So welcome. Thank you for joining us on this Thursday evening for the Summer 2022 Climate and Health Internship Colloquium, both to our virtual audience and to our in person audience. My name is Mauro. I'm the program administrator for the Yale Center on Climate Change and Health, and I've been working with these students as they completed their summer internships, and now we're super-excited to hear them speak about the work that they did there this summer. Some very quick rules for this session. If you're online, can you please make sure that you're on mute while our panelists are presenting, 'cuz I'll be running around trying to hit mute if I see that you're speaking. Also, for our online audience, please feel free to enter questions into the chat box and our panelists will answer them during the question and answer session. Same for our folks here. So the way that it'll work out is we have three panels. We'll have each of
our students present their information, and then we reserve about 10 minutes at the end.

(person off screen coughs)

of each one of those blocks of presentations to do Q&A. We'll do that three times.

And then at the end, if there's more time for questions, then we'll also use that time then.

(computer mouse moves)

There we go.

So very quickly,

an introduction to the Yale Center on Climate Change and Health Internship Program.

This is a program that we've developed over the years,

where we're connecting students who are interested in doing work at the nexus of climate change and public health.

You can find more information about this on our website.

That's the shortened bit.ly link is bitly,

The panels that we're gonna be doing here today, you can see on the screen, panel 1.

Rights and justice in a climate changed world.

Panel 2,

Collecting and operationalizing climate and health data.
And then panel 3, Communicating and awareness-raising around climate and health issues. And then the Q&A session at the end as time allows. So you didn’t come here to listen to me speak, so we’re gonna get started with our first round of presenters. So can I get Sebastian, Caroline, Alix and Emily up here. You can sit in whatever order you feel like. And now have each of you as we present the posters, you know, just give a brief introduction to who you are, the work that you did, and any next steps that you have with those projects. And then, of course, for our online audience, give me just a second. You didn’t come here to see me. There you go. Now you can see everybody on screen. All right, so we’re gonna begin with Sebastian. If you’d like to begin, certainly, so my name’s Sebastian. I’m a student in The Yale College, Class of 2024. I major in environmental studies. And this summer I got the opportunity to an internship with Dejusticia,
who’s based in Bogota, in Colombia.

My project was titled Litigation as a strategy for protecting human rights in the Global South amidst the climate crisis.

The goal of it was to research and analyze human rights based climate litigation in the Global South, and kind of write a pedagogical research article about best practices and most commonly used practices when writing these litigations.

And so, as you can kind of see I, I delved very deeply into the Sabin database on climate change litigation.

And kind of saw, at first, I have this figure for you, with like the countries in the Global South that have cases of human rights based litigation.

As you can see, there’s a really high concentration in Latin America, some cases in Africa and also another concentration in South Asia, and Southeast Asia.

And then, Mauro, would you mind? Absolutely, let me. The slide with statistics. Sure. How’s that?
And then some key statistics that I kind of developed through my research was that 44% of cases, so all climate litigation in Global South, actually utilizes human rights-based arguments. 44% of cases, which is very different compared to the cases in the Global North, which for example, only 5% of the ones in the United States use human rights, human rights based arguments. Of those human rights based litigation cases, 66% of them focus on mitigation. So that’s reducing carbon, greenhouse gas emissions. 87% of ’em are filed by individuals or NGOs, and then 84% of them are against governments. So that kinda gives you like a, an idea of who are the people that are fighting these actions and who are that ones that are being filed against. 80% of the finalized cases actually produce environmentally aligned decisions. So I feel like that’s a really good turn around and kind of proves to the importance of like why we should be figuring out how to further develop these human rights-based arguments. And then 86% of them cited
the right to a healthy environment in particular.
And some of those like key findings
have a lot to do with that statistic,
which is the fact that its biggest connection
to public health is that one of the rights
that is most commonly cited to involve
this right to a healthy environment
is the right to health,
as well as the right to life.
Some other things
that we found that were interesting
is like the geography
of climate litigation in the Global South.
Which is very focused
on high emitting countries as well,
so that’s another pattern to look out for.
Some of the things were like
the strength of particular groups.
So a lot of these cases have also been filed
by youth individuals.
And based on arguments
of intergenerational rights.
Some frequently cited texts include
the constitutions of these countries,
regional human rights agreements
or the Paris agreement.
And then, some other principles that are cited
are the precautionary, non-regression,
tergenerational equity, participation.
And then I’ll kind of leave us off
with Leghari vs Pakistan, which was one of the, kind of like, cases that I delved into in the project. Which actually did use the rights to life and health as a way to invoke the rights to help the environment. Thank you. Great, thank you much.

So we’re gonna move on to our next presenter, which is Caroline, but before I do that, I did not realize that placing the chairs there may blind you during your presentation, so you can scoot ’em up if you’d like. We have plenty of camera space here. (chairs move) Oh, that’s better. (group laughs) Is that better? (girl laughs) I know what it’s like to be on stage now.

My name is Caroline Helsen, I’m a second year Master of Public Health student in the School of Public Health. I interned at UNICEF this summer, in the Maternal Newborn
and Adolescent Health Unit. It was a remote internship, so unrelated to climate change, but we’ll talk about that later, when I can recall that experience. But yeah, so stuff on the right, just background on me, I’ll skip that though. On the left-hand side, it’s a little bit about what I worked on. So primarily, I can give some background, my internship was actually on adolescent mental health very broadly. So more specifically like school based resources on mental health for children, it’s the World Health Organization actually, at the beginning of June, released a policy brief about climate and mental health, and so, that kind of spurred some excitement within UNICEF. that this topic was being talked about. so I was able to explore kind of like what is, what are other partner organizations doing in this space?
think about climate and health, what are they already doing? How can UNICEF, really I guess the strategy behind my department’s approach to climate and mental health. How can they make sure they’re not duplicating work that some of their partners already had and might already be doing? So what I did was just put together a focus group discussion guide, which I have not been able to actually conduct the focus groups yet, but perhaps in the fall there will be an opportunity for that. And then you know, like I said, talk to some partner organizations. So it’s just really great to hear a wide spectrum of what’s being done already and where the gaps might be. Both in terms of like understanding of climate and mental health among climate and mental health advocates, right? Sometimes they’re very separate groups, (indistinct) and then we ask them. So it was a great time. Great, thank you, Caroline. Hi, everyone, my name is Alix. I am a second year MPH student in the Department.
of Environmental Health Sciences and I’m concentrating in climate change and health. Before I begin, I’d just like to thank the JFK Scholar Fellowship Committee and the New England Public Health Training Center, for both supporting and funding my work this summer. So this past summer, I interned at the Connecticut Department of Public Health, where I conducted a policy analysis on current and proposed legislation that addresses barriers of weatherization as well as energy assistance programs in Connecticut, with a focus on individuals who have been deemed vulnerable to climate change. So that manifested in my deliverables as a literature review, which was really important to understand the history of weatherization in the U.S., the history of weatherization as well as the current progress that we haven’t seen right now. And then, I compiled a compendium of current proposed legislation, which was really cool. Because we’re seeing...
so much new, so many new laws being proposed
within the last couple of months
with the Inflation Reduction Act, and the infrastructure bill that was just passed
a few months ago. And then finally, I linked all this information, wrote a policy brief, where I gave concrete and actionable, actionable recommendations to the department, so that they could better support the state’s weatherization in (indistinct)
Great, thank you, Alix.
(papers shift)
I assume it’s me?
Absolutely, yeah.
(papers shift)
I didn’t print it out.
A timely thing to do.
(Emily laughs)
So, A timely thing to do.
Yeah, yeah (indistinct)
(Emily laughs)
So hi, I’m Emily. I’m also a second year Master’s student at the School of Public Health.
I’m in the Department of Social and Behavioral Sciences.
I’m also concentrating
in climate change and health.

And so, I was also compiling for the Connecticut Department of Public Health in their Office of Climate Change and Public Health, and I focused on food, security, and equity.

And specifically, this was part of the GC3, so the Governor’s Council on Climate Change.

I think it was passed in 2019. And it was (indistinct) part of like a three year initiative, the very beginning of it, to look at how food systems and food equity are being impacted by climate change.

And so, since this was the very beginning of the project, I, my job was basically to figure out what do we know and compile it so that it’s a resource for the Department of Public Health.

So that included a literature review, also more of like a general review. So different types of knowledge, not just academic, but also looking at local organizations that are doing work, data sources that might be relevant, and compiling it all.

And so, that was my main deliverable,
was a compendium of resources to the department,
and then a report about the work related. Yeah, that’s, that’s it.
Thank you.
<v Mauro>Great, thank you, Emily.</v> All right,
thank you for those overviews, each one of you.
So now,
I’m gonna invite questions from the audience,
either in person or online.
And give me just a second,
I’m gonna have to hit stop share here, so I can see
if anybody online is sending us any chats.
Any questions from the audience?
I have a lot if nobody has any.
(attendees laugh) Yeah, go ahead, Rose.
<v Rose>Sebastian,</v> from a basic way, from a
countries outside of the one such. Like that.
Let’s imagine it forward, (indistinct) basic way, from a
countries outside of the one such (indistinct)
Like that. Can you restate that a little bit?
<v Rose>Yeah,</v>
like how did, or are the (indistinct) you’d liked to study in the country rather than,
(indistinct) other countries,
(indistinct) just your attitude in general.
Yeah, that’s good?
Yeah, I think one of the things that I saw is that,
would you mind repeating the question a little bit louder?
Oh, yeah.
So the question is kind of like,
from what I saw of like what motivated,
my understanding.
What I saw that motivated like the occurrence of these litigations in these countries.
Like, is there anything to like expand to other countries based on that?
And I think like from my research,
what I could see is that a lot of the reason why I was like so focused in these countries,
is because,
they’re particularly in Latin America,
there’s a lot of explicit protection of the right to a healthy environment within the constitutions of the countries.
As well as in regional agreements,
like, the one that I mentioned explicitly was the protocol of San Salvador,
which like also explicitly mentions the right to a healthy environment. But I think some of the most innovative cases have been the ones that have successfully been able to link explicitly mentioned rights in the constitution, such as the right to health, there's the right to life, to the right to a healthy environment. And I think that's kind of like what can be used to expand this sort of like, human rights based litigation to other countries that might not necessarily include the right to a healthy environment in their constitutions. And yeah, does that answer your question?

So you mentioned that countries like the United States and it’s strategies. In terms of in the United States?

Can you repeat that as well, Sebastian?
443 00:15:57.930 --> 00:15:59.002 <v Sebastian>Yeah.</v>
444 00:15:59.002 --> 00:15:59.835 <v Mauro>I'll just say</v>
445 00:15:59.835 --> 00:16:00.668 the standing rule for everybody as we do,
446 00:16:00.668 --> 00:16:01.501 (panelist laughs)
447 00:16:01.501 --> 00:16:02.334 we'll just repeat it.
448 00:16:02.334 --> 00:16:03.167 I think they can hear us better on stage.
449 00:16:03.167 --> 00:16:04.000 <v ->Yeah</v>
450 00:16:04.000 --> 00:16:05.160 The question was like
451 00:16:05.160 --> 00:16:08.520 what if, if human rights based arguments
452 00:16:08.520 --> 00:16:10.530 weren’t as frequent in the United States,
453 00:16:10.530 --> 00:16:15.473 then why, what were the most frequent arguments?
454 00:16:15.473 --> 00:16:16.770 I think my response to that
455 00:16:16.770 --> 00:16:18.930 I'm not 100% sure,
456 00:16:18.930 --> 00:16:21.210 because I didn’t delve too much
457 00:16:21.210 --> 00:16:22.530 into the cases in the United States.
458 00:16:22.530 --> 00:16:23.460 That’s another part of it,
459 00:16:23.460 --> 00:16:26.010 is that these countries in the Global South
460 00:16:26.010 --> 00:16:27.210 have a lot less cases,
461 00:16:27.210 --> 00:16:29.910 it’s just that a much greater proportion of them
462 00:16:29.910 --> 00:16:32.730 have arguments based on human rights,
463 00:16:32.730 --> 00:16:34.265 whereas like the United States
464 00:16:34.265 --> 00:16:35.627 is maybe tenfold of the cases
465 00:16:35.627 --> 00:16:37.563 of any of these countries.
466 00:16:39.780 --> 00:16:42.630 And I think one of the things that I did see
467 00:16:42.630 --> 00:16:43.670 about the cases in the United States
468 00:16:43.670 --> 00:16:45.240 is that they’re very,
469 00:16:45.240 --> 00:16:48.063 they’re based a lot more on existing laws,
470 00:16:49.050 --> 00:16:50.493 existing regulations,
471 00:16:52.020 --> 00:16:54.720 while the cases in the Global South,
they’re based a lot more on the fact that maybe regulations are being not fully achieved. And so the human rights based arguments are like, you’re violating my right by not fulfilling your obligation to like not allow people love, for example. Whereas in the United States, it’s lot more about trying increase recommendations and things like that. So I don’t have a full answer to your questions. No, by all means, it’s cool.

Yeah, no problem.

We have a few minutes left, and I just wanna flag that Devin asked a great question in the chat, and it says, As developing public health professionals/researchers, where do you prioritize climate change and health in your list of public health interests, and how does this influence your career aspirations? And maybe we’ll start with Emily and go the other way?
(laughs) No, that’s fine.
Sure, well, yeah, I would say that as far as the research that I do, I primarily focus on climate change involved research, that is one of my top research interests, and it’s what I hope to do professionally. And so I think looking specifically at Yale, I do a lot of work at the intersections of both that environment, a lot with collaborations with the School of the Environment and the School of Public Health. And so yeah, I would hope to continue in that space. Yeah,
so I’m from an environmental science background, so I would also say that climate change and health is one of my top interests. I hope to go into some sort of environmental management, where I help companies achieve their sustainability and environmental goals. But more specifically, I’m interested in how climate change impacts human, wildlife, and environmental health.
All three groups are very closely intertwined, and yeah. Just climate change is so terrible, it really makes it a huge and I think it’s even more than ever that we gotta’ take action. I would add, my background is not directly related to climate, it’s in health workforce development and other areas of workforce development and mental health, but when I came to Yale, I felt a pretty strong sense of duty to be in the climate change and health concentration. So I think, I mean, I think everyone should be in the concentration if they don’t already have, you know, a lot of knowledge in that area. But in terms of my career specifically, whether or not I like have a very direct climate and health job, I know that no matter what area of public health I go into, climate change will impact that area in some way, so I absolutely consider it a priority and am, you know, interested and looking forward
to the ways in which all public health professionals can integrate responding to climate change into their jobs.

I mean, I'm an undergraduate, and as I mentioned, I'm majoring in environmental studies, and so I think it is also like the bulk of my interests, in terms of its connections to public health, those connections are the bulk of my interests. I think in terms of how it influences my career aspirations, I think it reaffirms my passion for like environmental justice in particular, because I think, any changes in the environment burden our most disadvantaged communities and they're only gonna exacerbate any existing health equity gaps, and so, I don't know, that's kinda like, what motivates me, I guess.

Great, thank you. Any last minute questions? Any last minute questions? Great, thank you. Any last minute questions? Any last minute questions? Great, thank you for that great question online. If no questions, then we’ll transition to our next panel, but just one final round of talk, panel number one.

In panel number two, we have Mitchell,
Ruihan, Noel, Finn and Adriana. And we do need another chair, so excuse me. (indistinct) a little bit. (camera disturbance happens) (people laugh and chat) Wonderful. We all here? Great. All right. We're gonna start with Mitchell. Everyone. My name is Mitchell and I’m a second student in the sociable with behavioral sciences department concentrating in climate change and health. This summer I worked at the California Department of Public Health, specifically in their climate change and health equity section and I worked on two main projects with the section. The first one is, you can see on the screen here is a interactive online dashboard for wildfire smoke pool exposure in the state of California. And this kind of captured visually and quantitatively the number of people and the duration of time for which people
in California were exposed to wildfire smoke pools. And it gives policymakers a tool to understand where exposures are most often and most severe. The second project that I worked on was updating the climate change and health equity sections, climate change and health vulnerability indicators which are variety of health indicators that contribute to climate vulnerability. And the two that I worked on were violent crime rate and the prevalence of air conditioning in the state of California. Most of my work was in data and coding. So it was very applicable using the biostatistics course and the foundation of course from the first year. I’m happy to answer any questions. Great, thank you Mitchell. It would help if I put the next slide up.

Hey everyone, my name’s (indistinct) my second year masters (indistinct) in Biostatistics.
And this summer I worked (indistinct) internship (indistinct). We all know that over the past decade and really, dramatically accelerating especially. So in this study my job was mainly the statistical analysis and for our study population, it’s all the demographic telehealth versus visits, also identify the demographic predictives, for (indistinct) also (indistinct) telehealth during the pandemic. So for (indistinct), we found that telehealth not only have not much impact on the original (indistinct) but can also help to promote the development of telehealth expansion (indistinct) And for patients we identify that patients the age of 55 who are black African Americans who are, so that’s it (indistinct) our discovery thank you so much. Thank you very much. <v Mauro>
Hi everyone, my name is Noelle, I’m a second year at Yale School of Public Health and Department of Social Behavioral Sciences and in the US health justice concentration. So I spent the summer working with the Yale Center on Climate Change and Health, specifically with Dr. Laura Bozi who’s the director of Yale Center on Climate Change and Health. And I worked on one of the action items associated with the (indistinct) grant. So it’s a CDC grant called the Building Resilience Against Climate Effects. And it was provided to CDPH and YCCCH. So one of the tasks and the main deliverable that I worked on this summer was coming up with a template municipal extreme heat and air quality response plan. So essentially this was a very long document that being sort of a hundred pages that details four municipality that’s chosen for this grant, what kinds of components they should be expected or should consider including when
they create their own plan that’s focusing on extreme heat and a particular focus on (indistinct) ozone. So the biggest components of this plan really focused on general stakeholder roles, responsibilities, so at all levels of the government and for the particular focus on the community and municipal levels detailing what some of these activation phases and activities are pre seasonally, seasonally and during periods of heightened temperatures or ground ozone conditions. And perhaps the biggest piece was talking about climate change resilience. So this plan kind of differed from others in that not only did it combine address extreme heat and ground level ozone but also looked at how you can build resilience in the short and long term at the community level. So this resource will be ultimately shared with whichever useful local health departments are chosen for the grant and they’ll be able to use this resource to really help fill in
the details and without, what they want their response to climate change to level out. <v Mauro>Okay.</v>

Okay. Hi everyone, my name's Finn. I'm a second year mph, Environmental Mental Health Science Department and this summer I was able to work with Connecticut Department of Public Health with generous funding from solid scholarship. And so as you see in the above image, I modeled risk for any vulnerabilities to climate change for infrastructure in Connecticut. Really the first goal, the first thing that was given to me was to look at public water systems in the states. So these are places with, you know, have water dispensed at their location for 25 or more people are needed. This could be like a dunkin' donuts or like maybe hospital. And so I looked at these poly water systems, I found out which ones had incident violations in the last
year, could be like chemical spills, eco contamination and also like intake (indistinct) These were diagnosed as being vulnerable home, public water system, vulnerable infrastructure. So I looked at the cluster of these public water systems, associate that with the mass critical facilities around, so hospitals, nursing homes, schools, so that we could find areas in the state where they was like a lot of vulnerable public water system for the last 10 years. And then really the final part of this project been this, this model. So I kinda put this in context of climate change and I’m made an overlay model on the js, so I linked it as the public water system infrastructure layer. So rather having issues and violations. So that was, that was our 20%. Then I also added in social vulnerability to the models, that being a factor of making people more vulnerable to having more infrastructure issues.
That was 40%, approximately 40%.

And then lastly I added in these climate change factors such as soil drainage, water storage, drought issues that commonly affect water structure, could affect water structure, also key vulnerability and lastly flood risk.

So I believe all together in the model and as you see in above in the red areas of where areas that were seen as being vulnerable to climate change affecting our water infrastructure.

And generally the biggest confusion that came out was used in midsize cities, particularly Danbury, (indistinct), and Waterbury were areas that, you know, had high social mobility, they had a lot of interesting infrastructure issues in the last 10 years maybe.

These climate factors are listed. The biggest real challenge of this whole project is trying to understand how social vulnerability, climate change, and infrastructure issues all come together and compound each other to make people more vulnerable.
Hi name is Adriana. I'm a third year Indian college majoring in environmental studies. This is my second year working on the project’s (indistinct). It’s a joint project. It’s between, between YCCCH and Circa. And the main role and product of the project was to create an extreme (indistinct) computers so that means that I was putting together set up different resources and recommendations that municipal leaders throughout Connecticut event tailored to their local contexts. The key deliverables that came outta’ this toolkit are a useful policy and planning option overview table which provides examples of best practices that already implement by throughout (indistinct) throughout the country so that school leaders can have an idea of what
potential policy implement here
in Connecticut and have a guide
for how do that based on these already existing
policies elsewhere.
And then also a center investment practice
guide,
public communications packet.
This was something they found useful.
(indistinct)
useful response planners
throughout Connecticut and they
express that they would like
to improve their communication
to presidents.
So in communications packet
I made sure to include
communications templates
that leaders can download and edit
according to,
according to the local projects.
And and also an equity guide
and extreme key resources
for people who may vulnerable to
extreme heat.
And.
What’s the (indistinct)
(indistinct)
(indistinct)
really rewarding (indistinct)
Great, thank you Adriana.<v>
All right, so just as a reminder, these are our,
our speakers and where they were interning. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’m gonna pull up this so if anybody has a question. Yes, go ahead. If you’ll excuse me, I’ll just turn it over if anybody has an answer.

I would say absolutely. I know some of the, the concepts of R and biostats one and two were directly applicable to my internship because as I shown on the screen most of my code and that did also apply in terms.
I used (indistinct) Python in my program doing the JS models and the maps and dashboards for the Department of Health and that was like all skills I learned from her. And also exposure science with Dr. (indistinct) great course. Really open your eyes a bit more to the way climate can affect people's health. I would add to that in terms of (indistinct) or sort climate changing little health with Dr. Dubrow, I really enjoyed that class. It was really helpful. I think it orienting myself on more granular nuance level for the different facts of climate change on population health, on the actual occurrence of weather related disaster, things like that. I also think some of the research I did before with Dr. Sarah Lowe was really helpful. I've been able to work with her with the trauma (indistinct)
945 00:34:55.071 --> 00:34:57.420 here by speech and on the risk project which is
946 00:34:57.420 --> 00:34:58.920 resilience survivors of Katrina.
947 00:34:58.920 --> 00:35:00.510 So I think kind of having
948 00:35:00.510 --> 00:35:02.550 that research based exposure
949 00:35:02.550 --> 00:35:03.720 broadly like what impacts
950 00:35:03.720 --> 00:35:04.770 of climate change are and seeing
951 00:35:04.770 --> 00:35:05.837 what it’s looking like
952 00:35:05.837 --> 00:35:07.740 as the study unfolds and then having
953 00:35:07.740 --> 00:35:09.603 that super helpful.
954 00:35:15.297 --> 00:35:16.130 <v ->Yeah.</v>
955 00:35:16.130 --> 00:35:19.290 (indistinct)
956 00:35:19.290 --> 00:35:21.990 I would say that (indistinct)
957 00:35:23.160 --> 00:35:24.911 in science (indistinct)
958 00:35:24.911 --> 00:35:25.744 that department (indistinct)
959 00:35:25.744 --> 00:35:28.161 (indistinct)
960 00:35:29.662 --> 00:35:30.920 in (indistinct)
961 00:35:30.920 --> 00:35:34.995 I learned how to (indistinct)
962 00:35:34.995 --> 00:35:37.412 (indistinct)
963 00:35:38.887 --> 00:35:42.645 obviously (indistinct)
964 00:35:42.645 --> 00:35:46.536 Because I, I (indistinct)
965 00:35:46.536 --> 00:35:51.536 I think (indistinct)
966 00:35:52.127 --> 00:35:53.677 <v ->Of course that was useful.</v>
967 00:35:53.677 --> 00:35:58.569 To me (indistinct)
968 00:35:58.569 --> 00:36:02.402 project was Professor Thomas JS class college.
969 00:36:06.417 --> 00:36:08.250 The final project map,
970 00:36:09.633 --> 00:36:12.050 (indistinct)
971 00:36:13.549 --> 00:36:18.549 realize all the different (indistinct)
972 00:36:19.032 --> 00:36:24.032 that made somebody (indistinct)
973 00:36:25.083 --> 00:36:25.916 <v Audience Member>Thank you.</v>
974 00:36:25.916 --> 00:36:27.360 (mic adjusts)
<v Mauro>Other questions</v> either from in person or online? Go ahead.

<v Audience Member>Yes.</v> Nice presentations.

What was the relationship between Noel’s project and Adriana’s project? There seemed to be some similarities.

I think in the initial stages we did have some overlap.

We had some meetings together where we talked about opportunities to overlap the project. I wanted just chat about it too but I think we were hoping for a little bit more like crossover with the projects later on.

I think once the useful extreme heat air quality response template was shared that the toolkit can be kind of another supplement that would also be provided to recipients of the BRACE grant, but.

I agree what you said.

yeah there’s also a section in toolkit specifically on response plans for these leaders so having that put in there is nice.

(indistinct)
So I think (indistinct)

Audience Member: Thanks.

Mauro: Other questions?

Audience Member: I'll ask a very general one.

just since it was a lot of data

collection data analysis for,

for any of our panelists,

were there any gaps

that you identified as missing that

would’ve been useful

to inform your project or your

organization’s work

or future iterations of the work?

So I guess what I’m,

what was missing that would’ve been useful to,

to you all if if anything at all?

I don’t mind starting to us off with that.

‘Cause I was thinking about this

the other day.

When I was looking at creating

this template plan, I was,

a big part of it was looking

at the data on ozone levels in

extreme heat in Connecticut.

And what I found kinda in Connecticut

and across the board was that

there was a lot more nuanced data on extreme heat

than I was finding for air quality.
So there were a lot of maps and resources on like social vulnerability index and different like key vulnerability maps for Connecticut. But in terms of ground level ozone, I felt like I wasn’t finding as much data. So that was one of the obstacles I think I identified early on was that really weren’t any plans that did extreme heat and like ground level ozone or air quality together. So finding that data was accessible and stratifying it by like high risk groups and vulnerable populations I think was something that was difficult. I would enjoy having that extra information but that’s just something to keep an eye out with research.

I think for me it really came down to in my final model rating the different variables. So I had 20% being infrastructure issues, 40% being climate factors and 40% being social vulnerability. And that was really chosen in discussion with my preceptors and also looking at some positive literature.
but it really does come down to you know, how like, it is really hard to know how much really you should rate these variables. I think that would be a lot of researching to kinda understanding you know, what is the most impactful thing on people’s infrastructure. Is it these climate factors that are emerging, we wanna see their impact changes as day goes by. Is it (indistinct) or is it the fact impact issues there beforehand? Like the biggest thing like understanding how these (indistinct) and I definitely think maybe a more qualitative assessment of that could have helped us understand a better way to through it. But again, it always just comes off movies that just kinda, decisions but.
the governor's office and (indistinct) one press release extreme heat, more extreme heat events and so I have more time on this budget. I think it important to realize that we should step further (indistinct) what might help level address that communications (indistinct) and in my own research is the lack of data on air conditioning. There isn’t a national data set that shows like the prevalence of air conditioning and like real granular and like usable levels. So for the California Department of Public Health internship I had to actually reach out to the Department of Energy to get the list of different energy suppliers, the amount of electric, electricity used on air conditioning from the different energy supplier regions and then kind of use that to apply to the counties which is very like
non-specific and labor intensive. Which is surprising given like, all the information you know about climate change and air conditioning being one of the strongest adaptation measures for extreme heat that there isn’t still is not data set available for distribution around the U.S. Good question. For me, these (indistinct) directly from the staff house department of (indistinct), so it is kind of (indistinct) and structured data but we still have, we wanna first, wanna analyze the patient diagnosis (indistinct) in reality. So that would be much better if we have (indistinct) So we are still (indistinct) So, (indistinct) So we will switch over to panel three.
Hi everyone, I'm Julia, a student from YCCCH, my department is Environmental Health Sciences and I've been interning with the Department of Public Health and working on this product which is part of the first grant that I'll mention, stand for building resilience against.</v>
to reduce events of exposure (indistinct)
So basically it’s like designing a (indistinct)
and to get this virtual,
yeah here are some sample slides,
just do it and to create this curriculum.
So first I have to do
a lot of literature review and to send
the house (indistinct) of spring heat
and all the events and there are
like heat advisory specials
in Connecticut and also like
coaching extreme heat.
And then we also did
a lot of stakeholders engagement.
We not only did interviews with local teachers
and school staff
to know their experience of extreme heat,
we also had meetings
with public health officials from
New York State and Arizona.
Because they are precursors
to this race brand and
they have a lot more experience
being with extreme heat in their own states.
Of course Connecticut
is not in the same like situation as Arizona
in eastern heat.
But we did learn a lot from them.
We also communicated to NOLA
and like the CT coaching association
and get their advice.

So the final product is,

is these like educational curriculum slides.

I actually did three versions.

Each of them have approximately 50 slides

and there’s a version for administrators,

a version for school teachers and nurses,

and then a version for coaches.

So the conduct mainly involves like,

raising awareness about

the importance of string key

under climate change it,

it might not be a problem

in the past but climate change is

gonna be becoming more

and more of a important problem in

Connecticut.

And then there's also knowledge

on the symptoms of key illnesses

and how to treat them for teachers and then also

like coaching guide guidelines

in extreme temperatures

or school like assigning coaches,

and oh what else?

So this curriculum hopefully

will be piloted soon in one of the schools

and then we’ll receive feedback evaluation

and then we can revise curriculum

and then like teach it in more schools

and within our program.
All right let’s start with Rose. Yeah, I'm Rose.
I interned this summer with the Minnesota Department of Health, or MDH.
And my internship launched a survey that ended in 2021 about healthcare providers.
And they found that there was a high percentage of people or a couple prior in Minnesota who want them to talk about (indistinct) for their patients but they didn’t have the time.
So for my project, I have been (indistinct) a review to develop a methodology to have climate change, et cetera, quick and informative naturally to a clinical dialogue.
So the methodology that I (indistinct), starts on an on ramp that connects to a personal health factor.
For the patient so that something like asthma symptoms and then the health provider will review that conversation that connects.
that personal health factor to
environmental climate change, the cause. So if we’re talking about asthma talk about how warmer seasons or warmer temperatures, longer pollen seasons, which intensify asthma then off ramp to kinda move from time dialogue back to whatever else. Talk about that, to that patient. And so kinda tune in on all this information and you’re putting into a video, you’re, towards whoever the health provider is that goes into the methodology of this conversation strategy. And then also models two different dialogues with two kind of actors playing patients. As you can see here, the Minneapolis event, that, well there were a few actors on set getting ready to film all the discussions. And that kind of structure was based off of research that we did about continued learning courses with the doctors and nurses so they would kinda be receive these in format that was familiar to them. I also got together an infographic a little bit conversation strategies and best practices.
to make sure conversations are really seamless and personalized.
And then I was able to collaborate with former,
our other intern that put together a social media package with an assigned focused on patients instead of providers with six different kind of posts that go through the science behind climate change and the impact on our health.
But the idea we have, patients getting this climate change dialogue but then also kinda encountering it in their daily life through MBA And yeah, I had a lot of fun working on this internship.
It was, being in the east coast my whole life was really interesting.
Been for Minnesota been for the culture of the place and understand how geographic differences, we might talk about fishery health or sea level rise,
we talk about direct climate impacts but in Minnesota, we talk about things like the changed to ice fishing, and the ecological impacts on lakes throughout the region. So yeah, (indistinct) I look forward to (indistinct) (mic adjusts) <v Mauro>Matt.</v> <v ->Hi y'all, I'm Matt.</v> I'm a second year M PhD in the environmental health science department. I also spent my summer working at MPH working with Christian Rob, he's a (indistinct) expert epidemiologist. So lot of my work also kind of started off the survey on nurses and doctors on their opinions and on climate change and how it impacts their work in the clinic. While I was also interested in thinking about barriers to conversation, the main part of the materials that I created were about the fact that nurses and doctors were actually witnessing the impacts of climate change in their own communities that they
sort of ended up overseeing certain health outcomes more than they had. And so my main manner for doing that, I had a press, press release and also created this, it’s essentially the kind of, same that Rose mentioned too, sort of get the message up out there that this is something that doctors and nurses (indistinct) something that they’re seeing now and it’s a conversation that you can bring up. And so what was really important with the, with the social media series that we worked on was identifying some topics just in broad like areas, of how it would change your health, impacts to health diseases, extreme heat, air, air quality, etc. So this sort of giving people the realization of this conversation that they can have with their doctor and that they can experience outcomes as result of it. Another big part of my work was updating NTH’s air quality website and so I was kind of doing
a lot of fact checking and restructuring of the page. I’d say two of the biggest things that I did was I highlighted some past research that had been called to light. Which focused on (indistinct) like minority groups as population of high exposure to air pollution, so there’s sort of language in the segment of the website that talks about high risk groups. I also connect with the Minnesota Pollution Control Agency to sort of create a pathway for readers to access data forecasts of air, air quality, and also create (indistinct) that way that’s less air pollution, air polluting. Yeah so for my thesis I’m hoping to dig into this data some more that the, that survey provided and extended to environmental health screenings and conversation.
that we had in the group, outside of (indistinct)

Now as I mentioned earlier, Maggie cannot join us this evening but through the magic of video editing when this goes on the website, her presentation will appear right about here. Maggie is a second year MPH student at the Yale School of Public Health in the Social and the Behavioral Sciences department and the climate change and health concentration. This past summer I worked with the Connecticut Department of Public Health in the Office of Climate Change and Health and the Private Well Program. So I worked to explore nationwide drought communication strategies and initiatives for private well owners. This began with a literature review looking at organizational and statewide climate adaptation and mitigation strategies across the United States and then kind of, determining what was going on around the US.
reached out to USGS drought specialists for different regions and then climate office managers for each state and share with them a survey. And so the survey questionnaire was looking at investigating how other states declare their drought status, communicate when drought has onset and then launch environmental health initiatives after the drought has happened. And from this I created immediate short term and long term measures for the private well program as well as the drinking water branch to enact. I also had a side project so the environmental health and drinking water branch zoom backgrounds are really great to use when you’re in a meeting with other people, especially not from the department or from other parts within the state. But they are not very visually accessible. So I just drafted a couple of different zoom backgrounds that had more contrast to help become more visually acceptable. accessible and yeah feel free. I prior to Yale, I did a bunch of stuff and after Yale I’m hoping to do a policy analysis.
and implementation in water, energy and health.

So definitely reach out.

So now we’ll open up the questions for our panelists here again, either are, yeah go ahead.

So since you’re all

at departments of health or public health, whatever name they went with, is there any tips or advice you’d have to share with people who are interested either internship or career within a Department of Health?

I think something that I would start with is that the timeline was a lot different than I expected for projects.

Because, so I were working within environmental health part specifically, but for example together it has like communication every step that way.

And then there were other subsequent people that moved here before, to final actual filming,

I thought was the longest actually, it exceeded by a lot more time groundwork.

But I feel like my biggest feeling is that even
things that responded to resources, analyze the impact of their work and they’ve also partnered with like the university nursing department for softworks there. Their rural community has a health it will take a lot longer, harder to establish had they not been institutionalized in public health. Going off of that, my impression is that since it’s like such a huge agency, everyone is there’s a lot of working with people and there’s like a lot of like teamwork that happens and I think having experience like working on projects with other people is really useful. And I also kind of just work for having this kind of like interpersonal communication skills but also recognizing that like inside organization, (indistinct) organization resources that you (indistinct)
you can learn from.
I think that’s really like
the power (indistinct)
<v ->I would,</v>
the least I can (indistinct)
about having friends online,
like the people who (indistinct)
different from your typical academia.
There’s not like very solid deadlines,
if you suck at this, it’s a sign like you are,
like any very solid time stamps to do.
Anything I feel like.
Because there’s so many agencies and so many
communication involved
in the process I, across all the departments
so it takes a lot of time to get through all
these communications.
And then it takes time to get the data
you want and it might not be the ideal data,
you have to pin it
and do all the analysis for like further
communication and outreaches
to other stakeholders.
So it’s like a very different
kind of feeling working
in a state (indistinct)
I, so just have
an expectation of that.
And yeah.
And it’s also interesting</v>
what you could say especially from a department health standpoint where there are a lot of like ways that I would’ve sort put a phrase, kind of responses to climate change on a personal level. However I have a recommendation that could be made if you’re (indistinct) if you do not want to go there and say you should take XYZ action to (indistinct) It’s important to (indistinct) you can find a false positive. Or (indistinct) you couldn’t say that. You can just talk about it’s very concerning for personal health. Have you experienced going with the community, in terms of community (indistinct) and then if there were any sort of (indistinct) (indistinct) more engagement (indistinct) while being,
So I actually didn’t have the opportunity to directly engage with community members, but like the main point of social contact was the social media, so I think understanding your audience is super helpful, which was lucky for us is that the communication staff had a sense of who the audience was through the social media platforms. So they’re gonna be able to curate certain algorithms. So it’s a really positive, but I totally agree with you that having that kinda platform for that exchange is super important. I think I a lot more of like getting to know community of Minnesota and you know the later it was cause I learned how to like, structure messages out with right people just based on like geographic expressions. But the community that I did get to interact with actually helped their provider and that’s not what I really expected.
and that got a lot of value from it 'cause the two kinda primary assumption matter experts for the project outside public health.

One was a doctor and one was a nurse. So meeting with them Zoom and when I got, (indistinct) generous summer environmental fellow in Minnesota

adjusting to the way they do their work was really important and something that to learn how to do. Because the way that a doctor, nurse kind of, seem to be approach climate health discussions or health realities would definitely kinda go on to be different. So your question like how to know those communities, I think just like going in trying to like go in and learning from them,

they wanted address the problem and then like work their trajectory instead of coming and saying, this is how we gonna talk about what we did. They say my actions off of that, that community,

how they did their work was really, really (indistinct).
For me, I actually do community engagement. Where I really wanna learn is like individual schools, they have like their own piece, like guide or like, what’s it called? Like maybe like thresholds for canceling visas or canceling school involve such as, such degrees. But then because it’s summer and so it is kind of really hard to reach any of the school personnel. We try to contact teachers but then school nurses and like the administrators are very hard to reach out to certainly during summer. So I really hope that I, I actually think it would be a very great topic for a research study. Where I do like qualitative research and just interview a lot of school personnel from different counties in Connecticut. But we didn’t have the time or the resources to do that during summer. And so we only did a few interviews like very very few, but we got like, a small picture of what they’re experiencing.
And I really hope that I get the opportunity to do more.

Thank you.

Any questions?

I have one for panelists because Rose what you mentioned about tailoring the message, you know specific,

you know they, Minnesotans cared more about ice fishing,

you know, (Rose laughs) (audience member laughs)

If anybody is from the Midwest or has been to Midwest you,

you understand how important that is out there.

So for all of our panelists,

were there any messages that you all developed or that you were trying to get through to audiences that you just found particularly engaging?

So maybe it was a, an exact message or maybe it was like a theme.

Like what what stuck with the people that you all were engaging with?

I guess from like a personal example like you know
nobody likes ticks, right?

So if you said something out

about ticks I was like yeah

they’re terrible.

(Rose laughs)

So were there any messages

like that in your projects that

you found really resonated with folks?

I think, I think I’ll say that would be one place

to go to spend more

time

get that feedback from, from the people

(indistinct) for.

So I don’t,

the answer for sure but conceptually the way

that

I approached them

was like going zeroing in on the personal.

So when I was writing

the model dialogue for the videos,

I had two kind theoretical patients,

one who’s kind like,

was ready to kinda talk about strategies

for behavior health and the other patient,

other model dialogue

has not really kinda with science even.

So visualizing those two different types of,

of people and we know

there are more than those two,
those like, kind of archetypes of kinship that might (indistinct) really helped me think about how you structure a conversation to those different kind of people. who wants know more and wants create more and one who’s more closed in. And so for me I thought about how we might get somebody who isn’t really following the science or that way to get them to action. Get them to see how it might impact their health without words like climate change or without directly saying, without words. So for kind of the hesitation that character was a construction worker and working in the city so that doctor and dialogue talked about how when it’s a hot day on the construction site, you know that can be danger for you or your coworkers ‘cause of the amount of (indistinct) like space. And so I guess just to, to answer your question, I would say thinking through, not in the theoretical,
just like how would people react to climate change but
on the level like how would this person who has this life experience stop?
(indistinct) It’s sort of like a general sense for a lot of,
for our social media kind of content that we, we knew that we had a lot of the audience for MDH’s Facebook, Instagram are of like younger age. And so again, yes, which is pretty much false and played out. But like send, centering the help of their children and through, I went through the language that were on the, as you imagine it was a bit helpful in sort of captivating the audience. But again I would have loved to have seen the reactions and I still hope to so I will be wiser. (Rose laughs)
Yeah so, since we haven’t added it in the course,
so I am really not sure of what people are gonna resonate with our slides. But I do want that people make use of the resources we put in the slides. We have included resource links on where people can come in for building shade on in your school playground and there is also like since the Covid, there are still Covid funds that can include the renovation and maybe install like a bus systems in your school. So I really hope that people can pick visa up and do something for their schools if they didn’t have air conditioning and I really hope that they can make use of these resources. I think that ties well, we had a question in the chat. Is there a way to like share all the information and I think that’s the ultimate goal of whatever it is that you’re doing, you’re gonna make it either public or share it.
I will say for the people who registered for this talk, our students put together a folder of deliverables and things that we can share out. So look forward to that email from me that will have all the things that they wanted to share out and organizations wanted to use those, wonderful.

Any other questions from our audience? Yeah, go ahead.

I’m going off your response to (indistinct) How do you get a sense of how the community that worked with (indistinct) like respondent including communication into patient healthcare, were they all for it? Did you encounter any resistance? Yeah. And that’s for anyone? (indistinct) What was about like how, how healthcare providers themselves responded to (indistinct) (indistinct) (indistinct)
That’s a great question and that was something I was a little wary of until then. Because I had experience communicating on the lectern in front of students. So it felt a little kinda weird to be trying to think or, it was interesting question how you educate people who are so well educated about their pockets. we found about like 76% of the respondents said that yes moving around like near 16 you know, they said that climate belongs in the clinic, but a number of those who felt capable of doing that would be smaller. And so like that would started going in to know that there was other measured amount of people who, who wanted this, this information wanted that, that education. So that was like kinda step one was having that confirmation,
knowing that there was demand
for this education out there,
resources out there.
But as far as the specific reactions of health
providers, in the survey it allowed,
there was like a spot
where areas where the healthcare providers
could like put in what they were meeting.
And so there are people,
many responses saying need
education, we need resources,
we need like guided dialogue,
how, how do these dialogue.
So knowing that going in was helpful,
but there were interactions I had
they were not the formal way
I remember I went, I had check in,
my own personal physical summer
and I just kinda threw the
question out to my doctor, what are,
what are your thoughts
about having this kind of conversation
in the clinic?
And she was kinda resisting
the idea of like actually
opening dialogue like formally with a patient.
But she did mention she worked
in a clinic that was in an urban location and location
1921 01:12:14.100 --> 01:12:15.060 and she mentioned the fact
1922 01:12:15.060 --> 01:12:17.779 there was significantly higher rates of asthma,
1923 01:12:17.779 --> 01:12:19.560 she recalls talked about
1924 01:12:19.560 --> 01:12:20.393 in that urban clinic versus
1925 01:12:20.393 --> 01:12:22.283 in the suburban clinic.
1926 01:12:22.283 --> 01:12:23.116 So I think,
1927 01:12:23.116 --> 01:12:26.721 while not every clinicians seem like
1928 01:12:26.721 --> 01:12:27.554 (Rose snaps fingers)
1929 01:12:27.554 --> 01:12:28.387 ready to like go there
1931 01:12:29.220 --> 01:12:30.544 I think there is kind of this,
1932 01:12:30.544 --> 01:12:34.170 an awakening within,
1933 01:12:34.170 --> 01:12:36.270 that start happening.
1934 01:12:36.270 --> 01:12:38.767 And if they start among colleagues
1935 01:12:38.767 --> 01:12:39.866 and then then motivations,
1936 01:12:39.866 --> 01:12:40.866 that would be great.
1937 01:12:42.291 --> 01:12:43.508 But that’s not 100%
1938 01:12:43.508 --> 01:12:44.873 will be able to follow up on is,
1939 01:12:45.810 --> 01:12:47.519 are we communicating with people
1940 01:12:47.519 --> 01:12:50.802 who actually we can reach, create this dia-
logue
1941 01:12:50.802 --> 01:12:52.145 Thank you for your question.
1942 01:12:52.145 --> 01:12:56.371 <v Audience Member>(indistinct)</v>
1943 01:12:56.371 --> 01:12:57.336 <v ->I (indistinct)</v>
1944 01:12:57.336 --> 01:12:59.436 So I also (indistinct)
1945 01:12:59.436 --> 01:13:02.510 a lot of the evidences (indistinct)
1946 01:13:02.510 --> 01:13:04.918 <v Mauro>(indistinct)</v>
1947 01:13:04.918 --> 01:13:06.725 <v ->(indistinct) that</v>
1948 01:13:06.725 --> 01:13:09.240 we’re not, going to say
1949 01:13:09.240 --> 01:13:10.923 that we’re not going to achieve that in health
1950 01:13:10.923 --> 01:13:11.756 is such a huge issue on.
1952 01:13:14.220 --> 01:13:15.180 So definitely like,
1953 01:13:15.180 --> 01:13:16.230 I mean there’s definitely
1955 01:13:18.930 --> 01:13:19.763 so that they believed
1956 01:13:19.763 --> 01:13:22.827 in climate change and that it was like
1959 01:13:26.250 --> 01:13:27.950 which was more than I thought but,
1960 01:13:28.918 --> 01:13:29.751 but the people who we working with
1961 01:13:29.751 --> 01:13:32.460 were still pretty
1963 01:13:33.541 --> 01:13:36.008 (laughs)
1964 01:13:36.008 --> 01:13:38.316 But yes, so we guys were on a team of like
1965 01:13:38.316 --> 01:13:41.100 (indistinct)
1966 01:13:41.100 --> 01:13:45.024 similar but like less projects than we did.
1967 01:13:45.024 --> 01:13:47.107 So of them was with
1968 01:13:47.107 --> 01:13:50.700 a bunch of doctors and nurses
1969 01:13:50.700 --> 01:13:51.533 about,
1970 01:13:51.533 --> 01:13:53.100 about this topic
1971 01:13:53.100 --> 01:13:56.700 and a lot saying that primary care settings
1972 01:13:56.700 --> 01:13:58.950 were like the best ways
1973 01:13:58.950 --> 01:14:00.330 to like have those conversations.
1974 01:14:00.330 --> 01:14:01.763 Because also there’s a point where unfortu-
1975 01:14:01.763 --> 01:14:04.180 (indistinct)
1976 01:14:04.180 --> 01:14:06.152 it can be personal
1977 01:14:06.152 --> 01:14:07.380 it can be personal
1978 01:14:07.380 --> 01:14:09.810 and it can help to have like an ongoing
1979 01:14:09.810 --> 01:14:11.200 relationship and also
1980 01:14:11.200 --> 01:14:13.417 saying where you have more time
1981 01:14:13.417 --> 01:14:15.213 to have those conversations.
Whereas in like the ED, you don’t really have that time, I imagine. So yeah, it’s just (indistinct).

Great, thank you for that question.

Any last ones?

No.

Okay.

So time for round of applause for panel.

(Mauro laughs)

All right.

To our online audience and to our audience here,

I just wanna say thank you for joining us. I really appreciate you making time on your Thursday night to come in here from our students and the work that they did.

Lemme’ see if I can switch this camera so our online folks can see us.

Hey, there we go.

If you have any questions, feel free to reach out.

That’s the general email address for the center and we can put you in contact.

if you have any specific questions for students.

And also feel free to visit our website.

There it is, bit.ly/ycch.
So once again, thank you all for being here.

Thank you for all the hard work that you did.