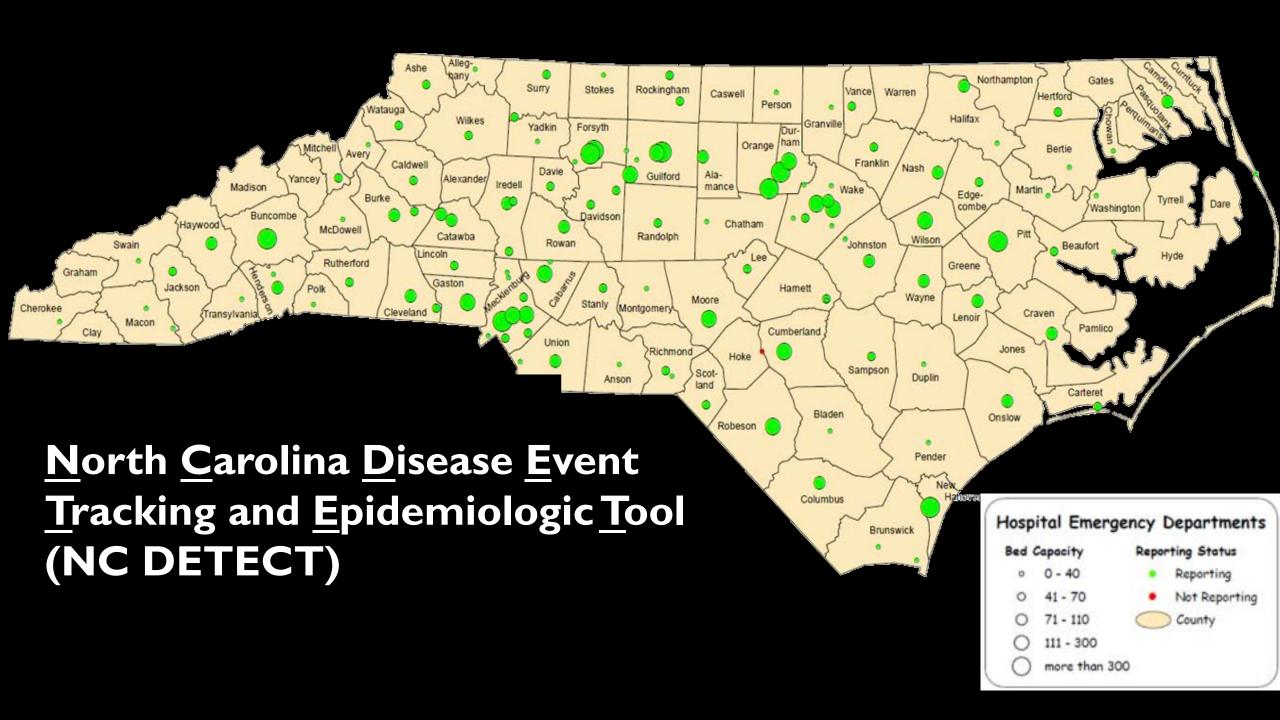
Heat-Health Vulnerability in North Carolina: The Heat – Health Vulnerability Tool (HHVT)

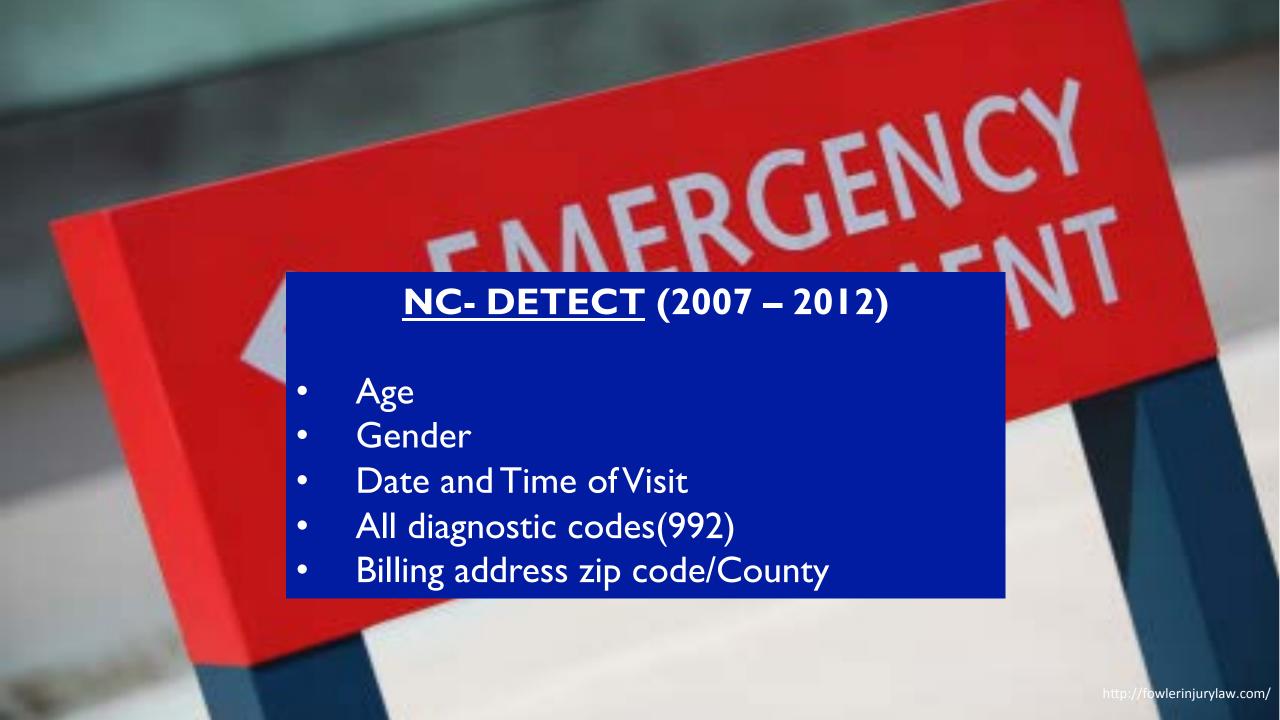
Chip Konrad

NOAA Southeast Regional Climate Center

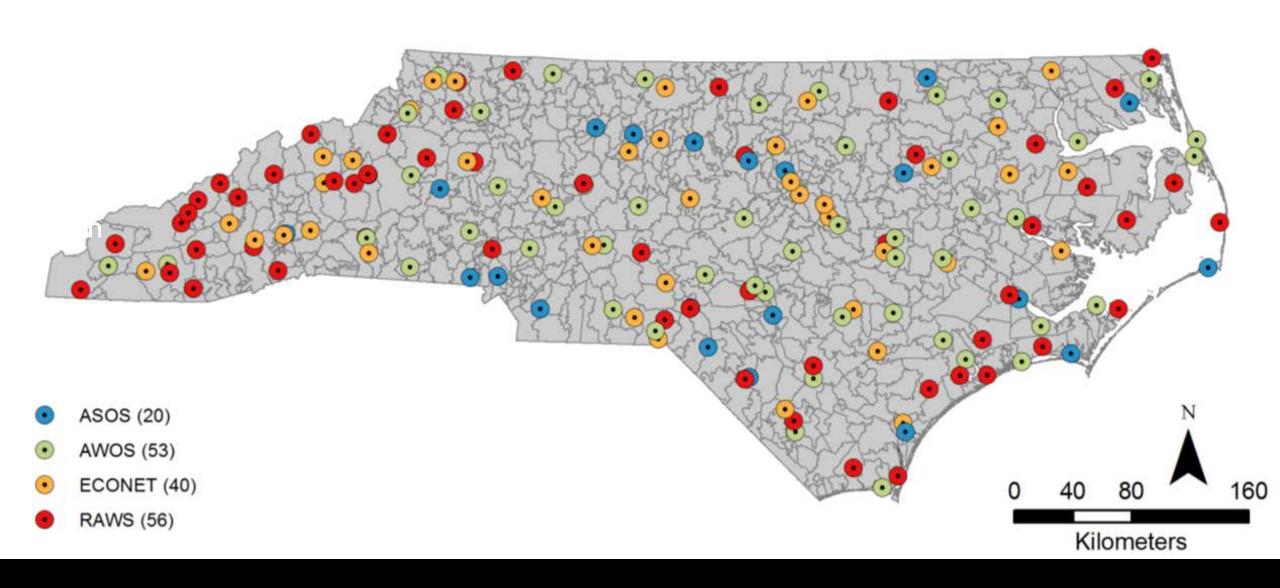
NOAA funded Carolina Integrated Science & Assessments (CISA) team

University of North Carolina at Chapel Hill





ED visit linked to the daily maximum temperature at the nearest weather station.

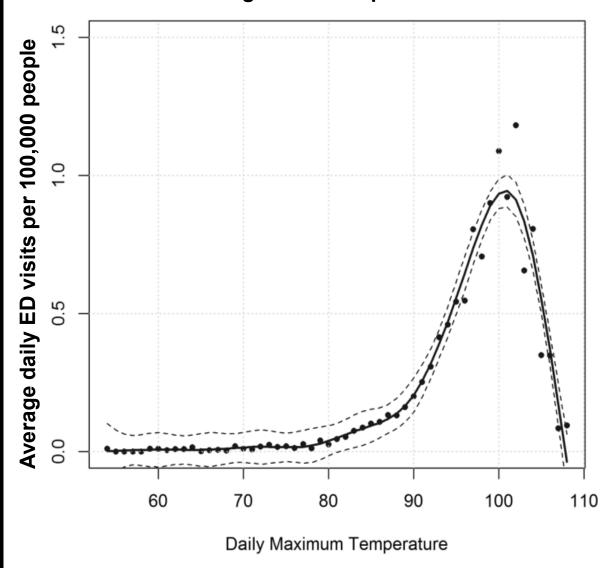


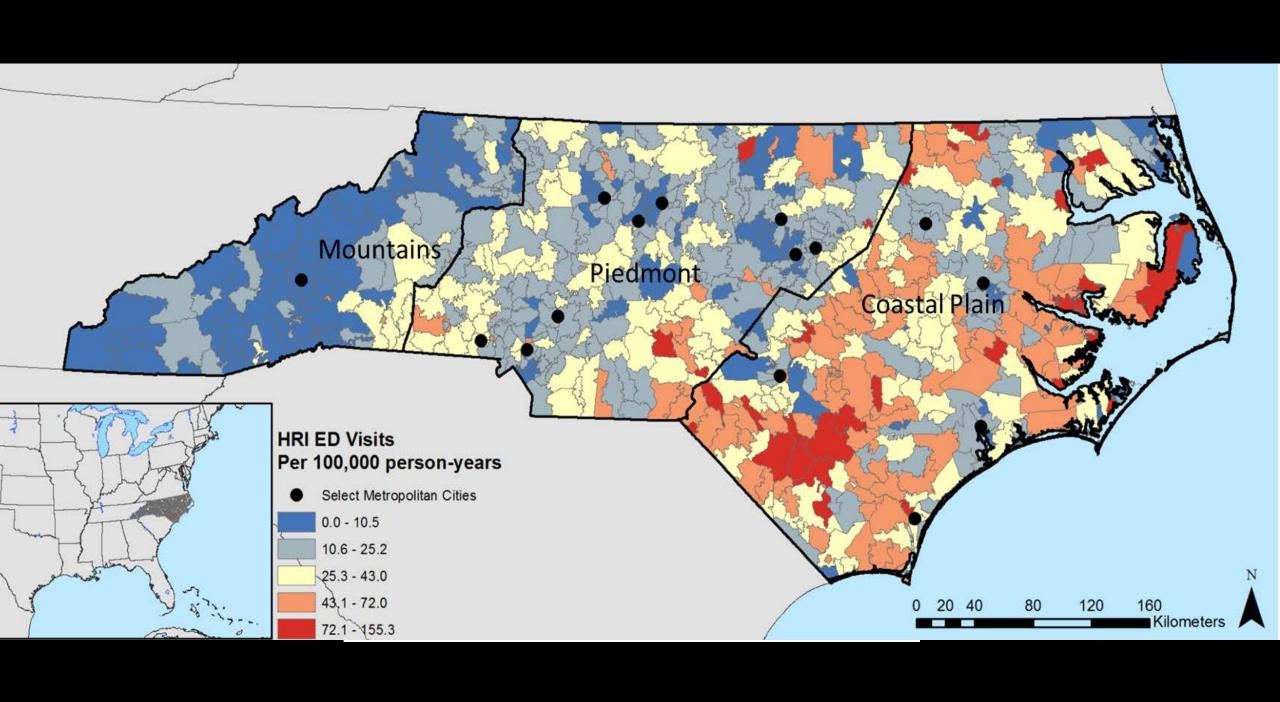
Methodology

HRI rates are adjusted for the frequency of temperature observations \rightarrow <u>Average daily HRI</u>
<u>ED Visits Per 100,000 people</u>

More ED visits on abnormally hot (95 to 100F) days but marked decrease in HRI rates at the highest temperatures (greater than 100F)

Average Daily Frequency of ED visits by Degree vs. Temperature





Rural Urban Commuting Areas (RUCA) Classification

Metropolitan

Rural Metropolitan

Rural Town

Rural Isolated





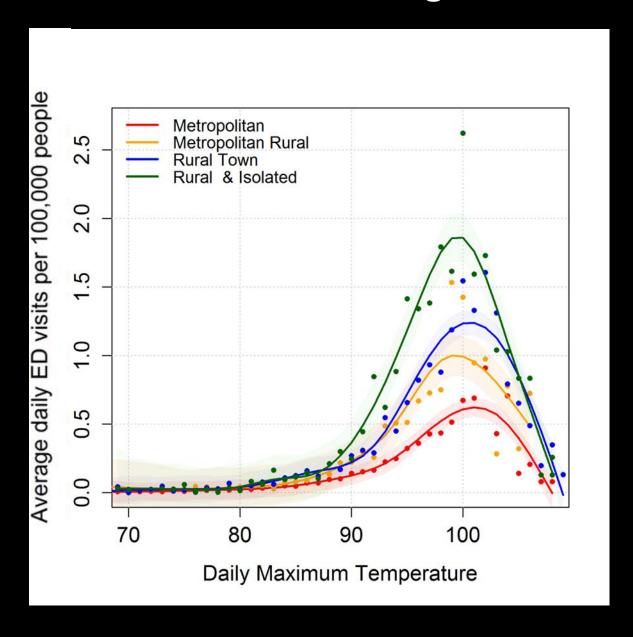




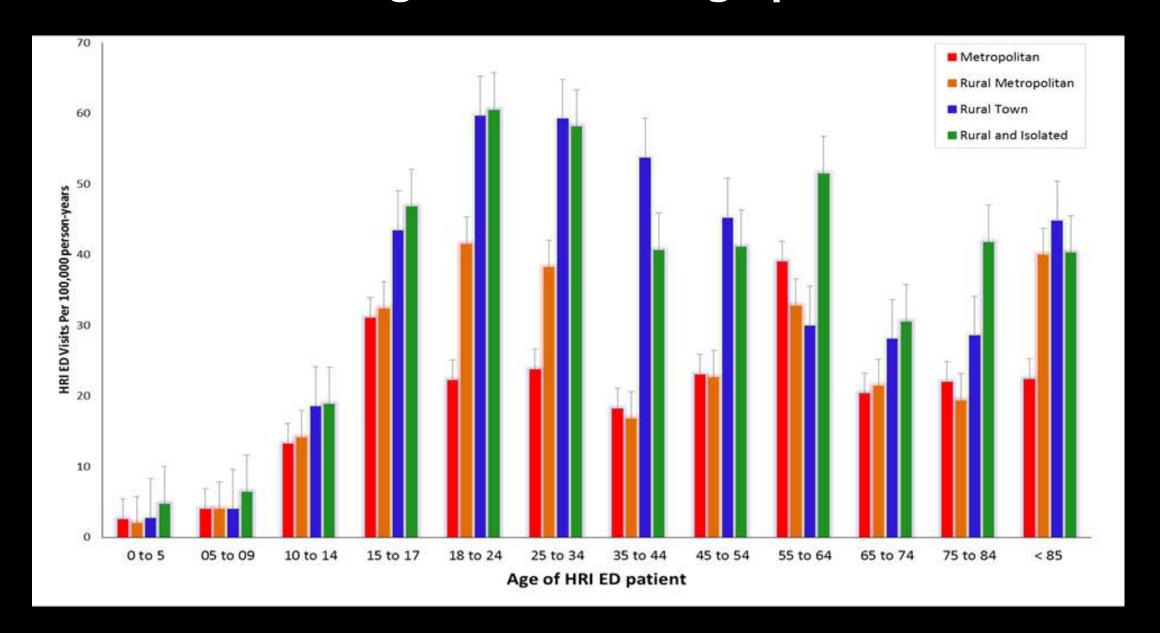
Most Urban

Most Rural

Detailed Rural Urban Commuting Areas Differences



Rural Urban Commuting Areas - Demographic

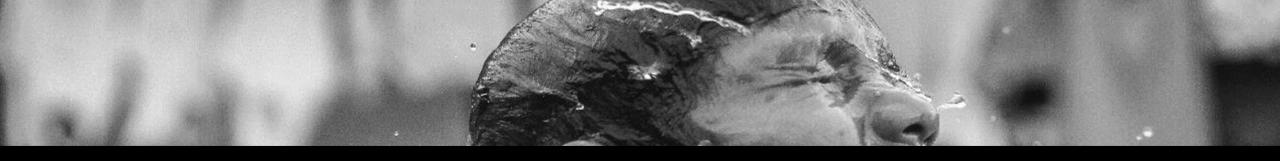


Summary

Heat-related illness is greatest in:



- Abnormally Hot (90 to 100°F)
 - Not the exceptionally hot (greater than I 00°F)
- Rural locations
 - Not the urban locations
- 18 to 44 male demographic
 - Not the elderly or very young



The Heat-Health Vulnerability Tool

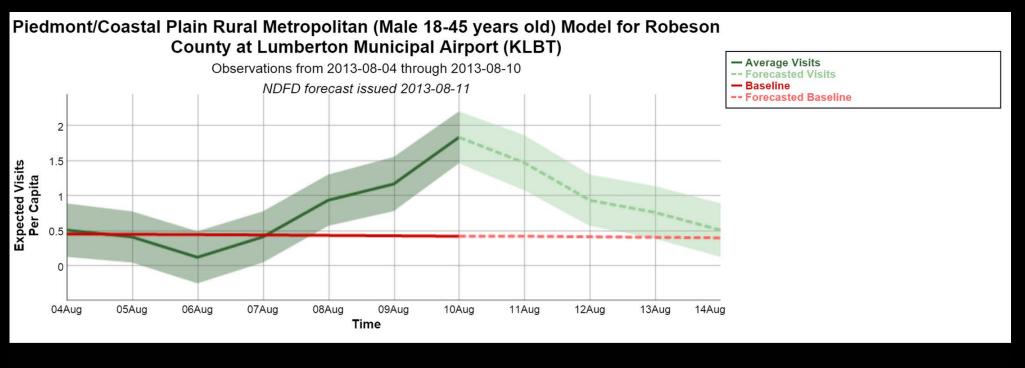


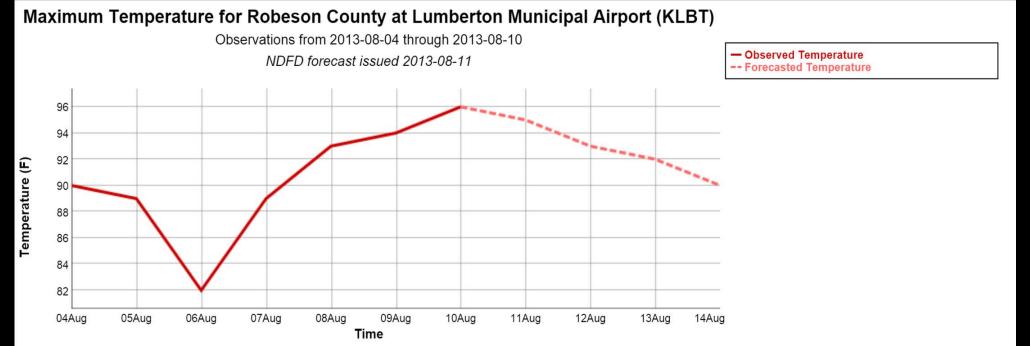
Web-Based Heat-Health Vulnerability Tool (HHVT)

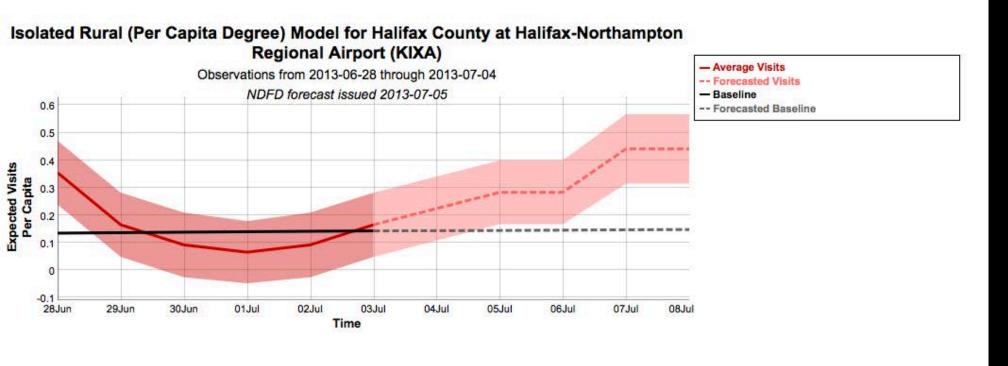
Inputs NWS maximum temperature forecasts and translates these values into predictions of the number of cases of heat illness.

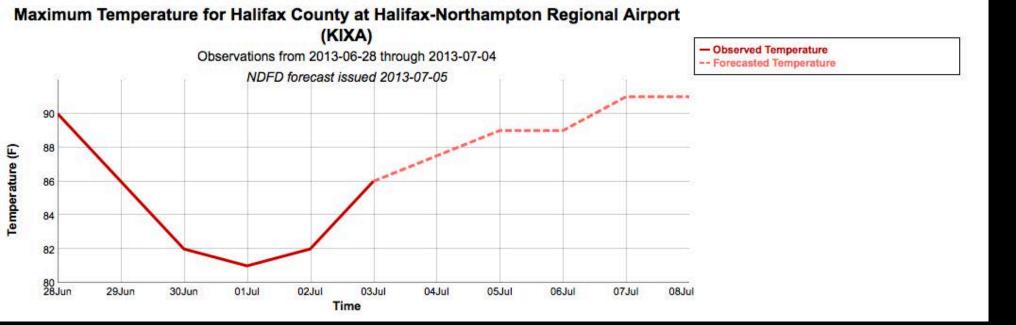
- County or region level
- Demographic/socioeconomic group
 (e.g. adult males, those in poverty etc.)











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North Carolina State Climate Office

The NC DETECT Data Oversight Committee does not take responsibility for the scientific validity or accuracy of methodology, results, statistical analyses or conclusions presented.

Heat Health Vulnerability Tool--http://sercc.com/hhvt







