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, because 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.

So the way that it’ll work out is we have three panels.

We’ll have each of

1
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.

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, bit.ly/yccch. 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. Yeah, 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, I delved very deeply into the Sabin database 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, Absolutely, let me, The slide with statistics. Sure. Thank you. 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, 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 who 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 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

were 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,

intergenerational equity, participation.

And then I’ll kind of leave us off
177 00:06:05.945 --> 00:06:07.440 with Leghari vs Pakistan,
178 00:06:07.440 --> 00:06:08.461 which was one of the,
179 00:06:08.461 --> 00:06:10.170 kind of like, cases that I delved into
180 00:06:10.170 --> 00:06:11.640 in the project.
181 00:06:11.640 --> 00:06:14.220 Which actually did use
182 00:06:14.220 --> 00:06:17.280 the rights to life and health as a way
183 00:06:17.280 --> 00:06:19.830 to invoke the rights to help the environment.
184 00:06:19.830 --> 00:06:20.790 Thank you.
185 00:06:20.790 --> 00:06:22.443 <v Mauro>Great, thank you much.</v>
186 00:06:24.690 --> 00:06:27.630 So we’re gonna move on to our next presenter,
187 00:06:27.630 --> 00:06:29.550 which is Caroline, but before I do that,
188 00:06:29.550 --> 00:06:31.712 I did not realize that placing the chairs there
189 00:06:31.712 --> 00:06:32.545 may blind you during your presentation,
190 00:06:32.545 --> 00:06:34.029 (Caroline laughs)
191 00:06:34.029 --> 00:06:35.850 so you can scoot ’em up if you’d like.
192 00:06:35.850 --> 00:06:38.720 We have plenty of camera space here.
193 00:06:38.720 --> 00:06:41.602 (chairs move)
194 00:06:41.602 --> 00:06:42.435 <v ->Oh, that’s better.</v>
195 00:06:42.435 --> 00:06:43.268 (group laughs)
196 00:06:43.268 --> 00:06:44.101 <v Mauro>Is that better?</v>
197 00:06:44.101 --> 00:06:45.068 Okay.
198 00:06:45.068 --> 00:06:46.976 <v ->I know what it’s like to be on stage
now.</v>
199 00:06:46.976 --> 00:06:48.600 (girl laughs)
200 00:06:48.600 --> 00:06:50.460 Anyway, so hi, everybody.
201 00:06:50.460 --> 00:06:52.608 My name is Caroline Helsen,
202 00:06:52.608 --> 00:06:56.130 I’m a second year Master of Public Health
student
203 00:06:56.130 --> 00:06:57.900 in the School of Public Health.
204 00:06:57.900 --> 00:07:00.210 I interned at UNICEF this summer,
205 00:07:00.210 --> 00:07:01.530 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 but I was able to fit in and try to get in some more climate specific projects. And what that ended up being is 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 of UNICEF doing in this space? What does some of the UNICEF leaders
237 00:08:06.990 --> 00:08:08.440 think about climate and health,
238 00:08:08.440 --> 00:08:09.273 what are they already doing?
239 00:08:09.273 --> 00:08:11.310 How can UNICEF, really I guess
240 00:08:11.310 --> 00:08:15.840 the strategy behind my department’s approach
241 00:08:15.840 --> 00:08:17.370 to climate and mental health.
242 00:08:17.370 --> 00:08:18.480 How can they you know,
243 00:08:18.480 --> 00:08:21.062 make sure they’re not duplicating work
244 00:08:21.062 --> 00:08:22.800 that some of their partners already had
245 00:08:22.800 --> 00:08:24.810 and might already be doing?
246 00:08:24.810 --> 00:08:26.983 So what I did was just put together
247 00:08:26.983 --> 00:08:28.860 a focus group discussion guide,
248 00:08:28.860 --> 00:08:31.140 which I have not been able to actually conduct
249 00:08:31.140 --> 00:08:33.490 the focus groups yet, but perhaps in the fall
250 00:08:34.500 --> 00:08:36.038 there will be an opportunity for that.
251 00:08:36.038 --> 00:08:38.250 And then you know, like I said,
252 00:08:38.250 --> 00:08:39.900 talk to some partner organizations.
253 00:08:39.900 --> 00:08:40.170 So it’s just really great to hear
254 00:08:40.170 --> 00:08:43.530 a wide spectrum of what’s being done already
255 00:08:43.530 --> 00:08:44.910 and where the gaps might be.
256 00:08:44.910 --> 00:08:46.430 Both in terms of like understanding
257 00:08:46.430 --> 00:08:47.830 of climate and mental health
258 00:08:48.960 --> 00:08:51.960 among climate and mental health advocates, right?
259 00:08:51.960 --> 00:08:54.864 Sometimes they’re very separate groups,
260 00:08:54.864 --> 00:08:57.075 (indistinct) and then we ask them.
261 00:08:57.075 --> 00:08:58.223 So it was a great time.
262 00:08:59.190 --> 00:09:00.833 <v Mauro>Great, thank you, Caroline.</v>
263 00:09:00.833 --> 00:09:07.598 Next up, we have Alix.
264 00:09:07.598 --> 00:09:09.633 <v ->Hi, everyone, my name is Alix.</v>
265 00:09:09.633 --> 00:09:12.750 I am a second year MPH student
266 00:09:12.750 --> 00:09:13.710 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, and wrote a policy brief, where I gave concrete and actionable recommendations to the department, so that they could better support the state’s weatherization in (indistinct) <v Mauro>Great, thank you, Alix.</v> (papers shift) <v -I assume it’s me?</v> <v Mauro>Absolutely, yeah.</v> (Emily laughs) (Mauro laughs) You know. So, A timely thing to do. <v -Yeah, yeah (indistinct)</v> (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. 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. Since this was the very beginning of the project, 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.

Great, thank you, Emily.

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.

Yeah, go ahead, Rose.

Sebastian, so when you were using the relations to imagine it forward, like that. Let’s imagine it forward, a basic way, from a countries outside of the one such. Like that. Can you restate that a little bit?

Yeah,
like how did, or are the (indistinct) you’d liked to study in the country rather than,

(indistinct) other countries,

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.</v>

Yeah.</v>

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 what can be used to expand this sort of 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 (indistinct) strategies. In terms of in the United States?

So you mentioned and it’s (indistinct) strategies. Can you repeat that as well, Sebastian?
Yeah.

I’ll just say the standing rule for everybody as we do,

we’ll just repeat it.

I think they can hear us better on stage.

The question was like

what if, if human rights based arguments weren’t as frequent in the United States,

then why, what were the most frequent arguments?

I think my response to that I’m not 100% sure,

because I didn’t delve too much

into the cases in the United States.

That’s another part of it,

is that these countries in the Global South have a lot less cases,

it’s just that a much greater proportion of them

have arguments based on human rights,

whereas like the United States is maybe tenfold of the cases

of any of these countries.

And I think one of the things that I did see

about the cases in the United States

is that they’re very,

they’re based a lot more on existing laws,

existing regulations,
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. <v> No, by all means, it’s cool.</v> Yeah, no problem.</v> We have a few minutes left,</v> 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? Sorry to put you on the spot, Emily. Yeah?</v> Not really.</v>
500 00:17:48.278 --> 00:17:49.111 (laughs)
501 00:17:49.111 --> 00:17:49.944 <v ->No, that’s fine.</v>
502 00:17:49.944 --> 00:17:50.777 Sure, well, yeah,
503 00:17:50.777 --> 00:17:51.610 I would say that
504 00:17:51.610 --> 00:17:52.443 as far as the research that I do,
505 00:17:53.593 --> 00:17:54.426 I primarily focus
506 00:17:54.426 --> 00:17:55.620 on climate change involved research,
507 00:17:55.620 --> 00:17:58.560 that is one of my top research interests,
508 00:17:58.560 --> 00:18:01.517 and it’s what I hope to do professionally.
509 00:18:01.517 --> 00:18:04.560 And so I think looking specifically at Yale,
510 00:18:04.560 --> 00:18:06.980 again, I do a lot of work
511 00:18:06.980 --> 00:18:09.180 at the intersections of both that environment,
512 00:18:09.180 --> 00:18:10.410 a lot with collaborations
513 00:18:10.410 --> 00:18:11.511 with the School of the Environment
514 00:18:11.511 --> 00:18:13.317 and the School of Public Health.
515 00:18:13.317 --> 00:18:14.150 And so yeah,
516 00:18:14.150 --> 00:18:16.413 I would hope to continue in that space.
517 00:18:16.413 --> 00:18:19.523 <v ->Yeah,</v>
518 00:18:19.523 --> 00:18:22.590 so I’m from an environmental science back-
519 00:18:22.590 --> 00:18:23.670 so I would also say
520 00:18:23.670 --> 00:18:25.320 that climate change and health
521 00:18:25.320 --> 00:18:27.990 is one of my top interests.
522 00:18:27.990 --> 00:18:30.090 I hope to go into some sort
523 00:18:30.090 --> 00:18:30.990 of environmental management,
524 00:18:30.990 --> 00:18:33.840 where I help companies achieve
525 00:18:33.840 --> 00:18:37.599 their sustainability and environmental goals.
526 00:18:37.599 --> 00:18:38.432 But more specifically,
527 00:18:38.432 --> 00:18:41.370 I’m interested in how climate change
528 00:18:41.370 --> 00:18:43.290 impacts human, wildlife,
529 00:18:43.290 --> 00:18:44.643 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, well, 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?

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.

And we do need another chair, so excuse me.

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 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. 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. 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 (indistinct) 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) identify patient populations 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,

Thank you very much.
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 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.

Okay. Okay.

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 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, they had high social mobility, they had a lot of interesting infrastructure issues in the last 10 years maybe also. 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 to climate change effects.
Hello.

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 a

an extreme (indistinct) computers

So, 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

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.
I used (indistinct)

I did lower 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</v>

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)
here by speech and on the risk project which
is resilience survivors of Katrina. So I think kind of having that research based exposure broadly like what impacts of climate change are and seeing what it’s looking like as the study unfolds and then having that super helpful.

Yeah. Yeah. I would say that in science that department I learned how to Obviously that was useful. To me the final project map, The final project map, project was Professor Thomas JS class college. Thank you. Thank you.
Other questions either from in person or online?
Go ahead.
Yes.
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 down the line.
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.
So I think (indistinct)

Thanks.

Other questions?

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 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.

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 there really weren’t any plans that did extreme heat and like ground level ozone or air quality together. 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 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. <v ->Communication side,</v> <v ->> (indistinct) like how state and regional officials talked about extreme heat to the president and so I (indistinct) was released by
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) (indistinct) (indistinct) One really specific thing I found. Both in my project and in my own research is the lack of data on air conditioning. So for the California Department of Public Health internship I had to actually reach out to the Department of Energy. 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.
<v ->F or me,</v>
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,
want to analyze the patient diagnosis
and also (indistinct)
in reality.
So that would be much better
if we have (indistinct)
So we are still (indistinct)
So, (indistinct)
(mic adjusts)
Great, thank you for those answers.
If there are no further questions,
maybe we’ll give one more round of applause
and then 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. One of our online audiences wanted to pass that along. We’ll start with Julia.

Hi everyone, I’m Julia,

(Indistinct) student from YCCCH,

my department is Environmental Health Sciences

and I’ve been interning with the Department of Public Health.

first grant that I’ll mention,

stand for building resilience

against (indistinct).

So my product is to develop an educational program for teachers, school nurses, administrators and others who develop social vulnerable
to reduce events of exposure
So basically it’s like designing a
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
and we did have a lot of 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, 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 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 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 we’ll receive feedback evaluation and then we can revise curriculum and then like teach it in more schools and within our program.
Thank you.

Mauro: Thank you.

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 how comfortable they felt having such discussions in the clinic 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 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 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 (indistinct) Minnesota and experience a little bit of the culture of the place and understand how geographic differences, we might talk about fishery health or sea level rise,
1327 00:49:45.360 --> 00:49:46.681 we talk about direct climate impacts
1328 00:49:46.681 --> 00:49:47.790 but in Minnesota,
1329 00:49:47.790 --> 00:49:48.872 we talk about things like
1330 00:49:48.872 --> 00:49:50.855 the changed to ice fishing,
1331 00:49:50.855 --> 00:49:52.338 and the ecological impacts
1332 00:49:52.338 --> 00:49:53.171 on lakes throughout the region.
1333 00:49:53.171 --> 00:49:54.004 So yeah, (indistinct)
1334 00:49:54.004 --> 00:49:57.679 I look for forward to (indistinct)
1335 00:49:57.679 --> 00:50:00.179 (mic adjusts)
1336 00:50:03.246 --> 00:50:04.535 <v Mauro>Matt.</v>
1337 00:50:04.535 --> 00:50:05.769 <v ->Hi y'all, I'm Matt.</v>
1338 00:50:05.769 --> 00:50:08.669 I'm a second year M PhD
1339 00:50:08.669 --> 00:50:12.330 in the environmental health science department.
1340 00:50:12.330 --> 00:50:14.820 I also spent my summer working
1341 00:50:14.820 --> 00:50:17.925 at MPH working with Christian Rob,
1342 00:50:17.925 --> 00:50:18.758 (indistinct)
1343 00:50:18.758 --> 00:50:23.750 he’s a (indistinct) expert epidemiologist.
1344 00:50:23.750 --> 00:50:24.725 So lot of my work also
1345 00:50:24.725 --> 00:50:28.410 kind of started off the survey on nurses
1346 00:50:28.410 --> 00:50:33.180 and doctors on their opinions
1347 00:50:33.180 --> 00:50:34.770 and on climate change and
1348 00:50:34.770 --> 00:50:38.310 how it impacts their work in the clinic.
1349 00:50:38.310 --> 00:50:39.323 While I was also interested
1350 00:50:39.323 --> 00:50:42.120 in thinking about barriers to conversation,
1351 00:50:42.120 --> 00:50:42.953 the main part of the materials
1352 00:50:42.953 --> 00:50:46.110 that I created were about the
1353 00:50:46.110 --> 00:50:48.390 fact that nurses and doctors
1354 00:50:48.390 --> 00:50:50.370 were actually witnessing the
1355 00:50:50.370 --> 00:50:52.220 impacts of climate change
1356 00:50:52.220 --> 00:50:53.693 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 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 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 that 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, they can do to help themselves from exposure. And also create (indistinct) that way that’s less air pollution, air polluting. (laughs) 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.
1416 00:53:12.330 --> 00:53:16.997 that we had in the group, outside of (indis-
tinct)
1417 00:53:22.667 --> 00:53:24.570 <v Mauro>Great, thank you Matt.</v>
1418 00:53:24.570 --> 00:53:25.740 Now as I mentioned earlier,
1419 00:53:25.740 --> 00:53:27.720 Maggie cannot join us
1420 00:53:27.720 --> 00:53:32.130 this evening but through the magic of video
1421 00:53:32.130 --> 00:53:34.590 editing when this goes on the website,
1422 00:53:34.590 --> 00:53:38.253 her presentation will appear right about here.
1423 00:53:39.420 --> 00:53:41.010 <v ->Hi, my name is Maggie Hart.</v>
1424 00:53:41.010 --> 00:53:42.780 I am a second year MPH student
1425 00:53:42.780 --> 00:53:43.860 at the Yale School of Public
1426 00:53:43.860 --> 00:53:45.030 Health in the Social
1427 00:53:45.030 --> 00:53:47.130 and the Behavioral Sciences department and
1428 00:53:47.130 --> 00:53:49.260 the climate change and health concentration.
1429 00:53:49.260 --> 00:53:50.610 This past summer I worked with
1430 00:53:50.610 --> 00:53:51.750 the Connecticut Department of
1431 00:53:51.750 --> 00:53:52.635 Public Health in the Office
1432 00:53:52.635 --> 00:53:54.420 of Climate Change and Health and
1433 00:53:54.420 --> 00:53:56.100 the Private Well Program.
1434 00:53:56.100 --> 00:53:57.240 So I worked to explore
1435 00:53:57.240 --> 00:53:58.710 nationwide drought communication
1436 00:53:58.710 --> 00:54:00.090 strategies and initiatives
1437 00:54:00.090 --> 00:54:02.010 for private well owners.
1438 00:54:02.010 --> 00:54:04.080 This began with a literature review looking
at
1439 00:54:04.080 --> 00:54:04.920 organizational
1440 00:54:04.920 --> 00:54:06.720 and statewide climate adaptation
1441 00:54:06.720 --> 00:54:07.980 and mitigation strategies
1442 00:54:07.980 --> 00:54:11.310 across the United States and then kind of,
1443 00:54:11.310 --> 00:54:12.630 determining what was going on
1444 00:54:12.630 --> 00:54:13.800 around the US I also
reached out to USGS drought specialists for different regions and then climate office managers for each state and share with 'em 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 accept, 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
So yeah, 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)
you can learn from. I think that’s really like the power (indistinct) 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. 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) and 55.580 (indistinct) and 55.222 more engagement (indistinct) 01:00:00.297 engaging? How that (indistinct) while being,
1595 01:00:03.930 --> 01:00:06.347 (indistinct)
1596 01:00:09.534 --> 01:00:11.784 <v ->So I actually didn’t have</v>
1597 01:00:12.725 --> 01:00:16.150 the opportunity to directly engage
1598 01:00:16.150 --> 01:00:17.983 with community members
1599 01:00:18.925 --> 01:00:20.457 but like the main point of social contact was
1600 01:00:20.457 --> 01:00:21.693 the social media,
1601 01:00:22.590 --> 01:00:24.150 so I think understanding
1602 01:00:24.150 --> 01:00:26.759 your audience is super helpful,
1603 01:00:26.759 --> 01:00:29.310 which was, was lucky for us
1604 01:00:29.310 --> 01:00:32.101 is that the communication staff
1605 01:00:32.101 --> 01:00:32.934 had sense of who audience was
1606 01:00:32.934 --> 01:00:37.590 through the social media platforms.
1607 01:00:37.590 --> 01:00:40.175 So they’re gonna be able
1608 01:00:40.175 --> 01:00:43.226 to curate certain algorithms
1609 01:00:43.226 --> 01:00:44.059 So it’s a really positive,
1610 01:00:44.059 --> 01:00:46.370 but I totally agree with you that having
1611 01:00:46.370 --> 01:00:47.453 that kinda platform for
1612 01:00:47.453 --> 01:00:50.203 that exchange is super important.
1613 01:00:50.410 --> 01:00:56.380 <v ->I think</v>
1614 01:00:56.380 --> 01:01:00.038 I haven’t (indistinct) standpoint.
1615 01:01:00.038 --> 01:01:03.705 I think I a lot more of like getting to know
1616 01:01:04.620 --> 01:01:06.610 community of Minnesota
1617 01:01:07.560 --> 01:01:09.390 and you know the later it was cause I
1618 01:01:09.390 --> 01:01:10.710 learned how to like,
1619 01:01:10.710 --> 01:01:12.933 structure messages out with right people
1620 01:01:12.933 --> 01:01:14.134 just based on like geographic expressions
1621 01:01:14.134 --> 01:01:16.170 (indistinct)
1622 01:01:16.170 --> 01:01:17.003 But the community
1623 01:01:17.003 --> 01:01:18.540 that I did get to interact with actually
1624 01:01:18.540 --> 01:01:19.600 helped their provider
1625 01:01:20.647 --> 01:01:21.720 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.

work whereas 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.

<v Audience Member>Thank you.</v>

<v Mauro>Any questions</v>

Any questions from our audience online or in person?

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)

(Rose 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, well first of all
I think I’ll say that would be one place
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 of
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.

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?

It’s sort of like a general sense for a lot of 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 is 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.

Thank you. 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 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. Thank you for your answers. 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.
1829 01:08:59.280 --> 01:09:00.390 I will say for the people
1830 01:09:00.390 --> 01:09:02.010 who registered for this talk,
1831 01:09:02.010 --> 01:09:03.300 our students put together
1832 01:09:03.300 --> 01:09:05.460 a folder of deliverables
1833 01:09:05.460 --> 01:09:06.840 and things that we can share out.
1834 01:09:06.840 --> 01:09:08.130 So look forward to that email
1835 01:09:08.130 --> 01:09:10.410 from me that will have all
1836 01:09:10.410 --> 01:09:12.750 the things that they wanted
1837 01:09:12.750 --> 01:09:14.250 to share out and organizations
1838 01:09:14.250 --> 01:09:15.800 wanted to use those, wonderful.
1839 01:09:17.040 --> 01:09:20.220 Any other questions from our audience?
1841 01:09:21.930 --> 01:09:22.980 <v Audience Member>I’m going off</v>
1842 01:09:22.980 --> 01:09:26.250 your response to (indistinct)
1843 01:09:27.350 --> 01:09:28.980 Do you get a sense of how
1844 01:09:28.980 --> 01:09:31.130 the community that worked with
1845 01:09:31.130 --> 01:09:34.287 (indistinct)
1846 01:09:34.287 --> 01:09:35.120 like respondent
1847 01:09:35.120 --> 01:09:37.628 to including communication
1848 01:09:37.628 --> 01:09:42.270 into patient healthcare, were they all for it?
1849 01:09:42.270 --> 01:09:45.080 Did you encounter any resistance?
1850 01:09:45.080 --> 01:09:46.230 <v >Yeah.</v>
1851 01:09:46.230 --> 01:09:47.387 And that’s for anyone?
1852 01:09:47.387 --> 01:09:49.804 (indistinct)
1853 01:09:53.940 --> 01:09:55.317 What was about like how,
1854 01:09:55.317 --> 01:09:57.717 how healthcare providers themselves responded to
1855 01:09:58.952 --> 01:10:01.284 (indistinct)
1856 01:10:01.284 --> 01:10:03.334 <v Audience Member>Yes.</v>
1857 01:10:03.334 --> 01:10:05.751 (indistinct)
1858 01:10:09.350 --> 01:10:12.858 <v Audience Member>(indistinct)</v>
(panelists mumble)

(panelists laugh)

<Yeah, Yeah>

That’s a great question

And that was something I was a little wary of until then.

Because I had experience communicating in classroom topics.

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.

Of focus and so in the,

In the survey that MD’s put out, we found about 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 like the specific reactions of health providers, in the survey it allowed, there was like a spot where areas where the healthcare providers could put in what they were meeting. And so there are people, many responses saying need, education, 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. 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.
and she mentioned the fact that there was significantly higher rates of asthma, she recalls talking about in that urban clinic versus the suburban clinic.

So I think, while not every clinicians seem like ready to like go there to the location tomorrow. I think there is kind of this, an awakening within, that start happening. And if they start among colleagues then then motivations, that would be great. But that’s not 100% will be able to follow up on is, are we communicating with people who actually we can reach, create this dialogue.

Thank you for your question. <v Audience Member>(indistinct)</v> <v ->(indistinct) that,</v> <v Mauro>(indistinct)</v> we’re not, going to say that we’re not going to achieve that in health So I also (indistinct) a lot of the evidences (indistinct) that, we’re not going to achieve that in health is such a huge issue on.
That is like, here we are. So definitely like, I mean there’s definitely overwhelming majority like I think so that they believed in climate change and that it was like a health issue. Yeah, that like 25, which was more than I thought but, but the people who we working with were still pretty excited about that number. (laughs) But yes, so we guys were on a team of like similar but like less projects than we did. So of them was with a bunch of doctors and nurses about this topic and a lot saying that primary care settings were like the best ways to like have those conversations. Because also there’s a point where unfortunately it can be personal and it can help to have like an ongoing relationship and also saying where you have more time to have those conversations.
Whereas in the ED, you don’t really have that time, I imagine. So yeah, it’s just (indistinct).

<v Mauro>Great, thank you for that question.</v>

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/yccch.
So once again, thank you all for being here.
Thank you for all the hard work that you did.