

A close-up photograph of two young children, a girl on the left and a boy on the right, both smiling broadly. They are positioned behind a wooden surface, with their hands resting on it. The girl has long, dark, wavy hair and is wearing a white shirt. The boy has short, dark hair and is also wearing a white shirt. The background is a soft-focus outdoor scene with green foliage.

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

**Phone Number: 866-527-8921  
Conference ID: 5738629**

# Welcome to the Webinar



## 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

**Phone Number: 866-527-8921**

**Conference ID: 5738629**

# Question & Answer Session on AsthmaCommunityNetwork.org Discussion Forum



**Immediately after the webinar, join us in the [AsthmaCommunityNetwork.org](https://AsthmaCommunityNetwork.org) Discussion Forum for a live online Q&A Session:**

**4:00 p.m. – 4:30 p.m. EDT**

To post a question in the **Discussion Forum**, follow these directions:

1. If you are a Network member, log in to your [AsthmaCommunityNetwork.org](https://AsthmaCommunityNetwork.org) account.

**Not a member?** Create an account at [AsthmaCommunityNetwork.org](https://AsthmaCommunityNetwork.org) by clicking the “**Join Now**” link at the left side of the page. Your account will be approved momentarily, and you can begin posting questions.

2. Click on the “**Discussion Forum**” button on the home page.
3. Click on the “**Live Online Q&A for 7/23/19 Webinar**” link.
4. Click on the “**Add New Forum Topic**” link to post your question.
5. Enter your question and click the “**Save**” button at the bottom of the page.

## **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

# Learning Objectives



## **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:

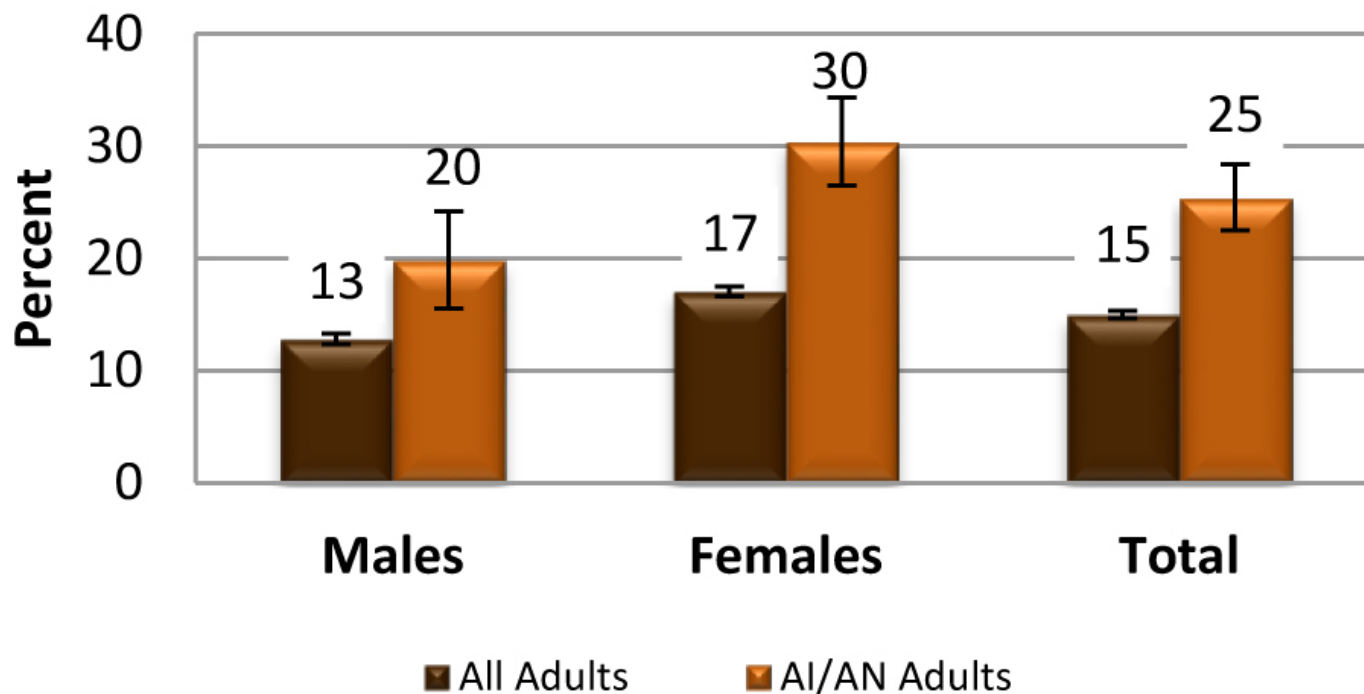
Piecemeal funding from the Centers for Disease Control and Prevention, Indian Health Service (IHS), EPA and direct tribal funds

## The Vision and Opportunity:

Culturally appropriate tribal programs sustainably financed through public and private health insurance



## Asthma Prevalence in Washington State



Washington Behavioral Risk Factor Surveillance System, 2006-2010

In Washington state,  
hospitalization due  
to asthma is

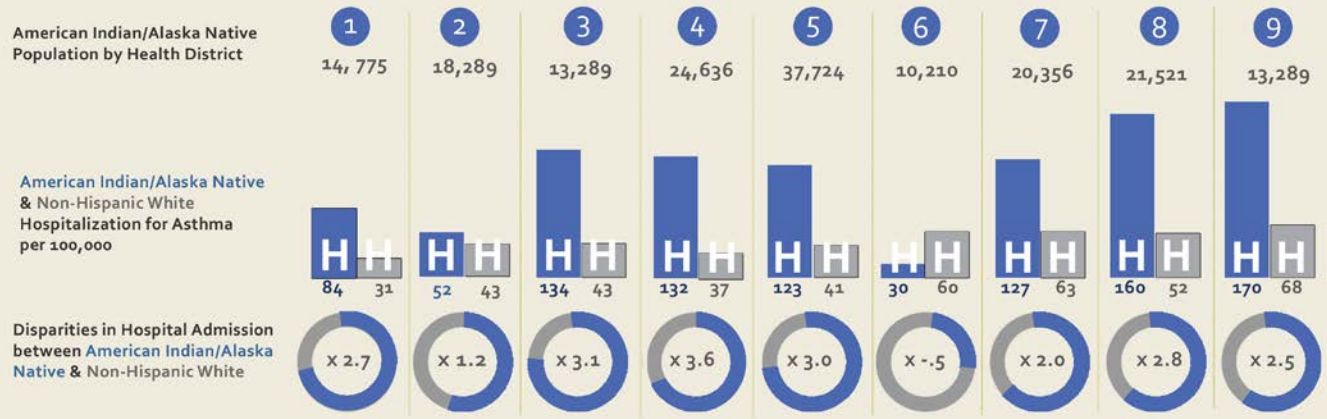


more likely for  
Native patients than  
white patients.

Washington Comprehensive  
Hospital Abstract Reporting  
System, 2012–13, corrected for  
American Indian/Alaska Native  
misclassification by the IDEA-  
NW Project

**HEALTH SIGNALS:  
ASTHMA**  
PREVALENCE & CARE  
IN URBAN AND TRIBAL  
NATIVE COMMUNITIES

- # Native American/Alaskan Native Population Size by District
- + Tribal Health Clinic
- H American Indian/Alaska Native Hospital Admission due to asthma
- H Non-Hispanic White Hospital Admissions due to asthma
- # Native American/Alaskan Native vs. Non-Hispanic White Incident Ratio







# Tribal Asthma Summit: 'Bold Goal'

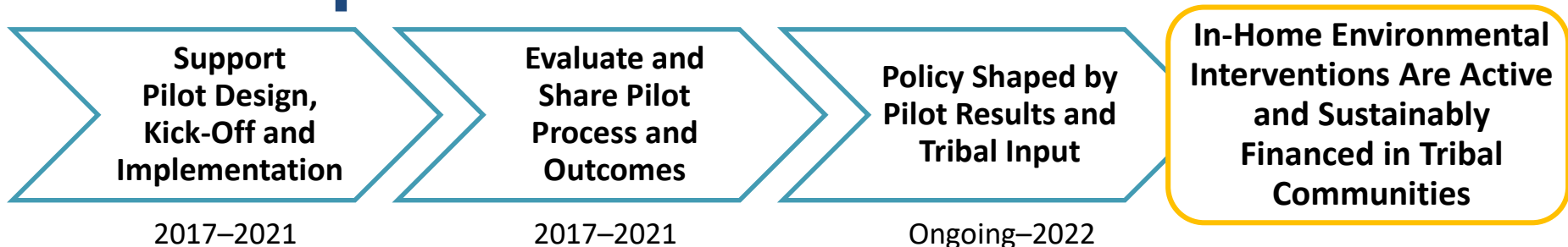
By 2020, we will reduce asthma urgent care visits for children by 30 percent in tribal populations in the Northwest by funding and delivering high-quality in-home asthma care.



# Progress at a Glance



## Next Steps



# 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



WHEREAS, asthma disproportionately affects American Indian and Alaska Native people, including a prevalence in a reported 10.7% of American Indian and Alaska Native children; due to under reporting and lack of data, asthma rates are likely higher than currently reported; and

WHEREAS, the ATNI is poised to lead and incorporate newly available health care funding through the Affordable Care Act and improve asthma care policy and practice for their community

# ATNI Resolution

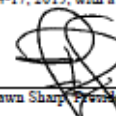
LET IT BE RESOLVED, that the Affiliated Tribes of Northwest Indians does hereby support flexible state-level Medicaid policies allowing reimbursement of in-home asthma care by non-clinical, unlicensed professionals in tribal communities.

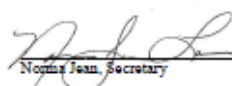
We, the  
divine  
desce  
entitl  
toward  
promi  
  
advoc  
  
and to  
Alask

WHEREAS, the health, safety, welfare, education, economic and employment opportunity, and preservation of cultural and natural resources are primary goals and objectives of the ATNI; and

WHEREAS, Congress authorized the Centers for Medicare and Medicaid Services to establish the Innovation Center under the authority of the Affordable Care Act section 3021 for the purpose of testing "innovative payment and service delivery models to reduce program expenditures ...while preserving or enhancing the quality of care" for those individuals who receive Medicare, Medicaid, or Children's Health Insurance Program benefits; and

The foregoing resolution was adopted at the 2015 Annual Convention of the Affiliated Tribes of Northwest Indians, held at Northern Quest Resort and Casino, Spokane, Washington on September 14-17, 2015, with a quorum present.

  
Fawn Sharp, President

  
Norma Jean, Secretary

## **Supporting Asthma Work in Tribal Communities**

---

EPA funding a pilot at the Tulalip Tribes

---

Partnership/support to the Yakama pilot project

---

Technical assistance to Seattle Indian Health Board

---

Tracking how tribes can access and weigh in on Washington's Medicaid Transformation Project funds

---



# 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
- ☐ Other:

**3. Do you own your home, if not who does? Y / N**

- ☐ Spouse/Partner
- ☐ HUD
- ☐ Relative
- ☐ Landlord

- ☐ 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: \_\_\_\_\_

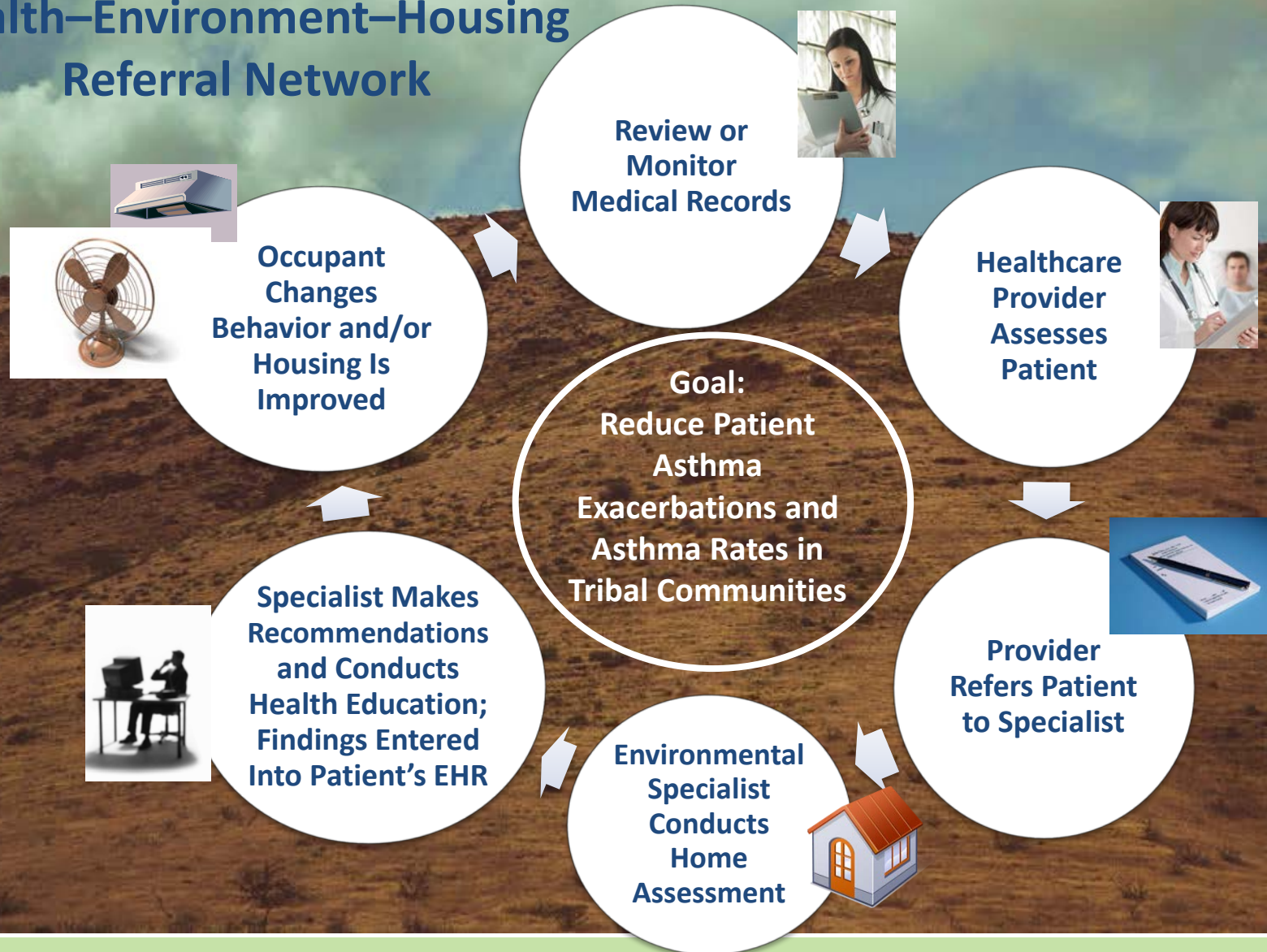
15. Are there holes or gaps in walls, around plumbing, doorjamb, lack of screened windows, etc. that would allow pests to enter the home?

☐ No    ☐ Not sure    ☐ Yes, locations: \_\_\_\_\_

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

Key Messages About Pest Control	Recommend	Compliant	Does Not Apply
Clean all surfaces where you have seen pests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean up spills and crumbs immediately. Store food in sealed containers. Clean dishes daily; don't wait until the morning after dinner .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep garbage in sealed bags. Remove all newspapers, cardboard, and other pest-nesting materials. Clean up garbage or debris on the property .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seal all holes and gaps if possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Health–Environment–Housing Referral Network







# Tulalip Tribes Asthma Home-Visiting Program

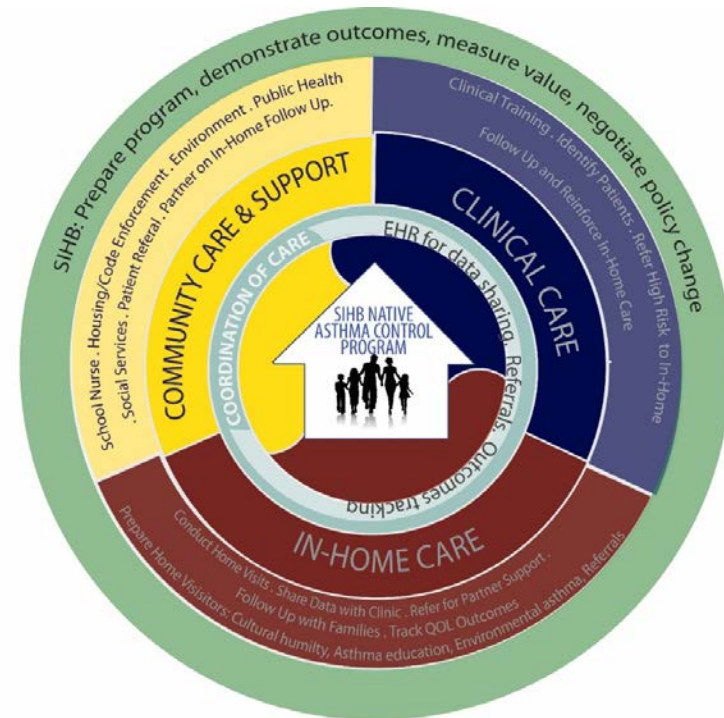


- Home assessments
- Mobile spirometry
- Self-reported health outcomes
- Patient education
- Basic remediation
- Cross-department collaboration



# 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



**King County**

*HealthierHere:*

**Accountable**

**Community of Health**

## **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.



# tig<sup>w</sup>icid. Thank You.

**Erin McTigue**, EPA Region 10 Tribal  
Indoor Air Program  
[mctigue.erin@epa.gov](mailto:mctigue.erin@epa.gov)

**Shawn Blackshear**, Indian Health  
Service  
[shawn.blackshear@ihs.gov](mailto:shawn.blackshear@ihs.gov)

**Matt Hayashi**, Headwater People  
[matt@headwaterpeople.com](mailto:matt@headwaterpeople.com)

**Meghan Jernigan**, Headwater People  
[meghan@headwaterpeople.com](mailto:meghan@headwaterpeople.com)

# Question & Answer Session on AsthmaCommunityNetwork.org Discussion Forum



**Immediately after the webinar, join us in the [AsthmaCommunityNetwork.org](https://AsthmaCommunityNetwork.org) Discussion Forum for a live online Q&A Session:**

**4:00 p.m. – 4:30 p.m. EDT**

To post a question in the **Discussion Forum**, follow these directions:

1. If you are a Network member, log in to your [AsthmaCommunityNetwork.org](https://AsthmaCommunityNetwork.org) account.

**Not a member?** Create an account at [AsthmaCommunityNetwork.org](https://AsthmaCommunityNetwork.org) by clicking the “**Join Now**” link at the left side of the page. Your account will be approved momentarily, and you can begin posting questions.

2. Click on the “**Discussion Forum**” button on the home page.
3. Click on the “**Live Online Q&A for 7/23/19 Webinar**” link.
4. Click on the “**Add New Forum Topic**” link to post your question.
5. Enter your question and click the “**Save**” button at the bottom of the page.