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Severe weather adding \$1B+ in annual U.S. healthcare costs and exacerbating health inequities

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<https://www.chartis.com/insights/severe-weather-adding-1b-annual-us-healthcare-costs-and-exacerbating-health-inequities>

The Buzz This Week

A recent report analyzing climate data and healthcare utilization in the state of Virginia found that extreme heat events—estimated to amount to 80 days per summer in that state in recent years—can be attributed to an increase in outpatient visits, emergency room visits, and inpatient admissions for heat-related illness. Extrapolated across the United States, the report estimates the annual national healthcare cost of extreme heat is approximately \$1 billion.

An analysis published earlier this week suggests that the high temperatures experienced in recent years are not expected to be an aberration but rather a trend going forward, likely attributable to climate change from carbon emissions and other human-influenced activities. Just this week, it was reported that a “heat dome” placed 65 million Americans under heat alerts in southern states. A scientist at the National Oceanic and Atmospheric Administration (NOAA) stated in a National Public Radio piece earlier this year, “Extreme heat events are more extreme than ever ... they’re likely to become the new normal in the not so distant future.”

In addition to heat, other severe weather events have increased in the past decade, including hurricanes, tornadoes, wildfires, and flooding. However, experts have commented that high temperatures present the largest overall risk in terms of health and safety, ranging from heat exhaustion to dehydration to exposure to a higher level of food- and water-borne bacteria that proliferate in higher temperatures. Reports have shown that heat is the leading weather-related cause of mortalities in the nation. For instance, they account for 8 times more deaths than from hurricanes.

Why It Matters

The increase in frequency of extreme heat and other severe weather events presents new and potentially ongoing challenges for the nation's health and healthcare system. High temperatures have been described as a "silent killer," as symptoms are not often realized or understood until someone is experiencing a severe physical condition. Kristie Ebi, an epidemiologist at the University of Washington, described the impact of excessive heat as follows: "People often don't realize they are in trouble until things are progressing rapidly." Because of this, hospitals, emergency rooms, and other healthcare delivery providers are seeing more patients with potentially deadly heat illness, which can be difficult to treat, adds to an already over-taxed healthcare system, and takes attention away from other acute cases.

Extreme heat can exacerbate health disparities, disproportionately affecting socially vulnerable people. This includes people with housing instability or a lack of access to air conditioning, the elderly, people with pre-existing medical conditions, people with limited financial resources, and/or people with language or cultural barriers that impede access to healthcare and other resources.

Local communities, such as Maricopa County in Arizona, have launched efforts to provide free heat relief for residents—often through volunteer services from local businesses. However, these efforts likely won't be adequate if the pattern of extreme heat and other weather events continue, nor will they be sustainable in the long run without funding. Recommendations from health and policy experts have included long-term interventions, such as reducing greenhouse gas emissions and establishing a stronger and more coordinated federal, state, and local approach and funding. More actionable, short-term recommendations include public education about heat-related illness, symptoms, and how to access help, as well as augmented training and treatment guidelines for healthcare providers.

Regardless of political perspectives on climate change, recent data and trends suggest that extreme weather will continue for the foreseeable future. This will require a well-funded and science-driven set of solutions, coordinated among healthcare providers, insurers, policymakers, and community organizations.

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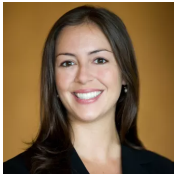
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