INAUGURAL - PEDIATRIC HEALTH ON A BURNING PLANET CONFERENCE 2025

PEDIATRIC HEALTH ON A BURNING PLANET ASSESSMENT, ACTION AND ADVOCACY CONFERENCE

PEDIATRIC FIRESTORM TEAM

AND BEST STARTS TO LIFE CONSORTIUM

As Wildfires and Wildland-Urban Interface (WUI) events intensify across Southern California, the pediatric health community is coming together for a groundbreaking, transdisciplinary conference.

Dr. Sarah Ann Keil Heinonen, DNP, APRN, CPNP-AC/PC

CONFERENCE CATALOGUE

Welcome

Welcome to Pediatric Health on a Burning Planet: Assessment, Action, and Advocacy, a working conference convened by the Pediatric Firestorm TEAM to address one of the most urgent and underrecognized threats to children's health—wildfires and climate-driven environmental change.

Wildfires are no longer isolated disasters; they are a recurring and compounding public health crisis with profound implications for children's respiratory health, neurodevelopment, mental well-being, and long-term outcomes. Yet our clinical systems, schools, communities, and policies have not kept pace with this reality.
This conference was intentionally designed to move beyond awareness and into action. By bringing together clinicians, scientists, educators, community leaders, policymakers, and families, we created a shared space to integrate evidence, lived experience, and expertise—and to co-develop solutions that are practical, equitable, and scalable.

We invite you to explore the insights, resources, and commitments that emerged from this convening and to join us in advancing a future where every child is protected, prepared, and supported in a changing climate.

Sincerely,

Dr. Sarah Ann Keil Heinonen, DNP, APRN, CPNP-AC/PC
Founder & Executive Director, Pediatric Firestorm TEAM

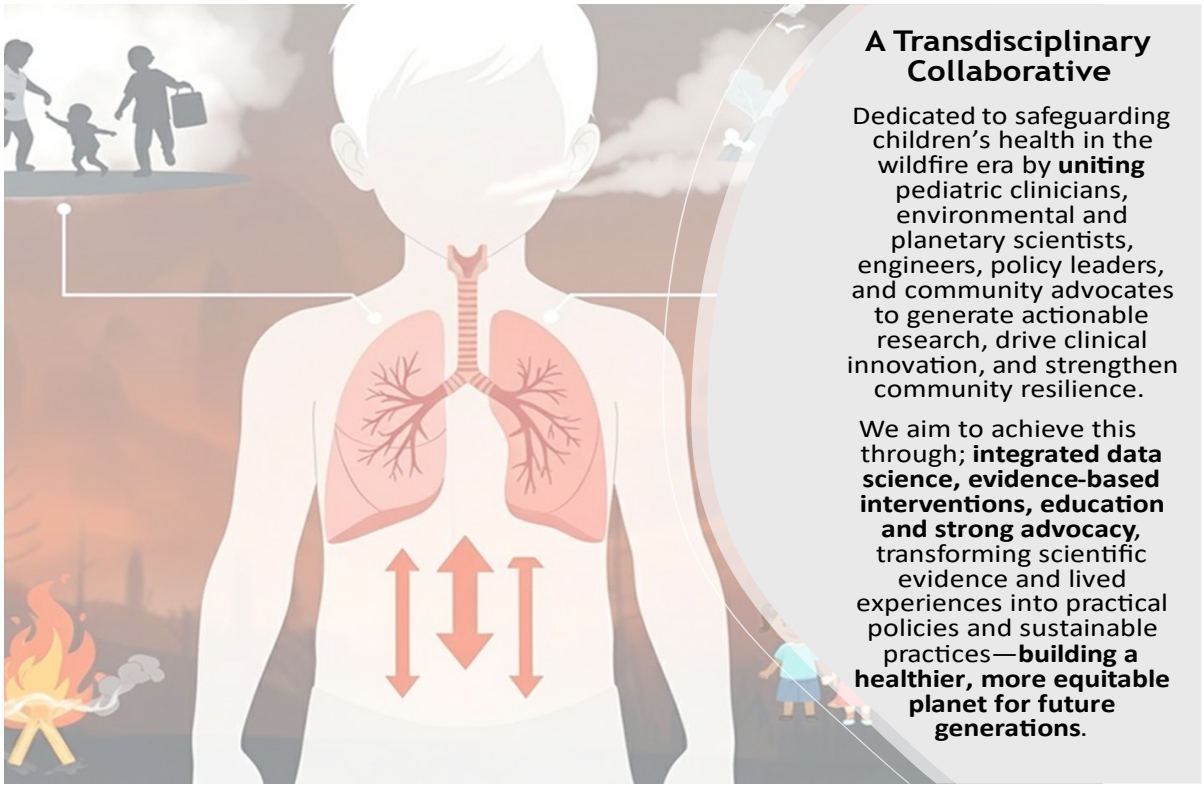
Dr. Jeffrey Gold, PhD, *Clinical Psychologist CHLA*
Co-Director, Pediatric Firestorm TEAM

Dr. Derek C. Corpus, MBBS, *Pediatric Pulmonologist Cedars Sinai Guerin Children's*
Co-Director, Pediatric Firestorm TEAM

Dr. Tomás Torices, MD, *Executive Director of the American Academy of Pediatrics; Chapter 2*
Co-Sponsor, Pediatric Firestorm TEAM

Please Note: I (Dr. Heinonen) kindly ask that the items that have been created in this catalogue not be recreated for professional publication at this time, as they are intended for future refinement and publication through Pediatric Firestorm TEAM.

Pediatric Firestorm TEAM (PFire)



A Transdisciplinary Collaborative

Dedicated to safeguarding children's health in the wildfire era by **uniting** pediatric clinicians, environmental and planetary scientists, engineers, policy leaders, and community advocates to generate actionable research, drive clinical innovation, and strengthen community resilience.

We aim to achieve this through; **integrated data science, evidence-based interventions, education and strong advocacy**, transforming scientific evidence and lived experiences into practical policies and sustainable practices—**building a healthier, more equitable planet for future generations**.

Meetings

Focused on **aligning** and **accelerating** these *Transdisciplinary TEAM* efforts,

addressing the pediatric health impacts of wildfire and

wildland–urban interface (WUI) smoke and debris exposure in Southern California

—**focusing** on research planning, workshop development, collaborative grant writing,

data integration, education and other strategies for rapid clinical and community translation.

Separate Research Meetings (Monthly)

Pediatric Health on a Burning Planet: *Assessment, Action, and Advocacy*

Protecting Children and Planetary Health in the Wildfire Era

Presented by Pediatric Firestorm-TEAM and Best Starts to Life

Partner Organizations

- **The Pediatric Firestorm TEAM (PFire)**
  — a Transdisciplinary, Education, Assessment & Mitigation collaborative
- **Best Starts to Life Consortium**

Shared Vision

Both organizations recognize that pediatric health is at urgent risk from the accelerating threats of climate change, particularly wildfire and wildland-urban interface (WUI) exposures. Therefore, combining expertise in **research, clinical practice, community engagement, and advocacy**, this joint conference will serve as a model of **transdisciplinary collaboration** with the goal to lay the groundwork for ongoing research and community-driven solutions that can mitigate the health effects of wildfire exposure.

Shared Goals

1. Highlight the pediatric health impacts of wildfire/WUI exposure.
2. Provide a platform for multidisciplinary collaboration and knowledge exchange.
3. Develop actionable clinical guidance, community toolkits, and policy advocacy outputs.
4. Strengthen long-term partnerships for future research and grant opportunities.

Pediatric Health on a Burning Planet: *Assessment, Action, and Advocacy*
A Working Conference at Children's Hospital Los Angeles
Presented by Pediatric Firestorm-TEAM and Best Starts to Life

Pediatric Health on a Burning Planet is an interdisciplinary, solutions-driven ***working conference*** designed to confront one of the most urgent public health challenges of our time: the growing impact of wildfires, climate-driven disasters, and worsening air quality on children's health. Particularly those living in vulnerable wildland–urban interface (WUI) communities.

Hosted at **Children's Hospital Los Angeles**, this convening brings together pediatric clinicians, researchers, environmental scientists, engineers, policy leaders, community advocates, and families to collaboratively design frameworks that support preparedness, response, and long-term resilience for children exposed to wildfire smoke and WUI hazards.

Through **keynote presentations**, **panel discussions**, and **interactive breakout sessions**, participants will explore the science behind wildfire-associated health risks, review emerging clinical and environmental data, examine disproportionate impacts on marginalized and under-resourced communities, and co-create actionable strategies for policy, clinical practice, and community engagement.

The conference emphasizes **transdisciplinary collaboration**, evidence-informed mitigation strategies, and equitable access to clean air, safe housing, healthcare, and emergency resources. Attendees will leave with shared tools, policy recommendations, and practical clinical and community-level interventions that can be implemented immediately and further developed through ongoing partnerships.

This event also highlights **Pediatric Firestorm TEAM (PFire-TEAM)**, a clinician-scientist-community coalition committed to advancing research, advocacy, and education at the intersection of pediatric health and climate-driven wildfire threats.

Together, we aim to protect children's right to breathe, thrive, and grow.

no matter the air outside.

Conference Goals

Assessment:

- Present the latest evidence on pediatric health outcomes from wildfire/WUI smoke and debris exposure.
- Share data from California case studies and global perspectives.

Action:

- Explore mitigation strategies that are evidence-informed and culturally tailored.
- Provide clinicians, educators, and community leaders with practical toolkits.

Advocacy:

- Develop policy recommendations and communication strategies.
- Promote child-centered frameworks in public health and climate policy.

Learner Objectives

- Discuss the latest evidence on pediatric health outcomes from wildfire/WUI smoke and debris exposure.
- Describe the pediatric health impacts of wildfire/WUI exposure.
- Identify evidence-informed recommendation strategies for mitigating the effects of wildfire/WUI exposure on children, including environmental interventions and patient/family education.
- Define health policy recommendations and communication strategies.

Featured Keynote Speakers

Leaders in pediatric health, environmental science, policy, and community advocacy will help frame the day with data-driven insights, lived experience, and actionable pathways forward.

1. **Anthony Szema, MD**
   Evidence-Based Science & Emerging Data on Wildfire Exposure
   Cutting-edge research on air quality, respiratory impacts, and pediatric vulnerability.

Anthony Szema, MD, FCCP, FAAAAI, FACAAI, FACP, ATSF

Clinical Professor of Medicine and Environmental Health | Northwell Health | Stony Brook University

Dr. Anthony Szema is a nationally recognized pulmonologist, allergist – immunologist, and environmental health expert whose work bridges medicine, engineering, and planetary science. As Director of the International Center of Excellence in Deployment Health and Medical Geosciences at Northwell Health, he leads groundbreaking studies on toxic exposures —from wildfires and military burn pits to urban air pollution and industrial disasters.

His research, **funded by the NIH** and **CDC NIOSH**, includes landmark work identifying accelerated ***pediatric asthma rates and long -term lung injury in New York City's Chinatown children after 9/11*** . His team continues to explore the shared environmental pathways linking disasters such as the California wildfires, World Trade Center, and East Palestine train derailment —recently featured in JAMA.

A dedicated educator and mentor, Dr. Szema has received multiple teaching and mentorship awards, including the 2024 Scientific Excellence in Mentorship Award from the Zucker School of Medicine. He has authored five books, including World Trade Center Pulmonary Diseases and Multi -Organ System Manifestations, the first textbook on the subject.

As part of **Pediatric Firestorm**, Dr. Szema contributes his expertise in pulmonary and environmental health to advance understanding of how wildfire smoke and toxic exposures affect children —and to drive science into action for healthier, more resilient communities.

Title for presentation:
"California Wildfires; Analogous to the World Trade Center Disaster, Military Burn Pits/K2, and the East Palestine, Ohio Train Derailment"

2. **Lunchtime Keynote – Community Voice (Maria Knierim HS Student – Pacific Palisades)**
   The Human Side of Wildfire Exposure
   A powerful personal narrative illuminating the lived realities of families impacted by WUI events.

Maria Knierim

Maria Knierim is a high school senior looking to broaden her education in the fields of Sustainability and Business.

Growing up with parents who instilled a deep appreciation and concern for the planet,

Maria has been an advocate for climate action, giving an all-school speech at her elementary school in fifth grade and serving as a youth member of her parish Green Team at St. Monica's in middle school.

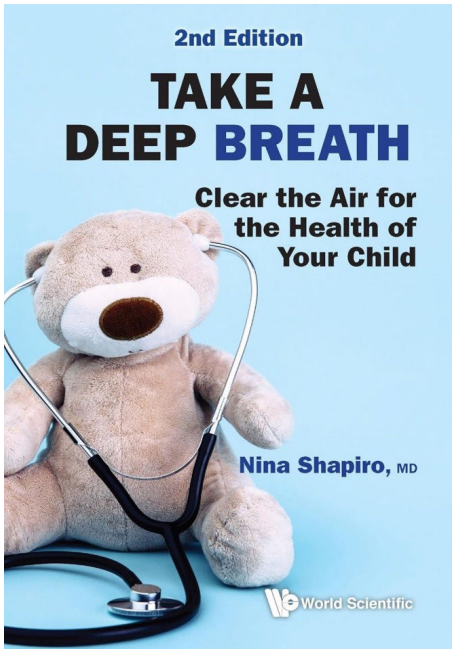
In high school, Maria has continued to invest her energy into helping the planet by serving as a member of the Palisades Charter High School Clean Energy Task Force and Human Rights Watch Student Task Force.

She is also organizing the Youth Council for Growing Hope Gardens, which creates and sustains food gardens with residents of affordable housing and homeless shelters.

3. **Nina Shapiro, MD**
   Clinical Implications for Pediatric Respiratory Health
   A pediatric expert's perspective on real-world clinical presentations, challenges, and opportunities for intervention.

Nina Shapiro, MD

Dr. Nina Shapiro is a Professor Emerita of Head and Neck Surgery at UCLA and was its Founding Director of the Division of Pediatric Otolaryngology, where she served from 1997-2022. She is currentlya Pediatric Otolaryngologist at Westside Head and Neck, located in Santa Monica and Culver City.



Title for presentation:
Fire and Smoke Injuries to the Upper Airway in Children

4. **Ian Calderon *(Former California State Assemblyman)***
   Policy, Advocacy & Empowerment
   How legislation, equity-centered policy, and community engagement can drive meaningful change for children and families in wildfire-impacted regions.

Ian Calderon

Former California Assembly Majority Leader (2012-2020), Representing the 57th District

Ian Calderon is a former California Assembly Majority Leader (2012-2020), representing the 57th district, whose career has been defined by protecting families and strengthening communities.

As the first millennial elected to the Legislature, he quickly became known for practical, people-first policymaking—championing economic stability, innovation, and equitable access to public services.

Today, as a father of four raising his family in wildfire-vulnerable Southern California, Ian has become a strong advocate for safeguarding children living in WUI zones. He brings a deep understanding of how environmental threats, housing instability, and gaps in emergency planning disproportionately harm families. His policy leadership includes securing major state investments, expanding community resources, and driving cross-sector collaboration, positions him as a powerful voice for resilience, prevention, and child-centered climate action.

Ian believes California must lead the nation in protecting children from the accelerating impacts of wildfire smoke, displacement, and environmental inequity. His work now focuses on elevating community-driven solutions, strengthening state and local preparedness, and ensuring that every child, regardless of ZIP code, has the right to breathe clean air, grow up safely, and ultimately thrive.

Expert Breakout Session Panels
Each breakout session features a curated panel of 4–5 interdisciplinary experts who will open the discussion with a focused 10–15-minute insights session. Panelists will highlight key challenges, emerging evidence, and actionable opportunities within their topic area.

Following these brief expert presentations, attendees will participate in guided small-group discussions designed to translate shared knowledge into concrete strategies, tools, and policy-informed recommendations.

Breakout Group Sessions (7 Total)
Interactive sessions where participants collaborate across clinical, scientific, policy, engineering, and community perspectives to co-design solutions tailored to pediatric health needs in wildfire-affected regions.

Transforming Ideas into Action
Each breakout culminates in a "Creating Action out of Collaborative Thinking" segment, during which groups synthesize insights, prioritize next steps, and outline actionable proposals to advance pediatric health preparedness, resilience, and advocacy.

Breakout Topic Areas……

1. **Mapping the Firestorm:** Pediatric Respiratory, Cardiac, and Neurodevelopmental Outcomes Through Research and Data Discovery
2. **Asthma Care in the Wildfire Era:** Wildfire Preparedness and Asthma Management: From Planning to Mitigation Strategies. [**MOC4 Project Charter**]
3. **Building Resilient Communities:** Education, Engagement, and Public Health Preparedness
4. **Pediatric Post-Wildfire Care:** Clinical, Laboratory, and Mental Health Monitoring
5. **Policy, Advocacy, and Communication:** Advancing Equity and Access for Families in Wildland–Urban Interface (WUI) Zones
6. **Through Our Eyes:** Community Voices on the Human Impact of Wildfire Smoke
7. **One Life–One World:** Building Equitable Environmental and Planetary Policies to Protect All Life and Communities from Wildfire and Climate Change

Action Planning – participants will be drafting practical recommendations for research, practice, and advocacy collaboratively based off breakout session key points/feedback.

Expected Outcomes

- A shared **white paper**: Pediatric Health on a Burning Planet.
- Launch of **joint transdisciplinary working groups** for research and community engagement.
- Development of **educational resources** for clinicians, schools, and families.
- **Strengthened partnerships** to secure future grant funding and translational research opportunities.

CONFERENCE AGENDA

Conference Schedule	
7:00-8:00am (60 min)	**Parking, Check-in and Light Breakfast**
8:00-8:10am (10min)	**Welcome** and *Pediatric Firestorm* **Opening Remarks– *Dr. Sarah Heinonen***
8:10-9:00am (50 min)	**Keynote Address** – ***Anthony Szema, MD*** (Pediatric Pulmonologist & Allergist, NIH Researcher/Hofstra SOM) *"California Wildfires; Analogous to the World Trade Center Disaster"*
9:00-9:10am (10 min)	**Break**
9:10-10:30am (80 min)	**Breakout Sessions** (***7 - Expert paneled*** sessions (***10-15-min)*** w/active *group discussions*) (**1** Mapping the Firestorm - **2** Asthma Care in the Wildfire Era – **3** Building Resilient Communities – **4** Pediatric Post Wildfire Care – **5** Policy, Advocacy, and Communication– **6** Through Our Eyes – **7** One Life–One World)
10:30-10:40am (10 min)	**Break**
10:40 – 11:45am (65 min)	Breakouts **large group reporting**session (*8-10 min per group*) - ***Moderators***
11:45am-12:45pm (60min)	**Networking Lunch and Speaker** ***(12:10-12:30pm Maria Knierim*** *HS Student)* "The Impact and Resilience of a community; through the eyes of a child"
12:45-1:15pm (30min)	**Afternoon Keynote - *Nina Shapiro, MD (ENT and Author)*** "Fire and Smoke Injuries to the Upper Airway in Children"
1:15-2:15pm (60min)	**Action Planning** (next steps) – **Facilitated** - ***Dr. Heinonen, Dr. Corpus & Dr. Gold***
2:15-2:20pm (5min)	**Break**
2:20-2:50pm (30min)	**Closing Speaker – *Ian Calderon*** ***(California State Assemblyman)*** *"Policy, Advocacy & Empowerment"*
2:50pm (5-10min)	**Final Remarks** – and a ***BIG Thank you!*** - ***Dr. Corpus***

Children's Hospital LOS ANGELES

Pediatric Health on a Burning Planet: Assessment, Action, and Advocacy

CONFERENCE SCHEDULE

7:00 - 8:00 am	Parking, check-in, and light breakfast
8:00 - 8:10 am	Welcome and Opening remarks - **Dr. Heinonen**
8:10 - 9:00 am	Keynote Address - **Dr. Szema** "California Wildfires; Analogous to the World Trade Center Disaster"
9:00 - 9:10 am	Break
9:10 - 10:30 am	Breakout sessions with active group discussions
10:30 - 10:40 am	Break
10:40 - 11:45 am	Breakout session with large group reporting
11:45 am - 12:45 pm	Networking lunch and speaker - **Maria Knierim** "The Human Side of Wildfire Exposure"
12:45 - 1:15 pm	Afternoon keynote speaker - **Dr. Shapiro** "Fire and Smoke Injuries to the Upper Airway in Children"
1:15 - 2:15 pm	Action planning - **Dr. Heinonen, Dr. Corpus, & Dr. Gold**
2:15 - 2:20 pm	Break
2:20 - 2:50 pm	Closing speaker - **Ian Calderon** "Policy, Advocacy, and Empowerment."
2:50 - 3:00 pm	Final remarks - **Dr. Corpus**

Breakout Sessions and Rooms	
1. **Mapping the Firestorm**	**Stauffer A**
2. **Asthma Care in the Wildfire Era (MOC4)**	**Executive Conference Room**
3. **Building Resilient Communities**	**Holden**
4. **Pediatric Post-Wildfire Care**	**Page Conference Room**
5. **Policy, Advocacy, and Communication**	**Stauffer B**
6. **Through Our Eyes**	**Northern Trust**
7. **One Life–One World**	**Herklotz**

Mapping the Firestorm:

Pediatric Respiratory, Cardiac, and Neurodevelopmental Outcomes Through Research and Data Discovery

Session Description

Wildfire smoke and ash pose complex, multisystem risks for children—from acute respiratory illness and cardiac stress to subtle but lasting neurodevelopmental effects.

This breakout session explores how emerging research and innovative data approaches can illuminate these impacts and guide clinical and public health action.

Presenters will highlight current evidence on pediatric respiratory, cardiac, and neurodevelopmental outcomes linked to wildfire exposure, drawing on epidemiologic studies, environmental monitoring, and clinical data.

Participants will learn strategies to identify key research gaps, develop data-collection frameworks, and integrate air-quality metrics, biomonitoring, and electronic health record data into collaborative investigations.

The session will equip clinicians, researchers, and community health leaders to translate findings into preventive care, early interventions, and policy advocacy—building a foundation for protecting children's health amid a future of more frequent and intense wildfires.

Panelists:

- **Pediatric Pulmonologist:** Anthony Szema, MD (NIH/Prof Hofstra SOM)
- **Pediatric Neurologist:** Catherine Stanecki, DO (Cedars Sinai)
- **Pediatric Cardiologists:** Chuck Alejos, MD (UCLA)
- **Environmental Scientist:** Josh West, PhD (USC)
- **Developmental Therapist:** Katy Peck, SLP, MA (CHLA)

Session Moderators / Recorder (2):

1. Danielle Poulin, PNP (Pulm CHOC)

Room Facilitators / Timekeepers/ (2):

1. Jordan Struve (Pre-med Student)
2. Mica Berg (HS Intern in UCLA Bio Lab)

Theme: Research & Data Discovery

Deliverables:

- Cross-disciplinary data-sharing framework (clinical, environmental, and community data).
- Draft map of pediatric respiratory, cardiac, and neurodevelopmental outcomes linked to wildfire exposure.
- Identified research gaps and next-step proposal ideas for collaborative study.

Expected Outcomes:

Participants will walk away with a shared understanding of how to integrate air-quality, EMR, and community datasets—and identify new research collaborations for pediatric wildfire health impacts.

Narrative:

This session is for mapping the firestorm—connecting data, disciplines, and discoveries. Our deliverable is a working framework that integrates pediatric health data with environmental exposure metrics. Collaboratively defining the next steps for joint studies that can guide future policy and care.

Things to consider and examples……

- Where evidence is strong vs emerging vs unknown
- Where data systems break down
- Where should interventions be layered
- Where surveillance infrastructure is needed

Respiratory Outcomes Mapping

Domain	Life Stage	Exposure Type	Outcomes / Metrics	Direction of Association	Evidence Strength Peds	Notes / Nuances
Asthma exacerbations	Child, adolescent	Acute wildfire smoke ($PM_{2.5}$, PM_{10}, ozone) over days–weeks	ED visits for asthma, urgent visits, SABA fills, oral steroid bursts, hospital & PICU admissions	Increase in ED visits and hospitalizations during and shortly after wildfire smoke days; dose – response with $PM_{2.5}$	Strong	Repeated across CA, Pacific NW, Canada, Australia. Strongest for pre -existing asthma; effect seen even at "moderate" AQI thresholds.
Asthma onset / new diagnosis	Child, adolescent	Recurrent wildfire seasons; high cumulative smoke burden	New asthma diagnoses, first wheeze, incident inhaler prescriptions	Signal toward increased incident asthma in high -smoke communities	Emerging	Hard to disentangle from baseline urban pollution; some birth cohort and EHR data suggest elevated risk in children with repeated seasonal smoke exposure.
Wheeze & bronchitis in non -asthmatics	Infants, children	Acute wildfire smoke	ED visits for wheeze, bronchitis, bronchiolitis, croup	Increase	Strong for ED/visit data	Effects most obvious in <5 yrs; can be substantial even in kids without prior chronic lung disease.
Lower respiratory infections (LRTI)	Infants, toddlers	Acute & seasonal wildfire smoke	Pneumonia / LRTI ICD codes, antibiotic and steroid prescribing	Increase in LRTI visits during/after smoke events	Emerging –strong (for utilization)	Time -series studies show spikes in LRTI, though attribution (viral vs. smoke) is messy; smoke may act as co-factor or immune modulator.
Lung function	School -age, adolescent	Short -term smoke days vs. baseline	FEV_1, FVC, PEF,FeNO, symptoms	Small declines in lung function and ↑ symptoms during smoke days	Emerging	Panel studies in school -age children show measurable but modest decrements; concern for cumulative impact with repeated seasons.
Chronic lung trajectory	Preterm/BPD, neuromuscular, CF, complex chronic	Acute & recurrent wildfire smoke	Increased oxygen/ventilator needs, desaturations, increased clinic calls, admissions	Increase in instability & resource use	Emerging; high biologic plausibility	Evidence mainly from case series and institutional experience; high -risk kids appear disproportionately affected even at AQI levels tolerated by healthy kids.
Use of rescue meds & health system strain	All pediatric	Acute wildfire smoke	SABA, ICS refills; ED volume; EMS calls	Increase in refills and crowding	Strong	Important system -level metric for planning "smoke season" readiness and pharmacy stock.
Sleep & nocturnal symptoms	Child, adolescent	Smoke days; indoor confinement	Night cough, nocturnal awakenings, SABA use at night	Worsening nocturnal asthma control	Limited –emerging	Mostly from smaller surveys and diaries; relevant for quality of life and neurocognitive knock -ons.
Long -term chronic respiratory disease	In utero, early childhood	Cumulative wildfire smoke across early life	Later asthma, reduced lung function, chronic cough	Probable increase, magnitude uncertain	Limited –emerging	More robust evidence from general PM exposure; wildfire -specific longitudinal pediatric data are still sparse but concerning.

Cardiac Outcomes Mapping

Domain	Life Stage	Exposure Type	Outcomes / Metrics	Direction of Association	Evidence Strength in Kids	Notes / Nuances
Hemodynamic stress in CHD	Infants, children with congenital heart disease (CHD)	Acute smoke episodes; heat, dehydration, exertion limits	ED visits or admissions for heart failure or decompensation; increased diuretics, oxygen	Suspected increase in decompensation events during smoke/heat	Limited–emerging	Evidence mainly extrapolated from adult HF data and small pediatric reports; likely under-recognized.
Arrhythmias	Children, adolescents (with and without CHD)	Acute smoke; cumulative $PM_{2.5}$	Arrhythmia events, palpitations, ECG changes, ICD shocks in older youth	Adult data show ↑ arrhythmias with $PM_{2.5}$; pediatric signal plausible but sparse	Limited	PM-induced autonomic imbalance and inflammation are plausible mechanisms; kids with channelopathies/pacers may be higher risk.
Blood pressure & vascular function	Child, adolescent	Recurrent seasonal smoke	BP, heart rate variability (HRV), endothelial function markers	Subtle ↑ BP and reduced HRV in general air pollution; wildfire-specific pediatric data minimal	Limited	A priority area for future Firestorm studies (BP trends, HRV in monitored kids).
Thrombotic/inflammatory risk	Adolescents, especially with obesity or chronic illness	Intense smoke episodes	CRP, fibrinogen, Ddimer, thrombotic events	Adult data show pro-thrombotic profile with PM exposure	Speculative in kids	Could be relevant for adolescents with CHD, sickle cell disease, or autoimmune disease.
Indirect cardiac stress	All pediatric	Evacuation, power loss, disrupted access to meds	Missed cardiac meds, telehealth gaps, delayed care	Worsening disease control, avoidable decompensation	Emerging (systems-level)	Often omitted from "smoke" literature but critical for WUI families dependent on power, oxygen concentrators, monitors, or pumps.

Most pediatric cardiac data are extrapolated from adult wildfire and general $PM_{2.5}$ literature, plus small pediatric studies and biologic plausibility.
Kids with congenital or acquired heart disease are likely high-risk, but understudied.

Neurodevelopmental & Neurocognitive Outcomes Mapping

Domain	Life Stage	Exposure Type	Outcomes / Metrics	Direction of Association	Evidence Strength in Kids	Notes
Prenatal brain development	In utero	Maternal exposure to wildfire smoke during pregnancy	Birthweight, preterm birth, small for gestational age, APGAR, NICU admission	↑ risk of preterm birth and lower birthweight in high smoke seasons	Emerging–strong (perinatal)	Several studies link wildfire smoke to adverse birth outcomes; neurodevelopmental consequences inferred from broader prematurity/low birthweight literature.
Early neurodevelopment & cognition	Infancy, early childhood	Prenatal + early-life wildfire smoke; repeated seasonal exposure	Developmental screening scores, language delay, cognitive testing	Possible small adverse effects on early development	Limited–emerging	Stronger evidence exists for chronic urban PM; wildfire specific evidence is thinner but consistent with the same direction of effect.
Neurocognitive function in school-age kids	School-age, adolescent	Smoke-related school closures; indoor confinement; repeated poor-air days	Attention, working memory, executive function, school performance	Short-term disruptions in attention and school performance; long-term effects unclear	Limited	Overlaps with sleep disruption, missed instructional time, stress, and screen-time shifts during indoor confinement.
Sleep & circadian disruption	All pediatric (especially school-age)	Smoke events, evacuation, worry about fires	Insomnia, delayed sleep onset, night wakings	Worsened sleep quality	Emerging (mostly survey-based)	Sleep disruption is a plausible mediator for both neurocognitive and cardiometabolic risk.
Neuroinflammation / direct CNS effects	All pediatric	$PM_{2.5}$ and ultrafine particles from smoke	Experimental markers of neuroinflammation, MRI findings	Animal models show neuroinflammation, microglial activation with smoke; human pediatric evidence sparse	Speculative in humans	Mechanistically concerning but currently more an area for translational research than clinical evidence.
Behavioral & developmental regression	Children with neurodevelopmental disorders (ASD, CP, epilepsy, etc.)	Wildfire smoke, routine disruption, loss of supports	Regression in skills, increased stereotypies, more seizures or behavioral dysregulation	Worsening behavior and function during/after disasters	Emerging (disaster/evacuation literature)	Not smoke-specific but very relevant for WUI children with preexisting neurodevelopmental diagnoses.

Here the evidence is even more mixed; much comes from prenatal particulate exposure and disaster/trauma literature, with fewer wildfire-specific pediatric cohorts.

- Mental Health Mapping?
- Resource Mapping
- What other research gaps exist

Asthma Care in the Wildfire Era:

Wildfire Preparedness and Asthma Management: From Planning to Mitigation Strategies.

Session Description [MOC4 Project Charter]

As wildfires grow more frequent and severe, children with asthma face heightened risks from smoke exposure and disrupted care. This interactive breakout session showcases a quality improvement (***MOC4***) project led by **Dr. Chris Landon (AAP Chapter 2)** that is designed to strengthen wildfire smoke preparedness by integrating wildfire smoke action planning into routine pediatric asthma care.

The project's 6-month goal is to raise the percentage of pediatric asthma patients with a documented **Wildfire Smoke Preparedness Action Plan** in the electronic health record from **0 % to 70 % by May 2026**.

Participants will explore current management and integration of mitigation strategies within a measurable framework:

- **Core Measures** - outcome, process, and balancing metrics that track preparedness (e.g., documentation rates, inhaler education, visit length).
- **Stepwise Interventions** - three PDSA cycles introducing EHR smart phrases, patient handouts, portal messages, staff training, and targeted outreach to high-risk patients.
- **Team-Based Implementation** - roles for physicians, nursing/MA staff, and administrative support to integrate wildfire readiness into routine asthma visits.
- **Sustainability & Scale** - strategies to embed wildfire planning into annual asthma action plans and extend to other chronic respiratory conditions such as BPD and CF.

Attendees will learn how outcome, process, and balancing measures guide progress; how to engage multidisciplinary staff in workflow changes; and how to sustain improvements by embedding wildfire readiness into annual asthma action plans.

This session equips clinicians with a replicable framework to safeguard vulnerable children and families in the wildfire era in their clinical practice.

Panelists:

1. Dr. Christopher Landon (Landon Foundation / VCMC Director of Pediatrics)
2. Karen Acevedo, MSN, APRN, NP (VCMC)

Moderator/Notetaker:

Room Facilitator/Timekeeper:

Key Health Impact Questions for Children (Post-Wildfire)

	Exposure Assessment			
1	Did the child reside or spend time <5 miles from the wildfire burn zone?	Yes	No	Unsure
2	How many days was the child outdoors during or after the fire?			Unsure
3	Was the child exposed to visible smoke, ash, or burned debris?	Yes	No	Unsure
4	Was there use of protective measures (e.g., masks, indoor air purifiers)?	Yes	No	Unsure
5	Was the child's home or school damaged or located within an evacuation zone?	Yes	No	Unsure
6	Were any household materials potentially hazardous (e.g., lead-based paint, asbestos) burned?	Yes	No	Unsure
	Acute Health Effects			
7	Did the child develop respiratory symptoms (cough, wheeze, shortness of breath, chest tightness)?	Yes	No	Unsure
8	Were any skin or eye irritations observed?	Yes	No	Unsure
9	Were there signs of new or worsened allergic symptoms (rhinitis, eczema)?	Yes	No	Unsure
10	Was the child hospitalized or treated at urgent care or ER?	Yes	No	Unsure
11	Were medications initiated or increased (e.g., inhalers, steroids)?	Yes	No	Unsure
12	Was there any change in appetite, energy, sleep, or behavior?	Yes	No	Unsure
	Toxic Exposure (Heavy Metals, VOCs, etc.)			
13	Was ash tracked into the home, car, or childcare settings?	Yes	No	Unsure
14	Was the home built before 1978 (possible lead paint)?	Yes	No	Unsure
15	Was there any soil remediation or surface cleaning?	Yes	No	Unsure
16	Has blood testing for lead or other toxins been performed?	Yes	No	Unsure
	Healthcare Utilization / Cost Impact			
17	Were any outpatient, urgent care, or ER visits made in the weeks following the fire?	Yes	No	Unsure
18	Was there an increase in asthma controller or rescue medication prescriptions?	Yes	No	Unsure
19	Did the child miss school or daycare due to health effects?	Yes	No	Unsure
20	Did insurance cover wildfire-related care?	Yes	No	Unsure

Date Filled: _____

Building Resilient Communities:
Education, Engagement, and Public Health Preparedness

Session Description
Wildfires and other climate-driven disasters increasingly threaten children, families, and neighborhoods.

This session highlights practical, community-based strategies to strengthen readiness and long-term resilience.

Presenters will share evidence-based models for public education and risk communication, school- and clinic-based preparedness planning, and partnerships with local agencies, faith groups, and environmental organizations.

Topics include using real-time air quality and health data to guide protective actions; designing culturally responsive outreach for diverse and underserved populations; and engaging youth, parents, and community leaders to co-create emergency plans. Speakers will also discuss policy and public health frameworks that support equitable resource allocation and recovery efforts.

Participants will gain actionable tools to improve community preparedness, foster trust, and reduce the health impacts of wildfires and other environmental crises—transforming education and engagement into lasting resilience.

PANELISTS *[4 confirmed]*

- **Community Pediatrician/Advocate:** Janesri De Silva, MD (Kids & Teens Med Grp Owner/Director)
- **Community Pediatrician of Impacted Eaton Comm:** Barbara Rodriguez, MD (Kids & Teens Clinics)
- **Community Impacted Member:** Jessica Cabrera, MPH, LCSW (EFRU)
- ~~**Community Disaster Response Organization:** Nina Knierim, JD (CA CORE Manager)~~
- ~~**Higher Education/Leadership:** Sonali Bridges, MBA (Shero's Rise)~~
- **Community Business Member:** Haritha Rodrigo (Chairman Asia Corp)

Moderator/Notetaker:

1. Ruth Xilomen Rios, LMFT, MFA, ATR-BC, ATCS
2. Rohina Furmuly, MD, FAAP (Kids & Teens Clinics)

Room Facilitator/Timekeeper:

1. Darby De Silva (Kids & Teens Clinics)
2. Haritha Rodrigo (Chairman Asia Corp)

Theme: Education, Engagement, and Public Health Preparedness

Deliverables:

- Prototype of a school or clinic-based wildfire preparedness plan.
- Checklist for culturally responsive community education.
- Repository of local and national resource links for community engagement.

Expected Outcomes:
Attendees will leave with tangible models for integrating preparedness into existing systems—equipping schools, clinics, and community organizations with tools to reduce wildfire-related health risks.

Narrative:
"This session is focused on building resilience where it matters most—in our communities. Collectively this group will focus on designing real-world action plans that empower schools, clinics, and neighborhoods to prepare for the next wildfire season."

Prototype Wildfire Preparedness Plan for Schools & Clinics (examples)

I. Purpose and Scope

This plan establishes standardized procedures to protect the health and safety of students, families, and staff during wildfire smoke intrusions, wildland-urban interface (WUI) events, or evacuation-linked disruptions.

The plan applies to:

- On-site activities
- Outdoor programming and athletics
- Medication access & respiratory protocols
- Continuity of education and clinical operations

II. Risk Recognition and Triggers

A. Monitoring Sources

Daily tracking of:

- **Air Quality Index (AQI)** → via AirNow, PurpleAir, local health dept dashboards
- **$PM_{2.5}$ concentration** (preferred measure for health relevance)
- **Wildfire watch zones and evacuation warnings**
- **Energy grid alerts affecting HVAC systems**

III. Exposure-Based Actions and Thresholds

NOTE: Add local public health guidance where needed.

AQI / $PM_{2.5}$	Expected Risk	Required School Action	Clinic/Health System Action
AQI < 100 $PM_{2.5}$ <12	Normal air quality	Standard operations	Routine visits
AQI 100–150 $PM_{2.5}$ 12–35	Sensitive-child risk increases	Modify outdoor activities; relocate recess/PE indoors	Alert pulmonary nursing; identify high-risk patients
AQI 151–200 $PM_{2.5}$ 36–55	Moderate–high risk to many children	Cancel outdoor activities; initiate HEPA zones	Telehealth option considered
AQI >200 $PM_{2.5}$ >55	Hazardous to most children	Indoor-only schooling OR modified attendance	Defer clinic visits unless urgent; prioritize telehealth
AQI >300	Very hazardous	Consider school closure or remote learning	Operate only urgent care; telehealth priority

IV. School & Clinic Components

A. Indoor Air Quality Standards

Minimum operational specifications during wildfire smoke events:

- All buildings using **recirculated HVAC**
- **Portable HEPA cleaners** rated appropriately per room volume
- Close windows and exterior intake vents
- Document HVAC filter type and ≥ MERV 13 preferred

Hot-day contingency:
If temperature >80–82°F inside:

- Prioritize cooling over filtration
- Relocate students to cooler HEPA zones (libraries, offices, multi-purpose rooms)
- Limit exertion

B. High-Risk Children Identification

Include:

- Asthma or LRTI admissions in prior 12 months
- Congenital heart disease
- BPD, chronic lung disease of prematurity
- Home oxygen or PAP users
- Neuromuscular weakness affecting respiratory function
- Significant developmental disorders with behavioral dysregulation risks

Maintain a confidential roster:

- Available to school nurse, health office, principal, designated emergency official

Automated actions when AQI >150:

- Send customized health messages to families
- Offer early pickup if symptomatic
- Ensure inhaler accessibility

C. Medication & Equipment Access

Schools:

- Rescue inhaler supply with spacer available in designated locations
- Standing orders (with county medical director if applicable)
- Emergency nebulizer clearance if indoors and partially isolated

Clinics:

- Same-day inhaler refill priority queue
- Pre-written ICS and OCS prescriptions when appropriate
- Loaner equipment for families (pulse ox, spacers, HEPA units)

V. Communication Protocol

Internal Alerts
Triggered by AQI threshold or nearby evacuation notice:

Message example:

- *"AQI has reached 175. All outdoor activities are suspended. HEPA zones are activated. Families with children on our high-risk list will receive individualized messages."*

Parent/Patient Messaging Templates /Each stage has a different message:

Preparedness Notice (AQI forecast rising):

- Steps families should take home (seal windows, reduce exertion)

Intervention Notice (AQI >150):

- Keep inhalers at school
- Consider early pickup if symptomatic

Closure/Remote Notice:

- Virtual visit links
- Remote schooling plan
- Medication refill instructions

VI. Staffing & Responsibilities
School Roles

- Incident Command Lead → Principal or Assistant Principal
- Health Officer → School Nurse
- Facilities Lead → Custodial/maintenance
- Communications Coordinator → Office Admin

Clinic Roles

- Clinical IC Lead → Charge RN or Clinical Lead
- Medical Officer → MD or NP designee
- Telehealth Lead
- Scheduling Coordinator

Daily Logs

- AQI values
- Attendance changes
- Children seen for respiratory complaints

VII. Return-to-Normal Criteria

Before resuming outdoor or normal school operations:

- AQI sustained <125 for 24 hours
- Indoor temp normalized <80°F
- HEPA devices functioning
- No active fire threat or road obstruction

Clinics:

- Reopen full schedule once AQI <150 AND ventilation validated
- Maintain telehealth for 48hr transition period

VIII. Family Preparedness Kit List

(To distribute as part of education)

For Home:

✓ Portable HEPA cleaner
✓ Spare inhaler and spacer
✓ 3-day medication supply
✓ Child-sized N95 (if age ≥8 and appropriate fit)
✓ Flashlight + portable charger
✓ Home evacuation map
✓ Copy of medical action plan

For School Bags:

✓ Rescue inhaler & spacer
✓ Water bottle
✓ Portable mask
✓ School Action Plan notification card

IX. Training & Drills

Schedule:

- August/Back-to-school orientation
- Global Smoke-Season Drill (Sept/Oct)
- Evacuation Simulation (Every other year)
- Staff HEPA equipment training refresher May

Training elements:

- How to apply evidence-based activity modifications
- Distinguishing respiratory distress requiring EMS
- Maintaining continuity of special-needs services

X. After-Action Evaluation Checklist

Post-event debriefs prompt sheet

Ask:

- Did HEPA zones reach correct capacity?
- How many children were symptomatic?
- Where communication failed?
- Were pharmacy delays observed?
- Did families request additional supplies?

Pediatric Post-Wildfire Care:
Clinical, Laboratory, and Mental Health Monitoring

Session Description
Children exposed to wildfire smoke, ash, and displacement face acute and long-term health risks that extend beyond the lungs.

This session equips pediatric providers with practical, evidence-based approaches for comprehensive post-wildfire care.

Experts will outline key clinical guidance—respiratory assessment, symptom management, and follow-up schedules—along with laboratory testing considerations such as CBC, inflammatory markers, and toxin or heavy-metal screening when indicated.

Recognizing the psychosocial toll of disasters, **the session will also cover** mental health monitoring, including screening for anxiety, depression, and post-traumatic stress, and strategies for timely referral and family support.

Attendees will learn how to integrate these **medical and mental health assessments** into routine care, coordinate with schools and community resources, and document exposures for research and public-health reporting.

Participants will leave with a practical toolkit to identify, monitor, and manage the short- and long-term health impacts of wildfire exposure in children.

PANELISTS:

- **Pediatric Psychologist:** Jeffrey Gold, PhD (LA FIRE Study / CHLA)
- **Allergist-Immunologist:** Ronald Ferdman, MD (CHLA)
- **Pediatric Pulmonologist:** Matt Wong, MD (CHLA)
- **Community Impacted:** Nicole Maccalla, PhD (Eaton Fire Residents United/USC)
- **Pediatric Cardiologists:** Georgios Hartas, MD (The Children's Heart Clinic LA)
- **Environmental Scientist:** Seth John, PhD (USC)

Moderator/Notetaker:

1. Amy Kim, PNP (ENT-CHLA)

Room Facilitator/Timekeeper:

1. Dana Fine (Research Asst. CHLA)
2. Riley Rehfeld (UCLA Sr. Nursing Student)

Theme: Clinical, Laboratory, and Mental Health Monitoring

Deliverables:

- Pediatric post-wildfire clinical assessment toolkit.
- Sample EMR documentation and follow-up checklist.
- Draft protocol for integrating mental health screening post-exposure.

Expected Outcomes:

Clinicians will gain evidence-based tools to identify, monitor, and manage the physical and psychological effects of wildfire exposure—ready for immediate integration into practice.

Narrative:

After the smoke clears, care continues.
This session will equip providers with a **comprehensive post-wildfire toolkit**— covering identification of the evidence to support **needed labs to mental health screening** —to ensure no child is left unseen or unsupported.

Pediatric Post-Wildfire Clinical Assessment Toolkit (examples)

1. Rapid Triage Screening (≤2-minute tool)

Ask parents/child (or self-report age ≥12):

Exposure Screening

Check all that apply:

- Direct wildfire smoke exposure in last 14 days
- Evacuation required
- Home displacement or damage
- Indoor smoke intrusion
- Loss of access to medications or equipment
- Loss of power affecting medical devices
- Sleep disruption due to fire/smoke events
- Symptom Change Screening

New or worsening:

- Cough
- Wheeze
- Increased work of breathing
- Chest tightness
- Fatigue/lethargy
- Headache
- Sleep disturbance
- Anxiety or fear related to fire

Immediate flags:

- Increased inhaler/nebulizer use
- Oxygen requirement and/or increase
- Hospital/ED visit since exposure

2. Focused Physical Assessment Domains

A. Respiratory Assessment

- Respiratory rate by age bracket
- Qualitative breathing: retractions, nasal flaring, prolonged expiratory phase

Auscultation:

- Wheeze (diffuse or focal)
- Crackles
- Diminished breath sounds
- Findings consistent with underlying chronic lung disease

B. Cardiopulmonary Strain Screening

Indicated for:

- Congenital heart disease (CHD)
- Bronchopulmonary dysplasia (BPD)
- Chronic lung disease (CLD)
- Severe asthma

Assess:

- Resting HR and BP (compare to baseline, if available)
- Pulse oximetry (resting + exercise/ambulation if appropriate)
- Hydration status
- Exercise tolerance during short ambulation test

Red flags:

- Resting SpO_2 <94% (or drop ≥3 points from baseline)
- Tachycardia disproportionate to fever or distress
- Fatigue impairing school participation
- Syncope or near-syncope

3. Risk Stratification Framework

Tier 1 — Minimal Risk

- No underlying conditions
- Mild symptoms or asymptomatic
- No medication escalation

Management:

- Safety education
- Short-term follow-up as needed
- Environmental mitigation instructions

Tier 2 — Moderate Risk

- Mild symptom worsening requiring PRN inhalers
- Previous ED visit but recovered
- Minor sleep or stress symptoms

Management:

- Action plan modification
- Scheduled follow-up (telehealth acceptable)
- Consider HEPA recommendation
- Review medication access

Tier 3 — High Risk (Refer or escalate)

Children with: *BPD, CHD, neuromuscular conditions, severe asthma*

- Home medical technologies
- Oxygen

- Ventilation
- Enteral pump devices impacted by power

Management:

- Same-day follow-up or consultation
- Medication reconciliation
- Reinforce emergency plan
- Supply and technology audit

4. EHR-Ready Assessment Template

Chief concern: post-wildfire health evaluation

Exposure details:

- Smoke intensity (self-reported)
- Duration (days/hours)
- Displacement status
- Access barriers

Symptoms:

Document:

- Onset, frequency, severity
- Triggers
- Nocturnal burden
- Rescue medication use

Objective:

- VS, SpO_2 (baseline vs current)
- Lung exam
- Cardiac workload indicators

Diagnostic plan:

- Spirometry (≥6 y/o capable)
- Peak flow trend if asthma known
- CPET referral if persistent cardiopulmonary change

Assessment categories:

- Post-smoke exposure irritant airway inflammation
- Asthma exacerbation risk
- Physiologic stress with comorbidity
- Psychosocial/environmental destabilization

Plan:

- Refills
- Clear return precautions
- Mitigation instructions
- Device and medication security review

5. Specific Clinical Recommendations

Asthma-Specific Actions

Confirm medication supply:

- ICS
- LABA/ICS (if prescribed)
- SABA
- Spacer
- Nebulizer tubing and mask

- Reinforce daily controller use
- Consider temporary ICS step-up (per GINA/NHLBI guidelines)
- For Technology-Dependent Children

Checklists:

- Functional home power backup
- Oxygen supply ≥72 hours
- Backup ventilator settings documented
- Battery checks completed
- Access to DME vendors not disrupted
- For Under-Resourced Families

Provide:

- Clinic-based HEPA referral or loaner programs
- Public health smoke shelters
- Info on pharmacy delivery
- Connections to local organizations

6. Mental-Emotional Support Screen

Ask:

- Are you having nightmares or trouble sleeping since the fire?
- Are you afraid the fire will happen again?
- Did you lose your home, belongings, school, or a pet?

Rapid validated options:

- CRIES-13
- SCARED screening

Recommended responses:

- Normalize reactions
- Offer pediatric crisis hotline info
- Provide 2-week follow-up

7. Parent Education–One-Page Script

Essential points:

- Wildfire smoke inflames small airways
- Symptoms often peak 1–3 days after exposure
- Some children are more sensitive, including those with heart and lung disease
- Indoor air quality and medication readiness matter

Care-seeking triggers:

- Persistent tachypnea
- Retractions
- SpO_2 changes
- Lethargy not improved after albuterol therapy

8. Clinical Exit Packet Items

Provide - *Printable*:

- Pediatric smoke-season action plan
- Power outage emergency sheet
- Medication checklist
- HEPA device guide
- School letter template

QR-codes to:

- Near-real-time AQI maps
- Local DME suppliers
- Local disaster relief programs
- Child-focused wildfire education sites

9. Follow-up Structure

Child Profile	Follow-up Recommendation
Low-risk, asymptomatic	PRN or 2-week phone check-in
Mild symptoms	Clinic or telehealth in 3–7 days
Known chronic conditions	Visit in ≤72 hours
Technology-dependent or symptom worsening	Same-day evaluation

- This is just an example; think about what might be missing or need to be added for the specific area.
- How long should surveillance continue and what exposures are missing?

Policy, Advocacy, and Communication:
Advancing Equity and Access for Families in Wildland–Urban Interface (WUI) Zones

Session Description

Families living in wildland–urban interface (WUI) zones face disproportionate barriers to wildfire preparedness, emergency response, and recovery.

This session examines how policy, advocacy, and strategic communication can reduce those inequities and improve access to health and safety resources.

Speakers will review key policy levers—from zoning and housing regulations to funding for community health centers and air-quality shelters—and highlight examples of successful legislation and local ordinances. The session will explore advocacy strategies that elevate community voices, engage policymakers, and secure equitable resource allocation.

Communication experts will share approaches for delivering culturally and linguistically tailored messaging, leveraging social media and trusted community partners, and reaching families during high-risk events.

Participants will leave with practical tools and case studies to influence policy, strengthen advocacy networks, and implement effective, equity-focused communication plans that protect vulnerable children and families in WUI communities before, during, and after wildfires.

Panelists:

- **Policy makers:** Caleb Rabinowitz (Chief of Staff to Assemblymember Isaac G. Bryan)
- **Communication experts:** Sujeet Rao, JD (USC)
- **Community members/first responders:** Daylan Bolden (CHLA Fire Safety Officer)
- **Pediatric Specialists (Pulmonology):** Irina Dralyuk, MD (Cedars)
- **Community Advocates (advocacy groups)/ Community members – impacted families:** Dawn Fanning (EFRU Managing Director)
- **Environmental Scientist:** Jill Johnston, PhD (UCI)*

Moderator/Notetaker:

1. Amanada Molder, PhD (USC)

Room Facilitator/Timekeeper:

1. Bellamy Heinonen (Student CSULB)

Theme: Equity and Access in WUI Zones

Deliverables:

- Policy brief outline or advocacy letter template.
- Stakeholder mapping worksheet identifying allies and decision-makers.
- Communication plan checklist for equitable outreach.

Expected Outcomes:

Participants will understand how to apply policy levers and advocacy tools to reduce health inequities in WUI communities—and return home ready to engage local and state policymakers.

Narrative:

Policy shapes protection.

The focus of this session is about turning passion into policy—collectively crafting advocacy tools and communication strategies that elevate the voices of families most at risk.

Policy Brief Outline/Advocacy Letter → Template Example…….

"Reducing Pediatric Smoke Exposure in WUI Zones"

A. Write an Executive Summary (3–4 sentences)

- Statement of the problem
- Who is affected by the problem (or your target population) and why it matters now
- Key recommended action
- Estimated benefit (health, economic, equity, operational)

B. Problem Context & Urgency

Include:

- What is occurring (e.g., increased smoke episodes, school closures)
- Magnitude (data points if available)
- Disparities or high-risk populations
- Near-term consequences if no action taken

Example framing sentences:

Pediatric asthma ED visits increase measurably during wildfire smoke intrusions, with disproportionate burden among children with chronic lung disease and those in historically underserved ZIP codes (or any WUI associated topic).

C. Evidence Summary

Use concise bullets:

- What we know
- What is emerging
- What is unknown (policy-relevant gaps)

Examples:

- ***Strong evidence*** → increased asthma exacerbations during smoke days
- ***Emerging evidence*** → neurodevelopmental impacts due to cumulative exposure
- ***Limited evidence*** → long-term cardiac sequelae

D. Recommended Actions (3 max)

Format as ACT + OUTCOME:

Example:

- **Implement school indoor-air safety protocols** → reduces acute respiratory events among medically fragile students
- **Subsidize HEPA filtration for low-income families** → supports equity in exposure reduction
- **Integrate AQI thresholds into school decision algorithms** → standardizes and improves safety consistency

Include:

Level of authority needed (*e.g., county order, school district adoption, insurer participation*)

E. Implementation Plan (Short-Term, Mid-Term, Long-Term)

Short-term (0–3 months): messaging, equipment placement, eligibility rules

Mid-term (3–12 months): funding optimization, monitoring

Long-term (>12 months): evaluation, community adoption, expansion

F. Calls to Action

Address stakeholder directly:

Examples:

- We are asking Los Angeles County Board of Supervisors to _____
- We ask CalAIM plans to create a _____
- We ask community partners to adopt neighborhood-based _____

G. Contact

- Organizational name
- Specific contact
- Email
- Phone

Short Advocacy Letter Example:

Dear [Name],

We are requesting [action] to improve [community group] outcomes related to [issue].

Data show:

• What is happening

• Who is disproportionately affected

• Why this requires urgent action

- We recommend [insert exactly 1–3 actions] because they will lead to [specific benefit].
- We stand ready to collaborate on implementation and accountability.

Sincerely,
[Your name]
[Organization]

2. Stakeholder Mapping Worksheet

Use to identify:

✓ Champions

✓ Decision makers and influencers

✓ Those likely resistant or misaligned

✓ Equity partners

Stakeholder Matrix Table

Stakeholder Group / Entity	Level of Influence (High/Med/Low)	Interest/Concerns	Desired Role	Involvement Strategy
School District Leadership	High	Costs, liability, safety consistency	Approver & Champion	Present data brief, share parent support
County Health Dept	High	Health metrics, emergency authority	Partner & Monitor	Co-brand messaging
Pediatric Pulmonary Clinics	Medium	Outcomes tracking	Advisor	Offer referral pathways
Parent Advocacy Groups	Medium/High	Health protection, transparency	Co-designer	Listening sessions
Insurance/Medicaid Managed Care	Medium	Cost containment, value-based metrics	Funders	Frame ROI
Cities & Municipal Offices	Variable	Evacuation & readiness	Amplifier	Provide dashboard access
Youth voices	Increasingly high	Direct lived impact	Messenger	Paid advisory role

Mapping Tool Prompts

1. Who benefits immediately if this change is adopted?
2. Who pays for it?
3. Who controls implementation levers?
4. Whose legitimacy matters symbolically?
5. Who would oppose and why?
6. Who is typically excluded but affected?

Equity-Centered Stakeholder Questions

- Who may be impacted differently by wildfire risk (renters, migrant families, lower-income ZIP codes)?
- Who is affected but not currently included in planning?
- Who holds expertise but not official authority? (teachers, faith-based leaders, Youth Councils)

Stakeholder Influence Quadrant Template

High Power / High Allyship → Build as champions
High Power / Low Allyship → Educate, build evidence pathways
Low Power / High Allyship → Mobilize, amplify
Low Power / Low Allyship → Inform only

3. Communication Plan Checklist for Equitable Outreach

A. Core Messaging Readiness

□ Clear purpose of communication
□ Specific call-to-action (CTA)
□ Child-centered framing (“protecting development and learning time”)
□ Avoids technical jargon

B. Audience Identification

□ Families
□ Youth
□ Schools
□ Clinicians
□ Local government
□ Emergency management
☑ Multiple languages accounted for
☑ Communication modes match community preference
(e.g., WhatsApp groups, robocalls, flyers, text alerts)

C. Accessibility & Inclusion

□ Spanish, English at minimum
□ Additional languages based on ZIP code prevalence
□ Large-font versions
□ Mobile-first formatting
□ Link scanning compatible
□ No registration barrier

D. Evidence Elements Included

□ Three data points
□ "Why now" narrative
□ What happens if no action is taken

Examples:

- 3 days of AQI>150 increases childhood asthma ER visits
- HEPA filtration reduces indoor particulates 60-80%

E. Timeline & Cadence

□ Pre-event awareness
□ Activation messages when AQI threshold crossed
□ Follow-up resource messages
□ post-impact transition support

F. Trust-Building

□ Acknowledges lived experience
□ Avoids deficit framing ("at-risk families")
□ Includes co-signing from local groups
□ Offers two-way communication pathway

Examples:

- Survey link
- Parent advisory call slot
- Feedback email

G. Measurement & Accountability

□ How will you know communication reached intended groups?
□ Engagement metrics:

- Open rate
- Click-through
- Attendance
- Hotline calls

□ Equity verification lenses:

- Did outreach reach rental communities?
- Did medically fragile families receive different instructions?

***These concepts can apply to any WUI issues (home remediation, etc..).**

Through Our Eyes:
Community Voices on the Human Impact of Wildfire Smoke

Session Description
Wildfire smoke is more than a public health statistic—it disrupts daily life, challenges mental well-being, and leaves lasting marks on families and neighborhoods.

In this session, parents, children, and community leaders share first-hand experiences of living through smoke-filled seasons: sudden evacuations, school closures, asthma flares, mental health stress, and the struggle to secure clean air and medical care.

Moderators will weave these personal narratives with key public health insights, highlighting how lived experience informs clinical care, emergency planning, and policy.

The discussion will explore practical protective measures such as indoor air filtration, N95 mask use, and creating community clean-air spaces, while also addressing emotional recovery and community resilience.

Attendees will leave with a deeper understanding of the human side of wildfire smoke exposure and actionable ideas to integrate community voices into healthcare guidance, advocacy, and preparedness planning.

PANELISTS ***[5]***

- **PEM/Climate Science & Enviro Justice:** Frank Gonzalez, MD (CHLA)
- **Pediatric Mental Health Provider:** Jessica Bianchi, EdD, ATR-BC, LMFT
- **Community Impacted APP:** Pamela Jane Nye, MS, APRN-CNS-BC, FCNS, CNRN (lost home)
- ~~**Impacted High school students:** Maria Knierim (HS Student)~~
- **Impacted Community Members/Advocacy:** Lisa Schultz (EFRU)

Moderator/Notetaker:

1. Olena Svetlov, DNP, BA, APRN, AGNP/CNS, CCRN, PHN, NE, FCNS

Room Facilitator/Timekeeper:

1. Stephanie Vallejo (UCLA Student)
2. Angelica Sanchez (Research Asst-CHLA)

Theme: Storytelling & lived experience

Deliverables:

- Compilation of community stories or quotes for inclusion in a ***"Through Our Eyes"*** report.
- Key themes linking lived experience to clinical and policy recommendations.
- Outline for ongoing community–clinician dialogue forum.

Expected Outcomes:

Participants will gain insight into the lived realities behind the data and develop a framework for integrating community voice into research, healthcare, and policy development.

Narrative:

This session listens deeply.
Through our eyes—and theirs—connects stories to systems, ensuring that every policy, every plan, and every practice reflects the lived experiences of children and families impacted by these crises.

FRAMEWORK FOR TRANSLATING LIVED EXPERIENCE → ACTIONABLE CHANGE (example)

I. Lived Experience Input → The human-centered origin of need

Based on:

- Experiences of evacuation, displacement, smoke exposure
- Loss of housing utilities (power, refrigeration, oxygen concentrators)
- School closures and telelearning
- Emotional trauma, disrupted development
- Financial hardship and loss of community identity
- Recovery support failures

Capture in structured form

Experience	Who is affected	Frequency	Severity	What they say they need
"Smoke came into the house, my child wheezed all night, and ER wait was long"	Child with asthma & parent	Seasonal	High	Indoor air protection, PM alerts
"Power outage stopped oxygen flow at night"	Medically fragile youth	Episodic	Very high	Backup power, supply continuity
"We lost access to school for 10 days each fall"	Families with school-age kids	Annual	Medium–High	Remote instruction modules

II. Meaning-Making Themes
This is what turns anecdote → pattern.
Typical emergent domains:

- Safety & security
- Medical stability
- School continuity
- Housing stability
- Trust-building and communication
- Economic sustainability
- Equity & distribution of harm

Structured process:
Lived Story → Theme → Magnifying Amplifiers (who/why) → Action Type

Example:
"Couldn't get medication refill during mandatory evacuation"
→ **Theme:** Care continuity vulnerability
→ **Amplifier:** Low-income status + reliance on Medi-Cal
→ **Action:** Emergency refill authorization standards

III. Evidence Alignment Layer

Pair the lived story with:

- Health outcome datasets
- Time-series trends linked to $PM_{2.5}$
- Published evidence from wildfire exposures
- Insurance claims data outcomes
- School absenteeism reports

Example alignment:
Lived narrative:
"My child coughs for weeks after the fire."

✓ **Evidence:**
Studies show 5–15% increase in pediatric ED utilization for 2–6 weeks following wildfire smoke surges. Some studies show an increase of up to 30%.

✓ **Clinical alignment:**
Poor symptom recovery predicts increased risks for exacerbation later.

IV. System Reliance Mapping
Here's where inequity is revealed….

Map where the system was needed but unavailable:

Lived Need	Required System	Failure Point	System Gap Type
Oxygen continuation	Power grid	Rolling shutoff	Supply chain fragility
Asthma breathing meds	Pharmacy access	Road/infrastructure closure	Operational dependency
Safe indoor school space	School HVAC & HEPA	AC failure	Facilities inadequacy

Gap types:

- Resource gap
- System design gap
- Financial/institutional priority gap
- Information gap

V. Conversion to Actionable Recommendations

This step must be **layered and tiered**:

Tier 1: Clinical Recommendations
(e.g., asthma, BPD, CHD, complex care)

Examples:

- Pre-season inhaler/STEROID refill strategy
- Seasonal action plan add-on: *"When AQI >150…"*
- Medical readiness kit template for complex-care families
- Automated telehealth switch when AQI threshold triggers

Tier 2: Policy Recommendations

Aligned at correct jurisdictional level:

Recommendation	Level	Implementation Levers
Portable HEPA reimbursable for medically fragile families	State health policy	Medicaid waivers, health plans
AQI-based school closures	Local/County	District boards, emergency ops
Backup power subsidy for oxygen-dependent families	State/Federal	HHS emergency equipment programs

Tier 3: Community/System Implementation Steps

Examples:

- "Smoke-resilient classroom" certification
- Annual wildfire readiness week
- Evacuation-ready patient registry
- Standardized "rapid medication continuity form"
- Behavioral health trauma-response group activation

VI. Accountability Metrics
Clinical Metrics:

□ ED visits for asthma, BPD or respiratory exacerbation
□ ICS/SABA prescription fill rates
□ Needed therapy/device failure events

Educational Metrics:

□ School absentee days linked to smoke events
□ Days learning loss

Equity Metrics:

□ ZIP-code-based exposure inequities
□ Disparities in filtration access
□ Uptake of readiness supports

VII. Output Formats for Stakeholders
Given the above structure, deliverables can be produced in:

✓ Policy brief (3 pages)
✓ Action-ready clinical guideline insert
✓ Executive summary
✓ Toolkit one-pager for families
✓ Funding justification narrative
✓ Legislative testimony narrative

VISUAL MODEL (repeatable)

Lived Experience
↓
Meaning Themes
↓
Evidence Translation
↓
System Gap Category
↓
Action Tier (Clinical / Policy / System)
↓
Equity & Accountability Metric

Example Case

Narrative:
"We were told not to go outside, but our apartment air smelled like campfire. My 7-year-old wheezed until I took him to urgent care."

Theme: Indoor air quality failures
Amplifier: Lower-income multifamily building
Evidence Link: Elevated indoor $PM_{2.5}$ during smoke events documented
Gap Type: Infrastructure & payer coverage
Clinical Action: Preseason step-up therapy & asthma plan
Policy Action: HEPA subsidy in Medi-Cal
System Action: Rapid clinic telehealth access
Metric: ED visits 5 days post-smoke event

One Life–One World:
Building Equitable Environmental and Planetary Policies to Protect All Life and Communities from Wildfire and Climate Change

Session Description
Wildfire and climate change threaten the interconnected web of life—people, water, wildlife, and ecosystems—reminding us that human health is inseparable from the health of our planet.

This session highlights how equitable environmental and planetary policies can protect communities and all living systems.

Speakers will explore cutting-edge strategies to reduce wildfire risk, preserve clean water, safeguard marine and terrestrial habitats, and limit greenhouse gas emissions.

Emphasis will be placed on ensuring equity and access for vulnerable populations, including those living in fire-prone and underserved regions. Case studies will showcase successful international collaborations, community-led advocacy, and policy frameworks that unite environmental justice, public health, and biodiversity conservation.

Participants will leave with actionable insights and tools to integrate planetary health principles—***One Life–One World***—into policy, research, and community action, advancing resilience and safeguarding the future of all species on a warming planet.

Panelists:

- **Environmental Scientist:** Rima Habre, PhD (Prof USC), CLIMA/NEXUS
- **Earth Sciences:** Sam Silva, Ph.D. (Env. Eng & Comp/Atmospheric) USC
- **Physical science (weather/meteorology):** Janine Bajinath-Rodino, PhD (Prof. UCLA)
- ~~**Community Advocate (advocacy groups):** Dr. Anita Ghazarian, OD (EFRU) **(Virtual?)**~~
- **Public Health:** Giovanna Lopez, MPH, DrPH (c)
- **Environmental Health/Neuroscience/Psychology:** Carlos Cardenas-Iniguez, PhD (USC)

Moderator/Notetaker:

1. Grace Regullana (EFRU and Research Director)

Room Facilitator/Timekeeper:

1. Justin Luu (UCLA Student)
2. Jenifer Fonseca (UCLA 4th yr Nursing Student)

Theme: Planetary Health & Policy Integration

Deliverables:

- Shared "One Life–One World" planetary health statement from participants.
- Policy integration framework connecting pediatric health and environmental justice.
- List of actionable next steps for institutional or advocacy alignment.

Expected Outcomes:
Participants will unite planetary health with pediatric equity—identifying policies and partnerships to safeguard all communities, ecosystems, and species from climate-driven harm.

Narrative:
We cannot understate the connection—the understanding that one life and one world are inseparable.
This breakout session is aimed at collectively crafting a unified statement of action that bridges planetary health and pediatric advocacy."

The Pediatric Environmental Justice (PEJ) Integration Framework (examples)
(Linking Exposure → Vulnerability → Structural Determinants → Policy Levers → Accountability)

I. Foundational Assumptions
Children experience disproportionate biological harm from environmental exposures due to:

- Higher respiratory rate per body weight
- Critical developmental windows
- Immature immune and metabolic systems
- Environmental risk is not equitably distributed.

Communities facing disproportionate wildfire, heat, traffic-based pollution, and industrial siting often include:

- Low-income families
- Children with chronic medical conditions
- Immigrant and language-diverse households
- Renters and multi-family housing residents
- Structural factors—not individual behaviors—drive risk.

II. Framework Overview
Environmental Hazard
→ Exposure Profile
→ Pediatric Vulnerability
→ Structural Amplifiers
→ Protection Levers (Policy & Health System)
→ Accountability Metrics

III. Core Domains and Linkages

A. Environmental Hazard Domain
Examples:

- Wildfire smoke intrusions
- Indoor air contamination
- Unsafe housing ventilation
- Power grid instability
- Urban pollutants ($PM_{2.5}$, NO_2)

- Data Inputs:
- GIS-linked AQI maps
- $PM_{2.5}$ plume forecasts
- Evacuation maps
- Redlined ZIP code overlays

B. Exposure Profile Domain
Exposure for children differs by:

- Time indoors vs outdoors
- School location relative to plumes
- Housing filtration quality
- Mobility patterns (bus, daycare pickup)

Primary Measures:

- Indoor vs outdoor $PM_{2.5}$ gradients
- Frequency of smoke days per year
- Home displacement frequency
- Recurrent school closures

C. Pediatric Vulnerability Domain

Health vulnerability increases when children have:

- Asthma or chronic lung disease (BPD)
- Congenital heart disease
- Neurodevelopmental conditions
- Home oxygen or ventilator needs
- Immature detoxification systems

Indicators:

- ED visits
- Steroid bursts
- Hospitalizations
- Therapy interruptions

D. Structural Amplifier Domain

Risk multiplies based on:

- Transportation dependency
- Food insecurity
- Medicaid access complexity
- Crowded or poorly ventilated housing
- Lack of portable filtration
- Parent inability to miss work

Ways these amplify exposure:

Structural Factor	Pediatric Consequence
No backup power	Interrupted oxygen/ventilator therapy
Rental housing	No authority to upgrade filtration
Lack of transportation	Delayed urgent care
No paid leave	Child remains symptomatic in school

IV. Policy Lever Categories

This framework directs solutions across five levels with each one tied to an environmental justice justification.

1. Health System Regulatory Levers

Examples:

- Emergency refill authorization during wildfire alerts
- Managed care funding for HEPA filtration
- Telehealth activation tied to AQI thresholds
- Protected authorization to leave work for caregiving

Justification:

Supports medically vulnerable children whose conditions worsen during poor air quality events.

2. Education System Levers

Examples:

- AQI-based school operations matrix
- Indoor “clean air zones” designation
- Mandated filtration capacity per classroom
- School nurse escalation protocols

Justification:
Schools represent key exposure sites affecting all children.

3. Housing & Built Environment Levers

Examples:

- HEPA reimbursement for medically fragile children
- Filtration standards tied to rental agreements
- Power continuity subsidies for ventilator and oxygen use
- Smoke-resilient shelter designation

Justification:
Housing inequity is a documented environmental justice pathway.

4. Community Infrastructure Levers

Examples:

- Clean air bus shelters
- Mobile asthma care units on high-risk days
- Local air quality alert systems
- Neighborhood-based supply distribution plans

Justification:
Areas of historical disinvestment often lack infrastructure for mitigation.

5. Legislative/Public Health Levers

Examples:

- Wildfire event classification as a covered emergency
- Automatic disaster codes triggering insurance waivers
- Designated funding streams for children with complex needs
- Community-level pollutant mitigation workforce grants

Justification:
Children cannot individually mitigate structural exposure.

V. Translating Pediatric Harm → Policy Action
Use the following pathway conversion model:

Model

Observed harm → Biological plausibility → Structural barrier → Policy lever → Accountability metric

Example 1

Child outcome:
"More steroid bursts during wildfire months"
Biologically plausible mechanism:
→ airway inflammation worsened by particulate exposure
Structural barrier:
→ refill delays + school exposure
Policy lever:
→ automatic refill authorization during AQI > 150
Accountability metric:
→ ED visits per 10,000 children per smoke week

Example 2

Child outcome:
"Unable to maintain oxygen flow during outage"
Mechanism:
→ ventilator/O_2 dependency
Structural barrier:
→ no utility exception or portable power reimbursement
Policy lever:
→ mandated utility restoration priority list
Accountability metric:
→ hours of interrupted equipment use per family

VI. Required Community Co-Governance Structures
1. Community Advisory Cabinet (CAC)

Functions as:

- Policy co-designer
- Agenda-setter
- Implementation validator

Membership includes:
✓ Parents of medically complex children
✓ Youth affected by wildfire events
✓ Representatives from historically impacted neighborhoods

2. Community Verification Loop
Every recommended policy must answer:

A. Does this reduce harm for the most impacted?
B. Is the pathway accessible without privilege?
C. Does this impose new burdens on marginalized families?
D. How will we measure success transparently?

VII. Shared Accountability Indicators
Aligned for policymakers, hospitals, and schools:

- Pediatric Health Indicators
- ED visit reduction
- Hospitalization reduction
- Treatment continuity
- Environmental Indicators
- Indoor particulate levels during smoke days
- Number of clean air facilities certified
- Equity Indicators
- Geographic access parity
- Subsidy uptake by ZIP code
- Reduced care disruption for publicly insured children

VIII. What This Produces in Practice
This framework enables:
✓
Policy briefs rooted in lived experience
✓ Benefit structures tied to clinical outcomes
✓ School-health integration
✓ Medicaid rate justification
✓ Facility-level investment cases
✓ State-level resilience planning

IX. The Final Model (Simple Visual Logic)

Environmental Burden
↓ (mapped inequity)
Structural Exposure Pathways
↓
Child Vulnerability Expression
↓
Clinical Consequence
↓
Policy Lever
↓
Equity-Sensitive Monitoring
↓
Real-World Impact

Bottom Line

Environmental injustice in childhood is a precursor to health inequity in adulthood.
Policies that reduce exposure and sustainable access to healthcare services during environmental disruption directly alter life-course trajectories.

Pediatric Firestorm TEAM
Breakout Session Framework
(For Sessions 1, 3, 4, 5, 6, and 7)

I. Session Overview

Purpose: Clarify on how these sessions contribute to the overarching conference theme — "**Pediatric Health on a Burning Planet:** *Assessment, Action, and Advocacy*."

Identify the core issue(s) being addressed in your session, the intended impact on child health, policy, or community resilience, and how this breakout aligns with the **Pediatric Firestorm TEAM pillars**:

- Transdisciplinary Collaboration
- Education and Engagement
- Assessment and Data Discovery (Research/Investigation)
- Mitigation and Policy Action

Amanda Molder's Synthesis of Breakout Session guidance

Panelists:
Because our session has 5-7 panelists, please prepare to speak for 5 minutes MAX.
Prepare the following slides:
Slide 1: Introduce yourself/discipline/areas of expertise, and connection to this workshop
Slide 2: Frame the problem in your issue area (policy, advocacy, communication)
Slide 3: Present key findings - evidence, best practices, model programs, etc.
Slide 4: How can this knowledge inform future fire preparation/adaptation, response, and/or recovery?
3-5 actionable takeaways

Everyone:
Prepare potential questions/discussion points for the panelists and broader breakout room
Have our high-level goal in mind: How policy, advocacy, and communication can reduce inequalities and improve access to health and safety resources
Have potential deliverables in mind:
Policy brief outline
Advocacy letter template
Worksheet that maps issues, allies, and decision-makers
Communication plan checklist

As the moderator, I plan to:
Facilitate group discussion by fielding questions/comments (in-person and zoom)
Make sure everyone's voice is heard and has chance to speak
Make sure we engage in civil and respectful discussion
Record the meeting (video/audio) and use an AI tool for notetaking/transcription
Collaboratively summarize key takeaways to report back to the larger conference group

II. Presenter and Use for Team Framework

Section	Presenter Focus	Tools & Guidance
1. Opening	Introduce yourselves, your disciplines, and your connection to the Pediatric Firestorm.	Begin with a case example, data point, or story that captures urgency and relevance. Identify importance to you!
2. Framing the Problem	Describe the specific pediatric issue or population affected. Connection.	Use 1–2 slides with data, visuals, or quotes. However best works for you to convey your information.
3. Key Findings or Interventions	Present evidence, best practices, or program models.	Highlight interdisciplinary/transdisciplinary relevance and replication potential (adaption and adoption to other areas).
4. Translational Takeaways	Identify how findings can inform clinical practice, research, and/or policy. Identify Tools, Gaps in resources-Research; Resource allocation issues	Provide 3–5 actionable items.
5. Discussion & Q/A	Engage participants in dialogue. *This can be integrated throughout the session; using the above to framework to engage from the beginning (i.e. everyone intro, discuss problem, etc..)	Prompts: 'What would this look like in your setting or community?' Questions can be designed throughout or designed to engage once the presenters are done.

III. Participant Framework

Step	Guiding Questions	Deliverable
1. Identify	What is the main challenge or gap discussed?	1–2 sentences describing the issue.
2. Connect	How does this relate to your field, community, or role?	Short reflection or share.
3. Innovate	What strategies could address this issue?	Add ideas to whiteboard or notes.
4. Collaborate	Who could you partner with to advance solutions?	Identify 1–2 collaborators.
5. Act	What next step can you personally take?	Write one 'Firestorm' commitment (Ex. I will knowledge share within my community; I will commit to collaborate with ____ on ____; I will join _____ to impact change on ____, etc..).

**Personal commitment cards will be provided to all attendees (speakers included) – determination of use based on panelists and session preference.*

IV. Session Documentation Template

Each breakout session will have a timekeeper and a recorder to support note taking to ensure capture of the following:

Key Discussion Points:

- Innovative Ideas
- Barriers Identified
- Next Steps / Large commitments
- Potential Outputs (e.g., abstracts, manuscripts, toolkits, policy briefs)

V. Evaluation & Reflection

At the end of the session, facilitators should prompt:

1. What is one takeaway that surprised you?
2. What can your team implement within the next 3 months?
    a. This can be theoretical.
3. How can Pediatric Firestorm TEAM support you in advancing this work?
4. Provide a short digital or written evaluation to capture participant insights.

VI. Example Applications per Session

Breakout Session	Focus	Unique Additions
#1 Mapping the Firestorm	Data, research, and outcomes	Include live demo of mapping or data visualization tool.
#3 Building Resilient Communities	Public health & education	Add group exercise: design a school or clinic smoke plan.
#4 Pediatric Post-Wildfire Care	Clinical & psychosocial	Provide case study templates or EMR documentation examples (as examples or others)
#5 Policy, Advocacy, and Communication	Systems and equity	Include brief policy simulation or advocacy letter exercise.
#6 Through Our Eyes	Community storytelling	Incorporate storytelling circle or empathy reflection.
#7 One Life–One World	Planetary health & equity	End with a collective 'One Life–One World' vision wall or action item framework.

Dr. Chris Landon's Work

***MOC4 Project Charter (Breakout Session #2)**

Title: Wildfire Preparedness for Pediatric Asthma Patients

Project Lead: Dr. Chris Landon

Institution/Clinic: AAP Chapter 2

Timeline: December 2025 - May 2026 (6 months)

Credit Can be Sought Individually: ABP Part 4 (QI Project, 25 points)

Aim Statement

By May 31, 2026, increase the percentage of pediatric patients with asthma who have a documented Wildfire Smoke Preparedness Action Plan in the EHR from a baseline of 0% to 70%.

Measures

Outcome Measure:

- % of asthma patients with a documented wildfire smoke preparedness plan (includes → inhaler/medication review, smoke exposure education, written instructions).

Process Measures:

- % of eligible patients receiving a smoke-preparedness handout.
- % of visits where staff reviewed proper inhaler/spacer technique.
- % of patients receiving prescription refills for controller or rescue inhalers prior to wildfire season.

Balancing Measures:

- Average clinics visit length (minutes).
- Parent/caregiver complaints about visit burden.

Population/Sampling Strategy

- ***Denominator***: Children 2-18 years with an active asthma diagnosis in the clinic panel.
- ***Numerator:*** Those with documented wildfire preparedness plan.
- ***Sampling:*** First 15 eligible asthma visits per week (include all if < 15).

Interventions / PDSA Cycles

Cycle 1 (December 2025)

1. Implement EHR smart phrase “Wildfire Action Plan” + distribute printed handouts at well visits.
2. Train MAs to prompt physicians at rooming.
3. *Attend WUI Conference
4. AAP Chapter 2 Newsletter has downloadable forms and handouts.

Cycle 2 (December 2025 - February 2026):

1. Add automated MyChart or portal message to asthma patients with link to preparedness checklist.
2. Provide 10-minute staff refresher on smoke exposure mitigation and inhaler technique.

Cycle 3 (Feb- April 2026):

1. Launch targeted outreach to high-risk patients (FEV1 < 80% or ≥1 ED visit in past year).
2. Establish “wildfire go-kit” checklist in discharge packets.

Data Collection & Analysis

- Track numerator/denominator weekly; update run chart with annotations for interventions.
- Review process and balancing measures monthly.
- Reflect on lessons learned at team meetings.

Team Participation

- Physicians: design project, implement interventions, document plans, review data.
- Nursing/MA staff: distribute handouts, reinforce inhaler technique, assist data capture.
- Admin staff: support scheduling and outreach.

Sustainability/Next Steps

- Integrate wildfire smoke preparedness plan into annual asthma action plan workflow.
- Future considerations: expanding project to include other chronic respiratory patients (CF, BPD).

Pediatric Health on a Burning Planet Conference
Breakout Session – Expert Panelist Role

Purpose:
Panelists serve as expert contributors who help set the stage for each breakout session by providing context, evidence, and lived or professional insights that frame the discussion. Their input grounds the session in real-world experience and inspires collaborative solution-building among participants.

Panel Format:
Each breakout session will begin with an **expert panel discussion** featuring **3–5 panelists** representing diverse disciplines, including clinical care, environmental science, policy, engineering, education, and community advocacy (as appropriate for topic).

- **Duration:** 10–20 minutes total (approximately 5 minutes per panelist, adjusted to group size).

- The goal is not necessarily to present formal lectures, but to **initiate thought-provoking dialogue** that establishes a foundation for the breakout group's collaborative work.

Panelist Responsibilities:
- **Contribute expertise** on the assigned breakout session topic (e.g., wildfire smoke impacts on pediatric health, community resilience, health systems preparedness).

- **Frame the discussion** by highlighting key challenges, data, or examples that connect professional or lived experiences to the session theme.

- **Engage with fellow panelists** in a collegial, conversational manner, allowing for interdisciplinary perspectives and cross-sector insights.

- **Support the transition** into the breakout portion of the session by offering guiding questions or calls to action that align with the session's objectives and deliverables.

- **Collaborate** with the session's moderator/notetaker before and during the session to ensure flow and clarity.

- Participate in a brief pre-conference coordination meeting with the Pediatric Firestorm Chair (**Sarah Heinonen**) and Conference Co-Lead (**Derek Corpus**)—along with the session moderator/notetaker—to discuss session goals, flow, and participant engagement strategies.

Ideal Attributes:

- Recognized subject matter expertise or lived experience relevant to the session topic.
- Ability to communicate key ideas succinctly and accessibly for a multidisciplinary audience.
- Commitment to inclusive dialogue, respect for diverse perspectives, and openness to cross-disciplinary collaboration.
- Enthusiasm for advancing the shared mission of safeguarding children's health in the wildfire era.

Pediatric Health on a Burning Planet Conference
Breakout Session - Session Moderator / Recorder Role

Purpose:
To guide the discussion, ensure equitable participation, and capture key insights, recommendations, and action items from each breakout or panel session.

Primary Responsibilities:

- Review the **session agenda and objectives** in advance to understand key themes and desired deliverables.
- **Welcome speakers and participants**, set the tone, and briefly outline session goals and structure.
- **Moderate discussion**, ensuring balanced contributions from panelists and participants while maintaining focus on the session objectives.
- **Document** core discussion points, emerging themes, challenges, and potential action steps using provided templates or note forms.
- Collaborate with the Firestorm planning team post-session to **summarize outcomes** for inclusion in the conference report or next-phase planning.
- Support respectful dialogue and redirect conversations that drift off-topic.
- Participate in a brief pre-conference coordination meeting with the Pediatric Firestorm Chair (**Sarah Heinonen**) and Conference Co-Lead (**Derek Corpus**)—along with the session expert panelists—to discuss session goals, flow, and participant engagement strategies.
- **Will report** out noted core discussion points, emerging themes, challenges, and potential action steps in the **larger group session**

Ideal Attributes:

- Strong communicator and listener.
- Experience in facilitation or academic discussion preferred.
- Comfortable synthesizing information quickly and accurately.
- Appreciates multidisciplinary perspectives and collaborative problem-solving.

Pediatric Health on a Burning Planet Conference
Breakout Session - Room Facilitator/ Timekeeper-Role

Purpose:
To ensure each session runs smoothly, stays on schedule, and maintains a positive, engaging atmosphere for presenters and participants.

Primary Responsibilities:

- Arrive **15 minutes before** the session to confirm room setup, audiovisual readiness, and presenter needs.
- **Coordinate timing** of presentations, providing visual or gentle verbal cues to keep speakers on track (e.g., time warnings).
- **Facilitate flow** between speakers and Q&A, ensuring transitions are smooth and respectful.
- Serve as the **point of contact** for any logistical or technical needs, coordinating with the conference team if issues arise.
- Greet attendees, encourage participation (remind all of value in all voices), and help maintain an inclusive, welcoming environment.
- Ensure the session **ends on time** to allow for room transitions and adherence to the overall conference schedule.

Ideal Attributes:

- Organized, professional, and punctual.
- Comfortable with light public speaking or signaling time.
- Able to multitask and support both presenters and participants calmly.

I (Dr. Heinonen) kindly ask that the items that have been created in this catalogue not be recreated for professional publication at this time, as they are intended for future refinement and publication through Pediatric Firestorm TEAM.

Conference Faculty

Pediatric Firestorm Faculty

Sarah Ann Keil Heinonen, DNP, APRN, CPNP-AC/PC

Dr. Sarah Heinonen is the Founder and Executive Director of **Pediatric Firestorm TEAM**, a transdisciplinary research and action collaborative focused on elucidating the health impacts of wildfire and climate-related exposures on children. Her work integrates clinical outcomes research, environmental data, community-engaged scholarship, and policy translation to advance pediatric-centered mitigation, preparedness, and advocacy in the wildfire era.

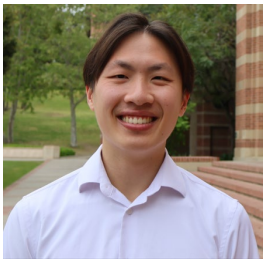
She is a dual board-certified (Acute/Primary Care) Pediatric Nurse Practitioner with over 25 years of pediatric clinical and research experience across critical care, cardiology, pulmonology, and sleep medicine, serving as a Senior Advanced Practice Provider at Children's Hospital Los Angeles, where she co-directs the Pulmonology Bronchopulmonary Dysplasia (BPD) Program. Nationally, she chairs the NAPNAP Asthma & Allergy SIG and serves on the BPD Collaborative Board.

Derek Corpus, MBBS

Dr. Derek Corpus is a Pediatric Pulmonologist at Guerin Children's, Cedars-Sinai and Vice President and Deputy Director of Pediatric Firestorm TEAM. As a Southern California native, his work focuses on protecting children's respiratory health from wildfire smoke by translating collaborative goals into actionable, community-centered solutions.

Justin Luu

Justin Luu is a fourth-year undergraduate student at UCLA majoring in biochemistry. As program coordinator of UCLA BruinCorps and the president of Bruin Origami for All, he is active in both education and art. Justin is also part of UCLA's Undergraduate Research Scholars Program, where his work focuses on understanding the molecular mechanisms of nausea.



Stephanie Vallejo

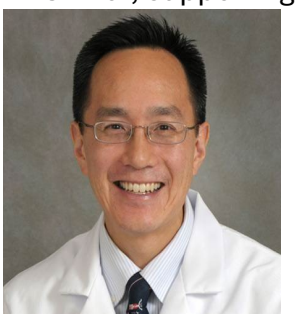
Stephanie Vallejo is a third-year first-generation undergraduate student at UCLA double majoring in Psychobiology and Education. A daughter of Colombian immigrants, she has established herself in numerous leadership positions such as community service chair for Hermanas Unidas de UCLA and as Program Coordinator for UCLA BruinCorps. She is active in serving underserved and marginalized communities, and is interested in opportunities related to pediatrics, psychiatry, and public health.

Bellamy Heinonen

Bellamy Heinonen is currently an intern at the Landon Pediatric Foundation as a Youth Executive Leader, where she assists in grant application and applied research. She has worked 100+ volunteer hours with various environmental organizations and has worked as a water safety instructor for the city of Huntington Beach since 2021. She is expected to graduate from California State University Long Beach in 2027 and plans to pursue a career in Environmental Law.

Anthony M. Szema, MD, FCCP, FAAAAI, FACAAI, FACP, ATSF

Dr. Anthony Szema is a Clinical Professor of Medicine and Occupational Medicine at the Zucker School of Medicine at Hofstra/Northwell and Director of the International Center of Excellence in Deployment Health and Medical Geosciences. His research focuses on inhalational disasters, including burn pits, wildfires, and the World Trade Center. A national leader in mentorship and advocacy, his work contributed to the passage of the PACT Act, supporting exposed veterans.



Catherine Stanecki, DO

Dr. Catherine Stanecki completed child neurology residency and both pediatric clinical neurophysiology & epilepsy fellowships at UCLA Health. She is board certified in Neurology with Special Qualification in Child Neurology (2022). An accomplished pediatric neurologist experienced in reading neonatal and pediatric EEGs, she has prior experience in biotherapeutic manufacturing, molecular imaging research, and biosensor development.

Juan Alejos, MD

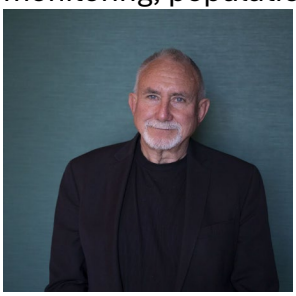
Dr. Juan C. Alejos is Medical Director of the Pediatric Heart Transplant/Cardiomyopathy Program and Director of the Pediatric Pulmonary Hypertension Program, and Clinical Professor of Pediatric Cardiology at UCLA. His research focuses on pulmonary vasodilator therapies, cardiomyopathy, and pediatric cardiac transplantation. He is president and founder of Hearts with Hope Foundation.

Karen Acevedo, MSN, APRN, NP

Karen Acevedo is a Pediatric Nurse Practitioner specializing in pediatric respiratory health. She previously worked with UCSF Fresno Pediatric Pulmonology and now serves Ventura County. She is an active member of NAPNAP and its Asthma and Allergy Special Interest Group, focusing on prevention, education, and environmental health advocacy.

Christopher Landon, MD

Dr. Christopher Landon is a Pediatric Pulmonologist with Midtown Medical Group, CEO of Landon Pediatric Foundation and the Technology Development Center. He advises multiple healthcare technology companies and focuses on integrating emerging technologies to improve patient outcomes. His work includes airway clearance, remote monitoring, population management of asthma and COPD, and global health.



Ruth Xilomen Rios, LMFT, ATR-BC, ATCS, MFA

Ruth Xilomen Rios is an Artist, Board Certified Art Therapist, and Licensed Marital and Family Therapist. She is Director of Child, Adolescent and Family Programs at Maple Counseling Center, part-time faculty at Loyola Marymount University, and President of the Art Therapy Credentials Board. Her work focuses on trauma, immigrant communities, and cultural humility, and her artwork has been exhibited and published nationally and internationally.

Janesri De Silva, MD, FAAP

Dr. Janesri De Silva is a board-certified pediatrician and founder of Kids & Teens Medical Group, a 23-location pediatric practice across Southern California. She leads an asthma-focused primary care clinic, participates in community-based asthma research with LA Care, and has over 20 years of clinical experience. A Fellow of the American Academy of Pediatrics, she is active in advocacy, public policy education, and media engagement on pediatric health topics.

Jeffrey Gold, PhD

Dr. Jeffrey I. Gold is a Professor of Anesthesiology and Pediatrics at the Keck School of Medicine of USC and a licensed clinical psychologist. He directs the Pediatric Pain Management Clinic and multiple interdisciplinary programs at Children's Hospital Los Angeles, specializing in acute and chronic pain, integrative health interventions, and outcomes research in pediatric populations.

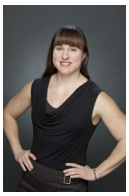
Ronald M. Ferdman, MD, MEd

Dr. Ronald Ferdman is Chief of Clinical Immunology & Allergy at Children's Hospital Los Angeles and Associate Professor at USC Keck. He specializes in severe asthma and allergic diseases, particularly in underserved populations. He holds a master's in medical education and is a Fellow of national pediatric and allergy organizations.

Best Starts to Life Faculty

Beth Smith, PhD, DPT

Dr. Beth A. Smith, PT, DPT, PhD, is Associate Professor in Developmental-Behavioral Pediatrics at Children's Hospital Los Angeles and USC, and Director of the Infant Neuromotor Control Laboratory. Her research examines early infant experiences, motor behavior, and neurodevelopment, and she co-leads Best Starts to Life at CHLA.



Douglas Vanderbilt, MD, MS, MBA

Dr. Douglas Vanderbilt, MD, MS, MBA, is Division Chief and Las Madrinas Chair of Developmental-Behavioral Pediatrics at Children's Hospital Los Angeles, Co-Director of the Behavioral Health Institute, and Professor of Clinical Pediatrics at USC. He leads national research, training, and interdisciplinary programs focused on high-risk infants, autism, ADHD, and developmental-behavioral pediatrics.

Dana Fine, CCRP

Dana is the Senior Manager of the Infant Neuromotor Control Laboratory at CHLA, managing research assistants and associates who recruit patients and conduct family visits. Previously, she was a Clinical Research Coordinator II in Neonatology and worked in regulatory affairs at Providence St. Joseph before rejoining CHLA nearly three years ago.

Angelica Sanchez, BA

Angelica is supporting two innovative studies in CHLA's Infant Neuromotor Control Laboratory, including a project led by Beth Smith, PhD, DPT, investigating how babies learn to reach, and the HEALthy Brain and Child Development Study. Her role includes recruiting participants, collecting data, and interacting with families.

American Academy of Pediatrics Chapter 2 Faculty

Tomás Torices, MD

Dr. Tomás Torices is the Executive Director for the American Academy of Pediatrics California Chapter 2 (AAP-CA2), serving the Southern California counties of San Luis Obispo, Santa Barbara, Ventura, Kern, Los Angeles, San Bernardino, and Riverside. He has been with the AAP-CA2 Chapter since March 2014. Originally from Argentina, and a foreign medical graduate from Mexico, Tomás has dedicated over thirty years to the healthcare industry. His experience includes ten years of general medical practice abroad, five years of administration and coordination of community health services in Southeast Los Angeles, over eight years as a physician champion and expert in electronic health record documentation (EHR – Epic Systems) providing clinical documentation training to physicians nationwide, and eleven years as a non-profit executive. Tomás leads legislative advocacy efforts on behalf of children, and is the producer of California Pediatrics, a podcast by pediatricians representing the American Academy of Pediatrics in the State.

Karina Maher, MD

Dr. Karina Maher, MD, is a pediatrician in Los Angeles who practiced clinically for 21 years before focusing on medical education. She writes and edits pediatric board study materials and develops physician education projects on the health impacts of climate change, including board testing content for the American Board of Pediatrics.

Keynote Speakers

Anthony M. Szema, MD, FCCP, FAAAAI, FACAAI, FACP, ATSF

Dr. Anthony Szema is a Clinical Professor of Medicine and Occupational Medicine at the Zucker School of Medicine at Hofstra/Northwell and Director of the International Center of Excellence in Deployment Health and Medical Geosciences. His research focuses on inhalational disasters, including burn pits, wildfires, and the World Trade Center. A national leader in mentorship and advocacy, his work contributed to the passage of the PACT Act, supporting exposed veterans.

Maria Knierim – Cancelled d/t family emergency

Maria Knierim is a high school senior interested in Sustainability and Business. A longtime climate advocate, she has spoken at school assemblies and served on parish and school sustainability groups. She is a member of the Palisades Charter High School Clean Energy Task Force and Human Rights Watch Student Task Force and is organizing the Youth Council for Growing Hope Gardens.

Nina Shapiro, MD

Dr. Nina Shapiro is a Professor Emerita of Head and Neck Surgery at UCLA and former Founding Director of Pediatric Otolaryngology. She is currently a pediatric otolaryngologist at Westside Head and Neck. A Forbes Healthcare contributor, she is the author of multiple books focused on child health, medical literacy, and misinformation.

Ian Calderon, Former California Assembly Majority Leader (2012-2020)

Ian Calderon is a former California Assembly Majority Leader representing the 57th District. As the first millennial elected to the Legislature, he advanced people-first policies focused on families and communities. Today, he advocates for protecting children in wildfire-vulnerable areas through resilience, preparedness, and child-centered climate action.

Breakout Session 1: Mapping the Firestorm

Danielle J. Poulin, MSN, CPNP (Moderator-Recorder)

Danielle Poulin is a pediatric nurse practitioner specializing in pediatric pulmonology at CHOC Children's, where she has practiced since 2010. A Southern California native, she has served as NP for the Cystic Fibrosis Center, led RSV prevention efforts, and provides care for children with asthma and complex pulmonary conditions. She is active in quality improvement and leadership initiatives and values long-term relationships with patients and families.

Anthony M. Szema, MD, FCCP, FAAAAI, FACAAI, FACP, ATSF (Expert Panelist)

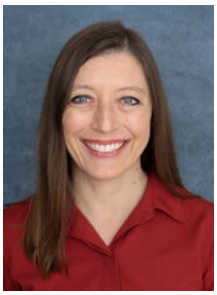
Anthony Szema is a Clinical Professor of Medicine and Occupational Medicine at the Zucker School of Medicine at Hofstra/Northwell and Director of the International Center of Excellence in Deployment Health and Medical Geosciences. His research focuses on inhalational disasters, including burn pits, wildfires, and the World Trade Center. A national leader in mentorship and advocacy, his work contributed to the passage of the PACT Act, supporting exposed veterans.

Katy Peck, MA, CCC-SLP, CLE, BCS-S (Expert Panelist)

Katy Peck is a pediatric speech-language pathologist board-certified in Swallowing and Swallowing Disorders, Clinical Lead at Children's Hospital Los Angeles, and PhD student at Rocky Mountain University. She has over two decades of experience caring for medically complex pediatric patients and is an accomplished presenter, author, researcher, and educator.

Catherine Stanecki, DO (Expert Panelist)

Dr. Catherine Stanecki completed child neurology residency and both pediatric clinical neurophysiology & epilepsy fellowships at UCLA Health. She is board certified in Neurology with Special Qualification in Child Neurology (2022). An accomplished pediatric neurologist experienced in reading neonatal and pediatric EEGs, she has prior experience in biotherapeutic manufacturing, molecular imaging research, and biosensor development.



Juan Alejos, MD (Expert Panelist)

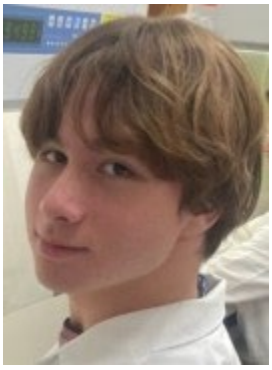
Dr. Juan C. Alejos is Medical Director of the Pediatric Heart Transplant/Cardiomyopathy Program and Director of the Pediatric Pulmonary Hypertension Program, and Clinical Professor of Pediatric Cardiology at UCLA. His research focuses on pulmonary vasodilator therapies, cardiomyopathy, and pediatric cardiac transplantation. He is president and founder of Hearts with Hope Foundation.

Josh West, PhD (Expert Panelist)

Josh West is a Professor in the Department of Earth Sciences at the University of Southern California, affiliated with the USC Environmental Studies Program and Faculty in Residence in Cowlings and Ilium Residential College. His research works at the intersection of landscapes, water, soil, the carbon cycle, climate, mountains, hazards, and Earth's long-term habitability, with interests in natural resources, energy, and hydrology.

Jordan Struve (Facilitator-Timekeeper)

Jordan Struve is a second-year undergraduate student at University of California, Riverside. He is a medical assisting student at Kids & Teens Medical Group and has presented research regarding ovarian cancer as part of City of Hope.



Mica Berg (Facilitator-Timekeeper)

Mica Berg is a high school student. She works as an intern in the Bioengineering Kasko Lab at UCLA. (no photo)

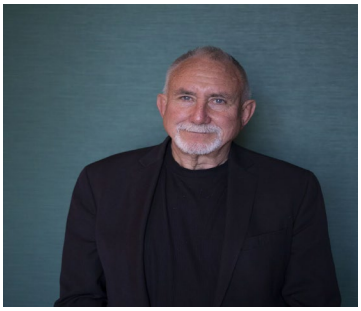
Breakout Session 2: Asthma Care in the Wildfire Era

Karen Acevedo, MSN, APRN, NP (Moderator-Recorder)

Karen Acevedo is a Pediatric Nurse Practitioner specializing in pediatric respiratory health. She previously worked with UCSF Fresno Pediatric Pulmonology and now serves Ventura County. She is an active member of NAPNAP and its Asthma and Allergy Special Interest Group, focusing on prevention, education, and environmental health advocacy.

Christopher Landon, MD (Presenter MOC)

Christopher Landon is a Pediatric Pulmonologist with Midtown Medical Group, CEO of Landon Pediatric Foundation and the Technology Development Center. He advises multiple healthcare technology companies and focuses on integrating emerging technologies to improve patient outcomes. His work includes airway clearance, remote monitoring, population management of asthma and COPD, and global health.



Breakout Session 3: Building Resilient Communities

Ruth Xilomen Rios, LMFT, ATR-BC, ATCS, MFA (Moderator-Recorder)

Ruth Xilomen Rios is an Artist, Board Certified Art Therapist, and Licensed Marital and Family Therapist. She is Director of Child, Adolescent and Family Programs at Maple Counseling Center, part-time faculty at Loyola Marymount University, and President of the Art Therapy Credentials Board. Her work focuses on trauma, immigrant communities, and cultural humility, and her artwork has been exhibited and published nationally and internationally.

Janesri De Silva, MD, FAAP

Janesri De Silva is a board-certified pediatrician and founder of Kids & Teens Medical Group, a 23-location pediatric practice across Southern California. She leads an asthma-focused primary care clinic, participates in community-based asthma research with LA Care, and has over 20 years of clinical experience. A Fellow of the American Academy of Pediatrics, she is active in advocacy, public policy education, and media engagement on pediatric health topics.

Jessica Cabrera, MSW, MPH (Expert Panelist)
Jessica Cabrera is a Licensed Clinical Social Worker specializing in child and family therapy. She serves as Speaker Coordinator for Eaton Fire Residents United, supporting community recovery through education, advocacy, and empowerment.

Nina Knierim, JD (Expert Panelist)
Nina Knierim is the California Area Manager for Climate and Disaster Resilience at CORE. A USAF veteran and former immigration attorney, she leads statewide programs in wildfire resilience, disaster preparedness, and climate adaptation, supporting communities and public agencies across California.

Haritha Rodrigo (Expert Panelist)

Haritha Rodrigo is the chairman at Asia Corp Holdings and managing director at Capital Management Services (Pvt) LTD. He is also a part of Kids & Teens Medical Group.

Barbara Rodriguez, MD, FAAP (Expert Panelist)

Barbara Rodriguez is a native Angeleno and board-certified pediatrician since 1989. She earned her medical degree from Creighton University and completed internship and residency at LAC+USC Medical Center. She has practiced in private practice, medical missions in Mexico, and community health centers, focuses on preventive medicine, is bilingual in English and Spanish, and serves as a Volunteer Assistant Clinical Professor at UCLA School of Nursing.

Rohina Furmuly, PA-C (Facilitator-Timekeeper)

Rohina Furmuly is a nationally board-certified physician assistant practicing pediatrics with Kids & Teens Medical Group. She earned her degrees from UCLA and Western University of Health Sciences and has experience in internal medicine, veterans' care, and pediatric practices. She has conducted epidemiological and clinical research, co-authored publications, and is certified by the National Commission of Certification of Physician Assistants.

Darby De Silva (Facilitator-Timekeeper)

Darby De Silva is a pre-medical student and part of Kids & Teens Medical Group.

Breakout Session 4: Pediatric Post-Wildfire Care

Sejung 'Amy' Kim, PNP, MSN, APRN, CPNP-PC (Moderator-Facilitator)

Amy Kim is a pediatric nurse practitioner passionate about helping children thrive. She spent three years in the pediatric ICU as a registered nurse and five years as a nurse practitioner in pediatric primary care. She is now part of the Department of Otolaryngology at Children's Hospital Los Angeles and prioritizes patient education and family-centered care.

Matthew S. Wong, DO, MPH (Expert Panelist)

Matthew S. Wong, DO, MPH, is a pediatric pulmonologist and Clinical Assistant Professor at Children's Hospital Los Angeles. He is board certified in pediatrics, with subspecialty certification anticipated in 2026. Dr. Wong is an active leader within the American Thoracic Society, serving as Podcast Chair and committee member, and has published and presented nationally on pediatric asthma, obesity, and health disparities.

Jeffrey Gold, PhD (Expert Panelist)

Jeffrey I. Gold, PhD, is a Professor of Anesthesiology and Pediatrics at the Keck School of Medicine of USC and a licensed clinical psychologist. He directs the Pediatric Pain Management Clinic and multiple interdisciplinary programs at Children's Hospital Los Angeles, specializing in acute and chronic pain, integrative health interventions, and outcomes research in pediatric populations.

Ronald M. Ferdman, MD, MEd (Expert Panelist)

Ronald Ferdman is Chief of Clinical Immunology & Allergy at Children's Hospital Los Angeles and Associate Professor at USC Keck. He specializes in severe asthma and allergic diseases, particularly in underserved populations. He holds a Master's in Medical Education and is a Fellow of national pediatric and allergy organizations.

Georgios Hartas, MD (Expert Panelist)

Georgios A. Hartas is founder and Medical Director of the Children's Heart Clinic and an attending physician at Children's Hospital Los Angeles. He is board certified in Pediatrics and Pediatric Cardiology and trained at Albert Einstein College of Medicine, VCU, and the University of Texas Health Science Center at Houston. He is a Fellow of the American Academy of Pediatrics, American College of Cardiology, and Society for Cardiovascular Angiography and Interventions.

Seth John, PhD (Expert Panelist)

Seth John is faculty in the Earth Sciences Department at the University of Southern California. His research interests include metal micronutrient biology, isotope geochemistry, global ocean modeling, and marine CDR. His Marine Trace Element Laboratory studies trace-metal isotope geochemistry to understand ocean micronutrients, biogeochemical cycles, and Earth's biological and geological history.

Nicole Maccalla, PhD (Expert Panelist)

Nicole Maccalla holds a PhD and MA in Education from UCLA and a BA from Saint Mary's College of California. She is a Senior Lecturer at USC and Lead Investigator at UCLA's Enhance Diversity Study. She specializes in Evaluation Capacity Building and evaluation of K–16 programs, with research interests in diversity, equity, inclusion, and organizational development.

Dana Fine, CCRP (Facilitator-Timekeeper)

Dana is the Senior Manager of the Infant Neuromotor Control Laboratory at CHLA, managing research assistants and associates who recruit patients and conduct family visits. Previously, she was a Clinical Research Coordinator II in Neonatology and worked in regulatory affairs at Providence St. Joseph before rejoining CHLA nearly three years ago.

Riley Rehfeld (Facilitator-Timekeeper)

Riley Rehfeld is a senior undergraduate student at the UCLA School of Nursing with a focus on pediatric nursing. As President of the Pediatric Interest Club, she leads creative coping initiatives for hospitalized children. She is a recipient of the 2025 LA Chapter SPN Scholarship for research on arts-based pediatric care.

Breakout Session 5: Policy, Advocacy, and Communication

Amanda L. Molder, PhD (Moderator-Recorder)
Dr. Molder is a social scientist specializing in environmental and risk communication. She is a Postdoctoral Researcher at USC's Wrigley Institute, where her work examines how media framing of wildfires shapes public attitudes, behavior, and policy preferences.

Sujeet Rao, PhD, JD (Expert Panelist)
Sujeet currently serves as the Director of the Health and Well-being practice for USC Dornsife Public Exchange, where he manages partnerships to deliver research-based insights for local government agencies, major healthcare systems, Hollywood media companies, and more. His team currently is leading the USC CLEAN project, the largest post-wildfire soil testing program in L.A. County.

Earlier in his career, Sujeet was Chief Operating Officer of Elucd, a venture-backed govtech startup, and from 2021-2022, served as a Senior Policy Advisor on the White House COVID-19 Response Team, coordinating federal efforts to distribute new COVID therapeutics and mobilize thousands of doctors and nurses to help the country's strained health systems.

Sujeet earned a bachelor's in business administration from the University of Michigan and a law degree from Yale Law School.

Irina Dralyuk, MD, MS (Expert Panelist)
Dr. Irina Dralyuk is a pediatric pulmonologist at Cedars-Sinai Medical Center in Los Angeles, California.

She earned her bachelor's degree in psychology from Washington University in St. Louis Missouri, a Master's in Physiology and Biophysics from Georgetown University in Washinton DC, her medical degree from the University of Texas Health Science Center at San Antonio, completed a pediatric residency at the University of Texas Health Science Center at Houston and pediatric pulmonology fellowship at Miller Children's and Women's Hospital Long Beach.

Dr. Dralyuk's work focuses on multidisciplinary care, which includes the development and growth of the Aerodigestive Program, Severe Asthma and Cystic Fibrosis Clinics at Cedars, as well as a robust pediatric bronchoscopy program, medical education and research.

In her free time Dr. Dralyuk enjoys spending time with her family, planning 4-year-old birthday parties, dancing Argentine tango, and exercising.

Caleb Rabinowitz (Expert Panelist)

Caleb Rabinowitz is the chief of staff to Assemblymember Isaac G. Bryan in the California State Assembly. A graduate of the UCLA Luskin School of Public Affairs, he was a consultant in the development of a UC-wide clearinghouse for humanitarian, development, emergency management, recovery and resilience resources, including faculty expertise, institutes and programs, and funding availability.

Dawn Fanning (Expert Panelist)

Dawn Fanning is a leader of Eaton Fire Residents United (EFRU) advocacy work. She is a displaced Pasadena resident, a 30-year Altadena resident, and the landlord of a four-unit building in Altadena.

Daylan Bolden (Expert Panelist)

Daylan Bolden is a Healthcare Facility Instructor in Los Angeles. He specializes in hospital fire safety.

Bellamy Heinonen (Facilitator-Timekeeper)

Bellamy Heinonen is currently an intern at the Landon Pediatric Foundation as a Youth Executive Leader, where she assists in grant application and applied research. She has worked 1000+ volunteer hours with various environmental organizations and has worked as a water safety instructor for the city of Huntington Beach since 2021. She is expected to graduate from California State University Long Beach in 2027 and plans to pursue a career in Environmental Law.

Breakout Session 6: Through Our Eyes

Olena Svetlov, DNP, BA, APRN, AGNP/CNS, CCRN, PHN, NE, FCNS (Moderator-Recorder)

Olena Svetlov is a Doctor of Nursing Practice with 19 years of critical care experience, specializing in hemodynamics, delirium prevention, and safe AI use in nursing. An international speaker and award recipient, she has led Gold Beacon–recognized teams and developed global health initiatives, including Stop the Bleed training and the TacticMedAid app.

Jessica Bianchi, EdD, ATR-BC, LMFT (Expert Panelist)

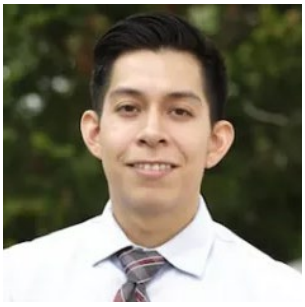
Jessica Bianchi is an Assistant Professor at Loyola Marymount University in Marital and Family Therapy with Specialized Training in Art Therapy and directs the Helen B. Landgarten Art Therapy Clinic. She co-founded Recipes for Connection and co-authored *Social Emotional Arts Activities for Teachers and Students to Use in the Classroom*.

Pamela Jane Nye, MS, APRN-CNS-BC, FCNS, CNRN (Expert Panelist)

Pamela Jane Nye is a nurse entrepreneur owning two businesses: Neuroscience Nursing, Ltd and Operation Scrubs, Inc. She is an Associate Professor at the UCLA School of Nursing Nurse Practitioner/Clinical Nurse Specialist Dual Role Program. Scientist at heart with a background in nursing research, mentor and donor to the American Heart / American Stroke Association STEM for Girls program, creator of the Los Angeles Nurse Network, and creator of the Pamela Jane Nye Working Nurse Scholarship.

Frank Gonzalez, MD (Expert Panelist)

Frank Gonzalez was born and raised in Las Vegas, Nevada. After completing undergrad at the University of Nevada, Reno, he attended Harvard Medical School and completed residency at Boston Children's Hospital and Boston Medical Center. His academic interests include medical education and diversity, equity, and inclusion.



Lisa Schultz (Expert Panelist)

Lisa Schultz is an attorney and Steering Committee member at Eaton Fire Residents United (EFRU).

Angelica Sanchez, BA (Facilitator-Timekeeper)

Angelica is supporting two innovative studies in CHLA's Infant Neuromotor Control Laboratory, including a project led by Beth Smith, PhD, DPT, investigating how babies learn to reach, and the HEALthy Brain and Child Development Study. Her role includes recruiting participants, collecting data, and interacting with families.

Stephanie Vallejo (Facilitator-Timekeeper)

Stephanie Vallejo is a third-year first-generation undergraduate student at UCLA double majoring in Psychobiology and Education. A daughter of Colombian immigrants, she has established herself in numerous leadership positions such as community service chair for Hermanas Unidas de UCLA and as Program Coordinator for UCLA BruinCorps. She is active in serving underserved and marginalized communities, and is interested in opportunities related to pediatrics, psychiatry, and public health.

Breakout Session 7: One Life - One World

Grace Regullano (Moderator-Recorder)

Grace Regullano is the research director at Eaton Fire Residents United (EFRU). She is also the Program Director at Sunrise Project, overseeing the private banks program to push banks to stop funding the climate crisis. She has nearly 20 years in the labor movement and previously served as Strategic Research and Analytics Director for United Teachers Los Angeles, leading strategy for a supermajority strike. Her work has been featured in the LA Times, Washington Post, and NRK Norway.

Carlos Cardenas-Iniguez, PhD (Expert Panelist)

Carlos Cardenas-Iniguez is an assistant professor in the Division of Environmental Health at the Keck School of Medicine of USC. He earned his PhD in Psychology and Integrative Neuroscience from the University of Chicago. His research uses the ABCD Study to examine how social stratification and environments influence neural and cognitive development, mental health, and incorporates spatial analysis, critical race theory, and anti-racism principles.

Rima Habre, ScD, MSc (Expert Panelist)

Rima Habre is an Associate Professor of Environmental Health and Spatial Sciences at USC and Director of the CLIMA Center. She is a leader in exposomics research, an MPI of the NIH-funded NEXUS Network, and a member of the LA Fire Health Consortium. She earned her doctorate from Harvard T.H. Chan School of Public Health.

Sam Silva, PhD (Expert Panelist)

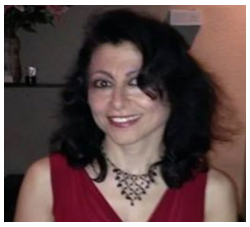
Sam Silva is an Assistant Professor of Earth Sciences, Civil and Environmental Engineering, and Population and Public Health Sciences at the University of Southern California, leading the Atmospheric Composition and Earth Data Science group. Previously, he was a Research Data Scientist at Pacific Northwest National Laboratory and a Linus Pauling Distinguished Postdoctoral Fellow. He earned a PhD from MIT and degrees from the University of Arizona.

Giovanna Lopez, MPH, DrPH (Expert Panelist)

Giovanna Lopez is a public health professional dedicated to advancing equity for historically marginalized communities. She serves as Administrative Program Manager for the Community Public Health Team at CORE, overseeing community-based initiatives that strengthen access to essential resources. She holds a Master of Public Health and is pursuing a Doctorate in Health Policy and Leadership at Loma Linda University.

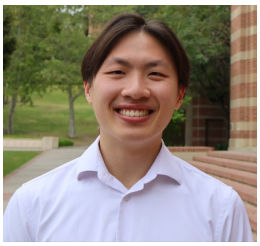
Anita Ghazarian, OD (Expert Panelist)

Anita Ghazarian, OD, is co-founder and Vice President of Ban SU, focused on reducing unregulated toxins and addressing climate change. An Altadena resident and parent of two, she is a Doctor of Optometry specializing in binocular vision disorders and vision therapy and has served 16 years on the board of Foothill Autism Alliance.



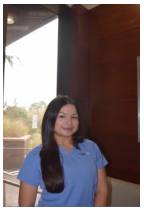
Justin Luu (Facilitator-Timekeeper)

Justin Luu is a fourth-year undergraduate student at UCLA majoring in biochemistry. As program coordinator of UCLA BruinCorps and the president of Bruin Origami for All, he is active in both education and art. Justin is also part of UCLA's Undergraduate Research Scholars Program, where his work focuses on understanding the molecular mechanisms of nausea.



Jenifer Fonseca (Facilitator-Timekeeper)

Jenifer Fonseca is a fourth-year student at the UCLA School of Nursing with experience in environmental health research working with USC's Green Team, collecting and analyzing community air-quality data to better understand environmental health disparities. Strengthening her skills related to assessment, data interpretation, and community advocacy continues to deepen her passion and strengthen her commitment to pediatric health, and environmental justice.



PEDIATRIC FIRESTORM TEAM - LOGO Reveal!!!!!!

Pediatric Firestorm

TEAM

Pediatric Firestorm TEAM
Pediatric Health, Science, Advocacy and Humanity