

The Bree Collaborative Draft Extreme Heat Charter and Roster

Problem Statement

Climate change is widespread, rapid, and intensifying with a direct impact on health on a regional level.¹ Washington has seen an increase in climate related illnesses including but not limited to heat related illnesses, especially during extreme heat events. During the heat dome of 2021, over 400 Washingtonians lost their lives due to heat related illnesses. Extreme heat disproportionately impacts children, pregnant individuals, the elderly, outdoor workers, people with disabilities, low-income communities and historically marginalized communities.² Coordinated efforts across sectors are needed to prevent and respond to the health effects of extreme heat, including early detection and warning systems, preventative education and communication with communities at highest risk, and standardized clinical protocols for reducing risk related to heat exposure.

Aim

To prevent and reduce heat-related disease burden in Washington state, especially for vulnerable groups.

Purpose

To propose evidence-informed guidelines to the full Bree Collaborative on practical and evidence-informed methods for reducing heat-related disease burden, including:

- Defining topic area and scope.
- Improving access to and use of protocols for clinicians and healthcare teams to identify patients at risk for heat-related illness, evidence-informed patient education and counseling, and strategies to reduce risk, especially for heat vulnerable groups.
- Improve uptake of extreme heat resilience for health systems, including identification of heat vulnerable populations, planning for uninterrupted delivery of healthcare services, and infrastructure.
- Amplify effective and culturally and linguistically appropriate communication and education strategies to increase patient and public awareness around health risks associated with heat.
- Communication, coordination and data sharing across systems, organizations and jurisdictions to prevent and respond to negative health impacts of extreme heat.
- Funding mechanisms for high-quality care and public health strategies for extreme heat, such as cooling centers and air conditioners
- Reinforce guidelines pertaining to the effects of urban heat islands and considerations for rural communities
- Review and uplift concerns for populations with overlapping inequities who are disproportionately affected by climate change (e.g., comorbidities, social and economic drivers of health)
- Address wildfire smoke considerations as they overlap with the considerations for extreme heat.

Duties & Functions

The workgroup will:

- Research evidence-informed and expert-opinion informed guidelines and best practices (emerging and established).
- Identify current barriers and future opportunities for implementing interventions.
- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine to twelve months, as needed.
- Provide updates at Bree Collaborative meetings.

- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and recommendations in a report.
- Recommend data-driven and practical implementation strategies including metrics or a process for measurement.
- Revise this charter as necessary based on scope of work.
- Identifying measures and metrics that are meaningful to understand the effectiveness of guidelines
- Identifying implementation strategies for guidelines

Structure

The workgroup will consist of individuals confirmed by Bree Collaborative members or appointed by the chair of the Bree Collaborative. The Bree Collaborative director and program coordinator will staff and provide management and support services for the workgroup.

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

Meetings

The workgroup will hold meetings as necessary. Bree Collaborative staff will conduct meetings, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the Bree Collaborative director.

Name	Title	Organization
Christopher Chen, MD (chair)	Medical Director for Medicaid	HCA
Bradley Kramer, PhD	Program Manager	Public Health SKC
Kristina Petsas	Chief Medical Officer for Employer and Individual Plans	UnitedHealthcare
Bre Holt	Senior Director Population Health	Comagine Health
Joanna de Hann		Comagine Health
Jessi Kelley, DNP, RN	Research Coordinator for the Collaborative on Extreme Event Resilience	UW
Jeff Duchin, MD	Health Officer	King County
Stefan Wheat, MD	Emergency Medicine Physician	UW
Raj Sundar, MD	Family Medicine Physician	KP
Jessica Symank	Senior Director, Safety and Quality and Rural Programs	WSHA
Kelly Naismith, MPH	Climate Change and Health Epidemiologist Supervisor	DOH
LuAnn Chen, MD, MHA	Medical Director	CHPW
June Spector, MD, MPH	Internal Medicine Physician/Scientist	LNI
Mary Beth Bennett, MD	Pediatric Resident	Seattle Children's
Seth Doyle, MA	Director of Strategic Initiatives/President	NWRPCA/WAPH
Onora Lien, MA	Executive Director	Northwest Healthcare Response Network
Yonit		MRC

Randy		MRC
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¹ <https://www.nejm.org/doi/full/10.1056/nejmra1807873>

² <https://www.heat.gov/pages/who-is-at-risk-to-extreme-heat>