



**Interim House Committee on Housing and Homelessness
Home Cooling and Heat Resilience
June 16, 2026**

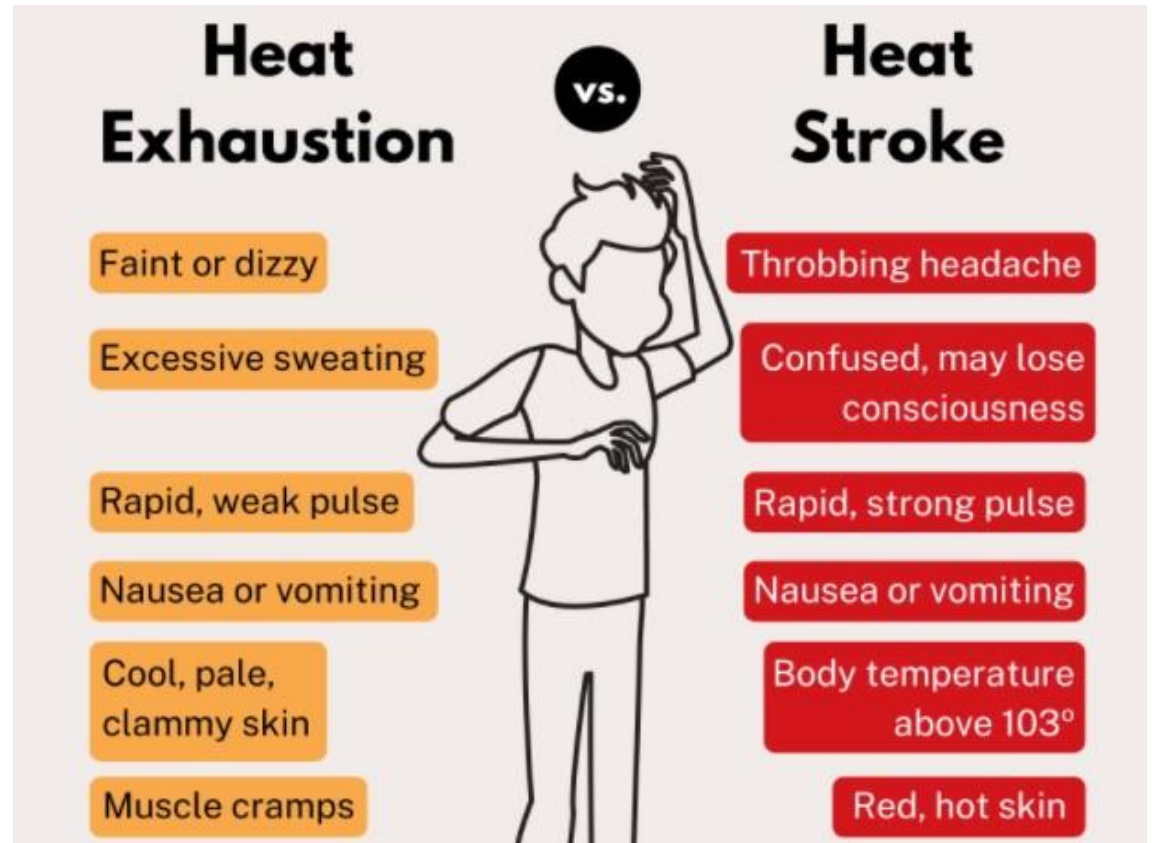
**Gabriela Goldfarb
Environmental Public Health**

OHA and excessive heat: surveillance, resilience, preparedness and response

- Excessive heat impacts to health – what is the risk, who is at risk?
- ESSENCE surveillance and health system data – how do we know?
- Local public health, community-based organizations, and state environmental health teams – how do we build long term resilience?
- Interventions when heat is coming or has arrived – how do OHA and health system partners prepare for and respond to excessive heat events?

Excessive heat health impacts

- Heat stroke – most serious, body unable to control its temperature – Call 911
- Heat exhaustion – milder illness, caused by prolonged exposure to high temperatures, especially when not drinking enough or right kind of fluids



Populations disproportionately vulnerable to heat



Children

WHO:

More males
than females
are affected



Older adults



Outside workers

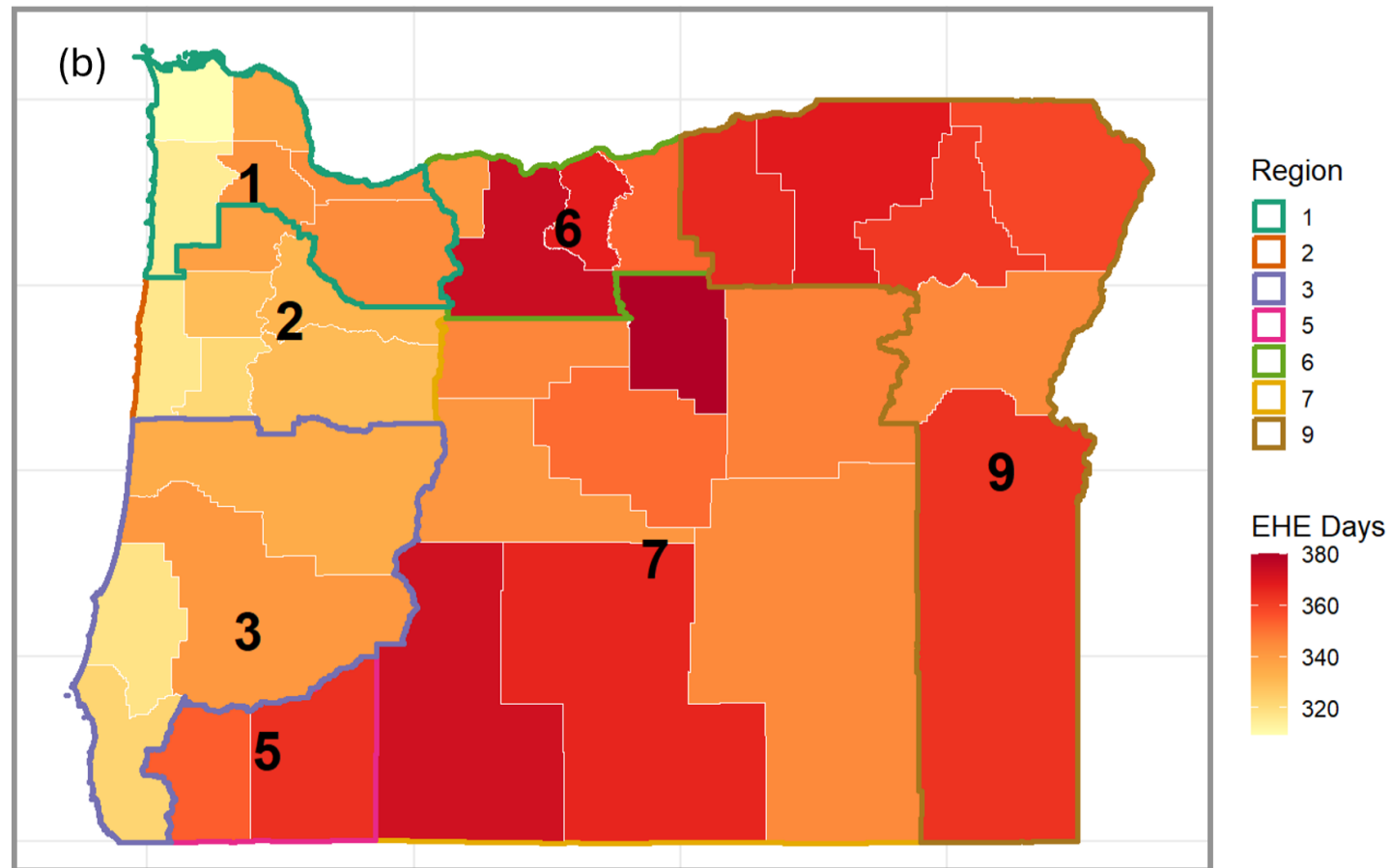


People with disabilities

- Infants and young children
- People with chronic medical conditions (often older)
- People taking certain medications (often older)
- Unsheltered people
- Socially isolated
- Low income
- Outdoor workers
- Communities with less tree canopy
- Athletes

Days of extreme heat events are increasing

Cumulative (total) exposure to EHE days
by county (2006-2025)



Extreme heat event (EHE)

Any period of two or more consecutive days with unusually hot weather that is far above the average for that time and place.

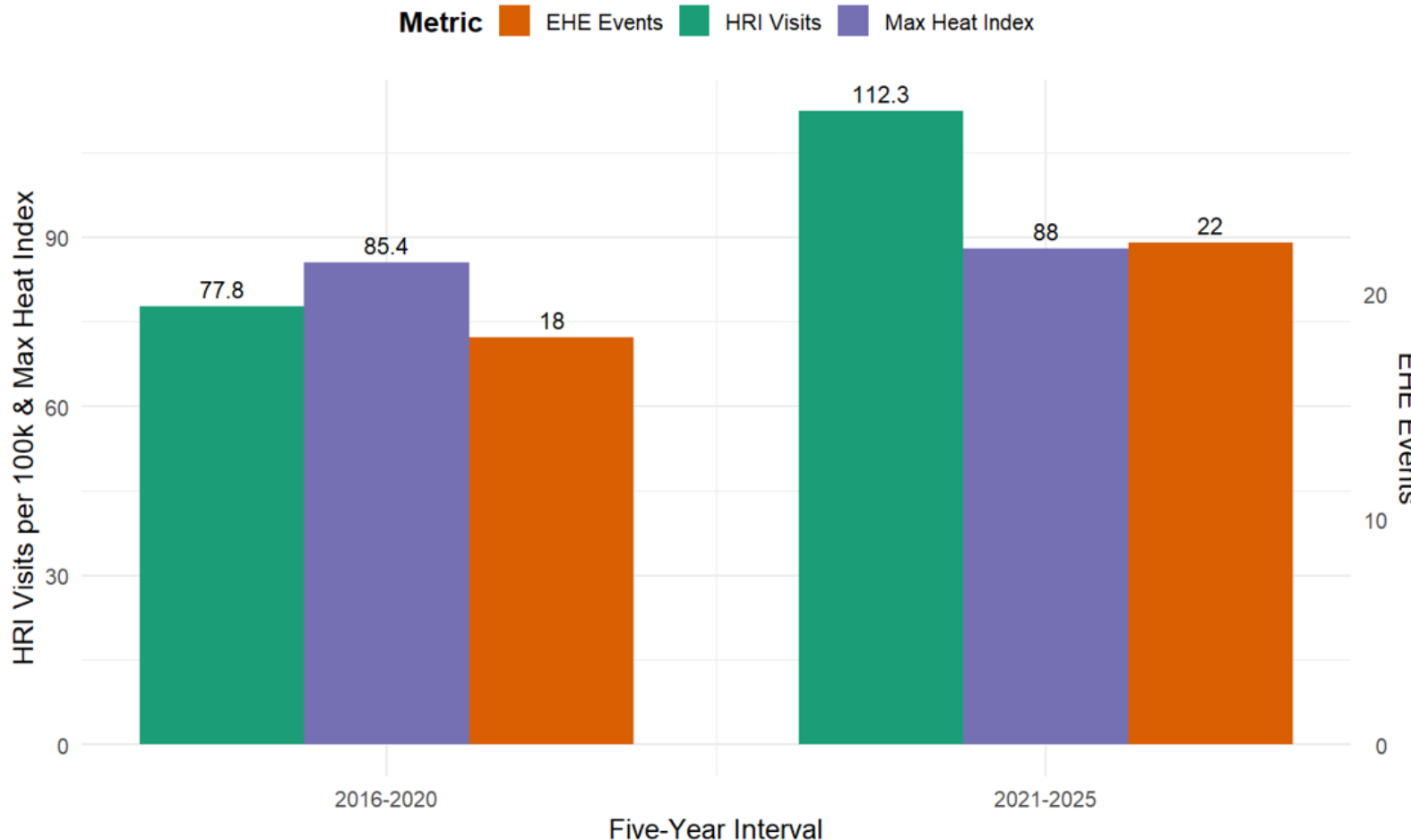
Oregon's Five-Year Averages

2006–2010: 12 Days

2021–2025: 22 Days

Long-term trends in heat-related illness in Oregon

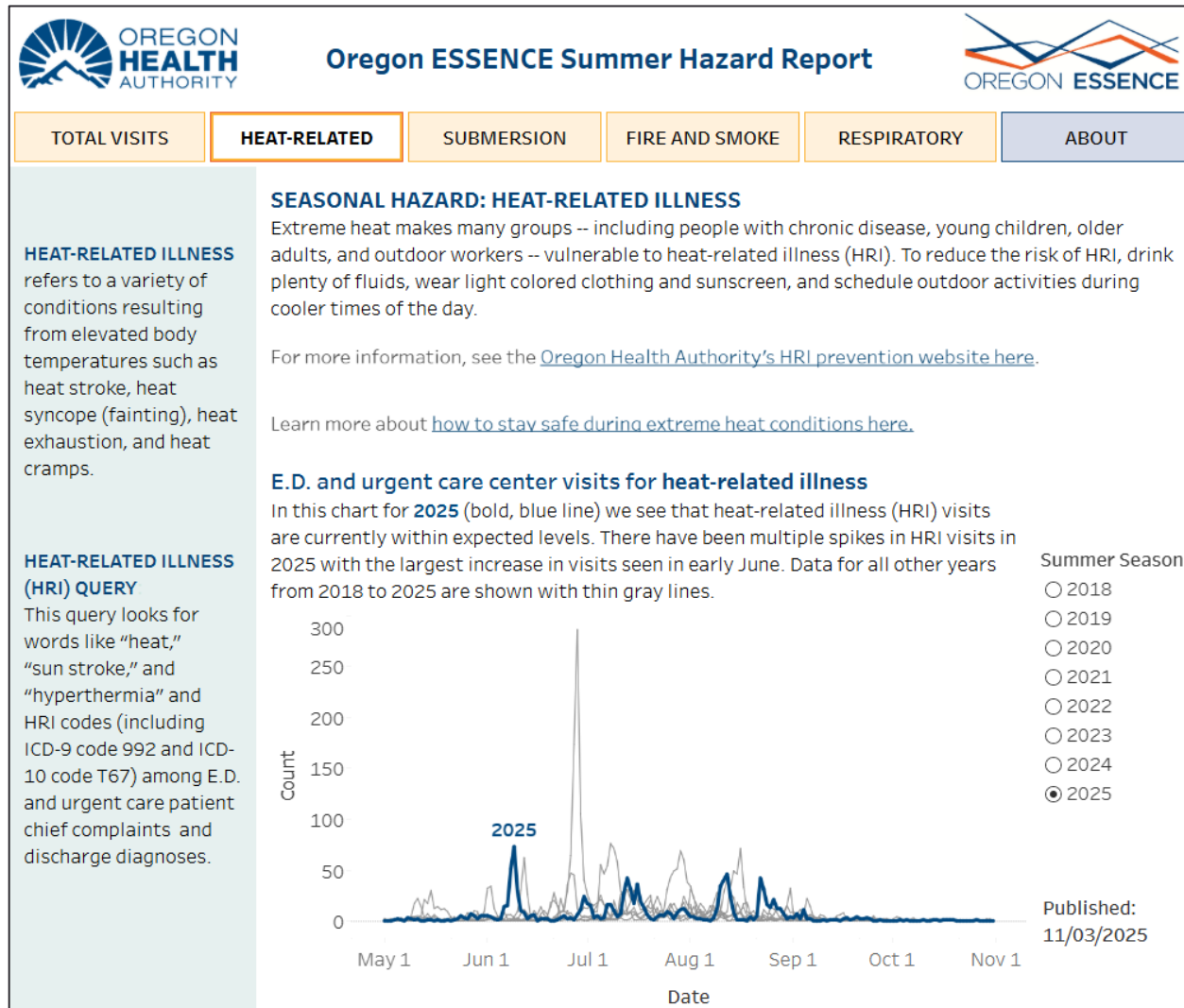
Heat Exposure & Health Indicators by 5-Year Period



Five-year averages for annual statewide visits for 2016-2020 and 2021-2025 periods:

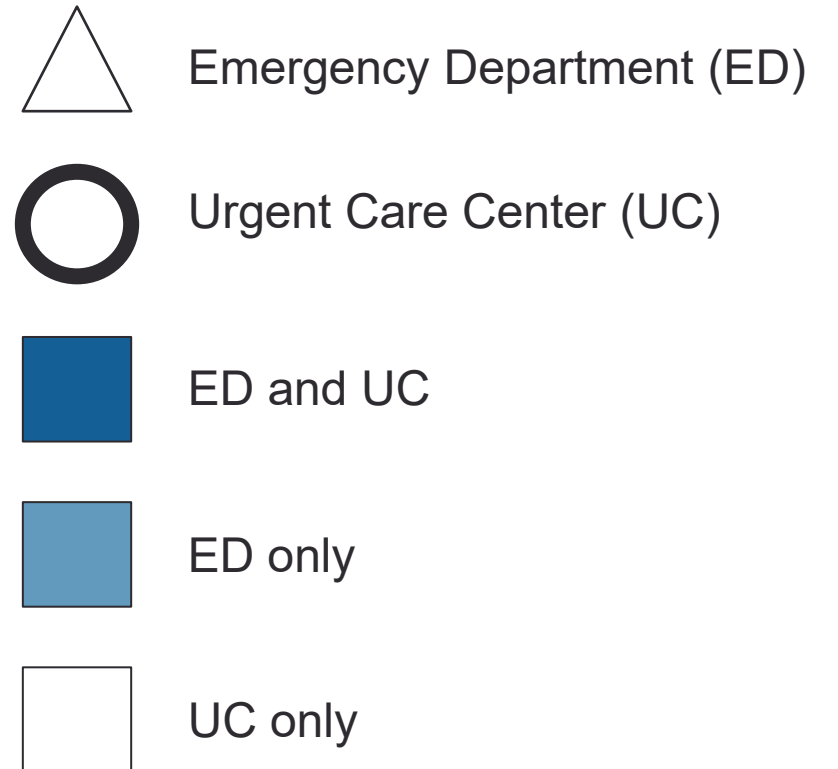
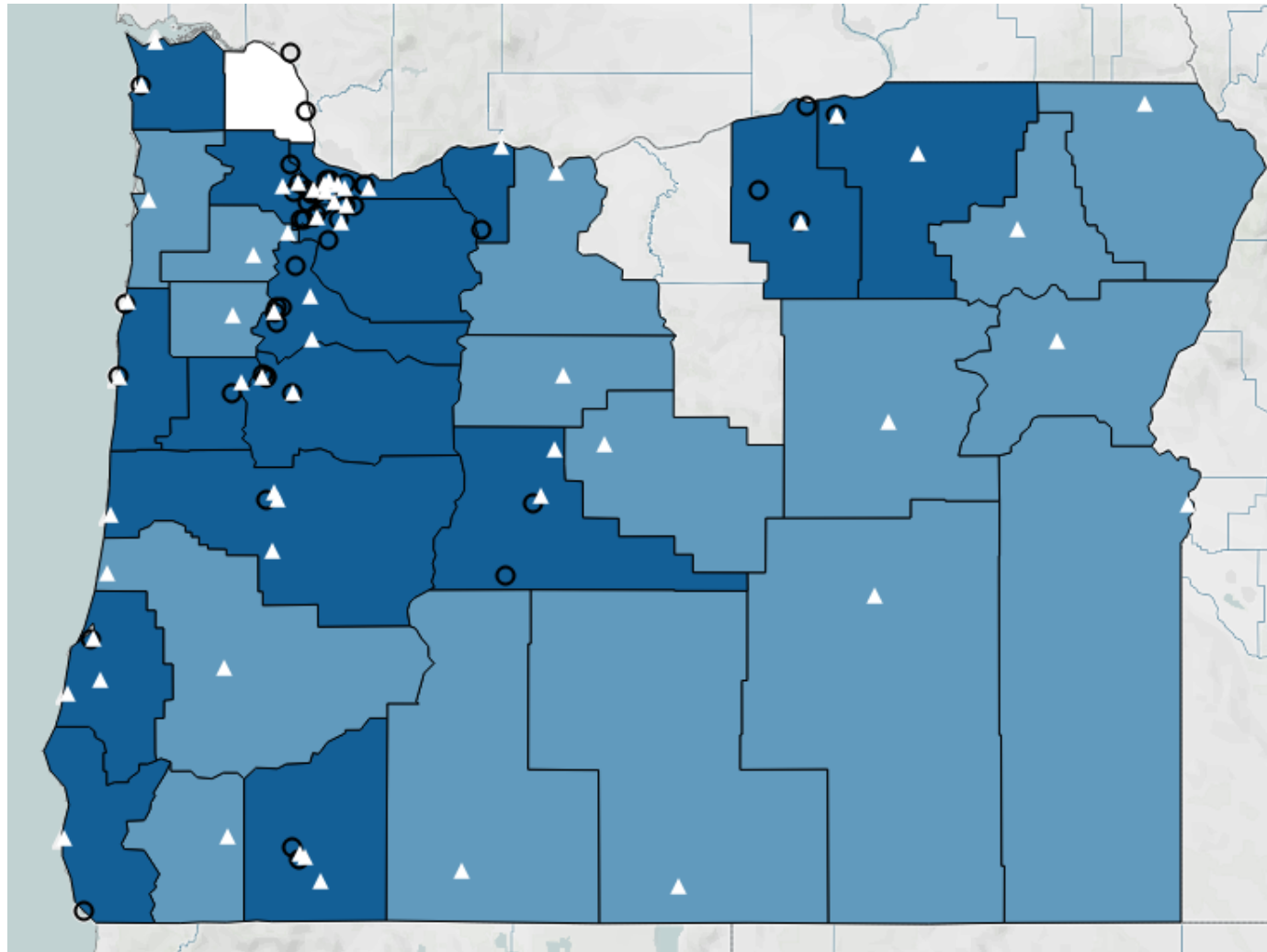
- Heat-related illnesses (HRI) per 10,000 people
- Average number of extreme heat events (EHE) days
- Maximum heat index

ESSENCE syndromic surveillance system and heat

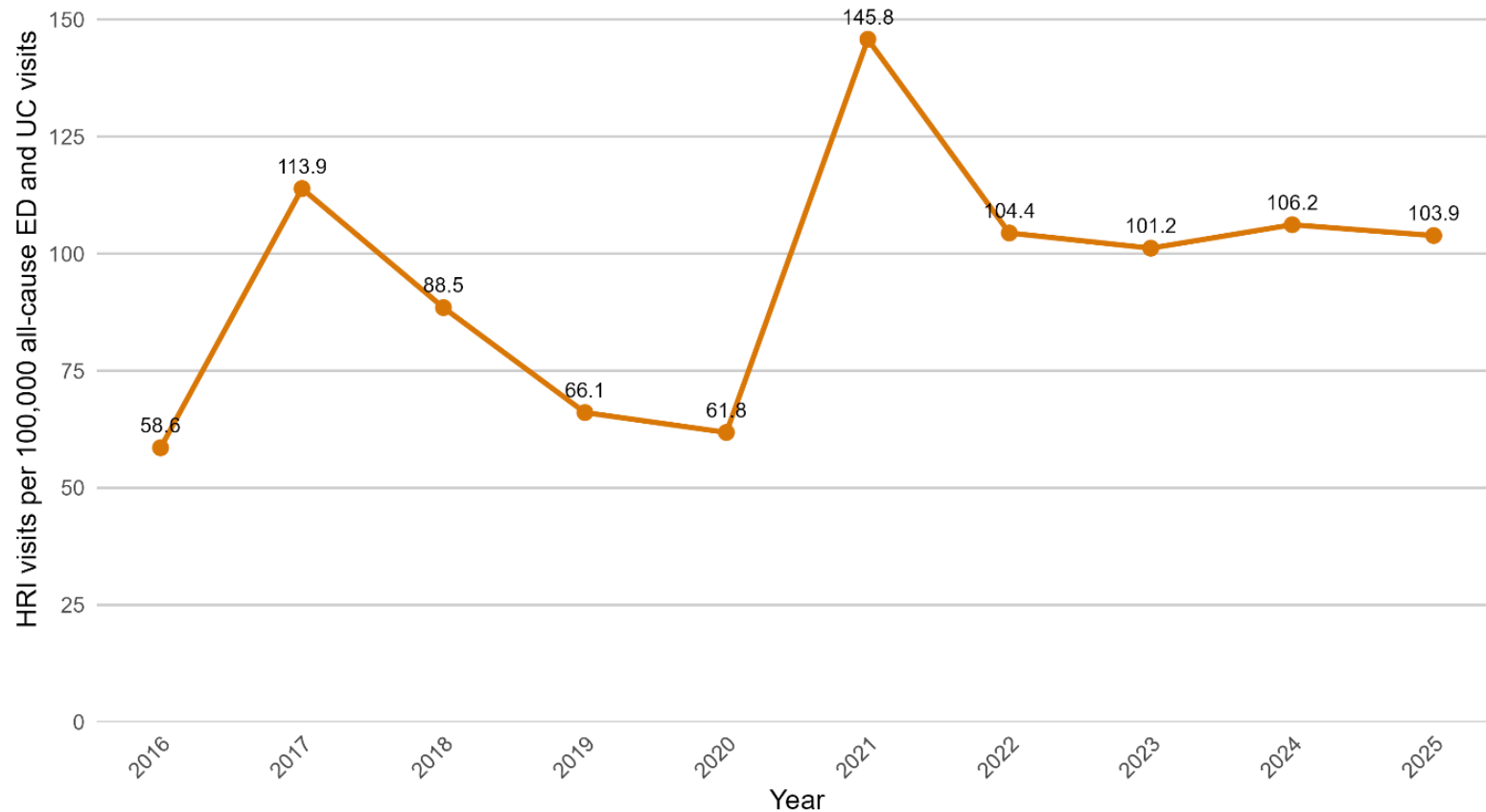


- Most non-federal emergency departments and urgent care centers report near-real-time information for public health and hospitals to monitor what is happening in emergency departments across the state before, during and after a public health emergency
- Summer Hazard Report dashboard reports heat related illness (HRI) visits
- OHA analyzes data who and how many people affected

ESSENCE Data Submitters

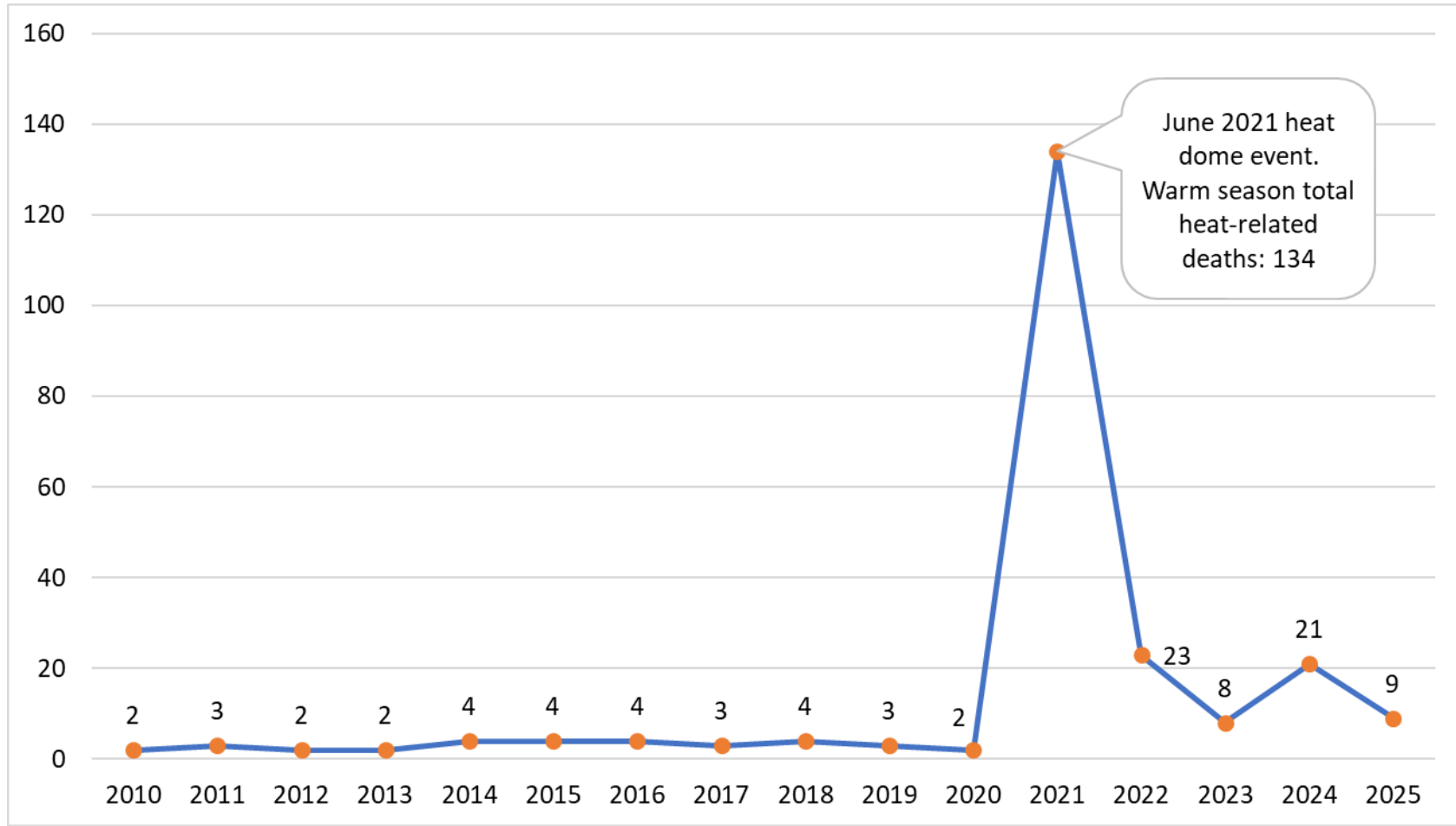


Oregon statewide heat-related illness 2016-2025



- For every 100,000 people who visited an emergency department or urgent care center, the chart shows how many people had heat related illness complaints
- Major spikes are evident, but overall trend is staying high
- Increasing heat + increased public health messaging about heat risks are likely factors driving elevated rates

Oregon statewide heat related deaths, 2010-2025

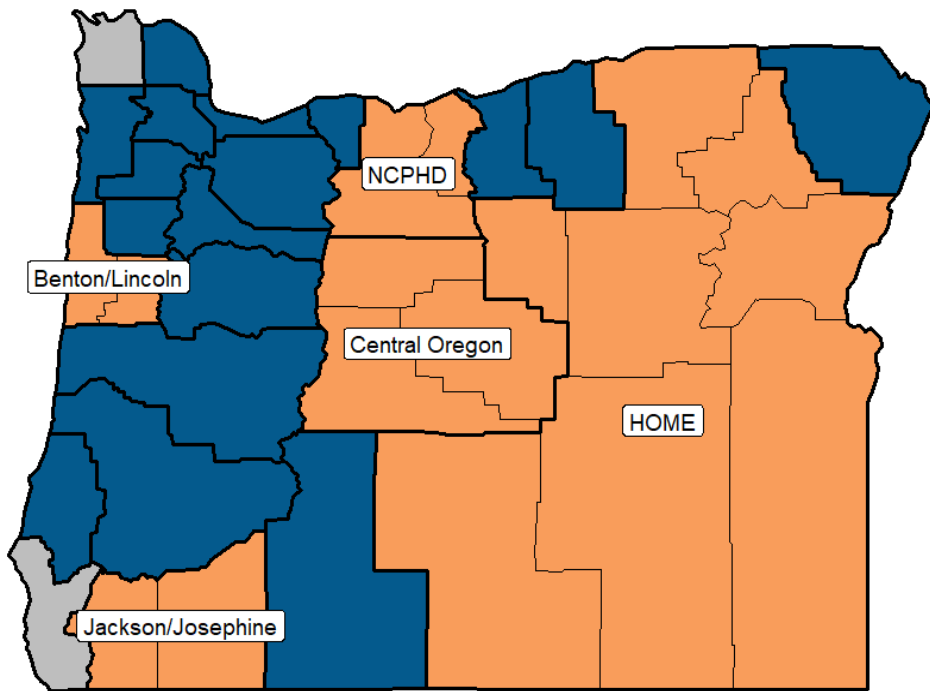


Many heat-related deaths have multiple contributing causes listed on the death certificate. Most common are:

- cardiovascular disease
- substance use
- diabetes
- respiratory disease
- renal conditions
- mental health conditions

“Excess deaths” compared to previous years’ average spotlights likely undercounting where heat was missed as a contributing factor

Building heat hazard resilience through public health modernization



Plan type ■ County-level CHAP ■ Regional CHAP ■ No CHAP

- Extreme heat = priority climate hazard for 21/22 LPHA plans; planned or implemented actions:
 - communications, outreach, education (20)
 - distribution of climate devices (16)
 - shelters or resilience hubs (15)
 - home upgrades (9)
- 76 community-based organizations resourced to develop climate resilience in communities they serve
- OHA delivers technical assistance to LPHAs and CBOs, supports communities of practice, statewide data analysis and tracking, surveillance and risk communication

OHA health security, preparedness and response



ESF 8 Health and Medical

- Monitor the public's health using routine (ORPHEUS) and emergency (ESSENCE) disease surveillance systems.
- Identify vulnerable persons from Medicare and Medicaid data to aid outreach and evacuation.
- Support private, local and tribal health partners during surges and evacuations through coordination teams, technical assistance, mutual aid, regulatory relief, medical personnel and health resources.
- Advise the public and public health agencies on risk reduction, focusing on identifying vulnerable populations, and in collaboration with OR-OSHA for outdoor workers.
- Help identify disease risks and advise on mitigation at sheltering locations.
- Coordinate with dozens of funded CBOs statewide for disaster and weather event work with additional engagement and technical assistance opportunities.

Oregon Medicaid extreme weather supports

- **Oregon's 2022-2027 1115 Waiver** offers devices for eligible Members to help keep them healthy at home during extreme weather events
- **Medicaid's Health Related Social Needs** benefits have provided thousands of devices to eligible Oregonians each year since launch in 2024.
- **Coordinated care organizations** can opt to provide home cooling supports through flexible services

2025 Waiver Distributions to Eligible Members

- 4,559 Portable air conditioners
- 3,170 Portable air filtration devices
- 1,164 Portable heaters
- 409 Mini-refrigerators for medication
- 896 Portable power supplies for medically necessary equipment

Thank you

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Robert Lee at Robert.lee@oha.Oregon.gov or 971-372-9888. We accept all relay calls.

