Fostering Collaborations: A Symposium to Advance Equitable Heat Health Actions

Town Hall:

Approaches to Heat Challenges, Opportunities and Solutions







AGENDA

- Welcome and Introductions
- Meeting Objectives
- Town Halls: Summary & Key Takeaways
- Discussion
- Next Steps







Overview of Doris Duke Program

Strengthening Pathways

A <u>national conversation</u> *C* focused on identifying opportunities to better translate innovations from prevention and care research to maximize societal benefits, comprised of 18 symposia occurring across the country in the spring and summer of 2025.

Supported by a collective of leading funders of health research in the U.S., these symposia will illuminate strategies to connect societal health priorities with research ideas, funding models, policies and commercial incentives to improve health outcomes.

The aim is to create a blueprint for action that can shape new funding models, policy changes and industry investments to promote health innovations that prevent disease and improve outcomes of clinical care.









A Symposium to Advance Equitable Health Actions

Symposium Goal: Foster cross-sector dialogue to bridge the gap between research and practice in heat health and resilience through stakeholder engagement.

Symposium Objectives:

- Identify key challenges and research gaps related to the health impacts of extreme heat on communities.
- Foster interdisciplinary collaboration that accelerates research-to-action pathways.
- Engage funders and decision-makers to catalyze investment in heat-health research and community resilience.
- Sustain dialogue and translate symposium insights into actionable strategies for state and local implementation.







Objectives for Today

- Knowledge-sharing about key efforts and stakeholders in heat health research and planning
- Identification of key focus areas & format for Symposium

Goals of Town Halls: Facilitate conversations that allow participants to self-select priorities and key topics for discussion to inform a well-rounded symposium agenda.







Summary: Town Hall 1

We need a coordinated, community-driven approach to heat risk and resilience communication!

- Current data and heat alert practices include the five listed to the right.
 - Town Hall participants mostly used NWS Alerts but noted that residents rely on city/town alerts.
 - We know that the use of Heat Alerts from NWS varies by forecast office
- How do we build a coordinated, local heat alert and response system?
 - To enable local research and advocacy, we need local health data.

National Weather Service

Heat watches, warnings, and advisories to alert the public via cell push alerts, social media, web, radio, TV, local news, etc.

MEMA Notifications

Preparedness tips and public alerts about about severe weather, emergency situations, and disasters via push alerts & gov't website notices, as well as social media.

Health & Homeland Alert Network (HHAN) System

Dangerous heat warnings and urgent public health messages via email to Public Health Directors, healthcare providers, and participating organizations

City/Town Emergency Notifications (ex. CodeRed, ReadySOS, etc.) Local alerts about severe weather, emergencies, and other community notices via text, robo-call, and email to subscribers.

Climate Central Realtime Climate Alerts Local climate alerts with context for email subscribers









Summary: Town Hall 1









Key Takeaways: Town Hall 1

- 1. Profound heat impacts on adolescent age group!
- 2. Risk levels significantly increase after three consecutive days of 85°F.
- 3. Our community is reliant on data usability depends on complexity, availability, design, and accessibility.







Emerging Questions: Town Hall 1

- 1. How can we address the issue of municipal networks reaching a general (often repetitive) group?
 - Can we replicate practices from how we communicate about cold and snow?
- 2. How can we connect with people in heat in a non-technical way?
- 3. Is there a way to assess how effective heat alerts are at shifting behaviors?







Participants identified key comparisons to explore in relation to heat exposure, communication, and Emergency Department (ED) visits:

- Outdoor vs indoor occupations
- Rural, suburban & urban community differences
- Dry vs humid heat impacts
- Health vulnerability factors in relation to ED visits
- Behavioral outcomes (e.g., violence) linked increased heat
- Insurance status in relation to ED visits







Summary: Town Hall 2



A map of the magnitude of temperature anomalies–temperature that was higher or lower than the long-term average-that occurred during the 2021 heat dome. <u>NASA</u> <u>Earth Observatory</u>.

- Retrospective analysis of electronic medical records from 3 Seattle-area hospitals.
- Found an increase of 21.7 ED visits and 9.9 unplanned hospitalizations per day during the Extreme Heat Event.
- ED crowding and process measures also displayed significant increases, becoming the most pronounced by day 3 of the Extreme Heat Event.
- Higher incidence rate ratios for heat-related illness were observed for patients who were older, female, or who had pre-existing diabetes.

https://www.climatehubs.usda.gov/







Increasing Summer Heat in MA (2023)

High Temperature on the 20th Hottest Day of the Year

New England, 2000 - 2022



Mystic River Watershed Area, 2000 - 2022

Temperatures on the hottest days of the year are higher across all of New England, with Middlesex and Suffolk counties seeing some of the highest temperatures in the region.







Key Takeaways: Town Hall 2

- Cities and towns need **stronger coordination** and accountability to overcome siloed and inconsistent heat response efforts.
- Public engagement is often low, highlighting the need for more **proactive**, **personalized**, **and trusted communication strategies**.
- Better local data on heat exposure and health impacts is needed, along with clearer links to decision-making.

- Shifting focus from planning to implementation based on contexts, including cooling for schools, worker protections, and power outage preparedness.
- Local heat interventions affect neighboring areas, underscoring the need for regional coordination and data sharing.
- Equity should be embedded through culturally relevant outreach and targeted support for vulnerable populations.







Discussion Prompts

- 1. What makes it challenging to coordinate efforts across different agencies and with communities?
 - What is working well? How can it be scaled up?
 - What are the specific barriers you've encountered?
- 2. What kinds of tools, support, or resources would help you be better equipped to tackle these challenges?
 - Think about both day-to-day needs and longer-term capacity-building.
- 3. How can we improve access to critical resources and updates—whether it's funding opportunities, policy changes, or best practices?
 - What's currently working well and where are the gaps?







Save the Date!



Agenda Overview

- 8:30 9:00 a.m. | Breakfast and Networking (optional)
- 9:00 9:15 a.m. | Welcome
- 9:15 10:15 a.m. | Lightning Talks
- 10:15 11:00 a.m. | Panel Discussion
- 11:00 a.m. 12:00 p.m. | Debrief and Group Discussion on Regional Health Priorities
- 12:00 p.m. | Lunch and Networking

Please share with your networks!







If you are interested in giving a 6-8 minute lightning talk, please email kkobylt@mapc.org









