

American Public Health Association's

Affiliate Heat Survey 2025



February 2026



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Executive Summary

Extreme heat is one of the leading causes of weather-related deaths in the United States ([JAMA, 2025](#)). Summers are getting hotter and longer, disrupting essential services and impacting the well-being and mental health of communities. There is an urgent need for heat policy that protects human health and promotes equitable heat solutions in the face of climate change. To better understand state and local readiness and public health engagement on extreme heat, the American Public Health Association Center for Climate, Health and Equity and the Natural Resources Defense Council conducted an online survey among APHA's 52 Affiliated state and regional public health associations from July 22-Aug. 29, 2025. Using SurveyMonkey, 35 Affiliates completed the survey, with participation limited to one response per Affiliate. The results suggest that heat is a public health concern, and states are mostly unprepared and under-resourced to address the ever-growing health risks and threats of extreme heat. About 88% of Affiliates said they were moderately or very concerned about their state government's ability to protect people from an extreme heat event in the next four years. Heat-related policy advocacy efforts remain limited, with 40% of Affiliates reporting that they engaged in heat-related advocacy in 2024. However, there is strong interest in expanding these efforts, recognizing the need for state and local government leadership and coordinated action.

The survey responses highlight the urgency of advancing policy, action and partnerships to mitigate heat-related health risks and strengthen local heat preparedness.

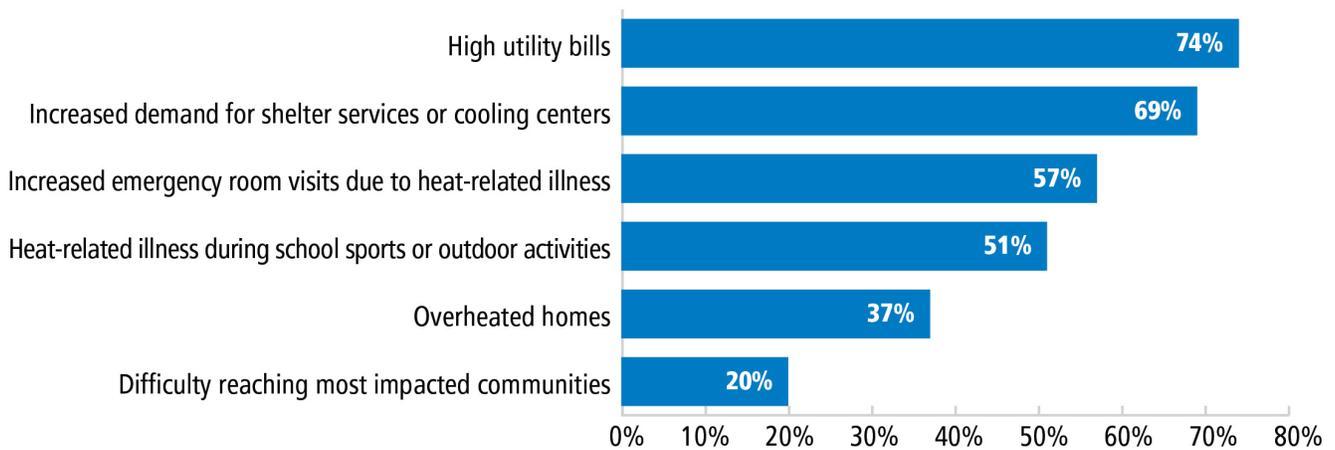


Introduction

Extreme heat is disrupting essential services and impacting the health of communities, particularly for pregnant individuals, children and infants, older adults, unhoused people, workers exposed to heat, and communities of color experiencing disproportionate heat exposure due to racist housing and economic policies and practices (NRDC, 2025). Heat-related deaths can result from heat stroke, as well as from cardiovascular disease, respiratory disease, diabetes, cerebrovascular disease and dehydration (The Lancet, 2021). Extreme heat stress can also exacerbate underlying conditions like cardiovascular disease, asthma and mental health conditions, and can increase the risk of accidents for outdoor workers (The Lancet, 2021). There is an urgent need for heat policy that protects human health and promotes equitable heat solutions in the face of climate change. Public health professionals are well positioned to advance heat policy and prepare communities for a hotter climate. To better understand state and local readiness and public health engagement on extreme heat, the American Public Health Association Center for Climate, Health and Equity and the Natural Resources Defense Council conducted an online survey among APHA's 52 Affiliated state and regional public health associations from July 22-Aug. 29, 2025. Using SurveyMonkey, 35 Affiliates completed the survey, with participation limited to one response per Affiliate.

Public Health Professionals Report Far-Reaching Effects of Extreme Heat

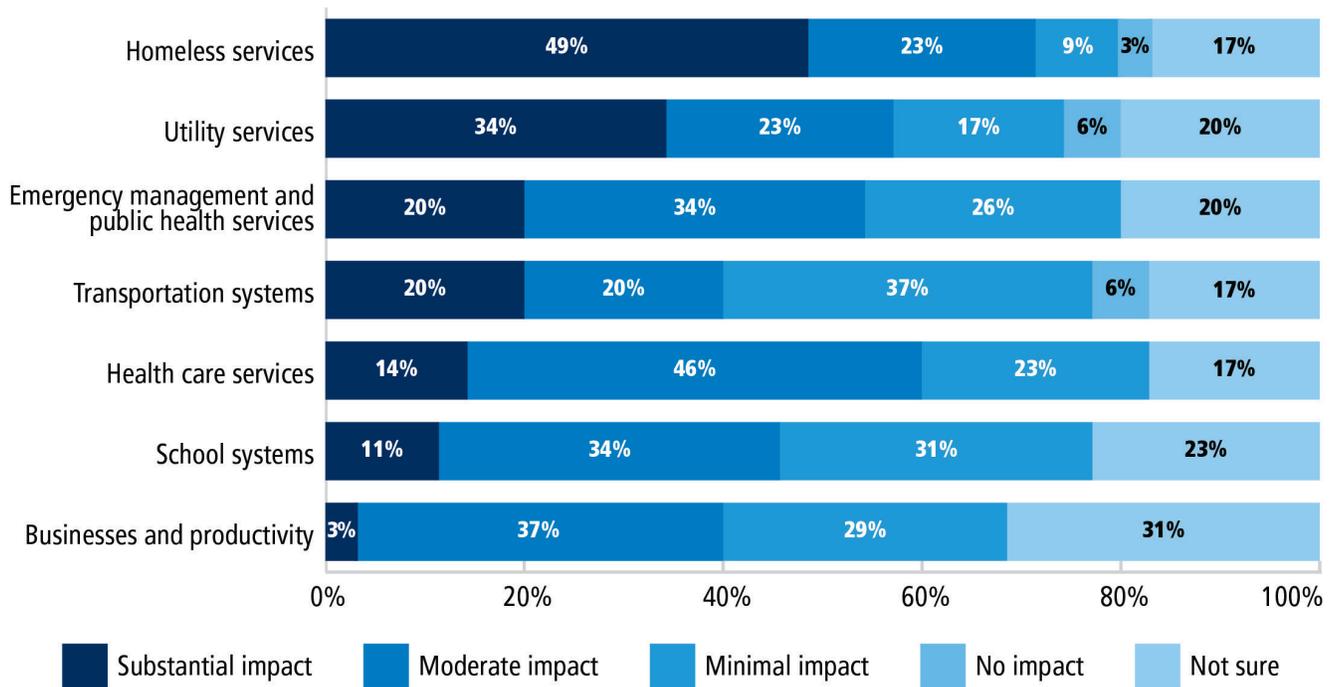
In your jurisdiction, what have been the most significant ways that extreme heat has impacted your community?



Note: For this question, survey respondents could select up to five choices. Categories with less than 20% of responses were omitted from the chart for simplicity. These include: Elective surgeries or procedures being rescheduled due to inadequate cooling in healthcare facilities; Loss or spoilage of temperature-sensitive medications in healthcare facilities; School closures or schedule changes due to excessive heat; Economic losses due to heat-related service disruption; Utility shutoffs limiting access to air conditioning; Overheated school classrooms; Limited coordination across agencies during heat events; Delays or disruptions to public transit due to high heat; None of the Above; Other

In 2023 and 2024, Affiliates saw extreme heat impact their communities in many ways, from higher energy bills to increased heat-related health outcomes. During that time period, **74% of Affiliates reported rising utility bills**, and **69% noted increased demand for shelter services or cooling centers** as major impacts of extreme heat. Additionally, **57% reported more emergency room visits for heat-related illness**, and **51% identified heat-related illnesses during school sports or outdoor activities** as major concerns.

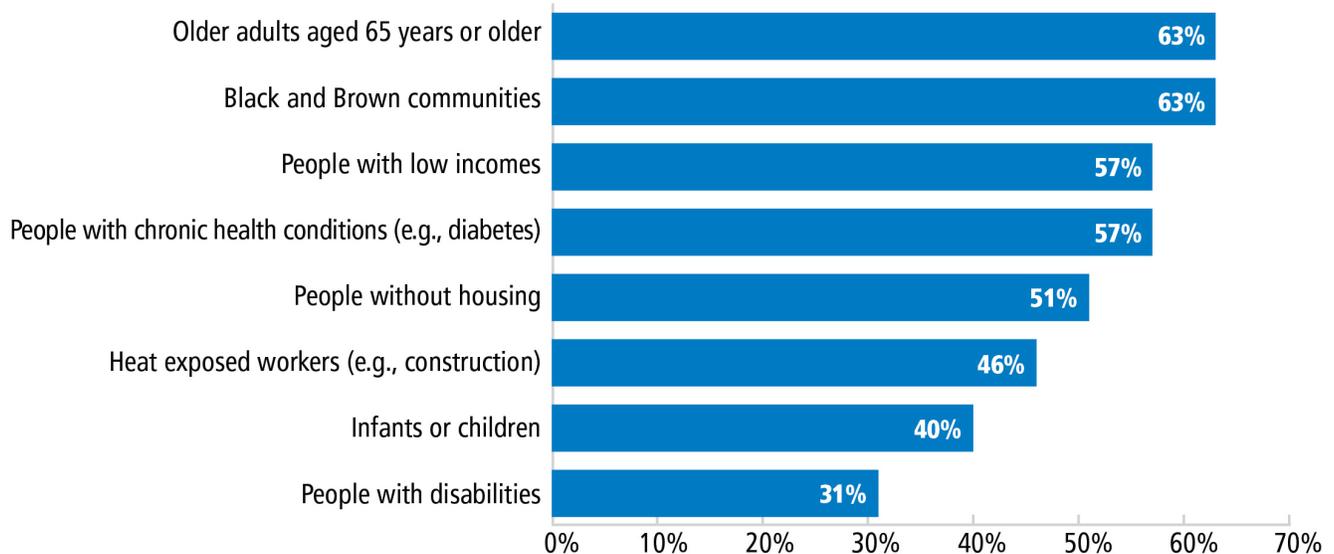
Thinking about the last two years, how have the following local systems and services been impacted by extreme heat in your jurisdiction?



Extreme heat can physically damage infrastructure such as railways, bridges and transmission lines, and increase demand for local services such as homeless services, emergency medical services and electricity. Heat can also affect the ability of workers to repair affected infrastructure and supply essential services. **Nearly 50% of Affiliates reported homeless services, and 34% said utility services were substantially impacted by extreme heat.** Additionally, **20% of Affiliates noted transportation systems like public transit and roadways as well as emergency management and public health services being impacted by extreme heat.**

Extreme Heat is Exacerbating Existing Inequities

In your Affiliate's jurisdiction, which communities or populations have you identified as most impacted by extreme heat?



Note: For this question, survey respondents could select as many communities or populations who have been identified as impacted, which are not in themselves mutually exclusive. Categories with less than 20% of responses were omitted from the chart for simplicity. These include: Indigenous communities; Pregnant people; Have not identified any communities or populations; Other

Extreme heat further worsens existing inequities, placing the heaviest burden on marginalized communities¹ and vulnerable populations². Research shows that structural and social determinants such as race- and wealth-based disparities in public investments in housing and community services, limited access to cool residential and public spaces, underlying health conditions and economic instability increase heat-related risk ([Hess et al., 2023](#)). These survey findings echo these disparities, with **63% of Affiliates identifying Black and Brown communities and older adults aged 65 years or older as most impacted by extreme heat**. Additionally, **57% of Affiliates reported that people with chronic health conditions and low incomes are affected by extreme heat**, while **51% of Affiliates identified people without housing as being impacted**.

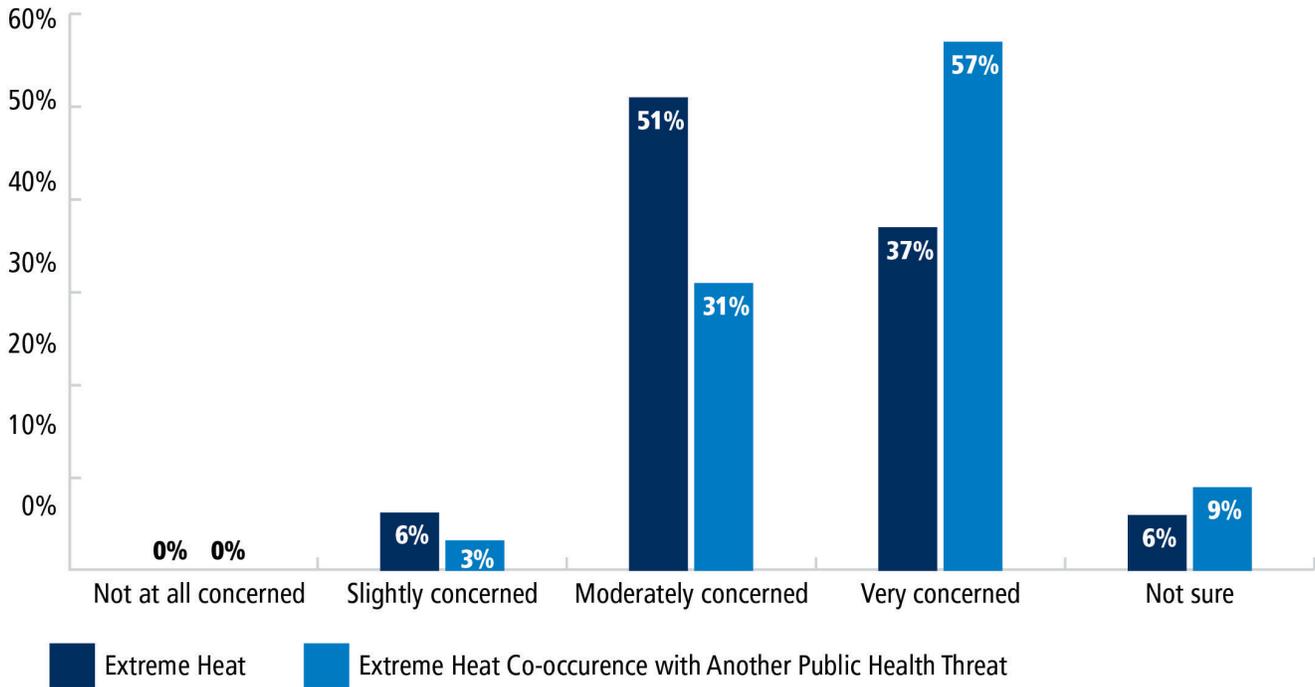
¹ Underserved and marginalized populations include people who experience discrimination of any kind and encounter barriers (e.g., racial, ethnic, gender, sexual orientation, economic, cultural, and/or linguistic) to accessing public health and health care goods and services ([Health Equity & Policy Lab, Penn](#)).

² Vulnerable populations may have a high risk for multiple health problems and/or pre-existing conditions; have limited life options (e.g., financial, educational, neighborhood, geographic location, housing, employment); face any type of discrimination (racial, ethnic, caste, gender, sexual orientation, disability, cultural, national, religious, etc.); display fear and distrust in accessing governmental and non-governmental services and programs or disclosing sensitive information; have a limited ability to understand or give informed consent and have a lowered capacity to communicate effectively; have mobility and/or cognitive impairments and have a lack of access to transportation services ([Health Equity & Policy Lab, Penn](#)).

Despite High Concern, Advocacy for Heat Solutions Lags

Affiliates expressed serious concern about their state government’s level of heat preparedness. Only 3% felt their state was “very prepared”, while about 33% of Affiliates said, “a little prepared.”

Thinking about the next five years, how concerned are you about the ability of your state’s government to protect people from an extreme heat event? How does your concern change if extreme heat occurs alongside another public health threat, such as a hurricane, wildfire or blackout?



Thirty-seven percent of Affiliates reported being “very concerned” about their state government’s ability to protect people from an extreme heat event in the next five years.

This concern intensifies when extreme heat events co-occur with other public health threats like wildfires, blackouts, or pandemics. **Fifty-seven percent of Affiliates indicated they were very concerned about their state’s ability to respond effectively if extreme heat were to happen alongside another emergency.**

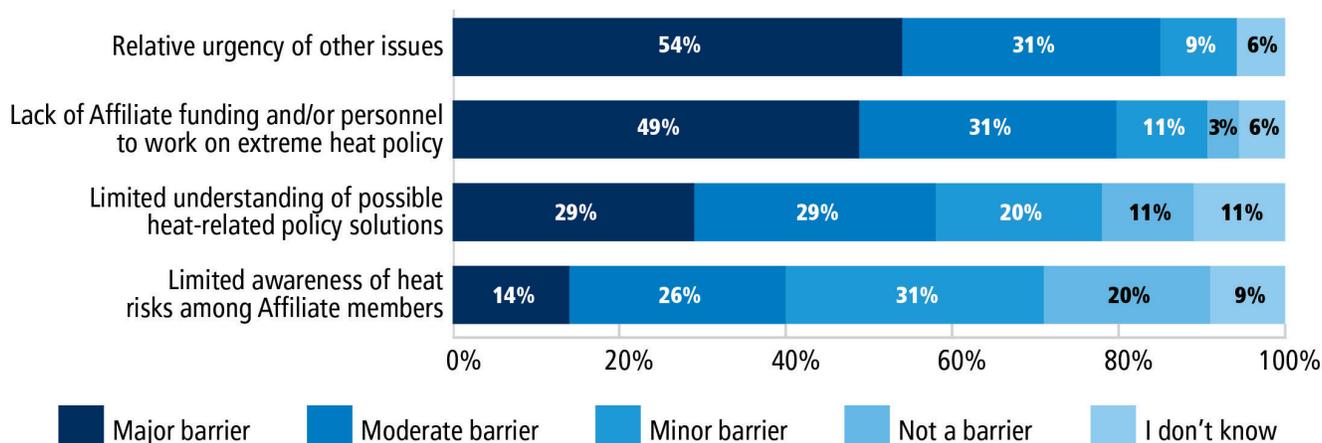
While there is a high level of concern about state government heat readiness and response, **less than half of Affiliates (40%) reported involvement in heat-related advocacy** in the past two years, indicating a major opportunity to enhance policy advocacy for extreme heat initiatives for public health professionals.

Of the Affiliates who reported engagement in heat-related advocacy, **57% were focused on public health and health care, and 43% on emergency management and preparedness.** Additionally, **36% of Affiliates reported advocating for use of [smart surfaces](#)³ — reflective technology and/or natural cooling vegetation to help cities withstand the health effects of extreme heat and flooding.**

³ APHA’s Center for Climate, Health and Equity is a partner for the Smart Surfaces Coalition on the Cities for Smart Surfaces project, which has supported six APHA Affiliates since June, 2023.

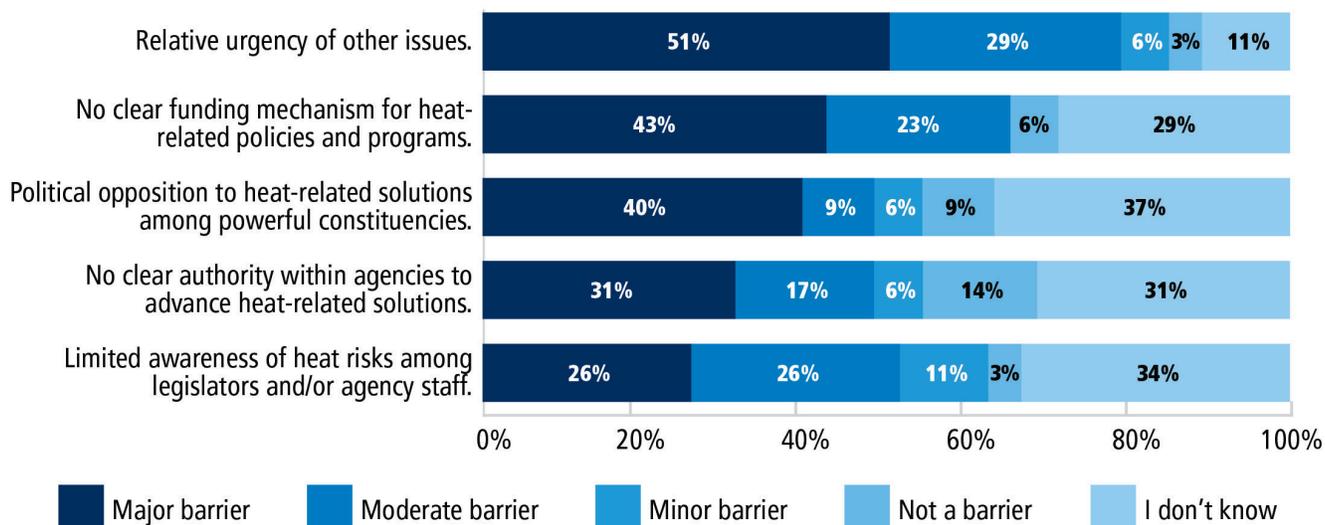
Resource Constraints and Competing Priorities Limit Affiliate Heat-Related Advocacy Efforts

Looking within your Affiliate over the last two years, how have the following barriers made it difficult to initiate or engage in heat-related policy advocacy?



Over the prior two years, Affiliates have faced various barriers within their organizations to advance or engage in heat-related policy advocacy. Fifty-four percent of Affiliates identified the relative urgency of other issues as their top barrier and 49% reported lack of funding and/or personnel. Additionally, 29% of Affiliates noted limited understanding of heat-related policy options among their Affiliate members, and 14% reported limited awareness of heat risks among their Affiliate members as a major barrier.

Thinking about your state's government over the last two years, how much have the following barriers made it difficult for your local or state government to initiate or engage in heat-related policy advocacy?



Note: Categories selected by fewer than 25% of respondents as a major barrier are omitted from this chart for simplicity. These include: Legal barriers to local heat-related solutions; Limited consultation with nongovernmental parties on heat-related solutions; Limited evaluation or assessment of existing heat-related policies and programs; Limited or unhelpful public messaging about heat-health risks and solutions; Local heat data were not available or rarely used to inform policies or programs.

When asked about barriers to initiating or engaging in heat-related policy advocacy within their state’s government, Affiliates again identified competing priorities, with 51% reporting the relative urgency of other issues and 43% reporting no clear funding mechanism for heat-related policies and programs as top barriers.

Interestingly, as many as 40% of Affiliates also pointed to political opposition to heat-related solutions among powerful constituencies as a major barrier.

The high rate of “I don’t know” responses — around 35% for each barrier — also points to a wider knowledge gap among Affiliates about state-level heat resilience efforts.



Public Health Can Advance Heat Resilience Through Collaboration and Cross-Sector Action

While Affiliates report their organizations and their state governments face both shared and unique challenges, there are several opportunities for Affiliates to advance heat preparedness and resilience through cross-sector partnerships and advocacy.

Community-based organizations were identified as the most important partners (89%) followed by city services (71%), state and local health departments/agencies (66%), and environmental/climate justice organizations (63%). Additionally, Affiliates reported health care systems (54%), schools/research institutions (51%), faith-based organizations (49%), and state legislatures (46%) as other important partners.

Overall, these responses emphasize a clear need for accessible resources, strategic guidance and stronger partnerships to help Affiliates expand their capacity and impact in building heat-resilient communities. **Moving forward, coordinated efforts that strengthen cross-sector collaboration**, clarify state leadership roles and invest in targeted community support will be essential for advancing effective heat resilience strategies.

Limitations

The findings offer a snapshot of current Affiliate engagement, perspectives and capacity related to extreme heat advocacy at both the state and local levels. The results should be interpreted considering several limitations. Responses are self-reported and may be subject to self-report bias, social desirability bias or recall bias. The survey also reflects a single point in time and may not capture changes in activities or priorities over time. Despite these limitations, the findings offer useful insights into current efforts and help inform future technical assistance, coordination and research.

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The following is the list of APHA Affiliates who participated in the survey

Arizona, Arkansas, California-Southern, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Vermont, Wisconsin and Wyoming.

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