



Montana Asthma Home Visiting Program

Financing Source: Tobacco Master Settlement Agreement
Financing Amount: \$350,000 (2016)
Focus: Asthma

Nine of Montana's 11 [Asthma Control Program](#) sites are funded with the State's Master Settlement Agreement funds. The [Montana Asthma Home Visiting Program](#) (MAP), offered by the Asthma Control Program, was designed to address basic asthma pathophysiology and asthma medications, and it has a significant home environmental focus to address asthma triggers. The program includes six contacts (visits or phone calls) with a public health nurse provided over a course of a year. It also includes help identifying potential asthma triggers in the home, custom asthma education, educational resources and referrals to community services (e.g., weatherization services, health insurance), individual help with managing the medical system, free allergen-proof pillow and mattress covers, and free air filters for those with animals or smokers present in the home.

Financing Mechanism

In 1998, the Montana State Attorney General, together with attorneys general from 45 other states, five U.S. territories, and the District of Columbia, reached an accord with the five largest tobacco companies in the U.S. for the [Master Settlement Agreement](#) (MSA). The settlement terms included requiring the tobacco industry to pay the settling states approximately \$10 million annually for the indefinite future.

In anticipation of competing for the federally funded National Asthma Control Program, the Montana Department of Public Health and Human Services bureau chief advocated for funding for Montana to start the foundation of an Asthma Control Program in 2007, and it received \$350,000 from the MSA funds.

In 2011, the Montana Asthma Control Program used about \$100,000 of the MSA dollars to fund and train three sites in which to conduct the Montana Asthma Home Visiting Program (MAP). In 2014, five new sites were added when the funding for MAP increased by \$90,000 and federal funds were allowed to be used for home visiting services. In 2015, the legislature again approved an increase in MSA funding for the MAP, and two additional sites were included, bringing the total number of sites offering the MAP to 11. Two of those sites are federally funded. The total amount of tobacco settlement funding (contracted and administration) for the nine sites is about \$350,000 per year.

Local or regional health departments with existing home visiting programs can respond to a competitive request for proposal (RFP), which provides funding for seven years. Recent additional sites have been through a competitive application process.

There are no current requests for additional funding, and no funding changes are anticipated in the near future.

Program Overview

The Montana Asthma Home Visiting Program (MAP) was designed to address basic asthma pathophysiology and asthma medications, and it has a significant home environmental focus to address asthma triggers. MAP "empowers children with uncontrolled asthma and their families to gain the knowledge and tools they need to manage the disease." The program provides six contacts with a public health nurse over the course of a year, with at least four contacts in the home;

two contacts may be by phone. It also includes help identifying potential asthma triggers in the home, custom asthma education, educational resources and referrals to community services (e.g., weatherization services, health insurance), individual help with managing the medical system, free allergen-proof pillow and mattress covers, and free air filters for those with animals or smokers present in the home.

Program Operations

The state health department manages the overall program, which is implemented by county health departments and one community health center. Local health departments, selected through a competitive grant application process, implement the MAP program designed to fit the criteria outlined in the Community Guide for children and adolescents with uncontrolled asthma.

Eligible Population Served:

Eligible participants are 0-17 years of age with a current asthma diagnosis and either:

- Scored less than 20 on the Asthma Control Test (ACT), or
- Had an emergency department (ED) visit, or
- Were hospitalized for asthma in the last 12 months.

If a child does not meet any of these requirements, they can still be eligible for the program if their healthcare provider refers them.

Staffing:

Each program site must have a registered nurse (RN). A program may also use a licensed practical nurse (LPN) if supervised by a RN.

Billing for Services:

The program is fully funded, and most services are covered free. If targeted case management (TCM) services are provided, they are billed to Medicaid.

Outcomes and Evaluation

MAP began offering services in three sites and increased to nine sites within five years. In 2016, the program exists in 11 sites, and an estimated 64% of children with asthma have access to the MAP. Existing programs have also been able to attract additional funding from other sources.¹

Evaluation:

MAP conducts a self-reported pre- and post-intervention survey with participants. The 2016 reports show improvements in several areas including reduction in ED visits, missed school days for children, use of a rescue inhaler daily, and activity limitation. It also reported increases in participants with an asthma action plan, good inhaler technique, asthma knowledge, and asthma control.

Return on Investment:

There is no reported return-on-investment evaluation.

Lessons Learned

It is valuable to record and document participant outcomes to be able to justify the need for such a program and this data can be a factor in soliciting additional funding.

It is important to build relationships with healthcare providers and community relationships for referrals (for persons who need the program, and for program participants who need other services).

For More Information

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<http://dphhs.mt.gov/Asthma/asthmahomevisiting>

¹ Montana Chronic Disease Prevention and Health Promotion Bureau. (2016). Montana Asthma Home Visiting Program Brochure.