Individual and public-program adaptation: coping with heat waves in five cities in Canada.

https://arctichealth.org/en/permalink/ahliterature126245

Author: Anna Alberini
Will Gans
Mustapha Alhassan

Author Affiliation: University of Maryland, College Park, MD 20742, USA. aalberini@arec.umd.edu

Source: Int J Environ Res Public Health. 2011 Dec;8(12):4679-701

Date: Dec-2011

Language: English

Publication Type: Article

Keywords: Adaptation, Psychological
Canada - epidemiology
Cities
Heat Exhaustion - epidemiology
Hot Temperature
Humans

Abstract: Heat Alert and Response Systems (HARS) are currently undergoing testing and implementation in Canada. These programs seek to reduce the adverse health effects of heat waves on human health by issuing weather forecasts and warnings, informing individuals about possible protections from excessive heat, and providing such protections to vulnerable subpopulations and individuals at risk. For these programs to be designed effectively, it is important to know how individuals perceive the heat, what their experience with heat-related illness is, how they protect themselves from excessive heat, and how they acquire information about such protections. In September 2010, we conducted a survey of households in 5 cities in Canada to study these issues. At the time of the survey, these cities had not implemented heat outreach and response systems. The study results indicate that individuals' recollections of recent heat wave events were generally accurate. About 21% of the sample reported feeling unwell during the most recent heat spell, but these illnesses were generally minor. Only in 25 cases out of 243, these illnesses were confirmed or diagnosed by a health care professional. The rate at which our respondents reported heat-related illnesses was higher among those with cardiovascular and respiratory illnesses, was higher among younger respondents and bore no relationship with the availability of air conditioning at home. Most of the respondents indicated that they would not dismiss themselves as "not at risk" and that they would cope with excessive heat by staying in air conditioned environments and keeping well hydrated. Despite the absence of heat outreach and education programs in their city, our respondents at least a rough idea of how to take care of themselves. The presence of air conditioning and knowledge of cooling centers is location-specific, which provides opportunities for targeting HARS interventions.

Notes:	Cites: Epidemiol Rev. 2002;24(2):190-20212762092
	Cites: Am J Epidemiol. 2003 Jun 15;157(12):1074-8212796043
	Cites: Environ Health Perspect. 2003 Nov;111(14):1712-814594620
	Cites: N Engl J Med. 1996 Jul 11;335(2):84-908649494
	Cites: Occup Environ Med. 2007 Dec;64(12):827-3317600037
	Cites: Environ Health Perspect. 2006 Sep;114(9):1331-616966084
	Cites: Am J Epidemiol. 2002 Jan 1;155(1):80-711772788
	Cites: Eur J Public Health. 2006 Dec;16(6):592-916644927
	Cites: Int J Biometeorol. 2007 Oct;52(1):3-1517024398
	Cites: Int J Biometeorol. 2007 Oct;52(1):43-5517262221
	Cites: Epidemiology. 2006 Jan;17(1):75-916357598
	Cites: Environ Health Perspect. 2001 May;109 Suppl 2:185-911359685
	Cites: Euro Surveill. 2005 Jul;10(7):153-616088047
PubMed ID:	22408596 View in PubMed