UCAR Forum Breakout — Public Health

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Q1: How are current projects working? What have we learned?

Thus far, most projects have been local-level, pilot-oriented

- This is apropos, since disease ecology is oftentimes local
- Key experts are often state epidemiologists/county health dept. directors who have access to health data

Data may not exist at spatial/temporal scales we need. Need to come up with protocols to standardize data to address multiple needs.

Need to get people in the room together to develop collaborative framework. Must be iterative. Time and commitment will be necessary.

Potential is enormous!
Q2: How can our community help?

Baseline empirical data are absolutely necessary.

Climate modelers must interact with public health community and explain how each others’ models & data can help now and how they can be designed to help even more (the “art of the possible”).

We can already downscale some model runs (e.g., IPCC runs). Need to beware of black-box syndrome, however.
Q3: How can we be more strategic at national/international level?

Listen to health community and find out what they need.

Might add variables to models or retool them to store “semi-empirical” data (e.g., specific intervals of precipitation to fit particular disease models).

In choosing stakeholders, recognize diversity within health community (fragmentation by type of health issue, governmental level, etc.)

Consider workshop to bring health and wx/climate communities together. This model now being explored in Google-sponsored project on meningitis transmission in Africa.