

How a Multi-Channel Strategy Closed the Gap Between Weather Alerts and Patient Action

Theme: Communication, Workflow Integration and Equity

Key Tools: Heat-Health Action Plan (HHAP), SMS Platform, Electronic Health Record Prompts

Related HHAP Interventions: 1.2, 1.3, 1.4



At a Glance

During extreme heat events, delayed or inconsistent patient communication can lead to increased risk for patients, worse health outcomes and avoidable clinic or health center visits. This case study shows how one health center used low-cost, multilingual short message services (SMS) and social media messaging to rapidly reach patients and reinforce heat safety without overburdening staff.

The health center's communication strategy included:

- Automatic SMS alerts
- Multilingual social media posts
- In-clinic verbal reminders
- Lobby screen messages
- Provider screening prompts
- Take-home heat kits
- Community Health Worker (CHW) reinforcement at events and home visits

The Problem

In the South-Central United States, heat hits fast and hard. Weather alerts alone were not enough to spur patient action. Many patients lacked access to timely, multilingual information about extreme heat. For one community health center, the challenge wasn't a lack of concern, but a lack of capacity. When a heatwave loomed, nurses spent hours manually calling vulnerable elders, yet hundreds more – patients with chronic illness, limited digital access or language barriers – still needed to be reached.

The Solution

The turning point occurred when the health center operationalized its formal Heat-Health Action Plan (HHAP). When a dangerous weather event was identified, the Operations Manager activated the HHAP. This moved the center into an active response phase within minutes that utilized a three-layer outreach system to catch patients wherever they were: on their phones, in the lobby or at home. Staff supported the rollout through quick impromptu meetings or “huddles” to resolve immediate concerns.

These communications activities reduced staff burden, increased consistency and strengthened equity across the patient population.

Key Lessons Learned

- ✓ Repetition works and closes gaps for vulnerable patients.
- ✓ Multilingual access is critical.
- ✓ Digital tools extend staff capacity.
- ✓ Simple workflow integrations matter.
- ✓ Supplies increase action.

Automated Digital Alerts for Mass Audiences



The first layer of outreach provided quick, wide-scale communication. The health center repurposed its texting system for appointment reminders to deliver mass emergency alerts, ensuring immediate reach across its patient populations. The HHAP's built-in considerations for outreach meant staff already knew which channels to use and when to use them, allowing for a fast response without the pressure of drafting a strategy on the fly. The center synchronized these alerts with social media graphics and multilingual newsletters to ensure accessibility. As one staff member noted, the facility prioritized local language needs and rapid scale:

“ We have a newsletter that goes to patients in their desired language each month, plus social media to give info and tips...If it is something that impacts our patients, we send a mass text. ”

These coordinated channels provided critical safety tips, identified local cooling centers and promoted the health center's own lobby as a site for immediate relief.

Clinical Screen and In-Clinic Support



The second layer of outreach focused on patients visiting the clinic in person, converting every appointment into a proactive safety check. By embedding the response into existing routines, the health center ensured that no patient left the building without a heat-risk assessment.

To standardize this process, the center trained front desk staff to use a concise “Heat Script” to screen for hydration immediately at check-in. The center achieved its most significant operational impact by implementing this plan into the exam room, where providers asked specific heat-risk questions during their diagnostic screening process. These prompts required providers to evaluate environmental risks often overlooked in standard visits, such as housing stability, access to home cooling and utility support.

Community Health Workers Help Distribute Resources



The final layer of outreach focused on the most vulnerable patients by delivering tangible resources directly to their homes. This strategy bridged the gap for those with limited digital access or mobility, ensuring that safety information was both accessible and actionable.

The health center equipped Community Health Workers (CHWs) with low-cost heat kits containing essential supplies, such as cooling towels and hydration packets, accompanied by simple, illustrated instructions. During home visits and community events, CHWs provided personalized reinforcement by demonstrating how to use the supplies and delivering safety messages in the patient's primary language. This face-to-face approach bypassed digital barriers and empowered patients to take immediate, life-saving action in their own environments.

Results

Having a plan enabled staff to think differently about the effects of heat and yielded significant results:

- ✔ Communication reached more patients faster.
- ✔ Patients became more prepared and aware.
- ✔ Staff responded more flexibly to urgent needs.
- ✔ Repetition improved recall.

This multi-channel approach strengthened equity: patients with low literacy, limited phone access or language barriers were still reached – often more effectively than before.

Ready to see how these strategies could work in your clinic or health center? Explore our [toolkit](#) and [action plans](#) for more guidance on how to get your facility and your community ready for extreme heat.