Bree Collaborative | Health Impacts of Extreme Heat
March 13th, 2024| 3-4:30PM
Hybrid

MEMBERS PRESENT VIRTUALLY

Chris Chen, Washingt Health Care Authority
Stefan Wheat, University of Washington School of Medicine and Center for Health and the Global Environment
Brad Kramer, Public Health -- Seattle & King County
Mary Beth Bennett, Univ of Washington Pediatric Residency
Brian G. Henning, Director, Gonzaga Institute for Climate, Water, and the Environment
Onora Lien, Executive Director, Northwest Healthcare Response Network
Seth Doyle, Northwest Regional Primary Care Association
Yonit Yogev, Thurston Co MRC
Jessica Symank, WSHA
Ray Moeller, MRC
June Spector, L&I SHARP Research Program and University of Washington
Kelly Naismith, Climate Change & Health Epidemiologist, WA DOH
Jeff Duchin, Public Health Seattle & King County
Jessi Kelley, UW Collaborative for Extreme Event Resilience

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, Foundation for Health Care Quality CEO

WELCOME

Beth Bojkov, Bree Collaborative, welcomed everyone to the first Bree Health Impacts of Extreme Heat Workgroup. Members who were unable to attend last month introduced themselves to the group.

Motion to approve February meeting minutes: Unanimously approved

PRESENT: EXISTING RESOURCES

Beth reviewed a couple outlying resources that a workgroup member had highlighted last meeting.

- **Heat.gov** is the premier source of heat and health information for the nation to reduce health and economic infrastructural impacts of extreme heat.
    - They have a monthly Climate and Health Outlook publication that uses climate-related hazard forecasts (wildfire, extreme heat, drought, hurricane, etc) from across the government to inform health professionals and the public on how our health may be affected in the coming months by climate events and provide resources to take proactive action. This publication series comes out monthly to provide guidance on how health can be impacted by climate-related forecasts. The latest edition provides information and stories on the behavioral health impacts associated with climate hazards along with forecasts for March 2024.
    - Also has Climate and Health Outlook Portal: a new tool that features interactive maps with county-level heat, wildfire, and drought forecasts for the current month along with

county-level data on individual risk factors that may make people more vulnerable to negative health outcomes from these climate hazards. Policymakers, health care providers, and the public can use the tool to better understand and plan for the health impacts of climate-related hazards in their communities.

- **HHS emPOWER** is a partnership between the A**dministration for Strategic Preparedness and Response (ASPR) and the Centers for Medicare and Medicaid Services (CMS)**. The HHS emPOWER Program provides federal data, mapping, and artificial intelligence tools, as well as training and resources, to help communities nationwide protect the health of at-risk Medicare beneficiaries, including 4.5 million individuals who live independently and rely on electricity-dependent durable medical and assistive equipment and devices, and/or certain essential health care services.
    - **emPOWERing State/Territorial Medicaid and Children's Health Insurance Plan (CHIP) Data Pilot**: The pilot provides states and territories with the knowledge and technical assistance to develop complementary emPOWER de-identified and restricted individual-level (as appropriate) datasets using their state and territorial operated Medicaid and CHIP program data. This data provides valuable information about community-based pediatric and other adult at-risk populations that can help public health authorities and authorized partners take action to protect health and conduct life-saving outreach assistance in the event of an incident, emergency or disaster. **All 50 states including Washington participate in this pilot program.**

DISCUSSION: HEAT & SMOKE

Beth introduced the conversation around heat and wildfire smoke. In the first meeting the group identified that it would address wildfire smoke as a secondary concern with extreme heat. The group identified that extreme heat and wildfire smoke overlap in lots of areas, from vulnerable populations to specific actions taken by organizations to similar times when they occur (summer months). Dr. Chen suggested the group address extreme heat and wildfire smoke equally, and focus on those overlaps. Majority of workgroups agreed, advocating for its inclusion especially in the context that wildfire smoke occurs more frequently and is more top of mind for the state and communities.

Action: Adjust charter and workgroup name to include wildfire smoke within the scope

DISCUSSION: DRAFT FOCUS AREAS

Ms. Bojkov transitioned the group to discuss focus areas for the report. Beth presented an example of focus areas the Bree used for their report on Hepatitis C Virus.

Table 1: Bree Collaborative Hepatitis C Focus Areas

Focus Areas	Goal(s)
Metrics	• Incorporate Hepatitis C Virus (HCV) metrics into value-based contracts. • Encourage increased screening and treatment for HCV.
Care Coordination and Expanding Access	• Provide appropriate care for people living with HCV, especially those with complex life domain issues, who experience stigma or discrimination, or other barriers to accessing care. • Address barriers in the cure cascade from screening to treatment.
Embed HCV Care and Treatment Services in High-Impact Settings	• Increase the availability of HCV testing and treatment services outside of traditional clinical sites. • Develop partnerships between providers, care coordinators, and community sites including syringe service programs and addiction treatment facilities.
Utilizing Non-Traditional Models	• Expand HCV testing and treatment opportunities for pharmacists and APPs. • Adopt clinical models that involve access to HCV care and treatment via telemedicine for communities with limited access to services. • Use innovative contracts and reimbursement models to increase the availability of HCV treatment.
Engaging Providers	• Ensure all providers, including primary care, are comfortable and willing to provide high-quality HCV care and treatment in their communities.

- Question: Are these the standard focus areas all bree reports use?
    - No, focus areas are flexible based on the report itself. However, we do generally focus on healthcare that is delivered and payed within the clinical interaction.

The group reviewed the identified stakeholders, including Clinicians and Healthcare Professionals, with specific recommendations for Primary Care and Long-term Care Providers, Primary Care Settings (e.g., clinics), Tribal health centers, Hospital systems, Health plans/payers, Purchasers, Pre-hospital healthcare, Employers, Schools, Department of health & Public health agencies & Community resilience hubs.

- Beth reviewed that the Bree's direct line of implementation is through the Washington HCA and contracting with insurance companies; however, other lines of implementation are being explored.
- Through the conversation, employers were indicated as an audience of interest due to the role they can play in ensuring protections for their workers
- Schools were identified as having a significant role, especially for universal communication with parents on home precautions
- Under Department of Health and Public Health Agencies, Community Resilience Hubs were identified as playing a large role in being a resource for community members and potentially a place where people could go
- Question: is TV/radio communications under direct influence?
    - No, we do not have influence over TV/radio communications just communications from health-related agencies and organizations

The following focus areas were solidified so far as: vulnerable populations, workforce capacity development & education, proactive public education & awareness, finance, and data and information. Updates/changes highlighted in green.

- Under vulnerable populations, the following changes were made:
    - Addition of people with obesity, people with disabilities and people with low English proficiency as vulnerable populations
    - Moved coverage for in home cooling, transportation and other supports for vulnerable populations to vulnerable populations section
- Under workforce capacity development & education
    - Clinician education and training -> health services professional, clinician and trainee education and training on heat and wildfire smoke impacts on health, prevention, identification and treatment
        - The group wanted to recognize that trainees should be educated on this as well
        - The group added health services professional to encompass all staff that participate in delivery of healthcare, such as nurses, MA's, etc, that interact with patients and need to understand impacts of heat and smoke
    - Heat & smoke response resources for first responders
    - Hospital heat-alert pathways, smoke alert pathways
- Proactive public education & awareness
    - Universal public education and awareness
    - Time-sensitive heat-protective messaging -> time sensitive and heat and/or smoke protective messaging that leverages diverse communication channels including established community-based messaging streams
    - Added: partnering with communities to communicate and build capacity to prepare for and address health impacts of heat and wildfire smoke
        - Comment: these efforts need to be built in partnership with community to meet their needs and support building capacity
    - Community outreach and clear communication before, during and after extreme heat and/or smoke events especially with vulnerable populations
    - Consistent and culturally responsive plain-language messaging across organizations
        - Comment: People may get confused when there are mixed messages coming from various organizations – communication should also be culturally responsive to the needs of the communities it reaches
- Finance & Business Case
    - Facilities infrastructure to be climate resilient
        - Facilities need to be able to handle the
        - Added: Leverage IRA incentives if possible for energy efficient cooling infrastructure
    - Comment: Karie highlighted the importance of making the business case for these recommendations, such as analyzing the economic impact of hospitalizations for heat-related illness versus installation of air conditioners for health plans
    - **Action:** identify and engage health economist, potentially someone through climate impacts group or DOH that are interested
    - Group members also indicated there is a group out of the Evans school at UW working on a cost benefit analysis for heat-related illness – could potentially reach out to them
- Data and Information – this focus area needs to be revisited in our upcoming meetings

- Added: Coding practices to facilitate identification of vulnerable populations using SDOH data

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 group will finish reviewing the remaining focus areas and begin their evidence review workgroup's next meeting will be on Wednesday, April 10th 3-4:30PM.