Opportunities for In-Home Asthma Care in Native Communities: A Northwest Initiative and Tribal Pilot Project

Phone Number: 866-527-8921
Conference ID: 5738629
Opportunities for In-Home Asthma Care in Native Communities: 
A Northwest Initiative and Tribal Pilot Project

Moderator
• Erin McTigue, U.S. Environmental Protection Agency (EPA) Region 10

Presenters
• Matthew Hayashi, Principal Organizational Development and Leadership Consultant, Headwater People Consulting
• Shawn Blackshear, Acting Director, Portland Area Division of Environmental Health Services, Indian Health Service’s Yakama Field Office

Tuesday, July 23, 2019
Webinar: 3:00 p.m. – 4:00 p.m. EDT
Live Online Q&A: 4:00 p.m. – 4:30 p.m. EDT

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Immediately after the webinar, join us in the AsthmaCommunityNetwork.org Discussion Forum for a live online Q&A Session:

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5. Enter your question and click the “Save” button at the bottom of the page.
Polling Question 1

Which type of organization do you represent?

1. Tribal government
2. Federal, state or local agency
3. Health care provider
4. Health plan
5. Community asthma program
Participants will learn about—

- Lessons from a 5-year effort to build capacity and explore sustainable funding for asthma in-home environmental interventions in Native communities.
- Guidance about how a multidisciplinary team was formed with tribes, federal partners, and state and local organizations, including the importance of involving tribal voices in program design.
- Firsthand experiences from a leader of a home-visiting program in a tribal community in Washington state.
- Opportunities and barriers to expanding in-home asthma care in Native communities.
Polling Question 2

Based on the learning objectives I’ve outlined, what are you most interested in learning about today?

1. On-the-ground experiences from the Tribal Asthma Program on the Yakama Reservation
2. How momentum and partnerships are being built around tribal in-home asthma work in the Northwest
3. Opportunities and barriers to in-home asthma care in Native communities
4. Other
Northwest Tribal Asthma Initiative
July 23, 2019
Paying for Holistic Asthma Programs

Historically and Now in R10:
Piecemeal funding from the Centers for Disease Control and Prevention, Indian Health Service (IHS), EPA and direct tribal funds

The Vision and Opportunity:
Culturally appropriate tribal programs sustainably financed through public and private health insurance
Asthma Prevalence in Washington State

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
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<tbody>
<tr>
<td><strong>Males</strong></td>
<td></td>
</tr>
<tr>
<td>All Adults</td>
<td>13</td>
</tr>
<tr>
<td>AI/AN Adults</td>
<td>20</td>
</tr>
<tr>
<td><strong>Females</strong></td>
<td></td>
</tr>
<tr>
<td>All Adults</td>
<td>17</td>
</tr>
<tr>
<td>AI/AN Adults</td>
<td>30</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
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<tr>
<td>All Adults</td>
<td>15</td>
</tr>
<tr>
<td>AI/AN Adults</td>
<td>25</td>
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</tbody>
</table>

Washington Behavioral Risk Factor Surveillance System, 2006-2010
In Washington state, hospitalization due to asthma is 

\[ \times 2.7 \]

more likely for Native patients than white patients.

Washington Comprehensive Hospital Abstract Reporting System, 2012–13, corrected for American Indian/Alaska Native misclassification by the IDEA-NW Project.
ASTHMA HOME VISITS
Educate Patients
Identify Triggers
Fix the Home

Housing
Clinical Care
Public Health
Environment
Tribal Asthma Summit: ‘Bold Goal’

By 2020, we will reduce asthma urgent care visits for children by 30 percent in tribal populations in the Northwest by funding and delivering high-quality in-home asthma care.
Progress at a Glance

Conducted Research; Convened Stakeholders
- Summer 2014

Established Tribal Buy-In
- 2014–2015

Formalized Partnership Team
- 2015

Narrowed Focus to Washington; Engaged State
- 2015–2017

Identified Tribal Pilot Programs
- 2016–2017

Next Steps

Support Pilot Design, Kick-Off and Implementation
- 2017–2021

Evaluate and Share Pilot Process and Outcomes
- 2017–2021

Policy Shaped by Pilot Results and Tribal Input
- Ongoing–2022

In-Home Environmental Interventions Are Active and Sustainably Financed in Tribal Communities
Northwest Tribal Asthma Project Team
Tribal Leader Engagement

- Northwest Portland Area Indian Health Board
- Seattle Indian Health Board
- Northwest Tribal Health Directors
- Affiliated Tribes of Northwest Indians
- American Indian Health Commission for Washington State
- Northwest Indian Housing Association
ATNI Resolution

LET IT BE RESOLVED, that the Affiliated Tribes of Northwest Indians does hereby support flexible state-level Medicaid policies allowing reimbursement of in-home asthma care by non-clinical, unlicensed professionals in tribal communities.
<table>
<thead>
<tr>
<th>Supporting Asthma Work in Tribal Communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPA funding a pilot at the Tulalip Tribes</td>
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<tr>
<td>Partnership/support to the Yakama pilot project</td>
</tr>
<tr>
<td>Technical assistance to Seattle Indian Health Board</td>
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<tr>
<td>Tracking how tribes can access and weigh in on Washington’s Medicaid Transformation Project funds</td>
</tr>
</tbody>
</table>
Yakama Nation and IHS Asthma Pilot

- Clinic and pharmacy referrals to IHS Environmental Health Officer made through electronic health record (EHR), 25 home visits.
- 72% of patients made environmental or habit modifications.
- 47% of patients decreased use of asthma rescue medication.
- Urgent care visits reduced from 53% to 12%.
- Emergency room visits decreased from 47% to 18%.
- 90% of patients went from reporting asthma as being not well controlled to being well controlled.
Methods

1. Patients with moderate to severe asthma who are not obtaining adequate control with prescription therapy.
2. Referred through EHR by provider or pharmacist.
3. Home assessment by environmental health officer; can include public health nursing where applicable.
4. Findings and health education provided to patient at each visit; report of findings placed in EHR for provider signature.
5. Assessment addresses home, work, hobbies, lifestyle and medication usage.

6. Opportunity to participate in expanded program with two additional visits consisting of continued counseling in medication, lifestyle change and environmental modifications.

7. Incentive materials of proven interventions—e.g., mattress and pillow encapsulation supplies, green cleaning supplies—for control of common triggers.

8. Surveillance of implementation of environmental recommendations and asthma control diagnosis after home assessments.
Yakama Service Unit Tribal Asthma Home Visit Program

The purpose of this interview is to collect information about you and your home environment as it relates to your asthma and safety. These questions are to guide the type of help you will receive. You do not have to answer any questions you do not want to. All of your responses are confidential and will not affect any of the services at the clinic or from your provider.

1. Do you have a primary concern about the health of your home? [check all that apply]
   - Mold/mildew/moisture
   - Dust/dust mites/track-in contaminants
   - Pet dander/fur
   - Pesticides
   - Household chemicals or cleaners
   - Poor ventilation
   - Tobacco smoke
   - Wood/other smoke
   - Carbon monoxide
   - Lead/asbestos/formaldehyde
   - None
   - Other: ___________________________

2. What type of residence is your home?
   - House
   - Condo
   - Apartment
   - Multiplex
   - Mobile/Manufactured Home

3. Do you own your home, if not who does? Y / N
   - Spouse/Partner
   - HUD
   - Relative
   - Landlord
   - Other: ___________________________

   - Tobacco Smoke
   - Pets/pet dander
   - Household chemicals/cleaners
   - Cockroaches/rodents
   - Poor ventilation/stale air
   - Dust/dust mites
   - Mold/mildew/moisture
   - Change in weather
   - Exercise
   - Food/cooking
   - Illness/virus/infection
   - Fragrances/perfume
   - Medicines
   - Pollen/plants
   - Wood/other smoke
   - Aerosol cans/sprays
   - Other: ___________________________
PEST CONTROL

12. Has the homeowner seen any sign of ants, spiders, fleas, cockroaches, rodents, or other pests?
   □ No      □ Yes, cockroaches      □ Yes, rodents      □ Yes, other pests: __________________________

13. Is the home treated (sprayed with pesticide) for pests?
   □ No      □ Yes, how many times a year: __________ Locations (inside or outside): __________________________

14. Are there food crumbs or unsealed food visible (in the kitchen, pet food bowls etc.)?
   □ No      □ Yes, locations: __________________________

15. Are there holes or gaps in walls, around plumbing, doorjambs, lack of screened windows, etc. that would allow pests to enter the home?
   □ No      □ Not sure      □ Yes, locations: __________________________

ASSESSOR: Discuss any suggestions that apply to the resident. Check one box for every suggestion.

<table>
<thead>
<tr>
<th>Key Messages About Pest Control</th>
<th>Recommend</th>
<th>Compliant</th>
<th>Does Not Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clean all surfaces where you have seen pests.</td>
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<tr>
<td>Use baits, boric acid and traps to kill pests. Try not to use sprays. If you must use chemical pesticides, follow the manufacturer's labeled instructions.</td>
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<tr>
<td>Clean up spills and crumbs immediately. Store food in sealed containers. Clean dishes daily; don't wait until the morning after dinner.</td>
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<tr>
<td>Keep garbage in sealed bags. Remove all newspapers, cardboard, and other pest-nesting materials. Clean up garbage or debris on the property.</td>
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</tr>
<tr>
<td>Seal all holes and gaps if possible.</td>
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</table>
Health–Environment–Housing Referral Network

- **Goal:** Reduce Patient Asthma Exacerbations and Asthma Rates in Tribal Communities

- **Occupant Changes Behavior and/or Housing Is Improved**
  - Specialist Makes Recommendations and Conducts Health Education; Findings Entered Into Patient’s EHR
  - Review or Monitor Medical Records
  - Healthcare Provider Assesses Patient
  - Provider Refers Patient to Specialist
  - Environmental Specialist Conducts Home Assessment
Tulalip Tribes Asthma Home-Visiting Program

- Home assessments
- Mobile spirometry
- Self-reported health outcomes
- Patient education
- Basic remediation
- Cross-department collaboration
Seattle Indian Health Board

EPA support to design urban Indian approach to comprehensive asthma management and explore funding
WASHINGTON MEDICAID TRANSFORMATION

- 5-year demonstration project
- Section 1115 contract with Centers for Medicare & Medicaid Services
- Triple aim
  - Reduce avoidable use of intensive settings/services
  - Improve population health
  - Accelerate the transition to value-based payment

ACCOUNTABLE COMMUNITIES OF HEALTH
WA State Healthcare Transformation Process

Chronic Disease Project:
Integrate and test health system and community approaches to improve asthma, cardiovascular disease, and diabetes.
Northwest Portland Area Indian Health Board—New Grant

**National Institutes of Health (NIH)**
Native American Research Centers for Health

### Project Aims

| Measure impacts of combined clinic and home-visit program. | Document protocols and practices. Develop training materials for other tribal clinics. | Implement at three other tribal communities in Washington and Oregon. |
Components of a Successful In-Home Model

• Data infrastructure
  • Improved mechanisms for tracking patients and outcomes.
  • Improved communication across departments to increase referrals.

• Policy challenges
  • Demonstration of value requires robust evaluation.
  • Reimbursement of costs (via Medicaid) versus public health prevention (tribal costs).
Components of a Successful In-Home Model

- Key partners
  - Tribal housing authority—plays a critical role in improving housing conditions to reduce asthma triggers.
  - Deliver education in non-clinical settings.
- Cultural components
  - Identify American Indian/Alaska Native community members to deliver services whenever possible.
  - Community health workers with a range of cultural competencies carry out the in-home visits.
Northwest Tribal Asthma Project Team: Plans for Moving Forward

- SUPPORT WORK ON THE GROUND
- LEVERAGE SYSTEMS CHANGE
Leverage Systems Change

• Continued leadership and technical support by the Northwest Tribal Asthma Project Team.
• Engage in educational and policy discussions with Washington state and others; provide technical assistance where appropriate.
• Maintain critical connections with tribal leadership groups; solicit input.
• Gather and share lessons learned.
Team Support of Tribal Programs/Pilots

- Provide technical assistance.
- Support pilot design, share evidence-based practices, and set up for evaluation.
- Track process and learnings; create replicable products/tools.
- Facilitate connections and sharing of results with decision makers and funders.
Northwest Tribal Asthma Project Team: Key Learnings
Key Learnings

• Understand the Medicaid structure and opportunities in each state.
• Understand the landscape of existing in-home asthma care services.
• Critical to convene key stakeholders and identify a focus.
• A demonstration project is needed for—
  • Developing and piloting necessary infrastructure and building capacity.
  • Evaluating health and economic outcomes of the work to provide data needed by state Medicaid programs.
Keys to Successful Collaboration

• A committed group of stakeholders representing health, housing and environment.
  – Rich mix of expertise and roles
  – Existing partnerships and momentum
• Active tribal and urban Native participation and input.
• A clear vision aimed at improving health and housing conditions for a specific population.
• Being grounded in a Bold Goal and focused on action.
• A culture of moving forward without all the answers.
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Thank You.

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