# BRIEF REPORT

# Investigating the Effect of Weather Events on Primary Care Clinicians Across the United States

Elisabeth F. Callen, PhD, PStat, and Tarin L. Clay, BA

**Background:** When we consider weather impacts, we mainly consider how the event affects the person, not the clinicians treating them. There is a paucity of studies discussing the effect of weather on the clinicians and the care of their patients.

Methods: A survey covering weather effects was distributed to American Academy of Family Physicians National Research Network (AAFP NRN) members in August 2020. Descriptive statistics and Fisher's exact tests were completed on the survey responses. Postsurvey interviews were conducted with selected respondents about specific weather events.

Results: Survey respondents were US physicians (88.7%) and 84.9% indicated more than 1 type of event has affected their practice. Respondents were most affected by snow/snowstorm (81.1%) and indicated they had to close for the day or longer and staff were unable to make it into clinic (79.2%). Respondents indicated respiratory (94.5%), mental health (81.8%), and musculoskeletal conditions (50.9%) were most affected by weather. Interviews with selected respondents covered weather topics including winter, summer, and flooding.

Discussion: Survey respondents/interviewees indicated weather affects them in a variety of ways including issues with patients' conditions and practice effects. Clinicians have noticed a change to their areas' weather over the years, but, generally, warming is occurring. (J Am Board Fam Med 2024;37:95–104.)

Keywords: Climate Change, Family Physicians, Primary Health Care, Surveys and Questionnaires, Weather

## Introduction

When we think about weather and the effect on people, we consider how the person is affected and not the clinicians treating them. Numerous studies explore weather effects on people including extreme heat<sup>1-11</sup>; excess deaths with cold weather<sup>1,4,7,11-13</sup>; changes in pressure and temperature, <sup>14–24</sup> among others. <sup>25–30</sup> Additional studies detail how patients with asthma, <sup>28,31–33</sup> COPD, <sup>34–36</sup> arthritis, 23,37,38 and other conditions 9,39-41 are affected by weather. Conversely, there are also studies questioning weather's impact on patients. 42,43

Studies discussing the impact on clinicians are rare. However, studies provide ideas and principles for practices, clinicians, and societies for coping with extreme weather, 44-47 adapting to climate change, 47-49 and coping with weather challenges. 50-52 The biggest weather impacts on practices are still relatively unknown, which led to investigating how weather affects primary care clinicians, their practices, and their patient panel. Survey respondents were differentiated by regional location and time in patient care.

## Methods

This study seeks to address gaps in knowledge about how clinicians react to weather in their area. To achieve this, a survey was sent to American Academy of Family Physicians National Research Network (AAFP NRN) members and selected AAFP NRN members were interviewed. This study was approved by the AAFP Institutional Review Board.

# Survey Instrument and Administration

The survey instrument was constructed based on our knowledge of weather and potential related

This article was externally peer reviewed.

Submitted 29 March 2023; revised 11 April 2023; 14 June 2023; accepted 20 June 2023.

From the American Academy of Family Physicians, Leawood, KS; DARTNet Institute, Aurora, CO (EFC, TLC). Funding: There are no external funding sources for this

Conflict of interest: None.

Corresponding author: Elisabeth F. Callen, PhD, PStat DARTNet Institute, Aurora, CO 80045 (E-mail: elisabeth. callen@dartnet.info).

disruptions. Survey questions included demographics, weather types, and ways practices and patients were impacted. Most AAFP NRN members are primary care clinicians in the US. The survey was built and distributed in Qualtrics (Provo, Utah). Respondents could proceed to the survey only after acknowledging the Informed Consent on the first page. The survey had no back button, 5 pages, 12 questions, and no incentive (Appendix).

The initial invite went out July 30, 2020, with a reminder on August 12, 2020, and closing September 14, 2020. The survey was distributed to every person in the AAFP NRN database (1584 active e-mails) who had previously consented to receiving surveys.

#### Interviews

Within the survey, 1 question asked the respondents if they would be willing to participate in an interview. Out of 16 people who agreed, 9 responded to further contact. The interview questions (Appendix) were derived based on respondents' answers to the survey. The first author conducted phone interviews lasting approximately 15 minutes each. They were conducted, recorded, and transcribed mid-August through mid-September 2020.

## Analysis

Descriptive statistics were completed for all survey questions. We used all available data, assuming ignorable missingness. Fisher's Exact Tests were completed using R<sup>53</sup> in the survey analysis. For the interviews, the authors read the transcripts and determined themes from the interviewees' responses.

## Results

#### Survey Results

Of the 62 who at least partially completed the survey (response rate: 3.9%), 88.7% were physicians and the remaining 11.3% held other titles. Most respondents (61.3%) spent 50% or more of their time in direct patient care. The respondents' practices were from across the US—30.6% from the South, 25.8% from the West, 24.2% from the Midwest, and 19.4% from the Northeast (Table 1).

Most respondents (84.9%) indicated that more than 1 type of weather event has affected their practice, the most common being snow/snowstorm (81.1%) regardless of time in patient care or region.

Table 1. Survey Respondent Demographics

	n, %
Respondent titles* $(n = 62)$	
Physician (MD/DO)	55, 88.7
PsyD, PharmD, PhD	1, 1.6
Other	6, 9.7
Time spent in direct patient care $(n = 62)$	
0%	6, 9.7
1% to 49%	18, 29.0
50% or more	38, 61.3
Census region where practice is located <sup>+</sup> (n	= 62)
Northeast	12, 19.4
South	19, 30.6
Midwest	15, 24.2
West	16, 25.8

<sup>\*</sup>Titles with no responses: Resident, Medical Student, NA/PA.

†The lists of states in each division can be found at: www2.
census.gov/geo/pdfs/maps-data/maps/reference/us\_regdiv.pdf.

Though snow/snowstorm affected practices equally, ice/sleet/ice storm did not. Although the majority (52.8%) indicated being affected by ice and time in patient care did not make a difference, the region did. Virtually all Midwest respondents (90.0%), and almost no West respondents (14.3%) were affected by ice (P = .001). Nearly half (40.0%) of Midwest respondents indicated lightning affected practices; Northeast and West respondents indicated no effect (0.0%; P = .009). Almost half (43.8%) with less and only 10.8% with more time in patient care indicated extreme heat events affect their practices (P = .011; Table 2).

Respondents indicated their practices were affected by weather with 79.2% had to close for the day or longer and staff were unable to make it in. Three-fourths (75.5%) had an increased number of cancellations or no shows. The respondents from the Midwest, Northeast, and South were more likely to be affected by loss of internet (70.0%, 66.7%, 64.7%, respectively) than the West (21.4%; P=.038) as well as loss of telephones (60.0%, 50.0%, 76.5%, 14.3%; P=.005) and electric power (40.0%, 50.0%, 70.6%, 7.1%; P=.003; Table 3).

Respondents were asked which diseases/conditions, in their opinion, were affected by weather. Most (94.5%) indicated respiratory conditions are affected, as well as 81.8% for mental health and 50.9% for musculoskeletal conditions. However, respondents with less time in patient care were more likely (22.2%) to indicate that digestive conditions

Table 2. Types of Weather Events That Have Affected Respondents' Practices (n = 53)

		Percent Care Region					Region		
	Overall % (n = 53)	1–49% (n = 16)	50% + (n = 37)	Sig.	Northeast (n = 12)	South (n = 17)	Midwest (n = 10)	West (n = 14)	Sig.
Snow/Snowstorm	81.1	81.3	81.1	1.000	91.7	64.7	100.0	78.6	0.116
Ice/Sleet/Ice Storm	52.8	43.8	56.8	0.550	50.0	64.7	90.0	14.3	0.001*
Blizzard	35.8	37.5	35.1	1.000	50.0	29.4	50.0	21.4	0.339
Thunderstorm	35.8	25.0	40.5	0.358	41.7	47.1	50.0	7.1	0.056
Rain	24.5	25.0	24.3	1.000	16.7	41.2	30.0	7.1	0.155
Flooding	24.5	31.3	21.6	0.499	16.7	41.2	20.0	14.3	0.333
Hurricane	20.8	6.3	27.0	0.142	33.3	35.3	0.0	7.1	0.052
Extreme Heat Events	20.8	43.8	10.8	0.011*	16.7	23.5	20.0	21.4	1.000
Windstorm	18.9	18.8	18.9	1.000	8.3	29.4	40.0	0.0	0.027
Tornado	15.1	25.0	10.8	0.224	8.3	5.9	40.0	14.3	0.133
Lightning Strikes	11.3	6.3	13.5	0.655	0.0	11.8	40.0	0.0	0.009*
Wildfire	7.5	6.3	8.1	1.000	16.7	0.0	0.0	14.3	0.134
Hail	5.7	12.5	2.7	0.213	0.0	0.0	20.0	7.1	0.080
Bomb Cyclone	5.7	12.5	2.7	1.000	8.3	0.0	10.0	7.1	1.000
Other	5.7	6.3	5.4	1.000	0.0	11.8	0.0	0.0	1.000
Dust Storm	1.9	0.0	2.7	1.000	0.0	5.9	0.0	0.0	1.000
Cold/Warm Fronts	1.9	6.3	0.0	0.302	0.0	0.0	10.0	0.0	0.189

<sup>\* =</sup> P < 0.05.

were affected by weather than respondents with more time in patient care (2.7%; P = .035; Table 4).

# Qualitative Results

## Winter

Clinicians were prepared by having services on-call to plow their parking lots, haul away snow if there is too much, and systems in place to inform patients of closures. A clinician in the South disclosed their city purchased a snowplow, but they get too much snow for 1 snowplow.

#### Summer

The main summer weather events the clinicians experienced were thunderstorms and heat. One clinician is in an area prone to wildfires and has noticed wildfires getting worse/more frequent in recent years. Houses in their area are being built with fire resistant materials.

#### Flooding

Although hurricanes were most discussed, 1 clinician mentioned flooding occurred when the snow melted quicker than normal, and drainage could not handle runoff. Another mentioned they live in a very flood-prone area, but their

clinic sits on higher ground and is typically unaffected by flooding.

## Specific Health Effects

Clinicians agreed that weather affects their patients. They noted trends in patient complaints depending on the time of year or there was a weather event. Clinicians mentioned not only the physical effects, but also mental outcomes including anxiety and seasonal affective disorder.

# Power

Most clinicians interviewed do not have generators for their practices. A few mentioned they rarely lose power for more than a few hours, as they are part of the group to be restored first. One clinician mentioned they will close their practice until power is restored. A few commented that if power is lost, a designated person will take vaccines to someplace with power. They had lost thousands of dollars' worth of vaccines due to power loss.

## **Telemedicine**

Clinicians hoped telemedicine continues after the pandemic, because it is easier and more effective to meet with patients who cannot get out of their homes due to weather.

Table 3. Types of Effects from Weather Disasters/Systems That Have Affected Respondents' Practices (n = 53)

- 71										
		Pe	ercent Care	e Region			Region	on		
	Overall % (n = 53)	1–49% (n = 16)	50% + (n = 37)	Sig.	Northeast (n = 12)	South (n = 17)	Midwest (n = 10)	West (n = 14)	Sig.	
Having to close for the day or longer	79.2	75.0	81.1	0.716	75.0	82.4	90.0	71.4	0.742	
Staff unable to make it into the clinic	79.2	81.3	78.4	1.000	66.7	88.2	70.0	85.7	0.417	
Increased number of cancellations or no shows	75.5	87.5	70.3	0.299	75.0	82.4	60.0	78.6	0.632	
Loss of internet	54.7	43.8	59.5	0.372	66.7	64.7	70.0	21.4	0.038*	
Loss of telephones	50.9	37.5	56.8	0.241	50.0	76.5	60.0	14.3	0.005*	
Loss of electrical power	43.4	31.3	48.6	0.366	50.0	70.6	40.0	7.1	0.003*	
Unable to get into parking lot/ building due to snow	39.6	37.5	40.5	1.000	50.0	17.6	60.0	42.9	0.115	
Uptick in patient calls/requests	18.9	6.3	24.3	0.250	16.7	29.5	20.0	7.1	0.469	
Seasonal scheduling difficulties	18.9	6.3	24.3	0.250	41.7	11.8	10.0	14.3	0.208	
Unable to get into parking lot/ building due to flooding	13.2	25.0	8.1	0.179	8.3	17.6	10.0	14.3	0.947	
Unable to get into parking lot/ building due to downed trees or power lines	11.3	12.5	10.8	1.000	8.3	17.6	20.0	0.0	0.316	
Patients get sicker	7.5	0.0	10.8	0.303	0.0	17.6	0.0	7.1	0.379	
Other	7.5	6.3	8.1	1.000	8.3	0.0	20.0	7.1	1.000	
Building was destroyed/damaged	5.7	12.5	2.7	0.213	0.0	5.9	10.0	7.1	0.878	
Patients have new or more complaints	3.8	0.0	5.4	1.000	0.0	5.9	10.0	0.0	0.679	
Loss of natural gas hookup	0.0	0.0	0.0	1.000	0.0	0.0	0.0	0.0	1.000	

<sup>\* =</sup> P < 0.05.

# Weather Changes

Most clinicians interviewed mentioned they have seen changes occurring to their weather in the time they have lived in their respective locations (all more than 10 years). They mentioned changes in rain, for example, less rain/having to rely on the aquifer more; snow, for example, seeing less snow, more ice; and air quality. In addition, they

Table 4. Diseases/Conditions Affected by Weather Events (n = 55)

		Percent Care				Region			
	Overall % (n = 55)	1–49% (n = 18)	50% + (n = 37)	Sig.	Northeast $(n = 12)$	South (n = 17)	$\begin{array}{l} \text{Midwest} \\ \text{(n = 10)} \end{array}$	West (n = 16)	Sig.
Respiratory	94.5	94.4	94.6	1.000	91.7	100.0	90.0	93.8	0.533
Mental Health	81.8	88.9	78.4	0.470	83.3	82.4	80.0	81.3	1.000
Musculoskeletal	50.9	50.0	51.4	1.000	75.0	35.3	60.0	43.8	0.174
Cardiovascular	47.3	44.4	48.6	1.000	50.0	52.9	50.0	37.5	0.847
Other (e.g., stress, fatigue)	45.5	44.4	45.9	1.000	50.0	52.9	40.0	37.5	1.000
Occupational Health	32.7	38.9	29.7	0.550	16.7	35.3	30.0	43.8	0.505
Dermatological/Skin Disease	30.9	27.8	32.4	1.000	16.7	29.4	30.0	43.8	0.522
Cognitive Health	29.1	33.3	27.0	0.754	25.0	41.2	20.0	25.0	0.655
Infectious	25.5	27.8	24.3	1.000	25.0	35.3	10.0	25.0	0.589
Endocrine, Metabolic	20.0	22.2	18.9	1.000	16.7	23.5	30.0	12.5	0.726
Neurological	16.4	16.7	16.2	1.000	25.0	5.9	20.0	37.5	0.535
Digestive	9.1	22.2	2.7	0.035*	50.0	52.9	40.0	37.5	0.925

<sup>\* =</sup> P < 0.05.

expressed that it seems to be generally getting warmer.

## **Discussion**

Clinicians indicated weather affects their patient population in a variety of ways, mainly by winter weather and rain events. This is in line with previous studies where patients were more likely to visit emergency rooms around snow<sup>54–57</sup> and flooding. Extreme heat affected all practices equally, but respondents who saw patients less stated more issues with extreme heat than those who saw more patients. This could be due to patient panels and practice location/type.

Weather events can cause disruptions, with the practice needing to close a day or longer or having an increase in cancellations or no-shows. However, Midwest respondents were more affected by loss of internet and Southern respondents had loss of telephones and electric power more than the other regions. These and other problems are expected to get worse as the climate changes and are suggested as possible items to fortify to adapt accordingly. 44–49

Weather can also cause issues for the patients by triggering a flare in their respiratory conditions, affecting mental health, among other physical and mental effects. The effect of weather on people/patients is in line with other studies. 1,5-27,29-43,54-60

Interviewed clinicians have noticed a change to the weather in their areas over the years, and a pattern of warming. They also noted instances where they were not prepared, but then implemented processes to remedy the issues (eg, off-site refrigeration for vaccines). Further study is needed to understand the continued impact of weather on clinicians and the full effect of weather on a larger clinician population.

Although the response rate was low, it was in line with other surveys the AAFP NRN was conducting around the same time. We do understand the low response rate could affect the generalizability of the results. The response rate could be due to a lack of interest in the topic and the distribution during the COVID-19 pandemic. The voluntary nature of the survey may have introduced nonresponse bias. We endeavored to mitigate this by leaving the survey open for more than a month. An interview limitation was that they were asked to recall weather events from over the past several years.

#### Conclusion

Weather will continue to affect clinicians and practices. Although there are some resources and studies for weather related effects and how weather affects patients, further study is needed to determine the full effect on clinicians and practices and ways to mitigate effects of weather on practices.

Authors would like to thank the AAFP National Research Network members who participated in the survey and participated in the interviews and the AAFP NRN Senior staff for their support.

To see this article online, please go to: http://jabfm.org/content/37/1/95.full.

#### References

- 1. Urban A, Davidkovova H, Kysely J. Heat- and coldstress effects on cardiovascular mortality and morbidity among urban and rural populations in the Czech Republic. Int J Biometeorol 2014;58:1057–68.
- 2. Russo S, Dosio A, Graverson RG, et al. Magnitude of extreme heat waves in present climate and their projection in a warming world. JGR Atmospheres. 2014 2014;119:12500–12. November 27.
- 3. O'Neill MS, Carter R, Kish JK, et al. Preventing heat-related morbidity and mortality: new approaches in a changing climate. Maturitas 2009;64:98–103.
- 4. Masato G, Bone A, Charlton-Perez A, et al. Improving the health forecasting alert system for cold weather and heat-waves in England: A proof-of-concept using temperature-mortality relationships. PLoS ONE 2015;10:e0137804.
- Luber G, McGeehin M. Climate change and extreme heat events. Am J Prev Med 2008;35:429–35. November 2008.
- 6. Kalkstein LS, Greene JS, Mills DM, Perrin AD, Samenow JP, Cohen J-C. Analog European heat waves for U.S. cities to analyze impacts on heat-related mortality. Bulletin of the American Meteorological Society 2008;89:75–86. January 2008.
- 7. Kalkstein LS, Greene JS. An evaluation of climate/mortality relationships in large U.S. cities and the possible impacts of a climate change. Environ Health Perspect 1997;105:84–93. January 1997.
- 8. Horton RM, Mankin JS, Lesk C, Coffel E, Raymond C. A review of recent advances in research on extreme heat events. Curr Clim Change Rep 2016;2:242–59. December 2016.
- 9. Hansen A, Bi P, Nitschke M, Ryan P, Pisaniello D, Tucker G. The effect of heat waves on mental health in a temperate Australian city. Environ Health Perspect 2008;116:1369–75. October 2008.
- 10. Greene S, Kalkstein LS, Mills DM, Samenow J. An examination of climate change on extreme heat

- events and climate-mortality relationships in large U.S. cities. Weather, Climate, and Society 2011;3: 281–92. October 2011.
- 11. Dixon PG, Brommer DM, Hedquist BC, et al. Heat mortality versus cold mortality. Bull Am Meteor Soc 2005;86:937–44.
- Walsh JE, Phillips AS, Portis DH, Chapman WL. Extreme cold outbreaks in the United States and Europe, 1948–99. J Climate 2001;14:2642–58.
- 13. Dimitriou K, McGregor GR, Kassomenos PA, Paschalidou AK. Exploring winter mortality variability in five regions of England using back trajectory analysis. Earth Interactions 2016;20:1–27. 2016.
- Wilder FV, Hall BJ, Barrett JP. Osteoarthritis pain and weather. Rheumatology (Oxford) 2003;42:955– 8. August 1, 2003.
- 15. Timmermans EJ, Schaap LA, Herbolsheimer F, EPOSA Research Group, et al. The influence of weather conditions on joint pain in older people with osteoarthritis: results from the European Project on OSteoArthritis. J Rheumatol 2015;42: 1885–92. October 2015.
- 16. Smedslund G, Mowinckel P, Heiberg T, Kvien TK, Hagen KB. Does the weather really matter? A cohort study of influences of weather and solar conditions on daily variations of joint pain in patients with rheumatoid arthritis. Arthritis Rheum 2009;61: 1243–7. September 15, 2009.
- 17. Smedslund G, Hagen KB. Does rain really cause pain? A systematic review of the associations between weather factors and severity of pain in people with rheumatoid arthritis. Eur J Pain 2011;15:5–10.
- 18. Savage EM, McCormick D, McDonald S, Moore O, Stevenson M, Cairns AP. Does rheumatoid arthritis disease activity correlate with weather conditions? Rheumatol Int 2015;35:887–90. May 2015.
- McAlindon T, Formica M, Schmid CH, Fletcher J. Changes in Barometric pressure and ambient temperature influence osteoarthritis Pain. Am J Med 2007;120:429–34. May 2007.
- Jamison RN, Anderson KO, Slater MA. Weather changes and pain: perceived influence of local climate on pain complaint in chronic pain patients. Pain 1995;61:309–15. May 1995.
- Hollander JL, Yeostros SJ. The effect of simultaneous variations of humidity and barometric pressure on arthritis. Bulletin of the American Meteorological Society 1963;44:489–94.
- 22. Brennan SA, Harney T, Queally JM, O'Connor-McGoona J, Gormley IC, Shannon FJ. Influence of weather variables on pain severity in end-stage osteo-arthritis. Int Orthop 2012;36:643–6. March 2012.
- 23. Aikman H. The association between arthritis and weather. Int J Biometeorol 1997;40:192–9. June 1997.

- 24. Abasolo L, Tobias A, Leon L, et al. Weather conditions may worsen symptoms in rheumatoid arthritis patients: the possible effect of temperature. Reumatol Clin 2013;9:226–8. July-August 2013.
- Stieb DM, Szyszkowicz M, Rowe BH, Leech JA. Air pollution and emergency department visits for cardiac and respiratory conditions: a multi-city time-series analysis. Environ Health 2009;8:25–13.
- 26. Rivas I, Basagana X, Cirach M, et al. Association between early life exposure to air pollution and working memory and attention. Environ Health Perspect 2019;127:57002.
- 27. Ren J, Li B, Yu D, Liu J, Ma Z. Approaches to prevent the patients with chronic airway diseases from exacerbation in the haze weather. Journal of Thoracic Disease 2016;8:E1–E7.
- 28. Poole JA, Barnes CS, Demain JG, et al. Impact of weather and climate change with indoor and outdoor air quality in asthmatic patients. Journal of Allergy and Clinical Immunology 2019;143:1702–10. January 1, 2019.
- Donaldson GC, Wedzicha JA. The causes and consequences of seasonal variation in COPD exacerbations. International Journal of COPD 2014;9:1101–10.
- DeFlorio-Barker S, Crooks J, Reyes J, Rappold AG. Cardiopulmonary effects of fine particulate matter exposure among older adults, during wildfire and non-wildfire periods, in the United States 2008-2010. Environ Health Perspect 2019;127:37006.
- 31. Delamater PL, Finley AO, Banerjee S. An analysis of asthma hospitalizations, air pollution, and weather conditions in Los Angeles County, California. Sci Total Environ 2012;425:110–8.
- 32. Rorie A, Poole JA. The role of extreme weather and climate-related events on asthma outcomes. Immunol Allergy Clin North Am 2021;41:73–84.
- 33. Hyrkas H, Ikaheimo TM, Jaakkola JJK, Jaakkola MS. Asthma control and cold weather-related respiratory symptoms. Respir Med 2016;113:1–7.
- 34. Hansel NN, McCormack MC, Kim V. The effects of air pollution and temperature on COPD. COPD: Journal of Chronic Obstructive Pulmonary Disease 2016;13:372–9. 2016.
- 35. Alahmari AD, Mackay AJ, Patel ARC, et al. Influence of weather and atmospheric pollution on physical activity in patients with COPD. Respir Res 2015;16:71. 2015.
- 36. Balish SM, Dechman G, Hernandez P, et al. The relationship between weather and objectively measured physical activity among individuals with COPD. J Cardiopulm Rehabil Prev 2017;37:445–9. November 2017.
- 37. Bossema ER, van Middendorp H, Jacobs JWG, Bijlsma JWJ, Geenen R. Influence of weather on daily symptoms of pain and fatigue in female patients with fibromyalgia: a multilevel regression analysis. Arthritis Care Res (Hoboken) 2013;65:1019–25.

- 38. Ferreira ML, Zhang Y, Metcalf B, et al. The influence of weather on the risk of pain exacerbation in patients with knee osteoarthritis—a case-crossover study. Osteoarthritis Cartilage 2016;24:2042-7.
- 39. Fritze JG, Blashki GA, Burke S, Wiseman J. Hope, despair and transformation: climate change and the promotion of mental health and wellbeing. Int J Ment Health Syst 2008;2:13.
- 40. Coren E, Safer DL. solutions stories: an innovative strategy for managing negative physical and mental health impacts from extreme weather events. In: Leal Filho W, Nagy G, Borga M, Chavez Munoz P, Magnuszewski A, eds. Climate Change, Hazards and Adaptation Options. Springer, Cham; 2020:441-62.
- 41. Hoffmann J, Schirra T, Lo H, Neeb L, Reuter U, Martus P. the influence of weather on migraine are migraine attacks predictable? Ann Clin Transl Neurol 2015;2:22-8.
- 42. Gorin AA, Smyth JM, Weisberg JN, et al. Rheumatoid arthritis patients show weather sensitivity in daily life, but the relationship is not clinically significant. Pain 1999;81:173-7.
- 43. Beukenhorst AL, Schultz DM, McBeth J, Sergeant JC, Dixon WG. Are weather conditions associated with chronic musculoskeletal pain? review of results and methodologies. Pain 2020;161:668-83.
- 44. de Bruijn K, Buurman J, Mens M, Dahm R, Klijn F. Resilience in practice: five principles to enable societies to cope with extreme weather events. Environmental Science & Policy 2017;70:21-30.
- 45. Morss RE, Wilhelmi OV, Meehl GA, Dilling L. Improving societal outcomes of extreme weather in a changing climate: an integrated perspective. Annu Rev Environ Resour 2011;36:1-25.
- 46. MacGillivray BH. Beyond social capital: the norms, belief systems, and agency embedded in social networks shape resilience to climatic and geophysical hazards. Environmental Science & Policy 2018;89:116-25.
- 47. Clarke BJ, Otto FEL, Jones RG. Inventories of extreme weather events and impacts: implications for loss and damage from and adaptation to climate extremes. Climate Risk Management 2021; 32:100285.
- 48. Strengers Y, Maller C. Adapting to "extreme" weather: mobile practice memories of keeping warm and cool as

- a climate change adaptation strategy. Environ Plan A 2017;49:1432-50.
- 49. Oppermann E, Strengers Y, Maller C, Rickards L, Brearley M. Beyond threshold approaches to extreme heat: repositioning adaptation as everyday practice. Weather, Climate, and Society 2018;10:885–98.
- 50. Brocherie F, Girard O, Millet GP. Emerging environmental and weather challenges in outdoor sports. Climate 2015;3:492-521.
- 51. Orr M, Inoue Y, Seymour R, Dingle G. Impacts of climate change on organized sport: a scoping review. WIREs: Climate Change 2022;13:e760.
- 52. Probstl-Haider U, Hodl C, Ginner K, Borgwardt F. Climate change: impacts on outdoor activities in the summer and shoulder seasons. Journal of Outdoor Recreation and Tourism 2021;34:100344.
- 53. R: a language and environment for statistical computing. R Foundation for Statistical Computing; 2023. Available at: https://www.R-project.org/.
- 54. Villeneuve PJ, Leech J, Bourque D. Frequency of emergency room visits for childhood asthma in Ottawa, Canada: the role of weather. Int J Biometeorol 2005;50:48-56.
- 55. Glass RI, O'Hare P, Conrad JL. Health consequences of the snow disaster in Massachusetts, February 6, 1978. Am J Public Health 1979;69:1047-9.
- 56. Weston-Simons J, Jack CM, Doctor C, Brogan K, Reed D, Ricketts D. The impact of snow on orthopaedic trauma referrals. Injury 2012;43:1033-6.
- 57. Villeneuve PJ, Szyszkowicz M, Stieb D, Bourque DA. Weather and emergency room visits for migraine headaches in Ottawa, Canada. Headache The Journal of Head and Face Pain 2006;46:64–72.
- 58. Jagai JS, Li Q, Wang S, Messier KP, Wade TJ, Hilborn ED. Extreme precipitation and emergency room visits for gastrointestinal illness in areas with and without combined sewer systems: an analysis of Massachusetts data, 2003-2007. Environ Health Perspect 2015;123:873-9.
- 59. Ramesh B, Jagger MA, Zaitchik B, et al. Flooding and emergency department visits: effect modification by the CDC/ATSDR Social Vulnerability Index. International Journal of Disaster Risk Reduction 2022;76:102986.
- 60. Wade TJ, Lin CJ, Jagai JS, Hilborn ED. Flooding and emergency room visits for gastrointestinal illness in Massachusetts: a case-crossover study. PLoS ONE 2014;9:e110474.

# Appendix.

# Weather Survey

Thank you for your willingness to help the American Academy of Family Physicians National Research Network (AAFP NRN) understand how weather and weather events have impacted you and/or your practice.

The survey will take 5-10 minutes to complete.

There are no personal benefits or risks to participating in this study. Participating is voluntary, and responses will remain anonymous and confidential.

The survey is for research purposes only, and the results will be reported only in aggregate. It's okay if you start the survey and decide to stop early. Choosing not to participate or choosing to withdraw from the study will not result in any penalty.

If you have any questions, please contact Elisabeth Callen at contact Jennifer Farris of ecallen@aafp.org. For questions about the rights of research participants, you can the AAFP Institutional Review Board (IRB) at (913) 906 6134 or jfarris@aafp.org.

<ul> <li>Yes, I agree to take this survey</li> </ul>
<ul> <li>No, I do not agree to take this survey</li> </ul>
Display This Question:
If Thank you for your willingness to help the American Academy of Family Physicians National Researc = No, I do not agree to take this survey
If you are willing, can you tell us your reason for declining? (Select all that apply)
☐ Too busy with clinical work
☐ Too busy with other projects
☐ Have no interest in this topic
☐ I do not have clinic duties
☐ Other (please specify):
Skip To: End of Survey If Condition: If you are willing, can you Is Greater Than or Equal to 0. Skip To End of Survey.
What is your most appropriate title?
o Physician (MD/DO)
o Resident

Please provide the zip code of your practice.

What percentage of your time is spent in direct patient care?

0 0%

0

1%-25%

NA/PA

Medical student PsyD, PharmD, PhD

Other (please specify):

- 26%-49%
- o 50% or more

Skip To: End of Survey If What percentage of your time is spent in direct patient care? = 0%

Has your practice ever been affected by any of the following weather events? Select all

Snow/Snowstorm
Blizzard
Ice/Sleet/Ice Storm
Thunderstorm
Rain
Hurricane
Flooding
Wildfire
Tornado
Hail
Lightning Strikes
Dust Storm
Windstorm
Bomb Cyclone
Cold/Warm Fronts
Extreme Heat Events
Other (please specify):

☐ Uptick in patient calls/requests						
<ul><li>Having to close for the day or longe</li><li>Building was destroyed/damaged</li></ul>	r					
☐ Unable to get into parking lot/buildin	g due to d	downed tr	ees or po	wer lines		
☐ Unable to get into parking lot/buildin	Ü	•				
☐ Unable to get into parking lot/buildin	g due to s	snow				
<ul><li>☐ Loss of electrical power</li><li>☐ Loss of natural gas hookup</li></ul>						
☐ Loss of telephones						
☐ Loss of internet						
☐ Patients get sicker						
<ul><li>Patients have new or more complain</li><li>Increased number of cancellations of</li></ul>		ve				
☐ Seasonal scheduling difficulties	), 110 0110 <b>1</b>	•0				
☐ Staff unable to make it into the clinic						
☐ Other (please specify):						-
Any comments you would like to pro weather disasters/systems?	ovide on I	now youi	practice	has been	affected	by
How well do you feel you and/or you	_	e is prepa	ı	any natural	ı	?
	Very Well	Well Prepa-	Fairly Well	Minimally Prepa-	Not at All	Not Appli-
	Prepa- red	red	Prepa- red	red	Prepa- red	cable
Snow/Snowstorm						
Blizzard						
Ice/Sleet/Ice Storm						
Thunderstorm						
Rain						
Hurricane						
Flooding						
Wildfire						
Tornado						
Hail						
Lightning Strikes						
Dust Storms						
Windstorm						
Bomb Cyclone						
Cold/Warm Fronts						
Extreme Heat Events						
From the list of diseases/condition of			please s	elect the co	nditions	that, i
your observations, are affected by w		ents.				
☐ Respiratory (e.g., asthma, COP	,	er an er				
<ul><li>☐ Cardiovascular (e.g., hypertens</li><li>☐ Neurological (e.g., pain, stroke)</li></ul>		TIDIIIIation	i, coronar	y artery dise	ease)	
i recurological (c.g., pairi, stroke)						
☐ Infectious						
☐ Musculoskeletal (e.g., all types			matic stre	ess disorder	)	
<ul><li>☐ Musculoskeletal (e.g., all types</li><li>☐ Mental Health (e.g., depression</li></ul>	, anxiety,					
<ul> <li>☐ Musculoskeletal (e.g., all types</li> <li>☐ Mental Health (e.g., depression</li> <li>☐ Cognitive Health (e.g., dement</li> </ul>	, anxiety,			es)		
□ Musculoskeletal (e.g., all types     □ Mental Health (e.g., depression     □ Cognitive Health (e.g., demental of the compart of the compa	, anxiety,			es)		
□ Musculoskeletal (e.g., all types     □ Mental Health (e.g., depression     □ Cognitive Health (e.g., dement     □ Occupational Health     □ Dermatological/Skin Disease	, anxiety, tia, develo			es)		
□ Musculoskeletal (e.g., all types     □ Mental Health (e.g., depression     □ Cognitive Health (e.g., demental of the compartional Health)	, anxiety, tia, develo			es)		
<ul> <li>☐ Musculoskeletal (e.g., all types</li> <li>☐ Mental Health (e.g., depression</li> <li>☐ Cognitive Health (e.g., dement</li> <li>☐ Occupational Health</li> <li>☐ Dermatological/Skin Disease</li> <li>☐ Endocrine, Metabolic (e.g., dia</li> </ul>	, anxiety, tia, develo			es)		

How was your practice affected by weather disasters/systems? Select all that apply.

weath	er events, in your observations, affect the disease/condition categories you
ed.	
Choice	es:
0	Snow/Snowstorm
0	Blizzard
0	Ice/Sleet/Ice Storm
0	Thunderstorm
0	Rain
0	Hurricane
0	Flooding
0	Wildfire
0	Tornado
0	Hail
	Lightning Strikes
	Dust Storms
	Windstorm
	Bomb Cyclone
	Cold/Warm Fronts
0	Extreme Heat Events
Staten	nents:
0	Respiratory
0	Cardiovascular
0	Neurological
0	Infectious
0	Musculoskeletal
0	Mental Health
	Cognitive Health
	Occupational Health
	Dermatological/Skin Disease
	Endocrine, Metabolic
	Digestive
0	Other
How d	lo you get your weather information? Select all that apply.
	Local TV
	National TV
	Radio
	Weather Radio
	Арр
	National Weather Service
	Weather Channel
	AccuWeather
	Other Internet Site
	I don't check the weather
	Other (please specify):

o Yes (provide email address):

o No