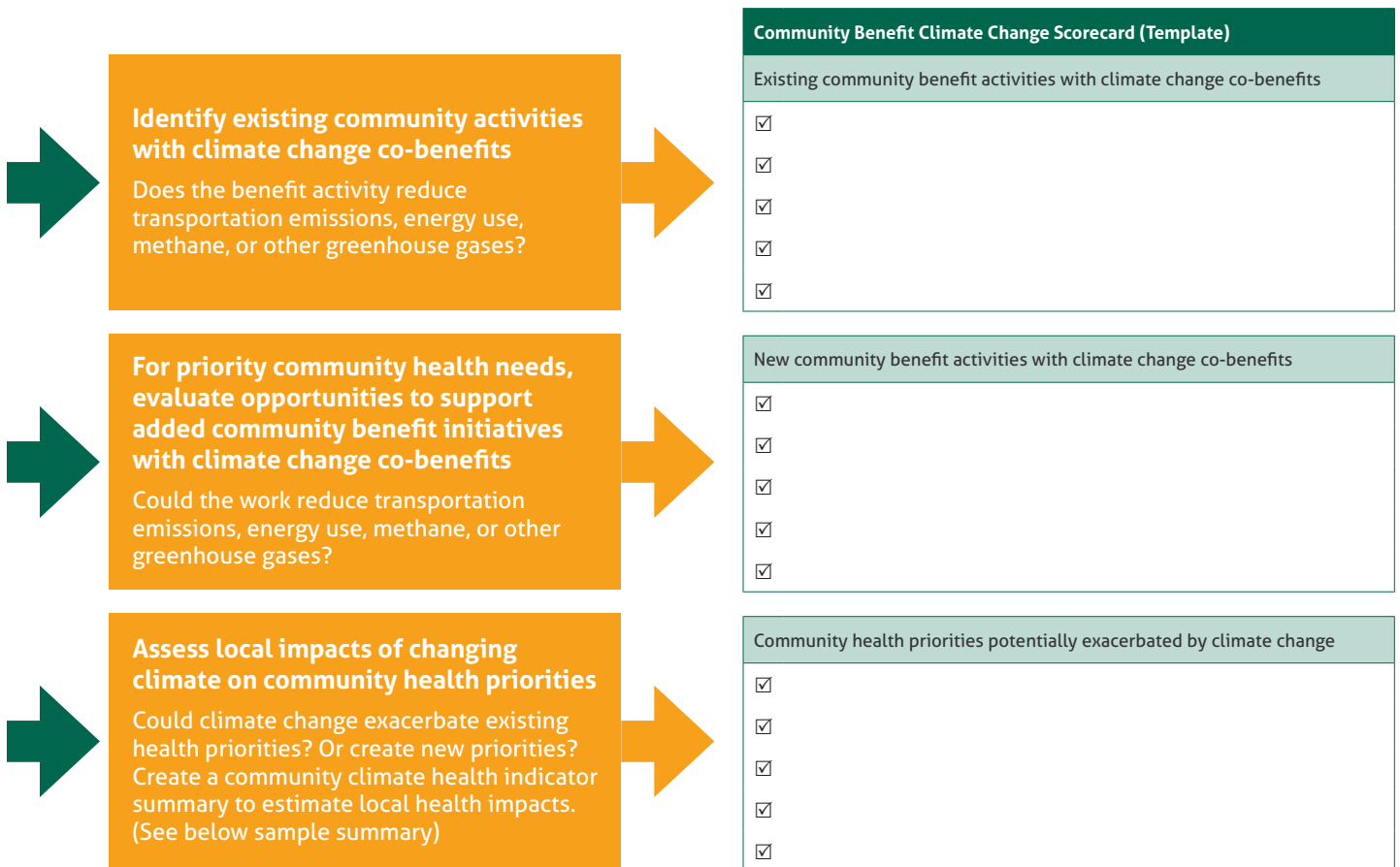


Community Benefit Climate Change Scorecard

Community benefit and environmental staff can collaborate to help their hospitals and health care systems incorporate climate change into Community Health Needs Assessments and community benefit activities.

Practice Greenhealth has developed a Community Benefit Climate Change Scorecard to help inform this process. The steps to develop the scorecard and a sample scorecard are provided below. Supporting tools to inform the process are provided below and in a related report, [Leveraging Hospital Community Benefit to Address Climate Change and Environmental Risks](#).



Key: T= reduced transit emissions; E= reduced dependence on fossil fuel; OGHG= other greenhouse gas benefits (e.g., methane reduction or carbon sequestration in plants/trees).

Sample summary

Community Benefit Climate Change Scorecard (Sample)

Existing community benefit activities with climate change co-benefits

- Support farmers market promoting local sustainably produced food in low-income food deserts. [T, E, OGHG]
- Provide technical assistance for increased access to healthy foods in schools and promote increased consumption of vegetables and fruit. [OGHG]
- Promote safe walking routes to schools. [T]
- Support local greenway to encourage walking in downtown areas, limiting cars. [T, OGHG]
- Support local green food production and solar cooperative businesses. [T, E]
- Provide free shuttle bus services to hospital or clinics. [T]
- Offer online asthma tools to help to minimize children in ER. [T]
- Offer phone-based support or telemedicine for high-risk patients. [T]

New community benefit activities with climate change co-benefits

- Support transportation planning to reduce car use and encourage active transit. [T]
- Invest in local sustainable food production and processing businesses. [T, E, OGHG]
- Invest in housing renovations with energy upgrades for low-income asthmatics. [E]
- Offer subsidized or discounted public transit passes. [T]
- Invest in community renewable projects. [E]

Community health priorities potentially exacerbated by climate change

- Access to care
- Obesity and chronic diseases linked to overweight
- Community safety or violence
- Asthma and respiratory risks
- Cardiovascular disease
- Mental health when coping with severe weather conditions

Key: T= reduced transit emissions; E= reduced dependence on fossil fuel; OGHG= other greenhouse gas benefits (e.g., methane reduction or carbon sequestration in plants/trees).

Community health summary for Southern California Hospital

The below summary was generated by using an Excel workbook created by Health Care Without Harm and Practice Greenhealth. Access the [workbook](#) to complete a climate community indicators summary. The process typically takes a couple hours.

Climate Change and Health				
Climate Change Community Health Indicators Summary				
Hospital Location		Southern California Hospital Los Angeles, CA		
Rising Temperatures & Extreme Heat Events		Year	Units	Estimated Impact
Extreme Heat Days	Increase in Number of Days > 95 degrees per year	2020-2039	days/yr	83%
		2080-2099	days/yr	317%
Heat-Related Mortality	Increase in Deaths	2020-2039	deaths/yr	32
		2080-2099	deaths/yr	95
	Current Heat-Related Mortality & Illness	2014	deaths/yr	2
Heat-Related Emergency Room Visits	Net Change in Heat-Related ER visits	2020-2039	ER visits/yr	2,357
		2080-2099	ER visits/yr	7,072
Violent Crime Rates	Percentage change in violent crime	2020-2039	%change	0.50%
		2080-2099	%change	1.75%
	Increase in Violent Crimes in Community Served	2020-2039	violent crimes/yr	30
		2080-2099	violent crimes/yr	106
Reduced Air Quality		Year	Units	Estimated Impact
Ground-Level Ozone	Compliance with Ozone Standard	2015	Yes/No	No
	Category of Non-Compliance	2015		Extreme
	Increase in Cases of Acute Respiratory Symptoms	2100	case/yr	14,521
	Increase in Emergency Room Visits for Asthma	2100	case/yr	122
Particulates	Compliance with PM2.5 Standard	2015	Yes/No	No
	Estimated Increase in Mortality	2100	deaths/yr	57
	Estimated Annual Increase in Emergency Room Visits for Asthma	2100	ER visits/yr	32
	Estimated Hospitalizations Cardiovascular	2100	Cases/yr	7
	Estimated Hospitalizations Respiratory	2100	Cases/yr	15
Allergens	Allergy/Ozone Exceedances Expected	2010	Yes/No	Yes
More Extreme Storm Events		Year	Units	Estimated Impact
Heavy Precipitation Events	Change in Frequency of Heavy Precipitation Events	2100	multiplier	2.5x
Sea Level Rise and Flooding	Estimated Impacts of Sea Level Rise Population Potentially Affected	2100	inches	36
		2100	persons	4,968
Water-Borne Disease	% Decline in Water Quality Index Livestock Runoff Concerns	2100	%	-17.5%
		2015	yes/no	No
Increasing Incidence of Vector-borne Diseases		Year	Units	Estimated Impact
Lyme Disease	Likely expansion of Lyme disease into community	2080	yes/no	No
West Nile Virus	Possible expansion or worsening of W. Nile in community	current	yes/no	Yes

Vulnerable Populations	Potential Climate Health Impacts					
	Service Area Population	% Population	Extreme Heat	Air Pollution	Extreme Weather	Water-borne diseases
Population > 65 years of age	119,020	7.1%	*	*	*	*
Medicare beneficiaries with heart disease	16,680	1.0%	*	*		
Population with diabetes	53,869	3.2%	*			
Population of overweight adults	136,911	8.2%	*			
Population with asthma	75,219	4.5%		*		
Population under 200% of federal poverty line	171,094	10.2%	*			
Population with any disability	70,534	4.2%	*		*	
Total	1,674,025	100%				