Communicating With Patients on Climate Change With an Equity Lens



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The What

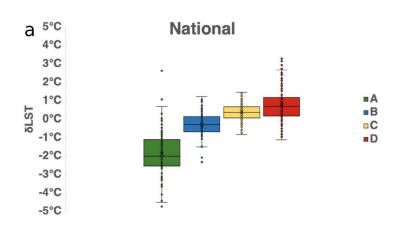
PEDIATRICS PERSPECTIVES

Climate Change as a Social Determinant of Health

Maya I. Ragavan, MD, MPH, MS,ª Lucy E. Marcil, MD, MPH,b Arvin Garg, MD, MPHb

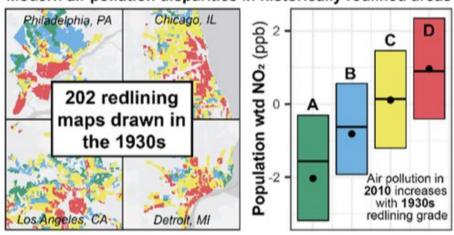
The Why - Understanding Inequity & Climate

Temperature disparities in historically redlined areas



Climate. 2020. Hoffman, Shandas, Pendleton.

Modern air pollution disparities in historically redlined areas



Environ. Sci. Technol. Lett. 2022. Lane et al.

Where Does Climate Fit?

Screening protocols include structural determinants of health and climate risks

Ex: Food security, water source, housing security and safety, energy security, depression and anxiety

Health promotion includes health and planetary benefits

Ex: Diet, active transportation and outdoor play, civic engagement

Care for all children considers and anticipates climate risks

Ex: Children with complex medical conditions and disasters, those participating in sports and extreme heat, children with asthma and allergies and poor air quality and pollen

Anticipatory guidance is informed by climate change

Ex: Never leaving children unattended in vehicles, heat and sun safety, street safety, accessing pubic heatlh alerts, prevention of vector-borne diseases and emerging harms

Community resource network and referral plans are in place and center patient concerns

Pediatricians can support climate and public health preparedness and adaptation that centers the needs of children, equity and child health.

Fig. Aspects of climate-informed primary care pediatrics.

Source: Philipsborn et al. 2021 A pediatrician's guide to climate-change informed care

Where Does Climate Fit?



Preventative Screening



Medical Hx and Medication Review



Illness related visits – highlight a climate health link



Well Care - Anticipatory Guidance

The How - Centering Equity

- Be prepared know your community
- Educational resources that prioritize health literacy, language and format accessibility
- Considering the accessibility of adaptive interventions
- Building community partnerships with mutual benefit
- Incorporating patient and family input
- Advocacy for upstream change

Recognizing Barriers







Communication Strategies

Be open and receptive –

"read the room"

Acknowledge/validate

Empower, avoid victimization

Personal, positive, & local

Integrating Climate – Resources for Patients & Professionals

Pediatrics Maintenance of Certification Educational Modules









CLIMATERX – Educational Handouts

Anticipatory Guidance and Context-Specific Resources to Protect Children in a Changing Climate



Heat Related Illness

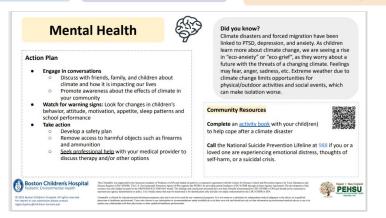
Sea Level Rise & Flooding

Nutrition

Extreme Weather

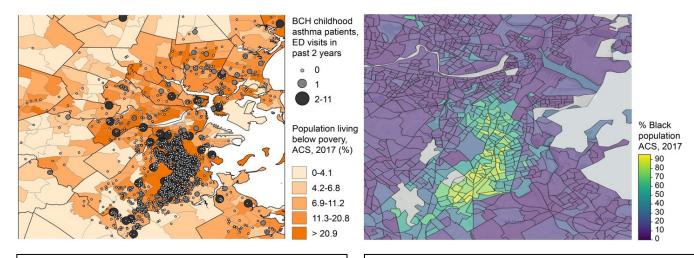
Infectious Disease

Asthma & Allergies





Environmental/Climate Screening – A Pilot



Left Panel: 3,000 patients with asthma, overlaid on census tracts colored by percentage of population underneath the poverty line.

Right panel. Map of the same area of Boston overlaid with census block groups colored by the percentage of Black population.

Approach

HEALTHY HOMES "HHOMES" SCREENER TOPICS

H: Housing type, age/condition and ownership status

H: H20 (water contamination, mold)

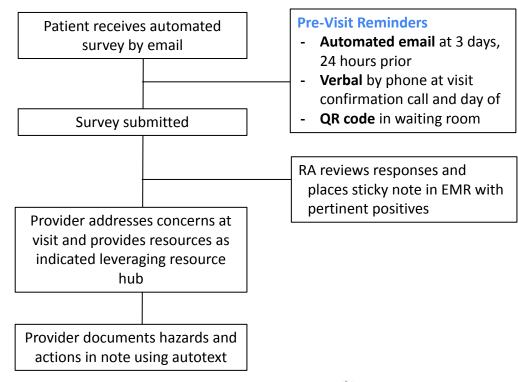
O: Oxygen (indoor/outdoor air quality, smoke exposure)

M: Mites (pests/rodents)

E: Exposures (chemical products, hazardous sites)

S: Stressors (SDOH, climate change)

WORKFLOW







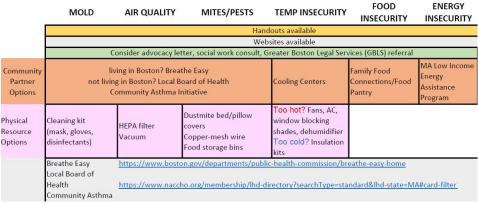




Lessons & Limitations

TESTIMONIAL: "I am finding it a time saver in the appointments because I can hone in on the responses instead of starting a fishing process of trying to identify the needs. I appreciate the upfront work of getting questionnaires in the chart and hope we can continue this screening program long term."





Physical Resources
Over \$2K worth of hazard mitigation supplies

Asthma and Allergy Foundation of America*

NEW ENGLAND CHAPTER

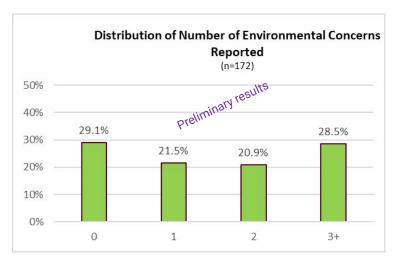
Available in English & Spanish

Provider Resource Hub





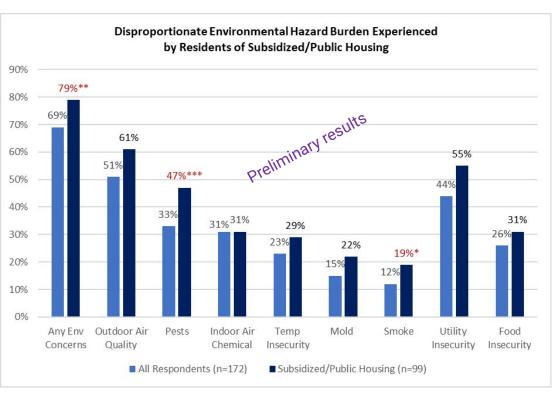




Temperature Insecurity Screening (preliminary)

- 23% of all respondents
- 30% of those living in subsidized/public housing
- 60% also reported utility insecurity*
- 45% (18/40) also reported food insecurity*

*p < 0.05







Transition to Breakouts

