



From Plans to Practice:

Lessons from Clinics and Health Centers Responding to Extreme Heat and Wildfire Smoke





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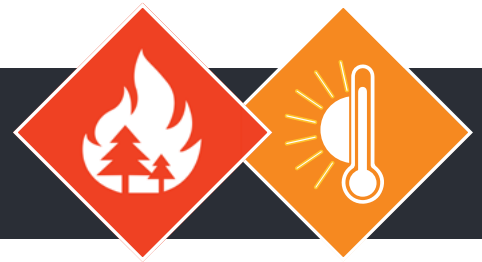
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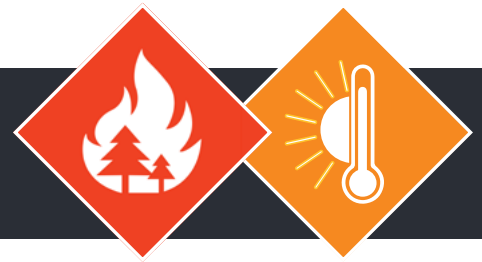
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Other Contributors: Beth Outterson, Karen Neiswender. We extend our deep gratitude to all who contributed their time, insights and expertise to shaping these resources. From research and technical review to program implementation and partner engagement, their collective efforts have strengthened the usability and impact of these tools.

The lessons offered by this document were made possible through the dedication, expertise and lived experience of frontline health care providers and staff who serve communities most affected by extreme heat and wildfire smoke. We extend our deepest gratitude to the clinics and health centers that generously shared their insights and provided invaluable feedback to strengthen this plan's effectiveness. Their commitment to patient care and community resilience has shaped these resources in meaningful ways, ensuring they are practical, actionable and centered on the needs of those most impacted. While we do not list individual contributors here, we recognize and appreciate the essential role they have played in co-developing and refining these tools. We also acknowledge the dedication of our partners and collaborators in the broader health and climate resilience community, whose ongoing efforts continue to drive innovation and preparedness in the face of worsening extreme weather events.

Introduction



Extreme heat and wildfire smoke are recurring public health threats that place sustained pressure on health care safety net systems nationwide.

Free and Charitable Clinics, Community Health Centers and Federally Qualified Health Centers are often located in regions increasingly vulnerable to heat and wildfire smoke, while also serving patient populations disproportionately exposed to environmental risks. Many of these patients face barriers that heighten their vulnerability, including limited access to cooling or clean air, higher prevalence of chronic conditions, transportation challenges, language barriers and unstable housing.

Most clinics and health centers were not designed for extreme weather resilience and often respond reactively, without systems to anticipate risk or adapt operations.

To address this gap, AmeriCares launched the Climate Health Equity for Community Clinics project, supported by Johnson & Johnson and in partnership with the Center for Climate, Health, and the Global Environment (C-CHANGE) at the Harvard T.H. Chan School of Public Health. The project developed two practical, facility-level planning tools:

- Heat-Health Action Plan (HHAP)
- Wildfire Smoke Action Plan (WSAP)

Clinics and health centers piloted, adapted and implemented these tools across diverse settings. An independent qualitative evaluation captured what worked, what changed inside facilities and what helped teams sustain improvements.¹

This guide distills real-world lessons from clinics and health centers that moved from planning to action. It translates action plans into operational habits: the systems, workflows and leadership decisions that make preparedness stick.

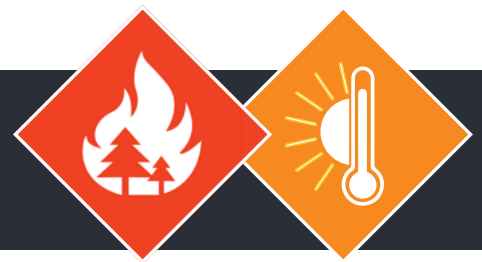
¹ To assess how these tools functioned in real-world settings, AmeriCares engaged independent consultants to conduct a qualitative evaluation following implementation. The evaluation included in-depth interviews and focus group discussions with participating clinics and health centers to explore how facilities developed, adapted and operationalized their action plans during actual heat and wildfire smoke events. The consultants examined the balance between fidelity to the action plan frameworks and contextual adaptation, identified operational and cultural shifts within facilities and analyzed key enablers and barriers influencing implementation. Findings from this independent evaluation inform this document, highlighting practical insights for strengthening climate-health preparedness, refining tools and training approaches and guiding future program scale-up.



How to Use This Guide

- Start with the section most aligned with your clinic's or health center's immediate challenge.
 - Internal Communication and Team Coordination ([p.3](#))
 - Managing the Patient Visit: Direct Care and Health Promotion ([p.7](#))
 - Reaching People Where They Are: Community Outreach and Local Adaptation ([p.12](#))
 - Planning and Paperwork: Administrative Preparedness ([p.15](#))
 - Beyond the Facility Walls: Strengthening Your Community Network ([p.19](#))
- Use the checklists to identify quick wins.
- Share one section at a time in staff meetings.
- Assign ownership for one improvement per month.
- Revisit this guide annually before high-risk extreme weather seasons.

Internal Communication and Team Coordination



Focus: *How staff and volunteers function as a unified team during an active event.*

Impacts from extreme heat and wildfire smoke can escalate quickly. To support your team in responding effectively, use simple, repeatable systems that keep every staff member and volunteer clear on the plan, their role and the current risk level. Strong internal coordination does not require complex technology. It requires clarity: clear ownership of weather monitoring, clear communication channels across shifts and clear processes for rapid team decision-making. When clinics and health centers institutionalize these practices, they reduce stress, increase efficiency and ensure task accountability.



At a glance:

- **Check the forecast and monitor conditions:** Integrate regular weather, wildfire incident and local air quality monitor updates into your standing team meetings leading up to high-risk seasons.
- **Centralize communication tools:** Use physical “communication books” or digital hubs in high-traffic areas to keep rotating shifts and volunteers updated.
- **Normalize ad hoc staff huddles:** Use short, multidisciplinary meetings to quickly determine action on emerging patient care needs during emergencies.

1 Check the forecast to incorporate hazard outlook information into standing meetings and determine when you will act.

Monitoring the weather is not enough. Forecast information must trigger operational action. Clinics and health centers can do this by assigning responsibility for checking the weather and the Air Quality Index (AQI) daily, discussing forecast implications in standing meetings and establishing pre-defined activation thresholds that prompt timely response actions.

Key takeaways:

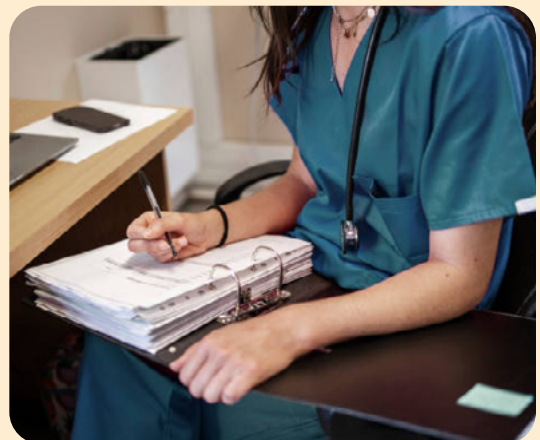
- **Identify a point person:** Assign a team member to be the weather lead to check the local weather and AQI during high-risk seasons.
- **Update each other:** Incorporate a brief weather or wildfire smoke event status report into existing standing meetings to keep the team informed.
- **Establish clear triggers:** Decide in advance which temperature or AQI levels will prompt specific internal protocols. For heat, consider factors such as humidity, intensity and duration.

2 Centralize staff communication tools.

Managing multiple shifts and rotating volunteers makes it difficult to keep everyone on the same page. To ensure that health education becomes the responsibility of all staff, clinics and health centers have created communication channels to keep information visible and accessible.

The reception desk communication book.

One clinic found that because staff and volunteers arrived at different times, those on later shifts were often unaware of the day's specific focus or operational changes. To solve this, they established a physical "communication book" placed at the reception desk. They implemented a protocol where checking this book was the first thing staff did upon arrival. This low-tech solution proved effective for managing rotating volunteers and multiple shifts without the need for constant, formal meetings.



Key takeaways:

- **Centralize information:** Use a physical book or digital hub in a high-traffic area to prevent missed messages.
- **Make check-ins mandatory:** Set a clear expectation that reviewing the hub is the first task of every shift.
- **Keep it simple:** Use tools that require no specialized training or technology so that temporary staff and volunteers can be updated instantly.

3 Normalize ad hoc staff meetings.

During extreme weather events, the clinic environment is often chaotic and too busy for formalized meetings. Facilities have found that huddles, which are short meetings of a multidisciplinary team of staff (nurses, doctors, pharmacists, etc.) to discuss and quickly determine action on emerging patient care needs, are a time-saving alternative to formalized staff meetings during extreme heat events.

Starting a team huddle.

During a severe heat wave, one health center's staff needed a way to track their most vulnerable patients without pulling the team away from care for long periods. They used huddles to ask quick questions about the welfare of specific subgroups. These sessions allowed the team to determine who had been contacted and who needed immediate care, ensuring that senior patients and those with special needs were managed efficiently during the surge.



Key takeaways:

- **Use impromptu huddles:** Replace long meetings with quick check-ins to quickly determine action on patient care.
- **Identify vulnerable groups:** Use the time specifically to identify high-risk populations, including older adults.
- **Stay multidisciplinary:** Involve nurses, doctors and pharmacists to enable coordinated and timely clinical decision-making.



Summary checklist for clinics or health centers

- Weather monitoring lead:** Have you designated a specific staff member to track the Heat Index (“feels like” temperature) and Air Quality Index (AQI) daily so that weather forecast monitoring is a formal responsibility rather than an assumed task?
- Forecast-informed planning:** Are weather forecast updates a standing agenda item in your existing meetings to ensure the whole team stays ahead of upcoming high-risk windows?
- Operational thresholds:** Have you defined the specific “if/then” triggers (e.g., an AQI over 150 or a Heat Index over 90°F) that officially activate your facility’s response protocols?
- Event huddles:** Do you have a plan to hold short, daily huddles during active extreme heat or wildfire smoke events to coordinate staff safety and adjust patient outreach in real-time?

Managing the Patient Visit

Direct Care and Health Promotion



Focus: *Extreme weather safety education and information provided inside the facility.*

Every patient encounter is a critical window for intervention. During extreme heat or wildfire smoke events, patient encounters serve a dual purpose: 1) treating the immediate clinical need and 2) equipping the patient with the knowledge to stay safe once they leave the facility. Integrating extreme weather safety into the workflow helps protect health beyond the visit.

Effective patient education doesn't have to be time-consuming. By layering consistent messaging throughout the office visit—from the front desk to the exam room—staff can reinforce life-saving habits without disrupting usual protocols. When these interactions are standardized, they become a core part of the care plan, providing patients with the tangible tools and confidence they need to manage their health during extreme weather events.



At a glance:

- **Repeat health messages throughout the visit:** Ensure the core safety message is delivered at every touchpoint, from the reception desk to the provider exam.
- **Screen for extreme weather-related risks:** Utilize assessment tools that help providers identify if health issues are weather-related, or if patients are at high risk and require specific guidance or resources.
- **Tailor pre-made educational materials:** Utilize ready-made, visual materials like color-coded hydration charts or lobby screens that don't require high literacy levels to save staff capacity. Find resources in the [Climate Resilience for Frontline Clinics Toolkit](#).
- **Offer take-home tools:** Give out water, cooling rags or misters at the exit. Having a physical item helps the patient remember the health advice you gave them.

1 Repeat consistent health messaging throughout the visit.

Individual advice is easily forgotten when patients are overwhelmed by the heat. Facilities found that by reconfiguring their operations to enhance learning opportunities for patients, recollection improved. All staff, regardless of their role in the facility, are encouraged to communicate the same health message with patients at different points of contact during patient visits and community outreach.

Reaching patients every step of the way.

One facility reconfigured their workflow so that patients heard the same safety advice at every stage of their visit. The receptionist shared extreme heat alerts and hydration reminders at check-in, the lobby displayed messages in multiple languages and the provider gave personalized instructions for high-risk patients during the exam. Finally, as the patient left the clinic, they were given a heat kit containing a hydration kit, mister, cooling rag, sunscreen, lip balm and educational handouts. This repetition unified the staff's focus and significantly increased the likelihood that patients would take preventive actions.



Key takeaways:

- **Repeat the message:** Identify every point of contact (reception, provider, exit) to reinforce the same safety advice.
- **Be consistent:** Ensure every staff member gives the same core advice, such as reminding patients to hydrate even when not thirsty.
- **Provide physical tools that mitigate risk:** Distribute heat kits at the exit to anchor the educational messages patients received during their visit.

2 Screen for weather-related risks.

A patient's health is shaped by their environment (no air conditioning at home, work outdoors, etc.). Incorporating targeted assessment questions into the intake process or the clinical exam helps the team bridge the gap between the environment (e.g., weather) and the patient's actual exposure. By identifying these factors early, providers can more easily determine if symptoms like fatigue, headaches or respiratory distress are tied to extreme heat or wildfire smoke, even when the patient hasn't made that connection yet.



Connecting the dots through screening.

When clinical teams look beyond standard symptoms to a patient's environment, they can uncover risks that might otherwise go unnoticed. At one health center, providers updated their routine intake to include heat-health questions for patients with respiratory conditions. This small change in the workflow essentially turned staff into "health detectives" capable of spotting extreme weather-related triggers that the patient might not notice.

In one notable instance, a patient arrived at a facility convinced he was having a heart attack. However, because the staff was tuned in to the day's extreme temperatures, they quickly identified that his symptoms were actually signs of severe heat stroke. The value of this mindset often extends beyond the clinic too; one staff member used these same strategies to create a safety plan for their own family, noting, "It's important to have a plan for my family. I can't take care of others outside my home and not have a plan for them."



Key takeaways:

- **Update intake tools:** During high-risk seasons, add structured screening questions about a patient's daily exposure to extreme heat or wildfire smoke to intake forms like, "Do you work outdoors?" or "Do you have a reliable way to keep your home cool?"
- **Connect symptoms to weather threats:** If a patient has symptoms like fatigue or trouble breathing, you might ask about their daily routine and exposure patterns, for example, how their commute or home environment is affected by the current weather. This can help clarify if extreme heat or air quality is an underlying factor.
- **Prioritize vulnerable groups:** Focus these additional questions on patients with pre-existing conditions that are sensitive to heat or air quality.

3 Share pre-made educational materials.

Ready-made materials are most effective when they are adapted to the specific demographic a clinic or health center serves. Staff often lack the time to develop their own tools, so they find success by picking and choosing simple, visual messages from the [Climate Resilience for Frontline Clinics Toolkit](#) that align with their patients' literacy levels and daily habits. For example, some clinics and health centers found tools like hydration charts that use a color-coded urine scale useful because they provided a quick, visual reference that worked better for their population than complex text-heavy manuals.



Expanding education for chronic conditions.

One health center was surprised to learn that the [Climate Resilience for Frontline Clinics Toolkit](#) included [care for patients with chronic conditions](#), having previously assumed such efforts were only necessary after an acute emergency. As they said, “We thought it was only after an emergency. We now have educational information on screens that patients can see, and QR codes that patients can use. We work with community groups and *promotoras* (health promoters) and the food bank.” This shift allowed the facility to provide continuous support and preventative education through trusted local channels.



Key takeaways:

- **Use pre-developed materials to save capacity:** Don’t start from scratch; use the [Climate Resilience for Frontline Clinics Toolkit](#) for ready-to-use materials so your team can focus its energy on “how” and “where” to reach patients.

4 Offer take-home tools.

Education is more effective when paired with a tangible item. Link advice to a physical object if you can.

When educating others about heat and health, consider sharing items such as:

- Water bottles
- Handheld misters
- Cooling towels
- Electrolyte packets*
- Sunscreen

When educating others about wildfire smoke and health, consider sharing items such as:

- N95 masks
- Air purifiers
- DIY air filter supplies (box fan and MERV-14 rated filters)

**Not needed for everyone*

Take-home resources function as a reinforcement tool extending the impact of clinical counseling beyond the point of care.



Key takeaways:

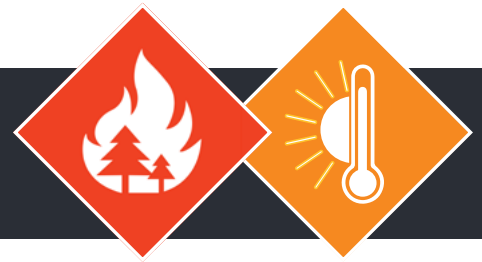
- **Keep kits simple and adaptable to local conditions.**
- **Use distribution as an engagement moment:** Staff can reinforce safety messages during handoff.
- **Pair advice with an object:** Physical items reinforce advice and increase message retention.

Summary checklist for clinics or health centers

- Information hub:** Do you have a central place (digital or physical) for real-time updates that all staff can access?
- Staff conversations:** Have you given the team (including volunteers) a quick refresher or simple checklist on which health symptoms to look for when extreme heat or wildfire smoke hits?
- Patient-ready handouts:** Do you have 2–3 specific visual handouts or digital links (QR codes) ready to share with patients that match their literacy levels, language preferences and channel preferences before or during extreme weather events?
- Patient kits:** Are your hydration and cooling supplies stocked and ready for distribution at the exit?

Reaching People Where They Are

Community Outreach & Local Adaptation



Focus: *Creative interventions to reach patients in the community before, during and after extreme weather events.*

A one-size-fits-all plan rarely works well on the ground. While standard guidelines provide a baseline, the most effective strategies are the ones tailored to the specific needs of your community: whether that means navigating tribal service boundaries or finding ways to reach homebound and unhoused patients. By moving beyond a generic approach, facilities can transform standard plans into practical, localized strategies and protocols that work for their specific staff and patient demographics.

The following field-tested lessons show how clinics and health centers have successfully integrated and adapted the resources provided by AmeriCares to fit their specific facilities and communities.



At a glance:

- **Listen and adapt to patient and community needs:** Use patient surveys to choose the most effective supplies and create inventive interventions for high-risk groups.
- **Build on existing success in community outreach** by folding extreme weather interventions into established and well-received outreach programs.

1 Listen and adapt to patient and community needs.

Successful adaptation begins with a willingness to bridge the gap between clinical advice and a patient's physical reality. When budgets are tight, many effective solutions can emerge from observing the specific barriers patients face such as a lack of shade, a hot commute or unstable housing. By creating a continuous feedback loop between staff and the community, clinics and health centers can pivot their resources in real time to meet shifting needs.

Filling the gaps to protect against heat.

In the Southwest, a clinic director noticed that many unhoused patients were coming in with painful burns and kidney issues. They realized the problem wasn't just the air—it was the ground. The pavement was so hot it was physically injuring people who had nowhere else to sit. To help, the clinic began handing out yoga mats. This gave patients a simple way to stay off the scorching concrete and avoid direct heat injury.

This same “listen first” approach helps when deciding what to buy too. One facility that was waiting on funding didn't want to guess what would be most helpful. They surveyed their patients to see if they preferred fans or misters. By letting the community pick, the clinic made sure their limited money went toward things people would actually use.



Key takeaways:

- **Establish a feedback loop:** Use short surveys or chat with patients to find out which supplies and interventions are helpful and which ones aren't working for them.
- **Look for local hurdles:** Think about the environment in which patients live. Are there things like hot pavement or a lack of shade on their commute that make it hard for them to follow your advice?
- **Stay flexible:** Set up a way to change your supply or distribution list mid-season. If the heat gets worse or patients ask for something different, be ready to pivot.

2 Build on existing success in community outreach.

Transforming a generic plan into a localized intervention often means finding ways to be helpful without reinventing the wheel. Rather than asking patients to navigate a new, standalone program during a crisis, some facilities have found success by folding extreme weather interventions into the established and well-received programs their community already values. This integration helps ensure that extreme-weather-readiness is seen as a normal part of year-round preventative health and wellness that fits the existing habits of the community rather than an additional task to complete.

Leveraging hard-won trust.

One way to expand the reach of extreme weather safety is to integrate it into programs that have already earned community trust. In the Pacific Northwest, a facility added wildfire smoke safety to “**Project Breathe**,” an existing lung health and smoking cessation campaign.

By adding wildfire smoke safety and N95 mask distribution to this trusted program, the clinic didn’t have to build a new audience from scratch; they simply shared new information through a source patients already valued.



Key takeaway:

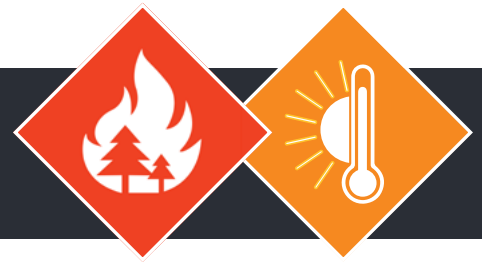
- **Build on existing success:** Don’t launch isolated campaigns; integrate extreme weather interventions into established outreach programs to increase community buy-in and save resources.

Summary checklist for clinics or health centers

- Patient-led priorities:** Have you used patient surveys to determine which supplies (e.g., cooling towels, air filters or electrolyte packets) are most needed by your community?
- Dynamic supply planning:** Do you have a process to adapt your distribution kits mid-season based on shifting supply availability and real-time patient feedback?
- Leverage trusted channels:** Have you identified your facility’s most successful existing outreach campaigns to use as platforms for extreme heat and wildfire smoke safety education?
- Combine weather-safety information with existing campaigns.** Non-communicable diseases (diabetes, COPD, asthma) are exacerbated by extreme weather, and events or outreach for one can be combined with the other.

Planning and Paperwork

Administrative Preparedness



Focus: *Internal systems, formal documentation and the yearly planning cycle.*

Understanding when extreme heat will impact health is more nuanced than just looking at a weather app. Factors like humidity can drastically magnify the danger: 96°F with 70% humidity is more dangerous than 100°F with low humidity. Despite increasing variability, extreme heat and wildfire smoke risk rise in summer months. Preparedness succeeds when it becomes part of the annual administrative rhythm. This section discusses how to proactively organize your team, your physical space and your administrative calendar to stay ahead of the curve.



At a glance:

- **Set a yearly timeline for collecting extreme-weather resources:** For example, set a yearly cycle to secure funding by January and have supplies ready for distribution by April.
- **Add extreme weather to existing SOPs:** Fold extreme weather protocols directly into existing emergency plans to avoid duplicative processes or juggling isolated tasks.
- **Audit your current extreme weather activities:** Use our assessment tools as a benchmark to audit current activities and ensure no low-cost safety steps are overlooked.

1 Set a yearly timeline for collecting extreme-weather funding and supplies.

Preparing for extreme weather events shouldn't be a reactive scramble in July; instead, clinics or health centers have found that treating preparedness as a year-round administrative cycle significantly reduces staff stress. By mapping out a cyclical calendar to seek funding in the fall and secure it by January, leadership allows the team ample lead time to order supplies and assemble heat kits well before the first heatwave, ensuring staff are fully trained and ready to deploy by April-May.

Key takeaway:

- **Develop a preparedness calendar:** Aim to have funding secured by January and supplies purchased/kits assembled by April.

2 Fold extreme weather and wildfire smoke interventions into existing emergency plans.

Rather than juggling a brand-new set of isolated tasks, many facilities found success by folding extreme heat and wildfire smoke protocols directly into their existing emergency plans. Directors found that formalizing a plan (even before any procedures changed) acted as a powerful motivator for staff, shifting focus toward prevention and providing a clear framework for patient needs. This process documented the unwritten expertise of the team so that knowledge wasn't lost during staff turnover.

Putting plans to paper.

For one clinic, the process was about focus: "We made sure what we are doing is going to make some difference. We didn't want to be a mile wide and an inch deep." For teams that had never had a formal heat protocol, the assessment gave them the push to finally "put their own plan in writing" and officially fold it into their standard operating procedures. As another facility noted, "We are more worried about wildfires than heat...[We] have a disaster plan...but heat was not included in our plan, so having that [Heat-Health Action Plan] and thinking about heat as an emergency too was really helpful."





Key takeaways:

- **Merge suggested interventions with existing emergency plans:** You can use the AmeriCares suggested interventions as the basis for your emergency plan or combine them with your current emergency/safety protocols.
- **Use your emergency plan to start a staff/volunteer conversation:** Document clear actions (even those already in practice) to motivate staff to focus on prevention and provide a formal framework for addressing patient needs.

3 Audit your current extreme weather activities.

A hazard-specific response plan is a living document that requires regular updates to stay aligned with changing weather risks. Even for facilities with comprehensive protocols and emergency operation plans, an audit provides a structured way to verify that existing workflows cover the specific nuances of extreme heat and wildfire smoke. Using AmeriCares [Climate Health Action Plans](#) as a benchmark allows directors to cross-reference their current procedures against a vetted list of clinical and operational interventions to see if they are missing any critical administrative triggers, low-cost safety steps or logistical gaps in their response.

Using AmeriCares [Heat-Health Action Plan](#) as a benchmark.

One health center used the AmeriCares assessment to review their readiness before the summer season. They already had an extreme heat plan in place, but they used the tool as a professional benchmark to see how their strategy compared to AmeriCares recommendations.

By conducting a side-by-side audit, the leadership team reviewed their protocols with a fresh perspective. The process allowed them to validate what they were doing well and find room for improvement. As the facility noted, they used the tool “as a comparison against the work we are already doing... to make sure we weren’t missing anything.” This audit gave the team the confirmation they needed that their plan was comprehensive enough and ready for the upcoming season.





Key takeaway:

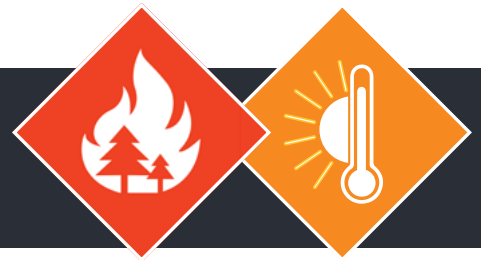
- **Audit your current activities:** Using the assessment tool as a benchmark allowed facilities to audit their current activities and ensure no critical, low-cost interventions were being overlooked.

Summary checklist for clinics or health centers

- Scheduling:** Have you picked a specific month (e.g., January) to secure money and order supplies before the risk of extreme heat or wildfires increases (e.g., April-May)?
- Operational integration:** Can you point to weather-specific protocols for extreme heat and wildfire smoke inside your current Emergency Operations Plan or hazard response SOPs?

Beyond the Facility Walls

Strengthening Your Community Network



Focus: Securing the clinic's or health center's place within the broader regional safety system.

For any clinic or health center, it will be a challenge to adequately support vulnerable patients during extreme weather events alone. Strong partnerships with local organizations allow facilities to maximize available community resources and extend their reach to the communities, especially during extreme heat or wildfire smoke events. Building strong relationships and maintaining them over time will create a space for collaboration during emergencies, resulting in a smoother, faster and more impactful response.

This section focuses on building relationships to promote awareness, joint planning, resource mobilization and long-term actions to benefit all members of your community.



At a glance:

- **Be a good neighbor:** Show up to other organizations' events and promote their services to your patients before and after extreme heat and wildfire smoke seasons. This builds the trust needed to coordinate resources quickly during a crisis.
- **Secure your role in local decision-making:** Join regional health care coalitions or city/county emergency groups to ensure your patients' needs are part of the official government response and to gain access to shared emergency resources.
- **Build redundancy in support networks:** Identify personal contacts at different agencies so you have a "Plan B" to get supplies (e.g., air filters, financial aid or other items for patients) if your primary partner gets overwhelmed.

1 Be a good neighbor to build lasting two-way partnerships.

Supporting partner organizations involves not only transactional relationships, but also supporting and showing up to their events, maintaining consistent communication and amplifying their initiatives through the clinic's or health center's communication channels. Expressions of visible support for partner leaders and their work can strengthen partnership support received during extreme weather events.

Being intentional about supporting these relationships builds trust over time. One clinic manager makes sure their facility sends a representative to town hall meetings “so that the relationship is not transactional—so that they communicate better with us.”

Disseminating key information about partner organizations' events.

One health center coordinates an email group of over 500 community members, sharing information and updates that include where cooling centers are located. By disseminating information not only to patients but to the broader community, the clinic demonstrates cooperation with partner organizations and a shared commitment to keeping all residents safe and healthy.



Key takeaways:

- **Cultivate relationships year-round:** Relationships before an emergency can help ensure critical connections are in place when you need them.
- **Assign staff to support engagement:** Designate representatives to attend community meetings and partner events to maintain visibility and trust.
- **Coordinate dissemination channels:** Establish mechanisms (email groups, text groups, postings, social media) to disseminate information during emergencies.

2 Secure your role in local decision-making.

Most communities have councils, coalitions or working groups of partner organizations that meet regularly to discuss issues related to health and safety and disaster preparedness and emergency response. Being part of these community-focused working groups can make a difference in responding to your patients' needs during an extreme weather event. Joining other like-minded groups can benefit your organization by increasing access to new information and resources.

Engaging in community groups.

Consider joining groups or professional networks centered in health care or emergency response. There may also be groups that address broader issues, such as Chamber of Commerce, that could provide valuable partnerships for your clinic or health center. Try reaching out to your local health care coalition, city or county emergency management office, and any community organizations active in disaster (COAD).

If you haven't already, use the time when extreme heat and wildfire smoke threats are not imminent to identify, reach out and join these groups, and consider using your action plan as a tool to communicate the role your clinics or health center can play.



Key takeaways:

- **Be active in your community:** Participation strengthens trust, coordination and enhances access to shared information and resources.
- **Explore broader groups:** Expanding your network beyond traditional partners will increase the opportunities to meet your patients' needs during extreme weather events.

3 Build redundancy in the relationships you depend on.

Support networks are weaker when there are fewer redundant connections. If one partner is unable to operate or communicate, you don't want this to inadvertently break the network.

This was a critical learning for a health center that responded to a wildfire smoke event in a neighboring county but was excluded from the official response by a major local organization. Despite having capacity, the health center was unable to engage through formal channels. Luckily, a pre-existing personal relationship between a staff member and a different partner organization in the affected area made it possible for the health center to act independently. Through that connection, the health center was able to distribute gift cards to residents impacted by the wildfire smoke event ensuring support still reached the community despite institutional barriers.

Key takeaways:

- **Develop both formal and informal partnerships:** Formal partnerships are essential, but informal partnerships and redundant connections often determine whether resources move quickly during emergencies. When official systems are delayed or overwhelmed, personal relationships can enable faster response.
- **Develop multiple entry points:** Don't rely on one partner for supplies or funding.
- **Maintain personal connections:** Develop and maintain up-to-date contact lists among partners prior to emergency events to ensure timely coordination and collaboration.
- **Clarify roles early:** While roles can change during an emergency, pre-planning and sharing these plans can be critical (e.g., knowing who is likely to open a cooling center, or who may have financial resources).

Summary checklist for clinics and health centers

- Community partnerships:** Have you met with at least one local partner to coordinate how to reach patients with supplies or education during periods of elevated heat or wildfire smoke risk?
- Strengthen relationships:** Does your clinic or health center meet regularly with partner organizations, coalitions or planning groups to plan or coordinate? Does your clinic or health center have more than one contact for the organization or group?
- Review collaborations:** Do you periodically assess partnerships to ensure they align with your clinic or health center (current or anticipated) operational and community needs?



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