includes all sectors, or have we learned insights from the Health Care Without Harm's Global Green and Healthy Hospitals?[22] The voluntary U.S. Health Sector Climate Pledge[23] was launched by HHS in 2022 to cut emissions in half by 2030 and get to net zero by 2050. As of April 2024, 61 of the largest healthcare systems and about 15 percent of U.S. hospitals had joined, according to the HHS Web site as of January 2025; this site was taken down in February 2025 by the new Administration.
- **Internal: How have we operationally codified our Net Zero commitment?** Use of a "time out" before surgery and two patient identifiers are effectively (and perhaps the only) universal "red rules" for all U.S. hospitals (i.e., done 100 percent of the time). Similarly, have 100 percent of U.S. hospitals hard-wired their committed actions to achieve Net Zero by *no later than* 2050? In our quest to become good ancestors, what are the changes we have made recently for which, in 2050, our great-grandchildren and others would be most grateful to their ancestor board leaders?
- **Board: How often does the board review the organization's carbon management plan (CMP)?** Is the CMP reviewed as often as quality, financial, people, and growth metrics, in line with the People-Planet-Prosperity triple bottom line?[24] *How have we realigned our executive incentive compensation and governance priorities to achieve net zero?*

Stepping Up

Global health stewardship for a board goes beyond good intentions and good citizenship. It's about embracing the reverse directionality question: *what is the impact of our health system on our environment and community*? It's about learning what it means to become a *Good Ancestor Board*—stepping up and into the leadership void on the global health issue of our time.

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18 United Nations Framework Convention on Climate Change, The United States of America Nationally Determined Contribution: Reducing Greenhouse Gases in the United States: A 2030 Emissions Target.
19 Kathy Gerwig, "Greening Health Care: How Hospitals Can Heal the Planets" (book excerpt), *Stanford Social Innovation Review,* September 15, 2014.
20 The Commonwealth Fund, "How the U.S. Health Care System Contributes to Climate Change," April 19, 2022.
21 UN Climate Change High-Level Champions, "Race to Zero."
22 Global Green and Healthy Hospitals, "Sustainability Agenda."
23 HHS, Health Sector Climate Pledge, 2022. See also, Health Care Without Harm, "HHS Health Sector Climate Pledge."
24 Kelsey Miller, "The Triple Bottom Line: What it Is and Why It's Important," Harvard Business School, *Business Insights* blog, December 8, 2020.