**“Asthma Community Network – Conversations for Advancing Action” Podcast Series**

**Episode 10 – Weatherization Plus Health: Improving Health Outcomes While Maximizing Energy Efficiency**

**Approximate Run Time:** 5 minutes

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| **Speaker** | **Content** |
| **Narrator**  (This paragraph is repeated on all podcasts to deliver the message that the AsthmaCommunityNetwork.org has a library of material available to enhance knowledge about asthma management programs.) | Welcome to “Asthma Community Network – Conversations for Advancing Action” – a podcast series from AsthmaCommunityNetwork.org, an online Network designed for people committed to improving asthma outcomes in their community. This podcast series shares best practices for reducing the impact of asthma through delivery of comprehensive, community-based care, especially in underserved communities. In these podcasts you’ll learn about strategies for managing effective program delivery systems, addressing environmental triggers, and leveraging community assets through partnerships.  Today we are speaking with Mr. John Davies, Director of Home Improvements, and Ms. Debbie Paton, Director of Community and Energy Services at the Opportunity Council in Washington state. They will describe their Weatherization Plus Health program, steps they took to start and sustain it and the benefits that can be gained by combining weatherization and health interventions.  Welcome, Mr. Davies and Ms. Paton.  Mr. Davies, tell us about the unique value of Weatherization Plus Health programs? |
| **Mr. John Davies**  (Highlight the value of combining Weatherization and Healthy Homes programs) | Sure. Combining weatherization and health combines the healthy – the benefit of a Healthy Homes educator, somebody that is knowledgeable and an expert at connecting with an adult and discussing behavior changes and things that may be effecting the health of their children. Whereas the weatherization program concentrates primarily on weatherization and energy efficiency measures that may improve the energy efficiency of the home.  Now, when we combine the two, it really adds up to something that makes both programs stronger.  The Weatherization Health Plus model is a very comprehensive look at the home.  The typical weatherization assessment will look at the exterior of the home; then the attic and assess air leakage. We’ll confirm that all the fans are vented to the exterior; we’ll look at the insulation levels and also any wiring deficiencies that might be located in the attic. They will then go and assess what’s going on in the walls of the building – you know – are they insulated? Are they structurally sound? And then proceed down to the crawl space and basement of the building.  It’s also an opportunity you know. In weatherization, we plug holes – for instance, rodent exclusion, it’s not a big jump to then layer in some hardware cloth in that hole before you foam it closed to prevent rodents from being able to enter the building.  And we’ll also look at the dryer venting. It’s not uncommon to find a dryer that’s exhausted into a crawl space, and that puts a lot of moisture and lint into the crawl space, that then comes back up into the house. And so, the weatherization auditor will call for that to be vented to the outside.  So when you combine weatherization with the Healthy Homes education, you have the opportunity to deal with more. |
| **Narrator** | And Ms. Paton, tell us about the Opportunity Council and your Weatherization Plus Health program. |
| **Ms. Debbie Paton**  (Description of Opportunity Council and Weatherization Plus Health service) | Opportunity Council is a community action agency and we’re part of a network of community action programs across the country. We serve primarily low-income households and programs that include energy and conservation services, early education, employment, and training, and housing.  The Weatherization Plus Health services start with the Healthy Homes educator who goes into a home and performs the comprehensive home education visit and the assessment of the home which is also the pre-assessment to weatherization in most cases.  So they’re going to go through a couple of different surveys with the families to find out what may be the asthma triggers in the home and they’re also going to do a full walkthrough of the home. And from there, they’ll develop a report with some recommendations and some observations, which then they’ll pass on to the weatherization auditor and they’ll coordinate the next steps. And John’s going to talk a little bit about that. |
| **Mr. Davies**  (Continued description Weatherization Plus Health service) | Yes. And so that information comes over from the Healthy Homes educator. And they work very closely with our project coordinators on the weatherization side.  They also strategize together on what the priorities are. But once it’s handed over to the weatherization project coordinator, the project coordinator will return to the house and do a full weatherization assessment, reconfirm any of the action plan items that were identified but also coordinate anything that requires a contractor to come in and do work.  Typically the enhanced Healthy Homes measures will include replacement of old carpet with hard-surface flooring, sometimes a filtered ventilation system. We ventilate the buildings or the dwelling according to the current ASHRAE ventilation standard; we put down ground covers; we insulate and try to warm up what would be cold surfaces during the heating season to minimize the potential for condensation to occur.  So that happens kind of as a team – the Healthy Homes educator does the initial survey and then shares that information with the project coordinator, and then they work together on a plan. But then it’s the project coordinator that actually implements any measures in addition to the kind of low-cost, no-cost and behavior change action plan developed by the Healthy Homes educator. |
| **Narrator** | What organizations do you partner with to implement your Weatherization Plus Health program? |
| **Mr. Davies**  (Highlights key partnerships) | Well, our partners in the community include the Head Start program, which is located in our agency. We also work with the health department, the asthma allergy clinics, the public health clinics, the cities’ home repair program, and we get referrals, I should say, from the Northwest Clean Air Agency. They have an indoor air program, and so we get referrals from all those entities. And we coordinate our weatherization work with the cities’ home repair program. We also have a home repair program located under the umbrella at the Opportunity Council that services the counties that we serve.  Can you think of any other ones, Deb? |
| **Ms. Paton**  (Partnerships with tribal and migrant communities) | We also partner with tribes in our community. And also organizations that serve migrant workers. |
| **Narrator** | Ms. Paton, what data do you collect to track the program’s effectiveness? |
| **Ms. Paton** | We’re looking at two main outcomes to track the program’s effectiveness.  One, how much energy is saved through weatherization, and also reductions in asthma triggers in the home and symptoms through the Healthy Homes part.  So, we use an asthma control test set that we have adapted from one of our local clinics. And we also do quality-of-life surveys to see how the family is doing when we start the visit and then also 6 months later to see how things may have improved for them in their homes.  We’re currently completing a more in-depth evaluation of our program with the Department of Energy. And we were able to collect pre- and post-Medicaid data and physician’s records for the families that we evaluated. But we don’t have the results to share from that evaluation yet, but we look forward to learning about the effectiveness of the program in terms of any cost savings on the medical side. |
| **Narrator** | Mr. Davies, what would you like to see the program doing differently in the next three to five years? |
| **Mr. Davies**  (Highlight intention to strengthen referral network and gain reimbursement) | The most important things we’re working on is continuing to develop our partnership with healthcare providers and the public health clinics in our community to strengthen our referral service, build our services, and follow up with those services so that when someone makes a referral we have good systems in place for not only responding, but also reporting back to that referring agency about what we did and the progress we made. So that’s one thing that we continue to work on.  The second one is that we’re interested in developing and seeking reimbursement for services. We understand that there is possibly an opportunity within provisions of the Affordable Care Act for environmental interventions in the homes of children where children have asthma that we may be able to do an evaluation and do some of this work and bring in some additional revenue to extend the program. So that’s the other thing we’re working on over the next 3 to 5 years. |
| **Narrator** | Finally, for other programs across the country thinking about establishing a Weatherization Plus Health program, what steps do you recommend to get started? |
| **Mr. Davies** | The one that is maybe the hardest, but the most important, is to reach out and develop the partnerships and the relationships within your community. You always have struggles with people’s time, their funding, personalities, territory, etc. But it is critical to the success of the program. And so, identifying and establishing the key partners in your community that you can work together to deliver the program, number one.  Putting in place a good quality training program, the resource that we found to be very good is the National Center for Healthy Homes, the Essentials for Healthy Homes Practitioners course is excellent as an introduction to folks that are doing home visits that want to participate in a Weatherization Plus Health program.  The third step or action is that you have to identify some funding sources to support the Healthy Homes side of your program. The weatherization program generally will have some base-level funding and that will vary, depending on the program and the utilities in your area – but the program exists in every county in the United States. And so the weatherization program is there, and the Healthy Homes component is getting more and more attention.  Many health departments are interested in developing a Healthy Homes program, and I really encourage them to work with their weatherization provider and see if they can work together and enhance a more comprehensive program. |
| **Narrator** | Thank you, Mr. Davies and Ms. Paton, for sharing these valuable insights.  For additional resources and to hear other podcasts in this series, visit asthmacommunitynetwork.org/podcasts.  And for more information on asthma management, go to AsthmaCommunityNetwork.org – an online Network for people committed to improving asthma outcomes in their community. |