Asthma Advisory Group Meeting

Thursday, May 2, 2018, 9am-12pm

Cogswell Building, RM C205
Helena, MT

9:00 – 9:15 Welcome and Introductions

Attendees: BJ Biskupiak, Jessie Fernandes, Charlie Reed, Dorota Carpenedo, Carolyn Linden, Karyn Johnston, LeAnn Harrison, Cidnee Morrison, Marcy Ballman, Mary Pierce, Meg Traci, Mary Millin, Noonan Curtis, Robert Merchant, Ronni Flannery, Robert Merchant, Christopher Migliaccio, Gus Byrom

9:15-9:30 Asthma Program Updates

- 2019 Big Sky Pulmonary Conference & Plans for 2020
  - Quick overview of conference evaluation summary
    - Overwhelming positive response
    - Popular proposed topics for 2020
      - Lung Cancer & new advancements
      - Critical care, invasive ventilation
      - Chronic cough & vocal cord dysfunction
      - Smoking/Vaping
  - Next year's conference March 5-7, 2020 at Fairmont Hot Springs

- MAP Evaluation: Rural-Urban Differences in Outcomes of an Asthma Home Visiting Program
  - Charlie Reed shared evaluation results and how this information can help influence future programmatic work in MT.

  Results: Of 606 children enrolled, 219 (36%) had completed the program and 66 (30.1%) of these were living in rural counties. Children differed significantly between rural and urban county program completion (n=606, 39.4% vs. 48.1%) and minutes spent conducting 3/9-month visits (average, 18.7 vs. 36.1). On average, rural county participants had significantly greater improvements in ACT scores (mean difference, +1.79) and confidence in handling an attack (+0.81), but significantly smaller improvements in missed school days (-2.47) and caregiver missed work (-1.55) compared to urban county participants. Rural county (aOR=2.02, 95%:0.42-9.66) was not associated with asthma control in multivariate regression.

  Conclusion: Children from rural areas have worse asthma morbidity at baseline but greater potential for improvement. A 12-month asthma home visiting program is feasible and effectively improves asthma outcomes in rural and urban areas.

- MACP continues to pursue Medicaid reimbursement for asthma home visiting services

  In 2018, staff from the MACP and Medicaid began working together under the Centers for Disease Control and Prevention's 6|18 Initiative. The 6|18 Initiative targets six common and costly health conditions with 18 proven interventions. The Montana Medicaid/MACP team has chosen to expand access to asthma home visits and intensive self-management education by licensed professionals as the state's evidence-based 6|18 intervention.

- The MACP is recommending that Montana pursues:
    - Covering asthma education and a home environmental assessment for adults and children with uncontrolled asthma as a billable service to qualified providers, such as those already qualified to provide this service under the MACP, and
    - Pursuing 50% federal match through Medicaid administrative cost for publicly employed MAP staff working in county health departments to supplement state special revenue funding currently being used to support this service.

    - DPHHS Leadership will be meeting with Medicaid leadership on May 13th to review the proposal and discuss next steps.

9:30-10:00 Competitive 5-year CDC Asthma Grant

The MACP has received two previous 5-year asthma grants from the CDC and is currently in the 5th year of its second grant (2014-2019). Grants are distributed by the National Asthma Control Program.

- 25 entities will be awarded
- This Notice of Funding Opportunity (NOFO) is based on EXHALE (which is comprised of 6 evidence-based strategies selected for their potential of having the greatest collective impact on controlling asthma)
    - Education on self-management
    - Extinguishing smoking and 2nd hand smoke
    - Home visits for trigger education and ASME
    - Linkages and coordination of care across settings
    - Environmental policies or best practices to reduce asthma triggers from indoor and outdoor sources.

  Strategies will be conducted in unison to compliment and reinforce each other.

- Activities align with the CDC initiative, Controlling Childhood Asthma Reducing Emergencies (CCARE)
    - Modeled after Million Hearts Initiative

- The NOFO addresses Healthy People 2020 goals and proposed HP 2030 objectives in the focus area of respiratory diseases.
    - 4 Proposed objectives for Healthy People 2030
        - Reduce deaths among US population
        - Reduce ED visits for children with asthma under 5 years
        - Reduce ED visits for persons with asthma aged >5 years
        - Reduce asthma attacks among persons with current asthma
    - 3 Developmental objectives
        - Reduce hospitalizations for asthma among children under age 5 years
        - Reduce hospitalizations for asthma among children and adults aged 5 to 64 years
        - Reduce hospitalizations for asthma among adults aged 65 years and older

    - The NOFO also supports EPR-3 Guidelines from the National Asthma Education and Prevention Program, the Coordinated Federal Action Plan to Reduce Racial and Ethnic Asthma Disparities, the Guide to Community Preventive Services and the Institute of Medicine report on Primary Care and Public Health.

- Outcomes

    - Short Term (1-3 years)
        - Expanded capacity to deliver or refer people with asthma to asthma self-management education (AS-ME). Education may occur in a variety of settings (e.g., clinics, schools, pharmacies, communities) by a variety of providers (e.g., nurses, respiratory therapists, certified asthma educators, community health workers).

        - Expanded access, referral to and delivery of coordinated services in high burden areas. Coordination of services should involve multiple sectors (e.g., social services, housing, schools, employers, non-governmental organizations (NGOs)).

        - Improved systems that encourage team-based asthma care. Use of data (surveillance and evaluation) for program improvement. Surveillance data should be used for monitoring population trends in asthma morbidity, mortality, health care utilization and strategic decision making. Evaluation information should be used to improve the efficiency, effectiveness and sustainability of the asthma control program. For example, data can be used for expanding services to areas of high need; optimizing referrals and coordination of services; developing business cases using economic evaluation data to encourage enhanced coverage of health care.

    - Intermediate (4-5 years)
        - More people with asthma receive appropriate medical assessments, essential medications and devices.
        - Established linkages and coordination across public health and health care systems.

    - Long-Term (5+)
        - More people have well-controlled asthma, fewer asthma attacks, and fewer missed school or work days.
        - Fewer asthma-related emergency department visits, hospitalizations, and deaths.

    Combined, these outcomes are expected to contribute to the CCARE goal of preventing a half million asthma-related emergency department visits and hospitalizations among children over time.

- If awarded, the MACP would be required to create a new STRATEGIC PLAN within the first 18 months.
    - The MACP will be reaching out to MAAG members and other partners to assist with the development of the 5-year strategic plan and the 5-year strategic evaluation plan.

    There is also an emphasis on strategic communications efforts. We will be requesting input from partners as we update key communication documents and develop new material. Performance measure reporting and surveillance will not change significantly.

- MACP Activities that will Continue
    - MAP
    - Healthcare QI projects like DMA/AHEAD/ED Recognition
    - School Health Mini Grants
    - Surveillance reporting
    - School & Childcare Staff Training
    - Maintain the MAAG
    - Partnering with UM Skaggs School of Pharmacy to increase # of AE-Cs & support ASME provided by AE-C pharmacists.
    - Increase the number of AE-Cs in MT
    - Continue to work with MTUPP to promote Quitline and other cessation tools, especially among MAP participants
    - BSPC

- NEW Potential MACP Activities or Focus Areas
  - Promotion of the CONNECT bi-directional referral system to improve referral connection rate between medical providers and community organizations.
  - Partnering with UM Skaggs School of Pharmacy to increase the # of CPAs between physicians and pharmacies allowing pharmacists to distribute spacers more easily & possibly NRT as well.
  - Partner w/local health departments on social media campaigns supporting asthma management & indoor/outdoor triggers.
  - Continue to work make business case for the expansion of asthma home visiting services
  - Support EMTs addressing asthma in the home and promote further linkages.

10:00-10:30 Economic/Community Development & Public Health

Gus Byrom- Montana Department of Commerce
Outreach Coordinator Development Division
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- History of MT Department of Commerce's involvement in housing and economic/community development.
  - Housing Act- 1937
    - Catherine Bauer Wurster, a prominent public housing advocate, worked with Senator Robert Wagner to write and pass this act. Federal government became involved in public housing for the first time.
  - Housing Act- 1949
    - Under President Truman another Housing Act passed. Established goal by federal policy that every American is entitled to decent, safe, and sanitary housing.
  - Housing Act- 1974
    - Established Community Development Block Grant Program
      - States are allowed to disperse funding to communities under 50,000 in population
      - Montana receives $6-7 million annually from federal government
      - Grants are typically $400,000 - $450,000
      - Section 8 of the act established and reorganized rental assistance program.
        - 80% or less of area median income to qualify
        - Tenants pay no more than 30% of income & government makes up the remainder so that landlords receive full fair market value.
        - General National Standard is that no more than 30% of income should go to housing cost.
          - Research has shown that when families spend more than 30% of their income on housing they don't have money for other living expenses, including necessary medications.

    **Typically sponsored by non-profit organizations or Human Resource Development Councils.*
  - Home Program- 1992
    - Montana receives $2-3 million per year for direct construction of affordable housing units and first-time home buyer assistance.
      **Typically sponsored by non-profit organizations or Human Resource Development Councils*
  - Housing Trust Fund- 2016
    - Rental assistance for needy families
      **Typically sponsored by non-profit organizations or Human Resource Development Councils*

- US Treasury (Low Income Housing Tax Credit- 1986)
  - To support companies building low income housing units instead of increasing number of government-built housing units.
  - 9-10 developments done in Montana annually

- USDA Rural Development
  - Grant funds to help rehabilitate houses
  - Low interest loans for housing assistance

Housing Quality Standards are universal across all these programs. Rental units must be kept safe and healthy if landlords wish to participate.

- HUD Income Limits
  Determine HUD income limits by state and county.

- Economic Development (CDBG)
  - Gap financing to small business (job creators)
  - Ask every community to hold hearings to establish community development needs. Social service providers are invited
  - To support programs, **planning grants** are provided to communities ($400,000-$500,000 annually)
    - Up to $50,000 per community (local government) per year
      - Can be used to conduct studies of infrastructure, affordable housing, and/or economic development needs. Usually lead to construction grants.
    - More applications come in then there is funding for.

Other General Discussion
Project monitoring for compliance with ADA standards and other health considerations in homes built or sponsored by funding from DLI/USDA. Habitat for Humanity or other similar organizations could apply to the city for funding for retrofitting homes for accessibility. If homes are administered by housing authority or are under HUD, smoking is prohibited as of October 2018. Section 8 is administered by DLI Division of Housing. Division of Housing is responsible for housing quality inspections and can help renters hold landlords accountable. Division of Housing also contracts with Rocky Mountain Development Council to do section 8 inspections.

10:30-10:45 Low-Income Energy Assistance & Weatherization Services

Charlie Reed

Healthy (Green) Homes- Efficiently use resources, protect occupant health, and reduce waste.

- Healthy Housing and Asthma
  - Research not always congruent
  - Systematic review of 38 studies shows that evidence isn't standardized or rigorous enough to show causality.
  - Weatherization, heating, ventilation, mold remediation, and HEPA air purifiers are the most common steps taken to address asthma triggers
- LIEAP
  - Energy bill assistance (Oct-Apr)
    - Eligible if household income is <150% of poverty level (easily verified by participating in SNAP or other federal programs)
  - Emergency heating and repair to eligible individuals within 48 hours of losing heat
  - No funding limitations at this moment/able to meet all applicant needs
- Weatherization Program (Avg. $7,800/household)

- Funded by 3 sources (LIEAP, NW Energy, Department of Energy)
  - Distributed to 10 HRDCs in Montana for program implementation
- Reduce energy consumption which in turn leaves more money for food, medication costs, and other expenses.
- Sealing the home addresses insulation, air leaks, water leaks, poor ventilation, heating tune-ups/replacements (wood stove replacements).

Future discussions can explore how the MACP and our partners can work with energy assistance programs to include more information about asthma triggers and promote the Montana Asthma Home Visiting Program. Some cities have implemented "Healthy Home Evaluator" programs in which community health workers and energy assistance evaluators conduct assessments and provide education together. This is an interesting new concept that will be researched more over the next few years. Accessibility and FireWise home safety may be other opportunities to partner on home visiting.

10:45-11:00 Break

11:00-11:20 Montana Climate Assessment- Impacts on Lung Health

Robert Merchant, MD, FCCP (Chief Medical Officer - Hospital and Medical Director, Pulmonary Rehab, Sleep Center)

Christopher Migliaccio (University of Montana Research Assistant Professor)

- Montana Climate Assessment
  - Summarizes the significant changes in climate over prolonged periods of time
    - Since 1950, 2.7 degree increase in temperature
  - Report emphasizes the difference between weather and climate.
  - Montana is suffering more effects from temperature increase than the nation
  - Predictions:
    - 4.5-6 increase in temperatures in Montana by 2040-2060
  - Impacts on asthma
    - More exposure to allergens (due to 12 days longer growing season in past 2 decades)
    - Wildfire smoke
      - Longer dryer summers = longer wildfire season
      - Increasing # of fires
        - 1980s – 140 large fires (1,000+ acres)
        - 1990s- 160 large fires
        - 2000-2012- 250 larges fires
    - PM 2.5 causes asthma exacerbations. Preliminary research is showing link between exposure to wildfire smoke and the development of asthma.
  - Other Health Impacts
    - Increase risks of heart attacks and strokes

- Lung Function Decline Continued One Year After Rice Ridge Fire
  - Seeley lake exposed to high levels of smoke for almost 50 days
    - Inversions compounded effects and kept smoke in community longer
    - >200µ/m^3 PM 2.5 daily average
  - Study
    - 95 people enrolled in 2017 and most underwent spirometry
    - 29 underwent second round of spirometry in 2018
      - FEV1/FVC ratio indicated significantly decreased lung function
    - Average age of study population was 63

- Going back to follow this population
- Self-reporting of symptoms and treatment was added to questionnaire in second year, but there has not been any correlation to exposure.

- Most studies are retrospective, and this is one of the first studies to follow subjects over time. This is the first community exposure study of this type.

Discussion

Is the Smoke Sense App used widely and is it reliable? It tends to correlate well with what people are reporting and what air quality monitors are picking up. Disability and Health Program reviewing Smoke Sense App for accessibility.

Communities can target messaging through SMART 911 for individuals with chronic health conditions and individuals with disabilities? There's an opportunity to be more proactive and prepare individuals before peak season.

Should we be more aggressive in monitoring for asthma in people who are exposed to high levels of smoke. Can we do additional screenings for asthma?

Does a study like this mean we should increase out efforts around messaging for the general public and the risk of possible long-term damage? Need to be evidence based, but we may be able to improve messaging.

Are there special considerations for newborns or young children?
We know tobacco exposure in utero increases the propensity to develop asthma. We may be able to look at particulate data from "6 cities" studies. General air pollution research demonstrates lung function development is impacted by air pollution. UM researches are looking epidemiological data on birth outcomes, wildfires and respiratory health. More research being done on community resilience. Where should support interventions be targeted during wildfire events?

Have other similar studies across the country been conducted now that the wildfire season continues to lengthen and become more severe in some years?

11:20-11:50 Partner Updates

Disability and Health Program

1.5 day free Inclusive Fitness Training workshop on the UM campus on May 15-16th

The Inclusive Fitness Training workshop's primary target audience is personal trainers, fitness professionals, health educators, physical therapists, occupational therapists, and recreation therapists. 10 CE hours for eligible individuals and can provide letters for other organizations as needed. The ACSM/NCHPAD Certified Inclusive Fitness Training certification is evidence and practice based; the workshop is based off of that certification.

11:50-12:00 Next Meeting

August 8th
10AM-3PM
Location: Livingston Food Resource Center (Livingston, MT)