



**Southwest Learning Collaborative
Unperfected Transcript**

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00:00:16.040 --> 00:00:34.560

Heather Massey: Welcome everybody. Thank you for joining us today. I'm Heather Massey, and I am the sustainability programs manager at the migraine, doctor foundation migraine doctor provides educational materials to help medical practices, reduce greenhouse gas emissions, save resources and create healthier communities.

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00:00:34.970 --> 00:00:38.720

Heather Massey: I want to share a quick overview of today's session and the purpose of it.

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00:00:39.210 --> 00:00:58.989

Heather Massey: Recognizing the critical need to address climate change through health sector leadership. The National Academy of Medicine launched the Climate Collaborative, which is a public-private partnership of leaders across health systems committed to strengthening, addressing the healthcare sector's environmental impacts and strengthening its sustainability and resilience

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00:00:59.000 --> 00:01:09.319

Heather Massey: as part of this initiative, the Nam Climate collaborative's health, professional education, and working group is hosting a series of virtual learning sessions that are free and open to the public.

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00:01:09.710 --> 00:01:24.549

Heather Massey: The purpose of the learning sessions is to disseminate and showcase innovative climate and health educational resources and training programs to accelerate the connection of health professionals, communities and other stakeholders within and across regions. In the Us.

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00:01:25.770 --> 00:01:44.529

Heather Massey: The goals of the learning sessions are to raise awareness and increase visibility of existing resources within regions, to foster connections and peer-to-peer learning amongst academia, clinicians, community leaders, medical associations, departments of health, state clinician networks and others.

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Heather Massey: and to equip health professionals with the resources knowledge and skills. They need to begin or advance their work at the intersection of health and climate change.

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00:01:54.300 --> 00:02:01.420

Heather Massey: Each of these sessions will have a regional approach adopted from the regional layout in the 4th U.S. National climate assessment.

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Heather Massey: Each presenter will be sharing their educational approaches and resources to build capacity among health professionals and community members that target regional health and climate concerns.

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00:02:12.880 --> 00:02:18.399

Heather Massey: And now I would like to introduce our guest moderator, Dr. Paul Charlton.

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Paul Charlton: Hi, everybody and nice to meet you all today. Thank you to the National Academy of Medicine for the effort, and being a catalyst here to bring people together. As we see, the scale and scope of the challenges continues to grow, and the need for more opportunities to connect like this also continues to grow.

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00:02:39.910 --> 00:03:06.290

Paul Charlton: My name is Paul Charlton. I'm an emergency medicine physician, and the board chair of healthy climate, New Mexico, and very honored today to be joined by so many wonderful colleagues. There are many great individuals and organizations that are working on these climate and health issues throughout this southwest region of the United States, and it is our privilege today to have 4 on our panel. So we have.

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00:03:06.550 --> 00:03:32.569

Paul Charlton: We have Nate, Matthews, Trigg, the director of Climate and disaster, resilience with AmeriCares. We have Eugene Lavar, the Assistant director and Chief Heat Officer for the Arizona Department of Health Services, Shelly Man Lev, the Executive Director for healthy climate, New Mexico and Bargavich Akuri, the director of, amongst many other things, the diploma in climate, medicine, and the Climate and Health Science Policy fellowship at the University of Colorado



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Paul Charlton: School of Medicine for each of the speakers they will have. They'll be talking for about 7 min, and then following that, we'll have an opportunity for a fairly sustained panel discussion and audience. Q. And a. So we very much would like the audience members to use the Q. And a function

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00:03:51.460 --> 00:04:11.060

Paul Charlton: of the zoom link at the bottom of your screen to be able to submit questions, and we will make sure that we're able to to discuss. Those also feel free to post any other questions or issues in the chat, and we will get to those, and for any of the speakers please, throughout the conversation feel free to respond to any questions that come up in the chat.

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00:04:11.180 --> 00:04:16.209

Paul Charlton: So with that we will get started with Nate and Nate. I'll turn it over to you.

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00:04:18.149 --> 00:04:32.249

Nate Matthews-Trigg - Americares: Great. Thank you so much, Paul. Good morning and good afternoon, everyone. It's a real honor to be speaking with you all today, especially alongside such an amazing group of regional thought leaders in the climate and health space.

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Nate Matthews-Trigg - Americares: I'm going to start by introducing my organization Americares, which is a health focus, international humanitarian relief and development organization.

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Nate Matthews-Trigg - Americares: Next slide.

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00:04:45.539 --> 00:05:00.879

Nate Matthews-Trigg - Americares: So America's our mission is to save lives and improve health for people affected by poverty or disaster so they can reach their full potential. Because we really envision a world in which all people have a pathway to health and opportunity

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Nate Matthews-Trigg - Americares: next slide.

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00:05:04.829 --> 00:05:15.259

Nate Matthews-Trigg - Americares: So America supports local health centers, primary care providers, helping these providers meet the needs of their patients and their communities.

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00:05:15.559 --> 00:05:18.889

Nate Matthews-Trigg - Americares: Again in times of disaster, and in every day.

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00:05:19.666 --> 00:05:34.859

Nate Matthews-Trigg - Americares: We are a deeply collaborative organization. We have, an unrivaled network of local, national and international partners. We support over 4,000 health centers. In the Us. And around the world.

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00:05:35.099 --> 00:05:42.909

Nate Matthews-Trigg - Americares: In the Us. Specifically, we have partnerships with about a thousand federally qualified health centers and free and charitable clinics.

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Nate Matthews-Trigg - Americares: and these are really the safety net providers that provide the critical support and care for those who are most vulnerable to the impacts of climate change. And I will also say those who have contributed the least to the problems

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00:05:57.869 --> 00:05:58.869

Nate Matthews-Trigg - Americares: next slide.

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00:06:00.929 --> 00:06:16.609

Nate Matthews-Trigg - Americares: So in responding to climate related hazards, there's really a growing need for planning and coordination that includes healthcare and leverages. The unique strengths reach trust and knowledge that they have to support a community response

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00:06:16.949 --> 00:06:32.609

Nate Matthews-Trigg - Americares: in 2022, an incredible report to the chief coroner of British Columbia was released looking at the factors



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that led to the deaths of 619 people in the State during the 2021 Pacific Northwest heat wave.

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00:06:32.739 --> 00:06:44.079

Nate Matthews-Trigg - Americares: And the report found that about 30% of the people who died that's 186 people had seen a healthcare provider within 7 days prior to their death

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Nate Matthews-Trigg - Americares: another 30% had seen a healthcare provider within 8 to 30 days prior to their death.

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Nate Matthews-Trigg - Americares: We know that people at highest risk from extreme heat are often those who are socially isolated, living with chronic diseases, and healthcare is often their only source of social connection, which is one that's built on trust between the patient and the provider.

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00:07:08.029 --> 00:07:19.499

Nate Matthews-Trigg - Americares: These facilities, especially safety net providers, can play a key role in supporting their patients in understanding what they can do in the face of growing threats from climate change

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Nate Matthews-Trigg - Americares: next next slide.

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Nate Matthews-Trigg - Americares: So this is what really inspired the development of America's heat, health Action Plan and wildfire Smoke Action Plan Project. We wanted to find ways that clinics and health centers who serve such a critical role as being a trusted source of information.

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Nate Matthews-Trigg - Americares: understanding their patients, unique conditions, understanding the barriers their patients often face to staying cool or accessing clean air, and often those who have regular contact with people who are most vulnerable and socially isolated. How



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can these anchor institutions support their patients outside of the clinic visit.

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00:08:03.239 --> 00:08:16.239

Nate Matthews-Trigg - Americares: We have resources at Americares that support the providers and talking with their patients and educating their patients. But there's also a critical role in connecting these clinics and health centers with the community response?

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00:08:16.916 --> 00:08:29.619

Nate Matthews-Trigg - Americares: So how can we connect these clinics with community response mechanisms such as social support services to ensure that patients have what they need to stay safe, cool, and accessing clean air.

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00:08:29.899 --> 00:08:54.169

Nate Matthews-Trigg - Americares: So this project was a collaboration between Americares and Harvard Center for Climate health and the global environment, and was co-developed with frontline clinics and health centers to ensure what we created was accessible, useful, and really rooted in the ground truth of what the clinics and health centers are facing, especially those serving the patients at greatest risk

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Nate Matthews-Trigg - Americares: next slide.

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Nate Matthews-Trigg - Americares: So Americas and Harvard, along with a stellar group of students and subject matter. Experts really searched the academic literature and gray literature, such as local media reports for all the actions that clinics and local health jurisdictions were doing in response to heat and wildfire smoke.

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Nate Matthews-Trigg - Americares: We then refined a list of these actions into what we called interventions, and had clinics and health centers provide valuable insights and considerations for others that might want to to do these interventions.

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Nate Matthews-Trigg - AmeriCares: and what we found was that all interventions were not appropriate for every clinic or health center

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Nate Matthews-Trigg - AmeriCares: we needed a way to tailor recommended actions not just based on how robust the research for each of them was, but really based on the unique resources, staffing and patient populations of the clinics or health centers.

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Nate Matthews-Trigg - AmeriCares: and this led to the recognition of the need for an assessment tool and for the development of an assessment tool that clinics and health centers can fill out takes about 5 min and it asks them some basic questions. Again around staffing capacity resources, patient population. And then it generates a customized plan. Based on the information given

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Nate Matthews-Trigg - AmeriCares: next slide.

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00:10:22.609 --> 00:10:39.469

Nate Matthews-Trigg - AmeriCares: So the plan starts with a brief introduction, and then provides 5 top recommended interventions based on how much research there is for the interventions, but also based on how the people filled out the assessment tool.

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00:10:40.019 --> 00:10:49.419

Nate Matthews-Trigg - AmeriCares: Each intervention that we provide in this generated plan comes with information on the ideal timing to carry out the action

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Nate Matthews-Trigg - AmeriCares: considerations to be aware of and links to access case studies that we identified during the literature review, really to inspire and educate clinics and health centers on how others are doing these interventions and tailoring them to the local context.

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Nate Matthews-Trigg - AmeriCares: We also provide a link to the full intervention repository, allowing people to see every intervention we identified for clinics or health centers. And I'm particularly excited



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about this because of the 169 clinics and health centers that helped us develop, refine, and test these plans. We have already heard amazing stories about local innovation inspired by these plans.

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Nate Matthews-Trigg - Americares: I am also really excited to share that we are going to be capturing case studies this this summer

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00:11:40.279 --> 00:11:51.309

Nate Matthews-Trigg - Americares: and feeding them back into the tool. So our repository of case studies will grow and may provide opportunities for collaboration on intervention, evaluation, and research

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Nate Matthews-Trigg - Americares: next slide.

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00:11:54.629 --> 00:12:19.049

Nate Matthews-Trigg - Americares: So lastly, I want to invite all people today to check out these plans, and also the other incredible Americas climate and disaster, resilience resources. You can visit the QR code here on the screen or go to the URL below. There will also be additional resources coming out next month. So please keep checking our website for more

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Nate Matthews-Trigg - Americares: next slide.

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Nate Matthews-Trigg - Americares: And and lastly, I wanna thank you again for the opportunity to present. Don't hesitate to reach out if you have questions, concerns, or interested in collaborating.

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00:12:33.099 --> 00:12:34.319

Nate Matthews-Trigg - Americares: So thank you very much.

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00:12:35.670 --> 00:12:50.850

Paul Charlton: Wonderful, Nate. Thank you. Thank you very much for the presentation. These toolkits are really outstanding for people that are looking for preparedness and clinical readiness. So thank you, Nate, for that, and next we'll turn to Eugene.



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00:12:54.200 --> 00:13:07.099

Eugene Livar: Great. Thank you so much. Good morning and good afternoon, everyone. I'm Eugene Lavar, Arizona's chief heat officer, and I'm excited to share Arizona's proactive and comprehensive approach to escalating public health crisis of extreme heat. Next slide, please.

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Eugene Livar: Arizona isn't just known for its beautiful sunsets. It's also on the front lines of extreme heat, a growing public health crisis. Arizona truly, is a land of contrast. On one hand we have these absolutely breathtaking sunset sunsets and unique desert beauty. But, on the other hand, that beauty comes with an intensifying challenge around heat. What was once just a hot summer is now a critical public health issue with real consequences for our communities.

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00:13:38.680 --> 00:13:55.170

Eugene Livar: What is shown to the right here is Arizona's heat risk factor map that shows the percentage of population estimated to have 3 or more heat vulnerability factors shown in dark red. And you can see how that is expanding, and almost every area of our state is impacted in one way or another.

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00:13:55.800 --> 00:13:56.930

Eugene Livar: Next slide, please.

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00:13:58.340 --> 00:14:23.530

Eugene Livar: Looking at the scope of the challenge, Arizona has been experiencing record, breaking temperatures with 2023, and 2024 being stark examples. This isn't just about discomfort. It translates directly into significant public health impacts, including a sharp rise in heat-related illnesses, hospitalizations, and tragically preventable deaths. It also exacerbates issues like air quality which further stresses our healthcare system.

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00:14:23.640 --> 00:14:37.589

Eugene Livar: In response to this escalating crisis our State has taken action. Arizona's Governor Katie Hobbs tackled this head on with a multifaceted extreme heat preparedness plan that she released in 2023, led by the Governor's office of resiliency

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Eugene Livar: that was developed to create a robust statewide framework for preparedness and response.

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Eugene Livar: This plan also created the nation's 1st State Level Chief Heat Officer, a position that I fill signaling our State's commitment to the cause. Our core goals are clear to protect all Arizonans, to build lasting resilience across our communities and to establish a scalable framework for long-term preparedness that can evolve with the climate.

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Eugene Livar: Next slide, please.

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Eugene Livar: A key pillar of our strategy is robust state coordination, tackling extreme heat isn't a single agency's job. It requires a truly unified effort. As seen here. We brought together diverse group of partners.

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Eugene Livar: We actively engage with local county and State agencies alongside academic institutions to drive innovations and impact.

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Eugene Livar: Furthermore, our community and faith-based health partners are essential in reaching and supporting our diverse populations. Our success is built on strong collaborations and vital partnerships across all sectors. This collaboration involves regular connections with meetings where we identify critical gaps, pinpoint research needs and find synergistic opportunities. It ensures a unified message to the public and streamline resource deployment when there is a need for them. The most.

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Eugene Livar: The chief officer role also helps coordinate across community, local, state and federal entities. To make sure our State's needs and voices heard at all levels.

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00:16:06.160 --> 00:16:07.310

Eugene Livar: Next slide, please.



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Eugene Livar: Arizona's plan has an emphasis on community input. And we recognize that solutions aren't just from the top down. They must be informed by the lived experiences of those most affected. This means actively centering our most or centering around our most vulnerable populations, such as our seniors, our young children, our outdoor workers and unhoused individuals, and those with pre-existing health conditions.

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00:16:30.790 --> 00:16:45.900

Eugene Livar: We built mechanisms for meaningful engagement from public forums during the planning phases to ongoing direct collaborations with community and face-based organizations. This ensures. Our strategies are culturally competent and reach the individuals who need them most.

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Eugene Livar: Next slide, please.

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Eugene Livar: So what does this look like in action? Our plan encompasses both immediate and short term interventions and more profound long term strategies for immediate protection, we significantly expanded and improved our cooling center networks, even piloting innovative solutions like solar powered mobile cooling units.

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00:17:08.930 --> 00:17:31.589

Eugene Livar: We've also increased the deployment of additional extreme weather shelters within our State and standardized heat thresholds and resource request processes. A critical ongoing effort is addressing the equitable allocation of Federal funds, such as the low income, home energy assistance program or lihe, to ensure resources, reach those who need them the most and that they know that they're available.

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00:17:31.930 --> 00:17:51.010

Eugene Livar: Looking ahead, our long-term strategies focus on foundational resilience. This includes advocating for safe and affordable housing, constantly adapting and updating our emergency response protocols improving our data systems for better resource management and decision making and investing in relevant workforce development.

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Eugene Livar: Next slide please.

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Eugene Livar: Our healthcare providers are absolutely critical to the success of our plan.

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Eugene Livar: They are on the front lines of prevention, early intervention and treatment of heat, related illnesses and injury, and are essential partners. I heard about some great toolkits from the previous presentation, and we'd love to get those resources out to our providers across the State and just let them know that they're available in a tool to be able to utilize

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00:18:17.910 --> 00:18:45.620

Eugene Livar: our engagement focuses on several key areas ensuring hospitals and urgent care facilities, are well informed of excessive heat warnings, and have the resources that they need. Increasing providers, consideration of vulnerable patient populations during their consultation, providing comprehensive education for healthcare staff, on recognizing and treating heat-related illnesses and exploring opportunities for integrated data, sharing between public health surveillance and clinical settings to better track and respond to heat impacts.

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00:18:46.240 --> 00:18:47.369

Eugene Livar: Next slide, please.

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00:18:49.330 --> 00:19:00.120

Eugene Livar: Arizona's experience may be a blueprint for other regions, as extreme heat intensifies globally, but so much is being done nationally and globally that we can learn from.

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Eugene Livar: We believe our collaborative community centered approach offers valuable lessons and best practices that can be adapted across the board. We welcome partnerships in conducting research on effective interventions, sharing best practice protocols across the state and nation, developing informed policy recommendations and exploring funding opportunities for innovative heat mitigation strategies. We encourage community members, including healthcare providers, to engage directly with ongoing efforts.



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00:19:25.600 --> 00:19:35.779

Eugene Livar: and this can be done by sharing experiences and working together so that we can strengthen our collective resilience to extreme heat and public health. Not just in Arizona, but nationwide

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00:19:36.650 --> 00:19:37.549

Eugene Livar: next slide

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00:19:39.741 --> 00:19:51.720

Eugene Livar: with that, just want to say thank you for your time. Hopefully, it was able to give you a little bit of background on what we're doing in Arizona, and we'll be sharing some resources in the next slides that will be shared across the board with those who are attending today. Thank you.

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00:19:53.530 --> 00:20:12.900

Paul Charlton: Eugene. Thank you for the presentation on this. Arizona really is at the forefront of a lot of innovations, and I think that your willingness to share the lessons you've learned in terms of collaboration, and a comprehensive approach is really benefiting a lot of different stakeholders across the country. So thank you for spearheading. So much of this

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00:20:13.350 --> 00:20:31.640

Paul Charlton: as people will notice. The panelists have been selected to represent some of the different tracks and different themes that people work on. And so this is a great opportunity to try to build these broader communities and collaborations across different sectors and and different ways that people are working.

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00:20:31.890 --> 00:20:47.180

Paul Charlton: just a reminder that if people have questions feel free to put them in the chat or put them in the Q&A. And we'll try to make sure that they get discussed during the discussion coming up, and with this I will then turn over to our next panelist, shelly, shelly, manla from healthy climate. New Mexico.

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00:20:47.680 --> 00:21:05.119

Shelley Mann-Lev, Healthy Climate NM: Thank you so much, Paul. And again, thank you to all of you for being here because you are the movement.



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Those of you who are listening today and participating, and of course, my esteemed colleagues. It's an honor to co-present with you. So I'm here as the executive director of Healthy climate, New Mexico.

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00:21:05.120 --> 00:21:26.099

Shelley Mann-Lev, Healthy Climate NM: We are one of 30 State affiliates of the Medical Society, consortium on Climate and health, and my background is public health. I am serving as executive director of this amazing organization which is tackling a preventable public health problem, as many will say. Perhaps the greatest public health problem facing us globally and locally today. Next.

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00:21:28.370 --> 00:21:44.570

Shelley Mann-Lev, Healthy Climate NM: we are already experiencing climate change in New Mexico. That's drought, wildfires, heat and extreme cold at times storms, vegetation, loss. It's here, it's now. And it's accelerating. Obviously, we all want to do something to have an impact

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00:21:44.800 --> 00:21:45.710

Shelley Mann-Lev, Healthy Climate NM: next.

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00:21:48.040 --> 00:22:15.260

Shelley Mann-Lev, Healthy Climate NM: And health equity is at the core of this work. We know that not everybody is impacted equally that those people have been mentioned by some of the previous, by my previous colleagues. Elderly outdoor workers, unhoused people with mental illness, substance, use are impacted even greater. And certainly in New Mexico, as one of the poorest states financially, we have very, very great assets in other ways, but poorest states. Financially, we are impacted 1st and worst.

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00:22:15.380 --> 00:22:16.210

Shelley Mann-Lev, Healthy Climate NM: Next.

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00:22:17.610 --> 00:22:42.130

Shelley Mann-Lev, Healthy Climate NM: Nope, go back to healthy climate, New Mexico. So I want to share with you a little bit about our amazing organization. I'm honored here to be with 2 of our co-founders, Dr. Paul Charlton, Nate. Matthews, Trigg. There was a group of about 6 to 8 of us, and you know the saying, never doubt that a small group of people can change the world. In fact, that's all that ever did. Well, we started as a small group of people who had a deep passion



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00:22:42.130 --> 00:22:53.519

Shelley Mann-Lev, Healthy Climate NM: to address this preventable public health problem, and we have since grown in the last 2 years. We're just 2 years old to 300 members. And we are a big tent

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00:22:53.520 --> 00:23:19.509

Shelley Mann-Lev, Healthy Climate NM: meaning we include clinicians, everything, from physicians to community health workers, physical therapists, occupational therapists, and of course, public health people like me. Again, from a wide, wide range of professional and trainee and student experiences. Here you see a picture of Dr. Charlton at our 1st in-person legislative event at the roundhouse last January, and a picture of us about 55 of us gathered

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00:23:19.510 --> 00:23:28.750

Shelley Mann-Lev, Healthy Climate NM: to both learn about the legislative and policy process and learn how to amplify our voice, build relationships with legislators. Next slide.

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00:23:30.660 --> 00:23:58.310

Shelley Mann-Lev, Healthy Climate NM: Public health action is needed now, and we are as health professionals in a unique position, I think, to have an impact. As I said, in this broad tent, we have a direct experience with patients and communities. We are nonpartisan, and we are a trusted voice. In fact, we are one of still, even despite misinformation and lack of trust, one of the most public trusted voices by the general public.

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00:23:58.450 --> 00:24:04.360

Shelley Mann-Lev, Healthy Climate NM: So we are in a unique situation here in heat season of 2025,

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Shelley Mann-Lev, Healthy Climate NM: summer of 2025 in which we need to defend what's been done. A lot of progress was made at the national level. We've got to defend that progress. We need to, of course, support and work together with frontline fence line and low resources communities because they are hurting now, and they are going to be hurting even more along with the rest of us. They need our investment, they need our attention, and they need us to listen.

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00:24:31.310 --> 00:24:49.709

Shelley Mann-Lev, Healthy Climate NM: States right now is probably where the greatest opportunity for action is States, and at the local level you just heard, we want to be like Arizona. New Mexico's right with you. We are learning from our partners, and they actually can take action working together with state local leaders.

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00:24:49.890 --> 00:25:01.199

Shelley Mann-Lev, Healthy Climate NM: all kinds of health professionals, and of course, our other partners, faith leaders, environmental partners, community-based organizations, and everyone who recognizes that climate pollution is

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00:25:01.570 --> 00:25:13.019

Shelley Mann-Lev, Healthy Climate NM: actually killing us and wants to address those harms now and prevent it from getting worse because those threats they're accelerating. And we need the urgency of addressing them. Now, next.

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00:25:15.260 --> 00:25:43.120

Shelley Mann-Lev, Healthy Climate NM: we work primarily in 2 areas, policies and education. Everything we do is in partnership and collaboration. But I wanted just to highlight a couple of the policies, to give you a sense of what is possible in many of our States, and in some cases, as an organization, we take the lead. You can see in the 1st 3 bills from our 2025 legislative session we've led on advocating. We'd love a chief heat officer. But for a State public health and

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00:25:43.120 --> 00:25:54.130

Shelley Mann-Lev, Healthy Climate NM: climate program, because without those that surveillance monitoring the educational and communications expertise and the cultural sensitivity that can

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00:25:54.440 --> 00:26:01.930

Shelley Mann-Lev, Healthy Climate NM: be provided in leadership. It's difficult to move forward on almost anything else. We also want to have resources for that program.

111

00:26:02.050 --> 00:26:26.969

Shelley Mann-Lev, Healthy Climate NM: We want to get things moving electrically, electric school buses. And of course, the whole transportation sector. And then we also support our environmental



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partners and others around issues like the Clear Horizons Act, a very important bill to codify greenhouse gas reduction targets, funding for our communities and other policies. That would, in fact put in place that clean, sustainable energy next slide.

112

00:26:28.330 --> 00:26:56.250

Shelley Mann-Lev, Healthy Climate NM: In addition to state policies, our advocacy and policy work group works on rules and local local efforts. So we are very involved in an immediate challenge to get a State level worker heat protection rule. We know what's happening federally. We can do it here, and I encourage you all. If you want to sign our petition, our environment department has put forth a fabulous rule, and you can go to safework the number for all. I'm sure it's in the chat.

113

00:26:56.250 --> 00:27:02.220

Shelley Mann-Lev, Healthy Climate NM: Please add your name to our petition. We need lots of support. There's lots of opposition.

114

00:27:02.520 --> 00:27:16.440

Shelley Mann-Lev, Healthy Climate NM: We also put out policy advisories, heat, wildfire smoke, working one on infectious disease, related to climate change and support. Local ordinances like this Albuquerque ordinance for the cooling in residential places. Next.

115

00:27:17.810 --> 00:27:40.570

Shelley Mann-Lev, Healthy Climate NM: of course, all this we critically need education. So we've hosted an annual heat summit this year. Our keynote was, in fact, an incredible team from Phoenix. I encourage you all to watch that keynote and bring in national experts as well as work. With our 300. Actually, people participated this year because heat is critical for all of us.

116

00:27:40.570 --> 00:27:58.120

Shelley Mann-Lev, Healthy Climate NM: Other kind of educational events, including nature spearheaded, the development of a fabulous heat, safety primer for health professionals which I encourage you to watch. And then, as you can see in the middle slide, we've just started a tribal initiative. We have 23 tribes, Pueblos and Nations, and we are working

117

00:27:58.190 --> 00:28:04.590



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Shelley Mann-Lev, Healthy Climate NM: with leadership, indigenous leadership to ensure that their needs are met through a collaborative process.

118

00:28:04.680 --> 00:28:05.530

Shelley Mann-Lev, Healthy Climate NM: Next.

119

00:28:07.340 --> 00:28:33.930

Shelley Mann-Lev, Healthy Climate NM: please consider joining this movement. There are many ways to get involved. The medical side, the consortium on climate and health has 30 States, and, as you can see, every one of the Southwest States has a State affiliate like ours. They have different names. You can go to the consortium's website and click on your state to find out how you can get involved, but truly an incredible way for health professionals to amplify their voices.

120

00:28:34.130 --> 00:28:35.440

Shelley Mann-Lev, Healthy Climate NM: and next slide

121

00:28:36.390 --> 00:29:01.479

Shelley Mann-Lev, Healthy Climate NM: a huge Thank you. Thank you for your passion, your interest, your voice. And of course, again, when we do this together, we are that much more impactful and powerful. You can reach us through our website access, our educational resources like the Américas toolkit. And that video we just created and contact us through info at healthyclimatenewmexico.org and m.org. Thank you so much.

122

00:29:03.114 --> 00:29:09.849

Paul Charlton: Wonderful shelly. Thank you for the presentation as as we're trying to achieve the this, this set of

123

00:29:10.540 --> 00:29:39.120

Paul Charlton: meetings, goals of trying to build more collaboration. I think it's really heartening to see the success that we have had by approaching things in a nonpartisan professional manner, even on these challenging issues, and just how much meaning and encouragement we can get out of out of building these networks. So thank you very much for the presentation. And then we are going to transition to our last panelist to talk about more on the education front, and how people can get involved with that. So Bar, I will turn it over to you.

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00:29:42.600 --> 00:29:58.279

Bhargavi Chekuri: Hi, thank you all so much for having me. It's really an honor to be here. So I'm going to talk a little bit about what we've been doing here at Cu, at the Climate and health program which is housed in the School of Medicine. That's me. And we can go to the next slide, please.

125

00:29:59.530 --> 00:30:17.959

Bhargavi Chekuri: So I really just want to highlight kind of some examples of how we're approaching planetary health education at a medical school. And then we can also talk a little bit about climate leadership development for academic clinicians, but also other practicing clinicians next slide. Please.

126

00:30:19.614 --> 00:30:24.078

Bhargavi Chekuri: So first, st I think it's helpful to think about. You know what?

127

00:30:24.750 --> 00:30:46.200

Bhargavi Chekuri: what medical students, what faculty are feeling, how they're feeling about climate and health, and what we know, based on numerous surveys that have been conducted around the country by various groups, are that most health professionals are concerned. Most health professionals feels that climate change affects their patients.

128

00:30:46.200 --> 00:30:59.279

Bhargavi Chekuri: Most of them acknowledge some knowledge deficits in this area, and then they also acknowledge some time constraints in being able to address these environmental health issues in their busy day to day clinical lives.

129

00:30:59.280 --> 00:31:08.309

Bhargavi Chekuri: And then some also worry about the political nature of, you know, having to address climate change in the exam room or outside next slide, please.

130

00:31:09.552 --> 00:31:21.420

Bhargavi Chekuri: So then we we always think about, you know, who has these knowledge deficits and certainly learners. So folks that are students, trainer trainees, that sort of thing, practicing clinicians

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00:31:21.420 --> 00:31:46.340

Bhargavi Chekuri: faculty and then leadership also, you know, seem to have these knowledge deficits. So those are the folks that would maybe need the education. And then one thing that I think is really important to sort of highlight is here. There is some preliminary research that was published recently. That sort of suggests that, particularly in graduate medical education, if the leadership that has the significant knowledge

132

00:31:46.340 --> 00:31:56.509

Bhargavi Chekuri: gaps not just on climate and health. But also what's the highest level of epidemiological evidence related to environmental health?

133

00:31:56.510 --> 00:32:21.459

Bhargavi Chekuri: And then thinking about then who's impacted the most? We certainly know that learners are going to be impacted a lot as well as practicing clinicians, faculty and leadership. And the reason this sort of mismatch of who might be the most impacted and who might have some of the biggest knowledge gaps, is kind of important, because I think kind of could point to some of the inequity related to

134

00:32:21.460 --> 00:32:33.479

Bhargavi Chekuri: climate change in general. So from an occupational health, exposure, point of view, these younger health professionals, they're going to have to work as 1st responders, and many of them are going to have to practice in these more extreme environments.

135

00:32:33.480 --> 00:32:46.869

Bhargavi Chekuri: As the climate changes over the course of their career, so they're going to be impacted a lot. And so we have, I think, a moral obligation and an ethical obligation to really prepare them for their future. Can we move to the next slide, please.

136

00:32:49.773 --> 00:32:58.599

Bhargavi Chekuri: So we have really. You know, over the years have honed in on the graduate medical education and continuing education space.

137

00:32:58.600 --> 00:33:22.830

Bhargavi Chekuri: understanding that faculty development is really a rate limiting step for climate and health education, both in Colorado and the Southwest, but also around the country. We are not alone in folks who are trying to address this gap. And so there's folks from Project Echo, the



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global consortium on Climate and Health Education, the medical society consortium.

138

00:33:22.830 --> 00:33:40.539

Bhargavi Chekuri: They all offer some educational opportunities, whether it's fellowship, training, or some ad lib virtual resources. You know, webinars, that sort of thing that that you can access ce credits that sort of thing, and then I'll talk a little bit about what we're doing here at Ce. If we can go to the next slide, please.

139

00:33:42.680 --> 00:34:11.349

Bhargavi Chekuri: So this program was launched in 2016, we initially launched with a medical school elective. So that was at the undergraduate level that has since advanced into now kind of full curricular integration across the 4 years at the medical school level. Soon after the program also launched a graduate medical education, physician, fellowship, and we have 5 fellows that we train every year, and

140

00:34:11.350 --> 00:34:18.509

Bhargavi Chekuri: you know that that was a good way to kind of upscaled climate and health leadership. But we

141

00:34:18.510 --> 00:34:43.460

Bhargavi Chekuri: we really wanted to scale even further. And so that's when we launched the diploma in climate medicine in 2021. And this is certainly probably now one of our biggest programs. And this is what I helped direct. And again, the problem that we were really trying to fix was looking at. Okay, how do we really create fix this gap, this knowledge gap amongst medical education leaders

142

00:34:43.460 --> 00:34:52.780

Bhargavi Chekuri: as well as faculty development? How do we address that, and rapidly scale that training rather than doing it. One fellow at a time, or 5 fellows at a time every year.

143

00:34:53.262 --> 00:34:54.710

Bhargavi Chekuri: Next slide, please.

144

00:34:55.989 --> 00:35:16.560

Bhargavi Chekuri: So we have in sort of our work at Cu. We've been able to map out. You know what to teach about climate and health, and when to



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teach it, and when not to teach certain things over the full medical education, curriculum or continuum. And so we've thought a lot about, you know, how do we ensure that

145

00:35:16.560 --> 00:35:41.340

Bhargavi Chekuri: everyone from trainees to faculty really understand how to communicate about climate and health, but more broadly, just environmental health risks in general? How do folks understand what their local environmental health risks are to themselves and their patients? How do they then address them at the point of care at the bedside. How do you recognize heat, illness? How do you, you know, deal with an emergency such as a wildfire.

146

00:35:41.340 --> 00:35:50.880

Bhargavi Chekuri: that sort of thing just kind of connecting this back to some of our earlier speakers, and then also thinking about operational readiness. So how do we.

147

00:35:50.880 --> 00:36:13.799

Bhargavi Chekuri: you know, work as environmental stewards, and really have appropriate clinical resource management, so that we are not making the environment worse just with our own practices. But also, how do we get ready for for some of these disasters that are coming our way. And then, lastly, also thinking about, how do we equip our trainees so that they are

148

00:36:14.338 --> 00:36:20.799

Bhargavi Chekuri: able to effectively advocate for good environmental health policies next slide, please.

149

00:36:21.310 --> 00:36:44.039

Bhargavi Chekuri: And so kind of mapping that out our diploma and climate medicine program takes you through that journey. And it's basically a continuing education program where any practicing health professional can enroll. It's open to all us based health professionals. We divide that curriculum up into 5 different certificates that each have a thematic focus.

150

00:36:44.040 --> 00:36:59.579

Bhargavi Chekuri: So the 1st one is called foundations. The second one is focused on sustainable healthcare. The next one is focused on disaster medicine. And then we think about community health and public health as



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well as public policy. And then we move on to global challenges and thinking about

151

00:36:59.580 --> 00:37:26.639

Bhargavi Chekuri: global health and planetary health issues. This is a deep dive. It's each certificates about 60 h. And it takes so in some about 300 h. But some people want to just take one certificate, and then others want to take the full diploma, and you can do that if you would like. It's a hybrid learning format. And then we do. We're lucky in that. We get to work with many experts around the country who can

152

00:37:26.830 --> 00:37:37.879

Bhargavi Chekuri: really lend their expertise as guest faculty. And what we found is one of the most helpful parts of this program is really building this community of practice. Next slide, please.

153

00:37:39.260 --> 00:38:04.219

Bhargavi Chekuri: So you can see, this is sort of an idea of where we stand amongst climate and health education options that exist. So really, our goal is to develop leadership and expertise in climate and health, amongst folks who are already out in practice, or might be, you know, in a position of influence, or are looking to start

154

00:38:04.220 --> 00:38:25.540

Bhargavi Chekuri: a new climate and health group in their state if they want to help think about maybe launching planetary health or environmental health or making their environmental health curriculum stronger. They can sort of get this training in a I think, a really hybrid and fun fun way next slide, please.

155

00:38:26.350 --> 00:38:51.189

Bhargavi Chekuri: So outcomes, you know. What do our graduates go on to do? Certainly academic leadership that was one of that was one of our primary goals from in terms of creating this program, and we've had many folks who have joined and have gone on to take on roles in their respective health, professional education spaces, whether they're directing curriculum, creating their own new programs, etc.

156

00:38:51.190 --> 00:38:59.179

Bhargavi Chekuri: Many of our graduates go on to get engaged with advocacy around environmental health.



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157

00:38:59.180 --> 00:39:27.929

Bhargavi Chekuri: whether that's climate and health, planetary health, disaster, medicine, resilience, that sort of thing. And then we've also seen a lot of folks go on to take on positions of leadership that are related to healthcare sustainability as well as climate resilience. So we recently had a graduate who is now working as a medical director of sustainability. There are others who are working in different positions around the country.

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00:39:28.130 --> 00:39:36.330

Bhargavi Chekuri: really as leaders in this way. And so we really think about, you know, leadership not just in the academic sense, but also in the operational sense.

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00:39:37.374 --> 00:39:46.200

Bhargavi Chekuri: So this is really what our. This has been, our approach to. Kind of you know, solving the problems that as we see them. So next slide, please.

160

00:39:47.830 --> 00:40:06.710

Bhargavi Chekuri: if you or if you know anyone who might be interested in the program, these are some of the dates. It's a hybrid learning format, so most of it is on zoom, but some of it is in person. And you can learn a lot more and reach out to the to talk to us anytime. That's our QR. Code over there, and that's it for me.

161

00:40:06.820 --> 00:40:08.369

Bhargavi Chekuri: Happy to take questions.

162

00:40:09.470 --> 00:40:23.670

Paul Charlton: Bar. Thank you very much for that. And as somebody who is a graduate of the diploma program, I will say it for me, was a fairly transformational experience, so really exciting to see all the work and thank you for that.

163

00:40:23.670 --> 00:40:41.650

Paul Charlton: Thank you. To all the panelists today and to the National Academy of Medicine for organizing this. It really there's an amazing amount of work that is going on that is very exciting. And this was just a small snippet of what's happening nationally and internationally. And



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so that's something that even in the face of all these challenges we can feel really good about

164

00:40:41.790 --> 00:41:00.999

Paul Charlton: and thank you, everybody for making time to talk, and for the participants to join, feel free to put in any questions. But I would like to start with one, maybe 2 questions that each of the panelists would hopefully respond to, and perhaps we could go in the same order as the presentation. Nate, Eugene Shelley bar.

165

00:41:01.160 --> 00:41:21.789

Paul Charlton: So for the 1st question, health professionals interested in climate and health, they often ask, like, Where can I start? And what would you suggest in terms of how you might respond to that question, and then alongside that. What opportunities for connection and innovation do you think more people who are kind of interested in this topic should know about.

166

00:41:21.920 --> 00:41:23.980

Paul Charlton: So, Nate, I'll I'll turn it to you.

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00:41:25.680 --> 00:41:33.850

Nate Matthews-Trigg - AmeriCares: Yeah, no, thank you for that question. I mean where to start. So there's a need for education and for learning

168

00:41:34.740 --> 00:41:49.300

Nate Matthews-Trigg - AmeriCares: as bar highlighted. There's great opportunities for that education and learning. Also, if you don't have the time and resources to to do a formal education, I mean, there's a lot of online resources, especially those tailored to

169

00:41:49.490 --> 00:42:07.779

Nate Matthews-Trigg - AmeriCares: providers, to health professionals. Again, Americas has some of those healthy climate. New Mexico has some of those, but really, you know, when it comes to turning that kind of education and understanding into action, there are many ways to get involved.

170

00:42:08.410 --> 00:42:22.850

Nate Matthews-Trigg - AmeriCares: Whether that is your own personal preparedness. You know, if you can't take care of yourself during an



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extreme weather event, you can't be much help to your community. So there's an important need for individual preparedness.

171

00:42:23.383 --> 00:42:32.440

Nate Matthews-Trigg - Americares: For growing climate, related hazards. But then, also, there's opportunities to support your your practice, your institution.

172

00:42:32.825 --> 00:42:50.929

Nate Matthews-Trigg - Americares: In developing that shared awareness, understanding what actions you can take to building more resilient facilities and operations. And then, if if there are not the resources to do that, or there's not kind of buy in from your colleagues, or your community members.

173

00:42:50.930 --> 00:43:02.690

Nate Matthews-Trigg - Americares: There's an opportunity to do that education yourself and do a lot of outreach, and that is definitely one of the roles of healthy climate. New Mexico is really to educate health professionals across the State.

174

00:43:04.120 --> 00:43:06.430

Nate Matthews-Trigg - Americares: So again, I I mean

175

00:43:06.570 --> 00:43:25.589

Nate Matthews-Trigg - Americares: Shelly myself. And Paul really did a lot because we realized there was so little going on in New Mexico, and I think it just takes a small group of passionate people. To get together and to think through what are the ways to fill these gaps and to just move forward. And you can really accomplish a lot doing that.

176

00:43:25.910 --> 00:43:26.970

Nate Matthews-Trigg - Americares: I'll stop there.

177

00:43:26.970 --> 00:43:29.610

Paul Charlton: Great. Thank you, Nate. Eugene.

178

00:43:30.550 --> 00:43:45.470

Eugene Livar: Sure, I think from my perspective, it's for health professionals can start by being aware of the direct health impacts of



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extreme weather. In this case particularly heat-related illness correct. I think we heard that being expressed by from several different.

179

00:43:45.960 --> 00:44:08.209

Eugene Livar: you know, points of view here today. Also get involved with local organizations like in Arizona, we have Arizona health professionals for climate action or attend State level heat summits and webinars such as this one to connect with peers, and learn more about ongoing initiatives every time I participate to either listen in or to speak. I always learn something new, and I am the 1st one to say.

180

00:44:08.210 --> 00:44:32.199

Eugene Livar: you know, you have to continue learning, reaching out, seeing what resources are out there, to stay up to date on the most timely resources that are available. And then just so that health providers know that your expertise and voice are powerful and trusted. It's crucial for you to speak up in both educational and policy spaces to advocate for climate solutions that safeguard public health.

181

00:44:32.230 --> 00:44:51.120

Eugene Livar: And we know. And we heard a little bit today that you have demanding schedules, and time is limited for all of us, but even small contributions, like sharing accurate information with your patients or signing onto advocacy. Letters can make a huge, significant difference. So that would be what I would have to share today.

182

00:44:51.770 --> 00:44:54.299

Paul Charlton: Great. Thank you, Eugene. Shelly.

183

00:44:54.570 --> 00:45:20.669

Shelley Mann-Lev, Healthy Climate NM: Thank you so much, and just to build on what my college colleagues are sharing as you learn and develop yourself. Please challenge yourself to act, and you know some of us do that individually, through our writing. We each have our own gifts, but I encourage you, if you are willing to find buddies like we found to strengthen each other, and even a simple action like joining one of our organizations.

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00:45:20.970 --> 00:45:47.470

Shelley Mann-Lev, Healthy Climate NM: instead of us having 300 members. When we get to say 301, it matters, those numbers matter and your voice matters. So I'm going to just add, lastly, on the policy, I know it's



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often uncomfortable. I still find it a little challenging, like speaking in public, but your voice does make a difference, and people do listen. It is quite stunning at any hearing city council. State

185

00:45:47.650 --> 00:45:53.169

Shelley Mann-Lev, Healthy Climate NM: people pay attention to health professionals, so thank you for your interest and for the question.

186

00:45:53.500 --> 00:45:56.529

Paul Charlton: Great. Thank you. Shelley and Barn.

187

00:45:57.400 --> 00:46:08.270

Bhargavi Chekuri: Yeah, I can just say for me. Personally, I know the the connection was really stuff I was seeing in the clinic. So I was seeing folks kind of deal with heat related illness in the clinic, and

188

00:46:08.460 --> 00:46:29.119

Bhargavi Chekuri: you know, at that time we weren't really talking about extreme heat and even just heat related illness and vulnerable groups. So I think for me, a big sort of area to connect was was actually seeing some of this stuff in the clinic in the clinical space. And so if you're working somewhere, and your students or your colleagues, or you're starting to notice.

189

00:46:29.120 --> 00:46:56.039

Bhargavi Chekuri: you know, some adverse health effects. If it's a bad air quality day, if it's a bad heat day and you're starting to notice this, and you're feeling a little unprepared. That probably means you're ready to maybe learn a little more. And so I would just plug. There's a few conferences. The Medical Society Consortium's Annual Conference is a really really wonderful place to kind of go and meet this community of folks who are working on this.

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00:46:56.040 --> 00:47:20.990

Bhargavi Chekuri: And then the global consortium on climate and health education. They offer a ton of free webinars and kind of ways for you to really upskill and get some education right off the bat as well as project Echo, and then, if you wanted to take the deeper dive, certainly we offer some educational offerings. Harvard, the Medical Society consortium has their own fellowship. There's an organization called

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00:47:20.990 --> 00:47:44.180

Bhargavi Chekuri: Care without harm. You know the resilience for frontline toolkits. My greed, doctor, these are things that you can just deploy immediately, you know, at the point of care. And so just thinking about what resources already exist, I think can be helpful. And then I think also just talking with your institutional leaders to say, Hey, do we have any kind of education that we're offering? I know

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00:47:44.180 --> 00:47:59.590

Bhargavi Chekuri: there's people who sort of start asking these questions, and they decide to put on a webinar series just within their hospital system or their, you know, a grand round series and that sort of thing, and that's a great way to just sort of get connected to these issues and start to learn more. And then you'll start to meet more of your people, so to say.

193

00:48:01.750 --> 00:48:31.260

Paul Charlton: Great. Thank you, everybody for that. For the panelists. You may. You may want to take a look at the chat, because there are some questions that are popping up in the chat that are not in the Q. And a. That you may be able to respond to directly in the chat one, as people are starting to work through those and thank you to the panelists who are who are posing these just to give the panelists the attendees who are posing these to give the panelists just a minute to read through those. I do want to ask one other question for everybody.

194

00:48:31.768 --> 00:48:41.429

Paul Charlton: And that is that the public funding landscape is changing quite a bit over in our current setting, and

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00:48:41.430 --> 00:49:02.030

Paul Charlton: I would be curious to hear from each of you what are you concerned that may be changing or disappearing, that you think perhaps the broader public is not yet aware of that. You would like to highlight as something that should either be looked into more.

196

00:49:02.030 --> 00:49:12.730

Paul Charlton: or that we should be trying to increase awareness on. And I'm thinking, like Nate, specifically for you all around some of the cuts to climate and weather data gathering programs. Eugene, anything kind of on that front.

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00:49:13.070 --> 00:49:21.769

Nate Matthews-Trigg - Americares: Yeah, no thanks, Paul, for that. And that's exactly. I think the area of greatest concern. Is around data gaps.

198

00:49:22.160 --> 00:49:25.240

Nate Matthews-Trigg - Americares: So we are already operating with

199

00:49:25.370 --> 00:49:36.989

Nate Matthews-Trigg - Americares: major gaps in in health surveillance data, especially the health impacts. Which we know is such a critical tool for decision making, but also for advancing policy.

200

00:49:37.583 --> 00:49:49.220

Nate Matthews-Trigg - Americares: One concern is just. If a lot of the systems and the funding that already exists goes away, we will be taking a major step back. For this critical data.

201

00:49:51.860 --> 00:49:53.729

Paul Charlton: Thank you. Eugene.

202

00:49:55.230 --> 00:50:12.869

Eugene Livar: No, it is definitely a concerning landscape and seeing some of the impacts that have happened recently, and some of the things being monitored on the national level. I think you know, looking at, you know, some of the Cdc programs that were

203

00:50:13.070 --> 00:50:27.810

Eugene Livar: disbanded and and recently have gotten word to to come back up to speed and and to be reinitiated. But it lets you know how quickly those public health programs can go away, and that Federal support can no longer be there.

204

00:50:27.810 --> 00:50:49.289

Eugene Livar: We're also concerned with impacts from NOAA, the National Weather Service, because we lean on those weather alerts to be able to inform the public about what's coming up, what they can do to help protect themselves and their communities, and what timelines to be looking at for our warnings that we give out, and the guidance that we give out to community members across the State.



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205

00:50:49.600 --> 00:51:14.480

Eugene Livar: And then looking at some of the expertise such as that within nihis that were impacted. And we're really Federal leaders and getting coordination done across the board. So anytime you have a chance of losing, you know that brain trust or for it to be impacted. It's going to have a trickle down effect. You may not see it immediately, but over time you're going to start seeing those impacts, and I'm glad to see some of the things are reverting.

206

00:51:14.480 --> 00:51:24.100

Eugene Livar: But we really don't know where we're going to stand in the next 6 or 12 months. So it's something we definitely are monitoring. And then see what impacts we're going to have at a state level, too, and at a local level within our state.

207

00:51:26.170 --> 00:51:28.059

Paul Charlton: Thank you. Shelly.

208

00:51:29.231 --> 00:51:56.660

Shelley Mann-Lev, Healthy Climate NM: I'll just add that I think you know we need to do whatever we can to defend at this the Federal level. And we need to really build up our strengths at our state level. And that's certainly why we in New Mexico are hoping to engage our health department, whether it's legislatively or through that executive budget to have the resources, internally at least, as a State to do our own some of our own surveillance. But

209

00:51:56.740 --> 00:52:17.440

Shelley Mann-Lev, Healthy Climate NM: you know it's dire. We all know that it's a huge threat, just like climate change. And we need reliable data and information. And I'm grateful. I have to say to some of the things I'm reading about. Some of the, you know, the large global foundations and efforts that are being made to save data as well as to continue to collect it and build those resources.

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00:52:19.240 --> 00:52:21.139

Paul Charlton: Thank you. Up bar.

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00:52:23.100 --> 00:52:31.699

Bhargavi Chekuri: Yeah, I think you know, when you are working at a medical school, and you're taking care of folks. I think just the



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00:52:32.010 --> 00:52:40.493

Bhargavi Chekuri: you need your basic public health infrastructure to function. And so in many ways, this is

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00:52:41.270 --> 00:53:05.179

Bhargavi Chekuri: It's even more important that we talk about things like, especially from an education standpoint. You know you can have all the disaster medicine tools in the world. But if you don't have a strong early warning system with good weather systems. You know good data. As you guys said. You know the the disaster medicine is kind of it doesn't work that well without that early warning system, and so being able to sort of

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00:53:05.380 --> 00:53:18.120

Bhargavi Chekuri: really double down on the importance of educating our trainees and our practicing clinicians about that has been really an important thing that we think about. We've also thought a lot about

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00:53:20.600 --> 00:53:26.589

Bhargavi Chekuri: just maintaining our public health infrastructure period. So if we have

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00:53:26.590 --> 00:53:51.260

Bhargavi Chekuri: emergency rooms or Icus, that sort of thing that are overrun with vaccine preventable illnesses, then we can't also take care of folks who are dealing with a heat wave at the same time, and so being able to talk about the reality of what people are experiencing and being able to teach people some advocacy skills so they can tell those stories, I think, is even more important. And then the last thing I'll say is that

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00:53:51.320 --> 00:54:03.310

Bhargavi Chekuri: from an education standpoint. We've always taken the approach of, you know, think globally, but act locally in terms of where our levers of influences are. And so, really, being able to

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00:54:04.010 --> 00:54:22.088

Bhargavi Chekuri: stress the importance of that in the education has been has been sort of our our immediate response. But but certainly you know, coming back to basics. A little bit of sort of saying without basic public health infrastructure. We really can't succeed in terms of



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00:54:23.210 --> 00:54:33.440

Bhargavi Chekuri: making sure our our healthcare workforce is prepared. For for this next summer, this wildfire season, that sort of thing that's about to come. And so that's really how we've been approaching this.

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00:54:35.270 --> 00:54:56.360

Paul Charlton: Great. That's excellent. Thank you, everybody for failing that. I want to highlight a couple of comments. Kathy Murphy showed a great resource for nursing. Now there's the alliance of nurses for healthy environments just reinforcing. There are some fantastic organizations and individuals that are working on this nationally, and today's panel is just a snip, you know, a snapshot of that

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00:54:56.620 --> 00:55:20.780

Paul Charlton: and bar. There are a couple of questions in the Q. And A that might be most appropriately targeted towards you Christy Hendrickson's question about overcoming barriers to introducing content in medical schools, and I don't know if you want to say anything for the broader group, because there might. There might be some lessons there that others could learn from too.

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00:55:21.340 --> 00:55:44.620

Bhargavi Chekuri: Yeah, this is definitely something that comes up a lot. And I think anyone. And there's a few people in the audience that I know that they're in the climate and health education, space. There's always, you know, this question of like we're already teaching so much, how do we fit more in. And so first, st I think when we're sort of talking about climate and health being really clear that it's not extra. This is just making.

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00:55:45.450 --> 00:55:58.630

Bhargavi Chekuri: This is modernizing the practice of medicine. So that we're actually responding to the environmental health threats of today and tomorrow rather than the 19 seventies, that sort of thing. And then 2,

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00:55:59.010 --> 00:56:03.020

Bhargavi Chekuri: I would say that. You know, there's nothing

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00:56:03.180 --> 00:56:16.430



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Bhargavi Chekuri: inherently different about managing heat stroke from, you know, 50 years ago to today the idea is that we just need to be prepared as a system to be able to handle more of these conditions because of what's happening outside of the walls

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00:56:16.430 --> 00:56:41.409

Bhargavi Chekuri: of the hospital. And so I think one being able to frame the conversation as preparedness is really really important, and then on the sustainability front. Really, I think about it as stewardship. So this is about, you know, making one the case for public health. You know this pollution affects the very communities these hospitals and clinics are trying to treat. And so being able to make that argument can be helpful, and then.

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00:56:41.410 --> 00:57:10.740

Bhargavi Chekuri: and 2 also, understanding that there is a financial benefit, and to sort of de-risking in terms of your climate risks. And so thinking about that when you're sort of making the case. And then 2, I think there was a comment earlier in the chat. The learners are, you know, this is their career. This is the landscape that they're going to be practicing in. And so they're very, very invested in learning about this, and many of the learners are already doing lots of good work and being able to

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00:57:10.940 --> 00:57:35.300

Bhargavi Chekuri: make the case. For why? This is important. Many of them have started like a planetary health report card as student groups, and they've already sort of done a needs assessment that's localized to your context. And so I think building those partnerships in an intergenerational way can be really helpful. And then, lastly, there's tons of resources to start with building the curriculum, and I will put that into the Q. And A for you, Christy, I think I

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00:57:35.567 --> 00:57:46.810

Bhargavi Chekuri: I'm gonna do that right now. But I'll I'll add some of that, and I'll add it in the chat as well. But lots of people have have written about this. Rebecca Philips born comes to mind who's from Emory who's

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00:57:46.810 --> 00:57:55.949

Bhargavi Chekuri: really published quite a bit about how to think about curriculum development at the medical school level. So I will add that for you guys as resource.



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00:57:57.280 --> 00:58:22.510

Paul Charlton: Bar. Thank you very much. Remy Wood has a question in the Q. And a. And Remy. That may be something. That's a very good, very specific question that might be best answered with an email to bar. And because there are people that are working on some of those fronts that could be good connections. I would like to thank everybody for taking time out of your busy schedule to both. Be a panelist

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00:58:22.840 --> 00:58:27.330

Paul Charlton: as well as to attend. There are. There's a lot of expertise happening

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00:58:27.440 --> 00:58:46.449

Paul Charlton: that is coming from so many different communities. And I think really again, kudos to the National Academy of Medicine for trying to pull this together. I'm just looking here at the overview of what the goals were for today, and they were to help accelerate the connection of health, professionals, communities, and other stakeholders within and across regions of the Us. On this topic.

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00:58:46.450 --> 00:58:57.510

Paul Charlton: It's a real honor to be part of the broader movement of people that are nonpartisan. We care about these issues. We're approaching this from a science and health background

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00:58:57.510 --> 00:59:09.370

Paul Charlton: and really trying to invest in a future that is much, much brighter for the generations coming after us. And so thank you all for joining today and thank you to the panelists for sharing your expertise. It's been a real pleasure.

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00:59:09.370 --> 00:59:18.740

Paul Charlton: And again, just a reminder that all these resources will be available on the website. So you'll be able to see the the presentations as well as the recording.

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00:59:18.960 --> 00:59:31.399

Paul Charlton: and there will be further learning collaborative sessions that the National Academy of Medicine is organizing this year. So please



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do join those to highlight some of the excellent work that's going on in other regions. And again, thank you, everybody for joining today.