



Common
Health
Coalition

Milbank
Memorial Fund



More Illness, Greater Cost Spotlight Brief: *Heat Emergencies*

July 9, 2026





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Welcome!



Today's Speakers



Chelsea Cipriano, MPH
Executive Director
Common Health Coalition



Debra Lubar, PhD
President
Milbank Memorial Fund



Crystal Watson, DrPH, MPH
Associate Professor
Johns Hopkins Center for Health Security



Paul E. Petersen, PharmD, MPH, CEM
Section Director
Tennessee Department of Health



Vicki Sakata, MD, FAAEM, FAAP
Senior Medical Advisor
Northwest Healthcare Response Network

Agenda

Welcome (6 minutes)

Chelsea Cipriano | Common Health Coalition

Debra Lubar | Milbank Memorial Fund

Brief Findings (10 minutes)

Crystal Watson | Johns Hopkins Center for Health Security

State Perspective (5 minutes)

Paul E. Petersen | Tennessee Department of Health

Health Systems Perspective (5 minutes)

Vicki Sakata | Northwest Healthcare Response Network

Panel Discussion (20 minutes)

Moderated by Debra Lubar | Milbank Memorial Fund

Audience Q&A (12 minutes)

Moderated by Chelsea Cipriano | Common Health Coalition

Evidence for policymakers. Better health for all.

The Milbank Memorial Fund supports state and local health policy leaders with:

- Small convenings
- Cross-state networks
- Annual leadership programs
- Evidence-based publications and *The Milbank Quarterly*.

About the Common Health Coalition

The **Common Health Coalition** – a first-of-its-kind collaboration spanning clinician groups, health departments, hospitals, payers, and community organizations – is the nation's largest multi-sector health coalition. By uniting leaders who rarely share the same table, we turn alignment into action at a scale no single sector can reach, transforming relationships into results for people and communities.

Approach

Scenario Model - Detailed estimate of the health and economic costs of a heat emergency in an exemplar location, utilizing:

- Health impact data from the literature and real world events
- Economic data on healthcare costs, lost productivity, and disability adjusted life years

Purpose:

- Better understand the impact of heat events in isolation and aggregate
- Help put the costs of prevention and preparedness in perspective

Scenario

A prolonged heat wave over 5 days, with daytime highs of 96–104°F (36–40°C) and nighttime lows >70°F, hits a state in late July.

An overloaded power grid causes rolling brownouts in the state's largest city on day 3:

- Leaving some residents without power for air conditioning or home medical devices for 24 hours
- Forcing hospitals to cancel some elective procedures

Agricultural workers in rural parts of the state are hit very hard, as are residents with pre-existing conditions.

Health and Economic Impacts

Health Impacts

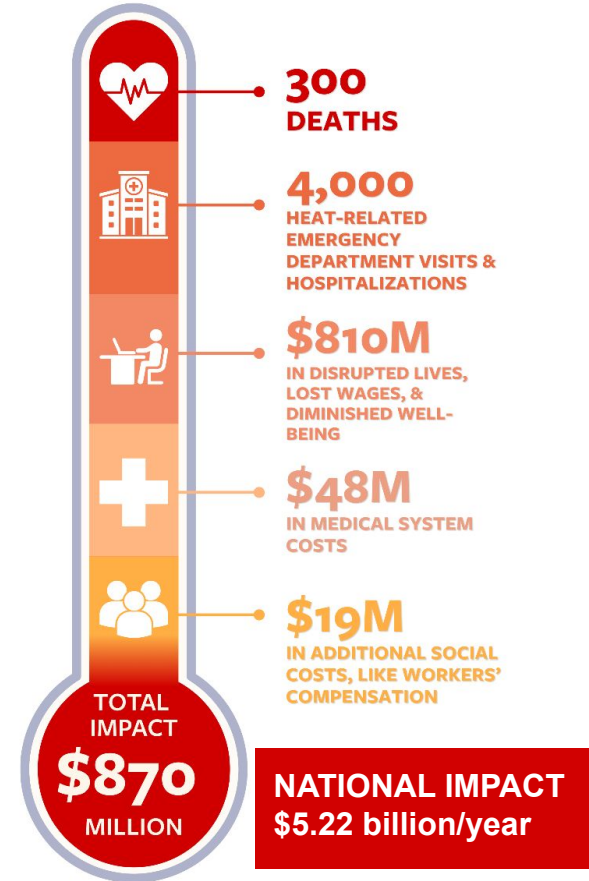
- Illness and death due to heat illnesses and exacerbation of chronic conditions like asthma and heart disease
- Medical emergencies for some patients reliant on medical devices or dialysis
- Long-term effects from delayed care/cancelled procedures

Health Care System Impacts

- Strain on emergency medical services, urgent care, and hospital systems
- Reduction in revenue from cancelled procedures

Other Social Costs

- Disrupted livelihoods, lost wages, diminished wellbeing
- Workers compensation for illness and death from work in the extremely hot conditions



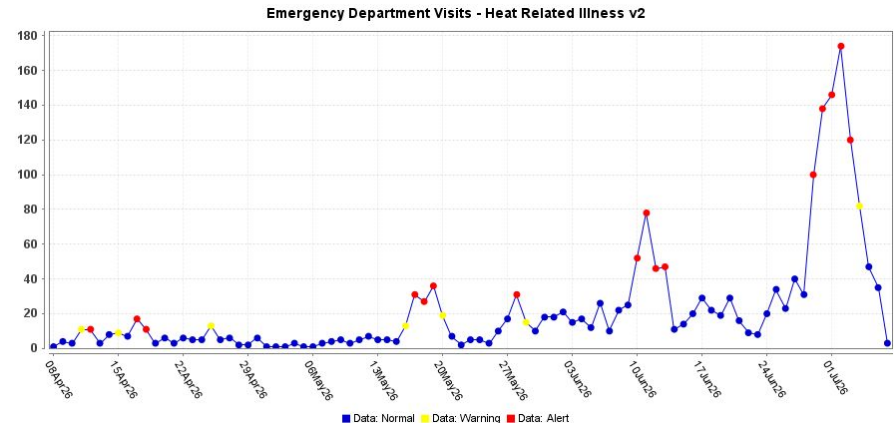
Putting Data into Action: From Forecast to Response

● Resources:

- Syndromic Surveillance Data: Correlating heat risk and Emergency Dept. visits
- Health-Related Illness Dashboard: <https://healthdata.tn.gov/stories/s/5qcy-8cp2>
- CDC/ATSDR Social Vulnerability Index: <https://www.atsdr.cdc.gov/place-health/php/svi/index.html>
- HHS emPOWER Map: <https://empowerprogram.hhs.gov/empowermap>

● Actions:

- Identify at-risk populations
- Highlight occupational risk
- Assess air conditioning access
- Promote prevention steps
- Message symptoms to monitor
- Train on first aid interventions
- Activate cooling centers
- Mitigate transportation barriers
- Deploy wellness checks



Partnerships Make Heat Response Possible

- **Resources:**

- Effective management requires multi-sector emergency coordination
- Healthcare Coalitions: Healthcare, Public Health, EMS, Emergency Management, and other partners
 - <https://asprtracie.hhs.gov/hcc-resources>
- Emergency Prescription Assistance Program (EPAP):
 - <https://aspr.hhs.gov/EPAP/Pages/default.aspx>

- **Actions:**

- Engage HCC membership regularly per federal guidance
- Identify cascading critical infrastructure impacts
- Conduct a heat response tabletop exercise
- Coordinate utility services meeting
- Develop a joint communications plan
- Generate a cooling center gap analysis
- Distribute situational awareness updates
- Inventory and communicate deployable resources



Functional Access Needs Populations

- **Resources:**

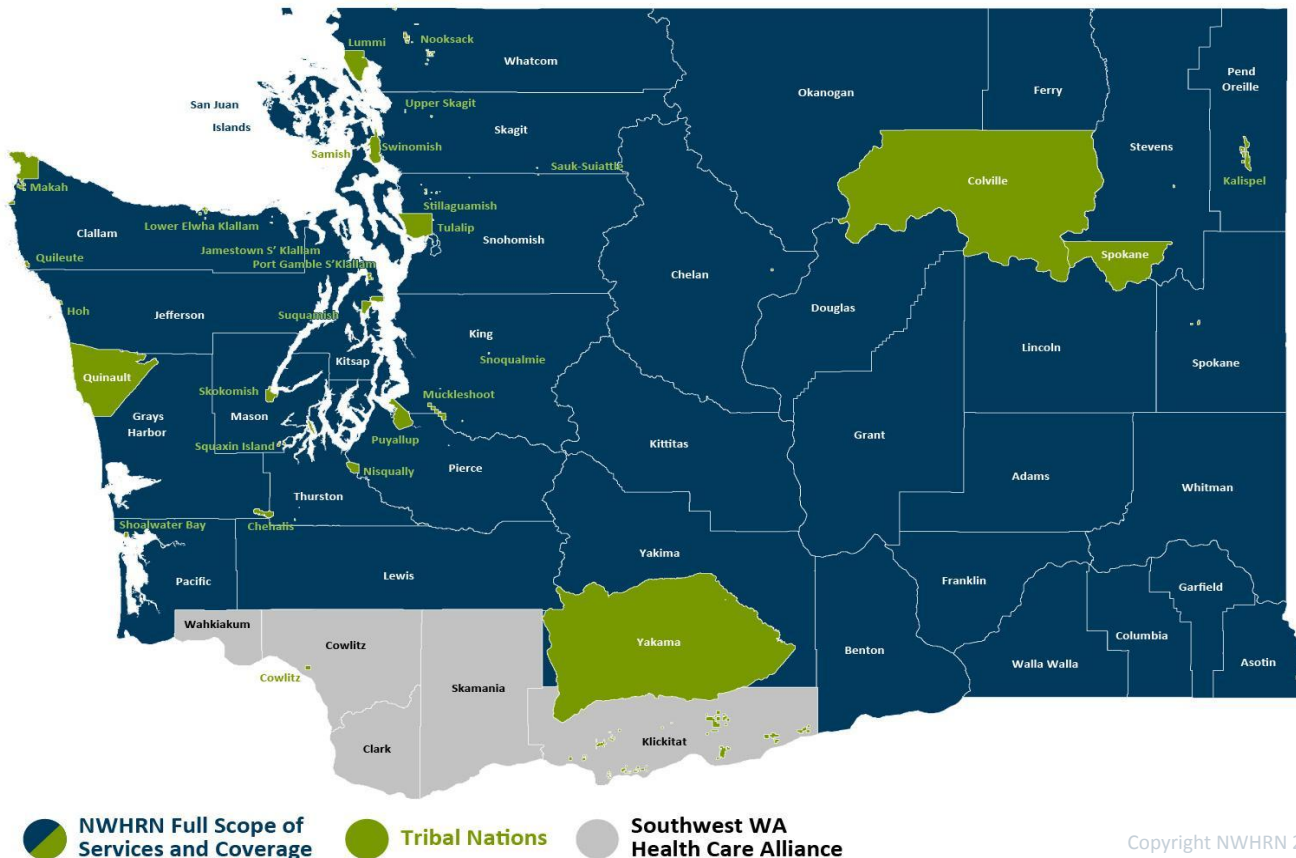
- Tips for Assisting People with Access and Functional Needs During Emergencies:
https://www.tn.gov/content/dam/tn/health/documents/cedep/ep/afn_tips_sept2023.pdf
- CMIST Framework:
<https://www.aspr.gov/readiness-response/response-operations/risk-individuals/access-functional-needs-cross-cutting-resources/risk-individuals-access-functional-needs>
- Nothing About Us Without Us:
<https://www.tn.gov/cdd/engage-with-us/breaking-ground/breaking-ground-126/nothing-about-us-without-us.html>

- **Actions:**

- Plan around needs, not labels
- Leverage CMIST Framework:
 - Communication, Maintaining health, Independence, Safety and Security, Transportation
- Engage individuals with FANs in community stakeholder feedback and planning
- Include individuals with FANs in exercise design and execution
- Capture the voices of individuals with FANs when evaluating emergent events
- Partner with advocacy groups and disability coalitions to share messaging



Geographic Service Area



Network Overview

Mission: We lead cross-sector, solution-oriented coordination to build healthcare ecosystem resilience to face emergencies, disasters, disease outbreaks, and other disruptive events.

Vision: We envision a future where healthcare stands strong—a resilient and responsive ecosystem powered by collaboration, ensuring every person receives effective care when it matters most.



PNW – Heat Dome: June 26 – July 2 2021

- 2021 Heat Dome – deadliest weather-related disaster in WA State
- Broke 128 all-time high temperature records
- Seattle-King County 911 received the largest volume of calls since the system in 1968
- “We have 50 ambulances waiting to unload”
- “We managed more cardiac arrests over the phone with EMS than we ever had.”
- Temps increased on 6/26; Worse surge day 6/29-30

The New York Times

Pacific Northwest Heat Wave Shatters Temperature Records

It reached 115 degrees in Portland, Ore., on Monday, the second day in a row that the city has broken a heat record. Salem, Ore., and Seattle also set records.

Published June 27, 2021 Updated June 29, 2021

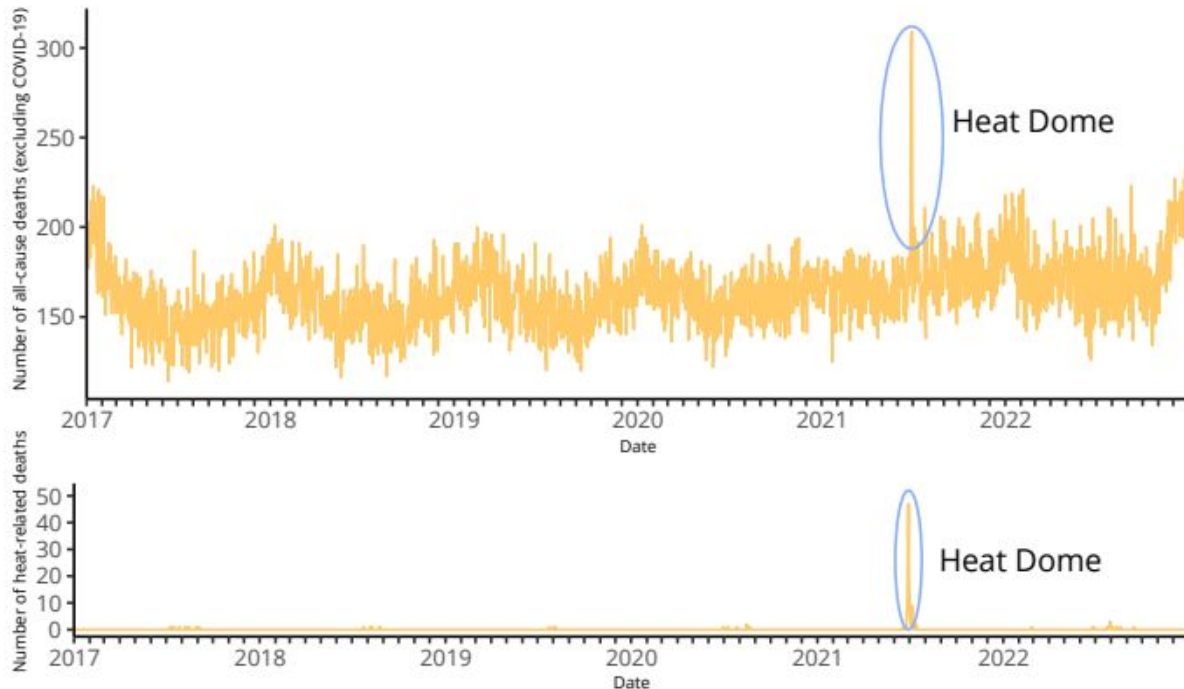


Figure 1: Daily all-cause deaths excluding COVID-19 (top) and daily heat-related deaths (bottom) in Washington state from January 1, 2017 to December 31, 2022. The highest number of all-cause deaths in the time period occurred on June 28 and June 29, 2021, with almost double the daily average number of 163 deaths/day from 2017 to 2020 (top). There were eight or fewer heat-related deaths reported each year from 2017 to 2021 (bottom). During the heat dome period there was an average of 18 heat-related deaths per day. These figures are based on the date of death recorded in the Data Quality and Statistical Services database at the Washington State Department of Health. Note: 2022 data are preliminary.[2]

- 441 more people died than “expected” based on prior years (i.e., excess deaths)
- COVID-19 deaths excluded
- Secondary effects

- 126 deaths – “heat-related causes”

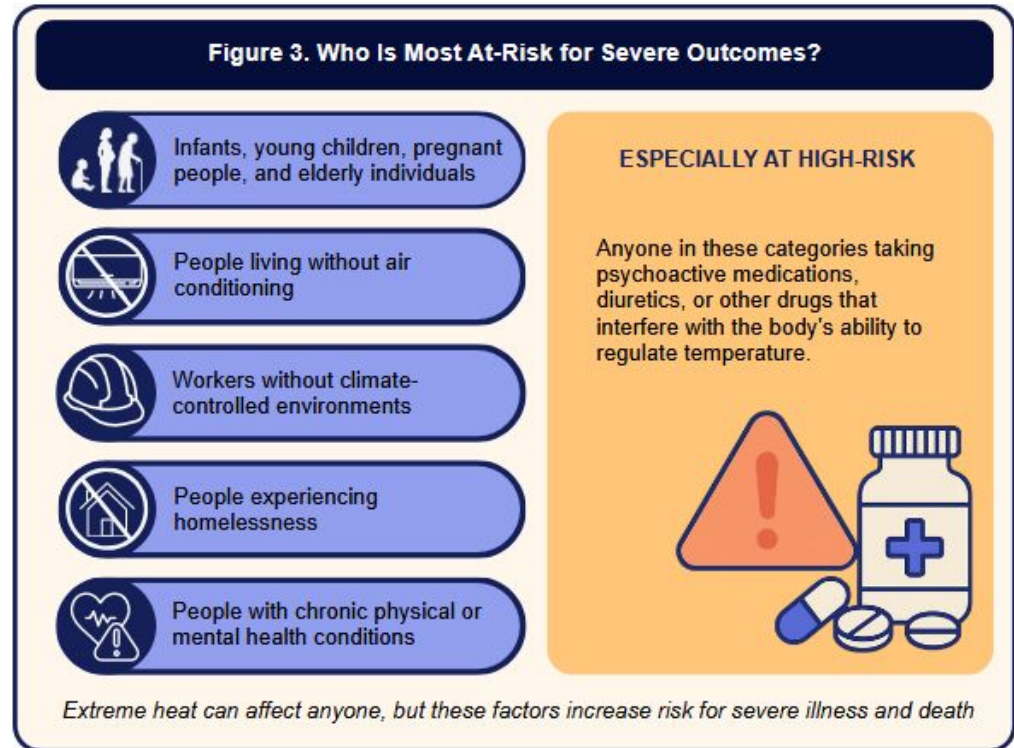
Vogel, J., J. Hess, Z. Kearn, K. Naismith, K. Bumbaco, B.G. Henning, R. Cunningham, N. Bond. 2023. In the Hot Seat: Saving Lives from Extreme Heat in Washington State. Report prepared by the University of Washington's Climate Impacts Group, UW's Center for Health and the Global Environment, the Washington State Department of Health, the Office of the Washington State Climatologist, and Gonzaga University's Center for Climate, Society & the Environment.

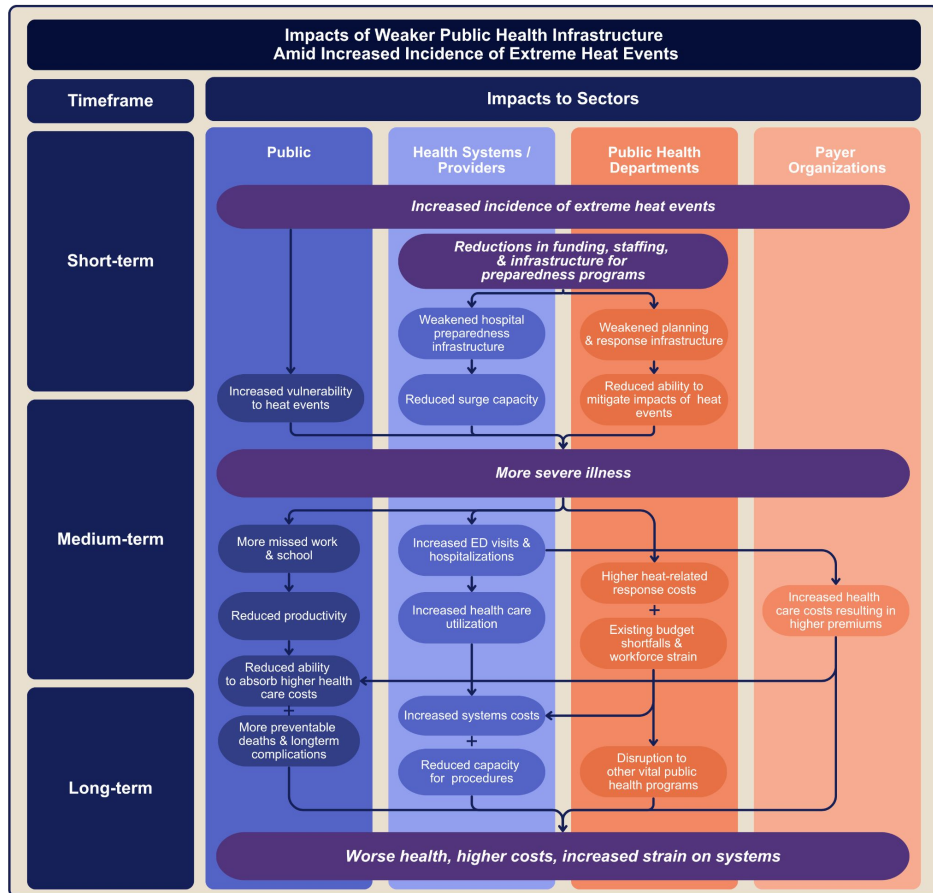
High-Risk Populations

- Heat physiology
 - Cardiovascular, Pulmonary, Renal
- Dehydration
 - BH/MH; Diabetics; Children

HEAT AND...

- Wildfires / smoke
- Alcohol, substance abuse
- Accidents, drownings
- Elderly - LTC
- Utility losses – power losses, equipment overheating

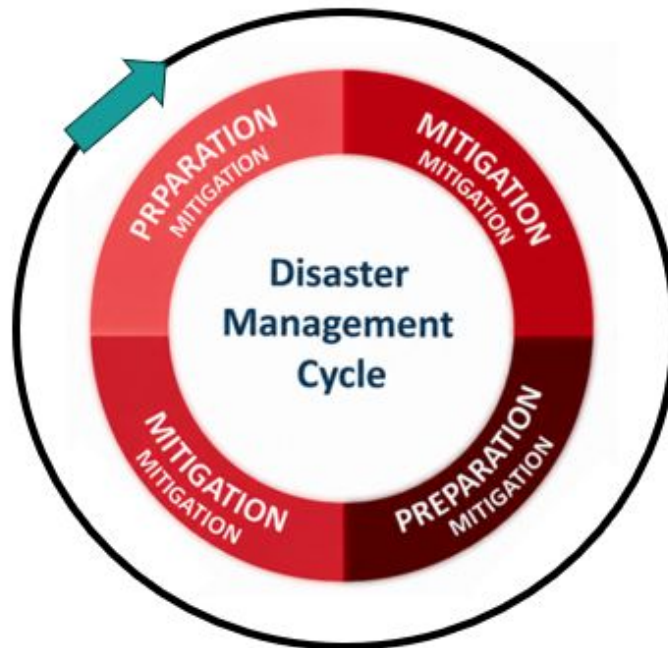




Domino Effect

- Medical surge is not without consequences
- Patient health consequences
- Space, Staff, Stuff
- Healthcare costs

Good News:





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Discussion





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Q&A





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Thank you!

