

Leveraging Health Care System Funds with Retrofits and Energy Assistance

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Weatherization Leveraged Partnerships Project

Funded by the Department of Energy to offer training and assistance to WAP subgrantees and their associations in designing private partnerships and programs that leverage the WAP.

CAPO – Organizational Structure

- Both Housing and Energy policy personnel
 - Allows for partnership building
- CAPO as a program facilitator
 - Managed an oil to gas conversion program with the local utility
- Strong legislative foothold – fulltime lobbyist

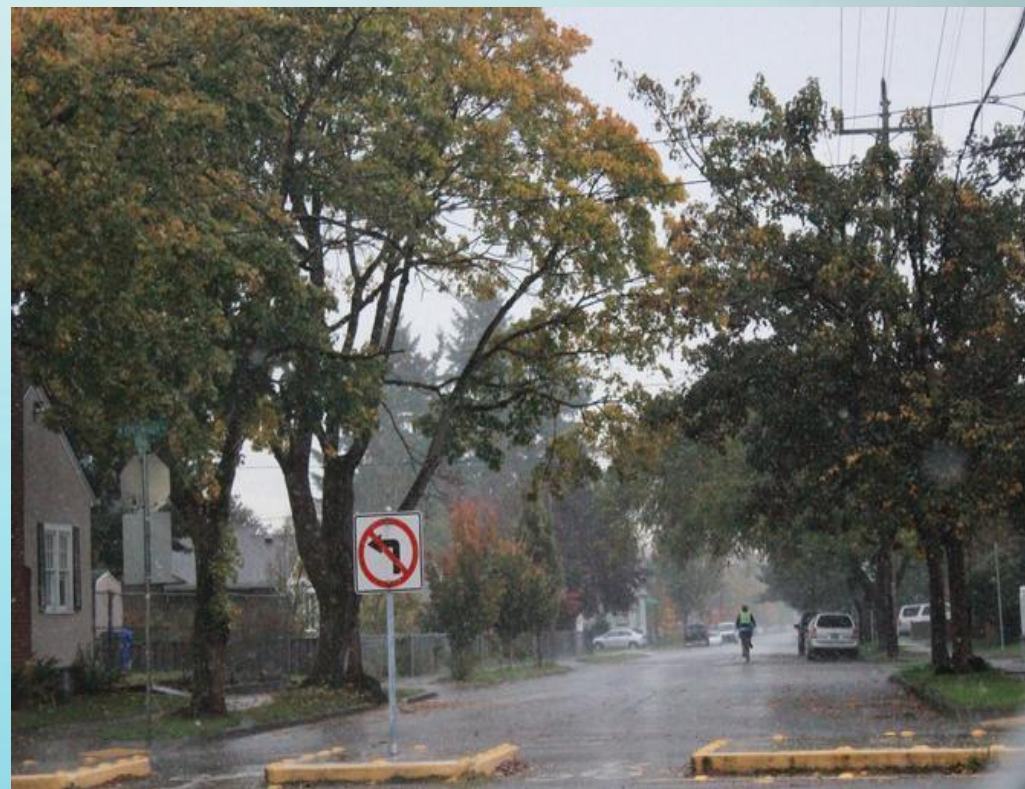
Benefits of Wx

- Asthma-related illness is the #1 reason kids stay home from school
- Improvements in asthma symptoms and related health care use are significant because asthma affects roughly 1 in every 14 adults (7%) and a greater percentage of lower income adults (16% of adults in households receiving Department of Energy (DOE) funded weatherization). (CDC 2016; Tonn et al. 2014)
- Experts estimate that 40% of diagnosed asthma is associated with home exposures (e.g., moisture, temperature variations, pests), some of which can be improved through EE and related ventilation. (RWJ 2009)
- 12% fewer asthma ED visits and 48% decline in poor health among adults in households receiving DOE funded weatherization
- 23% reduction in poorly controlled asthma for children in homes receiving EE, some home repairs & education compared to those receiving only education

Region-specific Issues

- In the lower valley areas, significant rainfall for extended periods of time, leading to mold
- Radon pockets in volcanic rock – there can be widely different amounts of radon exposure from house to house
- Extreme weather in high plains and mountainous areas
- Inefficient wood stoves that increase PM 2.5
- Now, due to climate change, expanded fire seasons that reduce air quality. There have been air quality warnings recommending residents remain indoors during fire season.
- Housing Crisis created by demand in the Oregon market – need cheap housing preservation program

Oregon's Rain -



Current Weatherization & Healthy Homes Funding

- LIHEAP
 - 15% of state allocation
 - Used for health and safety in most jobs
- Bonneville Power Administration
 - Funded through rates
 - Received by BPA agencies, COUs
 - 30 % health and safety
 - Rural agencies
 - Follows ODOE
- Energy Conservation Helping Oregonians (ECHO)
 - Funded through a meter charge
 - \$8.8 million per year in IOU territory – 75% of Oregon's meters
 - 20% health and safety

Differing Partnerships

- Rural USDA RD – Loan program
- Consumer Owned Utilities
- Energy Trust of Oregon
 - Manufactured Home Replacement
- Department of Environmental Control – DEQ
 - Wood-stove replacement programs

Oregon's Coordinated Care Organizations (Map)

- A **coordinated care organization** is a network of all types of health care providers (physical health care, addictions and mental health care and dental care providers) who work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid).
- CCOs are local. They have one budget that grows at a fixed rate for mental, physical and ultimately dental care. CCOs are accountable for health outcomes of the population they serve. They are governed by a partnership among health care providers, community members, and stakeholders in the health systems that have financial responsibility and risk.
- In many cases, CCOs territory align with CAAs

CCOs Continued

- Regulated performance metrics
- Improve profits by increasing community wellness
- Pay for outcomes and health Paying for better quality care and better health outcomes, rather than just more services. CCOsin Oregon provide innovative payment methods such as population and episode-based payments and offering incentives for quality outcomes instead of volume-based fees support better care and lower costs.
- The weatherization, plus health, model can be a place for CCO dollars to reduce community respiratory disease

Community Action Team

- Received \$50,000 from the local CCO to match with local wx projects
- Created a measure list (attached)
- During weatherization, CAT program managers would assess the house and make recommendations from the deemed list
- Successfully spent the allocation
- Tracking long-improvements to the household (ER visits)

CSC – Corvallis Hospital Pilot

- \$30,000 granted from the local hospital
- Point of contact at the hospital
- Refers OHP Patients to the CAA
- Targets Patients that have reoccurring asthma attacks
- Case manager will write a prescription for wx
- Hospital reimburses the agencies once the measures are completed

Manufactured Home Replacement – born from healthy homes

- Many manufactured homes are in disrepair and can't be weatherized
- 100 home pilot
- \$4 million dollars
- Leveraged with ETO's energy incentive (\$20k incentive)
- 45% of Oregon wx jobs are manufactured housing
- Average wx cost is \$14,000 per MH

A New Public Purpose Charge

- Energy PPC
 - 3% of utility revenue
 - Low-income wx and EA
- % of CCO revenue towards Community Health Building
- Allocated directly to agencies
- Match with WX
- Use GHHI HH standards

- A new fund, the Healthy Homes Fund, is established within the Housing and Community Services Department.
 - We would like the bill to direct Oregon Housing and Community Services to:
- (1) develop improved methods for evaluating health hazards in housing;
- (2) develop improved methods for preventing and reducing health hazards in housing;
- (3) support the development of objective measures for what is considered a “healthy” residential environment;
- (4) evaluate the long-term cost effectiveness of a healthy housing approach;
- (5) promote the incorporation of healthy housing principles into ongoing practices and systems, including housing codes, rehabilitation specifications, and maintenance plans;
- ◦ The department shall establish by rule a process for nonprofit organizations and counties to apply to receive grants from the Healthy Homes Fund. The process may include a request for proposals. ◦ The purpose of these funds is to provide upfront capital to do this work. It is expected that the grant funds initially provided to complete the work will eventually be paid back into the Healthy Homes fund in full by the entity or a community partner. These funds will be available on a revolving basis at no charge to the entities (no interest or finance charge). Part of the agreement between the provider and OHCS will be the eventual repayment of these funds. ◦ The Healthy Homes Fund will be initially seeded with \$

What the Partnership can do for you

- Facilitate connections to experienced peers
- Assist in data collection and messaging
- Applicable Resources, Tools, and Templates

[Utility Debt in the Pandemic: How to Change Shutoff and Collection Policy](#)

[Joint Report with NASCSP on WAP Funding](#)

[Leveraging Your WAP: Why and How](#)

- Upcoming Trainings and Webinars

[Weatherization Day Kickoff Webinar – September 9 at 3pmET](#)

[Water and Energy Programs amidst COVID-19: Spotlight on Arizona](#) -- September 15 at 2pm ET

Be in touch!

- About any challenges so we can find and share relevant resources and make connections to peers
- About successes so we can share as promising practices with others

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Questions?
& Session Survey