

EXECUTIVE SUMMARY

Sustainable Financing for Asthma Education and Home Environmental Trigger Remediation: Lessons Learned from the Field — NOVEMBER 2017



Asthma is a common chronic condition affecting over 25 million people across the country. Unfortunately, those suffering the greatest asthma burden—low-income communities and communities of color—often lack access to the very things that will help keep their asthma under control. Asthma education and home environmental trigger remediation are two of the four vital components of the national clinical guidelines for the management of asthma, and are proven to improve health outcomes and reduce healthcare utilization costs, typically in a very short amount of time. Still, access to these services—particularly for low-income and minority patients for whom the asthma burden is high—is far too inconsistent and limited.

With the overall goal of ensuring that children and adults have access to the asthma-related services and systems they need to be healthy, advocates have long recognized the need for sustainable financing for asthma education and home environmental trigger assessment and remediation. In recent years, the promise of transformations to the health care system, including a greater emphasis on prevention, has provided more concrete opportunities to implement the wide variety of financing mechanisms needed to both sustain existing programs and bring these types of programs to scale as they deliver a comprehensive range of asthma services.

Building on this promise, public health, community, and government leaders across the nation have been supporting policy and program efforts while sharing lessons learned. Given the innovative nature of these efforts, and the continuously evolving political and economic climate, it's important to ensure that the growing body of knowledge across the field is documented and shared. With that aim in mind, this document shares lessons learned from Regional Asthma Management & Prevention (RAMP) based on advocacy efforts in California and our connections with stakeholders in select states across the country. It is our hope that sharing lessons learned and insights will contribute to a roadmap for success and stimulate efforts in other states.

Definitions of services and providers

Of the services based on national guidelines for the management of asthma that could greatly benefit from increased and more sustainable sources of financing, this paper focuses on two:

Asthma education: Delivered by a variety of professionals in a variety of settings, asthma education includes information about: basic asthma facts; proper use of medications; self-management techniques and self-monitoring skills; and actions to mitigate or control environmental exposures that exacerbate symptoms.

Home environmental trigger assessments and remediation: A home environmental trigger assessment includes professional home visitors using a standardized checklist to identify environmental asthma triggers most commonly found in homes. The home visitors then use the results of the assessment to inform educational messages and, in some cases, to guide trigger remediation. Some environmental triggers can be reduced through behavioral changes, while some require minor to moderate environmental remediation.

Particularly for people with poorly controlled asthma, studies have proven these asthma services reduce emergency department visits and hospitalizations, improve asthma control, decrease the frequency of symptoms, decrease work and school absenteeism, and improve quality of life.

Providers: Published literature and program-level information about asthma interventions demonstrate that asthma services improve health outcomes and increase cost savings when conducted by a variety of professionals, including both licensed and non-licensed providers. Examples include, but are not limited to, community health workers (CHWs), promotoras, certified asthma educators, lay asthma educators, social workers, respiratory therapists, healthy homes specialists, and nurses. Given the evidence, we maintain that financing for asthma education, home assessments and environmental trigger remediation should extend to a range of qualified professionals, even if they are not included in a state's licensure system.

Using a racial equity lens to guide the work

While anyone can have asthma, there are significant racial and ethnic disparities in asthma prevalence, morbidity (such as emergency department visits and hospitalizations), and mortality. An overarching theme guiding all of RAMP's work is our commitment to focus on the social and environmental inequities that contribute to asthma disparities, including substandard housing, limited access to care, and high levels of outdoor air pollution. Of the many factors contributing to the disparate impact of asthma on communities of color, housing is particularly potent. A long history of racist policies and practices has contributed to a disproportionate number of people of color living in substandard housing conditions that can cause or exacerbate asthma.

Inequities in housing access and quality, along with other social determinants of health such as inequitable burden of air pollution, must be addressed through policy change. Simultaneously, some improvements can and should be made by increasing access to home-based services (such as asthma education and environmental remediation) for inequitably impacted communities. Targeting Medicaid is one avenue for better addressing the negative impacts of substandard housing on health, as reaching the Medicaid population translates into reaching the racial and ethnic groups facing asthma disparities.

As important as it is to increase access to housing-related services for communities of color, it's also critical to consider who should provide these services. Research has shown that cultural familiarity and rapport can be a key determinant of effective education. That cultural familiarity and rapport can often be readily established with Community Health Workers or *promotoras*. While RAMP's efforts to increase access to asthma services can involve an array of providers, CHWs can play a particularly useful role in tackling racial and ethnic asthma disparities.

Current efforts

In California, RAMP began exploring advocacy opportunities for sustainable financing for asthma services in 2014, and later released *A Path Forward: Sustainable Financing for Asthma Education and Home Environmental Trigger Remediation in California*, outlining recommendations for the California Medicaid program,

Medicaid managed care organizations, foundations, hospital community benefit programs, social impact investors and others. We released this policy brief in conjunction with a summit in Los Angeles focused on the range of options available to secure sustainable financing for in-home asthma care services within California. Organized by U.S. Department of Housing and Urban Development and Los Angeles-based Esperanza Community Housing in partnership with the U.S. Environmental Protection Agency (EPA), the Centers for Disease Control and Prevention and many local organizations, the summit led to the development of the California Asthma Financing Workgroup. CAF is comprised of stakeholders from diverse sectors, and provides a venue to identify and advance policy and program opportunities, build the capacity of asthma programs, and gather information critical to advancing in-home asthma services. Against this background of networking and resource-sharing, RAMP and other stakeholders have spearheaded a variety of policy changes focused primarily on California's Medicaid population.

Of course, the qualities and characteristics of California's efforts to increase the sustainability of key asthma services—in particular, the emphasis on collaboration, resource-sharing, policy changes and capacity building—are not unique to California. With a grant from the W.K. Kellogg Foundation, RAMP sought connections in the Foundation's four priority places: Mississippi, New Orleans/Louisiana,¹ Michigan and New Mexico. Given the progress we have made in California, we wanted to see whether we could share lessons learned with and/or provide technical assistance to people pursuing similar efforts elsewhere. At the same time, we wanted to learn from them and disseminate their progress and lessons to a wide audience. The full paper provides a snap shot of each state's efforts.

Lessons learned

Integrating asthma-related prevention into the health care financing system will greatly benefit people with asthma—particularly those with poorly controlled asthma. Yet, it's a relatively new approach so there's much to be learned from the advocates working toward this goal. Below are summaries of insights gained through the experiences of RAMP and our partners in California, as well as colleagues in other states.

The importance of identifying and pursuing multiple policies and funding streams simultaneously

The value of pursuing multiple policies and funding streams simultaneously can't be overstated. The reality of categorical funding and other expenditure restrictions means it will take multiple sources of funds to fully cover the cost of in-home asthma services. Additionally, with any type of policy change effort, the outcome is uncertain. Finally, the effectiveness of a policy change may diminish over time due to broader changes in the health care sector. Pursuing multiple policies and funding sources simultaneously may require more effort, but it also increases the likelihood of success and the robustness of the services that can be provided to patients who would benefit from them.

Balancing top-down and bottom-up approaches

Early in the process of deciding the best approach to achieve financial sustainability for asthma education and home environmental assessments and remediation in any location, stakeholders will likely need to answer the question of whether it's best to pursue a top-down approach (by advocating with state agencies), a bottom-up approach (by which we mean using local policy and program wins to build the case for eventual state level changes), or both simultaneously. The balance between top-down and bottom-up approaches will vary by state for a variety of reasons.

- **Political Factors:** Some states have a long history of health care reform efforts at both the state and local levels, some may stake out a much more limited leadership role and instead promote innovation at the local level, while others are somewhere in the middle. It's also important to consider not just the political orientation to state-level health care reform but the scale of that reform. In some states, the sheer number of policies and programs being pursued in the context of health care reform increases the chances that there would be ways to integrate asthma services and other innovative chronic disease management strategies. Even where other states are less active on the health care reform front, some kind of health care changes are likely afoot in reflection of sector-wide efforts to control costs, improve outcomes and provide better care.
- **State Financial and Structural Factors:** The financial situation of the state's Medicaid program matters: while ultimately saving money, systematically supporting

asthma education and home environmental remediation requires up-front costs that may be prohibitive. Stakeholder efforts to advance various asthma financing solutions may also be challenged by agency staff's limited bandwidth or need to prioritize other issues. The state Medicaid program structure matters too; even when there are staff in place, there may be organizational issues making it difficult to enact state-level approaches, as described in the full paper.

- **Assessing the Managed Care Landscape:** Finding the balance between a top-down and bottom-up approach should take into account not only state factors but more local ones as well, including the landscape of managed care organizations that make up more and more of the nation's Medicaid system, regardless of the state. A high population state with many different managed care organizations may suggest a state-level approach and vice versa. Understanding the variation in practices with one plan across different parts of the state is also useful. When approaching and building relationships with health plans, it is also essential to understand what motivates or otherwise incentivizes their decisions.

The importance of developing partnerships and networks, and the role of funding to support them

Although it takes time, there is a value in building partnerships and networks to support advocacy for sustainable financing, regardless of state or setting. We've noted three clear themes related to the value of partnerships, including the usefulness of partnership infrastructure, diverse perspectives and expertise, and funding.

- **Partnership Infrastructure:** Simply put, infrastructure to keep partners connected, communicating, and collaboration improves efforts to increase the sustainability of financing for asthma services. Such infrastructure is likely to be a combination of in-person meetings—from larger summits to more focused workshops and planning sessions—regular conference calls and email communications. Providing partnership infrastructure, regardless of its form or formality, requires one or more organizations to step into some kind of leadership role to get things started and keep things going.
- **Diverse Perspectives and Expertise:** There is value in bringing diverse members together. That value rests in

understanding complicated health care systems and what's important to different stakeholders. Partnerships also help broker connections with decision-makers in Medicaid agencies and elsewhere. As stakeholders advance policy change efforts, those diverse perspectives also ensure that changes are crafted in ways that meets the needs of those with poorly controlled asthma.

- **Funding to Support Partnerships:** Developing and maintaining diverse partnerships takes time and resources. In many cases, the National Asthma Control Program is one important source of support for advancing collaboration. The absence of NACP funding, however, doesn't mean that this type of work can't move forward. If other organizations can contribute leadership to the process, success is not solely dependent upon grant programs like the NACP. Nevertheless, it underscores that these processes take time and resources and benefit significantly from financial support.

Making complex technical information accessible to advocates

Changing policies and systems to increase the financial sustainability for asthma education and home environmental trigger remediation is a multi-step, multi-faceted process. Any one potential opportunity may represent a steep learning curve even for seasoned stakeholders. Multiple pathways with their own demands and timelines add to the complexity. Given this dynamic web, advocates need resources and partners who can translate complex program, technical and policy information to make it more accessible to the field.

Determining whether to use a broad or disease-specific approach to advocacy efforts

The various pathways and opportunities to increase the financing for asthma services aren't always or even typically asthma-specific. That is, many financing mechanisms can address a variety of chronic diseases or health conditions as well. As such, asthma advocates need to weigh the strategic and tactical value of taking a broad or an asthma-specific approach to advocacy efforts. A more comprehensive, inclusive approach may provide broader public health benefits as well as more political power assuming a wide range of partners are involved, while a narrower, asthma-centric approach may provide a more straightforward path for policy change.

Navigating challenges related to non-licensed professionals

Across states and health care reform efforts, a common goal among stakeholders is enhancing and expanding the role that non-licensed professionals (NLPs) play in delivering better, more efficient health care services. Even with substantial enthusiasm for NLPs, there are significant challenges associated with expanding their use. At the core of debate rests the issue of qualifications, including education and skill standards by which a segment of the workforce can be assessed for organizational and quality assurance purposes, as well as supervision and workforce availability. Stakeholders can take different approaches to these issues depending upon state and local priorities and conditions.

Conclusion

In reflecting on the experiences in California, New Mexico, Michigan, Mississippi and New Orleans, as well as what we've learned from national partners, it's clear that there's not a single, universally applicable solution to the challenge of sustainable financing for prevention-oriented asthma services. Yet, progress across the multiple sites has led to the emergence of common themes, which hopefully provide useful insights and guidance to other advocates across the country. While the array of opportunities and diversity of approaches—both in terms of underlying strategies and tactics—may feel dizzying, it does mean there's likely a door somewhere that may be relatively easy to open.

One thing that is very clear to us is that asthma is a great starting point for the work of linking clinical care with more upstream prevention efforts. Not only does asthma provide a prime example of health disparities, but the strength of evidence behind well-established asthma interventions means that advocates have a strong starting point. With the ultimate goal of reducing racial and ethnic health disparities, our hope is that asthma will pave the way for other public health issues. This is a new area of work—and one that's in flux as the nation's health care system is poised for additional changes—so we hope to learn more as we make further progress in California, and to learn more from others across the country engaged in similar efforts.

¹ The Foundation's priority place is New Orleans, but given the state-level nature of many of financing approaches, we also reached out to stakeholders working across the state.