HHS Initiative to Reduce Health Risks of Climate-Related Hazards

The US Department of Health & Human Services’ (HHS) Office of Climate Change and Health Equity has launched its *Climate and Health Outlook*, an initiative to provide information about the health risks of climate-related hazards such as droughts, hurricanes, and vector-borne diseases expected in the coming months.

**Extreme heat** is the primary focus of the initiative’s inaugural edition. Using temperature forecasts from the National Oceanic and Atmospheric Administration, the first *Outlook* report projects how extreme heat in early summer this year could increase health risks across the US. This edition also offers resources, including clinical best practices, to prevent heat-related illnesses.

Although the new installment projects the frequency of extremely hot days by county, it also highlights demographic groups that are particularly vulnerable to extreme heat exposure. For example, individuals with low incomes, existing medical conditions, or urban-area homes without sufficient tree cover are at a heightened risk of heat-related health problems.

"Importantly, neighborhoods that were subjected to historical redlining typically lack green space and often suffer the most from the effects of urban heat islands," the report notes.

“Our communities across the country will soon be facing heatwaves that will be an additional strain on our health systems,” HHS Assistant Secretary for Health Rachel Levine, MD, said in a statement. “This information will save lives when used by public health officials, employers with outdoor workers, and schools and local health departments and the individuals they serve. Having information in advance can reduce illness and deaths from extreme heat exposure.”

To aid people with their cooling and heating bills, HHS also recently provided more than $385 million in funding for the *Low Income Home Energy Assistance Program* (LIHEAP), which helps low-income households manage energy costs.

“We know that lower-income households and communities of color are more likely to be unable to afford adequate heating and/or air conditioning, and are more likely to be significantly affected by heat stress and natural disasters related to climate change,” Lanikque Howard, PhD, MSW, director of the Administration for Children & Families’ Office of Community Services, said in a statement. The LIHEAP funding “will help us to address these disparities,” she added.

**New Maternal Mental Health Hotline**

In an effort to reduce pregnancy-related gaps in health care, the Health Resources & Services Administration (HRSA) introduced a confidential, toll-free hotline for pregnant people and new parents seeking mental health support. The launch of the Maternal Mental Health Hotline coincided with Mother’s Day on May 8.

The hotline is accessible by calling or texting 1-833-9-HELP4MOMS (1-833-943-5746); there’s also a preferred relay service for teletypewriter users, who may instead choose to dial 711 followed by 1-833-943-5746. Services are available in English and Spanish. Callers are offered various methods of support, including brief interventions from counselors who are “culturally and trauma-informed,” and counseling is free. Individuals who call the hotline may also receive referrals to support groups as well as telehealth and community-based professionals.

However, the hotline is not an emergency response line. People experiencing a mental health crisis should instead contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

“[W]e are creating a safe space for expecting and new moms who are experiencing maternal depression, anxiety or other mental health concerns to have confidential conversations and get the support they need,” HRSA Administrator Carole Johnson, MA, said in a statement. “We are going to continue to grow our investments in this resource.”

**Health Care for Urban American Indian and Alaska Native Populations**

The Indian Health Service (IHS) Office of Urban Indian Health Programs awarded about $8.3 million in grants so that American Indian and Alaska Native individuals living in urban areas have better access to health care services. A lack of adequate health care for the urban American Indian and Alaska Native population remains a critical issue, according to a statement released by the IHS.

The money was distributed among 32 Urban Indian Organizations (UIOs), which provide urban-based American Indian and Alaska Native individuals with health services ranging from ambulatory care to traditional healing services and cultural activities, such as sweat lodges. Located across 17 states, UIO awardees received aid through the 4-in-1 grant program, which supports services related to 4 areas: health promotion and disease prevention, immunization, mental health, and substance use.

“The 4-in-1 grant program provides funding to urban Indian organizations to ensure [that] comprehensive, culturally appropriate health care services are available and accessible for the urban Indian population,” IHS Acting Director Elizabeth Fowler said in the organization’s statement. “Together, we continue our work to improve the health and well-being of our urban Indian communities.” – Melissa Suran, PhD, MSJ

Note: Source references are available through embedded hyperlinks in the article text online.