Beyond Grants:

WORKSHOP SUMMARY FOR FINANCING IN-HOME ASTHMA CARE IN IMPERIAL COUNTY

August 2016

Cover Photo: Ashley Kissinger, Esperanza Community Housing, Lorene Alba, CA Department of Public Health, and Aide Munguia, Imperial Valley Child Asthma Program work on a conversation map

Report prepared by:
Environmental Finance Center West
Dominican University of California
www.efcwest.org
Contact:
Sarah M Diefendorf
sdief1@gmail.com

EFCWest
Environmental Finance Center West

BEYOND GRANTS: WORKSHOP SUMMARY FOR FINANCING IN-HOME ASTHMA CARE IN IMPERIAL COUNTY

INTRODUCTION

The Community Preventive Services Task Force "recommends the use of home-based, multi-trigger, multicomponent interventions with an environmental focus for children and adolescents with asthma on the basis of strong evidence of effectiveness in reducing symptom days, improving quality of life or symptom scores, and in reducing the number of school days missed." In addition, that Task Force states that: "the combination of minor to moderate environmental remediation with an educational component provides good value for the money invested based on improvement in symptom free days and savings from averted costs of asthma care and improvement in productivity."[1]

Figure 1: Workshop participants: Ashley Kissinger, Esperanza Community Housing, Leticia Ibarra, Clinicas de Salud del Pueblo, Esther Bejarano, Comité Civico del Valle & Collett Vasquez, San Diego State University

However, financing in-home asthma care is a challenge across the United States, as counties and cities labor to access a steady and sustainable source of funding. While some communities have been able to braid together multiple financing resources, including grants, taxes and in some cases, health plan provider reimbursements, most communities are struggling to fund in-home asthma care. Imperial County, California is

[1] Asthma Control: Home-Based Multi-Trigger, Multicomponent Environmental Interventions." *The Community Guide*. N.p., n.d. Web. 11 July 2016. http://thecommunityguide.org/asthma/rrchildren.html.

one such community where asthma rates are high, financial resources are few, and the environmental challenges are many.

In response, the U.S. Environmental Protection Agency (EPA) asked the Environmental Finance Center (EFCWest) to help asthma organizations in Imperial Valley develop long-term sustainable financing strategies, especially for in-home care organizations. EFCWest is a member of the Environmental Finance Center Network, which is comprised of university Centers throughout the United States. Housed in the Barowsky School of Business at Dominican University of California, EFCWest works to encourage industry to implement sustainable and financially sound business practices and to help communities and government promote sustainable approaches.

Working together under a cooperative agreement, EFCWest and EPA developed a strategy to conduct informal interviews and discussions with multiple stakeholders throughout Imperial County, the state of California and across the United States to assess the potential for financial sustainability. A list of interviewees is included in Appendix A. Interview participants included direct asthma service providers (e.g., the Imperial Valley Child Asthma Program), asthma technical support organizations and agencies (e.g., Imperial County Public Health Department), and asthma funders (e.g., Imperial County Children and Families First Commission). Subsequent to the informal interview process, on June 6th, 2016, EFCWest and EPA hosted *Beyond Grants: Imperial County Asthma Finance Workshop*.

This report is an overview of the workshop including objectives, summaries of presentations, an analysis of Imperial County financing strengths and weaknesses, and next steps.

WORKSHOP OVERVIEW

The June 6th workshop, provided an opportunity to bring multiple stakeholders together to explore the potential to access long-term sustainable asthma care funding. The goal of the workshop was to gain a better understanding of how critical stakeholders in Imperial County could work together to establish a long-term asthma financing strategy, especially for in-home care. The workshop began with the premise that reimbursement from health care plan providers is a potential and best opportunity for sustainable funding. The objectives of the workshop were three-fold:

1. Develop an analysis that identified critical strengths and weaknesses in existing services,
2. Prioritize financing gaps based on need and existing and future resources, and
3. Identify next steps.

Stakeholders who attended represented Imperial County and non-Imperial County asthma-focused nonprofits and health care professionals, county and city officials, county, state and federal agencies, a health plan provider and an academic institution. The attendees were as follows:

- Lorene Alba, California Department of Public Health
- Esther Bejarano, Comité Civico del Valle
- Joel Ervice, Regional Asthma Management and Prevention (RAMP)
- Helina Hoyt, San Diego State University, Imperial Valley Campus
- Leticia Ibarra, Clinicas de Salud del Pueblo
- Ashley Kissinger, Esperanza Community Housing
- Kathleen Lang, CA Health and Wellness
- Aide Munguia, Imperial Valley Child Asthma Program
- Luis Olmedo, Comité Civico del Valle
- Christina Olson, Imperial County Public Health Department
- Priyanka Pathak, United States Environmental Protection Agency
- Brad Poirez, Imperial County Air Pollution Control District
- Collett Vasquez, San Diego State University, Imperial Valley Campus
- Cheryl Viegas-Walker, City of El Centro

The workshop began with an overview of EFCWest research results and analysis of financing in-home asthma care in California and the US. This was followed by three morning presentations:

1. Current Asthma Activities in Imperial County,
2. Community Health and Asthma, and
3. HEDIS, Health Plan Benefits and ROI.

The day concluded with afternoon activities, which encompassed development, analysis and prioritization of Imperial Valley strengths and weaknesses, and next steps. A more detailed discussion of the workshop is included below.

EFCWest would also like to extend a special thank you to California Health and Wellness and Dr. Kathleen Lang for providing lunch for all participants.

BEYOND GRANTS: IMPERIAL COUNTY ASTHMA FINANCE WORKSHOP

The Imperial County Asthma Financing Workshop was held in El Centro California at the Imperial County CalWorks Offcies from 9am to 5pm on June 6th, 2016. The Workshop was broken into two segments with presentations in the morning and group work in the afternoon. An overview of the day is presented below. The powerpoint presentations from each presenter is included in the Appendix B.

MORNING PRESENTATIONS

INTRODUCTION: EFCWEST, SARAH DIEFENDORF & ELAINE MCCARTY

EFCWest kicked off the workshop with an overview of research completed to date, including a discussion of three other programs across the country:

- Asthma Network of West Michigan,
- Montana Asthma Control Program, and
- Alameda County Public Health Department.

Asthma Network of West Michigan

This program started in 1994 as an informal coalition. Shortly after obtaining 501C3 nonprofit status in 1997, they obtained their first contract with the insurer, Priority Health, and are now contracted with four managed Medicaid plans and one private insurer to reimburse for in-home services. The in-home care providers are Certificated Asthma Educators, who must have 1,000 hours of experience to apply to the National Asthma Educator Certification Board (NAECB) and then must pass the exam. Clinical Social Workers, Registered Nurses, and other health professionals can apply to take the exam.

The program combines case management and asthma education. Each client, receives 6-12 visits by clinicians who focus on the following:

- Use of Asthma Action Plans,
- Reduction of triggers,
- Proper medication use,
- Recognizing signs of oncoming attack, and

- Reducing number and severity of attacks.

In 2008, the Asthma Network conducted its first pilot in collaboration with clinicians and private practices to receive access to clinics and private practices and medical information. This pilot was the first time community health workers were used.

Montana Asthma Control Program

The Montana Asthma Control Program (MACP) started with a local health department's investigation of home services, and subsequent establishment of the Asthma Home Visiting Project in 2010. The program has expanded to eight public health agencies from which in-home visits in local communities are conducted. The audience is primarily children up to 17 years old, although at-risk adults are also accepted. The program provides six visits over one year by public health nurses who are also certified nurse educators. This program has the same focus as Asthma Network of West Michigan, with emphasis on assessing the degree of asthma control, addressing asthma triggers in the home, and ensuring an asthma action plan is followed and medications/inhalers are used properly.

The MACP is grant funded, although they do sometimes bill and receive reimbursement for generic home visits for high-risk children and pregnant women; however, these home visits for asthma do not qualify for targeted case management.

Alameda County Asthma Start Program

Started by the Alameda County Department of Public Health in 2001, this program provides 2-3 visits over six months for children up to 18 years. The program offers similar in-homes services as described for the Asthma Network of West Michigan. The primary distinction with this program is that the clinicians providing the in-home services are all licensed social workers.

The Start program uses multiple funding sources to achieve its goals, with the Alameda Alliance for Health leading the funding through administrative line items (rather than reimbursement). Other funding comes from federal, state and county grants.

The two greatest differentiators between these programs are how they are funded and who conducts the in-home visits. Another important variable is the geography, which ranged from urban to suburban to rural. While the three programs presented are different, they share the following:

- Similar in-home services to asthma patients
- Engaged multiple community partners
- Emphasized data collection and specific health outcomes and focused on standards of care that were replicable and quantifiable.

EFCWest closed their presentation with a summary of initial findings on community strengths and weakness and key challenges.

CURRENT ACTIVITIES IN IMPERIAL COUNTY: IMPERIAL COUNTY PUBLIC HEALTH DEPARTMENT, CHRISTINA OLSON

Christina Olsen followed EFCWest with a discussion of current activities in the county and her presentation touched on five main topics:

1. Catalysts for collaboration,
2. County stakeholder groups,
3. Community Health Assessment-Community Improvement Plan (CHA-CHIP),
4. Accountable Communities for Health, and
5. Asthma grant funding.

Catalysts for collaboration: This topic covered current issues in Imperial County driving diverse stakeholders to work together including the entrance of Medi-Cal and managed care in 2014 and the environmental and health hazards of the shrinking Salton Sea. As the Salton Sea desiccates, the previously submerged sea sediments are expected to aerosolize, increasing particulate matter in the air while possibly exposing residents to hazardous chemicals such as DDT, chromium, zinc and lead.

County stakeholder groups: Stakeholder groups engaged in county health include the Local Health Authority Commission, which enlists health care workers, agencies and hospitals, social services, Imperial County and the general public. The Community Health Improvement Planning Partnership has engaged over 30 partners from the environmental justice community, universities, cities, hospitals and clinics, health plan providers, federal, county and local agencies and other nonprofits focused on health.

Community Health Assessment-Community Improvement Plan (CHA-CHIP): The CHA-CHIP maintains three priority areas: 1) Healthy Eating and Active Living, 2) Community

Prevention Linked with Quality Healthcare and 3) Healthy and Safe Communities and Living Engagement. Under priorities two and three, optimal asthma detection, management and education, and engagement in improving air quality are specific goals.

Accountable Communities for Health (ACH): The ACH is a multi-payer, multi-sector alliance of major health care systems, providers and health plans, along with public health agencies, key community and social services organizations, schools, and other partners serving Imperial County. The goals are to improve county-wide health, reduce disparities, control costs and develop financial mechanisms to sustain ACH. Asthma control, treatment and care is a major part of the ACH.

Asthma grant funding: The presentation concluded with an overview of the Imperial County Asthma Community Linkages Project which is a $1.5 million, Imperial Department of Public Health funded three-year grant investment in asthma. Two to three grants will be awarded per year for a total amount of $500,000 with a maximum single grant award of $250,000 per fiscal year.

In her workshop presentation, Christina announced that the Imperial County DPH had applied for a grant with the California Accountable Communities for Health Initiative. Since the workshop, they were notified that they will receive up to $850,000 over three years for to address health issues related to asthma.

COMMUNITY HEALTH AND ASTHMA: SAN DIEGO STATE UNIVERSITY-IMPERIAL VALLEY, HELENA HOYT

SAN DIEGO STATE UNIVERSITY
Imperial Valley Campus

Helina Hoyt, registered nurse from San Diego State University and member of the Imperial Valley Local Health Authority Commission, initiated the presentation with the Affordable Care ACT (ACA) and the impact it is having on the ability of the health care system to deliver care. She than transitioned to the three pillars of Triple Aim: 1) population health, 2) per capita cost and 3) experience of care. Of these pillars, the role of improved outcomes for population health is the most important metric for asthma.

According to the presentation, to better understand and demonstrate improved outcomes, population health programs must adopt a strategic mandate to collect, analyze and improve their data collection, and all providers in the system must become active participants the process. While many challenges to a public health management model exist, the social factors are getting more attention. The social determinants of health, including employment, income, family and social support and community safety,

have historically been overlooked and are now receiving greater attention under health care reform. Public health systems and caregivers increasingly recognize the need for a model that considers whole person well-being.

Communities throughout the country are re-evaluating their practices as the US transitions from a chronic care model to a community health and well-being model. Asthma community health workers throughout the country are addressing individual and community well-being in a unique way that is tailored to their community, and they are contributing to increased health literacy. All of the above point to in-home care as a critical element to improving literacy and overall health. However, understanding of that Health Plans are focused on quality of care and return on investment (ROI) are essential for community health worker success. All care givers will have to understand how to track and report on both.

HEDIS, HEALTH PLAN BENEFITS AND ROI: CALIFORNIA HEALTH AND WELLNESS, DR. KATHLEEN LANG

This presentation began with a discussion of standardized performance measurement for health plan providers. The National Committee of Quality Assurance (NCQA) is a 501C3 whose mission is to improve the quality of healthcare. It is considered a symbol of quality and offers rigorous standards for measuring, analyzing, improving and repeating quality in health care systems and delivery. The Healthcare Effectiveness Data and Information Set (HEDIS) is used as a core measurement tool by consumers, regulators and insurance plans to compare health plan performance. Ensuring that all entities are measuring the same metric in the same way is a critical. Over 90% of health care plans incorporate HEDIS into their program measurement and assessment.

HEDIS ensures that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. Following and maintaining HEDIS standards requires extensive data collection, surveys and audited reporting to NCQA for vendor certifications. The surveys are used to establish benchmarks and thresholds ensuring an “apples to apples” comparison, and providing a system for scoring health plans.”[2] Thresholds and benchmarks are reviewed annually.

In addition to HEDIS, Medi-Cal performance measurements also pertain to asthma, specifically in the areas of medication management and causes for readmission.

---

[2] About NCQA: National Committee for Quality Assurance" *Health Plan Report Card*. N.p., n.d. Web. 11 July 2016. http://www.ncqa.org/about-ncqa

According to NCAQ: Managing asthma with appropriate medications could save the U.S. billions of dollars in medical costs. Appropriate medication management for patients with asthma could reduce the need for rescue medication – as well as the costs associated with ER visits, inpatient admissions and missed days of work or school

Through its Centene brand, California Health and Wellness offers a wide range of services for its members, including: 24/7 nurse line (with Spanish interpreters), pharmacy management through US Script, and non-emergency transportation management through Logisticare. CA Health and Wellness also offers case management and care coordination with registered nurses that help with medication compliance and appropriate emergency room utilization. In 2014 and 2015, CA Health and Wellness provided more than $400,000 in incentive programming to contracted providers to address specific HEDIS measures, including asthma. The 2016 incentive program is coming soon, as CA Health and Wellness provides $1M to the Imperial County Local Health Authority for asthma treatment and prevention. This funding offers a new and substantial opportunity for providers in Imperial County.

ROI and quality improvement is an inescapable reality of health care reform. As with health plans throughout the country, CA Health and Wellness is committed to (and must demonstrate) improved health outcomes for a healthier Imperial County, higher NCQA quality scores and cost savings.

AFTERNOON ACTIVITIES

CONVERSATION MAPPING OVERVIEW

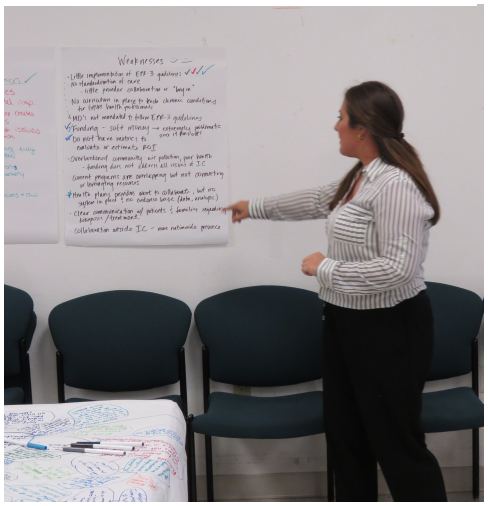
Following lunch, the participants were introduced to the conversation mapping tool. Conversation mapping is a simple tool that quickly gathers comments and ideas, identifies barriers and unspoken concerns, highlights synergies and new ways of approaching challenges while making unintended consequence visible. This tool helps break through hierarchies that can prevent the free flow of information and ideas in groups of any size within a community. Participants work silently by writing their thoughts, concerns, questions and debates concerning a “trigger” word or concept in the middle of the map.

CONVERSATION MAPPING TRIGGERS

Based on the morning presentations on various standards and requirements (e.g., HEDIS, Triple Aim, etc.), and prior research and interviews, it became clear that in-home asthma care reimbursed by health plan providers is a potential sustainable funding source for Imperial County community health care organizations. Because health plan providers need to demonstrate medication management while reducing emergency room visits and readmissions for asthma, in-home care becomes an increasingly critical approach to treatment. As a result, a unique door has opened to organizations that employ CHWs and promotores de salud (promotores) in Imperial County.[3] At the same time, new rigor will be required on all sides of the issue in order to satisfy the needs of the plan providers.

To begin the discussion concerning the implementation of reimbursements for Imperial County CHWs, two conversation maps were prepared. In the first Map, the central trigger was "Imperial County Strengths" and in the second, the trigger was "Imperial County Weaknesses. The participants were reminded that the context for the exercise was financing asthma care.

Figure 2: Ashley Kissinger, Esperanza Community Housing, presenting synthesis of conversation maps



CONVERSATION MAP SYNTHESIS

Following the mapping exercise, participants studied and synthesized their maps to determine the main themes and insights.

[3] Promotores de Salud/Community Health Workers (CHWs) are volunteer community members and paid frontline public health workers who are trusted members of and/or have an unusually close understanding of the community served. Promotores de Salud/Community Health Workers (CHWs) generally share the ethnicity, language, socioeconomic status, and life experiences of the community members they serve. California Association of Community Health Workers. N.p., 2014. Web. 11 July 2016. http://www.cachw.org/definitions/

Participants then identified the top priorities to be addressed as presented in the tables below.

The entire text of the strengths and weaknesses conversation maps is included in Appendix C.

WEAKNESSES IN IMPERIAL COUNTY
Top Priorities
Is there local evidence (i.e. data) that CHWs, as part of an integrated asthma care team, work for the needs of health plans with regard to quality of care? It is unclear if CHWs are providing appropriate and adequate in-home care and support.
Do CHWs provide a return on investment and reduction in costs for health plans? What are the data collection needs, approaches and metrics to prove viability of in-home programs? Although there is national data to show the merits of in-home care, there are few Imperial County metrics.
Barriers to collaboration prevent stronger community engagement including: distance, past experiences, poverty, lack of professional development opportunities, politics, cultural competency, competing cliques, trust issues, and competition.
Other Critical Issues
Collaboration (on asthma) with Imperial County Office of Education (ICOE) is inconsistent.
Everyone is competing for and chasing funding to keep their organizations from closing their doors. There is not enough grant funding for everyone and organizations are not working together or leveraging their assets.
There is a lack of professional training for CHWs and no standardization of care. This means health plan providers are unsure if Imperial County CHWs can fill their needs.
There is a lack of academic rigor and peer reviewed publications that document success and ROI in Imperial County.
Imperial County is a health professional shortage and medically underserved area, which makes it more difficult to provide adequate asthma care and management.
There is little implementation of Guidelines for the Diagnosis and Management of Asthma (EPR-3 Guidelines). MDs are not mandated to follow the Guidelines.
Imperial is an overburdened community which includes pollution and overall poor health. Available funding does not address all issues in the County.
There needs to be more resource sharing: EPA conflict resolution resources, California Department of Public Health (CDPH) professional education for clinicians and CHWs, etc.

STRENGTHS IN IMPERIAL COUNTY
Priorities
There is an active and collaborative engagement in Imperial County among nonprofits, health care facilities, public agencies and other concerned stakeholders. This allows for greater funding opportunities and a whole-community approach to the issue.
There is a deep sense of shared purpose in the county to address asthma. It is a prioritized health issue, which means focus and determination to find solutions.
Over $1 million has been contributed to a county-wide Wellness Fund. The Fund will emphasize asthma treatment and management in Imperial.
Other Considerations
There is a strong focus within the county to address the whole person and social determinants of health. In-home asthma education is part of that effort.
While the community is engaged on the asthma issue, there are some feelings of exclusion; that not all organizations have equal access to the process. It was hoped that the Workshop process would bring this issue to light.
Imperial County has extensive experience in asthma and environmental health.
There is strong leadership and a multi-stakeholder structure in process including the Local Health Authority Commission (LCA) and the Community Health Assessment and Community Health Improvement Partnership (CHA-CHIP).
Networking within the community is strong, which creates a committed and engaged community. The community is tight-knit.
While some organizations and stakeholders feel left out, improving communication and engagement continues to be a priority at all levels.
Because Imperial County is small and rural, there is an opportunity to develop a unique Imperial asthma model that could be replicated in other non-urban centers throughout the United States.

FINAL BRAINSTORM

Following conversation mapping, attendees worked together to brainstorm priorities and discuss next steps. Initial discussion centered around quality of care at which point Lorene Alba from the California Department of Public Health informed the group that much needed asthma care curriculum and materials were available through the CDPH and that they are looking for asthma trainers. To help augment and standardize asthma in-home services, the Department of Public Health provides:

Figure 3: Lorene Alba, CA Department of Public Health sharing information and ideas during brainstorming

- Certificate training for core competencies (free),
- Three regional training centers,
- Curriculum development,
- Asthma community health worker standards, and
- Bilingual (Spanish and English) materials.

Other conversations focused on the lack of local data and the need for academic publications to document CHW and promotores de salud success. Some of the barriers included the likelihood that patients visit different hospitals and therefore make it more difficult to track emergency room and hospital visits. It was also noted that hospitals and clinics do not standardize their data collection which makes it more difficult to share and document critical information.

Participants also discussed the need for better education and communication surrounding environmental triggers and emphasized the coming danger from the evaporation of the Salton Sea. In addition, as climate change brings higher temperatures and dryer weather to the Imperial Valley, attendees anticipated a higher asthma burden on the community. The concern over environmental triggers led to a lengthy discussion on engaging area schools and the need for school staff, teacher and nurse training so there is a better understanding of asthma management. Participants agreed to coordinate on outreach to the schools.

CONCLUSIONS AND NEXT STEPS

CONCLUSIONS

Figure 4: Aide Munguia, Imperial Valley Child Asthma Program, participating in the brainstorming session

The Imperial County Asthma Financing Workshop provided a day for diverse stakeholders to work together on an issue that has challenged health care providers across the United States. For CHW- and promotor-based organizations, sustainable in-home asthma care financing has been illusive and complex, often requiring significant time and capacity devoted to cultivating multiple funding sources rather than responding to the health care needs of their communities. Aide Munguia

Due to the introduction of the Affordable Care Act and

the adoption of quality measures such as Triple Aim and HEDIS, health care plans are equally challenged to offer an improved community health model that provides significant patient care and monitoring beyond the traditional approaches. As a result, CHWs, promotores and health plan providers need each other to provide sustainable asthma care that includes medication management, reduced emergency room visits, cost reduction and improved quality of health.

However, as the workshop demonstrated, the path to sustainability in Imperial County through reimbursement strategies is complex and not always clear. Initial research and interviews as well as the Workshop and a lengthy discussion of weaknesses made it clear that there are three critical barriers facing Imperial County stakeholders: 1) lack of data, 2) ROI and 3) quality of care.

Lack of Data Required by Health Plans: Health plan providers must be able to obtain critical and consistent patient data, from across the healthcare spectrum to demonstrate that they are complying with NCQA and other healthcare standards. In Imperial County, much of this data is either not currently collected, or collected in inconsistent formats by CHWs, hospitals and clinics. There is a need to develop a county-wide data collection infrastructure so that all providers can understand if and how modern standards and requirements are being met. Moreover, providers historically require evidence that a certain practice or intervention provides results in their specific geographic region – data from other communities is not recognized.

ROI: Health plan providers must show that they are making efforts to reduce costs and improve their ROI. While there is national and statewide research that offers evidence on cost savings through in-home asthma support and education, there is no localized research providing the same conclusion. In order for reimbursement to become an option, ROI at a local, Imperial County level must be determined and documented.

Quality of Care: As the conversation map on weaknesses demonstrated, there is concern over the quality and standardization of in-home care provided by CHWs and promotores. Health plan providers need to understand exactly what information is provided to patients and that no lines are crossed between environmental and medical education. In response, ongoing standardized training for all in-home asthma workers should be provided. One immediate remedy may be found in the asthma certificate courses currently offered by CDPH. However, it is not clear if CDPH coordinated their curriculum with the health plan providers who will need assurances that any in-home training complies with the national and statewide standards that oversee and rank patient care.

NEXT STEPS

The Imperial County Asthma Financing Workshop was an important step towards identifying strengths and weakness and bringing critical stakeholder to the table. The greatest strength within the County is clearly a committed and engaged community that is dedicated to addressing the impact treatment of asthma.

Moving forward, the immediate next steps will be to further explore asthma financing in those communities that have already been identified as successful in accessing reimbursements. There needs to be a better understanding of what and how data should be collected and what assurances health plan providers need in order to work with CHWs and promotores. In addition, further analysis will look at how cost reduction and ROI has been demonstrated and achieved at the community level.

This additional research will be undertaken during the months of July and August 2016 with the intent of reporting back to Imperial County stakeholders in Fall 2016 to provide a roadmap to the County on pursuing reimbursements as a viable strategy towards sustainable asthma financing.

APPENDICES

APPENDIX A: INTERVIEW LIST

IMPERIAL COUNTY ASTHMA FINANCING INTERVIEWEE LIST		
ORGANIZATION	NAME	TITLE
Alameda County Public Health Department	Brenda Yamashita	Program Director
Alliance Healthcare Foundation	Nancy Sasaki	Executive Director
Alliance Healthcare Foundation	Michele Silverthorn	Program Officer
Asthma Network of West Michigan	Karen Meyerson	Manager
Border Philanthropy Partnership	Andy Cary	Executive Director
California Health and Wellness	Kathleen Lang	Vice President Operations, Imperial County
California Department of Public Health (CDPH)	Judith Balmin	Health Program Specialist, California Breathing
California Department of Public Health (CDPH)	Lori Copan	Health Educator, Environmental Health Investigation Branch
Central California Asthma Collaborative	Kevin Hamilton	Executive Director
Clínicas de Salud del Pueblo	Dr. Afshan Nuri Baig	Chief Medical Officer
Clínicas de Salud del Pueblo	Leticia Ibarra	Director of Programs
Comité Cívico del Valle	Luis Olmedo	Executive Director
Esperanza Community Housing	Ashley Kissinger	Project Manager
Flathead County Health Department	Dr. Hillary Hanson	Deputy Health Officer
Health and Human Services	Dr. Betsy Thompson	Acting Region Health Administrator
US Department of Housing and Urban Development	Karen Griego	Healthy Homes Representative
Impact Assessment, Inc. & California Department of Public Health	Deanna Rossi	CA Breathing Contractor
Imperial County Air Pollution Control	Brad Poirez	Air Pollution Control Officer

IMPERIAL COUNTY ASTHMA FINANCING INTERVIEWEE LIST		
ORGANIZATION	NAME	TITLE
District		
Imperial County Children and Families First Commission	Julio C. Rodriguez	Executive Director
Imperial County Public Health Department	Janette Angulo	Deputy Director, Community Health
Imperial County Public Health Department	Amy Binggeli-Vallarta	Planning and Evaluation Specialist
Imperial County Public Health Department	Robin Hodgkin	Department Director
Imperial Valley Child Asthma Program	Aide Munguia	Director
Imperial Valley Community Foundation	Bobby Brock	President and CEO
New England Asthma Innovation Collaborative	Stacey Chacker	Director, Asthma Regional Council at Health Resources in Action
Pioneers Memorial Hospital	Robyn Atadero	Chief Nursing Officer
Regional Asthma Management and Prevention (RAMP)	Anne Kelsey Lamb	Director
Regional Asthma Management and Prevention (RAMP)	Joel Ervice	Associate Director
San Diego State University	Nadia Campbell	Research Manager, Imperial County Asthma CER Project (RESPIRA)
San Diego State University, Imperial Valley Campus	Helina Hoyt	Nursing Coordinator
US EPA Border Environmental Health Initiative	Jeremy Bauer	Regional Coordinator
US EPA Asthma Initiative	Melanie Hudson	Contractor
US EPA Region 10	Erin McTigue	Tribal Air Quality Specialist
Washington State Asthma Initiative	Gillian Gawne-Mittelstaedt	Executive Director, Partnership for Air Matters

Current Asthma Activities in Imperial County

June 6, 2016

Imperial County Asthma Financing Workshop

Agenda Overview

1. Catalysts for Collaboration
2. County Stakeholder Groups
3. Community Health Assessment-Community Health Improvement Plan (CHA-CHIP)
4. Accountable Communities for Health Model
5. Asthma Grant Funding

1

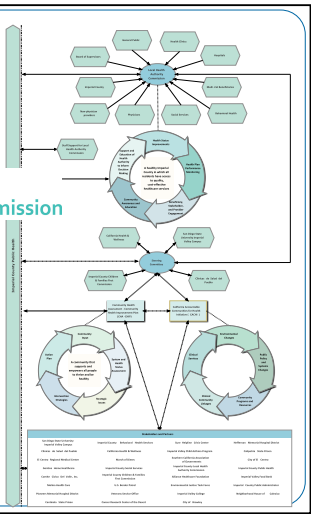
Catalysts for Collaboration

- Entrance of Medi-Cal Managed Care in 2014

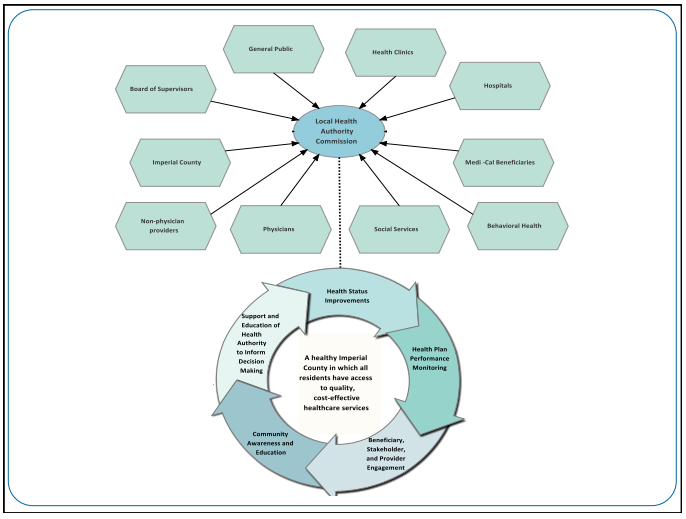
- Shrinking Salton Sea

County Stakeholder Groups

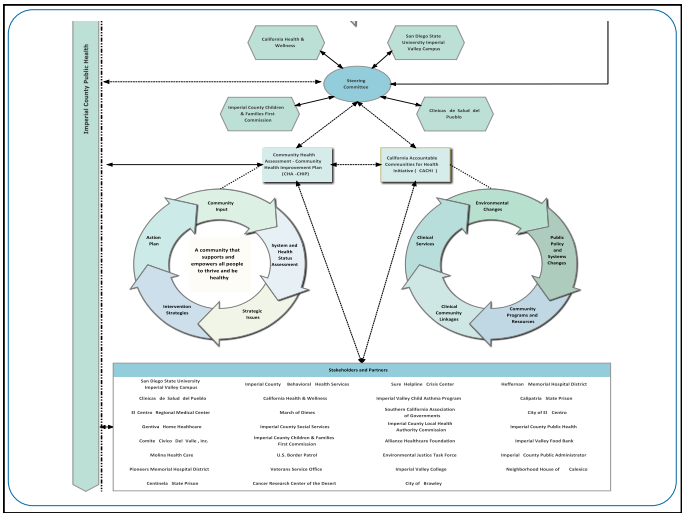
- IMPERIAL COUNTY Local Health Authority Commission
- Community Health Improvement Planning Partnership
- Steering Committee

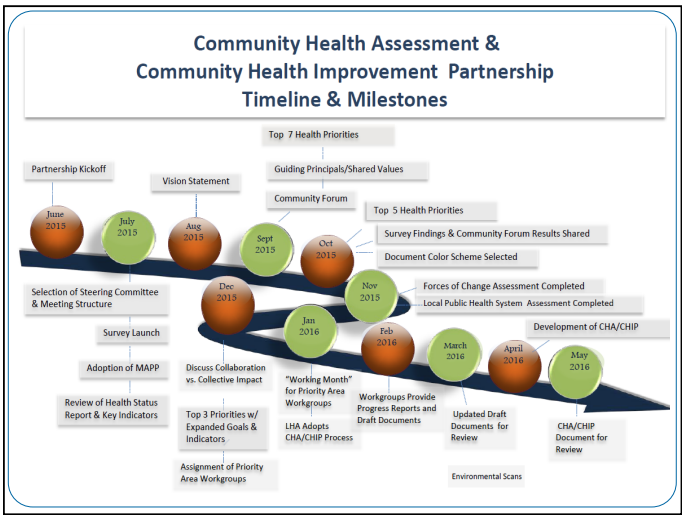


2



Stakeholders and Partners			
San Diego State University Imperial Valley Campus	Imperial County Behavioral Health Services	Sure Helpline Crisis Center	Heffernan Memorial Hospital District
Clinicas de Salud del Pueblo	California Health & Wellness	Imperial Valley Child Asthma Program	Calipatria State Prison
El Centro Regional Medical Center	March of Dimes	Southern California Association of Governments	City of El Centro
Gentiva Home Healthcare	Imperial County Social Services	Imperial County Local Health Authority Commission	Imperial County Public Health
Comite Civico Del Valle , Inc.	Imperial County Children & Families First Commission	Alliance Healthcare Foundation	Imperial Valley Food Bank
Molina Health Care	U.S. Border Patrol	Environmental Justice Task Force	Imperial County Public Administrator
Pioneers Memorial Hospital District	Veterans Service Office	Imperial Valley College	Neighborhood House of Calexico
Centinela State Prison	Cancer Research Center of the Desert	City of Brawley	


Imperial County Public Health
California Health & Wellness
San Diego State University Imperial Valley Campus
Steering Committee
Imperial County Children & Families First Commission
Clinicas de Salud del Pueblo
Community Health Assessment - Community Health Improvement Plan (CHA - CHIP)
California Accountable Communities for Health Initiative (CACHI)
Community Input
System and Health Status Assessment
Strategic Issues
Intervention Strategies
Action Plan
A community that supports and empowers all people to thrive and be healthy
Environmental Changes
Public Policy and Systems Changes
Community Programs and Resources
Clinical Community Linkages
Clinical Services
Stakeholders and Partners
San Diego State University Imperial Valley Campus
Imperial County Behavioral Health Services
Sure Helpline Crisis Center
Heffernan Memorial Hospital District
Clinicas de Salud del Pueblo
California Health & Wellness
Imperial Valley Child Asthma Program
Calipatria State Prison
El Centro Regional Medical Center
March of Dimes
Southern California Association of Governments
City of El Centro
Gentiva Home Healthcare
Imperial County Social Services
Imperial County Local Health Authority Commission
Imperial County Public Health
Comite Civico Del Valle , Inc.
Imperial County Children & Families First Commission
Alliance Healthcare Foundation
Imperial Valley Food Bank
Molina Health Care
U.S. Border Patrol
Environmental Justice Task Force
Imperial County Public Administrator
Pioneers Memorial Hospital District
Veterans Service Office
Imperial Valley College
Neighborhood House of Calexico
Centinela State Prison
Cancer Research Center of the Desert
City of Brawley


Community Health Assessment &
Community Health Improvement Partnership
Timeline & Milestones
Top 7 Health Priorities
Partnership Kickoff
Vision Statement
Guiding Principals/Shared Values
Community Forum
Top 5 Health Priorities
Survey Findings & Community Forum Results Shared
Document Color Scheme Selected
Forces of Change Assessment Completed
Local Public Health System Assessment Completed
Development of CHA/CHIP
June 2015
July 2015
Aug 2015
Sept 2015
Oct 2015
Nov 2015
Dec 2015
Jan 2016
Feb 2016
March 2016
April 2016
May 2016
Selection of Steering Committee & Meeting Structure
Survey Launch
Adoption of MAPP
Review of Health Status Report & Key Indicators
Discuss Collaboration vs. Collective Impact
Top 3 Priorities w/ Expanded Goals & Indicators
Assignment of Priority Area Workgroups
"Working Month" for Priority Area Workgroups
LHA Adopts CHA/CHIP Process
Workgroups Provide Progress Reports and Draft Documents
Updated Draft Documents for Review
Environmental Scans
CHA/CHIP Document for Review

Priority Areas and Goals

- Health Eating, Active Living
  - Consumption of affordable, accessible, and nutritious foods
  - Engagement in affordable and safe opportunities for physical activity
  - Achieve and maintain healthy weight
- Community Prevention Linked with Quality Healthcare
  - Optimal asthma detection, management, and education
  - Optimal reproductive health
  - Optimal diabetes detection, management, and education
- Healthy and Safe Communities and Living Environment
  - Engagement in improving air quality
  - Integration of efforts to prevent drug use
  - Mobilize community efforts to support and link seniors and caregivers across systems

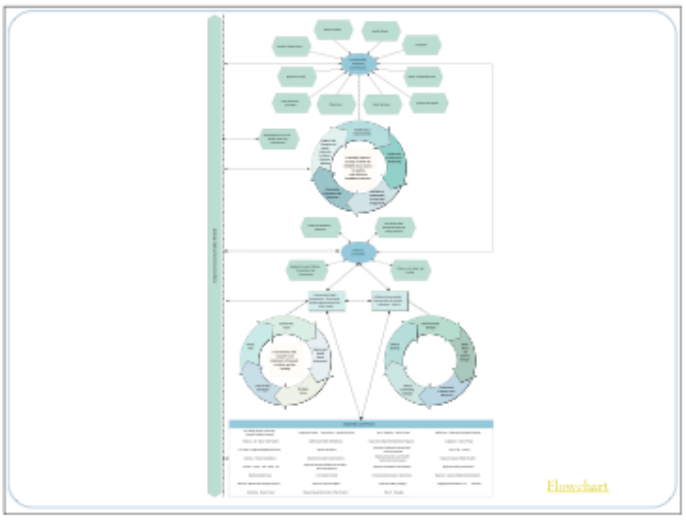
California Accountable Communities for Health (CACHI)

- Accountable Community for Health (ACH):

  a multi-payer, multi-sector alliance of major health care systems, providers, health plans, along with public health, key community and social services organizations, schools, and other partners serving a geographic area.

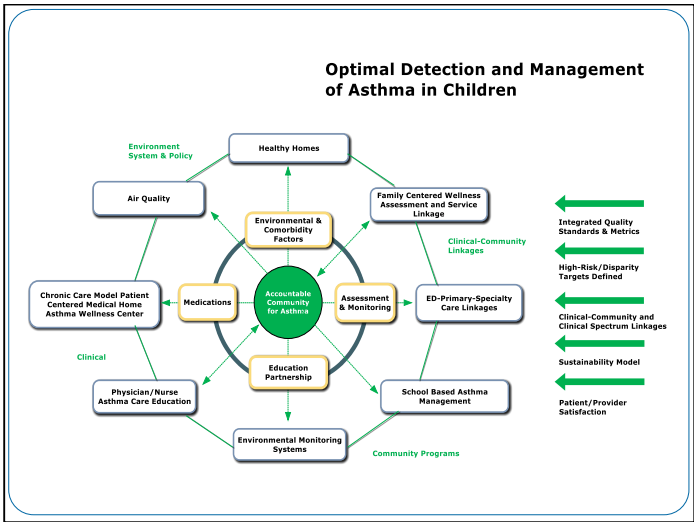
- ACH goals:
  - Improve personal and community-wide health outcomes
  - Reduce health disparities
  - Control cost associated with ill health
  - Develop financing mechanism to sustain ACH and provide ongoing investments in prevention and other system-wide efforts to improve population health

5

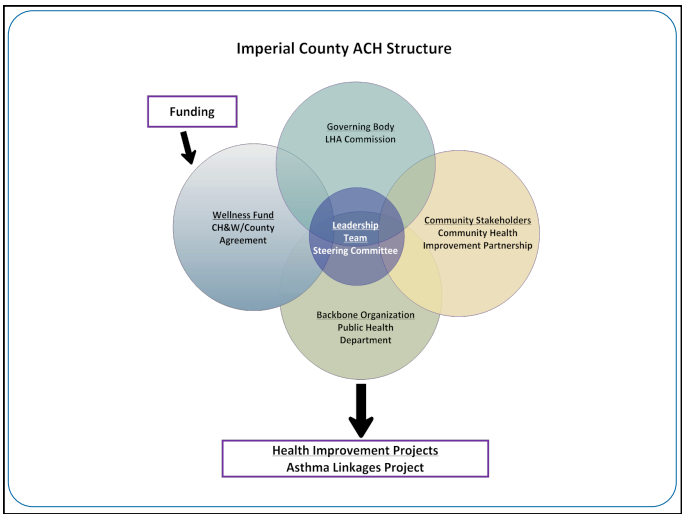

Flowchart


Physician Asthma Care Education (PACE)
Salton Sea Restoration and Renewable Energy Initiative
ED Diversion Program
Chronic Care Model & Patient-Centered Medical Home Model
State Implementation Plan for Non-Attainment
Health Education at Home Program
Border 2020 Taskforce
FLARE Plan Emergency Department Discharge
Air Quality Index
Open Airways for Schools
Community Air Monitoring System
Managing Asthma Guide for Schools
IVAN
Environmental Health & Asthma Awareness in Low-Income Housing Communities
School Flag Alert Program
Imperial Valley Child Asthma Project
Respira Sano
Healthy Homes, Healthy Breathing Project

6


Optimal Detection and Management of Asthma in Children
Environment System & Policy
Healthy Homes
Air Quality
Family Centered Wellness Assessment and Service Linkage
Environmental & Comorbidity Factors
Clinical-Community Linkages
Chronic Care Model Patient Centered Medical Home Asthma Wellness Center
Medications
Accountable Community for Asthma
Assessment & Monitoring
ED-Primary-Specialty Care Linkages
Clinical
Education Partnership
Physician/Nurse Asthma Care Education
School Based Asthma Management
Environmental Monitoring Systems
Community Programs
Integrated Quality Standards & Metrics
High-Risk/Disparity Targets Defined
Clinical-Community and Clinical Spectrum Linkages
Sustainability Model
Patient/Provider Satisfaction


A community that supports and empowers all people to thrive and be healthy.
A healthy Imperial County in which all residents have access to quality, cost-effective healthcare services.



Grant Opportunities

- Imperial County Asthma Community Linkages Project
  - $1.5 Million 3-year investment in asthma
    - $500,000 awarded per year
    - 2-3 grants per year
      - Maximum award for single grant = $250,000 per fiscal year

Questions?

Contact Information:
Christina Olson, MPH
Health Program Coordinator
Imperial County Public Health Department
Imperial County Local Health Authority
Christina.Olson@co.imperial.ca.us
442-265-1393

Community Survey Results: Top Eight Most Important Health Risks

- Overweight/obesity (child) – 43%
- Overweight/obesity (adult) – 36%
- Air quality – 37%
- Drug use (youth) – 34%
- Drug use (adult) – 27%
- Diabetes – 27%
- Poor nutrition – 22%
- Inactive lifestyle – 22%
- Teen pregnancy -22%
- Homelessness – 20%

COMMUNITY HEALTH & ASTHMA

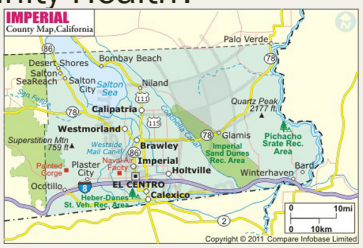
Helina Hoyt RN, MS, PHN
San Diego State University-Imperial Valley
RN-BS in Nursing Program Coordinator
Imperial Valley Local Health Authority
Non-Physician Healthcare Provider

SAN DIEGO STATE UNIVERSITY
Imperial Valley Campus

IMPERIAL COUNTY
Local Health Authority Commission

What is:

- Health?
- Community Health?



How does my ZIP CODE impact my HEALTH?

1

Outline

- Health & Health Care Frameworks
  - *Affordable Care Act*
  - *Triple Aim*
  - *Population Health*
  - *Social Determinants of Health*
- Improving the Experience of Care
  - *Health Literacy*
- Improving the Health of Patients with Asthma
  - *Chronic Care Model*
- Reducing the Cost of Treatment (ROI)
  - *Primary*
  - *Secondary*
  - *Tertiary*
- Health Plan Compliance
  - *Data*
  - *Quality of Care (Environmental vs. Health Management)*
  - *ROI*
- Implications & Roles for Imperial County Partners

HEALTH FRAMEWORKS

2

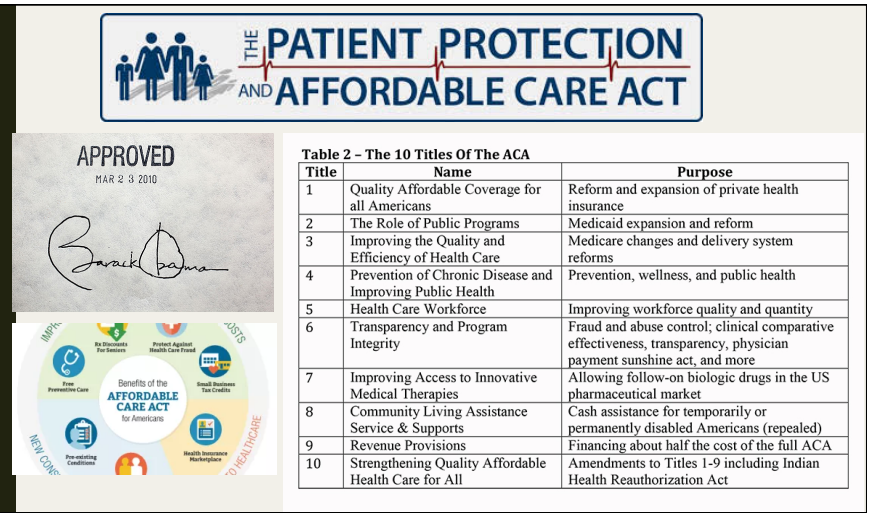
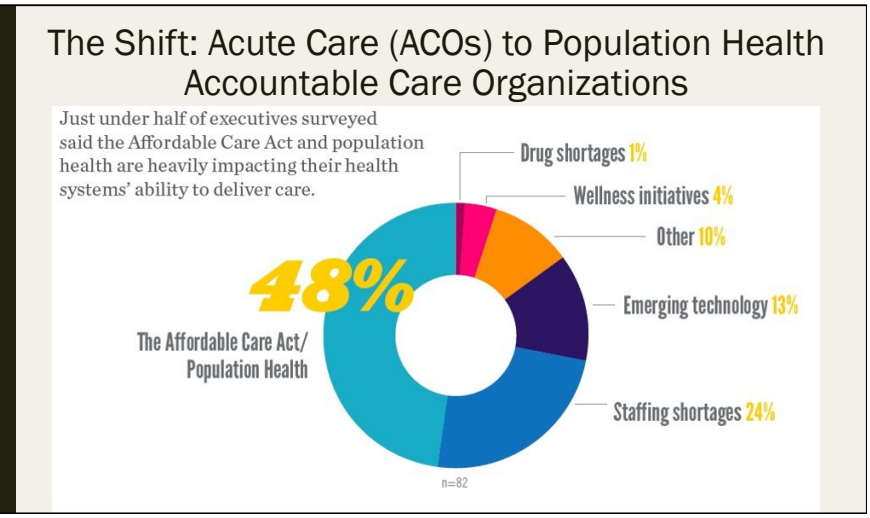


Table 2 – The 10 Titles Of The ACA

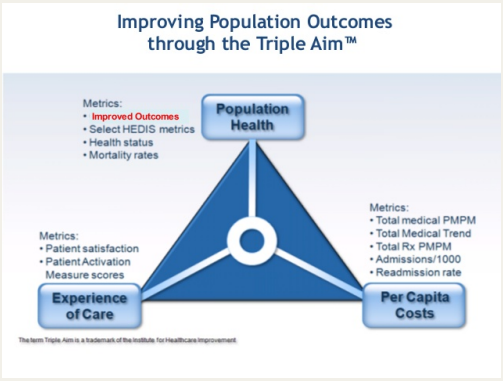
Title	Name	Purpose
1	Quality Affordable Coverage for all Americans	Reform and expansion of private health insurance
2	The Role of Public Programs	Medicaid expansion and reform
3	Improving the Quality and Efficiency of Health Care	Medicare changes and delivery system reforms
4	Prevention of Chronic Disease and Improving Public Health	Prevention, wellness, and public health
5	Health Care Workforce	Improving workforce quality and quantity
6	Transparency and Program Integrity	Fraud and abuse control; clinical comparative effectiveness, transparency, physician payment sunshine act, and more
7	Improving Access to Innovative Medical Therapies	Allowing follow-on biologic drugs in the US pharmaceutical market
8	Community Living Assistance Service & Supports	Cash assistance for temporarily or permanently disabled Americans (repealed)
9	Revenue Provisions	Financing about half the cost of the full ACA
10	Strengthening Quality Affordable Health Care for All	Amendments to Titles 1-9 including Indian Health Reauthorization Act



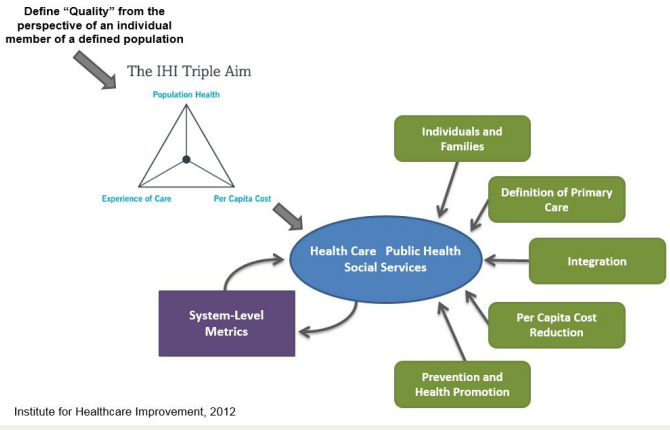
3

Triple Aim
Better Care
Better Health
Lower Costs

Institute for Healthcare Improvement



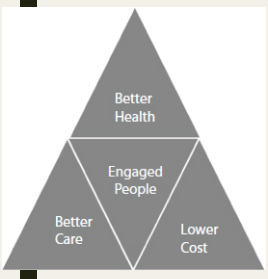
Design of a Triple Aim Enterprise

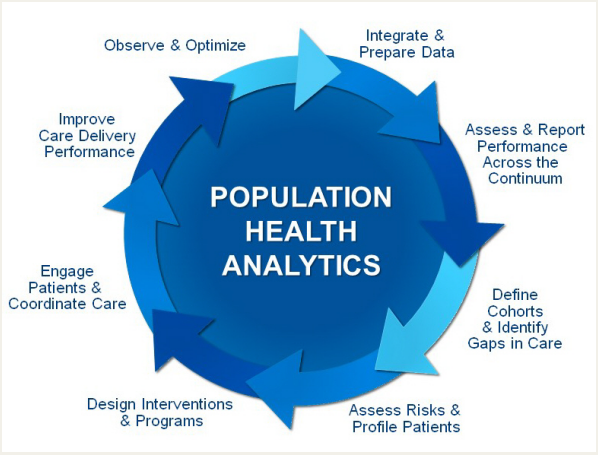


Institute for Healthcare Improvement, 2012

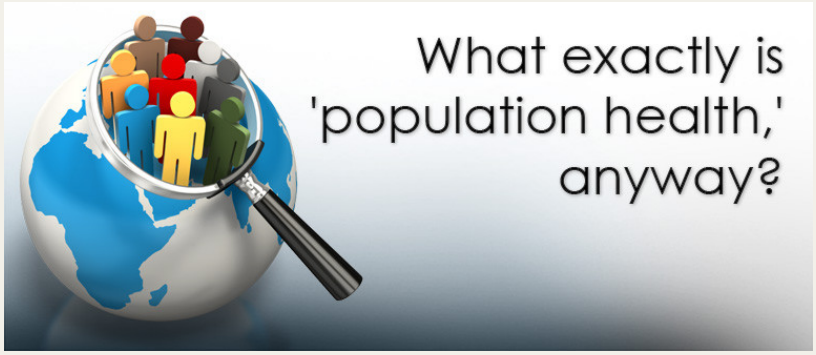
4

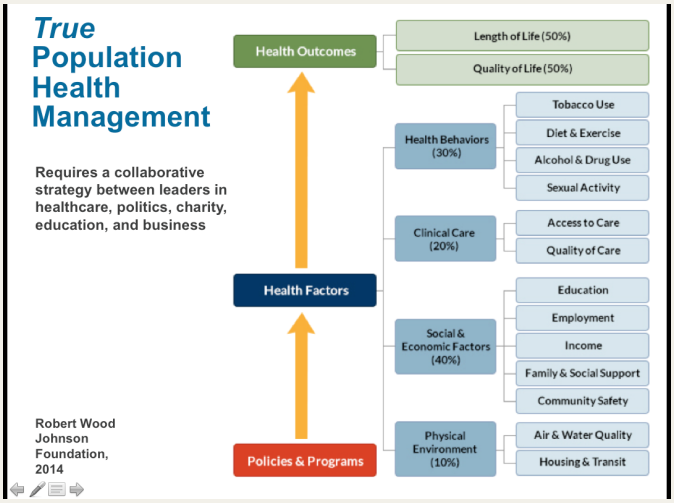
Figure 2. The Fourth (missing) Aim is improved clinician experience.



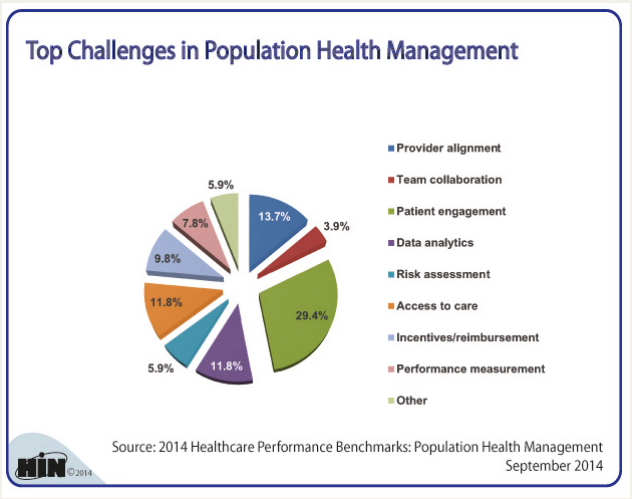


5


What exactly is 'population health,' anyway?


True Population Health Management
Requires a collaborative strategy between leaders in healthcare, politics, charity, education, and business
Robert Wood Johnson Foundation, 2014
Health Outcomes
Length of Life (50%)
Quality of Life (50%)
Health Behaviors (30%)
Tobacco Use
Diet & Exercise
Alcohol & Drug Use
Sexual Activity
Clinical Care (20%)
Access to Care
Quality of Care
Health Factors
Social & Economic Factors (40%)
Education
Employment
Income
Family & Social Support
Community Safety
Physical Environment (10%)
Air & Water Quality
Housing & Transit
Policies & Programs

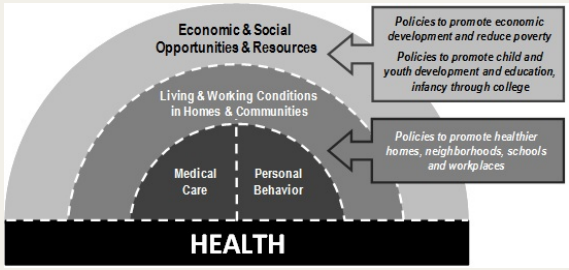
6



Social Determinants of Health: What Really Makes Us Healthy?

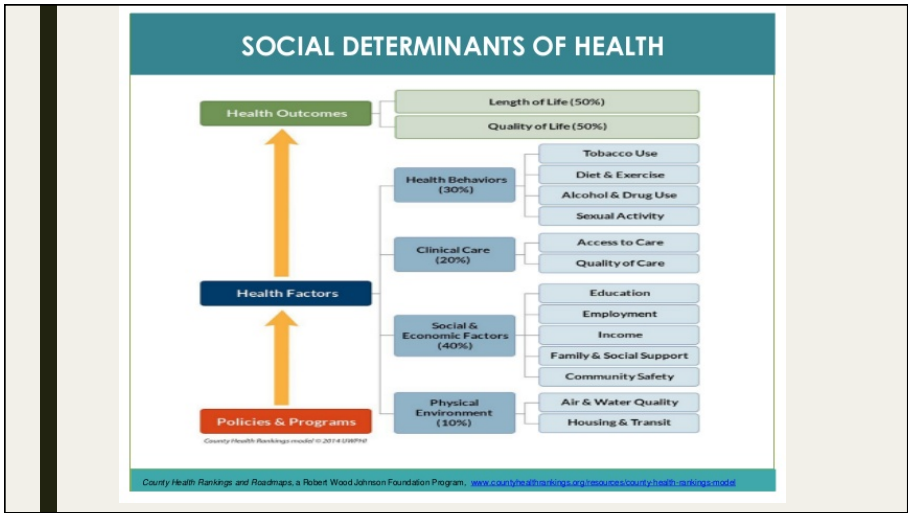
7

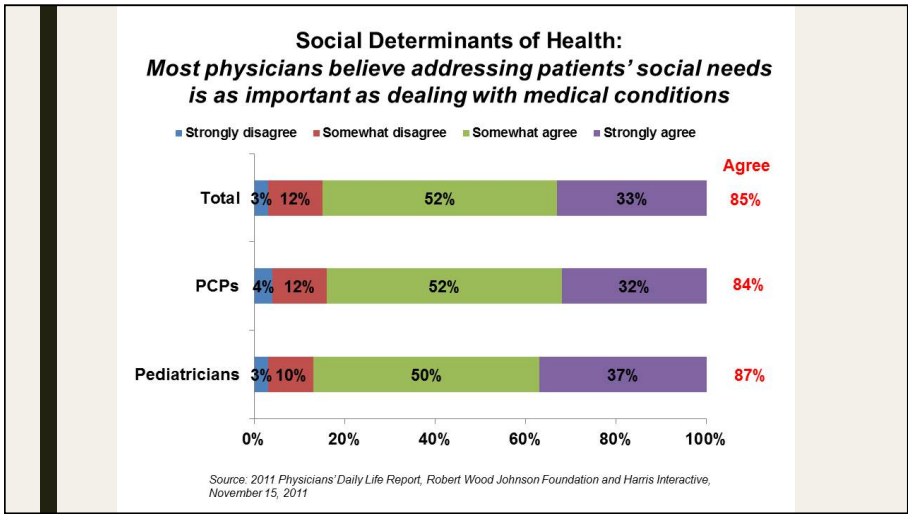
Health Starts Where We Live, Work, Learn & Play

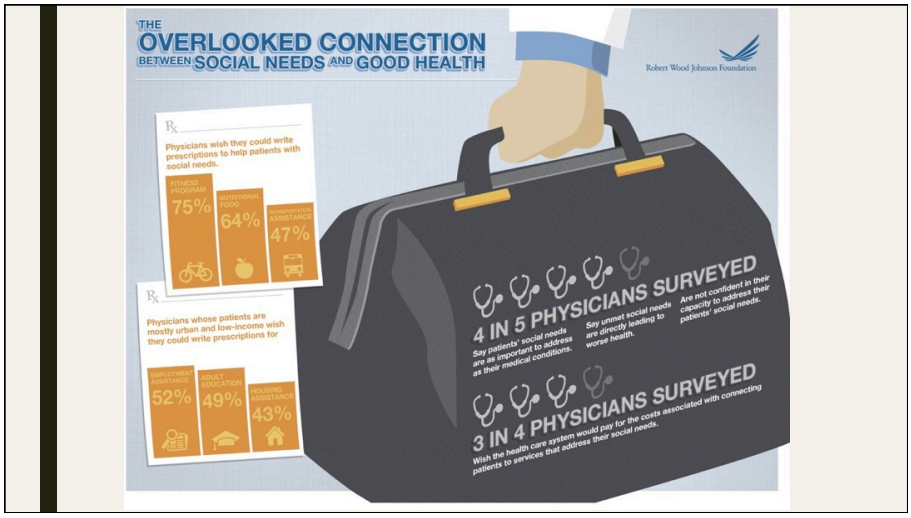


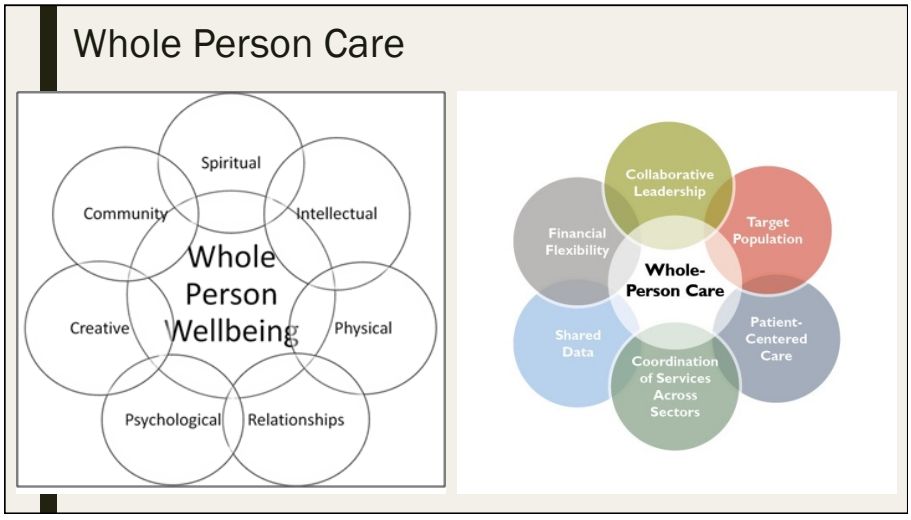
HealthyPeople.gov

8


SOCIAL DETERMINANTS OF HEALTH
Health Outcomes
Length of Life (50%)
Quality of Life (50%)
Health Factors
Health Behaviors (30%)
Tobacco Use
Diet & Exercise
Alcohol & Drug Use
Sexual Activity
Clinical Care (20%)
Access to Care
Quality of Care
Social & Economic Factors (40%)
Education
Employment
Income
Family & Social Support
Community Safety
Physical Environment (10%)
Air & Water Quality
Housing & Transit
Policies & Programs
County Health Rankings and Roadmaps, a Robert Wood Johnson Foundation Program, www.countyhealthrankings.org/resources/county-health-rankings-model

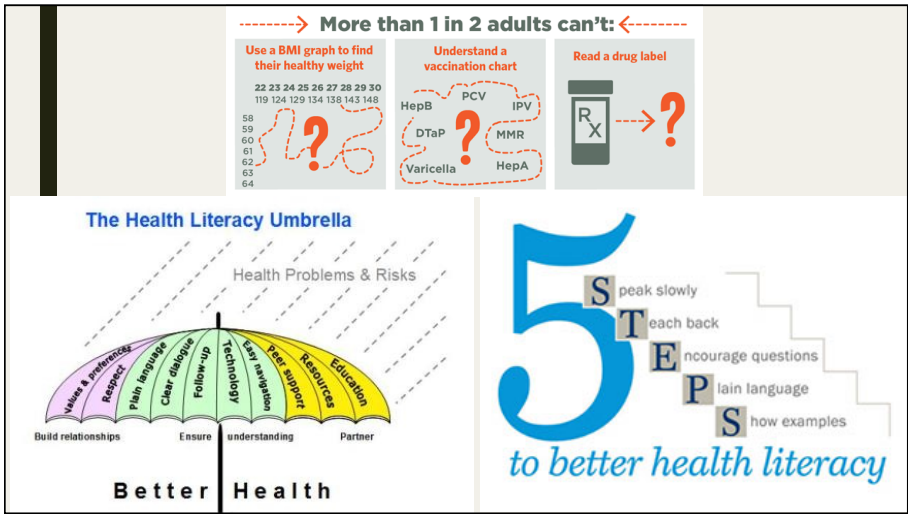

Social Determinants of Health:
Most physicians believe addressing patients' social needs is as important as dealing with medical conditions
Strongly disagree
Somewhat disagree
Somewhat agree
Strongly agree
Agree
Total 3% 12% 52% 33% 85%
PCPs 4% 12% 52% 32% 84%
Pediatricians 3% 10% 50% 37% 87%
0% 20% 40% 60% 80% 100%
Source: 2011 Physicians' Daily Life Report, Robert Wood Johnson Foundation and Harris Interactive, November 15, 2011


THE
OVERLOOKED CONNECTION
BETWEEN SOCIAL NEEDS AND GOOD HEALTH
Robert Wood Johnson Foundation
Physicians wish they could write prescriptions to help patients with social needs.
FITNESS PROGRAM
75%
NUTRITIONAL FOOD
64%
TRANSPORTATION ASSISTANCE
47%
Physicians whose patients are mostly urban and low-income wish they could write prescriptions for
EMPLOYMENT ASSISTANCE
52%
ADULT EDUCATION
49%
HOUSING ASSISTANCE
43%
4 IN 5 PHYSICIANS SURVEYED
Say patients' social needs are as important to address as their medical conditions.
Say unmet social needs are directly leading to worse health.
Are not confident in their capacity to address their patients' social needs.
3 IN 4 PHYSICIANS SURVEYED
Wish the health care system would pay for the costs associated with connecting patients to services that address their social needs.


Whole Person Care
Spiritual
Community
Intellectual
Whole Person Wellbeing
Creative
Physical
Psychological
Relationships
Collaborative Leadership
Financial Flexibility
Target Population
Whole-Person Care
Shared Data
Patient-Centered Care
Coordination of Services Across Sectors

IMPROVING THE EXPERIENCE OF CARE

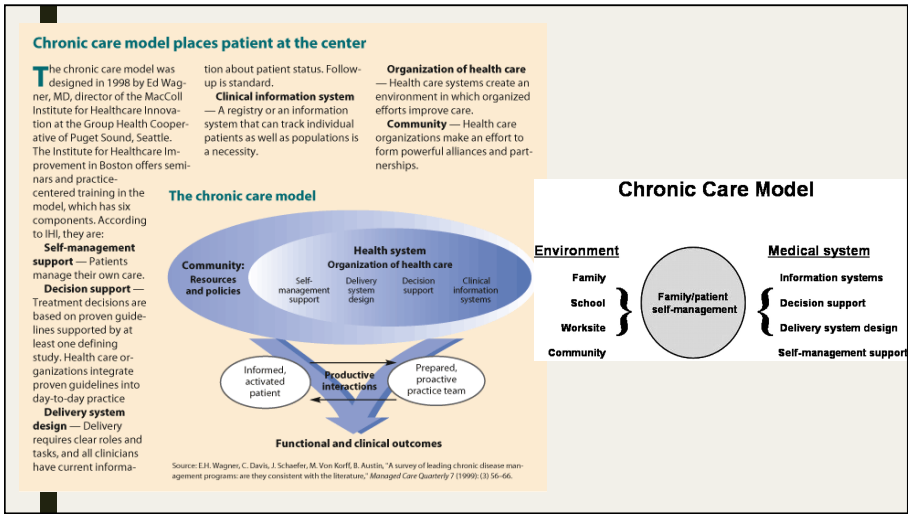
HEALTH LITERACY



11

IMPROVING THE HEALTH OF IMPERIAL COUNTY RESIDENTS WITH:

ASTHMA



Chronic care model places patient at the center

The chronic care model was designed in 1998 by Ed Wagner, MD, director of the MacColl Institute for Healthcare Innovation at the Group Health Cooperative of Puget Sound, Seattle. The Institute for Healthcare Improvement in Boston offers seminars and practice-centered training in the model, which has six components. According to IHI, they are:

Self-management support — Patients manage their own care.

Decision support — Treatment decisions are based on proven guidelines supported by at least one defining study. Health care organizations integrate proven guidelines into day-to-day practice

Delivery system design — Delivery requires clear roles and tasks, and all clinicians have current information about patient status. Follow-up is standard.

Clinical information system — A registry or an information system that can track individual patients as well as populations is a necessity.

Organization of health care — Health care systems create an environment in which organized efforts improve care.

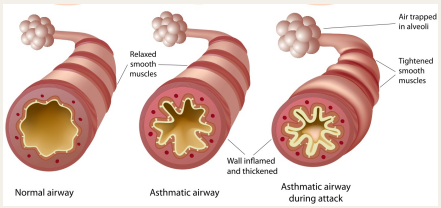
Community — Health care organizations make an effort to form powerful alliances and partnerships.

The chronic care model

Source: E.H. Wagner, C. Davis, J. Schaefer, M. Von Korff, B. Austin, "A survey of leading chronic disease management programs: are they consistent with the literature," *Managed Care Quarterly* 7 (1999): (3) 56-66.

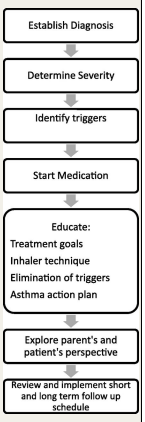
12

National Asthma Practice Guidelines



- National Asthma Education & Prevention Program (National Institutes of Health)
  - http://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf
- Asthma Action Plan
  - http://www.nhlbi.nih.gov/files/docs/public/lung/asthma_actplan.pdf

GOALS: Reduce Impairment & Risks



Health Plan Compliance

- DATA
- Quality of Care
  - *Environmental*
  - *Health Management*
- Return on Investment

- What works?
- What does not work?
- What are the gaps?
- How can we help the patient & care team?
- How can we think beyond individuals to the population at whole?

Reducing the Cost of Treatment: Medical Homes

- Primary Care Provider
- Specialist (Allergy/Asthma Specialist)
- RN Case Manager
- School Nurse
- Health Plan (Case Management)
- RN Coordinated In-Home Support Program

GOALS:

Reduce ER Visits

Reduce Hospitalizations

Increase School Attendance & Success

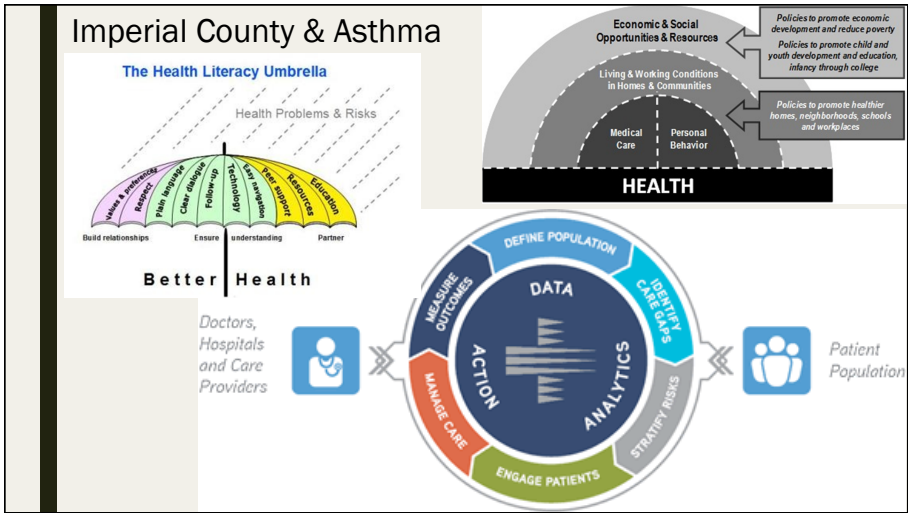
Asthma

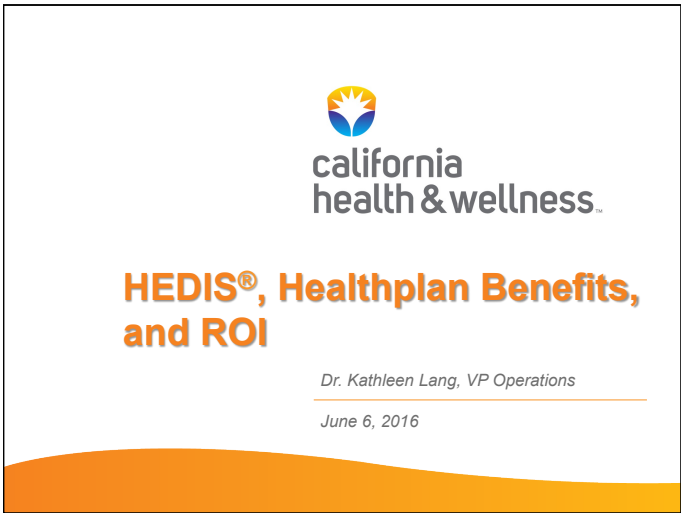
- Is a chronic condition that can be managed
- Prevention is Key!

PRIMARY PREVENTION: Prior to a problem. Focus on wellness. (nutrition, exercise, sleep & coping)

SECONDARY PREVENTION: Screening to early identify problems so they aren't as bad.

TERTIARY PREVENTION: Manage the chronic condition to decrease disparities & improve quality of life.


Imperial County & Asthma
The Health Literacy Umbrella
Health Problems & Risks
Values & preferences
Respect
Plain language
Clear dialogue
Follow-up
Technology
Easy navigation
Peer support
Resources
Education
Build relationships
Ensure
understanding
Partner
Better Health
Economic & Social Opportunities & Resources
Policies to promote economic development and reduce poverty
Policies to promote child and youth development and education, infancy through college
Living & Working Conditions in Homes & Communities
Policies to promote healthier homes, neighborhoods, schools and workplaces
Medical Care
Personal Behavior
HEALTH
DEFINE POPULATION
IDENTIFY CARE GAPS
STRATIFY RISKS
ENGAGE PATIENTS
MANAGE CARE
MEASURE OUTCOMES
DATA
ANALYTICS
ACTION
Doctors, Hospitals and Care Providers
Patient Population


california
health & wellness
HEDIS®, Healthplan Benefits, and ROI
Dr. Kathleen Lang, VP Operations
June 6, 2016


What is NCQA?
california
health & wellness
National Committee for Quality Assurance
– Private, 501(c)(3) not-for-profit organization dedicated to improving health care quality
– The NCQA seal is a widely recognized symbol of quality – it must be earned
– Straightforward formula for improvement
• Measure
• Analyze
• Improve
• Repeat
– Developing quality standards and performance measures for a broad range of health care entities
– HEDIS® Measures
NCQA
Measuring quality. Improving health care.
http://www.ncqa.org/about-ncqa

What is HEDIS®?

california health & wellness

Healthcare
Effectiveness
Data and
Information
Set

- Designed as "*a **set of standardized performance measures designed** to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans*."
- Adapted for use by public purchasers, regulators and consumers. Quality improvement activities, health management systems and provider profiling efforts have all used HEDIS as a *core measurement set*

http://www.ncqa.org/about-ncqa

Standardized Performance Measurement

california health & wellness

- "Apples to Apples" comparison
- Measure Technical Specifications
- Audited Reporting
- Benchmarking – NCQA's Quality Compass
- Widely accepted: >90% of U.S. health plans use HEDIS measures
- NCQA Accreditation & Health Plan Rankings

2

Medi-Cal Performance Measures

HYBRID MEASURES

- Childhood Immunizations
- Adolescent Immunizations
- Well Child Visits
- Controlling High Blood Pressure
- Cervical Cancer Screening
- Weight Assessment and Counseling for Children/ Adolescents
- Prenatal Care
- Postpartum Care
- Comprehensive Diabetes Care

ADMINISTRATIVE MEASURES

- Annual Monitoring for Patients on Persistent Medications
- Children and Adolescents Access to Primary Care Physicians
- **Medication Management for Asthma**
- Avoidance of Antibiotic use for Bronchitis
- Use of imaging studies for low back pain
- Ambulatory Care
- All Cause **Readmissions**

HEDIS – Medication Management for Asthma (MMA)

- Medication Management for People With Asthma
  - The percentage of adults and adolescents 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate asthma controller medications that they remained on for at least 75 percent of the treatment period
- Asthma Medication Ratio
  - The percentage of adults and adolescents 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year

http://www.ncqa.org/about-ncqa

3

NCQA 2015 Report Card

- Asthma is a treatable, reversible condition that affects more than 25 million people in the United States
- Managing this condition with appropriate medications could save the U.S. billions of dollars in medical costs
- The prevalence and cost of asthma have increased over the past decade, demonstrating the need for better access to care and medication
- Appropriate medication management for patients with asthma could reduce the need for rescue medication -as well as the costs associated with ER visits, inpatient admissions and missed days of work or school

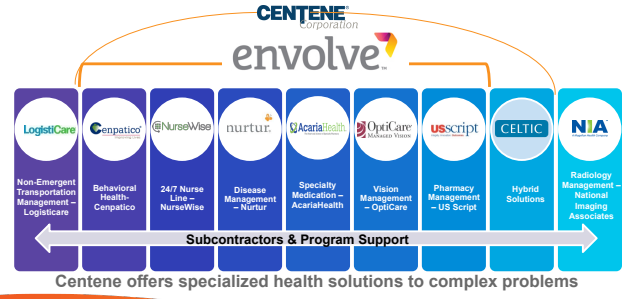
http://www.ncqa.org/about-ncqa

Imperial County Asthma – CH&W Members

- IC Membership = 57,468
- Q1 2016
  - 7,246 Asthma Diagnosis ⇨ 13%
  - 601 ED Visits ⇨ 8%
  - 52 Hospital Admissions ⇨ 9%
- HEDIS®
  - Age 5-85, 50% ⇨ 40% (5-11/12-18 yrs – worst)
  - Age 5-85, 75% ⇨ 17% (5-11/12-18 yrs – worst)

Source: Impact Pro

Our Care Delivery Partners



Centene offers specialized health solutions to complex problems

9

Member Benefits for Physical Health & Social Determinants

- Care Coordination (Case Management)
  - Nurses that can ***help members understand*** their health problems
  - Nurses work with the member and their doctors to help them ***get the care they need***
    - Medication compliance
    - Appropriate emergency room utilization
  - Set up ***other needed services***, including
    - Transportation
    - Housing/shelter
    - Food

Sustainability & ROI

- Asthma Management Program
- CH&W HEDIS Incentive Programs (2014/2015)
  - Target specific HEDIS measures
  - Available to all contracted providers
  - Paid >$400K to IC providers
- 2016 HEDIS Incentive Program coming soon
- ROI
  - Improved health outcomes for a healthier IC
  - Higher quality scores
  - Cost savings

Collaboration

EFCWest
Environmental Finance Center West

Imperial County Asthma Financing Workshop

June 6, 2016

Welcome!!!!

Sarah Diefendorf
EFCWest

Elaine McCarty
EFCWest

Priyanka Pathak
US EPA

Ground Rules

Cell Phones on Silent

Focus on the positive

Remember that this is the beginning

Give the process the benefit of the doubt

We know we're outsiders so be kind to us and your fellow neighbors

How did we get here?

EFCWest & EPA

1994 - 10 Centers

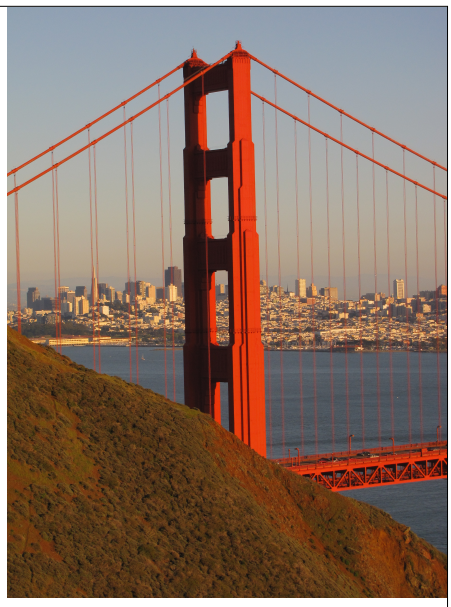
Green Business

Personal care products & EJ

Tribes

Leadership & Capacity Building

Compost in Tijuana



Financing Asthma Treatment in Imperial County

Process

Interview Question Development

Asthma Service Providers
Asthma Technical Support Agencies & Organizations
Asthma Funders

Limits - Paperwork Reduction Act

Approximately 40 interviews

Initial Report

Final Report

Other Support

Beyond Grants:

PRELIMINARY OVERVIEW FOR FINANCING IMPERIAL COUNTY ASTHMA CARE

Examples from other communities

Asthma Network of West Michigan

6 - 12 visits over 12 months

Priority Health + 4 Other Plans

RNs, LSWs, CHWs

Montana Asthma Control Program

Founded 2010

Nurse Educators

Community Health Centers, 8 sites

6 - 12 visits over 12 months

State Grant & Case Management

Asthma Start

Alameda County Public Health Department
Celebrating Healthy People in Healthy Communities

Founded 2001

Social Workers

2 -3 visits over 6 months

“Braided” Funding

What do they have in common?

Services

Asthma Network of West Michigan
Montana Asthma Control Program

Community partners

Services

Data and Outcomes

Standards of Care

How are they different?

Funding

Asthma Network of West Michigan
Montana Asthma Control Program

Who Makes Visits

Scope of program

Community

How Founded

Sustainable Financing

Reimbursements

Due to external requirements and standards for the health care industry, reimbursement-based in-home asthma care finance in Imperial Valley is both possible and the best opportunity to achieve a sustainable revenue source.

Hard work & new course ahead

Initial Findings for Imperial

Significant engagement

Deep community commitment

Talent and dedication

S

Lack of resources and capacity

Lack of data

Uncertainty over cost reductions & ROI

W

Key Challenges

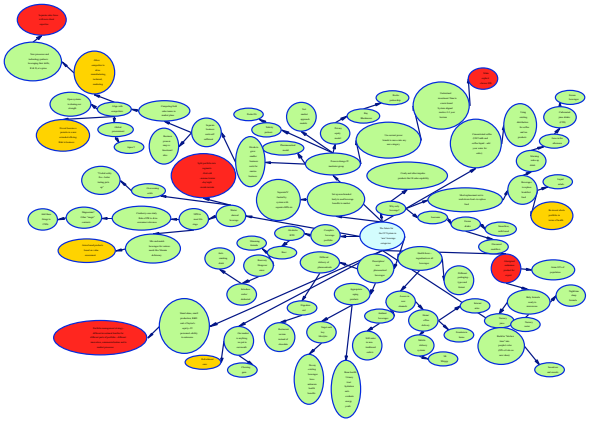
Data

Quality of Care

Cost Reduction/ROI

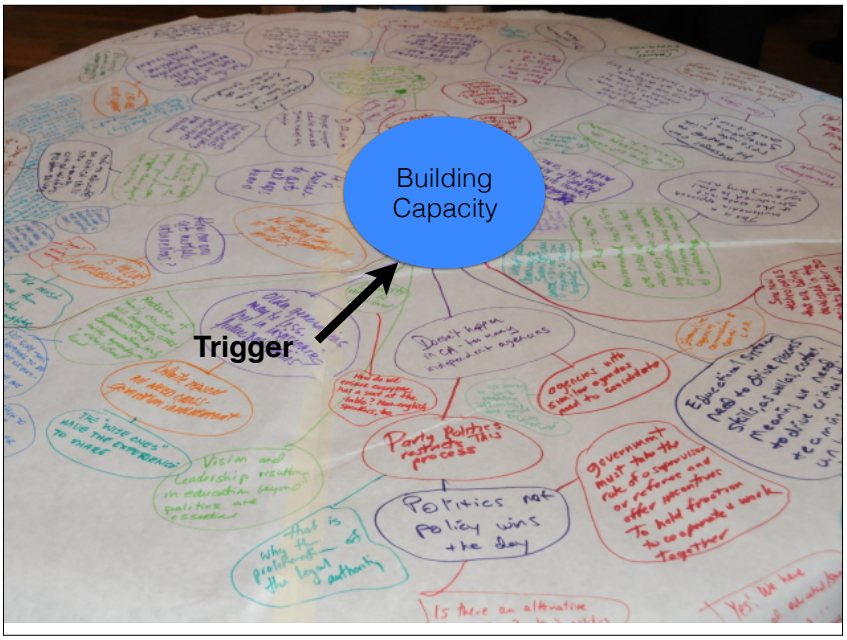
Overview of the Day

Conversation Mapping



“A silent way to be powerful “

Your pen is your voice



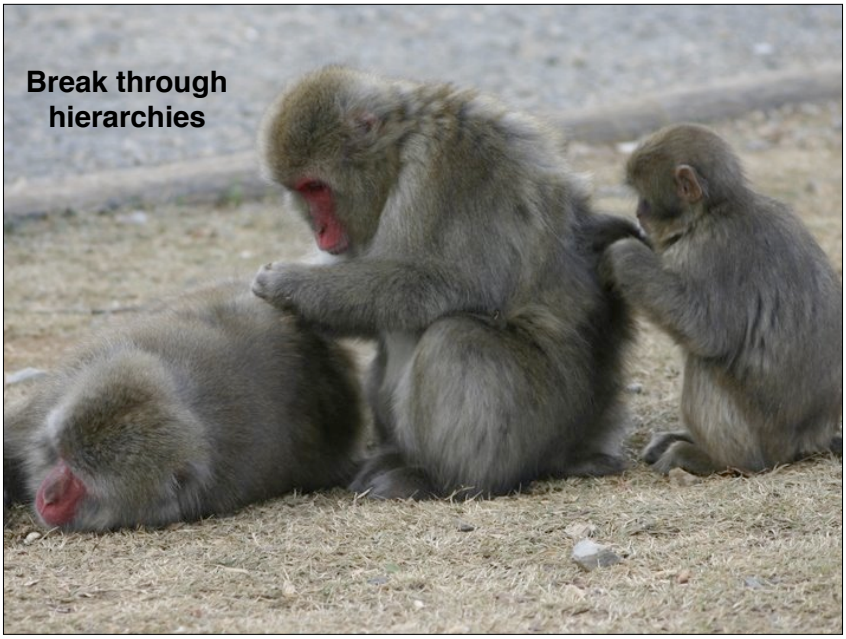
Thoughts and Ideas

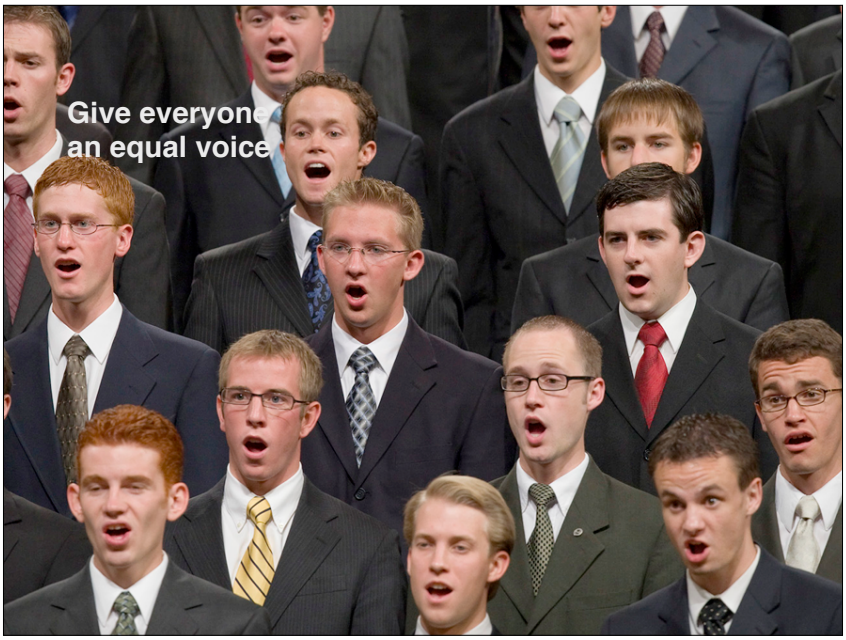
Opinions and Questions

Debates

Arguments


Access and manage diverse stakeholder knowledge
FAST!


Break through hierarchies

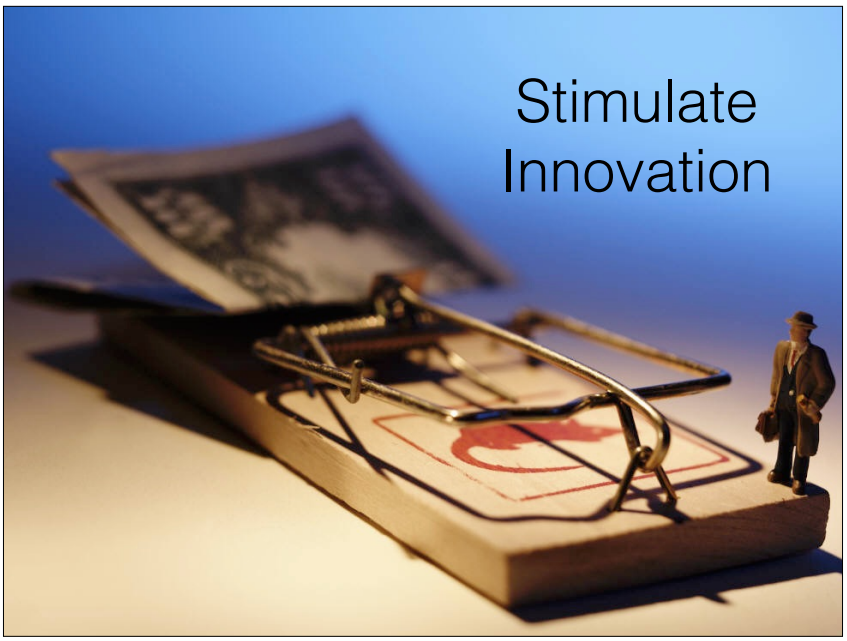


Where?

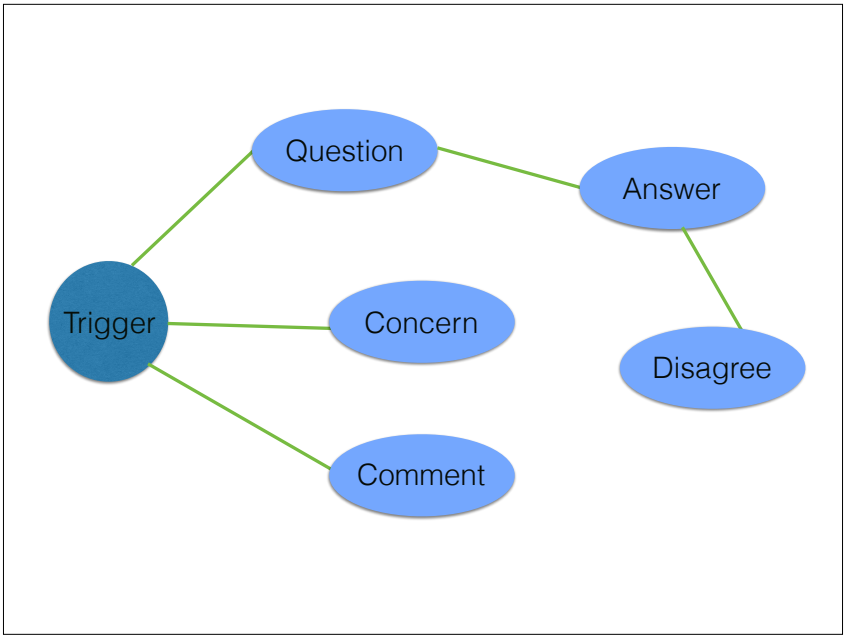
Strategic Planning

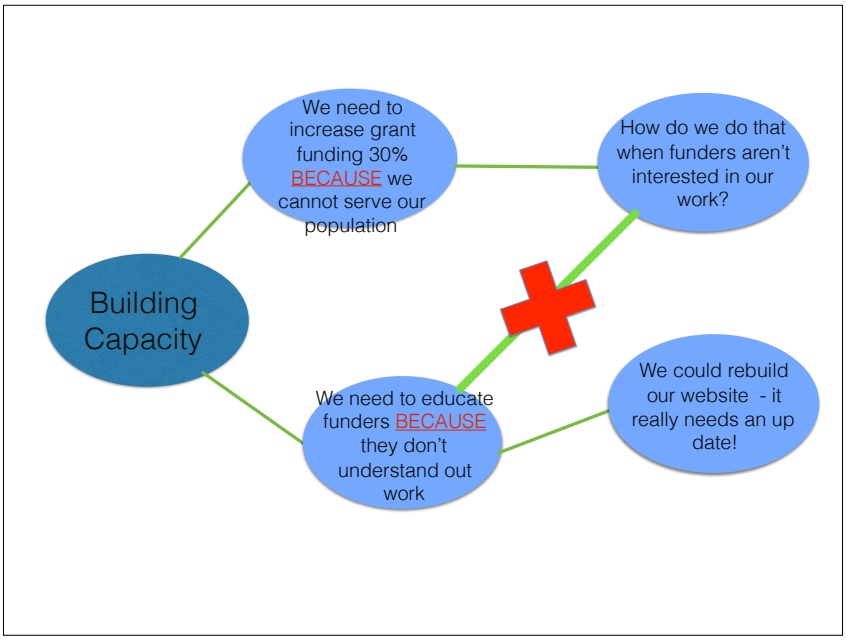
Organizational SWOT Analysis

	To Leverage (For short and long-term objectives)	To Mitigate (Barriers & risks to our objectives)
INTERNAL within our control	**Strengths** •State and national level relationships •Diverse staff skills to tackle new ideas •Administrative flexibility, quick response •Reputation and accountability •Unique dual mandate Environment	**Weaknesses** •Non diversified revenue sources •Limited Board knowledge & leverage •Neglected strategic partnerships •Reaction time to market opportunities •Legacy mindset a barrier to new ideas •Lack of outreach strategy & media
EXTERNAL outside our control	**Opportunities** •Increased demand for CW and DW infrastructure financing •Watershed (Nutrient trading) •Changes in energy market conditions (costs, renewable options, efficiencies) •PACE??	**Threats** •Administrative action •Legislation action •Market variables (Interest rate economy) •Solid waste legislation threatens tipping fee allocation



How?




We need to increase grant funding 30% BECAUSE we cannot serve our population
How do we do that when funders aren't interested in our work?
Building Capacity
We need to educate funders BECAUSE they don't understand out work
We could rebuild our website - it really needs an up date!

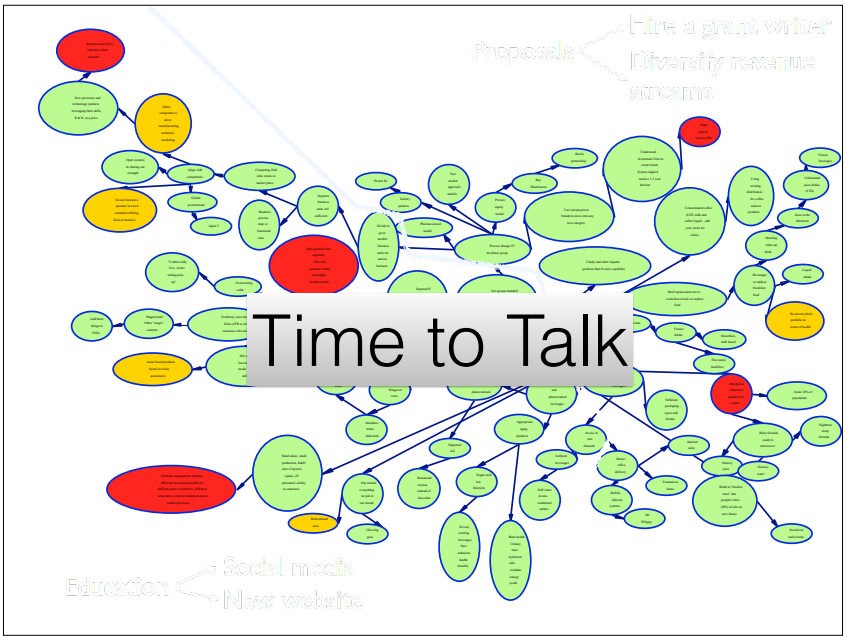

7-10 People
15-20 min and switch

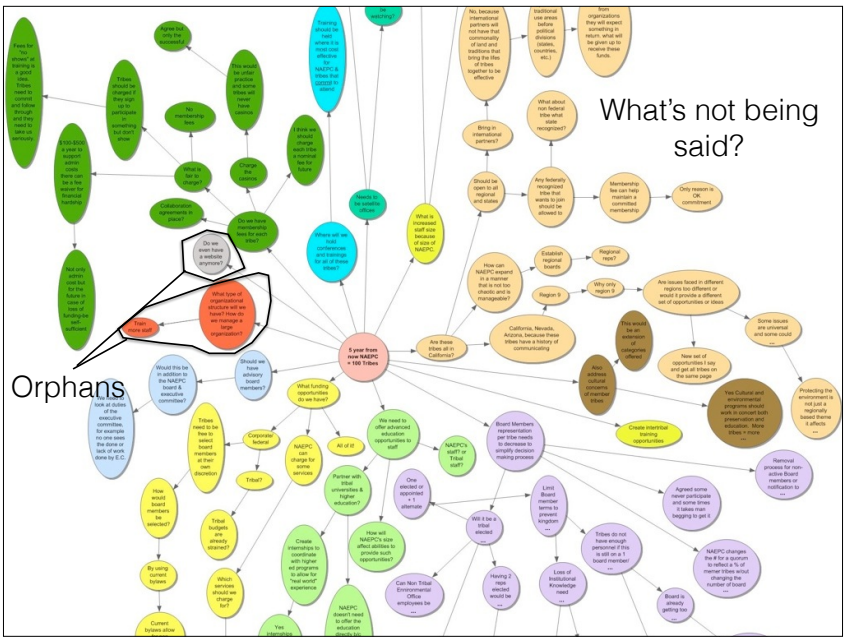
Synthesis

The combining of separate elements or substances to form a coherent whole.

Synthesizing a Conversation Map

The combining of individual thoughts, ideas, questions and concerns to form an emergent theme.


Proposals
Hire a grant writer
Diversify revenue streams
Time to Talk
Education
Social media
New website


What's not being said?
Orphans

Finally

Diversify
the Table

Your Conversation Map Triggers:

Strengths

Weaknesses

APPENDIX C: CONVERSATION MAP TEXTS

Strengths in/of Imperial County

I. Are efforts culturally competent?

II. We have CDC HRSA, PECORI, funded projects

III. Asthma study models have been created in IC

IV. Innovation of Community Orgs

V. Some structures are in place and well established to help move health reform forward

- A. County is engaged at all levels and there are so many programs
- B. So impressed by the wellness fund in place
- C. How do we integrate all into a coordinated effort?
  1. Participate in LHA stakeholder meetings
  2. Working together
  3. Continue communicating
  4. Go directly to source/meeting, picking up phone

VI. Likeness of purpose

- A. Can develop a shared vision for IC!
  1. Incorporating many sectors of IC

VII. A couple of agencies with many years' experience in specific issues like asthma and EH

A. What do they need to succeed? (with reimbursement?)

1. Unity to share experience and close gaps

a. They need to demonstrate that they have credentialed certified training and integrate metrics that are shared across orgs to show a ROI for their work

(1) Does it have to be certified/credentialed? Plenty of effective models don't use formal certification

(a) There needs to be a standard whether certified or not so messaging is consistent for families

(b) We should first build on what is the outlined model (Natl. and state) and then look to building a team beyond what is the standard

i) Yes and no, we need some of state/Natl model but we are unique and we need to integrate what's in our community

(c) Not AE-C but core competencies proven

VIII. Tight knit community

A. Especially around certain issues like sports

1. Need expansion beyond sports

a. But we could use sport venues to push health education messaging

(1) Yes, great venue

(2) Focus on exercise induced asthma for motivation to adhere

(3) I see need and gap between asthma or other health issues, this

is great channel - band and music is another one

(a) Connecting issues together has potential for braiding funding

2. What else?

3. Health issues, i.e., tobacco, wellness, food insecurity, housing - all exist as focused initiatives

a. No tobacco program in IC - classes one-on-one help for secession

b. Yes that's a community health model - both - and

B. Culture plays a huge part

1. The Chihuahua can be a mascot for educating people especially kids about asthma science, life services and IC

a. Actually might choose another mascot, I've seen the asthma gator! something with little allergies

b. Respect families most

IX. IVAN

A. Informed public

B. Interagency connection

X. Family focus for taking care of each other

A. Can rally around children's health and asthma

B. Like training the trainer? Within family structure?

C. We should integrate schools with families

XI. Serving as a leader for rural communities elsewhere

A. Leadership is forming in imperial county in a way that can facilitate collaboration

1. Recent achievements such as Salton Sea initiative should be recognized to showcase the leadership, collaboration and commitment to health

XII. Know many people

A. Relationships and trust matter

B. Small community leads to people wearing many hats - networking provides for fast action and valuable conversations

1. Many hats equals high capacity individuals, no??

2. IC has extensive network that could be leveraged even more

a. IC has board of supervisors who are engaged on current asthma issues

(1) IVCAP works with health occupations, students of America to increase student leadership skills to advocate for asthma care and reduction of environmental triggers in IC

(2) UCSD works with BSNS students to engage them to be active to be active roll healthcare professionals in the community

3. Many hats equals many skills which will be needed to increase money for asthma

a. Shared knowledge

XIII. Civic and environmental education from Brawley Union High School

A. More schools are missing

XIV. Community wants to learn/ready to take control of their lives with all the issues/environment

A. Could they be given even more tools for self-management? How?

XV. Asthma education in schools because we need school official to link it to air quality and environment

A. Part time? Full time? Prevention? Control any or all of above depending on what works for school?

B. We need this but it seems we lack united system that brings education to everyone, how can we come to change that?

1. Is access to transportation, technology/internet, and language a barrier to effective outreach?

2. Maybe going to Sacramento

a. When story is written take story of IC success to Sac

3. Can any org/agency lead the development of standards in home services?

a. CDPH is developing core competency curriculum with CCAC for CHWs

(1) In Imperial County through our HOSA projects are implementing a CHW certificate program

C. Need more nurses at the school provide education to the children at their level, empowering

XVI. The local health authority brings together representation from many health system partners and wants community input to improve health

A. Some members might not be aware of patient level/community level experience

1. Close this gap by attending LHA meetings and participating in conversation

a. Also come to CHA-CHIP meetings because that info is brought to the LHA

(1) Also come to the IVAN task force meetings

2. Make efforts to be more transparent regarding shared experiences

a. Are listening more to what we need to say

B. State health department is committed to IC too

C. Offers structure and foundation

1. Opportunity for all voices

a. Who has the power? Who makes decisions?

(1) We all do

(2) "shared" power is the goal, requires new tactics

(a) Work together

i) Exactly, history is important but past efforts have not brought us to effective collaboration. We need new though with old history to create change

b. Learn how to improve services and access and inclusion

c. Get success stories from those who received in-home services

d. But hasn't provided that yet - room for improvement

(1) What are they doing? Unsure, more communication

(a) Be at their level, videos, scenarios

(b) At the moment, notice of meetings are posted but we are working to increase media/digital messaging now that group has formed, has goals to improve pediatric asthma outcome, it wants community member and stakeholder engagement

i) Need to be at table on environmental issues. Room for improvement

(1) Feel free to shoot us an email invite we're happy to join and would like you all to come to our meetings

2. Also strengthens ability to obtain money because demonstrates high level of collaboration

a. How can we track/measure collaboration level over time

b. Looking for the interest of current asthma funded projects to continue to enhance quality of care

(1) CDPH needs assessment data

(a) So does CA Asthma financing

XVII. New clinical partnership with UCSD and Scripps

XVIII. Deeply committed community

A. Seems like the future of it stands in small number of hands. we need more education.

1. Time for a change? Embrace it. Lead it.

    a. Facilitate opportunities for community engagement and new stakeholders

XIX. Many orgs/diverse orgs are already engaged and interested in asthma financing

A. How do we promote their involvement?

B. The work of these organizations hold infinite value

1. Other counties have learned of current models used in IC

2. Definitely that's why we need them at the table with everyone

    a. engaged providers

        (1) Next is empowering our residents to be actively engaged in health. we choose to live here and need to capitalize on our internal champions

C. With collaboration this is a tremendous asset

1. Collaboration does not always happen when it says it does

    a. Make it meaningful and inclusive, learn from past

    b. New key players are at the table in Imperial County in regard to asthma care improvement who are motivated

    c. Not every player wants to collaborate

        (1) Why not?

            (a) History/personality conflicts

                i) Other incentives or disincentives?

ii) Let it go or we will fail

(1) The timing of national and state initiatives call us to collaborate and move forward or outsiders will oversee us

Weaknesses of/in Imperial County

I. Consistent collaboration on asthma with school districts is needed

A. ICOE might be a start?

II. Same politicians calling shots

III. Everyone too busy trying to be sustainable

IV. Cyclical funding because programs just get started when funding ends and then they go away

A. How can we reach new/other federal/state/foundation organizations?

1. Find out who is collaborating now here in IC and reach out locally

2. Reach out to their collaborative across the country. Join them and get active

a. Join the CA Asthma Financing workgroups

B. Possibly use a better strategy to showcase your strengths - i.e. chronic care model - so efforts can be replicated and reach more interested parties

1. Prove ROI and touchy feely anecdotal info through CDPH needs assessment

C. Do not spin the wheel

D. Fortunately we can work together to transition to ACA reimbursements as a more stable funding stream

E. How can we share resources to apply for and keep funding?

1. Do funders require partnerships or should they?

a. Partnerships are a benchmark for success

b. Possible partners do not want to partner with certain groups due to groups not well like by others in the community. (reputation of not having a fair share of funding and responsibilities)

c. They often do... it is a difficult process to effectively collaborate but when done so can greatly improve the entire effort

V. Lack of professional development for CHW

A. No core competency curriculum for CHWs is being followed as a standard here

1. CHWs are also called promotores

a. Being developed by CDPH

(1) Other resources exist too - that diversity is helpful

B. Scope of practice, training, oversight, quality metrics and standardization are not well understood related to CHWs. the county already has a shortage of health care professionals and there is a concern that service is being provided by non-licensed personal without the infrastructure will create a more fragmented system and not acknowledge the root cause - need for licensed professionals

1. Will need standards of care and education

a. Don't set bar too high there are plenty of CHWs doing remarkable work and they don't have formal education

(1) But if the goal is sustainable funding you might have to set the bar high

2. Being developed by CDPH - ready for community input!

3. Build an asthma care team that includes physicians, RNs, RTs, CHWs so all issues may be addressed

a. Integration is key

b. There is a large evidence space of the effectiveness of CHW interventions as well as asthma care teams

(1) Is this local or relevant to us?

(2) Agreed. CHWs play a critical role especially in Imperial, but all involved in the care team need to know their scope of practice and stick to it to avoid problems

VI. Not enough funding education

A. Environmental education grants at EPA

B. Imperial is a low population county and gets overlooked by funders

1. Imperial is one of a handful of CA counties with a robust wellness fund

2. Low population but medically underserved

a. Growing our own has been difficult. Culturally parents do not allow their children admitted to large universities to go away. We struggle to send people away for education and then bring them back.

b. Can make applications for IC a priority, e.g. grants for EJ

communities and underserved

3. But we now have IV specific wellness fund to be used only in IV

    a. Our goal is to then have braided funding

4. Research is complete in Imperial County and San Diego gets the funding based on the research results

    a. We can showcase these results better within and outside the county to validate our work and provide future opportunities

        (1) Opportunities exist for us to showcase our needs to researchers who will help obtain funding with evaluation and publishers

5. How much and how often do IV organizations showcase their work and publications?

    a. Publishing is great idea!

C. Could utilize pediatric environmental specialty units more

VII. Not enough use of tele-health with regional specialists like Rady Childrens

A. Would it work here? Do clients have internet?

1. Yes tele-health is already under way and is expanding its reach

VIII. Poverty

IX. Cultural competency?

X. Will funding change things if air quality tends to get worse?

A. Other sources may open up, i.e. GHG

XI. History of mixed experiences (good, bad, etc.) when collaborating that may taint groups willingness to collaborate in the future

A. Collaboration with all for survival

B. How do we come up with one vision mission to fix or repair bad experiences

1. Create a space to do so! Quarterly

a. Yes regular meetings/activities

(1) LHA, CHA-CHIP, CACHI all meet regularly

2. Never follow through to move forward to other issues before completing a project

a. Better feedback loops are needed between government, private sector (for and nonprofit) and community

b. A road map and plan would help with that problem

(1) CHA-CHIP is developing just such a road map following federal mapping model

C. Do we need mediation/facilitation for "come to Jesus" style meetings

1. Be able to share opinions without any hard feelings

a. We all have passion for helping our citizens

b. EPA can help with mediation and conflict resolution money

c. If CACHI is awarded to Imperial County they will also bring outside experts to help us move beyond

(1) Sometimes the experts are local, I hope they include those who have worked hard to bring a closer look to our huge problem

2. Could use third party facilitator

XII. Cities are spread out and very diverse. there is a grouping of resources in bigger

central cities

A. Asthma disparities are highest in north county and that is where initial money will impact

XIII. County politics make it too difficult change the system

A. County is not the only power or funding source

B. Changes are here within the health system, become a listener

XIV. Health care professionals are not educated about how to manage asthma

A. Teach to social determinants of health also not just clinical

1. Health care professionals provide professional development trainings on EPR-3 guidelines to providers

a. CDPH can help provide EPR-3 trainings

b. Training should be evaluated and should evolve based on assessment

(1) CME-CEU online and in-person for clinician training

(a) Trainings are hard for providers to attend because in the rural region they already are overburdened

B. Clinical and/or environmental triggers? Which or both?

XV. Not enough stakeholders are educated about the asthma issue in Imperial County - do not participate in conversations when invited

A. Health plan providers need guarantees that in-home providers will support their standards and requirements

1. Who in IC can be responsible for collaborating with in-home programs so

their data is included and they meet standards?

a. Requires data collection and analytics not yet in place but included in the community conversation already $$

(1) LHA would like to bring a neutral outside party to help us with this problem in IC

B. Connect to other chronic conditions like obesity

C. Current education programs such as RN programs do not include curriculum on management of chronic conditions

1. MDs are not mandated to follow asthma guidelines

a. MD involvement collaboration

(1) What do you mean?

(a) Providers are not expected to implement components of the asthma guidelines in Imperial County

i) MDs argument "not enough time"

(1) Create asthma care team to increase time and provide care

b. Asthma core measures are only used to evaluate performance but no strategies have been implemented to make a difference

XVI. Power differentials within county. Seems some groups have been and feel very "left out"

A. All voices must be heard, use conversation maps

B. Fight your way in - make others include you

C. Can we asses who is left out and fix this?

XVII. Bad air quality and poor health

XVIII. Lack of consistency in diagnosing and treating asthma within IC and Mexicali

A. Common problem everywhere

XIX. Need a children's hospital, San Diego too far

XX. We need to convince some parents that asthma is real and that it may require long-term treatment and trigger reduction. many are used to immediate relief

A. One on one CHW works, need to ask more questions when going to see doctors