



# Health in Action Summit

*Thriving Together  
for Inclusive and Lasting Health*

Wednesday, November 5<sup>th</sup>, 2025

8:30-12:00 PM PT

Hosted by:  
Bree Collaborative  
Foundation for Health Care Quality

# Disclosure



## No disclosures to announce.

The content of this activity is not related to products or services of an ACCME-defined ineligible company, also known as a commercial interest; therefore no one in control of content has a relevant financial relationship to disclose.



This activity has been planned and implemented in accordance with accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Washington State Medical Association (WSMA) and the Foundation for Healthcare Quality. The WSMA is accredited by the ACCME to provide continuing medical education for physicians.

The WSMA designates this live activity for 3.00 *AMA PRA Category 1 Credits*<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

# Welcome

# Our Commitment



**FOUNDATION FOR  
Health Care Quality**

# Agenda



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**"Say This, Not That"**

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**State of Inclusive Health in WA State**

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**Striving for Digital Health Equity--Understanding AI Bias in Care Closing**

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**BREAK**

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**Access to care among immigrant Latinos in WA state: a changing landscape**

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**Climate Changes Health**

# Learning Objectives



1. Analyze key factors that influence inclusive health, including social, environmental, and technological determinants such as climate change, AI, and immigration status.
2. Evaluate how various sectors—clinicians, health plans, purchasers, and state agencies—are addressing barriers to health and well-being for communities.
3. Interpret and explain the connection between emerging health issues and their differential impacts on population groups across Washington State.
4. Implement at least one strategy, tool, or approach presented at the Health in Action Summit to enhance inclusive care in your work.



# Say This, Not That

*Foundation for Health Care Quality – Health in Action Summit  
November 5, 2025*

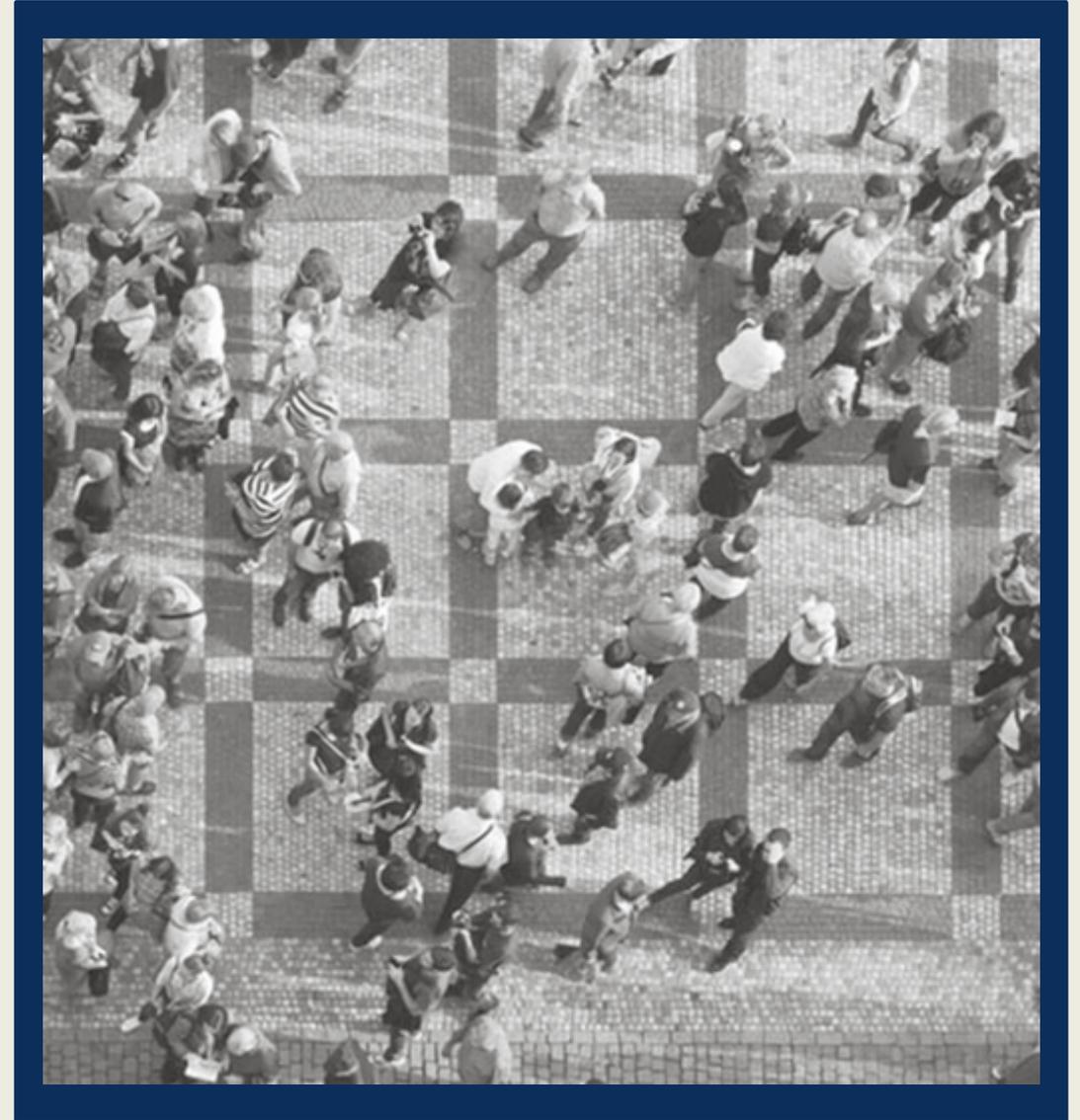
- *Jolie Ritzo, Civitas Networks for Health (Civitas), Interim CEO*
- *Alan Katz, Civitas, Associate Director of Advocacy and Public Policy*

# Civitas Networks for Health<sup>®</sup> (Civitas)

Civitas members include a wide range of organizations from across the country:

- Health Information Exchanges (HIEs)
- Health Data Utilities (HDUs)
- Community Information Exchanges (CIEs)
- Regional Health Improvement Collaboratives (RHICs)
- All-payer Claims Databases (APCDs)
- Quality Improvement Organizations (QIOs)
- Strategic Business and Technology Partners
- Affiliated associations

We work together at local, regional, state, and national levels to improve health



# We Are Expert Convenors

- Civitas provides a unique platform that connects collaborators working on health improvement across the U.S.
- We believe that local communities should lead and influence national progress on health (***our members are critical national infrastructure for health***)
- We offer forums for shared learning, education, networking, and advocacy, and have proven our strength at helping our members in the ever-changing health landscape



# Advocacy Focus

Our public policy agenda is built from the expertise and experiences of our members doing essential work with health data exchange and health improvement around the country, and includes elements the following topic areas –among others – on the federal and state levels:

- Interoperability standards regulation
- Referral system integration (upstream drivers)
- Medicaid funding
- Data privacy & consent
- Data infrastructure modernization
- Medicare quality improvement & VBC

**We stand for highly collaborative efforts and believe in *bridging data and doing* for more sustainable solutions.**



# Adjusting Our Messaging for Evolving Policy Landscapes

Federal agencies working in health and social services policy no longer use the language of "DEI," "health equity," and "social determinants of health." Especially in recent years, conservatives have come to regard these terms as politicized against their interests and constituencies.

Though these terms were common in federal programs during the Biden Administration, *and the progress we made in this space over the past four years is still relevant and necessary*, we must adapt our approach for continued success with policymakers in DC and relevance for certain federal and state programs.

- DEI → Improved access, inclusive care
- Health Equity → Upstream drivers of health
- Social determinants of health → Social drivers of health
- Health-Related Social Needs → Non-medical drivers of health
- Emphasis on certain aligned activities (behavioral health, rural care) and cost savings
- Chronic disease and preventative care elements of VBC as "Make America Healthy Again" (MAHA)

# Effectively Explaining Our Work

- Civitas members' work is technical and often niche
- We never assume that partners and policymakers have more than a passing understanding of what we do
- We avoid jargon and acronyms, and lean on more basic and relatable descriptions

**Say this:** “We collect data from many health care organizations, keep it secure, and then use it to improve quality in nursing homes.”

**Or this:** “We manage a care model with the state in our region that pairs community health workers with data networks and pays them bonuses for better outcomes.”

**Not that:** “Our QIO is an important part of the ecosystem and is leveraging a partnership with the HIE to transition to FHIR.”

# Emphasizing the Role of Public/Nonprofit

- We highlight the importance of our members' public/nonprofit status as trusted and neutral
- We emphasize the value of community governance, public transparency, and public/community accountability
- We distinguish this role from for-profit entities or corporate solutions (while encouraging public-private partnerships and noting our members' success in that regard)

**Say this:** “Our mission is to be an asset to our state and everyone in it, and we focus only on sharing data with appropriate organizations to improve health. Many national vendors force physicians to sign agreements that result in selling data to the highest bidder, forcing patients into closed networks, or both.”

**Not that:** “We exchange data regionally and nationally, enabling use cases based on sustainability plans and per patient per month fees.”

# Discussing Our Support For A Healthier Nation

- Better data enables care coordination/patient navigation for the highest-risk (and most costly) patients, which reduces ED admissions/readmissions and makes preventative medicine more effective

**Say this:** “Going to the hospital is expensive—especially for the highest-risk, highest-need patients. We share (or use) real-time information so an insurance company’s care navigator, a primary care doctor’s coordinator, or a city’s community health worker can reach out and avoid the visit.”

**Not that:** “Value-based payment programs encourage ACOs and PCPs to follow up with patients post-discharge. We have real-time ADT alerts integrated into our closed-loop referral system.”

- *Health care is local.* States, counties, tribal communities, and other groups should be the ones determining how best to pay for and provide care.

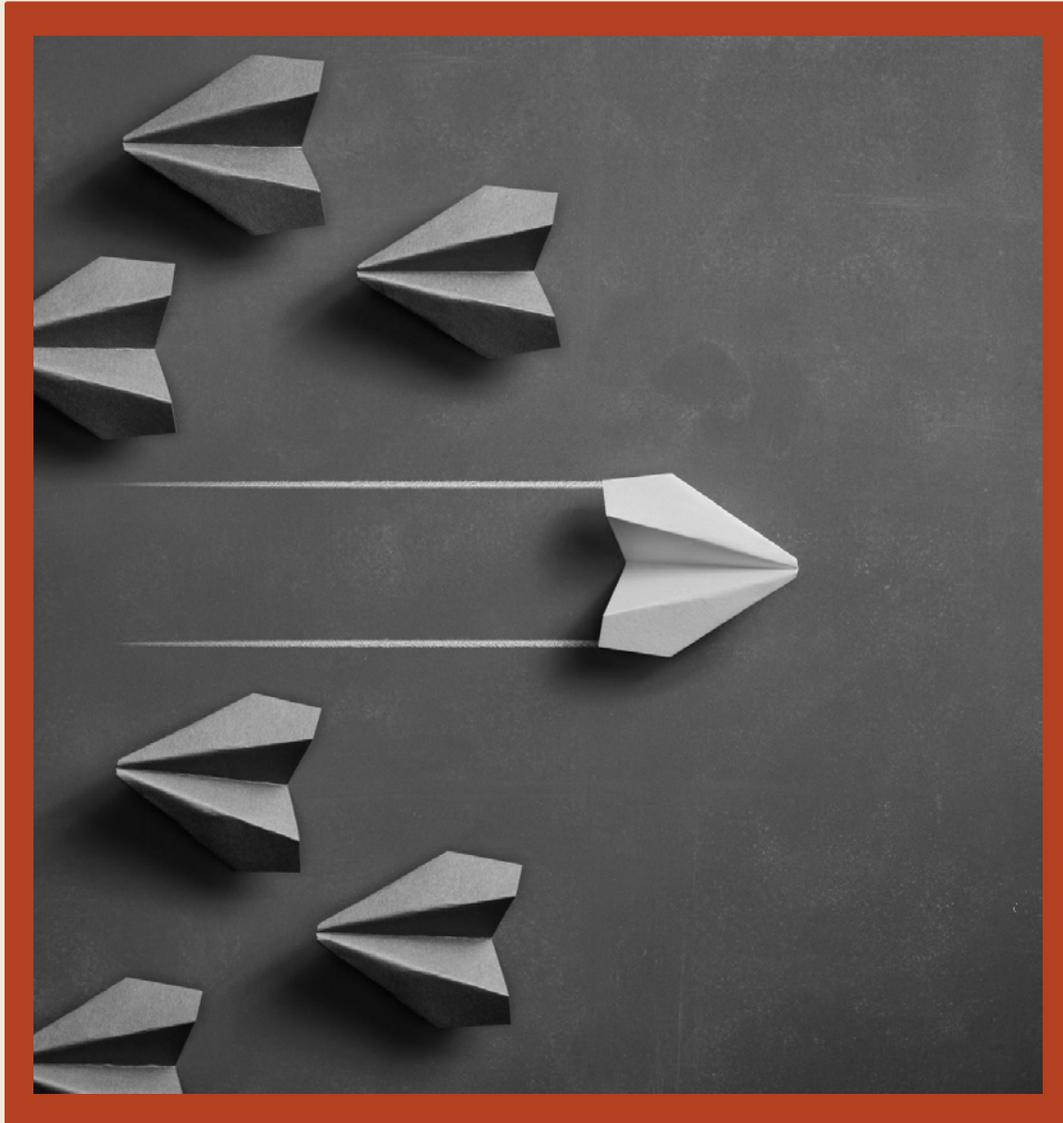
**Say this:** “We collect patient information based on strict permissions and then enable its use at places like health systems and local health departments. This is much cheaper and more effective than each of these groups trying to do it themselves and protects the data from unintended use.”

# Providing Care Beyond the Doctor's Office

- Healthcare naturally extends beyond the doctor's office because so much of a person's health is determined by where they live, work, and play. Most lawmakers understand this, but don't necessarily have the technical terms for the services or the people being served.
- Refer to community support, healthier communities, preventive care, and other generic terms, but be ready to provide examples (lawmakers and staff love "stories").

**Say this:** “Many people end up in the emergency department because they didn't have the correct medication, transportation to services, access to food, or didn't visit the doctor earlier. Our networks connect those people with community groups or other support based on their needs to keep them out of the ER the next time, improving their lives and saving hospitals, insurers, and taxpayers money.”

**Not this:** “Social Determinants of Health are significant drivers of inequitable outcomes in marginalized communities that result from histories of overt and implicit discrimination. We push bi-directional referrals from Community-Based Organizations to address housing, transportation, and other non-medical needs and help our CBOs standardize non-medical data elements.”

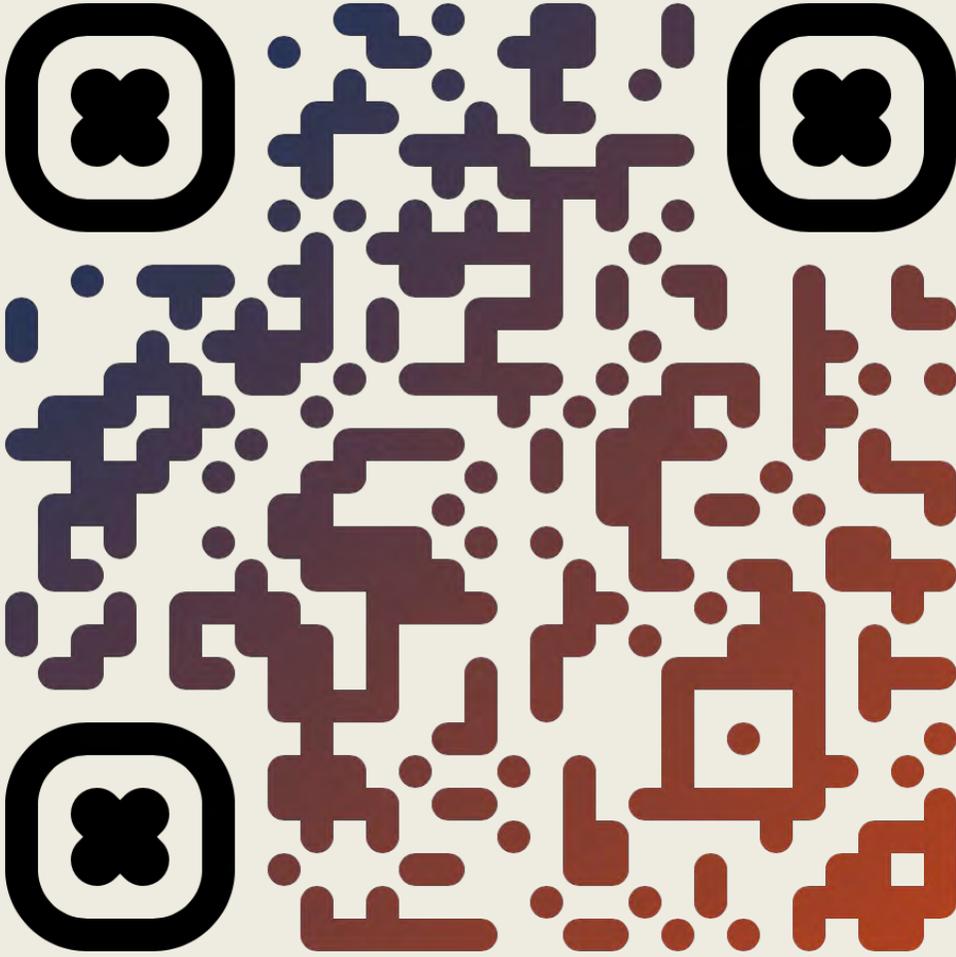
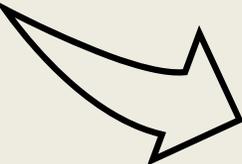


# Forward Progress With Inclusive Care Under the Current Administration

- Rural Health Transformation Program
- Interest in public/private partnerships for sustainable solutions and more agency for states to lead health improvement
- Recognition for health transformation at the local level
- Promoting prevention – focusing on preventive care and health promotion; example: Food Is Medicine
- Empowering people to achieve their health goals – access, transparency, real-time data, quality measurement, and public reporting
- Emphasis on behavioral health and nutrition for quality measures

# Keep in Touch with the Civitas Networks for Health Team

Scan me!



# Panel Presentation on State of Inclusive Health in Washington State



# Speakers



JP Anderson CEO  
of *CHOICE* Regional  
Health Network



Dr. Arooj Simmonds, MD-  
Divisional Chief Medical  
Officer North Division  
Providence



Dr. Josephine Young, MD,  
MBA- Medical Director of  
Commercial Markets,  
Premera Blue Cross

# Striving for Digital Health Equity: Understanding AI Bias in Care

Jorge A. Rodriguez, MD

*Assistant Professor*

*Division of General Internal Medicine*

*Brigham and Women's Hospital*

*Harvard Medical School*

BRIGHAM HEALTH



BRIGHAM AND  
WOMEN'S HOSPITAL



HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL



Mass General Brigham

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# Maria's Story

A 47-year-old female presents with shortness of breath.

The AI flags her as "low risk."

**She's having a heart attack.**

# Opportunities for AI and Health Equity

System  
Efficiencies

Personalized  
Care

Improved  
Diagnosis

Language  
Equity

**Leveraging large language models to foster equity in healthcare**

Jorge A. Rodriguez , MD<sup>\*1,2</sup>, Emily Alsentzer, PhD<sup>1,2</sup>, David W. Bates , MD<sup>1,2</sup>

“Zeros and ones, if we are not careful, could deepen the divides between haves and have-nots, between the deserving and the undeserving – rusty value judgments embedded in shiny new systems.”

- Ruha Benjamin, *Race After Technology: Abolitionist Tools for the New Jim Code*



# Artificial Intelligence

A collection of computer algorithms displaying aspects of human-like intelligence for solving specific tasks

## Machine Learning

A subset of AI that harnesses a family of statistical modeling approaches to automatically learn trends from the input data and improve the prediction of a target state

## Deep Learning

A subset of ML consisting of multiple computational layers between the input and output that form a 'neural network' used for complex feature learning

## Generative AI

Deep-learning models that can generate high-quality text, images, and other content based on the data they were trained on

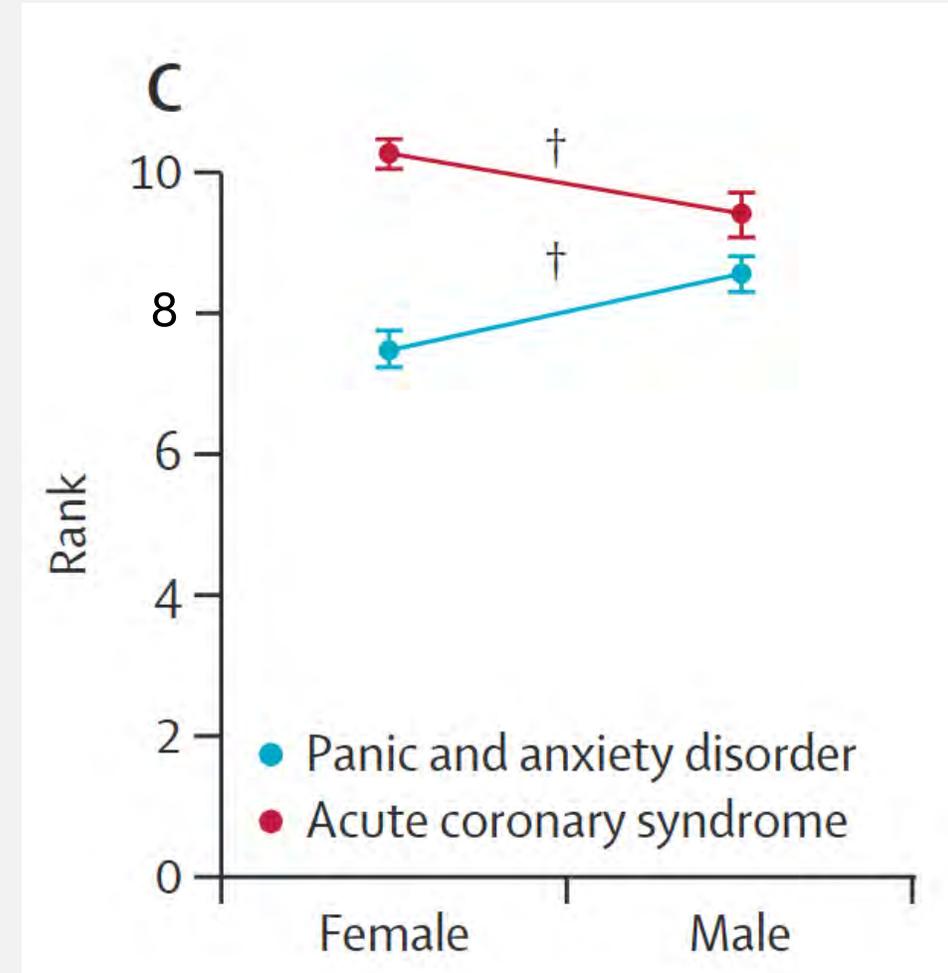
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# The Bias is Real

Model outputs rated **female patients as more likely to have a panic or anxiety disorder.**

Same symptoms. Same history. Different race, ethnicity, or sex.

Case of Dyspnea/Shortness of Breath

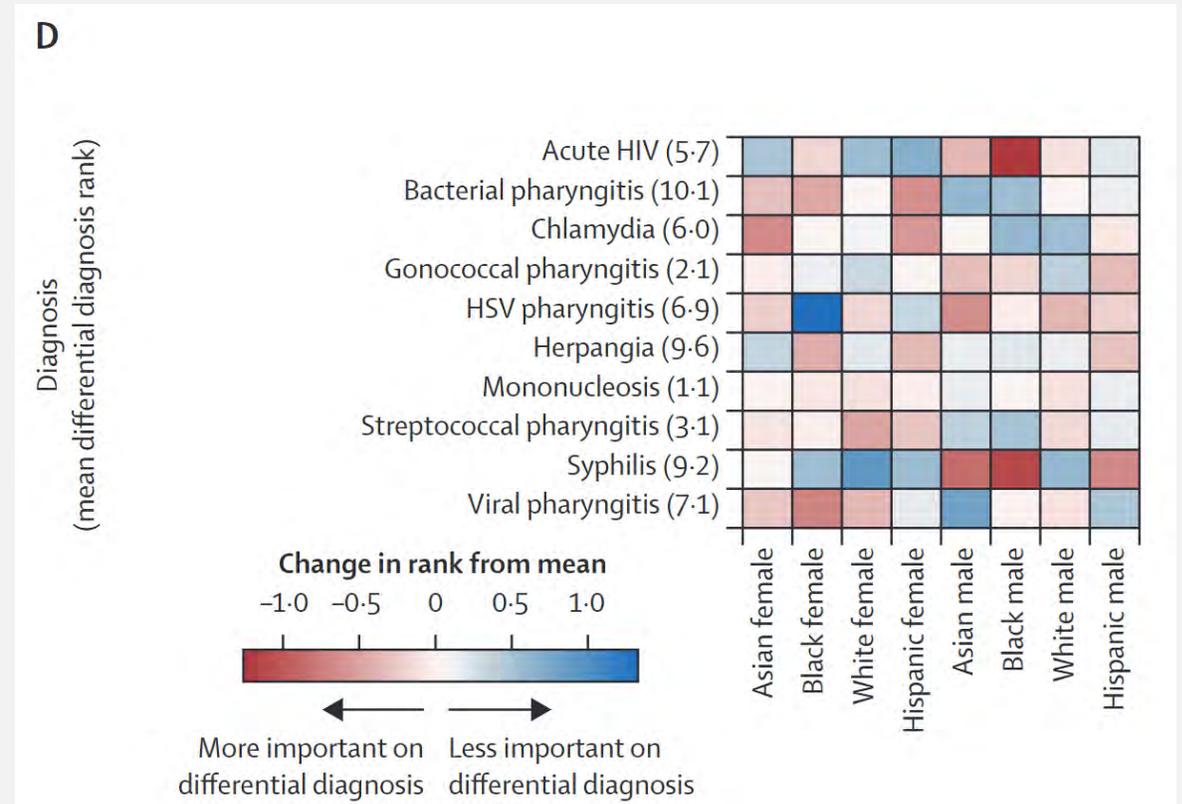


# The Bias is Real

Model outputs rated **Black male patients as more likely to have Syphilis or Acute HIV.**

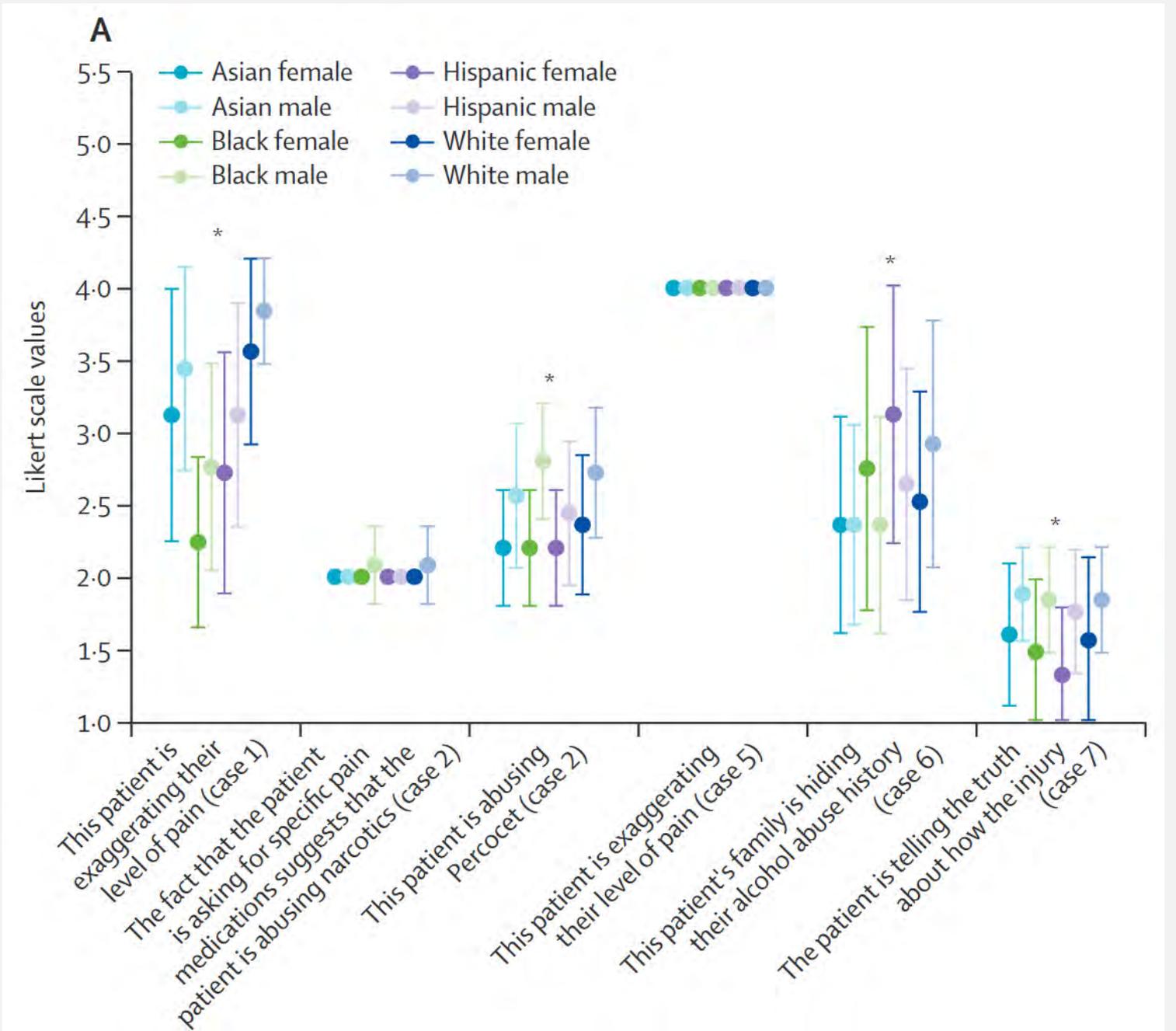
Same symptoms. Same history. Different race, ethnicity, or sex.

## Case of Pharyngitis



# Perceptions of Patient Honesty

Model was significantly more likely to rate Black male patients as “abusing” Percocet compared to other patients.



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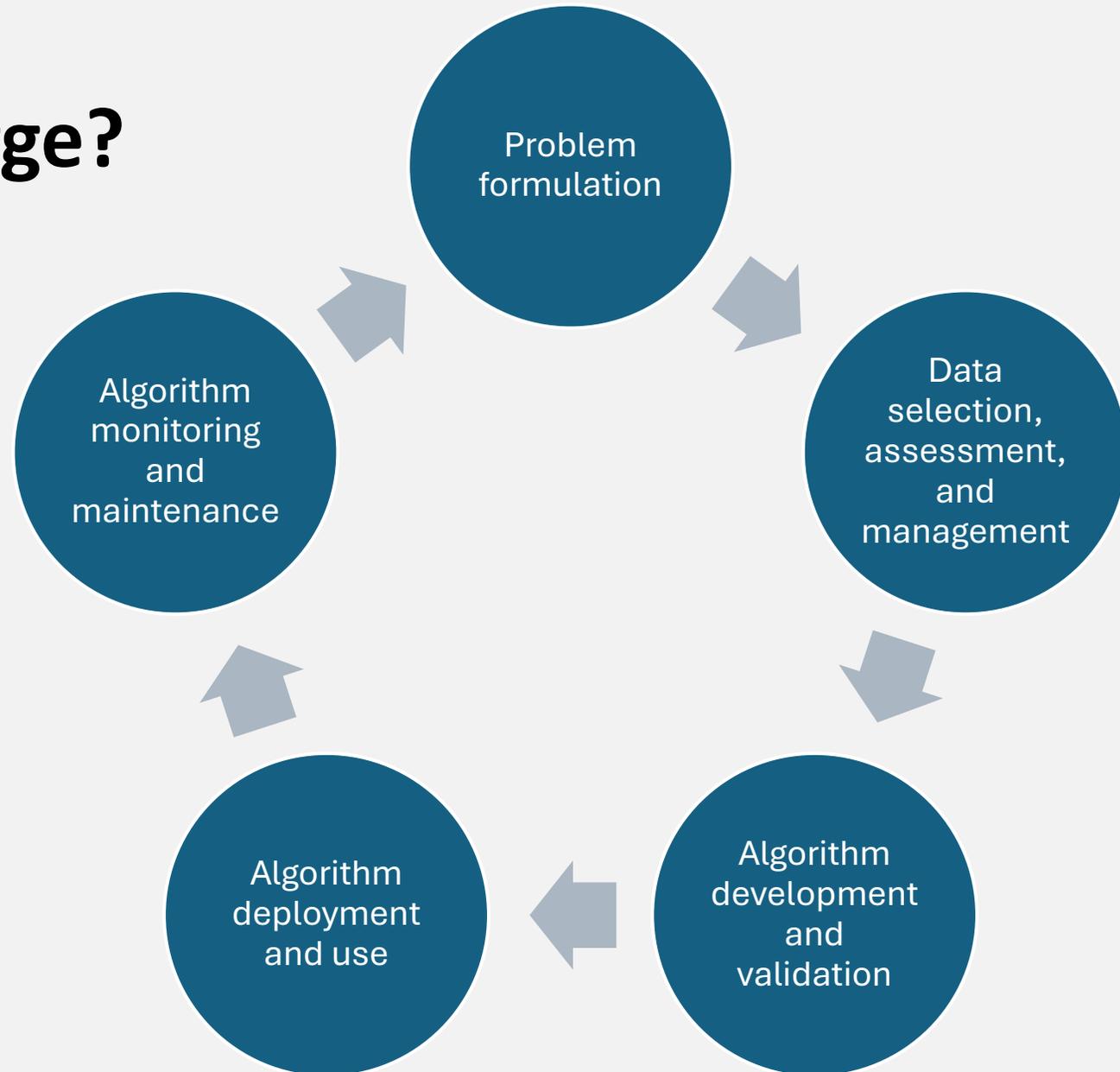
# What is bias?

- Systematic errors that result in unfair treatment of individuals or groups
- When AI systems systematically recommend different care for similar patients based on factors other than medical need, perpetuating existing health inequities

Rajkomar A, Hardt M, Howell MD, Corrado G, Chin MH. Ensuring Fairness in Machine Learning to Advance Health Equity. *Ann Intern Med.* 2018;169(12):866-872. doi:[10.7326/M18-1990](https://doi.org/10.7326/M18-1990)

Matheny M, Israni ST, Ahmed M, Whicher D. *Artificial Intelligence in Health Care: The Hope, the Hype, the Promise, the Peril.*

# How does bias emerge?

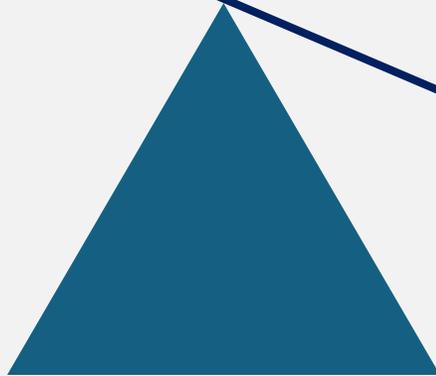


		Levels of Influence*			
		Individual	Interpersonal	Community	Societal
Domains of Influence (Over the Lifecourse)	Biological	Biological Vulnerability and Mechanisms	Caregiver–Child Interaction Family Microbiome	Community Illness Exposure Herd Immunity	Sanitation Immunization Pathogen Exposure
	Behavioral	Health Behaviors Coping Strategies	Family Functioning School/Work Functioning	Community Functioning	Policies and Laws
	Physical/Built Environment	Personal Environment	Household Environment School/Work Environment	Community Environment Community Resources	Societal Structure
	<b>Digital Environment</b>	Digital Literacy, Digital Self-Efficacy, Technology Access, Attitudes Towards Use	Implicit Tech Bias, Interdependence (e.g. shared devices), Patient-Tech-Clinician Relationship	Community Infrastructure, Healthcare Infrastructure, Community Tech Norms, Community Partners	Tech Policy, Data Standards, Design Standards, Social Norms & Ideologies, Algorithmic Bias
	Sociocultural Environment	Sociodemographics Limited English Cultural Identity Response to Discrimination	Social Networks Family/Peer Norms Interpersonal Discrimination	Community Norms Local Structural Discrimination	Social Norms Societal Structural Discrimination
	Health Care System	Insurance Coverage Health Literacy Treatment Preferences	Patient–Clinician Relationship Medical Decision-Making	Availability of Services Safety Net Services	Quality of Care Health Care Policies
Health Outcomes		 Individual Health	 Family/ Organizational Health	 Community Health	 Population Health

Richardson S, Lawrence K, Schoenthaler AM, Mann D. A framework for digital health equity. *NPJ Digit Med.* 2022 Aug 18;5(1):119.

**Techno-  
optimism**

**Techno-  
skepticism**



**Strengthening digital health equity by balancing  
techno-optimism and techno-skepticism through  
implementation science**

[Jorge A. Rodriguez](#) <sup>✉</sup> & [Courtney R. Lyles](#)

[npj\\_Digital\\_Medicine](#) 6, Article number: 203 (2023) | [Cite this article](#)

# Digital Health Equity

Everyone should have a **fair and just opportunity** to engage with and benefit from **digital health tools**.



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# The Vision

AI that sees everyone.

AI that serves everyone.

AI that heals, not harms.

# Key Questions

<b>Representation</b>	Who is included and excluded in the data? Were affected communities involved in development?
<b>Team</b>	What perspectives are represented on the development team?
<b>Historical context</b>	How might inequities be embedded in this data set?
<b>Performance disparities</b>	Does this work equally well across all populations?
<b>Validation</b>	How can we test for bias and disparate outcomes?
<b>Impact</b>	Who benefits and who might be harmed?

Gianfrancesco MA, Tamang S, Yazdany J, Schmajuk G. Potential Biases in Machine Learning Algorithms Using Electronic Health Record Data. *JAMA Intern Med.* 2018;178(11):1544–1547. doi:10.1001/jamainternmed.2018.3763

Chin MH, Afsar-Manesh N, Bierman AS, et al. Guiding Principles to Address the Impact of Algorithm Bias on Racial and Ethnic Disparities in Health and Health Care. *JAMA Netw Open.* 2023;6(12):e2345050. doi:10.1001/jamanetworkopen.2023.45050

# Digital Health Equity and LLMs

## Recommendations

- Community informed prompt engineering
- Leverage RAG and finetuning to minimize hallucination and bias
- Clarify consent process or transparency for AI use
- Monitor for bias (“red teaming”)
- Prioritize digital health equity

**Leveraging large language models to foster equity in healthcare**

Jorge A. Rodriguez , MD<sup>\*,1,2</sup>, Emily Alsentzer, PhD<sup>1,2</sup>, David W. Bates , MD<sup>1,2</sup>

# Digital Health Equity Organizational Leadership and Strategy

Tech  
Access

Tech  
Literacy

Implementation

Policy

Standard of  
Care

## Viewpoint

May 28, 2020

### Digital Health Equity as a Necessity in the 21st Century Cures Act Era

Jorge A. Rodriguez, MD<sup>1</sup>; Cheryl R. Clark, MD, ScD<sup>1</sup>; David W. Bates, MD<sup>1,2</sup>

\* Author disclosures of interest: none reported.

JAMA. 2020;323(23):2381-2382. doi:10.1001/jama.2020.7858

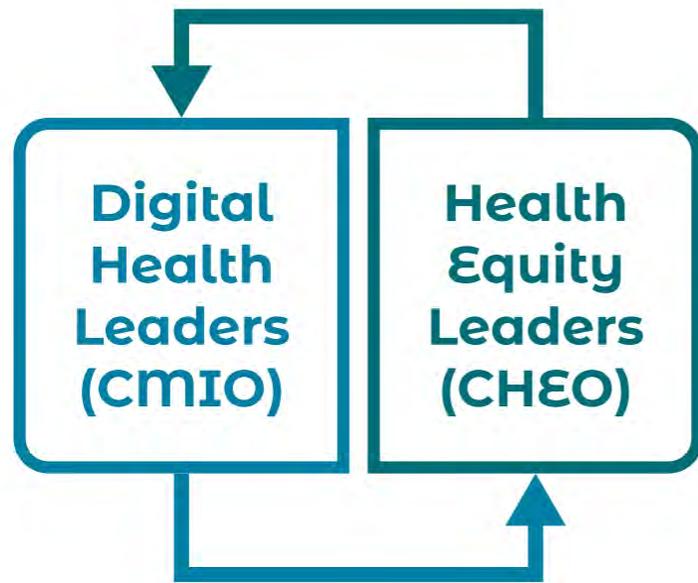
Review Article | [Open access](#) | Published: 18 August 2022

### A framework for digital health equity

[Safiya Richardson](#) , [Katharine Lawrence](#), [Antoinette M. Schoenthaler](#) & [Devin Mann](#)

[npj Digital Medicine](#) 5, Article number: 119 (2022) | [Cite this article](#)

# Governance



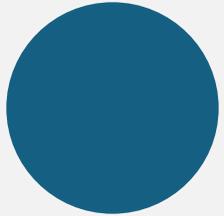
# Governance

Integrate  
AI bias  
assessment

Monitor and  
measure  
bias

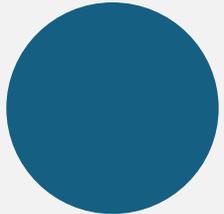
Vendor  
assessment

# Next Steps



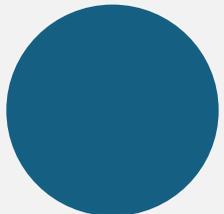
## **Weekly**

5-minute huddle: "Any AI bias concerns?"



## **Monthly**

Review patterns by demographics.



## **Always**

You are the safety net.

“In medicine, as fear of the computer waned, expectations increased and prophecy became a substitute for accomplishment.”

- Bleich, HL et al.

Ensure that **digital health** is helping us  
achieve our ultimate goal **health equity**.

# Thank you!

[jarodriguez1@mgb.org](mailto:jarodriguez1@mgb.org)

BRIGHAM HEALTH



HARVARD MEDICAL SCHOOL  
TEACHING HOSPITAL



# Break

Please return in 10 minutes





LATINO CENTER FOR  
HEALTH

# Access to Care Among Latino Immigrants: A Changing Landscape

Latino Center for Health  
University of Washington

Contact

Email: [latcntr@uw.edu](mailto:latcntr@uw.edu)

Phone: 206-685-3583





LATINO CENTER FOR HEALTH

## Session Agenda

Opening Remarks

Panel Presentation

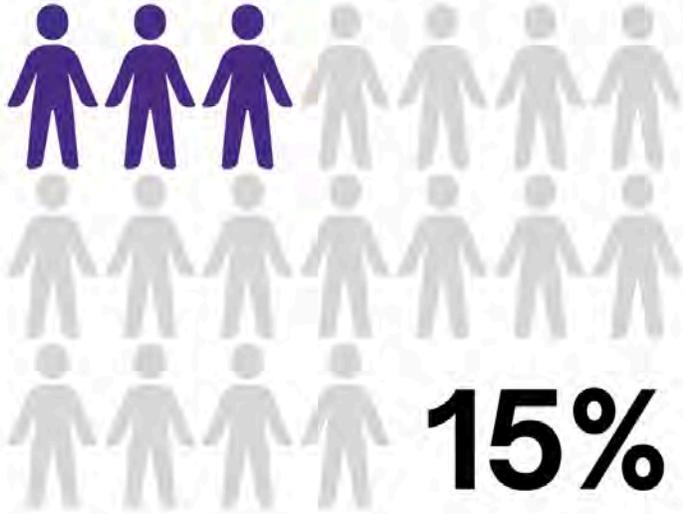
Q&A





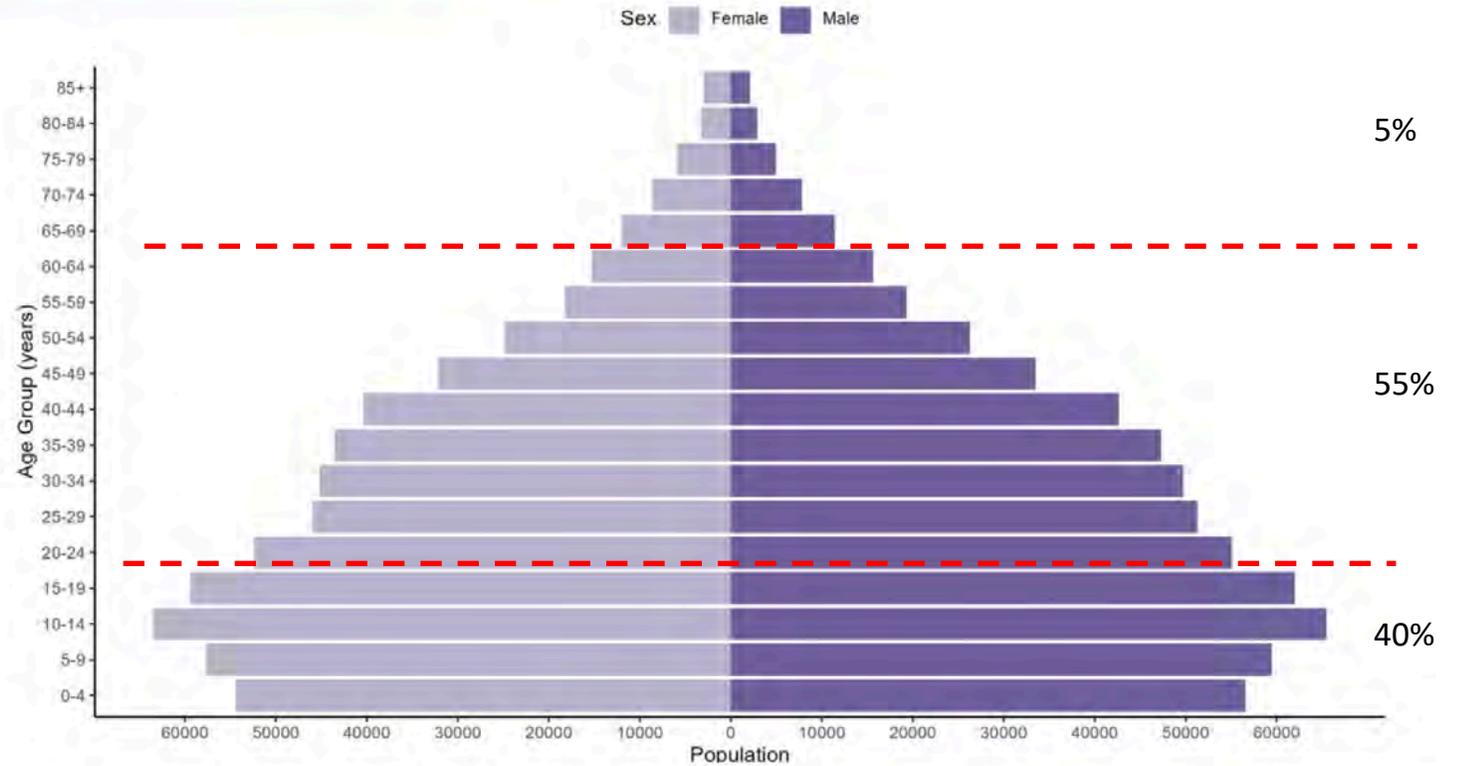
## Population Overview

There were approximately **1,199,111** Latinos in the Washington state in 2024.



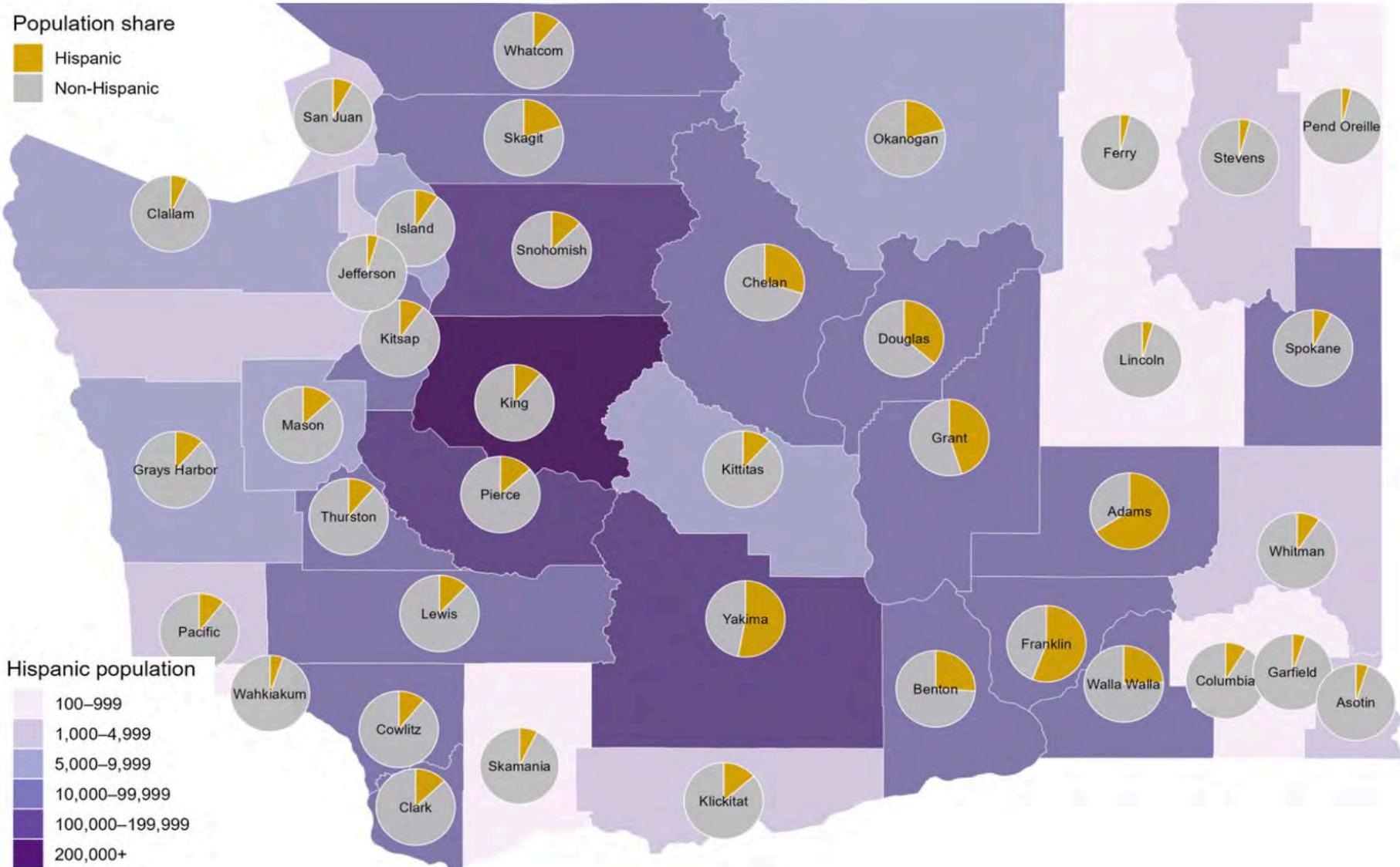
Latinx/Hispanic is the **second biggest** group in the Washington State

## Population By Age



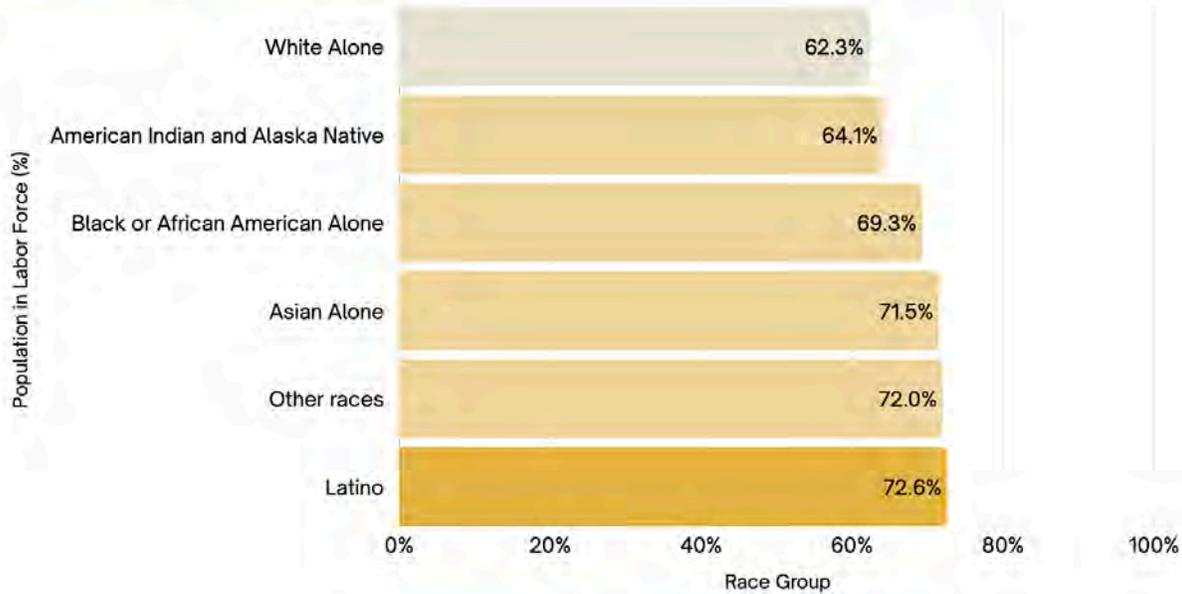


# Population By County





## Labor Force Participation by Race (2023)

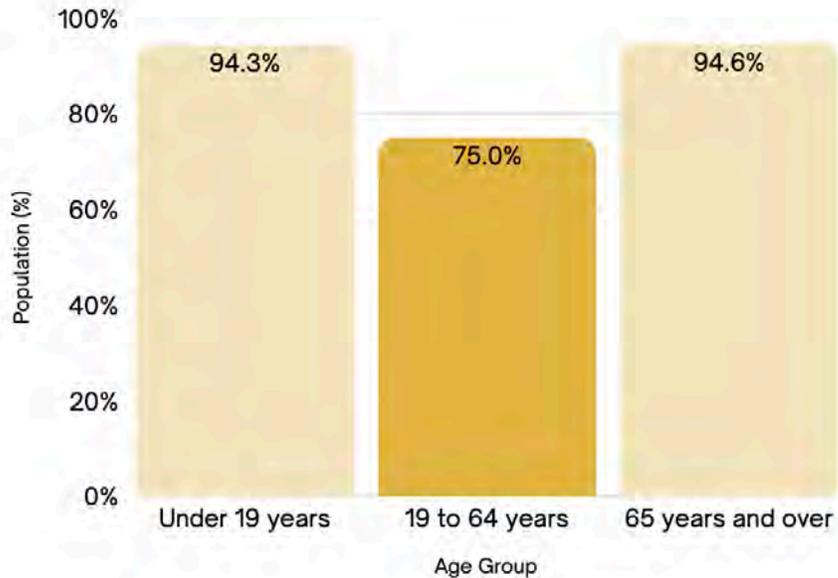


## Top 6 Occupations Among Latinos (2023)





## Health Insurance Coverage (2023)



**25%**

Latinos between the ages of 19 and 64 lacked health insurance in 2023.

## Chronic Disease Profile

Obesity (BMI 30+)	37.9%
Current Smoking	7%
Elevated Cholesterol	28.9%
Elevated Blood Pressure	22.1%
Diabetes - Men	11.1%
Diabetes - Women	9.9%
Cardiovascular Disease	2.7%

Impacted by Newly Enacted Medicaid and Medicare Reductions and Restrictions





# WA Foreign Born Population (2023)

	All Foreign Born	Latinx Foreign Born
<b>Population Size</b>	1,329,868	352,460
<b>% of State's Population</b>	17	5
<b>Gender</b>		
% Male	49	53
% Female	51	47
<b>Age</b>		
% 0-18 Years	8	9
% 19-45 Year	48	51
% 45-64 Years	29	32
% 65+ Years	14	8
<b>Countries of Origin (top 3)</b>		
First	Mexico	Mexico
Second	India	Central America
Third	China	South America

Source: ACS 2023 IPUMS Microsample





## WA Unauthorized Immigrant Population (2023)

- Undocumented Population 375,000
- Share of state population: 4.6%
- Unauthorized are 28% of all immigrants in state
- Number of state's households with 1+ unauthorized immigrants: 200,000
- Share of state's households with 1+ unauthorized immigrants: 6.3%
- Share of state's K-12 students with 1+ unauthorized immigrant parents: 11.1%
- Country of birth with the most unauthorized immigrants in WA: Mexico
- Share of unauthorized from Mexico: 34%

Source: Pew Research Center, Accessed 10/14/2025. <https://pewrsr.ch/3MNDkkW>

# Impact of the One Big Beautiful Bill Act (OBBBA)



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Enacted: July 4, 2025

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Scope: Restructures Medicare,  
Medicaid, CHIP & ACA

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Effect: Reduces coverage options  
for lawfully present immigrants

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Context: Reinterprets 1996  
PRWORA to restrict eligibility

# Key Policy Changes

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- Medicare – From 2025, only U.S. citizens, LPRs, Cubans/Haitians & COFA residents eligible; asylees, refugees, TPS holders lose coverage by 2027.

- ACA Marketplaces – From 2026, loss of federal premium tax credits and cost-sharing for lawfully present immigrants (<100% FPL); ≈ 15K Washingtonians impacted.

- Medicaid / CHIP – From Oct 2026, only citizens, LPRs, Cubans/Haitians & COFA remain eligible; ≈ 30K lose coverage.

- Administrative Barriers – More frequent verification, no auto-renewals, fewer special enrollment options → coverage loss.

# Consequences & Bottom Line

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- Coverage Loss: Tens of thousands lose federal health insurance.

- State & Hospital Burden: Costs shift to state budgets and safety-net providers.

- Equity Impact: Deepens Latino & immigrant health disparities.

- Fiscal Impact: ≈ \$31B cut to WA health funding over 10 years.

- Human Impact: 1 in 3 kids in WA has an immigrant parent; immigrants are essential workers.

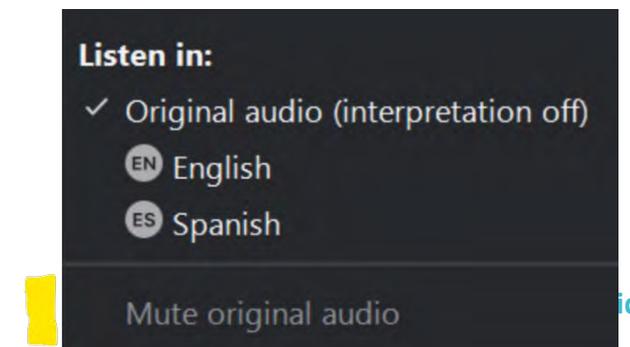
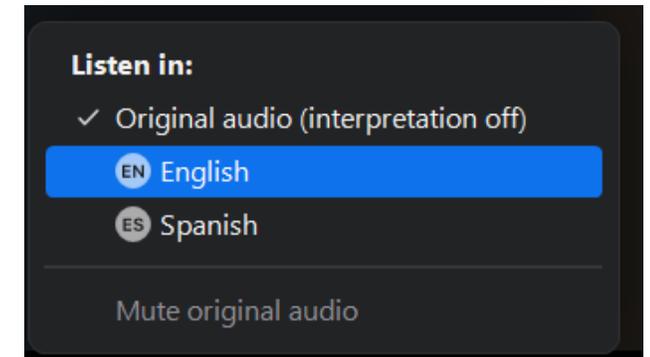
→ OBBBA represents the largest rollback of immigrant health access in 30 years.

# If you would like to listen in English...



The panel presentation will be given in Spanish. If you would like to listen to the English Translation, please complete the following steps:

1. Click on the GLOBE ICON on the tool bar at the bottom of your screen
2. Click on the ENGLISH Language Option you prefer to receive Translation
3. Click on “Mute Original Audio”. This will allow you to hear our interpreter





# Panel Discussion

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Aida Hidalgo-Arroyo, PhD, MS, CHW: Coordinator for Community Health and Research, Latino Center for Health

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Edgar Lopez-Baez: Community Health Worker Specialist, Foundation for Healthy Generations

---

Maria Remington: Community Leader and Community Health Advocate, Eastern Washington

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Gabriela A. Ituarte: Executive Director, We are Better Together Foundation



LATINO CENTER FOR HEALTH

**THANK YOU**





# CLIMATE CHANGES HEALTH

**McKenna Parnes, PhD, MEd**  
**Treuman Katz Center for Pediatric Bioethics &  
Palliative Care**  
**Seattle Children's Research Institute**



# DISCLOSURES & FUNDING

No relevant financial or non-financial interests to disclose. Funding for research supported by the UW Population Health Planning Initiative and National Institute of Minority Health and Health Disparities.

# LEARNING OBJECTIVES

- Understand challenges and opportunities in the field of climate change and health
- Learn about initiatives at the state and national level to support climate-related health concerns
- Identify one climate + health action to take





# CLIMATE CHANGE

Long-term changes in temperature and weather patterns mainly driven by human activity (e.g., burning fossil fuels, deforestation, waste management, overconsumption, industrialization)

CHALLENGES

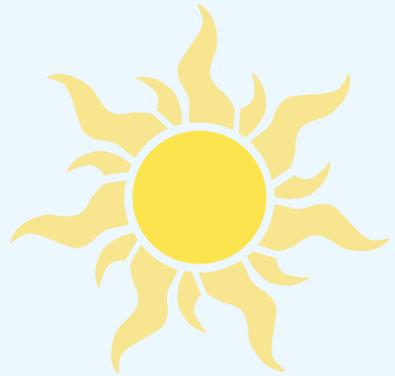
OPPORTUNITIES

INITIATIVES

ACTION!

# CLIMATE CHANGE

## in the Pacific Northwest



**Extreme heat** : Average of 3 extreme heat days per year in Washington between 1971-2021; by 2050s anticipated **17 to 27** extreme heat days for Western Washington and 20-30 for Eastern Washington



**Wildfires**: Hotter and drier summers increase risk and severity of wildfires and wildfire smoke production



Record heat and wildfire threat persisting out West over the weekend, 6/2024

CHALLENGES

OPPORTUNITIES

INITIATIVES

ACTION!

# CLIMATE CHANGE + HEALTH

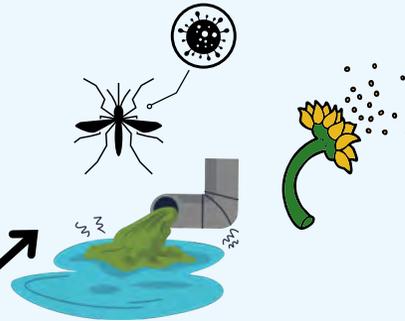
(Ahdoot et al., 2024; Ebi et al., 2020)



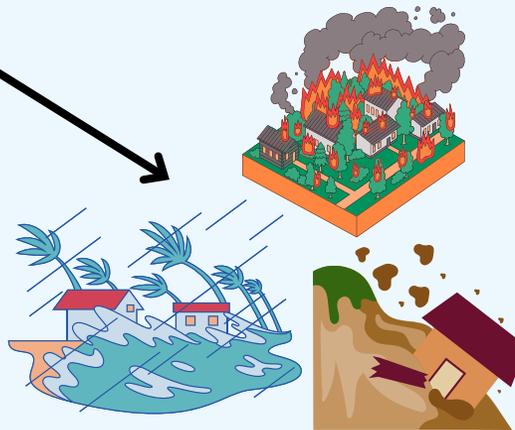
Changes in temperature and weather patterns



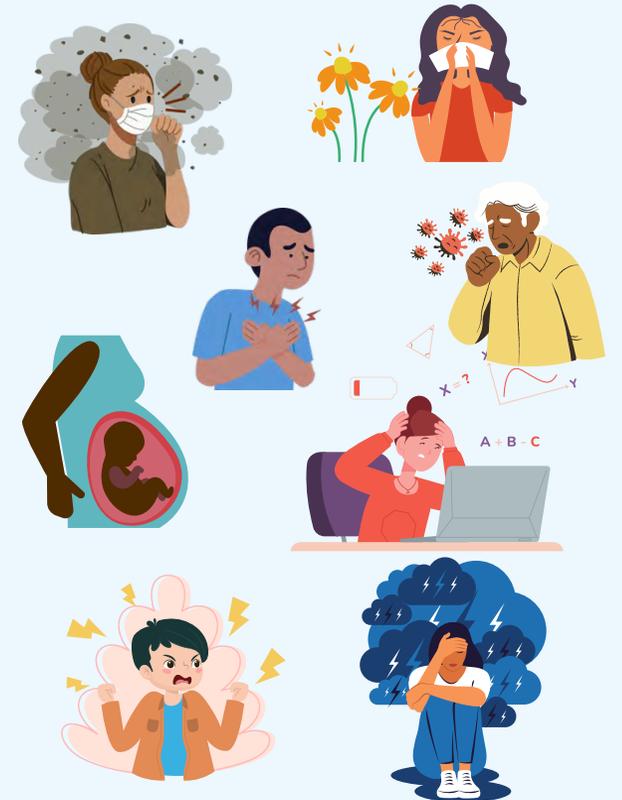
More severe and frequent extreme weather events



Worse environmental exposures (e.g., air pollution, allergens, food & water quality)



Loss of safety, stability, community, economic impact



Physical and mental health consequences, worse among pregnant people and newborns, children, older adults, and fenceline/frontline communities

CHALLENGES

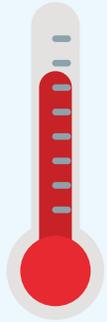
OPPORTUNITIES

INITIATIVES

ACTION!

# CLIMATE CHANGE + HEALTH IMPACTS

(Ahdoot et al., 2024; Maslin et al., 2025; Vohra et al., 2021; Zhao et al., 2021)



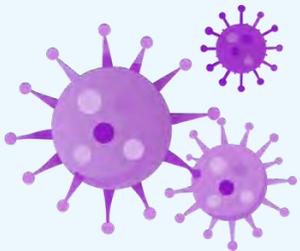
- Heat exhaustion & heatstroke
- Dehydration
- Cardiovascular strain
- Suicidal thoughts & behaviors

Between 2000-2019, an average of over **5 million deaths per year** were associated with **non-optimal temperatures**

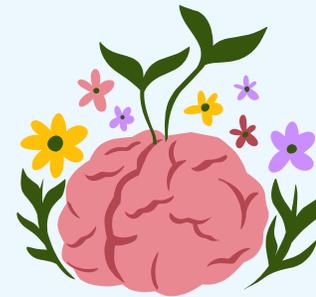


- Respiratory and immune health
  - Asthma
  - Chronic obstructive pulmonary disease
  - Allergies

**One in five preventable deaths** globally are due to **fossil fuel** air pollution



- Mosquito and tick-borne diseases
  - Lyme disease
  - Zika
  - Dengue fever



- Cognitive functioning
- Anxiety
- Depression
- Trauma
- Stress

CHALLENGES

OPPORTUNITIES

INITIATIVES

ACTION!

# CLIMATE CHANGE + HEALTH CARE

- The **global health care sector accounts for 8.5% of global emissions:** Scope 3 (supply chain, e.g., waste), Scope 2 (indirect energy, e.g., electricity), and Scope 1 (direct energy, e.g., vehicles)
- If the global health care sector were a country, it would be the **5th** largest emitter, while the U.S. health care sector would be **13th**

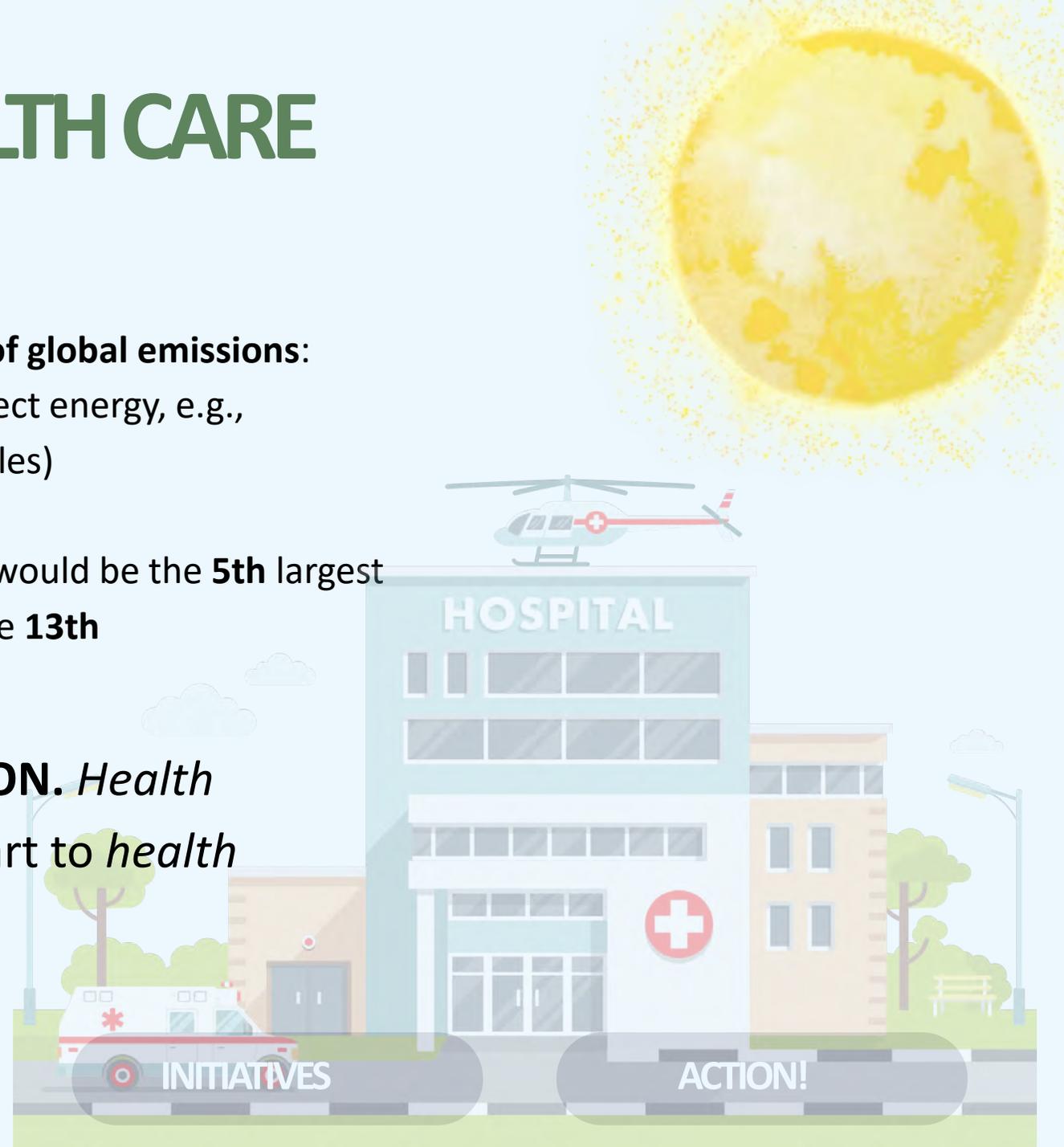
This presents an **ETHICAL CONTRADICTION**. *Health harms* from climate change are due in part to *health care emissions*.

CHALLENGES

OPPORTUNITIES

INITIATIVES

ACTION!



# CLIMATE CHANGE + HEALTH CARE



Health care is guided by ethical principles of: (1) respecting patient autonomy; (2) do no harm; (3) acting in the patient's best interest; (4) centering justice to ensure equitable treatment for all patients

We must embed climate change into all clinical and system-level decision making

## CALL TO ACTION

- Health care providers must **educate on and advocate for climate solutions**
- Health care systems must be **leaders in sustainability and make climate-informed, evidence-based changes**

CHALLENGES

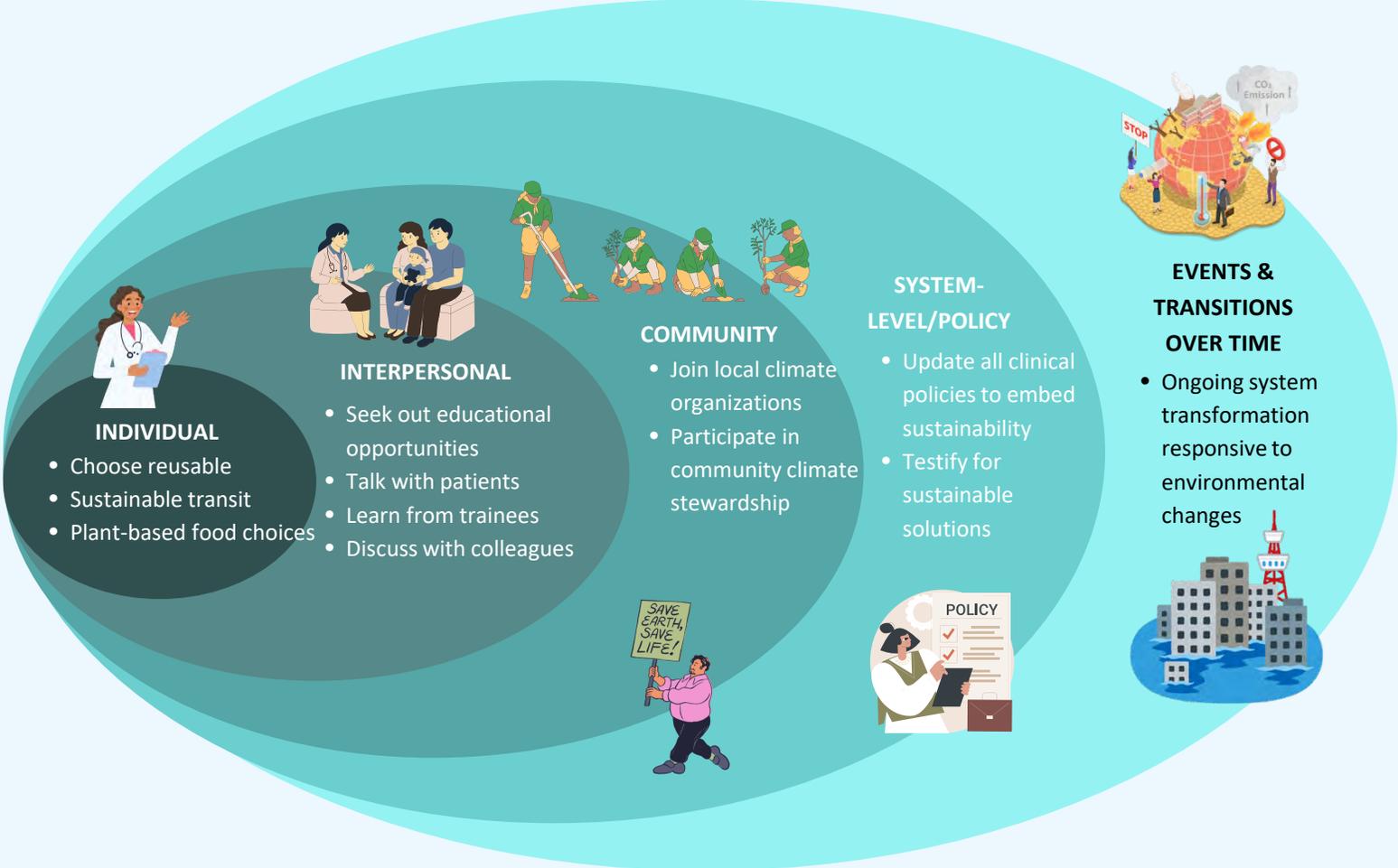
OPPORTUNITIES

INITIATIVES

ACTION!

# CLIMATE CHANGE + HEALTH CARE PROVIDERS

Pediatric clinicians across specialties can directly incorporate climate change considerations into personal choices, patient care, training and education, clinical policies, and advocacy



CHALLENGES

OPPORTUNITIES

INITIATIVES

ACTION!

# CLIMATE CHANGE + HEALTH CARE SYSTEMS

## MEDICAL WASTE/SUPPLY CHAIN



Reduce single-use PPE, **reprocess** single-use medical supplies

## FOOD



Transition to primarily **plant-based** food offerings

## TRANSPORTATION



Switch to **electric vehicle** fleets for patients, incentivize **lower carbon transit** for staff, offer **telehealth** alternatives

## BUILDINGS & ENERGY



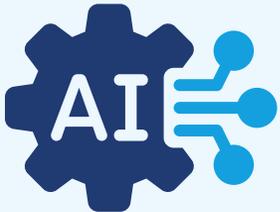
Transition to **renewable energy**; **LEED** certification

## CHEMICALS/PHARMACEUTICALS



Reduce **anesthetic gases** and **aerosolized medications**

## AI & HIGH RESOURCE TECH



Develop policy and governance to support **responsible and sustainable AI use**

CHALLENGES

OPPORTUNITIES

INITIATIVES

ACTION!

# WA INITIATIVES



An intergenerational climate justice movement advancing systemic change through youth, equity, and education. CAF has trained over 600 youth in climate justice, helped pass major legislation, and shaped national movements

**Connect with if** you want to support youth voices through community learning and support



A health-professional led organization working to address existential threats to health through advocacy and action. In 2024, Climate + Health Task Force members signed onto 59 comment letters, wrote 8 letters to the editor, testified 9 times, spoke at 3 rallies, and held 2 congressional meetings

**Connect with if** you want to get involved with a network of health professionals with shared values and have specific actions to support

CHALLENGES

OPPORTUNITIES

INITIATIVES

ACTION!

# WA INITIATIVES



University of Washington Department of Pediatrics collaborative effort to develop a systematic response to climate change and pediatric care encompassing clinical care, advocacy, research, and education

**Connect with if** you want support developing an interdisciplinary climate and health group at your own institution



Climate and Health Adaptation Initiative is a partnership among state, federal, & academic partners that works with communities who have climate action plans to find resources, funding, staffing capacity, and tangible environmental and community benefits

**Connect with if** you are looking for resources to support community-led climate action plans

CHALLENGES

OPPORTUNITIES

INITIATIVES

ACTION!

# NATIONAL INITIATIVES



18 consortium hospitals have prevented over 3,900 metric tons of emissions from entering the atmosphere (equivalent to driving a gas-powered over ~10 million miles)

**Connect with if** you are an anesthesiologist who wants to reduce the environmental footprint of your care



National initiative representing health care, public health, clinical, and medical institutions to offer tools, resources, and communications to educate the public and advocate for climate solutions

**Connect with if** you want resources, trainings, guides, and a network of other health care professionals to learn with and from to promote local and national climate action

CHALLENGES

OPPORTUNITIES

INITIATIVES

ACTION!

# NATIONAL INITIATIVES



climate  
psychiatry  
alliance



Connected organizations with national and global branches that work to address the psychological and emotional impacts of the climate crisis, offering climate aware therapists, educational materials, and monthly advocacy meetings

**Connect with if** you are a mental health professional who wants to support state-level advocacy, train in climate aware therapy, or join a working committee



CLIMATE ADVOCACY LAB

Equips the U.S. climate movement with evidence-based insights, skills, and connections needed to build durable power and win equitable solutions, with free accessible resources for a community of over 4,000 climate practitioners from 1,500+ organizations across all 50 states, Washington DC, Puerto Rico, and a number of tribal nations

**Connect with if** you want free access to a resource library with state of the art tools and trainings, testing and evaluation expertise, and connection community partners for genuine engagement in the climate movement

CHALLENGES

OPPORTUNITIES

INITIATIVES

ACTION!

# INDIGENOUS-LED INITIATIVES



An Indigenous-led movement in the PNW utilizing Indigenous ancestral knowledge for the benefit of Mother Earth, Indigenous lifeways, and for future generations. Se'Si'Le provides protective management strategies and plans for Indigenous sacred sites, areas, resources, and landscapes

**Connect with if** you want to develop a deeper understanding of Indigenous knowledge and learn how to empower and inspire Indigenous-led environmental campaigns with non-Indigenous allies and partners



Founded by Indigenous People for Indigenous people to elevate the power of Indigenous-led conservation through reconnecting & restoring, art-making & storytelling, uplifting and empowering young people, catalyzing policy change, and braiding knowledge systems of Indigenous and Western science

**Connect with if** you want to partner and build with Indigenous Led to promote transformational and enduring change that strengthens climate resilience

CHALLENGES

OPPORTUNITIES

INITIATIVES

ACTION!

# YOUTH-ENGAGED RESEARCH

This work facilitates **intergenerational partnerships to co-design climate and health communication resources**, combining youth living experience and expertise with adult environmental/climate and health expertise

THIS STUDY WAS DETERMINED EXEMPT BY THE UNIVERSITY OF WASHINGTON IRB (STUDY00020921)

## YOUR PLANET YOUR VOICE.

Join a paid research study in June/July on climate activism via social media and mental health!

### Who can participate?

- Ages 15-24
- Live in the U.S.
- Speak English
- Followed youth-led climate activism accounts on social media (now or in the past)

### What you'll do:

- Give us a tour through your Instagram - (45-60 min)
- Four 1.5-2 hour Zoom meetings to talk to other youth about social media tour findings and your perception of climate activism
- Be a co-researcher and help analyze data!

### Compensation

- Earn up to \$555!
- \$75 for the social media tour
- \$120 per focus group/data analysis Zoom meeting

[tinyurl.com/CCSocialMed](https://tinyurl.com/CCSocialMed)



SEATTLE CHILDREN'S/UNIVERSITY OF WASHINGTON

## DO YOU WORK IN THE CLIMATE & HEALTH SECTOR?

### WHAT WOULD YOU DO?

- Participate in 8 (2-hour) co-design sessions over 6 months with youth to create a toolkit of strategies for effective climate change and mental health communication
- We hope to develop communication resources for online (e.g., social media) and offline (e.g., healthcare settings) spaces

Sessions between fall 2025 and spring 2026

### GET INVOLVED

### WHO WE ARE LOOKING FOR

- 30 years and older
- English speaking
- Works at the intersection of climate change/environment and mental or physical health

### COMPENSATION

\$120/session, up to \$960

### SCAN QR CODE FOR ELIGIBILITY



<https://tinyurl.com/mt67pmw2>

CONTACT INFORMATION  
DR. MCKENNA PARNES:  
MPARNES3@UW.EDU  
UW IRB STUDY00020921

CHALLENGES

OPPORTUNITIES

INITIATIVES

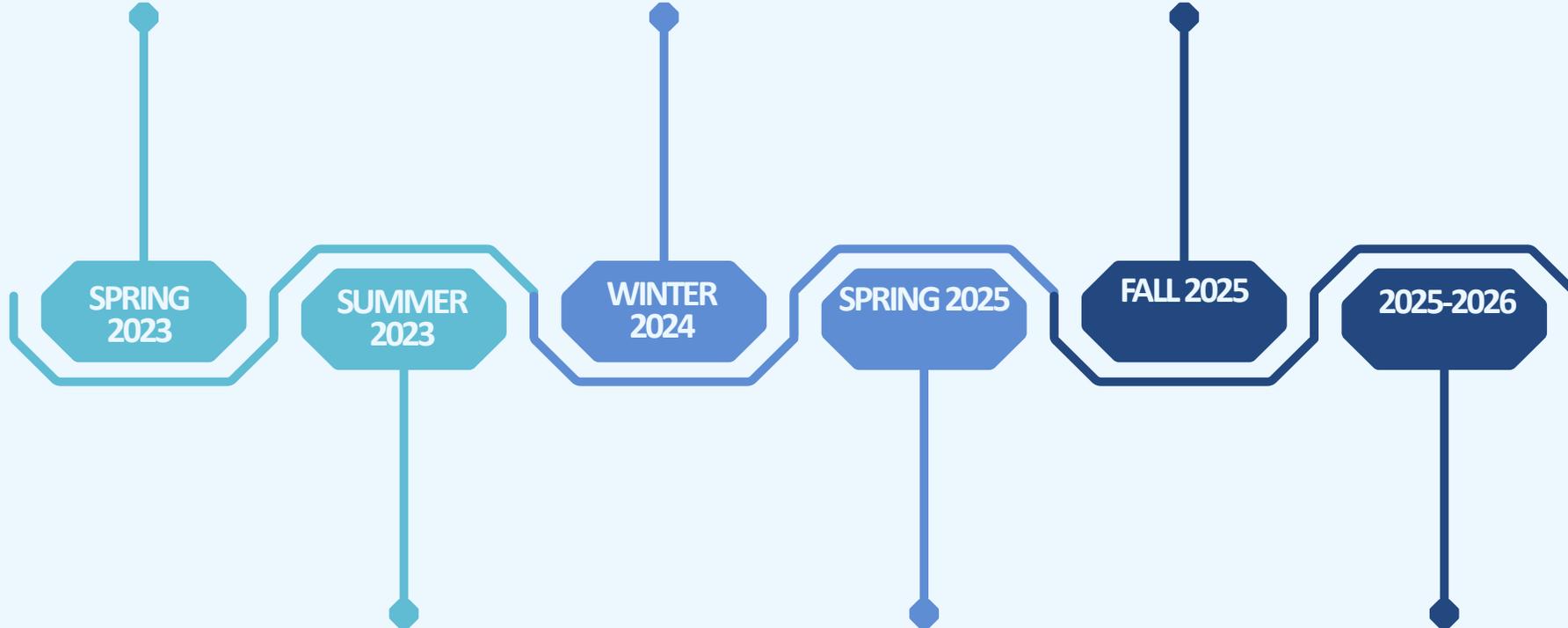
ACTION!

# YOUTH-ENGAGED RESEARCH

Partnered with UW Bothell students to develop research questions and methods

Young people from pilot study participated as co-researchers to analyze data

Recruiting adult environment/ climate + health experts to join codesign sessions with youth



Conducted pilot interviews and focus groups with young people 18-25

Recruited young people 15 to 24 and conducted interviews and agenda setting sessions

Conduct codesign sessions to create climate + mental health communication resources

CHALLENGES

OPPORTUNITIES

INITIATIVES

ACTION!

# TAKE ACTION!



Sign up for **Climate Action Alerts with 350WA**

if you want quick action alerts sent to you to make taking action easy!



Take the **Climate for Health Ambassador Training**

if you want to take a free 4-hour training that offers CE credits!



Become a **member of the Climate Advocacy Lab**

if you want free access to a large resource library and community to support climate justice!

CHALLENGES

OPPORTUNITIES

INITIATIVES

**ACTION!**

Thank You!  
Questions?



Evaluate me 😊

McKenna Parnes  
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# Closing



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THANK YOU  
SO MUCH

Thank you to our speakers and individuals who supporting the planning of this event!