Bree Collaborative | Health Impacts of Extreme Heat
January 10th, 2023| 3-4:30PM
Hybrid

MEMBERS PRESENT VIRTUAL

Chris Chen, MD, HCA (**chair**)
Mary Beth Bennett, MD, UW Pediatric Residency Program
Jessi Kelley, DNP, RN, UW
Jessica Symank, WSHA
Onora Lien, MA, NWHRN
Seth Doyle, MA, NWRPCA
Kelly Naismith, MPH, DOH
LuAnn Chen, MD, MHA, CHPW
Brad Kramer, PhD, PHSKC

MEMBERS PRESENT IN PERSON

Raj Sundar, MD, KP
June Spector, MD, MPH, LNI

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Emily Nudelman, DNP, RN, Bree Collaborative
Karie Nicholas, MA, GC, Bree Collaborative
Ginny Weir, MPH, CEO, Foundation for Health Care Quality
Shelby Weidmann, WSMA Policy Analyst

WELCOME

Beth Bojkov, Bree Collaborative, welcomed everyone to the first Bree Health Impacts of Extreme Heat Workgroup. Those present introduced themselves, their organizations, and their current experience with youth behavioral health.

DISCUSS: BREE BACKGROUND AND WORKGROUP PROCESS

Beth introduced the Bree and the workgroup process. The Bree Collaborative is a program of the Foundation for Health Care Quality. The Bree was established by the state legislature in 2011 in response to health care services with high variation and utilization that do not produce better outcomes. Each year, Bree members (drawn from public and private healthcare stakeholders) choose three to four topics to develop recommendations. Health Impacts of Extreme Heat is one of three topics for 2024.
The workgroup will meet monthly throughout 2024 to define the purpose and scope, identify focus areas, review existing guidelines, . The report will include recommendations for specific health care stakeholders and will be sent to the WA Health Care Authority. The workgroup must follow Open Public Meetings Act regulations. This includes workgroup member training and conflict of interest disclosure. Following the presentation, Beth opened the floor for comments, but there were no questions.

PRESENT& DISCUSS: WORKGROUP MEMBERS AND SCOPE

Beth opened the brainstorming conversation with a discussion on additional stakeholders to consider inviting to participate or speak:

- Some additional stakeholders to consider for participation or inviting to speak, including:
    - EMS
    - Energy sector
    - Rural health representatives

    - Outdoor workers, labor unions
    - Emergency Management at State Level

Beth asked for contact information for individuals to ask for participation or to invite to speak. Beth invited Karie to discuss how the evaluation will inform the workgroup work.

- In addition to the recommendations we are also looking for how can we evaluate these recommendations, what would be the best way to share information about these recommendations
- We want to create a theory of change and/or logic model to accompany this report, and developing the tool with which we'll evaluate these recommendations
- We also want to identify a timeline on which we want them to evaluate these recommendations

Beth then reviewed potential focus areas, including focusing on settings, geographic location, populations, public health strategies, disaster preparedness, etc. Beth then asked what is the ultimate goal or couple of goals to achieve with the report, and to identify the data sources we would use.

- Chris: Health impacts related to climate change related to heat – recent events with the heat dome, directly identified heat-related morbidity and mortality related to these extreme events but can get complicated to measure
    - Also have to do some degree of controlling for the severity of the event
    - Heat events are going to become more common, and we are looking to protect people in the future
    - One of the softer goals that are less measurable, how do we know an extreme event is coming, how are we communicating effectively
- Jessi: risk communication and how we involve those folks about risk communication is important – building trust in public health
- Kelly: One thing we'd have to consider is the timeliness of data, CHARS and mortality data tend to be more delayed, ER data is more timely but there are still limitations, RHINO or other emergency response data could be worth considering
    - RHINO is visit based not person based, it doesn't have street address only facility location so we wouldn't be able to tell geographic location of heat exposure
- Jessica: What's the opportunity to take this back to groups that we work with?
    - Feel free to consult others in your organization
- LuAnn: useful to publish a resource for employers, schools, coaches about exercising in extreme heat, lack of awareness of the risks.
- Onora: intrigued by the reduction in ER visits, in the climate change work there are some thresholds we could consider as what constitutes as an extreme heat event
    - How many goals are we looking for? How much of this work will be literature review, what can this group uniquely do that isn't going to be duplicative of other resources
    - There are a lot of people that are touching this work, big focus on public health, emergency resources, etc
    - Not duplicative of what others might be trying to focus on
- Raj: lots of resources and lots of people doing this work, but the specificity of what a clinician's role is not clear, what should health systems do at an individual level and a systems level would be valuable and beneficial
- Chris: uniqueness of the Bree is the multisector engagement, lots is happening within silos, I feel like there are not many tables out there with everyone around the table. That lends itself to unique ideas for how to get past the barriers and silos we encounter. Benefit cost talk between sectors

- Seth: at a specific clinician level, thinking about whether there is an opportunity for recommendations around thorough clinical history, that might happen already, but it's become much more normalized to ask if a firearm is in the home. Being able to do an assessment to understand what any individual's risk might be could be measurable potentially.
    - Has policy change been work of the Bree in the past. Heat regulation for farmworker populations had mixed results in implementation and enforcement of new rules. If there's ways to think about from a policy change perspective, is that easily measured.
- Chris: there was some feedback from the Bree steering committee members that they were concerned about scope and taking on too much, but there are lots of commonalities between smoke and heat.
    - They often go hand in hand during the summer, so would be open to including wildfire smoke but if people think it's too much, we can leave it out
- June: although these are implemented together, the work needs to go into it are different, populations are different, policies are different, so it might make sense to just focus on heat this round
- Onora: agree that it would be ideally nice to include it from a big picture perspective, but we have better indicators on heat-related illness than on wildfires, so would be in favor
- Seth: heat and smoke are thought about together, but there might be an opportunity to think about wildfire smoke for certain populations like outdoor workers
    - Opportunity for wildfire smoke to be the secondary focus
- Raj: reflecting on conversations with patients, heat is sometimes it, smoke is all the time about asthma exacerbations and such, would favor adding it from a PCP perspective
- Jessi: want to acknowledge Mary Beth's comment in the chat, there's not a lot of homes with air conditioning, when wildfire smoke is a concern we cannot separate from a prehospital perspective the extreme heat and wildfire smoke in some perspectives. Not to detract from this conversation but curious about power outages and their effect on hospitals and their delivery of care.
- Chris: if it comes to any significant work related to any subtopics, we would prioritize heat over smoke, but if there's policy recommendations to be made, such as coordination between organizations or warnings about working outside, we could bring in smoke.
- June: a way to bring smoke in is which strategies are going to have synergy with smoke policies, some in the workplace setting there are overlapping

DISCUSSION: CHARTER

Beth then transitioned to reviewing the charter and updating the aim statement and purpose. The aim statement was updated to say, "

- Highlight equity considerations and disparities of individuals that cannot afford air conditioning
- Comparison of inner urban city and rural concerns, effects of urban heat islands
- Overlapping inequities (e.g., people with comorbidities, low socioeconomic status, etc.)
- We identify other resources that are helpful, don't want to reinvent the wheel
- Mindful where we can amplify the most important issues, identify the gaps to fill
- During the heat dome, as we saw real spikes in ER due to heat related illness, there was lots of active coordination overnight, not being able to get patients discharged, daily stressors on the system have to be addressed
- Exacerbation of chronic conditions that aren't necessarily captured as heat-related illness

PUBLIC COMMENT AND GOOD OF THE ORDER

Beth invited final comments or public comments, then thanked all for attending. At the next workgroup meeting, the team will review comments made from the Bree member meeting on January 24th and continue the brainstorming discussion around potential focus areas for the report. The workgroup's next meeting will be on Wednesday, February 14th from 3-4:30PM.