

## HUMAN HEALTH SUB-COMMITTEE: Background information and early ideas

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### PREPAREDNESS AND EMERGENCY RESPONSE

#### I. Systems & Plan Evaluation

##### 1. Defining the Issue

##### i. What are the primary (direct and indirect) health risks currently identified from forest fire?

1. While smoke contains numerous air pollutants, fine particulates 2.5 micrometers in size, or PM 2.5, are of special concern and the associated health risks are especially well documented.
2. In October 2018, the EPA issued its “Integrated Science Assessment for Particulate Matter” that comprehensively reviewed the science around exposure to fine particulate matter as the basis for the federal government’s regulation of fine particulates in ambient air.
3. This report found there is a causal relationship between short-term fine particulate exposure and heart disease death and disability. Short term is defined as hours to days.
4. The report also found there is likely to be a causal relationship between short-term PM2.5 exposure and respiratory effects.
5. Oregon Smoke Blog: [www.oregonsmoke.blogspot.com](http://www.oregonsmoke.blogspot.com)
6. Wildfires and Smoke (Oregon Public Health Division): <https://www.oregon.gov/oha/PH/Preparedness/Prepare/Pages/PrepareForWildfire.aspx>
7. Wildfire and smoke (Centers for Disease Control): <https://www.cdc.gov/disasters/wildfires/index.html>

##### ii. Prescribed burn v wildfire v catastrophic wildfire?

1. As informed by OHA’s climate and health work, we are in a “new normal” of recurring extended wildfire seasons that may be increasing the severity of human health impacts from wildfire.
2. Prescribed burning is one of the few management tools available to reduce the intensity of wildfires.
3. Unlike wildfires, we can work with partners and local communities to plan for prescribed burning and make every effort to see to it that vulnerable populations, including young children, older adults, and people living with chronic conditions are protected.

##### iii. Other:

1. Oregon State Health Assessment (including greatest environmental and hazard risks):
  1. <https://www.oregon.gov/oha/PH/ABOUT/Documents/sha/state-health-assessment-full-report.pdf>
2. Inventory of Current Systems
  - i. Local public health authorities
  - ii. Local government infrastructure (planning, transportation, land use, policy, fire)
  - iii. State staff deployments in county/regions of the state (ODF, DEQ, ODOT, etc.)
  - iv. Coordinated Care Organizations (Oregon's Medicaid Providers)
  - v. Area Agencies on Aging and Aging Disability Resource Centers
  - vi. Hospitals
  - vii. Emergency Medical Response (EMS)
3. Funding Mechanisms
  - i. Public Health Funding (Federal, State, local, county vs. tribal)
  - ii. Emergency Response vs. Emergency Preparedness
  - iii. Coordinated Care Organizations (Medicaid)/Hospital Community Benefits
  - iv. State and federal agency resources address health and emergency preparedness and response
  - v. National/state and local grant funding opportunities
4. Evaluation of Current Performance
  - i. Key Performance Metrics
    1. Sources regarding current performance
      - a. [Emergency management: state capability assessment](#)
      - b. [Climate and Health assessment and profile](#)
  - ii. Early ideas for measures/gap questions:
    1. % of high risk (to be defined) [e.g. *Coordinated Care Organization*] members with air filtration systems
    2. Increase in the number of publicly accessible cleaner air spaces and transportation to those spaces
    3. % of building stock in a community with cleaner air spaces
    4. Number of Air Quality Monitors in SSRA communities
    5. Number of counties with Resiliency and Emergency Preparedness Plans addressing wildfire and other smoke events
  - iii. Recent Performance
5. Evaluation of Readiness for Future
  - i. Key Assumptions of Current Systems:
    1. [Office of Emergency Preparedness](#)
    2. [Health Security, Preparedness and Response](#)
  - ii. Existing and Potential Changes to Key Assumptions
  - iii. Areas of Opportunity and Vulnerability
    1. [ODF/DEQ Smoke Management Plan](#)
    2. [Oregon Wildfire Response Protocol](#)

## II. Recommendations

### 1. Long-Term Direction

- i. Stronger collaboration across state agencies working on human health in response to any emergency, as documented through MOUs or interagency agreements.
- ii. Dedicated state staff to facilitate the coordinate of emergency response (including wildfires) across state agencies and local governments. How does OEM take on this responsibility? Or the Resiliency Office?
- iii. Upfront state investments to leverage current federal grant funding for community resiliency and emergency planning and preparedness.
- iv. Hospitals and CCOs to invest in community cleaner air spaces and air filtration systems for high risk members through Health-Related Services in their global budgets or their community benefit programs.
- v. Communication campaign for prescribed fire season and wildfire season.
- vi. Increase the number of air quality monitors in SSRAs throughout Oregon.
- vii. Seek grant funding (or invest in) a health outcome evaluation considering the benefit of prescribed burns and wildfire mitigation. If we have some unhealthy air quality days because of prescribed burns, do communities gain a net benefit from fewer bad air quality days during Wildfire Season?
- viii. Strengthen the surveillance system to respond to acute and long-term smoke exposure through data interoperability and public facing, interactive data reporting. (ED data reporting and analysis and ESSENCE syndromic data system)

### 2. 2019-20

- i. Clear expectations and directives for state agencies to provide resources (time, staff, funding) to strengthen collaboration across state agencies specific to addressing emergency response, including wildfire.
- ii. Build off the OSU Wildfire Summit and host another Summit, broadening the focus to include more community partners and other types of experts related to fire mitigation (health and environment), and recovery (economic, health and environment). Leverage more state agency knowledge and experience for emergencies.
- iii. Increase awareness and use of HAN for wildfire and other smoke events.
- iv. Adapt the Wildfire Response Protocol to also address prescribed burns and other smoke events.
- v. As part of the smoke-management rules, create a template for SSRA communities to use when completing their community mitigation plans, or for communities seeking an exemption to the one-hour rule to reference.