

“Test a New Virtual Tool: Plan and Implement Protective Extreme Heat Interventions” Webinar Q&A

[Webinar Recording](#)

- 1. Do you support identifying a Heat Index such as 105 degrees F as a threshold for recommending the cancellation of outdoor events, as NYC does?**

<https://www.nyc.gov/site/doh/health/emergency-preparedness/heat-during-outdoor-events.page>

Developing a policy related to adjusting or cancelling the time of planned outdoor events due to extreme heat is a common heat action strategy. The threshold for cancellation generally depends on local climate and epidemiological thresholds for health impacts, if known. The CHaRT platform includes information about heat action plans and event-related policies and encourages jurisdictions to consider adopting such policies with appropriate local thresholds.

- 2. Is the outcome of the intervention model air temperature or health benefits (e.g., reduced heat deaths)?**

The platform has two components: a risk model and a set of models for recommending interventions based on local conditions. The *risk model* incorporates information about the hazard (extreme heat), population exposure, and population vulnerability based on a suite of factors in the literature. The *intervention models* highlight whether specific interventions are worth strongly considering in each location based on the location's conditions, the intervention's effectiveness, and implementation and cost considerations.

- 3. How are factors such as "operating costs and capital" adjusted based on location? What economic data is being considered here?**

Operating costs and capital are reported using ranges that are based on available information in the US. Users should consider the ranges as a guide and estimate where their costs are likely to fall within the reported range.

- 4. We have a small city (Cambridge - 100k people) - could we partner with you as a region with Boston and Somerville to cover more area?**

Yes, though one health department would be the study site for the purpose of the study. You could partner with neighboring jurisdictions as you normally would, sharing information and tool access, but we would gather information from one primary contact.

- 5. Is the CHaRT platform available free of charge to local health departments?**

For this study, the platform will be provided free of charge to LHDs that are randomized to the intervention. We are hoping to provide more general access to the tool as soon as possible and are exploring strategies for free or sponsored access.

6. Can you give a few examples of what other vulnerability tools/metrics you compare yours with?

We have compared our vulnerability index with the CDC's Social Vulnerability Index (SVI) and Washington State's Environmental Health Disparity (EHD) ranking.

7. Beyond ambient temperature, what factors do you consider most critical in determining the severity and health impact of an extreme heat event?

The CHaRT model takes into account multiple hazard variables (temperature and a health-based temperature threshold), population, and a large number of vulnerability variables, including social, demographic, economic, built environment, health, housing characteristics, and outdoor work.

8. Is there a short description of the project and request for participation that can be shared with LHDs?

The University of Washington (UW) has developed a platform, CHaRT, that combines location-specific assessment of health risks associated with extreme heat at a census tract level with location-specific recommendations for interventions to reduce heat-health risks. The National Institutes of Health (NIH) has funded UW to conduct a randomized-controlled trial of the CHaRT tool, and its effectiveness in supporting heat action planning in local health departments (LHDs). UW is recruiting 30 sites to participate in the trial. Enrolled sites will be randomized to either the CHaRT tool or an informational intervention. Each site will provide information about current and planned heat activities in their jurisdiction at the beginning and end of the study. The study will last for one year. Sites randomized to the intervention will engage in interviews after study completion to learn more about implementation of the CHaRT tool. All sites will be compensated for their time and participation. LHDs can visit [this web page](#) to learn more and can express interest [here](#).

9. The feedback from King County is helpful. Would they be available for more feedback with local county leadership if needed?

Yes, Public Health Seattle King County is a partner in the study and available for further dialogue as needed.

10. In the overview, it mentions specific states Wyoming, Idaho, Washington etc., but other parts of the overview it says everyone is welcome to apply to be part of it...

Thank you for catching that error. We have updated the page to reflect that sites across the continental US can participate.

11. Is the project application available at grants.gov?

No, the application to be a part of the trial is administered through the University of Washington. Local health departments interested in participating can express interest [here](#).

12. Would the health district be able to work with you to get heat maps from past like 10 years, 5 years, so they could see some comparisons as to why interventions are needed?

Participating sites can request bespoke model updates and outputs such as this to support their heat action planning.

13. Do you have any type of one-pager that we could share with our LHD leadership to "apply" for the research program?

Please see the response to question 8 above. There is a summary of the opportunity [here](#) and they can express interest by filling out [this form](#).

14. "We will recruit 30 city and county health departments from across Washington, Wyoming, Montana, Alaska and Idaho." This is from the site. Is it only open to those areas?

Apologies for the confusion. Any local health department in the continental US is eligible to participate. We have updated the site with the correct information.

15. What is the ideal position at LHDs for taking the lead on this? Health educator, epidemiologist, program managers, etc.?

That depends on how the LHD is organized. The platform we are testing supports heat action planning, specifically making decisions regarding interventions to implement based on a risk assessment and an assessment of available interventions and their effectiveness, cost, ease of implementation, and amenity values. The tool was designed to support multiple roles at an LHD, with the primary user in a role that combines risk assessment activities (which could include epidemiologists) with planning and implementation (which could include health educators). Regardless of who the primary user is, any person at the site may have access to the tool to support their role in the heat action planning process.

16. Are you looking for participants who already have an idea of a heat intervention they would like to pursue or is the study preference for areas where they are still in an open/assessment phase?

We are open to LHDs at any stage of heat action planning.

17. Do you have data that pulls in urgent care and primary care visits as well and not just ED and EMS?

The base model does not have that information, as it is not publicly available. We mentioned ED and EMS data for Washington because that is how we have validated the model thus far. While these

data are not in the base model, we are able to integrate that information into a LHD's model if the LHD is interested in that.

18. You mentioned vulnerable populations were incorporated into your risk model. How are transient populations (i.e., agricultural workers) incorporated into those population models?

Transient populations are not directly included in the population models as these data are not available, but there are variables for outdoor work. We would also work with the LHD to incorporate their local, on-the-ground knowledge of population vulnerability factors such as locations and timing of transient population fluxes into planning decisions.

19. If your goal is to protect vulnerable populations during heat waves. Are you recruiting only these groups for your study?

We are recruiting LHDs to participate and will be studying the LHDs, not vulnerable populations directly. All interested LHDs that are eligible will be considered for inclusion, and we will not be selecting based on the proportion of vulnerable people in an LHD's jurisdiction.

20. What is the deadline for completing the form? Dr. Hess described the form as an expression of interest, but the form asks if I have confirmed the department is able to participate. If I need to confirm my ability to participate, it will take some time before I can complete the form for our LHJ.

The deadline for confirming ability to participate is August 15th.

21. You may have mentioned this, but is there a cost to the LHD?

There is no cost to the LHD. LHDs participating in the study will receive payments for enrollment and participation (\$1,000 on enrollment, \$1,500 on completion of the pre-intervention survey, and \$2,500 on completion of the post-intervention survey).

22. If we already have a climate adaptation/action plan with our own interventions that would occur during the study timeframe, would we still qualify for the research study?

Yes, we are interested in enrolling LHDs at any stage of heat action planning.